

Indiana | Effective January 1, 2017

Small Group product guide

For groups with 1-50 employees

We put the same passion into our health plans that you
put **into your business**



We've got what you're looking for:

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Welcome to Anthem for small businesses

Running a small business takes courage and a lot of hard work. You make important decisions every day. And **choosing the right health plan** is definitely one of them.

That's why we've made it easy, with plan designs that speak to who you are, how you run your business and your bottom line. And because you're choosing an Anthem Blue Cross and Blue Shield (Anthem) plan, you can count on the quality and stability our customers have come to know for more than 70 years.

Today, we want you to know, it's your purpose that's at the heart of our promise: to build the ultimate benefits package for every single type of small business and for every type of employee that works to keep your dream alive and well, every day.

Now let's find you **the perfect plan.**





Tell us about you and your needs

- Do all of your employees work **locally**?
- Are you looking for coverage that offers **a defined copay for employees**?
- Would you consider higher deductibles for more **cost savings**?
- Are you open to different pharmacy options that can **save you money on your overall premiums**?

For a little extra help with these questions, see our easy flow chart on page 40.

We're ready to help you find the perfect plan for your employees and your business. And like any great relationship, when you're happy, we're happy. And that's pretty healthy.

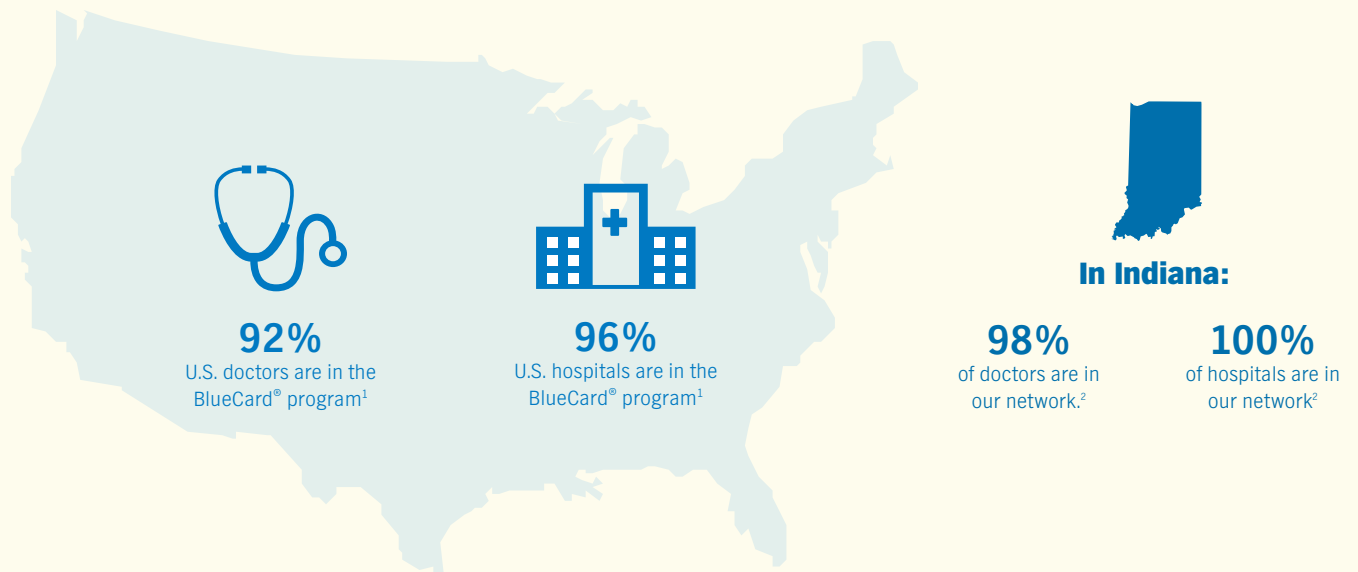
So let's get to it!

**Hello, from
a name you know**

We're Anthem.

That's a name that brings local and nationwide access to care like no other.

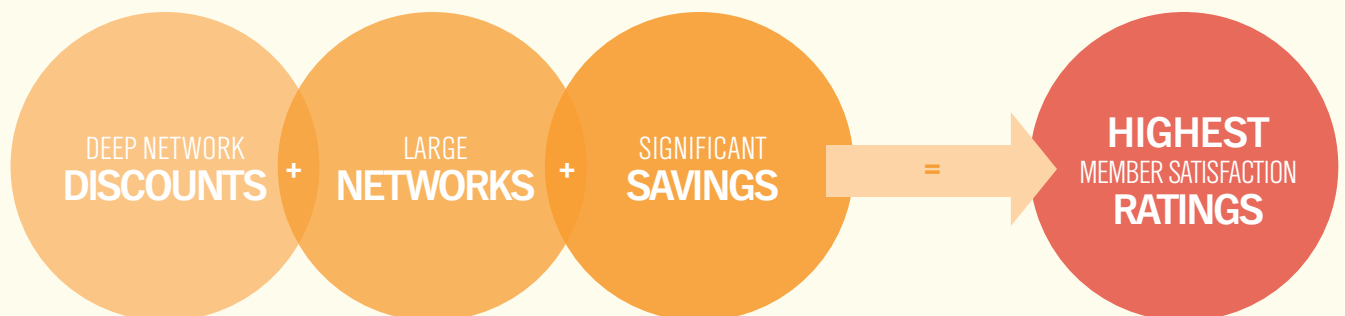
Get to know the power behind a Blue Cross and Blue Shield plan.



Our local networks offer **broad access to providers** that employees can find easily online or through our mobile app. They can even get directions.

And if they live, work or play across the country, or abroad, they'll have access to doctors and hospitals through one single electronic network: BlueCard. The BlueCard program lets them use providers almost everywhere in the U.S. (in urban and rural areas alike) and in more than 170 countries and territories around the world through BlueCard Worldwide®.¹

Around the corner and around the world, we're everywhere you need us to be. That's Anthem, always.



1 Blue Cross and Blue Shield Association Media Center (bcbs.com, 2016).
2 Internal data, January, 2017.



What's important in 2017

At Anthem, every day **we're working to find a better way** for you and your employees

We think you'll like what we've done. This year, we took a good look at how we could find even more savings for our small business employers. Affordability is important to everyone, and so is the health of those around them. Here's a glimpse of what we've created to give you more options that may work for your business, like never before.

Now you have even **more ways to save** with new pharmacy options



Did you know that employees use their pharmacy benefit more frequently than any other health benefit? And, that the average person fills 12 prescriptions per year¹ and only goes to the doctor three times a year?² Because pharmacy costs make up about 20% of employer health care costs, we created the following options to help you save on your health care premiums. Take a look:

- **Specialty 4th and 5th tiers** — Specialty drugs are used to treat complex, chronic and often costly conditions, like multiple sclerosis and rheumatoid arthritis. By splitting specialty drugs into two tiers, we can better manage specialty drug use and help keep costs down. Tier 4 includes the more cost-effective specialty drug options. Tier 5 includes more costly specialty drugs. Drugs in this tier will often have lower-cost alternatives available on lower tiers.
- **Select Drug List** — This is a special list of drugs that meets or exceeds the Affordable Care Act (ACA) requirement to offer drugs in every category and class. Employees should talk to their doctor and review the Select Drug List to see if their drugs are on the list. If not, and an alternative option isn't available, their doctor may request an exception review. Providers may do this electronically or by fax.
- **90-day refill at retail pharmacies** — Employees can get a 90-day supply of medication from participating local retail pharmacies. They can still get a 90-day supply through Home Delivery Pharmacy as well.

1. The Henry J. Kaiser Family Foundation, Retail Prescription Drugs Filled at Pharmacies (Annual per Capita) (accessed May 8, 2015), <http://www.kff.org>
2. Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Hyattsville, MD, 2016.

For more information about pharmacy options, please contact your broker or Anthem representative.

Healthy Support

We believe health care is everyday care. That means covering your employees when they need it and helping to keep them healthy today, tomorrow and always.

Sometimes a little incentive is all we need to take that extra healthy step. And that's why some of our plans offer employees and eligible dependents³ financial incentives for taking simple steps to live well. Look for medical plans with "plus" in the name. These plans include our healthy support offer incentives.

Healthy Support offers easy ways to earn up to \$700 per employee, per year:

Preventive wellness exam and flu shot	\$100	Employees must complete both the wellness exam (\$50) and the flu shot (\$50) to receive the \$100 reward. Activities can be completed in any order. Once the second of the two activities is complete, two separate rewards will be given.
Tobacco-free certification	\$50	Employees complete the online tobacco-free certification after they register and log in at anthem.com.
Online wellness toolkit	Up to \$150	Employees earn rewards by using online wellness tools that help them achieve nutrition, exercise, stress and other personal health goals.
Gym reimbursement	Up to \$400	Employees who meet reimbursement qualifications can earn up to \$200 every six months.

Incentives are paid out in gift cards. Once they complete reward activities, employees will get a letter telling them they've received a reward. The letter will have instructions on how to get their reward.

Gym reimbursements are paid out by check. Employees must fill out verification forms, available at anthem.com and submit them.

Products for 2017!

You asked, we listened. We've added eleven new products to our portfolio.

A new approach to care

The kind that works better — **for everyone**

Your employees deserve a better experience getting their health care. That's why we've taken steps to build health care that works for them and you. We're working more closely with our network providers to create more convenient access to care, so your employees know we've got them covered.

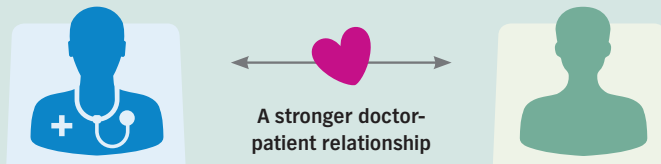


Welcome to an exciting **transformation** in the **doctor-patient relationship** created just for Anthem members

It's called **Enhanced Personal Health Care** and it's the kind of care everybody wants

We're changing the way we work with doctors by rewarding them for the quality of the health care they deliver rather than the amount of patients they see. Our new model puts patients in a unique circle of care, making them the central focus on a team approach to their overall health. We do this by:

- **Paying doctors for value over volume** when they improve patient health, meet quality standards and lower costs.
- **Giving doctors added support** with the right tools and strategies to help strengthen the doctor-patient relationship so they can spend more time with patients and coordinate their care with other doctors.
- **Improving the patient experience** with better access to a primary care physician (PCP) who cares for the whole person and becomes their health care champion and helps them navigate the health care system.



The advantages are **undeniable**



1.6%

Decrease in emergency room (ER) visits ...



3.5%

results in a decrease in overall ER costs.



5.7%

Fewer inpatient days per 1k members.



7.8%

Fewer acute inpatient admissions.

Source: Anthem, Inc. composite states data, 2016.

Enhanced Personal Health Care is patient-centered and **compensates doctors for the quality of care** they give, not the number of patients they see.



Employees have access to **care, anytime, anywhere**¹ with **LiveHealth Online** — all it takes is an internet connection



When using **LiveHealth Online**, your employees can have face-to-face video visits with board-certified doctors or licensed psychologists and therapists right from their computer or mobile device. In just minutes, they can connect to a doctor to address common health issues. And psychologists and therapists are available by appointment in four days or less.²



Benefits when seeing a **doctor** using LiveHealth Online

- No appointments
- Easy to use
- Board-certified doctors
- Available for nonmembers
- Doctors diagnose health issues and may prescribe medicine³
- Cost effective: \$49 or less per visit depending on the health plan

Benefits when seeing a **psychologist or therapist** using LiveHealth Online

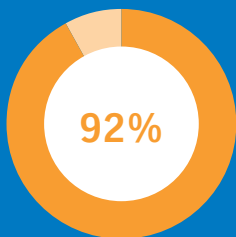
- Appointments available in four days or less²
- Easy to use
- Licensed psychologists and therapists
- Cost effective: cost is similar to an office therapy visit

Members must be at least 18 years old to see a therapist online and have their own LiveHealth Online account. Psychologists and therapists using LiveHealth Online do not prescribe medications.

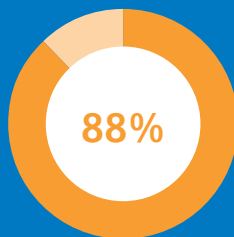


To learn more, watch the videos at livehealthonline.com

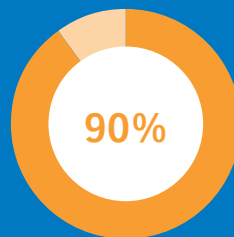
LiveHealth Online delivers **high member satisfaction**⁴



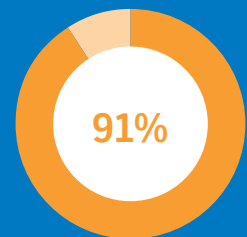
reasonable
wait time



easy to use



doctors were
professional and helpful



given enough
time for visit

1 Not available in Alaska, Arkansas, Texas or outside the U.S.

2 Appointments subject to availability of a therapist.

3 Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to expand to more in the near future. Visit the home page of livehealthonline.com to view the service map by state.

