



Choosing and using your plan

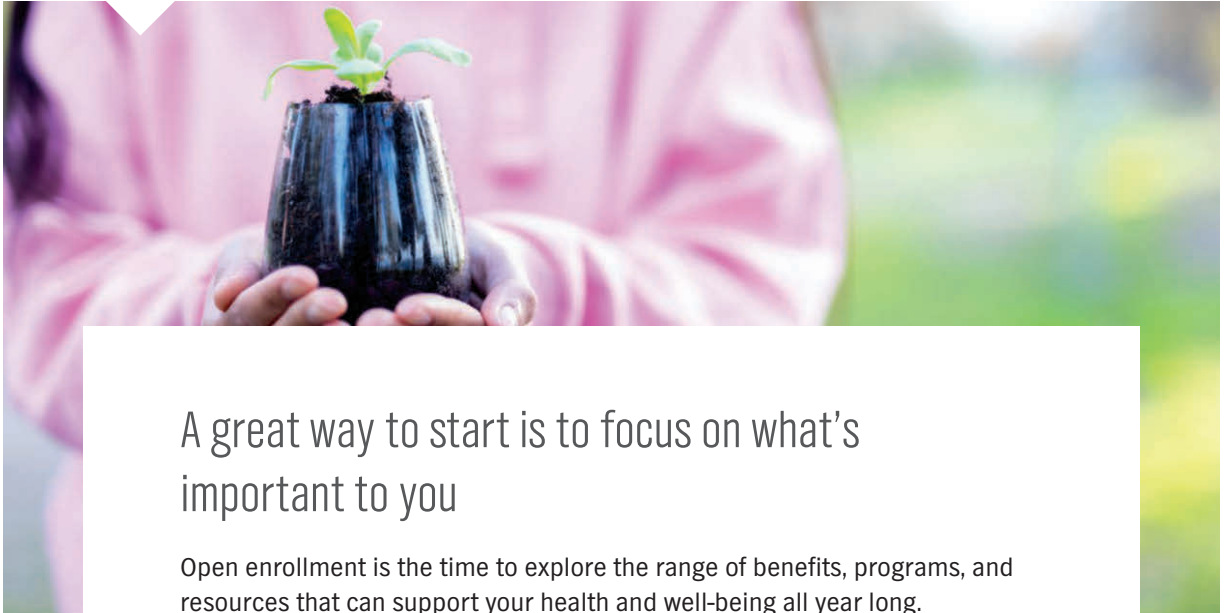
Your guide to open enrollment and making the most of your benefits



CEBCO Clinton County
Effective January 1, 2022



It's time to choose your plan



A great way to start is to focus on what's important to you

Open enrollment is the time to explore the range of benefits, programs, and resources that can support your health and well-being all year long.

This guide was created to help you understand our plans. It also has tips, tools, and resources that can help you reach your health and wellness goals when you become a member. Save it to help you make the most of your benefits throughout the year.

Save this guide

You will find tips on how to make the most of your benefits and save on healthcare costs throughout the year.





Time to choose your plan

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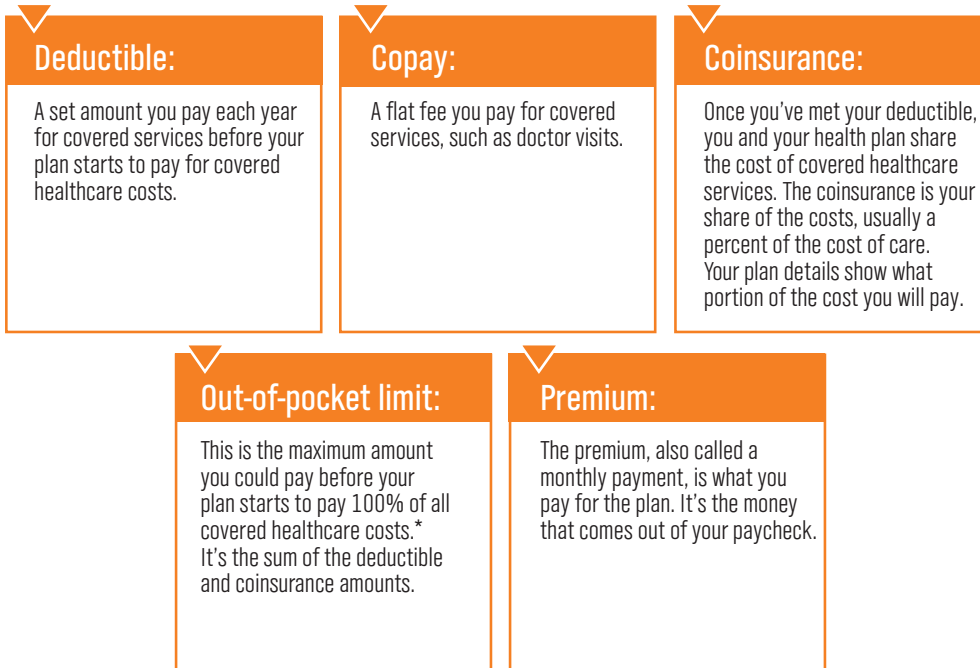
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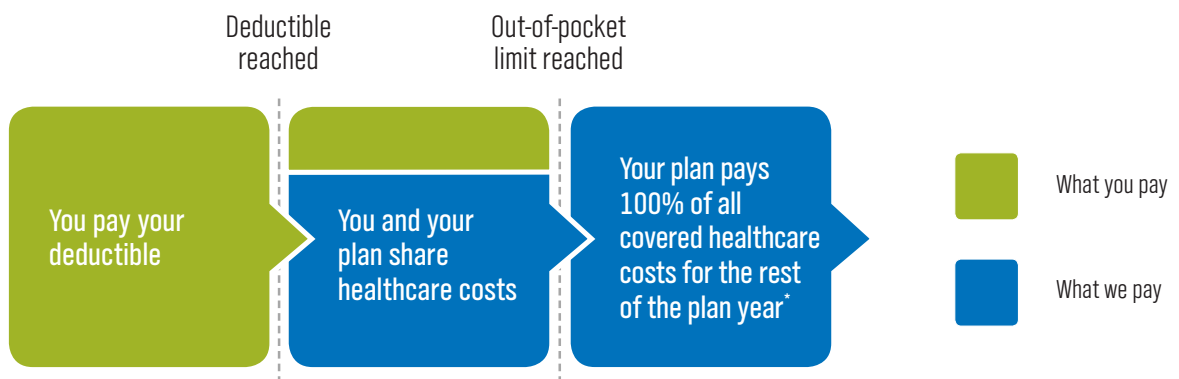
The basics of your health plan



