Choosing and using your plan

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

Anthem Blue Access PPO Medical Plan Option

CEBCO Hancock County

Effective January 1, 2023

Anthem

County Employee Benefit Consortium of Ohio
CEBCO Health & Wellness

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This guide is for informational purposes only. You must enroll in a plan for your benefits to start.

Time to choose your plan

Your trusted health partner

Anthem is committed to being your trusted healthcare partner. We're developing technology, solutions, programs, and services that give you greater access to care. We are also working with healthcare professionals to make sure you get affordable quality healthcare.

Time to choose your plan

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

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

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

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Explore your plan options

Review the health plans below to find the right fit for your needs.

PPO

With a preferred provider organization (PPO) plan, you can go to almost any doctor or hospital — giving you more choices and flexibility.

- You can choose a primary care doctor from the plan's network for preventive care such as checkups and screenings.
- You do not need to have a primary care doctor to see a specialist.
- When you want to see a specialist, such as an orthopedic doctor or a cardiologist, you do not need to visit your primary care doctor first for a referral. This can save you time and a copay.
- Choosing doctors and facilities in your plan's network — instead of those outside your plan's network — helps lower your costs.

Health savings account (HSA)

An HSA allows you to set aside pretax dollars to pay for care when you need it. You can use money in the account to pay for qualified medical expenses, such as hospital visits, prescription drugs, or copays for a doctor visit.[1]

- Once you pay your deductible, you will pay a percentage of the total cost (called coinsurance) anytime you receive care for a covered service. Your plan will cover the rest.
- All the money in your HSA rolls over from year to year, and it is yours even if you change health plans or jobs, or retire.
- The money you put into your HSA, any interest you earn, and the money you take out to pay for healthcare is tax-free.
- You can contribute up to $3,850 for an individual and $7,750 for a family.[2]
- If you are 55 or older, you can contribute an extra $1,000 a year.

How to choose a plan

- Think about your personal situation. Have your healthcare needs changed? Do you go to the doctor more often now? Are you taking a special prescription drug? Do you have any upcoming surgeries? You will want to look for benefits that fit your needs.
- Compare all the costs, including your monthly payment, deductible, coinsurance, copay, and out-of-pocket limit.
- Find out if your doctors, hospitals, and healthcare professionals are covered by the plan.
- Choose the right plan for your needs.

1 For a full list of qualified expenses for an individual, visit **qme.anthem.com**.
2 Veterans who have received medical benefits from Veterans Affairs due to a service-connected disability are eligible to receive or make HSA contributions. Visit the IRS website at irs.gov/irb/2004-33_IRB for details.

Pharmacy Benefits

What your plan will cover

Your medication coverage

Your plan covers:

- Brand-name and generic drugs on your drug list.
- Certain preventive drugs at a more affordable or no extra cost to you.
- Most specialty drugs if you have an ongoing health matter or serious illness, such as cancer or hepatitis C.

Your drug list

Your plan includes various drug lists. You can check the lists for your medicines and the brand-name and generic drugs that are included. Typically, drugs on lower tiers cost less.

If your medication isn't on the list, you will see other options. Drug lists can change, so you may want to check it again when you have a new prescription.

To find the latest drug lists:

- Visit **fm.formularynavigator.com/FBO/143/National_3_Tier_ABCBS.pdf** for the **National 3-tier** Drug List.
- Most specialty drugs are covered if you have an ongoing health issue or a serious illness.

Your pharmacy options

You have choices for filling your prescriptions, including local pharmacies in your plan's network and convenient home delivery.

- **Retail pharmacies:** Your costs may be lower if you use one of the pharmacies in your plan's network.
- **Home delivery:** If there are medications you take regularly, you can save time and money with our home-delivery service.
- **Specialty pharmacy:** If you have a health condition that requires specialty medicine, such as those you take by injection or infusion, or that needs special handling, you will need to order through CarelonRx Specialty Pharmacy.

How your pharmacy benefits work

Depending on the plan you choose, you will either have a copay or coinsurance.

- **Copay:** A fixed amount you pay for a covered prescription until you reach your out-of-pocket maximum. Your copay is based on which tier the drug is on. See the *Save money with Tier 1 drugs* section for details.
- **Coinsurance:** Your share of the drug costs. It is the percentage of costs you pay for a covered prescription until you reach your out-of-pocket maximum.

Once you're a member, you can use the Price a Medication tool on anthem.com to compare costs and find generic equivalents.

Using your plan

How to use your plan

Once you become a member, explore how to make the most of your benefits . This guide shows you ways to make using your plan easier. You will also discover tools and resources that can help you reach your health and wellness goals.

How to use your plan

Register for online tools and resources

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

Sydney Health mobile app

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

Working with you:

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

Working for you:

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

The Anthem Skill — The Anthem Skill for Alexa is a voice-activated assistant for your health plan. Receive answers to your healthcare questions — hands-free by enabling the Anthem Skill. It works through any Alexa-enabled device, such as an Amazon Echo, or on your mobile device using the Amazon Alexa app. If you do not have the Amazon Alexa app, download it from Google Play™ or the App Store®.