4 LiveHealth Online Consumer Post Visit Survey results, 2016.



Affordable plan options

Designed to fit every type of business need

With health and wellness extras
that deliver **superior long-term value**

Get ready to meet your match! No matter what the size of your business and your unique needs and preferences, you'll find the right health plan, right here. We offer a full range of high-quality plans with a wealth of solutions designed to help you control costs. Our commitment to you is to get it exactly right.

Meet our **medical plans**

Here's a brief explanation of the types of health plans we offer.

- PPO** A **preferred provider organization** allows members to see providers in network or out of network. Members pay substantially less out of pocket when they use a provider in the PPO network. There's no need to get a referral to see a specialist.
- CDHP** **Consumer-driven health plans** feature higher deductibles than traditional insurance plans. They can be paired with a health savings account allowing members to pay for qualified out-of-pocket medical expenses.
- HSA** A **health savings account** is a member-owned savings account that you and your employees can fund with pretax dollars to help pay for qualified health care expenses, including prescriptions.

For specific information, you can refer to the plan designs at the back of this guide.

Talk to your broker for more information about our plans.



We're listening. Let's talk about your specific health care needs and we'll find the perfect solution for you and your employees, together.

Pharmacy benefits

Together with medical – better and easier than ever

You may not know it, but pharmacy benefits are the most widely used benefits.

At Anthem, we focus on more than just pharmacy costs – we're looking at the bigger picture – the value of better health.

We also make it easy for employees with single-sign-on access to their pharmacy benefits through **anthem.com**.

Better health and lower costs of care begin with better medication management

With our pharmacy, clinical and cost-of-care programs, **we are helping your employees live healthier.**



Helping manage chronic conditions



Addressing medication gaps



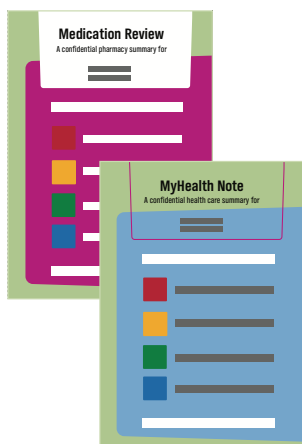
Improving adherence to taking medications as prescribed



Saving money with generics, home delivery and a broad network of pharmacies

Here's how we do it

With pharmacy and medical combined, **we can target members with specific messaging** such as cost savings for generics and therapeutic equivalents. And we can coordinate that messaging between the member and the doctor to identify and close gaps in care, switch members to more effective and less expensive drugs and communicate safety concerns.



Medication Review

A monthly member mailing that includes recent pharmacy claims, information about current drugs they're taking, safety concerns and ways to save money.

MyHealth Note

By combining members' medical, pharmacy and lab data with benefit information, we can make recommendations, coordinate with doctors and notify members.



By **combining medical and pharmacy** and coordinating these benefits systemwide, we are writing a prescription for **more effective and more affordable health care** for you and your employees.

Source: Outcomes for MyHealth Advantage using our pharmacy data when compared to carve-out pharmacy data. Results based on most recent measurable 12 months (July 2014 – June 2015) of data available for clinical and cost-of-care programs for enterprise commercial business.

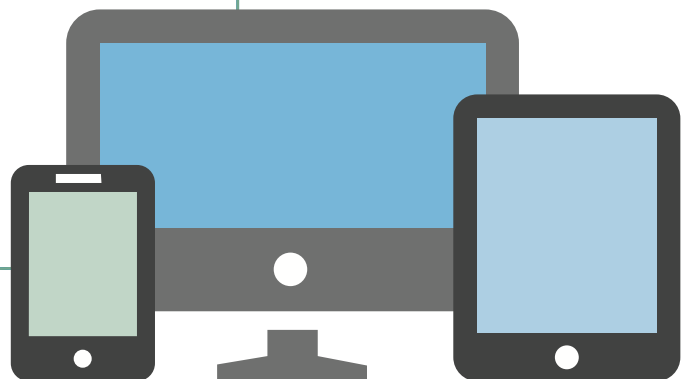
The results speak for themselves



Let's get technical with pharmacy

It's easy to fill prescriptions, check copays or coinsurance and more by going to **anthem.com** or **downloading our mobile app**.

We are closing the gap between giving members information and **getting them to act on it**.



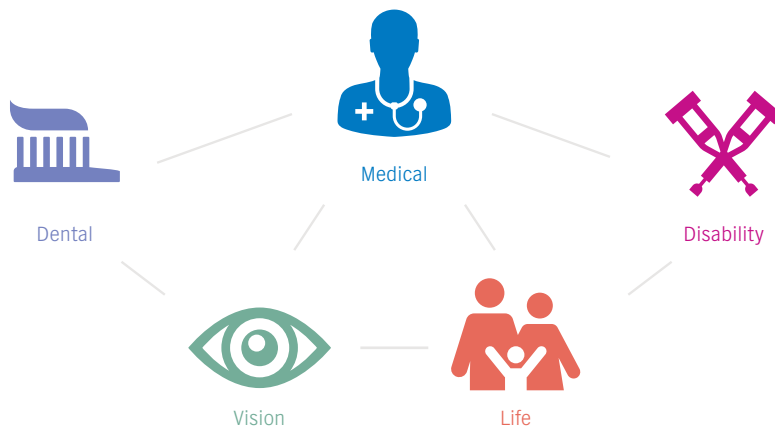
For all your health care needs, meet your one carrier, one solution: **Anthem Whole Health ConnectionSM**

See how our **medical, dental, vision, life and disability plans work together** for your employees' health and your bottom line.

We believe health care should serve the whole person — head to toe — at each stage of life. It should also be easy to administer, so you don't get bogged down in paperwork.

That's the Anthem **Whole Health Connection.**

Through electronic health records, we get claims and clinical data from network dentists, eye doctors, primary care physicians and care coordinators, which allows us to create more complete health profiles for our members.



Strong alone, better together



- Clinically coordinated care through our connected health plan portfolio
- Benefits from one source, so you spend less energy managing multiple plans
- Simplified enrollment, administration and claims processing
- Strong local and national networks
- Competitive pricing
- A brand you can trust

Pediatric dental and vision benefits are included in all of our medical plans.

You also can purchase dental, vision, life and disability plans separately. For benefit details, please see the dental and vision grids at the back of this guide.

Anthem dental

Our Dental Prime and Dental Complete plans are built for **greater choice, better oral health** and **ultimate business** value.

A huge network

Access to one of the **largest dental networks in the nation**, with **122,000+** unique dentists and **328,000** access points



33%

average savings on covered services¹

International emergency

dental program for emergency services while traveling or working abroad

We're helping change the face of health care by simplifying how our medical and dental plans work together — delivering more complete care at an affordable cost with less hassle.



Medical



Dental



Better overall health

Dentists often have the first opportunity to notice early signs of a chronic disease. Our Dental Prime and Dental Complete plans offer these benefits for optimal oral and overall health.

That's why many of our plans have **100% coverage** for preventive services such as exams, cleanings and X-rays. In addition, we have automatic enrollment for an additional cleaning or periodontal treatment for members with certain health conditions who are engaged in one of our Care Management programs.

For product details, see the grid at back of this guide.

1. Average in-network claims savings for Dental Prime and Dental Complete plans, 2015.



Brush biopsy

benefit to help detect oral cancer



100% in-network coverage

for cleanings, exams and X-rays



Extra cleaning or periodontal treatment

for eligible members engaged in one of our Care Management programs



Online Dental Health Assessment

an online tool that helps members better understand their oral health with personalized dental health scores

Anthem vision

More doctors, better discounts and a clear path to overall health with Blue View VisionSM

Vision care plays a powerful role in early detection and more effective management of chronic conditions. In fact, eye exams can help identify serious conditions like diabetes, high blood pressure and high cholesterol.



When we connect Blue View Vision with our medical plans, providers can see the total health of the member, which helps them deliver better, more informed care.

Connection of care¹

- Claims and clinical data go into members' electronic health files
- Vision providers can see information quickly
- Automatic referrals go to our ConditionCare program if a health issue is found

Pediatric essential health benefits and adult vision coverage are included in all of our medical plans at no additional cost. For benefit details, please see the Blue View Vision grid at the back of this guide. For a list of participating Blue View Vision providers in your area, visit anthem.com and select Find A Doctor.



Big discounts

35% to 40% off extra glasses²



Lots of doctors

Over 33,000 doctors at more than 26,000 locations nationwide



Less hassle

Simplified administration from enrollment through claims processing

Members can use in-network benefits and get savings from:



1. Any member information, claims data and health history shared is relevant and HIPAA-compliant.
2. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan.

At the heart of Anthem's more personalized approach to health care is **building better connections** between employers and employees, patients and doctors, people and better health.

Let's **protect your employees** against the unexpected

It's time to talk about **life and disability** coverage that goes way beyond a check.

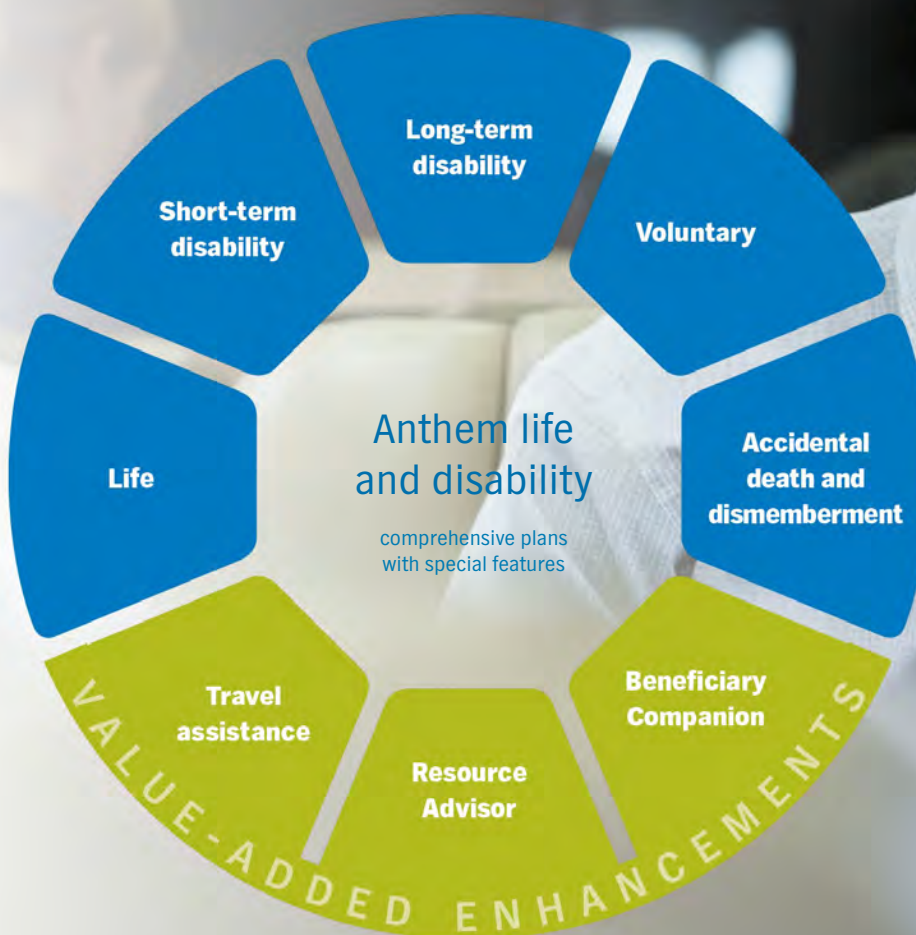
When a life-changing event happens, you can count on Anthem to be there with superior service from a caring staff, quick payment of claims and support services for employees and their families. We offer a wide variety of options, so you can tailor a benefits program to your employees' needs and your budget, all from one single point of contact.

Anthem life and disability features

- Timely payments and support services
- Benefits employees can use before and after a loss
- Simplified benefit administration and dedicated customer service
- Support services that help employees get back to work and back to life
- Personalized service from Claims Management team

- We can help you with Social Security disability filings and approvals
- You get a designated service team with industry-leading claims turnaround times with 99.9% accuracy*
- Enjoy identity theft recovery services on us
- All customer service calls are answered live

*Internal data, 2015



Life and disability

A new way of looking at them

When it comes to life and disability insurance, we do more than just send a check. We give employees and their families valuable extras.