Understanding healthcare terms



What you pay and what your plan pays



This chart is only an example. Your actual cost share will depend on your plan, the service you receive, and the doctor you choose. Refer to your plan details to see your actual share of the cost.

* There are plans that require you to pay a copay at the time of service.



How to use your plan

Now that you've chosen a plan, you can explore how to make the most of your benefits. This guide shows you simple ways to make using your plan easy. You will also discover tools and resources that can help you reach your health and wellness goals.



How to use your plan

Use your ID card from your phone

Quickly access your ID card on your phone by using the **Sydney Health** mobile app or logging in at **anthem.com**. Your digital ID card works the same as a paper one. You can share it with your doctor or pharmacy by printing a copy anytime you need one, or emailing or faxing it from your computer or mobile device. You also can download your ID card for quicker access.

Register for online tools and resources

Accessing your health plan on your mobile phone or computer makes it more convenient to manage your plan. Register on the **Sydney Health** mobile app and **anthem.com** to receive personalized information about your health plan. You can also:

- Quickly access your digital ID card.
- Assess your symptoms at no cost, and get personalized information about a diagnosis, including over-the-counter medicine to take, and recovery time.
- Text with a board-certified doctor at no extra cost,¹ discuss treatment options, and order prescriptions.
- Find a doctor and estimate your costs before you receive care.
- View your claims, see what's covered, and what you may owe for care.
- Find support managing your health conditions and tracking your goals.
- Update your email and communication preferences.

¹ Pricing based on \$0 copay benefit eligibility offered through your plan.



How to use your plan

Find a doctor in your plan

The right doctor can make all the difference. Choosing a doctor who is in your plan's network can save you money. Your plan includes a broad selection of high-quality doctors. If you decide to receive care from doctors outside the plan's network, it will cost you more and your care might not be covered.

To find a doctor in your plan's network, use the **Find Care** tool **Sydney Health** mobile app or at **anthem.com** you can search for doctors, hospitals, and other healthcare professionals. You can also use the tool to search for high-quality, low-cost labs, like Quest Diagnostics, Labcorp, or others in your plan's network.

Schedule a checkup

Preventive care, such as regular checkups and screenings, can help you avoid health issues in the future. Your plan covers these services at little or no extra cost when you see a doctor in your plan's network:

- Yearly physical
- Well-child visits
- Flu shot
- Routine shots
- Screenings and tests

Check your plan details on the **Sydney Health** mobile app or **anthem.com/find-care** to confirm what preventive care is covered.



How to use your plan

Travel with peace of mind

Your health plan goes with you when you're away from home and need care immediately. The BlueCard® program gives you access to services across the country. This includes 93% of doctors and 96% of hospitals in the U.S.¹ If you're traveling out of the country, you can receive care through the Blue Cross Blue Shield Global® Core program. It gives you access to doctors and hospitals in more than 190 countries and territories around the world.²

If you need care in the U.S. go to **anthem.com**. When you're outside the U.S., visit **bcbsglobalcore.com** or download the BCBS Global Core mobile app. You also can call Blue Cross Blue Shield Global Core 24/7 at 011-800-810-BLUE (2583) or call collect by dialing 0170 and telling the operator you want to call 011-804-673-1177.

If you have questions about travel benefits, call the Member Services number on your ID card before you leave home.

Access care from home in a way that works for you

- Assess your symptoms online at no cost. Answer questions through the **Sydney Health** intuitive Symptom Checker. It uses the information you provide to narrow down millions of medical data points and assess your specific symptoms before you visit a doctor.
- Text with a board-certified doctor at no extra cost.³ **Sydney Health** can link you directly to doctors for virtual text visits. During your appointment, the doctor can evaluate your symptoms, discuss your treatment options, and order prescriptions, if you need them.
- Have a video chat with a doctor. You can also use **Sydney Health** to connect with a board-certified doctor through video visits.
- See a doctor from home. Go to **livehealthonline.com** or download the **LiveHealth Online** mobile app to begin.

Where to go for care when you need it now

When it is an emergency, call 911 or go to the nearest emergency room.

If you need nonemergency care right away:

- Check to see if your primary care doctor can see you.
- Search for nearby urgent care to avoid costly emergency room visits and long wait times.
- See a doctor anytime using LiveHealth Online from your mobile device or computer.
- Call 24/7 NurseLine and receive helpful advice from a registered nurse.



¹ Internal data, 2019.

² GeoBlue website, *More than 20 years as a leader in international healthcare* (accessed May 2021): about.geo-blue.com.

³ Pricing based on \$0 copay benefit eligibility offered through your plan.

LiveHealth Online is the trade name of Health Management Corporation.



Plan extras that support your health

For details, register on the **Sydney Health** mobile app or at **anthem.com**.

Your plan comes with great tools and programs to help you reach your health goals and save money on health products and services that may come at no extra cost. For detailed information, register on the Sydney Health mobile app or at **anthem.com**.

Apps

Discover a powerful and more personalized health app. Access your benefits and wellness tools to improve your overall health with the **Sydney Health** app. The mobile app works with you by guiding you to better overall health – and works for you by bringing your benefits and health information together in one convenient place. **Sydney Health** has everything you need to know about your benefits to make the most of them while taking care of your health.

Working with you:

- Reminding you about important preventive care needs.
- Planning and tracking your health goals, fitness, and rewards.
- Guiding you with insights based on your history and changing health needs.
- Empowering you with personalized tools to find and compare healthcare providers and check costs.

Working for you:

- Storing your member ID card so you can show, email, or fax it right from your phone
- Providing answers quickly through real-time live chat with nurses
- Connecting you directly to care through a virtual video or text visit

Are you looking for healthy advice?

Follow our **Better Care Blog** ([anthem.com/blog/](https://www.anthem.com/blog/)) for helpful information about health benefits, living healthy, and the latest member news.



* Pricing based on \$0 copay benefit eligibility offered through your plan.



Plan extras that support your health

For details, register on the [Sydney Health mobile app](#) or at [anthem.com](#).

Anthem Skill — Our Anthem Skill for Alexa is a voice-activated assistant for your health plan. Receive answers to your healthcare questions — hands-free by enabling the Anthem Skill. It works through any Alexa-enabled device, such as an Amazon Echo, or on your mobile device using the Amazon Alexa app.

- Ask for your digital member ID card.
- Check your progress toward meeting your medical plan's deductible and out-of-pocket maximum.
- Find out how close you are to reaching your dental plan's deductible and annual maximum.
- Refill, renew, and check the order status of any home delivery prescriptions.

If you do not have the Amazon Alexa app, download it from Google Play™ or the App Store®.

Medical guidance

24/7 NurseLine — You can connect with a registered nurse who will answer your health questions wherever you are — anytime, day or night. They can help you decide where to go for care and find doctors and other healthcare professionals in your area. Call **800-337-4770**.

Behavioral Health Resource — Extra support can make a difference with things like depression, anxiety, substance use, or eating disorders. Our caring professionals will work with you to arrange counseling and support services that meet your individual and family needs. You can call **866-785-2789**, 24/7, for help with understanding your benefits, guiding you to resources, and connecting you to the care you need.

Blue Distinction® Centers — If you are having surgery or a major procedure such as knee or hip replacement, look for this designation: Blue Distinction Centers or Blue Distinction Center hospitals are recognized for excellent care and faster recovery times. Blue Distinction Centers+ are also recognized for lower costs. In addition, you do not pay extra for access to a Blue Distinction Center. It's part of your plan.

Cancer Resources — The Stronger Together website is a great resource for anyone facing cancer. You will find tools and information that can help you make shared treatment decisions, prepare for care or develop a care plan, manage symptoms, and find caregiving support. Visit [cancerresources.anthem.com](#).

Case Management — If you're coming home after surgery or have a serious health condition, a nurse care manager can help answer your questions about your follow-up care, medicines and treatment options, coordinate benefits for home therapy or medical supplies, and find community resources to help you. Your nurse care manager will call you, but you also can call the Member Services number on your ID card.

ConditionCare — Receive support from a dedicated nurse team to manage ongoing conditions such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart disease, or heart failure. Work with dietitians, health educators, and pharmacists who can help you learn about your condition and manage your health.



Plan extras that support your health

For details, register on the **Sydney Health** mobile app or at **[anthem.com](https://www.anthem.com)**.

Diabetes Prevention Program — This 12 month program can help you lose weight and lower your risk of developing type 2 diabetes. Anthem and Lark have come together to offer you this program at no extra cost, it's part of your health plan. The program is customized based on your lifestyle and you will receive 24/7 coaching to provide you with tools for healthier habits to reduce your risk. You will even receive a free smart scale when you enroll and a free Fitbit2.* To see if you qualify go to enroll.lark.com/anthem.

* For participants who actively engage with Lark every week for two months by weighing in, completing missions with your coach, and logging activity and meals. Lark will notify you when you are eligible to redeem your free Fitbit.

Future Moms — This program can help you take care of yourself and your baby before, during, and after pregnancy. You can talk to registered nurses 24/7 about your pregnancy and newborn care. You also have access to dietitians and social workers, as needed.



Sydney Health makes healthcare easier

Access personalized health and wellness information when you need it

With the Sydney Health mobile app, you can access your medical, pharmacy, dental, vision, life, and disability benefits details in one place. Our simple experience makes it easy to find what you need — with one-tap access to benefits information, Member Services, virtual care, and wellness resources. Sydney Health helps you manage your benefits, so you can focus on your health.

Find Care

Search for doctors, hospitals, and other health care professionals in your plan's network and compare costs. You can filter providers by what is most important to you such as gender, languages spoken, or location.

My Health Dashboard

Use My Health Dashboard to find information on health topics that interest you, useful health and wellness tips, and personalized action plans that can help you reach your goals.

Live Chat

Find answers quickly with the Live Chat tool in Sydney Health. You can use the interactive chat feature or talk to an Anthem representative when you have questions about your benefits or need information.

Virtual Care

You can now conveniently connect with care from the comfort of home. Assess your symptoms quickly with the Symptom Checker, and visit a doctor over text or video chat to receive care through Sydney Health.

Community Resources

This resource center helps you connect with organizations offering free and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.