Travel assistance

Members with life coverage have a safety net if an emergency arises while they're more than 100 miles away from home



Resource Advisor

Emotional, legal and financial support for members with life and disability coverage



Beneficiary Companion

Life coverage includes help for families after a death, dealing with death certificates, creditors and more

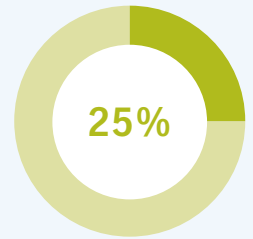


Newborn Parenting Resources

Provides eight weeks of personal life coaching services to help new mothers transition back to work and work-life balance²

A little coaching makes a big difference

When members engage with a medical nurse care manager, their average medical costs are \$8,000 less during their disability claim.¹



lower medical costs¹



Medical



Disability



Improved outcomes

When you package disability with one of our medical plans ...

your employees are connected with teams of clinical, behavioral health, vocational rehabilitation and counseling specialists who can help them get back to life and back to work.

You may get Guaranteed Issue!

That means some of our life and disability coverage options are available without employees having to go through health underwriting - and there are no health questionnaires to fill out.

¹ Anthem Productivity Solutions Quantifying Value Study, 2015.
² Available with short-term disability.



You want to offer dental, vision, life and disability coverage, but you just can't cover the cost.

That's ok. We've got another way.



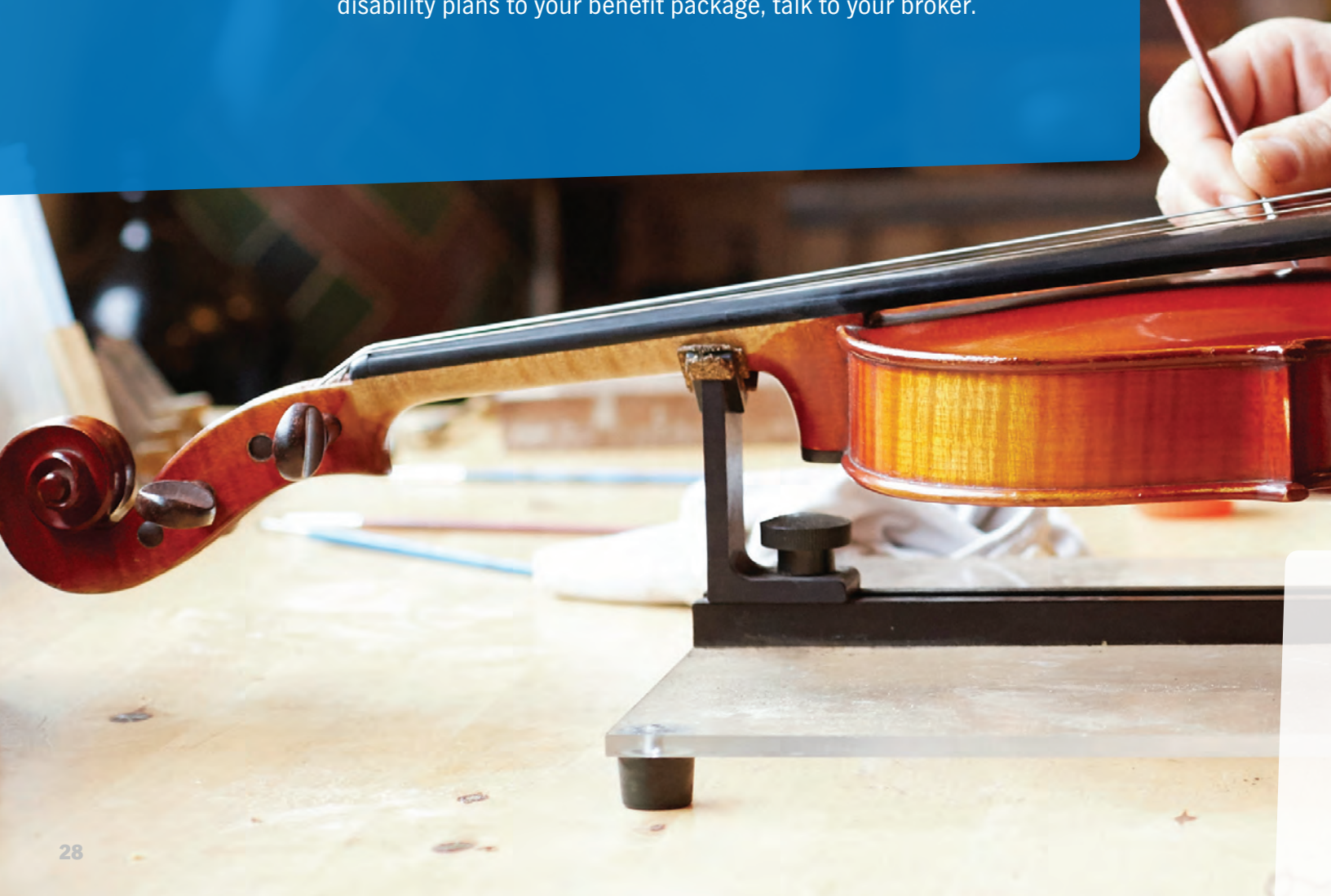
paid by the employee



We understand it can be a tough balancing act. You want to offer a competitive benefits package that helps attract and retain the best employees, but your dollars only go so far.

That's why we offer a voluntary portfolio for dental, vision, life and disability plans with low minimum participation requirements. You pick the plan designs and your employees choose the coverage at affordable group rates. And because the employee pays 100% of these costs, there is no negative impact on your bottom line.

For more information on how to add voluntary dental, vision, life and disability plans to your benefit package, talk to your broker.





Voluntary plans offer you a way to strengthen the value of your benefits plan and **improve employee satisfaction**, at no extra cost to you.



Taking your employees' health personally

Health and wellness for all
but in the end it **comes down to you**

You matter. What a great feeling to know someone's got your back, helping you and your employees stay healthy, today and tomorrow.

Our wellness team experts study the reasons why people engage in healthy behaviors, programs and activities. We take their data to heart to find better solutions that can bring your employees to optimum health and optimum performance.



Say hello to our **Total Population Health solution**

Let's get personal. Everyone has their own unique set of health issues and goals. That's why we built our wellness programs to speak to each person on the wellness spectrum — from the super healthy to those needing immediate support. Our programs are managed by a team of experts who connect members to the right programs for their specific needs. This way, no one falls through the cracks.

Wellness programs

- Lifestyle improvement
- Preventive care alerts
- 24/7 NurseLine

Online resources

- Health assessment
- Discounts
- Provider cost and quality information
- Online wellness coaching
- Communication campaigns
- The Weight Center

Clinical programs

- Medical management
- Health coaching/advocacy
- Disease management
- Behavioral health
- Maternity
- Gaps in care



For details on our health and wellness options,
talk to your broker.



MyHealth Advantage is an outreach program that helps members stay current with their health care and save money. By analyzing member health data and history, the program identifies possible health risks, care gaps and savings options. Care gaps are sent to providers as well to ensure the best care possible.



Health and wellness incentives offer members financial rewards for getting and staying healthy. These are available with select plans and include financial incentives for taking preventive care steps (flu shots or wellness exams) to driving lifestyle changes like being or becoming tobacco free.



The **ConditionCare** program teams up members with nurse coaches and other health professionals who give them holistic, integrated and seamless health management for chronic conditions including asthma, chronic obstructive pulmonary disease (COPD) and heart disease. Of those members in the program, 90% were satisfied with their ConditionCare nurse interactions and said the tools and materials were easy to understand.¹



Future Moms helps moms-to-be have a healthy pregnancy. Experienced nurses provide individualized care for pregnant members to help ensure a full-term, healthy baby. Of those members in the program, 90% said the information and tools helped them have a healthy pregnancy.²



24/7 NurseLine is staffed with registered nurses who are just a phone call away at any time. Nurses can answer questions about a medical concern or help members choose the right level of care. Members can call the same phone line and listen to hundreds of health topics in the AudioHealth Library. The recordings are available in English and Spanish.



LiveHealth Online gives members access to board-certified doctors or licensed psychologists and therapists through live video on their smartphone, tablet or computer with a webcam. Board-certified doctors can evaluate nonemergency illnesses or conditions 24/7 for \$49 or less depending on health plan benefits.³ They can even prescribe basic medications, if needed.⁵ Licensed therapists or psychologists can help members who are stressed, worried or having a tough time. Members can schedule an appointment and connect to a professional in just a few days.⁴



Case Management nurses help members deal with complex health issues and navigate the health care system. Backed by a team of physicians, pharmacists, exercise physiologists and others — our nurses have the latest information on treatment options.



The **Cancer Care Quality Program** is an innovative quality initiative that allows oncologists to compare planned cancer treatments against evidence-based clinical criteria and potentially receive enhanced reimbursement. A goal of the program is to promote access to quality, evidence-based, affordable health care for our members and to provide the framework to begin changing the cancer care paradigm. This program also allows our members to be identified earlier for our Case Management program.

1 Voice of the Customer, Year-End Annual Wellness Report for ConditionCare, 2014.

2 Internal Health and Wellness Solutions Member Satisfaction Study, 2015.

3 Doctors using the LiveHealth Online tool charge an average fee of \$49.

4 Appointments subject to availability of a therapist.

5 Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to expand to more in the near future. Visit the home page of livehealthonline.com to view the service map by state.

Meet SB Office Supplies Company, Inc.

A story of health and wellness benefits in action



Vince, IT
Future Moms

Vince is the go-to guy for computer issues and almost everything else technical. Always in control, no one thought he'd be such a nervous wreck when he found out his wife, Mary, was expecting. He's been hounding everyone with questions, even the mail lady. Michelle, the office manager, tells him about Anthem's Future Moms program and gives him the number. As soon as he gets home, Vince and Mary call Future Moms and are connected to Mandie, a registered nurse, who talks to them about risk factors, screenings and healthy choices for safe deliveries. Mandie is going to send them books and more resources and tells them to call anytime because Future Moms nurses are available 24/7. Mary called back twice, that night.



Georgi, Accounting
24/7 NurseLine

Georgi's daughter, Tina, is an 8-year-old soccer fiend who never stops running and rarely gets sick. So when Georgi hears her crying at 1 a.m., she knows something's definitely wrong. Georgi calls 24/7 NurseLine and tells the nurse Tina's symptoms. The nurse says Tina's temperature is a bit too high and suggests that Georgi take her to an urgent care center. The nurse finds several in-network urgent care centers near Georgi. One of them is right around the corner. Soon Tina is back up to speed and Georgi feels like the best mom in the world because she had these great resources at her fingertips to help her child get better quickly.



Raja, Warehouse
ConditionCare

Raja has dealt with loud warehouse workers for years. Nothing surprises or scares her, except when she feels an asthma attack coming on. Because she has Anthem, her medical claims were flagged and sent to a ConditionCare nurse, Kacey, who called Raja right away. After yelling at her crew to pipe down, Raja talked with Kacey about taking her medication, using an inhaler and avoiding triggers. Kacey promised to follow up with Raja soon, but in the meantime, she plans to send her information and helpful resources and maybe she'll even throw in some earplugs.



Mark, Sales
LiveHealth Online

Mark is a Sales rep who loves to chat, but lately his coughing and sneezing is making everyone run and hide. He's got no time to see a doctor, so Michelle, the office manager, is brave enough to pull him into a conference room and show him how to use LiveHealth Online to visit a doctor with an app on his smartphone. Mark can't believe he's connected with a board-certified doctor in just a few minutes who gives him a diagnosis: "You have a virus. Go home, get some rest and if you don't feel better in a few days, follow up with your primary care doctor." Mark follows the doctor's directions and the whole office feels better.

So what else can we **do for you?**

A lot! We've got great tools and resources to make managing health care easier than ever.

Like any great relationship, we'll always be right by your side to help you take the health of your employees to the next level. And we've made it easy for you to get started. **Here's what we're talking about:**

→ A wellness **toolkit** to help you create a culture of health, right at work

Time Well Spent[®] is our online health and wellness resource that has all kinds of ways to communicate important health information to your employees about specific health issues (like diabetes and asthma) and improve health with resources on weight management, quitting tobacco and eating healthy. It comes at no extra cost to you and has information on dental, vision, life and disability — and even some in Spanish. Here's just a sample:

Start your company's journey to wellness!



Health kits and challenges



Health articles



Promotional materials



Wellness calendar



Employer guide to wellness



Webinars

Go to timewellspent.anthem.com

→ **Easier** plan administration

EmployerAccess at anthem.com has everything you need for more efficient benefits administration.