Download Sydney Health today

Use the app anytime to:

- Find care and compare costs
- See what's covered and check claims
- View and use digital ID cards



Use your smartphone camera to scan this QR code



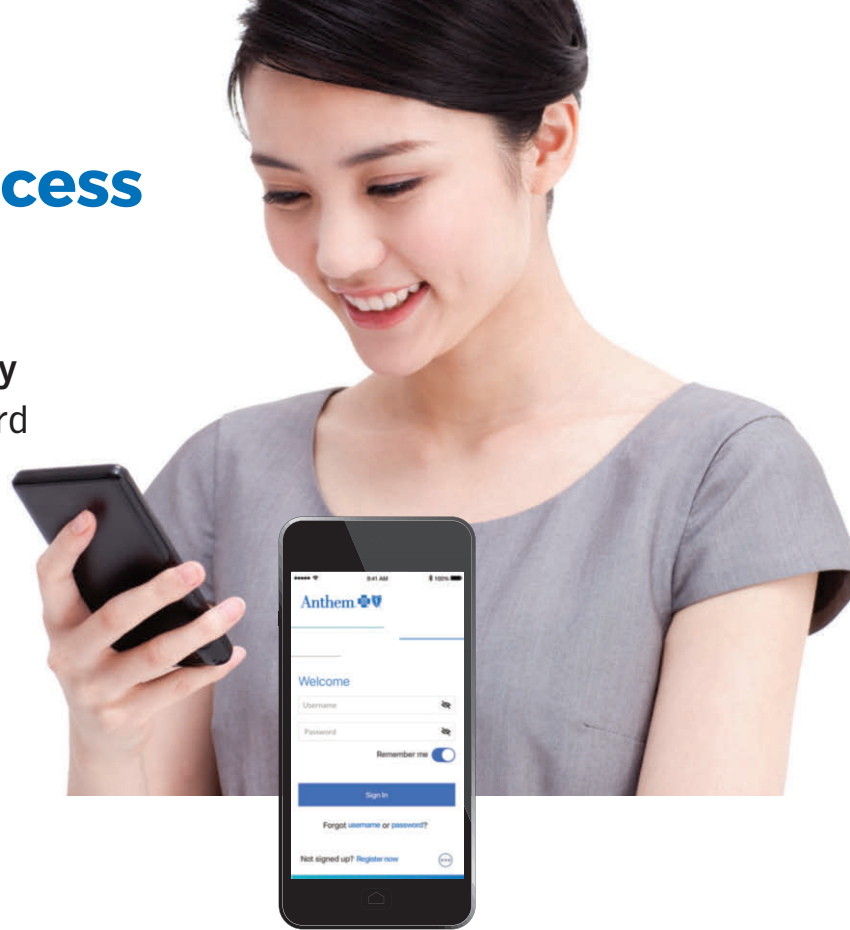
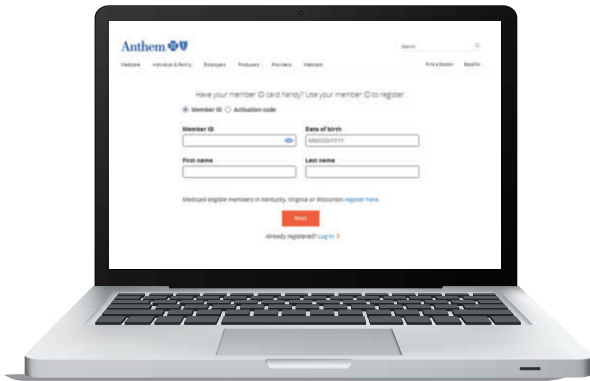
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You've got quick access to your health care!

Register on **anthem.com** or the **Sydney** mobile app.* Have your member ID card handy to register



From your computer

- 1 Go to **anthem.com/register**
- 2 Provide the information requested
- 3 Create a username and password
- 4 Set your email preferences
- 5 Follow the prompts to complete your registration

From your mobile device

- 1 Download the free **Sydney** mobile app and select **Register**
- 2 Confirm your identity
- 3 Create a username and password
- 4 Confirm your email preferences
- 5 Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan – including medical – in one place. Making your health care journey simple, personal – all about you.



Need help signing up?
Call us at **1-866-755-2680**.

* You must be 18 years or older to register your own account.

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Connect with virtual support using Sydney Health or [anthem.com](https://www.anthem.com)

Now you can connect more easily to the care you need through the Sydney Health mobile app or [anthem.com](https://www.anthem.com). Have a live video visit with a board-certified doctor, therapist, psychiatrist, or lactation consultant on your mobile device or computer with a camera.

Visit with a doctor for common health conditions

Doctors are available on demand 24/7 with no appointments or long wait times. During an online video visit, doctors can assess your condition, give medical advice, and send prescriptions to the pharmacy of your choice, if needed.¹

Connect with mental health support from home

If you're feeling anxious, depressed, or having trouble coping with problems at home or at work, you can talk with a therapist online. In most cases, you can set up a secure visit seven days a week.² You can also schedule a visit with a psychiatrist for support on managing your medication.³

See a sleep specialist

Connect with board-certified sleep specialists who can diagnose and manage a wide range of sleep disorders. They can design treatment plans to help you sleep better and improve your overall health.

Consult an allergy specialist

Finding relief from your allergy symptoms is now simpler and more convenient. Schedule a video visit with a board-certified doctor who specializes in allergies and knows the latest allergy treatments.

What people say about online visits⁴



96%

Said the person they saw (provider) was professional and helpful



96%

Felt provider understood their concerns



94%

Were able to book a virtual visit sooner than an in-person visit

Download Sydney Health or sign up at [anthem.com](https://www.anthem.com) today to connect with support when you need it most.

¹ Prescription availability is defined by physician judgment.

² Appointments subject to availability of a therapist.

³ Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using Sydney Health. Psychiatrists on Sydney Health will not offer counseling or talk therapy.

⁴ Based on Sydney Health utilization trends from top 10 national clients.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 800-273-8255 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Sydney Health does not offer emergency services.

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LiveHealth Online: See a doctor 24/7

It's easier and faster than going to urgent care.

Sign up for LiveHealth Online today!
It's quick and easy to sign up — just go to livehealthonline.com or download the mobile app.

Download on the App Store



apple.com

GET IT ON Google play



play.google.com/store

The next time you or someone in your family needs to see a doctor, use LiveHealth Online. See a doctor with a smartphone or tablet using our free app, or a computer with a webcam.¹

With LiveHealth Online, you get:

- Immediate, 24/7 access to board-certified doctors.
- Secure and private video chats with your choice of doctor.
- Prescriptions that can be sent to your pharmacy, if needed.²

Your LiveHealth Online member cost share for Medical and Behavior Health visits will be \$0 for PPO plans (NOTE: This does not apply to HSA plans.)



LiveHealth
ONLINE



Save money on health tests and procedures

SmartShopper helps you find the best value for high-quality care

We understand that medical procedures can be costly and can sometimes seem unpredictable. In fact, the same test or procedure can vary by hundreds or even thousands of dollars, depending on where you go. SmartShopper makes it easy to compare cost information about common health procedures. You can even earn cash* rewards when you choose a health care provider known for high-quality outcomes.

Shop on your own or with a Personal Assistant

It's easy to use SmartShopper. Shop online at smartshopper.com or call the SmartShopper Personal Assistant Team. Your Personal Assistant will help you understand your options and schedule your appointment. You can reach a Personal Assistant by calling **1-844-328-1582** Monday to Thursday, 8 a.m. to 8 p.m. Eastern and Friday 8 a.m. to 6 p.m. Eastern.

SmartShopper is easy to use

- 1 When your health care provider suggests a test or procedure, visit smartshopper.com or call the SmartShopper Personal Assistant Team at **1-844-328-1582**.
- 2 Choose where you would like to have your test or procedure. All of the SmartShopper options are in your plan's network.
- 3 After Anthem pays your claim, SmartShopper will mail you a reward check. Your check should arrive in about six weeks.

We are happy to offer you SmartShopper as part of your Anthem benefit plan. It's one more way that we can help you to save money and receive high-quality health care. To sign up, go to smartshopper.com or call the Personal Assistant Team at **1-844-328-1582**, Monday to Thursday, 8 a.m. to 8 p.m. Eastern and Friday 8 a.m. to 6 p.m. Eastern.



Earn cash rewards for choosing health care providers known for high-quality, lower-cost care.

Sample procedures and rewards

Test or procedure	Reward up to:
ACL repair by arthroscopy	\$250
Colonoscopy	\$250
Mammogram	\$50
Ultrasound	\$50
Physical therapy	\$150

For a full list of procedures and rewards, call the Personal Assistant team at **1-844-328-1582** or visit smartshopper.com.



*Reward payments may be taxable.

The SmartShopper program is provided by Sapphire Digital an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program. Rewards are for select procedures only and reward payments may be taxable.

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Access

to the highest quality of care

Your employees deserve nothing less

When your employees have serious health problems, they need an extraordinary level of care. National **Blue Distinction Centers for Specialty Care®** meet or exceed the highest standards of care set by independent medical organizations and experts.

Because you chose a quality health plan for your employees, they have access to Blue Distinction Centers in these specialties:

- Cardiac care
- Knee and hip replacement
- Spine surgery

Quality care means better health and lower cost

Blue Distinction Centers for Spine Surgery showed 17.9% fewer readmissions (30-day) and 13.3% fewer complications than non-designated hospitals. In addition, the cost savings for using the Blue Distinction Centers+ spine surgery facilities was 21.6%.

Blue Distinction Centers for Knee/Hip Replacements also had fewer re-admissions (14.3%) and complications (11.1%) than non-designated hospitals. The cost savings at the Blue Distinction Centers+ for Knee/Hip Replacements was 22.5%. Healthier employees could mean a healthier bottom line for your business.

For more information about Blue Distinction Centers, contact your Anthem representative.

References: 2013 BlueCross and BlueShield Association evaluation of Blue Distinction program application data; compared facilities that achieved designation for Blue Distinction Centers/Blue Distinction Centers+ to those that did not meet the criteria.

It's easy to find Blue Distinction Centers for Specialized Care:

1. Log in to anthem.com.
2. Select "Find /Rate a Doctor".
3. Select that you want to search "Hospitals and Facilities" and include the city, state and Zip code (for better results, set your search radius to 100 miles).
4. Select search.
5. To narrow your search or to search for specific Blue Distinction programs, use the filters on the left navigation pane. On the Search Results page, to view Blue Distinction recognitions, use the "Quality Snapshot" link.
6. You may also find the Blue Distinction designations on the Provider Details page - simply click on the provider name and choose the "Satisfaction and Quality" tab.



1 The Blue Cross and Blue Shield Association, Fact Sheet: Blue Distinction (February 2010): bcbs.com

Note: Designation as Blue Distinction Centers means these facilities' overall experience and aggregate data met objective criteria established with the help of expert clinicians and leading professional organizations. Individual outcomes may vary.

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A program focused on helping you improve your health

Introducing digital diabetes prevention coaching

Roughly 88 million Americans are living with prediabetes but 84% aren't even aware they have it.¹ Prediabetes often doesn't cause symptoms, but it does increase the risk of developing type 2 diabetes, heart disease, and stroke. That's why Anthem has partnered with Lark to offer a diabetes prevention program that can help you determine if you're at risk for prediabetes and if needed, take steps to address it.