Our quick, easy-to-access online tool makes it simple to enroll members, check eligibility, view your contract, check on coverage and more — in one spot. It's our job to help you save time and make doing business with us easier than ever before. View our user guides, demos and more at **anthem.com**.

With EmployerAccess, you can:



View and pay bills



Process enrollment changes



View your group's benefits



Add new subscribers

→ **Help** with understanding **health care reform**

Visit our blog at blog.makinghealthcarereformwork.com to get answers about the Affordable Care Act (ACA), managing health costs and more.

We've also got **all this for your employees**

→ Connect to **care anywhere** with our **mobile app** — **Anthem Anywhere**

Our **Anthem mobile app** can make it easier than ever for your employees to manage their health care. They can just download the free app and always be prepared.



Find a doctor



Get a virtual ID card



Compare provider costs and quality



Manage prescription benefits



View claims

Download today

Available for free from Google Play™ or the App StoreSM.

→ **Get care** through **LiveHealth Online**

Employees can connect to a doctor or licensed psychologist or therapist and have a face-to-face video visit on their computer or mobile device.



→ **Visit anthem.com** for **24/7 information**

- Get tools and resources on topics like nutrition, weight loss and tobacco use
- Join online communities for added support from people with similar experiences
- Find a doctor or hospital in the network and nearby
- Compare and evaluate different hospitals for quality and cost
- Get discounts on healthy living products and services
- Order a new ID card or print a temporary one
- View benefits or check on a claim
- Submit benefit questions



→ **New anthem.com website**

We've revamped our website to not only make it look better, but to make it easier to use too!

→ **Connecting** with consumers

Through social media, members can get tips on how to get more value from their health plan or ask other questions about how to use their plan. The goal is to help members feel confident in their health plan, understand how it works and get the most savings.

Just search “Ask Anthem”

Follow us for motivation, inspiration, recipes, workouts and some great healthy fun.





It's time to meet your match

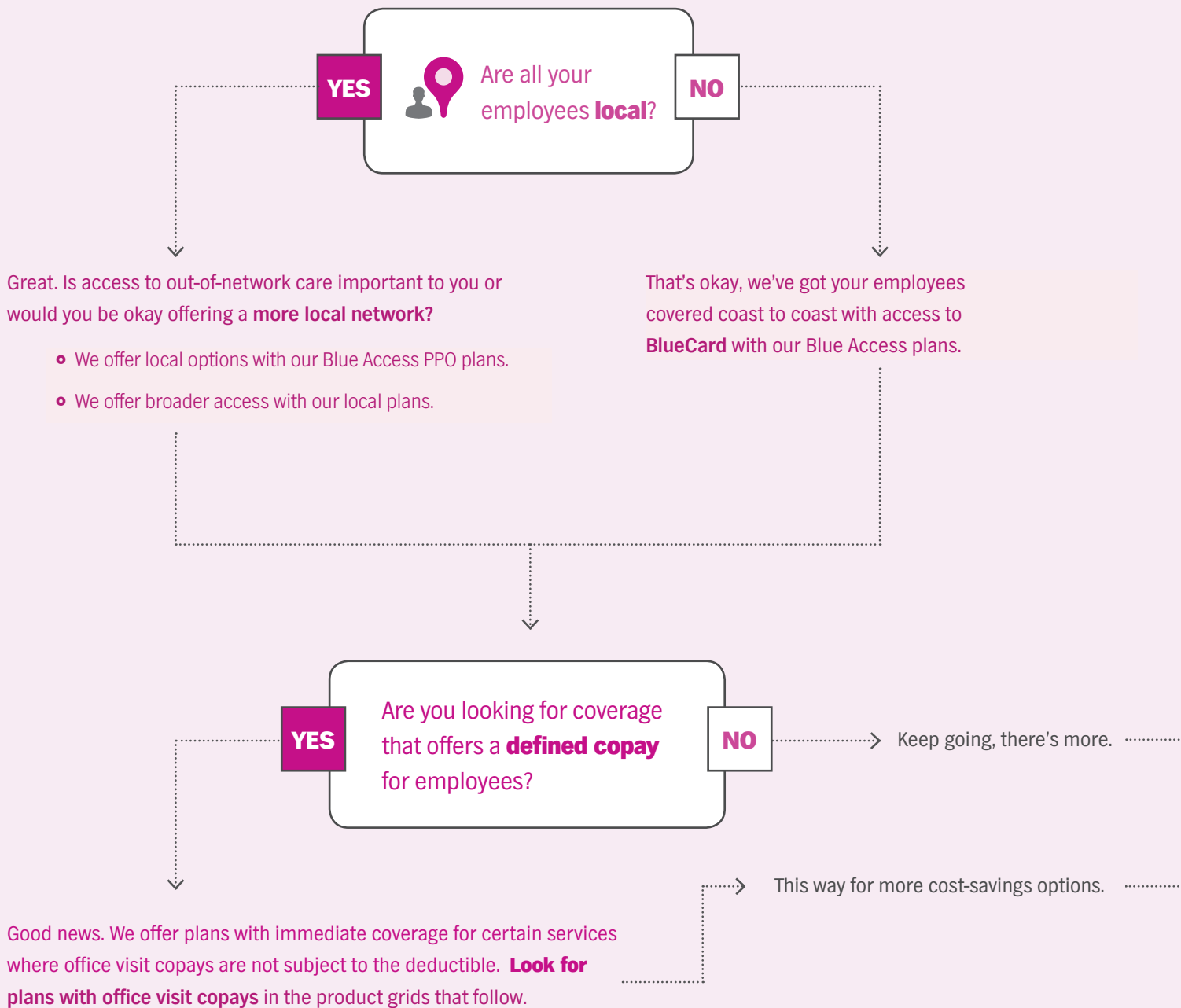
You'll find it here, in one of the most comprehensive product portfolios in the market

We know each employer has a unique mix of employees and needs. That's why we designed a variety of plan options that allow you to create the ultimate benefits package that's perfect for your group. That means meeting both your employees' needs and your budget. So let's get you started, first by finding out what's important to you.

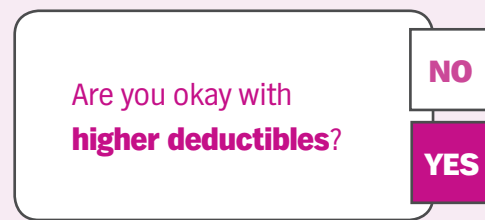
So what matters most to **you**?

On the pages coming up you'll see our plan designs.

Before you go there, here are some important questions you may want to think about:

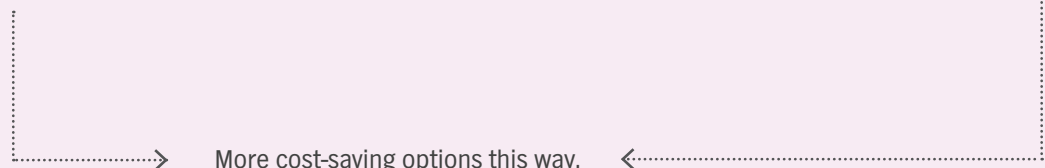


You may be eligible to offer more than one plan. Contact your broker to learn more.



Sounds good. There are two types of higher-deductible options:

- **Upfront deductibles** – This means that employees would pay out of pocket for services received up to a certain amount before the health plan begins to pay, with the exception of preventive care services.
- **Limited risk deductibles** – This means many services would not be subject to a deductible, but some may be, depending on your plan choice. Preventive care services are covered at 100%.



We've got more options, check out **the next page** ▶

Super! **Get the details** on page 8.

Product details

The **plan naming structure** includes these elements:

brand + metal tier + network + product type + copay or deductible/coinsurance/out-of-pocket maximum

Platinum plans

Plan type	Plan name	Network	Contract code (CY/PY)	Deductible (individual/family)	Deductible type ¹	In-network coinsurance	Office visits: PCP/SPC/ Online health/ retail health clinic	Urgent care (facility) ²	Emergency room (facility) ²	Outpatient surgery
PPO	Anthem Platinum Blue Access PPO 0/10%/2250	Blue Access	2HMT/2HMV	\$0/\$0	Embedded	10%	\$10/\$20/\$10/\$10	\$100	\$200	\$250

Gold plans

PPO	Anthem Gold Blue Access PPO 500/20%/3500	Blue Access	2HPP/2HPR	\$500/\$1,500	Embedded	20%	\$25/\$50/\$25/\$25	\$100	\$300, then 20% coinsurance	Deductible, then 20% coinsurance
	Anthem Gold Blue Access PPO 1000/20%/3500	Blue Access	2HGV/2HHO	\$1,000/\$3,000	Embedded	20%	\$25/\$50/\$25/\$25	\$100	\$300, then 20% coinsurance	Deductible, then 20% coinsurance
	Anthem Gold Blue Access PPO 1000/20%/5000	Blue Access	2HHG/2HHD	\$1,000/\$3,000	Embedded	20%	\$10/\$50/\$10/\$10	\$100	\$300, then 20% coinsurance	Deductible, then 20% coinsurance
	Anthem Gold Blue Access PPO 1500/20%/4000	Blue Access	2HGH/2GE5	\$1,500/\$3,000	Embedded	20%	\$10/\$35/\$10/\$10	\$100	\$300, then 20% coinsurance	Deductible, then 20% coinsurance
	Anthem Gold Blue Access PPO 1500/30%/4500	Blue Access	2GDT/2GDR	\$1,500/\$3,000	Embedded	30%	\$20/\$40/\$20/\$20	\$100	\$300, then 30% coinsurance	Deductible, then 30% coinsurance
	Anthem Gold Blue Access PPO 2500/20%/5200	Blue Access	2HGP/2HGQ	\$2,500/\$5,000	Embedded	20%	\$20/\$40/\$20/\$20	\$100	\$300, then 20% coinsurance	Deductible, then 20% coinsurance
	Anthem Gold Blue Access PPO 3500/0%/4000	Blue Access	2GE2/2GDZ	\$3,500/\$7,000	Embedded	0%	\$20/\$40/\$20/\$20	\$100	\$300, then 0% coinsurance	Deductible, then 0% coinsurance
	Anthem Gold Blue Access PPO 3500/0%/4500	Blue Access	2HH3/2HH5	\$3,500/\$7,000	Embedded	0%	\$30/\$60/\$30/\$30	\$100	\$300, then 0% coinsurance	Deductible, then 0% coinsurance
PPO HSA	Anthem Gold Blue Access PPO 1350C/0%/2850 w/HSA	Blue Access	2HNN/2HNNK	\$1,350/\$2,700	Nonembedded	0%	Deductible, then \$10/\$35/\$10/\$10	Deductible, then \$100	Deductible, then \$300	Deductible, then \$300
	Anthem Gold Blue Access PPO 1350C/10%/2500 w/HSA	Blue Access	2HKY/2HLL1	\$1,350/\$2,700	Nonembedded	10%	Deductible, then \$10/\$35/\$10/\$10	Deductible, then \$100	Deductible, then \$300	Deductible, then 10% coinsurance
	Anthem Gold Blue Access PPO 2000/0%/2500 w/HSA	Blue Access	2HM3/2HM5	\$2,000/\$4,000	Nonembedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance

*Hospital inpatient has a per day copay up to a maximum of 3 days.

1 Here's an overview of nonembedded versus embedded deductible products: Nonembedded Accumulation: All family members have a shared deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be satisfied before any one member of the family can begin receiving benefits. The entire OOP must be satisfied before the family has satisfied the OOP maximum. Embedded Accumulation: Each member has an individual deductible/OOP amount. Any deductible amount contributed by an individual family member will apply to the family deductible amount, but no individual family member is required to contribute more to the family deductible than their individual deductible amount. The OOP accumulates on an embedded basis also.

The below overview represents in-network and out-of-network benefits. For more plan information, please refer to the *Summary of Benefits (SOB)*. To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

All product offerings are subject to regulatory review and approval and are subject to change.