This program can help you:



Lose weight



Eat healthier



Increase activity



Sleep better



Manage stress

Better health is within your reach

You can participate in this program at no extra cost as part of your health plan. Track your progress, check in with your coach, and learn more about prediabetes right in Lark's free mobile app. This program is flexible, convenient, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health and decrease your risk over time.



Weight loss with Lark

Losing weight can make a big difference in lowering your risk for type 2 diabetes. Lark members lose an average of 4.2% of their body weight in 12 months on the diabetes prevention program.² As part of the program, you receive a wireless scale at no extra cost to help you track your weight loss progress. Your scale also syncs with the Lark app so you can share updates with your coach.

24/7 coaching support

Losing weight and making lifestyle changes can feel intimidating even if you know it can lead to better health. Your coach can help you stay motivated. Send your coach a message anytime from anywhere and receive an immediate response and extra support when you need it most. During the course of the program, your coach will:

- Be available 24/7 through the Lark mobile app to provide personalized coaching.
- Customize your program based on your food preferences and lifestyle.
- Provide educational information on prediabetes and preventing type 2 diabetes.
- Help you learn about how stress affects your health and how to cope with it.

You are in control of your health. Prevent diabetes and start improving your overall health and well-being today.



Learn if you are at risk for prediabetes

Go to lark.com/anthem and take a quick one-minute survey to see if you could benefit from Lark's diabetes prevention program.



¹ Centers for Disease Control and Prevention website: *Prediabetes – Your Chance to Prevent Type 2 Diabetes* (accessed October 2020): [cdc.gov](https://www.cdc.gov).

² Lark internal data

Diabetes Prevention Program is provided by Lark, an independent company.

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Skip monthly trips to the pharmacy with our 90-day benefit

You can even save money!

Not one for going to the pharmacy every month and standing in line to refill your prescriptions? There's no need. With our 90-day benefit options, you'll have the convenience of getting the medicine you need with fewer trips to the drugstore. You can even have it delivered to your door!

Here's something else that's great: When you get a 90-day supply of your medication, you're more likely to stay on track with your therapy and avoid emergency room visits, hospital stays or tests that may be needed when you miss doses.*

Best of all? This benefit is offered at no extra cost to you.



90-day fill required after two courtesy fills (30 days)

Rx Maintenance 90: Save time, stress and money!

Refill your prescriptions for a 90-day supply of maintenance drugs through Rx Maintenance 90. Maintenance drugs treat long-term conditions like asthma, heartburn or diabetes. Depending on your plan, you may even save on the cost of your prescriptions compared to what it would cost for three 30-day supplies.

When you use your Rx Maintenance 90 benefit, you must fill prescriptions for maintenance drugs at a Rx Maintenance 90 pharmacy, or through home delivery. Whether you choose a Rx Maintenance 90 pharmacy or home delivery, you'll pay the same home delivery copay! It's easy and convenient.

There are more than 25,000 pharmacies to choose from. Here's how to find one near you:

- Log on to anthem.com and choose **Pharmacy**.
- On the *Pharmacy* page, choose **Find a Pharmacy**.
- Enter your ZIP code or city.



On the go? Use the Sydney app to find nearby pharmacies.

Just download the app and log in. Next, choose **Prescriptions** and then **Find a Pharmacy**.

Start using your 90-day prescription benefit today and spend less time at the pharmacy!

* Schwab P et al. A retrospective database study comparing diabetes-related medication adherence and health outcomes for mail-order versus community pharmacy. *J Manag Care Spec Pharm*. 2019 Mar;25(3):332-340.

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Use your preventive care benefits

Regular checkups and exams can help you stay healthy and catch problems early, when they are easier to treat. Our health plans offer all the preventive care services and immunizations below at no cost to you.¹ As long as you use a plan doctor, pharmacy, or lab, you will not have to pay anything. If you use providers that are not in your plan, you may have out-of-pocket costs.

If you are not sure which services make sense for you, talk to your doctor.

Preventive versus diagnostic care

Preventive care helps protect you from becoming sick. If your doctor recommends services even though you have no symptoms, that is preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to find out what is causing your symptoms.

Adult preventive care

Preventive physical exams, screenings, and tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)²
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection, and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening³
- Eye chart test for vision⁴
- Hearing screening
- Height, weight, and body mass index (BMI)
- Human immunodeficiency virus (HIV) screening and counseling
- Lung cancer screening for those ages 55 to 80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years²
- Obesity: related screening and counseling³
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal, and domestic: related screening and counseling

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA1 and BRCA2 when certain criteria are met⁵
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling^{5,6,7,8}
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- Human papillomavirus (HPV) screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV, and depression⁷
- Pelvic exam and Pap test, including screening for cervical cancer

Immunizations:

- Coronavirus disease (COVID-19)
- Diphtheria, tetanus, and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

The preventive care services listed above are recommendations of the Affordable Care Act (ACA) and therefore are subject to change. They may not be right for every person. Ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined *Evidence of Coverage and Disclosure Form or Certificate* for exclusions and limitations.

Child preventive care

Preventive physical exams, screenings, and tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid levels
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight, and BMI
- Hemoglobin or hematocrit (blood count)

- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Skin cancer counseling for those ages 10 to 24 with fair skin
- Oral (dental health) assessment, when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening, when done as part of a preventive care visit⁴

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenzae type b (Hib)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Meningitis

- Measles, mumps, and rubella (MMR)
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

Coverage for pharmacy items

For 100% coverage of your over-the-counter (OTC) drugs and other pharmacy items listed here, you must:

- Meet certain age requirements and other rules.
- Get prescriptions from plan providers and fill them at plan pharmacies.
- Have prescriptions, even for OTC items.

Adult preventive drugs and other pharmacy items (age appropriate)

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease (CVD), preeclampsia, and colorectal cancer in adults younger than 70 years of age
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low-to-moderate dose statins for members ages 40 to 75 who have one or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Tobacco-cessation products, including all FDA-approved brand-name and generic OTC and prescription products, for those ages 18 and older
- Preexposure prophylaxis (PrEP) for the prevention of HIV

Child preventive drugs and other pharmacy items (age appropriate)

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0 to 5
- Fluoride supplements for children ages 0 to 6

Women's preventive drugs and other pharmacy items (age appropriate)

- Contraceptives, including generic prescription drugs and OTC items like female condoms and spermicides⁷
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to become pregnant
- Breast cancer risk-reducing medications, such as tamoxifen, raloxifene, and aromatase inhibitors, that follow the U.S. Preventive Services Task Force criteria²

We hope this information helps you understand your preventive care benefits. For a complete list of covered preventive drugs under the Affordable Care Act, view the *Preventive ACA Drug List* flyer, available at anthem.com/pharmacyinformation.

1 The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your *Certificate of Coverage* or call the Member Services number on your ID card.

2 You may be required to receive preapproval for these services.

3 The Centers for Disease Control and Prevention (CDC)-recognized diabetes prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

4 Some plans cover additional vision services. Please see your contract or *Certificate of Coverage* for details.

5 Check your medical policy for details.

6 Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

7 This benefit also applies to those younger than age 19. A cost share may apply for other prescription contraceptives, based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand or brand name is medically necessary.

8 Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, OB-GYN, or family medicine doctor, and hospitals with no member cost share (deductible, copay, or coinsurance). Contact the provider to see if such services are available.

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National Drug List

Search www.anthem.com

1. Click on Individual & Family
2. Located Under Care click on “Search Medications”
3. Scroll down to National Drug List 3-Tier under the Formulary Drug List
4. Click National Drug List 3-Tier (Searchable)
5. Click on Prescribed Drug to view information/prior authorization form (if applicable)

OR

1. Click Individual & Family
2. Located Under Care click on “Search Medications”
3. Scroll to National Drug List 3-Tier under the Formulary Drug List
4. Click “Anthem Blue Cross and Blue Shield.pdf”, to get entire list

A search for alternatives can also be done on www.anthem.com

Your summary of benefits



Plan Year: 2022

Your Plan: CEBCO Clinton County Plan 1000D

Your Network: Blue Access

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$ 1,000 person \$ 2,000 family	\$ 2,000 person \$ 4,000 family
Out-of-Pocket Limit	\$ 3,750 person \$ 7,500 family	\$ 7,500 person \$ 15,000 family
<p>The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.</p>		
Preventive Care / Screening / Immunization	No charge	50% coinsurance after deductible is met
<p><u>Doctor Home and Office Services</u></p> <p>Primary Care Visit <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p>	\$35 copay per visit deductible does not apply	50% coinsurance after deductible is met
<p>Specialist Care Visit <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p>	\$45 copay per visit deductible does not apply	50% coinsurance after deductible is met
Prenatal and Postnatal Care	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<p><u>Other Practitioner Visits:</u></p> <p>Virtual visits from Online Provider LiveHealth Online</p> <p>Retail Health Clinic</p> <p>On-line Visit (includes telephone visits) <i>Includes Mental/Behavioral Health and Substance Abuse</i></p>	<p>No charge</p> <p>\$35 copay per visit deductible does not apply</p> <p>\$35/\$45 copay per visit deductible does not apply</p>	<p>Not Applicable</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Primary Care Provider On-line Visit (includes telephone visits) <i>Includes Mental/Behavioral Health and Substance Abuse</i></p> <p>Specialist Provider On-line Visit (Includes telephone visits)</p> <p>Manipulation Therapy (Chiropractic) <i>Coverage is limited to 12 visits per benefit period.</i></p>	<p>\$35 copay per visit deductible does not apply</p> <p>\$45 copay per visit deductible does not apply</p> <p>\$45 copay per visit deductible does not apply</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p><u>Diagnostic Services</u></p> <p>Lab:</p> <p>Office <i>(When billed by the physician with the office visit. NOT billed by a hospital lab.)</i></p> <p>Outpatient Hospital</p> <p>LabCorp/Quest <i>Ordering physician must be contracting with Anthem</i></p>	<p>No charge</p> <p>20% coinsurance after deductible is met</p> <p>No Charge</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>Not applicable</p>
<p>Advanced Diagnostic Imaging:</p> <p>Office</p> <p>Outpatient Hospital</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p><u>Emergency and Urgent Care</u></p> <p>Urgent Care <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p>	<p>\$45 copay per visit</p> <p>Deductible does not apply</p>	<p>50% coinsurance after deductible is met</p>
<p>Emergency Room Facility Services <i>Copay waived if admitted.</i></p> <p>Emergency Room Doctor and Other Services</p>	<p>\$150 copay per visit and 0% coinsurance deductible does not apply</p> <p>0%coinsurance</p> <p>Deductible does not apply</p>	<p>Covered as In-Network</p> <p>Covered as In-Network</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><u>Ambulance</u></p>	<p>20% coinsurance after deductible is met</p>	<p>Covered as In-Network</p>
<p><u>Outpatient Surgery</u></p> <p>Facility Fees:</p> <p>Hospital</p> <p>Doctor and Other Services:</p> <p>Hospital</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p><u>Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse):</u></p> <p>Facility Fees</p> <p>Human Organ and Tissue Transplants <i>Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.</i></p> <p>Doctor and other services</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Rehabilitation services:</p> <p>Office <i>Coverage for Occupational Therapy is limited to 30 visits per benefit period, Physical Therapy is limited to 30 visits per benefit period and Speech Therapy is limited to 20 visits per benefit period. Limit is combined for rehabilitative and habilitative services.</i></p> <p>Outpatient Hospital <i>Coverage for Occupational Therapy is limited to 30 visits per benefit period, Physical Therapy is limited to 30 visits per benefit period and Speech Therapy is limited to 20 visits per benefit period. Limit is combined for rehabilitative and habilitative services.</i></p>	<p>\$35/\$45 copay per visit deductible does not apply</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p align="center">Pharmacy Out of Pocket</p>	<p>\$2,500 Person \$5,000 Family</p>	<p align="center">Not applicable</p>
<p>Prescription Drug Coverage Cost shares for drugs included on the National drug list appear below. Drugs not included on the National drug list will not be covered. Your plan uses the National Network.</p> <p>You may receive up to a 90 day supply of medication at Retail 90 (R90) pharmacies.</p> <p>Home Delivery Pharmacy Maintenance medication are available through Anthem/IngenioRx Home Delivery Pharmacy. You will need to call the Pharmacy Member Services number on the back of your ID card to sign up when you first use the service.</p>		
<p align="center">Tier 1 - Typically Generic <i>30-day supply (retail pharmacy).</i></p> <p align="center"><i>90-day supply (home delivery and retail pharmacy)</i></p> <p align="center"><i>Some medications are not available to be dispensed in 90-day supply.</i></p>	<p align="center">\$4 copay per prescription</p> <p align="center">\$10 copay per prescription</p>	<p align="center">Not applicable</p>
<p align="center">Tier 2 – Typically Preferred Brand <i>30-day supply (retail pharmacy).</i></p> <p align="center"><i>90-day supply (home delivery and retail pharmacy)</i></p> <p align="center"><i>Some medications are not available to be dispensed in 90-day supply.</i></p>	<p align="center">\$35 copay per prescription</p> <p align="center">\$70 copay per prescription</p>	<p align="center">Not applicable</p>
<p align="center">Tier 3 - Typically Non-Preferred Brand <i>30-day supply (retail pharmacy).</i></p> <p align="center"><i>90-day supply (home delivery and retail pharmacy)</i></p> <p align="center"><i>Some medications are not available to be dispensed in 90-day supply.</i></p>	<p align="center">\$70 copay per prescription</p> <p align="center">\$140 copay per prescription</p>	<p align="center">Not applicable</p>
<p align="center">SPECIALTY MEDICATIONS <i>(Must be obtained through IngenioRx Specialty Pharmacy)</i></p> <p>Specialty medications are ONLY dispensed in 30-day supply</p>	<p align="center">Tier 3 (30-day copay applies per prescription)</p>	<p align="center">No coverage</p>
<p align="center">Effective January 1, 2022, you will be required to purchase maintenance medications in 90-day fill after two 30-day fills. (90-day fills may be obtained at retail orthru home delivery.)</p>		