Hospital inpatient	Out-of-pocket maximum (individual/family)	Out-of-network deductible (individual/family)	Out-of-network coinsurance	Out-of-network out-of-pocket maximum (individual/family)	Prescription drugs – network/formulary	Prescription drugs – retail (30-day supply) ³	Prescription deductible (single/family) ⁴	Prescription drugs – home delivery (90-day supply)	Clinical package
\$250*	\$2,250/\$4,500	\$2,000/\$4,000	30%	\$6,750/\$13,500	National Plus with R90/ National	\$10/\$35/\$70/25% up to \$300 per script /25% up to \$500 per script	N/A	\$25/\$105/\$210/25% up to \$300 per script/25% up to \$500 per script	N/A
Deductible, then 20% coinsurance	\$3,500/\$7,000	\$1,500/\$3,000	50%	\$10,500/\$21,000	National Plus with R90/Select	\$15/\$40/\$80/25% up to \$300 per script /25% up to \$500 per script	\$250/\$500	\$38/\$120/\$240/25% up to \$300 per script/25% up to \$500 per script	N/A
Deductible, then 20% coinsurance	\$3,500/\$7,000	\$3,000/\$9,000	50%	\$10,500/\$21,000	National Plus with R90/Select	\$10/\$35/\$70/25% up to \$300 per script /25% up to \$500 per script	\$500/\$1,000	\$25/\$105/\$210/25% up to \$300 per script/25% up to \$500 per script	N/A
Deductible, then 20% coinsurance	\$5,000/\$10,000	\$3,000/\$9,000	50%	\$15,000/\$30,000	National Plus with R90/Select	\$10/\$35/\$70/25% up to \$300 per script /25% up to \$500 per script	N/A	\$25/\$105/\$210/25% up to \$300 per script/25% up to \$500 per script	N/A
Deductible, then 20% coinsurance	\$4,000/\$8,000	\$4,500/\$9,000	50%	\$12,000/\$24,000	National Plus with R90/Select	\$10/\$35/\$70/25% up to \$300 per script /25% up to \$500 per script	N/A	\$25/\$105/\$210/25% up to \$300 per script/25% up to \$500 per script	N/A
Deductible, then 30% coinsurance	\$4,500/\$9,000	\$4,500/\$9,000	50%	\$13,500/\$27,000	National Plus with R90/Select	\$10/\$35/\$70/25% up to \$300 per script /25% up to \$500 per script	N/A	\$25/\$105/\$210/25% up to \$300 per script/25% up to \$500 per script	N/A
Deductible, then 20% coinsurance	\$5,200/\$10,400	\$7,500/\$15,000	50%	\$15,600/\$31,200	National Plus with R90/Select	\$10/\$35/\$70/25% up to \$300 per script /25% up to \$500 per script	N/A	\$25/\$105/\$210/25% up to \$300 per script/25% up to \$500 per script	N/A
Deductible, then 0% coinsurance	\$4,000/\$8,000	\$10,500/\$21,000	30%	\$12,000/\$24,000	National Plus with R90/Select	\$10/\$35/\$70/25% up to \$300 per script /25% up to \$500 per script	N/A	\$25/\$105/\$210/25% up to \$300 per script/25% up to \$500 per script	N/A
Deductible, then 0% coinsurance	\$4,500/\$9,000	\$10,500/\$21,000	30%	\$13,500/\$27,000	National Plus with R90/Select	\$15/\$40/\$80/25% up to \$300 per script /25% up to \$500 per script	N/A	\$38/\$120/\$240/25% up to \$300 per script/25% up to \$500 per script	N/A
Deductible, then \$500	\$2,850/\$5,700	\$4,050/\$8,100	30%	\$8,550/\$17,100	National Plus with R90/Select	Deductible/\$15/\$50/\$90/25%	N/A	Deductible/\$38/\$150/\$270/25%	N/A
Deductible, then 10% coinsurance	\$2,500/\$5,000	\$4,050/\$8,100	30%	\$7,500/\$15,000	National Plus with R90/Select	Deductible/\$10/\$35/\$70/25%	N/A	Deductible/\$25/\$105/\$210/25%	N/A
Deductible, then 0% coinsurance	\$2,500/\$5,000	\$6,000/\$12,000	30%	\$7,500/\$15,000	National Plus with R90/Select	Deductible/\$15/\$40/\$80/25%	N/A	Deductible/\$38/\$120/\$240/25%	N/A

2 Some services received in an urgent care and emergency room setting are subject to deductible and applicable coinsurance.

3 Retail 90 is included on all plans. Employees can get a 90-day supply of maintenance medications from a participating retail pharmacy.

4 Prescription deductible, when applicable, does not apply to tier 1 drugs.

The **plan naming structure** includes these elements:

brand + metal tier + network + product type + copay or deductible/coinsurance/out-of-pocket maximum

Gold plans (continued)

Plan type	Plan name	Network	Contract code (CY/PY)	Deductible (individual/family)	Deductible type ¹	In-network coinsurance	Office visits: PCP/SPC/Online health/retail health clinic	Urgent care (facility) ²	Emergency room (facility) ²	Outpatient surgery
Healthy Support PPO	Anthem Gold Blue Access PPO 1000/30%/4500 Plus	Blue Access	2GCD/2GCF	\$1,000/\$3,000	Embedded	30%	\$10/\$35/\$10/\$10	\$100	\$300, then 30% coinsurance	Deductible, then 30% coinsurance
Healthy Support PPO HSA	Anthem Gold Blue Access PPO 1750/0%/3425 Plus w/HSA	Blue Access	2HNR/2HNT	\$1,750/\$3,500	Nonembedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
	Anthem Gold Blue Access PPO 2250/0%/2250 Plus w/HSA	Blue Access	2GDM/2GDH	\$2,250/\$4,500	Nonembedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance

Silver plans

PPO	Anthem Silver Blue Access PPO 2000/50%/6350	Blue Access	2HJB/2HJF	\$2,000/\$4,000	Embedded	50%	\$50/\$75/\$50/\$50	\$100	\$300, then 50% coinsurance	Deductible, then 50% coinsurance
	Anthem Silver Blue Access PPO 3000/30%/7000	Blue Access	2HPX/2HPZ	\$3,000/\$6,000	Embedded	30%	\$25/\$40/\$25/\$25	\$100	\$300, then 30% coinsurance	Deductible, then 30% coinsurance
	Anthem Silver Blue Access PPO 4000/20%/7000	Blue Access	2HHM/2HHR	\$4,000/\$8,000	Embedded	20%	\$40/\$60/\$40/\$40	\$150	\$500, then 20% coinsurance	Deductible, then 20% coinsurance
	Anthem Silver Blue Access PPO 5000/0%/6000	Blue Access	2HJJ/2HJP	\$5,000/\$10,000	Embedded	0%	\$40/\$70/\$40/\$40	\$100	\$300, then 0% coinsurance	Deductible, then 0% coinsurance
	Anthem Silver Blue Access PPO 5000/20%/6350	Blue Access	2HHS/2HHZ	\$5,000/\$10,000	Embedded	20%	\$40/\$60/\$40/\$40	\$100	\$300, then 20% coinsurance	Deductible, then 20% coinsurance
	Anthem Silver Blue Access PPO 5000/30%/7150	Blue Access	2HJ1/2HJ3	\$5,000/\$10,000	Embedded	30%	\$50/\$75/\$50/\$50	\$100	\$500, then 30% coinsurance	Deductible, then 30% coinsurance
PPO HSA	Anthem Silver Blue Access PPO 2600EC/0%/5400 w/HSA	Blue Access	2HNZ/2HP1	\$2,600/\$5,200	Embedded	0%	Deductible, then \$20/\$35/\$20/\$20	Deductible, then \$100	Deductible, then \$300	Deductible, then \$300
	Anthem Silver Blue Access PPO 2600EC/20%/5000 w/HSA	Blue Access	2HL6/2HLB	\$2,600/\$5,200	Embedded	20%	Deductible, then \$25/\$40/\$25/\$25	Deductible, then \$100	Deductible, then \$300	Deductible, then 20% coinsurance
	Anthem Silver Blue Access PPO 2600E/20%/4500 w/HSA	Blue Access	2HLJ/2HLD	\$2,600/\$5,200	Embedded	20%	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
	Anthem Silver Blue Access PPO 3500E/0%/4500 w/HSA	Blue Access	2HPF/2HPH	\$3,500/\$7,000	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance

1 Here's an overview of nonembedded versus embedded deductible products: Nonembedded Accumulation: All family members have a shared deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be satisfied before any one member of the family can begin receiving benefits. The entire OOP must be satisfied before the family has satisfied the OOP maximum. Embedded Accumulation: Each member has an individual deductible/OOP amount. Any deductible amount contributed by an individual family member will apply to the family deductible amount, but no individual family member is required to contribute more to the family deductible than their individual deductible amount. The OOP accumulates on an embedded basis also.

The below overview represents in-network and out-of-network benefits. For more plan information, please refer to the [Summary of Benefits \(SOB\)](#). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

All product offerings are subject to regulatory review and approval and are subject to change.

Hospital inpatient	Out-of-pocket maximum (individual/family)	Out-of-network deductible individual/family)	Out-of-network coinsurance	Out-of-network out-of-pocket maximum (individual/family)	Prescription drugs – network/formulary	Prescription drugs – retail (30-day supply) ³	Prescription deductible (single/family) ⁴	Prescription drugs – home delivery (90-day supply)	Clinical package
Deductible, then 30% coinsurance	\$4,500/\$9,000	\$3,000/\$9,000	50%	\$13,500/\$27,000	National Plus with R90/Select	\$15/\$40/\$80/30% up to \$500 per script /30% up to \$750 per script	N/A	\$38/\$120/\$240/30% up to \$500 per script/30% up to \$750 per script	Healthy Support
Deductible, then 0% coinsurance	\$3,425/\$6,850	\$5,250/\$10,500	30%	\$10,275/\$20,550	National Plus with R90/Select	Deductible/\$15/\$40/\$80/25%	N/A	Deductible/\$38/\$120/\$240/25%	Healthy Support
Deductible, then 0% coinsurance	\$2,250/\$4,500	\$6,750/\$13,500	30%	\$7,875/\$15,750	National Plus with R90/Select	Deductible/0%/0%/0%/0%	N/A	Deductible/0%/0%/0%/0%	Healthy Support
Deductible, then 50% coinsurance	\$6,350/\$12,700	\$6,000/\$12,000	50%	\$19,050/\$38,100	National Plus with R90/Select	\$15/\$40/\$80/25% up to \$300 per script /25% up to \$500 per script	N/A	\$38/\$120/\$240/25% up to \$300 per script/25% up to \$500 per script	N/A
Deductible, then 30% coinsurance	\$7,000/\$14,000	\$9,000/\$18,000	50%	\$21,000/\$42,000	National Plus with R90/Select	\$15/\$40/\$80/30% up to \$300 per script /30% up to \$500 per script	\$250/\$500	\$38/\$120/\$240/30% up to \$300 per script/30% up to \$500 per script	N/A
Deductible, then 20% coinsurance	\$7,000/\$14,000	\$12,000/\$24,000	50%	\$21,000/\$42,000	National Plus with R90/Select	\$15/\$40/\$80/30% up to \$300 per script /30% up to \$500 per script	\$250/\$500	\$38/\$120/\$240/30% up to \$300 per script/30% up to \$500 per script	N/A
Deductible, then 0% coinsurance	\$6,000/\$12,000	\$15,000/\$30,000	30%	\$18,000/\$36,000	National Plus with R90/Select	\$15/\$40/\$80/25% up to \$300 per script /25% up to \$500 per script	\$500/\$1,000	\$38/\$120/\$240/25% up to \$300 per script/25% up to \$500 per script	N/A
Deductible, then 20% coinsurance	\$6,350/\$12,700	\$15,000/\$30,000	50%	\$19,050/\$38,100	National Plus with R90/Select	\$15/\$40/\$80/25% up to \$300 per script /25% up to \$500 per script	\$500/\$1,000	\$38/\$120/\$240/25% up to \$300 per script/25% up to \$500 per script	N/A
Deductible, then 30% coinsurance	\$7,150/\$14,300	\$15,000/\$30,000	50%	\$21,450/\$42,900	National Plus with R90/Select	\$15/\$40/\$80/25% up to \$300 per script /25% up to \$500 per script	\$500/\$1,000	\$38/\$120/\$240/25% up to \$300 per script/25% up to \$500 per script	N/A
Deductible, then \$500	\$5,400/\$10,800	\$7,800/\$15,600	30%	\$16,200/\$32,400	National Plus with R90/Select	Deductible/\$15/\$50/\$90/25%	N/A	Deductible/\$38/\$150/\$270/25%	N/A
Deductible, then 20% coinsurance	\$5,000/\$10,000	\$7,800/\$16,200	50%	\$15,000/\$30,000	National Plus with R90/Select	Deductible/\$15/\$40/\$80/25%	N/A	Deductible/\$38/\$120/\$240/25%	N/A
Deductible, then 20% coinsurance	\$4,500/\$9,000	\$7,800/\$15,600	50%	\$13,500/\$27,000	National Plus with R90/Select	Deductible/20%/20%/20%/20%	N/A	Deductible/20%/20%/20%/20%	N/A
Deductible, then 0% coinsurance	\$4,500/\$9,000	\$10,500/\$21,000	30%	\$13,500/\$27,000	National Plus with R90/Select	Deductible/\$15/\$40/\$80/25%	N/A	Deductible/\$38/\$120/\$240/25%	N/A

2 Some services received in an urgent care and emergency room setting are subject to deductible and applicable coinsurance.

3 Retail 90 is included on all plans. Employees can get a 90-day supply of maintenance medications from a participating retail pharmacy.

4 Prescription deductible, when applicable, does not apply to tier 1 drugs.

The **plan naming structure** includes these elements:

brand + metal tier + network + product type + copay or deductible/coinsurance/out-of-pocket maximum

Silver plans (continued)

Plan type	Plan name	Network	Contract code (CY/PY)	Deductible (individual/family)	Deductible type ¹	In-network coinsurance	Office visits: PCP/SPC/Online health/retail health clinic	Urgent care (facility) ²	Emergency room (facility) ²	Outpatient surgery
PPO HSA	Anthem Silver Blue Access PPO 3500E/0%/5250 w/HSA	Blue Access	2HMB/2HMD	\$3,500/ \$7,000	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
	Anthem Silver Blue Access PPO 4000E/0%/4700 w/HSA	Blue Access	2HQ5/2HQ7	\$4,000/ \$8,000	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
	Anthem Silver Blue Access PPO 4000E/0%/5000 w/HSA	Blue Access	2HLM/2HLT	\$4,000/ \$8,000	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Healthy Support PPO	Anthem Silver Blue Access PPO 2500/20%/6350 Plus	Blue Access	2GCV/2GCQ	\$2,500/ \$5,000	Embedded	20%	\$30/\$60/\$30/\$30	\$100	\$300, then 20% coinsurance	Deductible, then 20% coinsurance
	Anthem Silver Blue Access PPO 3000/20%/6250 Plus	Blue Access	2HP7/2HP9	\$3,000/ \$6,000	Embedded	20%	\$40 for first 3 visits, then deductible and 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$400	Deductible, then 20% coinsurance
	Anthem Silver Blue Access PPO 5000/20%/6800 Plus	Blue Access	2HLV/2HLX	\$5,000/ \$10,000	Embedded	20%	\$40/\$80/\$40/\$40	\$100	\$300, then 20% coinsurance	Deductible, then 20% coinsurance
Healthy Support PPO HSA	Anthem Silver Blue Access PPO 2600EC/30%/4500 Plus w/HSA	Blue Access	2GD7/2GDB	\$2,600/ \$5,200	Embedded	30%	Deductible, then \$20/\$35/\$20/\$20	Deductible, then \$100	Deductible, then \$300	Deductible, then 30% coinsurance

Bronze plans

PPO HSA	Anthem Bronze Blue Access PPO 5950EC/0%/6550 w/HSA	Blue Access	2HK8/2HKB	\$5,950/ \$11,900	Embedded	0%	Deductible, then \$20/\$40/\$20/\$20	Deductible, then \$100	Deductible, then \$300	Deductible, then 0% coinsurance
	Anthem Bronze Blue Access PPO 6200EC/30%/6550 w/HSA	Blue Access	2HKF/2HKM	\$6,200/ \$12,400	Embedded	30%	Deductible, then \$20/\$40/\$20/\$20	Deductible, then \$100	Deductible, then \$200	Deductible, then 30% coinsurance
	Anthem Bronze Blue Access PPO 6200EC/30%/6550 w/HSA MO* <i>MO means surgical treatment of morbid obesity is included in the product</i>	Blue Access	2HKU/2HKN	\$6,200/ \$12,400	Embedded	30%	Deductible, then \$20/\$40/\$20/\$20	Deductible, then \$100	Deductible, then \$200	Deductible, then 30% coinsurance

*Morbid Obesity

1 Here's an overview of nonembedded versus embedded deductible products: Nonembedded Accumulation: All family members have a shared deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be satisfied before any one member of the family can begin receiving benefits. The entire OOP must be satisfied before the family has satisfied the OOP maximum. Embedded Accumulation: Each member has an individual deductible/OOP amount. Any deductible amount contributed by an individual family member will apply to the family deductible amount, but no individual family member is required to contribute more to the family deductible than their individual deductible amount. The OOP accumulates on an embedded basis also.

The below overview represents in-network and out-of-network benefits. For more plan information, please refer to the [Summary of Benefits \(SOB\)](#). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

All product offerings are subject to regulatory review and approval and are subject to change.

Hospital inpatient	Out-of-pocket maximum (individual/family)	Out-of-network deductible individual/family	Out-of-network coinsurance	Out-of-network out-of-pocket maximum (individual/family)	Prescription drugs – network/formulary	Prescription drugs – retail (30-day supply) ³	Prescription deductible (single/family) ⁴	Prescription drugs – home delivery (90-day supply)	Clinical package
Deductible, then 0% coinsurance	\$5,250/\$10,500	\$10,500/\$21,000	30%	\$15,750/\$31,500	National Plus with R90/Select	Deductible/\$15/\$40/\$80/25%	N/A	Deductible/\$38/\$120/\$240/25%	N/A
Deductible, then 0% coinsurance	\$4,700/\$9,400	\$12,000/\$24,000	30%	\$14,100/\$28,200	National Plus with R90/Select	Deductible/\$15/\$40/\$80/25%	N/A	Deductible/\$38/\$120/\$240/25%	N/A
Deductible, then 0% coinsurance	\$5,000/\$10,000	\$12,000/\$24,000	30%	\$15,000/\$30,000	National Plus with R90/Select	Deductible/0%/0%/0%/0%	N/A	Deductible/0%/0%/0%/0%	N/A
Deductible, then 20% coinsurance	\$6,350/\$12,700	\$7,500/\$15,000	50%	\$19,050/\$38,100	National Plus with R90/Select	\$15/\$35/\$70/30% up to \$500 per script /30% up to \$750 per script	\$500/\$1,000	\$38/\$105/\$210/30% up to \$500 per script/30% up to \$750 per script	Healthy Support
Deductible, then 20% coinsurance	\$6,250/\$12,500	\$9,000/\$18,000	50%	\$18,750/\$37,500	National Plus with R90/Select	\$15/\$40/Ded \$80/Ded 30% up to \$500 per script/Ded 30% up to \$750 per script	N/A	\$38/\$120/Ded \$240/Ded 30% up to \$500 per script/Ded 30% up to \$750 per script	Healthy Support
Deductible, then 20% coinsurance	\$6,800/\$13,600	\$15,000/\$30,000	50%	\$20,400/\$40,800	National Plus with R90/Select	\$15/\$50/Ded \$90/Ded 30% up to \$500 per script/Ded 30% up to \$750 per script	N/A	\$38/\$150/Ded \$270/Ded 30% up to \$500 per script/Ded 30% up to \$750 per script	Healthy Support
Deductible, then 30% coinsurance	\$4,500/\$9,000	\$7,800/\$15,600	50%	\$13,500/\$27,000	National Plus with R90/Select	Deductible/\$15/\$40/\$80/30%	N/A	Deductible/\$38/\$120/\$240/30%	Healthy Support
Deductible, then 0% coinsurance	\$6,550/\$13,100	\$17,850/\$35,700	30%	\$19,650/\$39,300	National Plus with R90/Select	Deductible/\$15/\$50/\$90/25%	N/A	Deductible/\$38/\$150/\$270/25%	N/A
Deductible, then 30% coinsurance	\$6,550/\$13,100	\$18,600/\$37,200	50%	\$19,650/\$39,300	National Plus with R90/Select	Deductible/\$15/\$50/\$90/30%	N/A	Deductible/\$38/\$150/\$270/30%	N/A
Deductible, then 30% coinsurance	\$6,550/\$13,100	\$18,600/\$37,200	50%	\$19,650/\$39,300	National Plus with R90/Select	Deductible/\$15/\$50/\$90/30%	N/A	Deductible/\$38/\$150/\$270/30%	N/A

2 Some services received in an urgent care and emergency room setting are subject to deductible and applicable coinsurance.

3 Retail 90 is included on all plans. Employees can get a 90-day supply of maintenance medications from a participating retail pharmacy.

4 Prescription deductible, when applicable, does not apply to tier 1 drugs.

The **plan naming structure** includes these elements:

brand + metal tier + network + product type + copay or deductible/coinsurance/out-of-pocket maximum

Bronze plans (continued)

Plan type	Plan name	Network	Contract code (CY/PY)	Deductible (individual/family)	Deductible type ¹	In-network coinsurance	Office visits: PCP/SPC/Online health/retail health clinic	Urgent care (facility) ²	Emergency room (facility) ²	Outpatient surgery
PPO HSA	Anthem Bronze Blue Access PPO 6000E/20%/6550 w/HSA	Blue Access	2HJR/2HJU	\$6,000/ \$12,000	Embedded	20%	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
	Anthem Bronze Blue Access PPO 6250E/0%/6550 w/HSA	Blue Access	2HMK/2HMM	\$6,250/ \$12,500	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
	Anthem Bronze Blue Access PPO 6350E/0%/6350 w/HSA	Blue Access	2HK1/2HK5	\$6,350/ \$12,700	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
	Anthem Bronze Blue Access PPO 6550E/0%/6550 w/HSA	Blue Access	2HN9/2HNB	\$6,550/ \$13,100	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Healthy Support PPO	Anthem Bronze Blue Access PPO 5900/0%/7150 Plus	Blue Access	2GBZ/2GC5	\$5,900/ \$11,800	Embedded	0%	\$35 for first 3 visits, then deductible and 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$300	Deductible, then 0% coinsurance
Healthy Support PPO HSA	Anthem Bronze Blue Access PPO 6000EC/0%/6550 Plus w/HSA	Blue Access	2HN1/2HN3	\$6,000/ \$12,000	Embedded	0%	Deductible, then \$30/\$60/\$30/\$30	Deductible, then \$100	Deductible, then \$500	Deductible, then \$500
	Anthem Bronze Blue Access PPO 6200EC/20%/6550 Plus w/HSA	Blue Access	2GD1/2GD4	\$6,200/ \$12,400	Embedded	20%	Deductible, then \$20/\$40/\$20/\$20	Deductible, then \$100	Deductible, then \$200	Deductible, then 20% coinsurance

1 Here's an overview of nonembedded versus embedded deductible products: Nonembedded Accumulation: All family members have a shared deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be satisfied before any one member of the family can begin receiving benefits. The entire OOP must be satisfied before the family has satisfied the OOP maximum. Embedded Accumulation: Each member has an individual deductible/OOP amount. Any deductible amount contributed by an individual family member will apply to the family deductible amount, but no individual family member is required to contribute more to the family deductible than their individual deductible amount. The OOP accumulates on an embedded basis also.

The below overview represents in-network and out-of-network benefits. For more plan information, please refer to the *Summary of Benefits (SOB)*. To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

All product offerings are subject to regulatory review and approval and are subject to change.

Hospital inpatient	Out-of-pocket maximum (individual/family)	Out-of-network deductible individual/family)	Out-of-network coinsurance	Out-of-network out-of-pocket maximum (individual/family)	Prescription drugs – network/formulary	Prescription drugs – retail (30-day supply) ³	Prescription deductible (single/family) ⁴	Prescription drugs – home delivery (90-day supply)	Clinical package
Deductible, then 20% coinsurance	\$6,550/\$13,100	\$18,000/\$36,000	50%	\$19,650/\$39,300	National Plus with R90/Select	Deductible/20%	N/A	Deductible/20%	N/A
Deductible, then 0% coinsurance	\$6,550/\$13,100	\$18,750/\$37,500	30%	\$19,650/\$39,300	National Plus with R90/Select	Deductible/\$15/\$40/\$80/25%	N/A	Deductible/\$38/\$120/\$240/25%	N/A
Deductible, then 0% coinsurance	\$6,350/\$12,700	\$19,050/\$38,100	30%	\$22,225/\$44,450	National Plus with R90/Select	Deductible/0%	N/A	Deductible/0%	N/A
Deductible, then 0% coinsurance	\$6,550/\$13,100	\$19,650/\$39,300	30%	\$22,925/\$45,850	National Plus with R90/Select	Deductible/0%	N/A	Deductible/0%	N/A
Deductible, then 0% coinsurance	\$7,150/\$14,300	\$17,700/\$35,400	30%	\$21,450/\$42,900	National Plus with R90/Select	\$15/\$35/\$70/30% up to \$500 per script /30% up to \$750 per script	\$500/\$1,000	\$38/\$105/\$210/30% up to \$500 per script/30% up to \$750 per script	Healthy Support
Deductible, then \$750	\$6,550/\$13,100	\$18,000/\$36,000	30%	\$19,650/\$39,300	National Plus with R90/Select	Deductible/\$15/\$50/\$90/25%	N/A	Deductible/\$38/\$150/\$270/25%	Healthy Support
Deductible, then 20% coinsurance	\$6,550/\$13,100	\$18,600/\$37,200	50%	\$19,650/\$39,300	National Plus with R90/Select	Deductible/\$15/\$50/\$90/25%	N/A	Deductible/\$38/\$150/\$270/25%	Healthy Support

2 Some services received in an urgent care and emergency room setting are subject to deductible and applicable coinsurance.