Notes:

- Dependent age: to end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- If your plan includes out-of-network benefits, In-network and out-of-network deductibles, copayments, coinsurance and out-of-pocket maximum amounts are separate and do not accumulate toward each other.
- The Primary Care Physician and Specialist office visit copay applies to both office and facility-based office visits for evaluation and management services only.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- † Your cost share may be reduced when services are provided in a PCP's office.
- If you receive Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services" which is generally coinsurance or coinsurance after your deductible is met.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.



Protecting your privacy

How we keep your information safe and secure

As a member, you have the right to expect us to protect your personal health information. We take this responsibility very seriously, following all state and federal laws, as well as our own policies.

You also have certain rights and responsibilities when receiving your healthcare. To understand how we protect your privacy, your rights and responsibilities when receiving healthcare, and your rights under the Women's Health and Cancer Rights Act, go to [anthem.com/privacy](https://www.anthem.com/privacy). For a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To see if your health benefits will cover a treatment, procedure, hospital stay, or medicine, we use a process called utilization management (UM). Our UM team is made up of doctors and pharmacists who want to be sure you receive the best treatments for certain health conditions. They review the information your doctor sends us before, during, or after your treatment. We also use case managers. They're licensed healthcare professionals who work with you and your doctor to help you manage your health conditions. They also help you better understand your health benefits..

For additional information about how we help manage your care, go to [anthem.com/memberrights](https://www.anthem.com/memberrights). To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special enrollment rights

Open enrollment usually happens once a year. That's the time you can choose a plan, enroll in it, or make changes to it. If you choose not to enroll, there are special cases when you're allowed to enroll during other times of the year.

- **If you had another health plan that was canceled.** If you, your dependents, or your spouse are no longer eligible for benefits with another health plan (or if the employer stops contributing to that health plan), you may be able to enroll with us. You must enroll within 31 days after the other health plan ends (or after the employer stops paying for the plan). For example: You and your family are enrolled through your spouse's health plan at work. Your spouse's employer stops paying for health coverage. In this case, you and your

spouse, as well as other dependents, may be able to enroll in one of our plans.

- **If you have a new dependent.** You gain new dependents from a life event, such as marriage, birth, adoption, or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you marry, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
 - You (or your eligible dependents) lose Medicaid or the State Children's Health Insurance Program (SCHIP) benefits because you're no longer eligible..
 - You (or eligible dependents) become eligible to receive help from Medicaid or SCHIP for paying part of the cost of a health plan with us.

For full details, read your plan documents, which contain everything you need to know about your plan. You can find them on [anthem.com](https://www.anthem.com).

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services?

Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.



Your plan is here for you to use

If you would like extra help

If you have questions, we are here to help. Contact us through our online Message Center or call the Member Services number on your ID card.



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