3 Retail 90 is included on all plans. Employees can get a 90-day supply of maintenance medications from a participating retail pharmacy.

4 Prescription deductible, when applicable, does not apply to tier 1 drugs.

Dental Prime and Dental Complete

Plans with more coverage choices

When we created the Dental Prime and Dental Complete plans, we made sure they could be custom fit. That means lots of choices in coverage, including options for:

- Dental implants.
- Composite (tooth-colored) fillings on any tooth, not just the front teeth.
- Orthodontic benefits for kids and adults, or kids only.
- Annual maximum carryover, which lets members carry over some unused benefits to the next year.

Pediatric dental essential health benefits (EHBs) are included with your medical plan. You can also add adult dental coverage or supplement the pediatric dental EHBs to a higher level of coverage by purchasing one of our stand-alone plans.

See the grid that follows for more information.

Value, Classic and Enhanced dental plans

For groups of 2 to 100, we offer a choice of dental plans that use our network. You can choose from our Value, Classic and Enhanced levels. So you can select the level that fits your needs and budget:

- *Value dental plans* cover the basics like cleanings, exams, X-rays and fillings.
- *Classic dental plans* cover basic dental services, as well as most major services.
- *Enhanced dental plans* have the most coverage, with choices for higher levels of coverage/annual maximums and lower coinsurance for members.

In addition, we also offer voluntary dental plans, which allow you to offer dental coverage to your employees without adding to your expenses. And our voluntary plans only require that five or more employees enroll.

2017 Dental Prime and Dental Complete plans (new business only)

Diagnostic and preventive services
Basic services
Major services
Endodontic, periodontal and oral surgery services
Implants
Posterior composites
Orthodontia
Annual deductible (per person/family)
Annual benefit maximum and orthodontia maximum
Waiting periods (major and orthodontia)
Annual maximum carryover
Out-of-network reimbursement
Dental network

In 2017, we will be offering the below dental plans. These dental plans allow for streamlined administration providing groups that have Anthem medical and Anthem dental with the convenience of one bill, one payment.

Value		Classic		Enhanced		Voluntary	
Passive	Active	Passive	Active	Passive	Active	Passive	Active
100%/100%	100%/80%	100%/100%	100%/80%	100%/100%	100%/80%	100%/100%	100%/80%
80%/80%	80%/60%	80%/80%	80%/60%	90%/90%	90%/70%	80%/80%	80%/60%
Not covered	Not covered	50%/50%	50%/50%	60%/60%	60%/50%	50%/50%	50%/50%
Basic		Basic or major		Basic		Basic or major	
Not covered		Optional		Optional		Optional	
Benefit as amalgam		Benefit as amalgam or covered		Benefit as amalgam or covered		Benefit as amalgam or covered	
Not covered		Not covered or 50% children only		Not covered, 50% children only, 50% children and adults		Not covered or 50% children only	
\$50/\$150		\$25/\$75 or \$50/\$150		\$50/\$150		\$50/\$150	
\$1,000		\$1,000, \$1,500 or \$2,000		\$1,500 or \$2,000		\$1,000 or \$1,500	
No waiting period		No waiting period		No waiting period		12-month waiting period	
Not included		Optional		Optional		Optional	
90th	Maximum allowable coverage/90%	Maximum allowable charge or 90th		90th		90th	
Prime	Complete	Prime or Complete		Prime or Complete		Prime or Complete	

The above is a summary. See the *Certificate of Coverage* with the *Schedule of Benefits* and any riders associated with the plan for complete coverage details and related terms and conditions.

For renewing business, please contact your broker or Anthem representative for a complete copy of the plan options available.

Blue View Vision coverage

Plans for groups 2-50

Plan	Copay ¹ for		Frequency				
	Eye exam/ Eyeglass lenses	Frames/Contact lenses allowance ²	Eye exam	Eyeglass lenses	Frames	Contact lenses	
Full service	A1	\$10/\$0	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
	A2	\$15/\$0	\$120/\$115	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
	A3	\$10/\$10	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
	A4	\$10/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
	A5	\$20/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
	A6	\$10/\$25	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
	B1	\$10/\$0	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
	B2	\$10/\$20	\$100/\$100	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
	B3	\$10/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
	B4	\$20/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
	B5	\$10/\$10	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
	B6	\$10/\$25	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
	C1	\$10/\$0	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
	C2	\$10/\$20	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
	C3	\$20/\$20	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
	C4	\$25/\$0	\$120/\$115	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
	C5	\$10/\$20	\$100/\$100	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
	C6	\$20/\$20	\$100/\$100	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
	C7	\$20/\$20	\$130/\$80	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
C8	\$10/\$25	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year	
C9	\$30/\$30	\$100/\$100	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year	
Material only	M01	Not covered/\$10	\$130/\$130	Not covered	Once per calendar year	Once per calendar year	Once per calendar year
	M02	Not covered/\$10	\$130/\$130	Not covered	Once per calendar year	Once every other calendar year	Once per calendar year
	M03	Not covered/\$0	\$130/\$130	Not covered	Once per calendar year	Once per calendar year	Once per calendar year
	M04	Not covered/\$20	\$130/\$130	Not covered	Once per calendar year	Once every other calendar year	Once per calendar year
	M05	Not covered/\$20	\$130/\$130	Not covered	Once per calendar year	Once per calendar year	Once per calendar year
	M06	Not covered/\$0	\$130/\$130	Not covered	Once per calendar year	Once every other calendar year	Once per calendar year
Exam only ³	E01	\$0/Not covered	Not covered	Once per calendar year	Not covered	Not covered	Not covered
	E02	\$5/Not covered	Not covered	Once per calendar year	Not covered	Not covered	Not covered
	E03	\$10/Not covered	Not covered	Once per calendar year	Not covered	Not covered	Not covered
	E04	\$15/Not covered	Not covered	Once per calendar year	Not covered	Not covered	Not covered
	E05	\$20/Not covered	Not covered	Once per calendar year	Not covered	Not covered	Not covered

1 Above amounts reflect in-network copays and allowances.

2 Benefits include coverage for member's choice of eyeglass lenses or contact lenses, but not both. Nonelective contacts covered in full.

3 Retention plans only.



Pediatric vision is included in all of our Small Group medical plans. Some plans may also include adult vision benefits.

For more information, contact your broker or Anthem representative.

Exclusions and limitations

Request a copy of the *Combined Evidence of Coverage/Member Booklet* for comprehensive details on covered services, exclusions and limitations. These exclusions and limitations will apply to all members enrolled in any of the products described in this guide unless otherwise noted. All exclusions and limitations are subject to regulatory review and approval.

1) **Abortion** Services, supplies, Prescription Drugs, and other care for elective (voluntary) abortions and/or fetal reduction surgery. This Exclusion does not apply to abortions covered under the “Maternity and Reproductive Health Services” benefit. Please see that section for further details.

2) **Acts of War, Disasters, or Nuclear Accidents** In the event of a major disaster, epidemic, war, or other event beyond our control, we will make a good faith effort to give you Covered Services. We will not be responsible for any delay or failure to give services due to lack of available Facilities or staff.

Benefits will not be given for any illness or injury that is a result of war, service in the armed forces, a nuclear explosion, nuclear accident, release of nuclear energy, a riot, or civil disobedience.

3) **Administrative Charges**

- a) Charges to complete claim forms,
- b) Charges to get medical records or reports,
- c) Membership, administrative, or access fees charged by Doctors or other Providers. Examples include, but are not limited to, fees for educational brochures or calling you to give you test results.

4) **Alternative / Complementary Medicine** Services or supplies for alternative or complementary medicine. This includes, but is not limited to:

- a. Acupuncture,
- b. Holistic medicine,
- c. Homeopathic medicine,
- d. Hypnosis,
- e. Aroma therapy,
- f. Massage and massage therapy,
- g. Reiki therapy,
- h. Herbal, vitamin or dietary products or therapies,

- i. Naturopathy,
- j. Thermography,
- k. Orthomolecular therapy,
- l. Contact reflex analysis,
- m. Bioenergetic synchronization technique (BEST),
- n. Iridology-study of the iris,
- o. Auditory integration therapy (AIT),
- p. Colonic irrigation,
- q. Magnetic innervation therapy,
- r. Electromagnetic therapy.

5) **Before Effective Date or After Termination Date** Charges for care you get before your Effective Date or after your coverage ends, except as written in this Plan.

6) **Certain Providers** Service you get from Providers that are not licensed by law to provide Covered Services as defined in this Booklet. Examples of non-covered providers include, but are not limited to, masseurs or masseuses (massage therapists), and physical therapist technicians.

7) **Charges Over the Maximum Allowed Amount** Charges over the Maximum Allowed Amount for Covered Services.

8) **Charges Not Supported by Medical Records** Charges for services not described in your medical records.

9) **Clinically-Equivalent Alternatives** Certain Prescription Drugs may not be covered if you could use a clinically equivalent Drug, unless required by law. “Clinically equivalent” means Drugs that for most Members, will give you similar results for a disease or condition. If you have questions about whether a certain Drug is covered and which Drugs fall into this group, please call the number on the back of your Identification Card, or visit our website at [\[www.anthem.com\]](http://www.anthem.com).

If you or your Doctor believes you need to use a different Prescription Drug, please have your Doctor or pharmacist get in touch with us. We will cover the other Prescription Drug only if we agree that it is Medically Necessary and appropriate over the clinically equivalent Drug. We will review benefits for the Prescription Drug from time to time to make sure the Drug is still Medically Necessary.

10) **Complications of Non-Covered Services**

Care for problems directly related to a service that is not covered by this Plan. Directly related means that the care took place as a direct result of the non-Covered Service and would not have taken place without the non-Covered Service.

11) **Contraceptives** Contraceptive devices including diaphragms, intra uterine devices (IUDs), and implants. (Religious group opt out to exclude medical portion of Contraceptive benefit)

12) **Cosmetic Services** Treatments, services, Prescription Drugs, equipment, or supplies given for cosmetic services. Cosmetic services are meant to preserve, change, or improve how you look or are given for psychiatric, psychological, or social reasons. No benefits are available for surgery or treatments to change the texture or look of your skin or to change the size, shape or look of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts).

This Exclusion does not apply to reconstructive surgery for breast symmetry after a mastectomy and surgery to correct birth defects and birth abnormalities.

13) **Court Ordered Testing** Court ordered testing or care unless Medically Necessary.

14) **Crime** Treatment of an injury or illness that results from a crime you committed, or tried to commit. This Exclusion does not apply if your involvement in the crime was solely the result of a medical or mental condition, or where you were the victim of a crime, including domestic violence.

15) **Custodial Care** Custodial Care, convalescent care or rest cures. This Exclusion does not apply to Hospice services.

16) **Delivery Charges** Charges for delivery of Prescription Drugs.

17) **Dental Services**

- a) Dental care for Members age 19 or older.
- b) Dental services or health care services not specifically covered under the Certificate (including any hospital charges, prescription drug charges and dental services or supplies that do not

have an American Dental Association Procedure Code).

- c) Oral hygiene instructions.
- d) Case presentations, office visits
- e) Enamel microabrasion and odontoplasty.
- f) Dental services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (such as cavities) exist.
- g) Placement or removal of sedative filling, base or liner used under a restoration when it is billed separately from a restoration procedure (such as a filling).
- h) Pulp vitality tests.
- i) Adjunctive diagnostic tests.
- j) Retreatment or additional treatment necessary to correct or relieve the results of treatment previously covered under the Plan.
- k) Removal of pulpal debridement, pulp cap, post, pin(s), resorbable or non-resorbable filling material(s) nor the procedures used to prepare and place material(s) in the canals (tooth roots).
- l) Root canal obstruction, internal root repair of perforation defects, incomplete endodontic treatment and bleaching of discolored teeth.
- m) Incomplete root canals.
- n) Bacteriologic tests for determination of periodontal disease or pathologic agents, unless covered by the medical benefits of this Certificate.
- o) The controlled release of therapeutic agents or biologic modifiers used to aid in soft tissue and osseous tissue regeneration.
- p) Provisional splinting, temporary procedures or interim stabilization.
- q) Services of anesthesiologists, unless required by law.
- r) Anesthesia Services (such as intravenous or non-intravenous conscious sedation, analgesia, nitrous oxide, and general anesthesia) are not covered when given separate from a covered oral surgery service, except as required by law.
- s) Cytology sample collection - Collection of oral cytology sample via scraping of the oral mucosa unless covered by the medical benefits of this Certificate.

Exclusions and limitations

- t) Dental services, appliances or restorations that are necessary to alter, restore or maintain occlusion. Includes increasing vertical dimension, replacing or stabilizing tooth structure lost by attrition, realignment of teeth, periodontal splinting and gnathologic recordings.
 - u) Onlays or permanent crowns when the tooth does not have decay, fracture or has been endodontically treated.
 - v) Services for the replacement of an existing partial denture with a bridge, unless the partial denture cannot satisfactorily restore the case.
 - w) Incomplete services where the final permanent appliance (denture, partial, bridge) or restoration (crown, filling) has not been placed.
 - x) Additional, elective or enhanced prosthodontic procedures including but not limited to, connector bar(s), stress breakers and precision attachments.
 - y) Separate services billed when they are an inherent component of another covered service.
 - z) Cone beam images.
 - aa) Anatomical crown exposure.
 - bb) Temporary anchorage devices.
 - cc) Sinus augmentation.
 - dd) Repair or replacement of lost or broken appliances.
 - ee) Athletic mouth guards.
 - ff) Services to treat temporomandibular joint disorder (TMJ), unless covered by the medical benefits of this Certificate.
 - gg) Dental services for which you would have no legal obligation to pay in the absence of this or like coverage.
 - hh) For dental services received prior to the effective date of this Certificate or received after the coverage under this Certificate has ended.
- 18) **Drugs Over Quantity or Age Limits** Drugs in quantities which are over the limits set by the Plan, or which are over any age limits set by us.
- 19) **Drugs Over the Quantity Prescribed or Refills After One Year** Drugs in amounts over the quantity prescribed, or for any refill given more than one year after the date of the original Prescription Order.
- 20) **Drugs That Do Not Need a Prescription** Drugs that do not need a prescription by federal law (including Drugs that need a prescription by state law, but not by federal law), except for injectable insulin.
- 21) **Drugs Prescribed by Providers Lacking Qualifications/Certifications** Prescription Drugs prescribed by a Provider that does not have the necessary qualifications, including certifications, as determined by us.
- 22) **Educational Services** Services or supplies for teaching, vocational, or self-training purposes, except as listed in this Booklet.
- 23) **Emergency Room Services for non-Emergency Care** Services provided in an emergency room for conditions that do not meet the definition of Emergency. This includes, but is not limited to suture removal in an emergency room.
- 24) **Experimental or Investigational Services** Services or supplies that we find are Experimental / Investigational. This also applies to services related to Experimental / Investigational services, whether you get them before, during, or after you get the Experimental / Investigational service or supply.
- The fact that a service or supply is the only available treatment will not make it Covered Service if we conclude it is Experimental / Investigational. Details on the criteria we use to determine if a Service is Experimental or Investigational is outlined below.
- 25) **Eyeglasses and Contact Lenses** Eyeglasses and contact lenses to correct your eyesight unless listed as covered in this Booklet. This Exclusion does not apply to lenses needed after a covered eye surgery.
- 26) **Eye Exercises** Orthoptics and vision therapy.
- 27) **Eye Surgery** Eye surgery to fix errors of refraction, such as near-sightedness. This includes, but is not limited to, LASIK, radial keratotomy or keratomileusis, and excimer laser refractive keratectomy.
- 28) **Family Members** Services prescribed, ordered, referred by or given by a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.
- 29) **Foot Care** Routine foot care unless Medically Necessary. This Exclusion applies to cutting or removing corns and

calluses; trimming nails; cleaning and preventive foot care, including but not limited to:

- a) Cleaning and soaking the feet.
 - b) Applying skin creams to care for skin tone.
 - c) Other services that are given when there is not an illness, injury or symptom involving the foot.
- 30) **Foot Orthotics** Foot orthotics, orthopedic shoes or footwear or support items unless used for an illness affecting the lower limbs, such as severe diabetes, or as required by law.
- 31) **Foot Surgery** Surgical treatment of flat feet; subluxation of the foot; weak, strained, unstable feet; tarsalgia; metatarsalgia; hyperkeratoses.
- 32) **Free Care** Services you would not have to pay for if you didn't have this Plan. This includes, but is not limited to government programs, services during a jail or prison sentence, services you get from Workers' Compensation, and services from free clinics.
- If Workers' Compensation benefits are not available to you, this Exclusion does not apply. This Exclusion will apply if you get the benefits in whole or in part. This Exclusion also applies whether or not you claim the benefits or compensation, and whether or not you get payments from any third party.
- 33) **Gene Therapy** Gene therapy as well as any Drugs, procedures, health care services related to it that introduce or is related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material.
- 34) **Hearing Aids** Hearing aids or exams to prescribe or fit hearing aids, unless listed as covered in this Booklet. This Exclusion does not apply to cochlear implants.
- 35) **Health Club Memberships and Fitness Services** Health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a Doctor. This Exclusion also applies to health spas.
- 36) **Home Care**

- a) Services given by registered nurses and other health workers who are not employees of or working under an approved arrangement with a Home Health Care Provider.
- b) Food, housing, homemaker services and home delivered meals.

- 37) **Infertility Treatment** Testing or treatment related to infertility.
- 38) **Lost or Stolen Drugs** Refills of lost or stolen Drugs.
- 39) **Maintenance Therapy** Rehabilitative treatment given when no further gains are clear or likely to occur. Maintenance therapy includes care that helps you keep your current level of function and prevents loss of that function, but does not result in any change for the better. This Exclusion does not apply to "Habilitative Services" as described in the "What's Covered" section.
- 40) **Medical Equipment, Devices and Supplies**
- a) Replacement or repair of purchased or rental equipment because of misuse, abuse, or loss/theft.
 - b) Surgical supports, corsets, or articles of clothing unless needed to recover from surgery or injury.
 - c) Non-Medically Necessary enhancements to standard equipment and devices.
 - d) Supplies, equipment and appliances that include comfort, luxury, or convenience items or features that exceed what is Medically Necessary in your situation. Reimbursement will be based on the Maximum Allowable Amount for a standard item that is a Covered Service, serves the same purpose, and is Medically Necessary. Any expense that exceeds the Maximum Allowable Amount for the standard item which is a Covered Service is your responsibility.
- 41) **Medicare** For which benefits are payable under Medicare Parts A and/or B, or would have been payable if you had applied for Parts A and/or B, except as listed in this Booklet or as required by federal law, as described in the section titled "Medicare" in General Provisions. If you do not enroll in Medicare Part B, We will calculate benefits

Exclusions and limitations

as if you had enrolled. You should sign up for Medicare Part B as soon as possible to avoid large Out-of-Pocket costs.

42) **Missed or Cancelled Appointments**

Charges for missed or cancelled appointments.

43) **Non-Medically Necessary Services**

Services we conclude are not Medically Necessary. This includes services that do not meet our medical policy, clinical coverage, or benefit policy guidelines.

44) **Nutritional or Dietary Supplements**

Nutritional and/or dietary supplements, except as described in this Booklet or that we must cover by law. This Exclusion includes, but is not limited to, *nutritional formulas and dietary supplements that you can buy over the counter* and those you can get without a written Prescription or from a licensed pharmacist.

45) **Off label use** Off label use, unless we approve it, or when: (1) The Drug is recognized for treatment of the indication in at least one (1) standard reference compendium; (2) The Drug is recommended for that particular type of cancer and found to be safe and effective in formal clinical studies, the results of which have been published in a peer reviewed professional medical journal published in the United States or Great Britain.

46) **Oral Surgery** Extraction of teeth, surgery for impacted teeth and other oral surgeries for to treat the teeth or bones and gums directly supporting the teeth, except as listed in this Booklet.

47) **Personal Care and Convenience**

- a) Items for personal comfort, convenience, protection, cleanliness such as air conditioners, humidifiers, water purifiers, sports helmets, raised toilet seats, and shower chairs,
- b) First aid supplies and other items kept in the home for general use (bandages, cotton-tipped applicators, thermometers, petroleum jelly, tape, non-sterile gloves, heating pads),
- c) Home workout or therapy equipment, including treadmills and home gyms,
- d) Pools, whirlpools, spas, or hydrotherapy equipment.

- e) Hypo-allergenic pillows, mattresses, or waterbeds,
- f) Residential, auto, or place of business structural changes (ramps, lifts, elevator chairs, escalators, elevators, stair glides, emergency alert equipment, handrails).

48) **Private Duty Nursing** Private Duty Nursing Services rendered in a Hospital or Skilled Nursing Facility; Private Duty Nursing Services are Covered Services only when provided through the Home Care Services benefit as specifically stated in the "What's Covered" section.

49) **Prosthetics** Prosthetics for sports or cosmetic purposes. This includes wigs and scalp hair prosthetics. This exclusion does not apply to wigs needed after cancer treatment.

50) **Residential accommodations** Residential accommodations to treat medical or behavioral health conditions, except when provided in a Hospital, Hospice, Skilled Nursing Facility, or Residential Treatment Center.

51) **Stand-By Charges** Stand-by charges of a Doctor or other Provider.

52) **Sterilization** Services to reverse an elective sterilization. (Exclusion offered)

53) **Sterilization** For female sterilization or reversal of sterilization. (Alternate sterilization exclusion for groups who qualify for religious employer / Women's Health opt out)

54) **Surrogate Mother Services** Services or supplies for a person not covered under this Plan for a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).

55) **Temporomandibular Joint Treatment** Fixed or removable appliances which move or reposition the teeth, fillings, or prosthetics (crowns, bridges, dentures).

56) **Travel Costs** Mileage, lodging, meals, and other Member-related travel costs except as described in this Plan.

57) **Vein Treatment** Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes.

58) Vision Services

- a) Eyeglass lenses, frames, or contact lenses for Members age 19 and older, unless listed as covered in this Booklet.
- b) Safety glasses and accompanying frames.
- c) For two pairs of glasses in lieu of bifocals.
- d) Plano lenses (lenses that have no refractive power).
- e) Lost or broken lenses or frames unless the member has reached their normal interval for service when seeking replacements.
- f) Vision services not listed as covered in this Booklet.
- g) Cosmetic lenses or options, such as special lens coatings or non-prescription lenses, unless specifically listed as covered in this Booklet.
- h) Blended lenses.
- i) Oversize lenses.
- j) Sunglasses.
- k) For services or supplies combined with any other offer, coupon or in-store advertisement, or for certain brands of frames where the manufacturer does not allow discounts.
- l) For Members through age 19, no benefits are available for frames or contact lenses not on the Anthem formulary.
- m) Visual therapy, such as orthoptics or vision training and any associated supplemental testing, unless covered by the medical benefits of this Booklet.
- n) For medical or surgical treatment of the eyes, including inpatient or outpatient hospital vision care, except as covered under the medical benefits of this plan.
- o) Services and materials not meeting accepted standards of optometric practice or services that are not performed by a licensed provider.

59) Waived Cost-Shares Out-of-Network For any service for which you are responsible under the terms of this Plan to pay a Copayment, Coinsurance or Deductible, and the Copayment, Coinsurance or Deductible is waived by an Out-of-Network Provider.

60) Weight Loss Programs Programs, whether or not under medical supervision, unless listed as covered in this Booklet.

This Exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs.

This Exclusion does not apply to weight management programs required under federal law as part of the “Preventive Care” benefit.

This Exclusion does not apply to Medically Necessary treatments for morbid obesity if we must cover them by law.

61) Weight Loss Surgery Bariatric surgery.

This includes but is not limited to Roux-en-Y (RNY), Laparoscopic gastric bypass surgery or other gastric bypass surgery (surgeries lower stomach capacity and divert partly digested food from the duodenum to the jejunum, the section of the small intestine extending from the duodenum), or Gastroplasty, (surgeries that reduce stomach size), or gastric banding procedures.

Notes



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This is not a contract or policy. This guide is not a contract with an Anthem Blue Cross and Blue Shield (Anthem). If there is any difference between this guide and the *Certificate of Coverage, Member Booklet, Summaries of Benefits*, and related amendments, the provisions of the *Certificate of Coverage, Member Booklet, Summaries of Benefits* and related amendments will govern. For more information, please call your broker or Anthem representative.

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