- Ask for your digital member ID card.
- Check your progress toward meeting your medical plan's deductible and out-of-pocket maximum.

How to use your plan

Use your ID card from your phone

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

Find a doctor in your plan

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

To find a healthcare professional or facility in your plan's network, use the **Find Care** tool on the **Sydney Health** mobile app or at **anthem.com**. You can search for doctors, hospitals, pharmacies, and high-quality labs such as Quest Diagnostics and Labcorp.

You may choose to see an Enhanced Personal Health Care (EPHC) doctor as your primary care doctor. EPHC doctors spend extra time with you to provide high-quality care that is focused on your whole health, not just your symptoms. This includes building a care plan around your needs, helping you better manage any chronic disease and helping you with access to specialists when you need them.

Schedule a checkup

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

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

Receive the COVID-19 vaccine or booster shot at no extra cost

A COVID-19 vaccine can help keep you, your family, and your community safe. You and your covered family members will not have to pay out-of-pocket costs for COVID-19 vaccine or booster doses. Your Anthem plan covers them.

You can visit any healthcare professional for your vaccine or booster shot, including those outside your plan's network.

Go to vaccines.gov to find COVID-19 vaccine locations near you.

How to use your plan

Travel with peace of mind

Your health plan goes with you when you're away from home and need care immediately. The BlueCard program gives you access to services across the country. This includes 1.7 million doctors and hospitals with Blue Cross Blue Shield companies.[1] If you're traveling out of the country, you can receive care through the Blue Cross Blue Shield Global Core program. It gives you access to doctors and hospitals in more than 190 countries and territories around the world.[2]

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

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

Access care from home in a way that works for you

- **Assess your symptoms online at no cost**. Answer questions through the **Sydney Health** intuitive Symptom Checker. It uses the information you provide to narrow down millions of medical data points and assess your specific symptoms before you visit a doctor.
- **Chat with a doctor at no extra cost.**[3] **Sydney Health** can link you directly to doctors for virtual chat visits. During your appointment, the doctor can evaluate your symptoms; discuss your treatment options; and order prescriptions; if you need them.
- **Have a video visit with a doctor**. You can also use **Sydney Health** to connect with a doctor through video visits.
- **Schedule a virtual primary care appointment** for routine care and prescription refills, if needed. You can also receive a personalized care plan for chronic conditions, such as heart disease.

Where to go for care when you need it now

When it is an emergency, call 911 or go to the nearest emergency room. If you need nonemergency care right away:

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

1 Blue Cross Blue Shield Association, Personalized Healthcare, Nationwide (accessed March 2022): bcbs.com.

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

3 If you have a high-deductible health plan and have not met your deductible, the price of a visit will be $39, starting on the date in 2022 your plan renews.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield

Make the most of your pharmacy benefits

Understanding medicine coverage and costs

- **Search the drug list.** Find out if your medicines are covered and which tier they are in. Lower-cost, brand-name drugs and generics are usually in Tiers 1 and 2. You will save the most money if you use Tier 1 drugs.
- **Price a medication.** See how much a medicine costs before you get it. You can compare retail drug costs at local pharmacies and see the price of generic options. Results will include the cost of up to a 90-day supply and home delivery.
- **Check if there are generic options**. If you take a brand-name drug, you can find a list of generic options that are just as effective and cost less. Be sure to talk with your doctor to see if a generic option is right for you.
- **Save money on certain noncovered medicines.** If your prescription isn't covered by your plan, you may be able to receive a discount. Share your member ID card at the pharmacy, and the available discount will automatically be applied.
- **Most specialty drugs are covered, if you need them.** Specialty drugs are for people with long-term or serious health matters, such as cancer, rheumatoid arthritis, and hepatitis C. They are drugs taken by injection or infusion or that require special handling or need to be given by a doctor or nurse. If you have a health matter that requires a specialty drug, you will need to order it through the CarelonRx Specialty Pharmacy. In certain cases, you may also choose other specialty pharmacies in your plan's network.

For more information on specialty drugs, visit **anthem.com/ pharmacyinformation/rxnetworks.html** or call the Pharmacy Member Services number on your ID card.

Coverage requirements

Certain medications require you to take other steps before your plan covers them. Here are examples:

- **Preapproval, also known as prior authorization.** This means Anthem needs to approve a drug before the pharmacy fills it. If you already have preapproval, you or your doctor will need to fill out a new form at **anthem.com**.
- **Step therapy**. You may need to try other medicine before we can cover the one your doctor prescribed.
- **Quantity limits.** To help protect your health, your plan may limit how much medication you can receive each month.
- **Dose optimization**. If a higher strength is available, you may be able to switch from taking multiple doses to a single dose each day.
- **90-day supply**. If you take maintenance medication for ongoing conditions like asthma, diabetes, or high cholesterol, your plan may require that you set up 90-day supplies at a pharmacy, including CVS, or through home delivery.

You have pharmacy options

Choose a pharmacy that's in your plan. You have many retail pharmacies from which to choose. Use a pharmacy that is in your plan to avoid paying full price. To find a pharmacy in your plan, visit **anthem.com/ pharmacyinformation/rxnetworks.html**, and choose your network list.

Your plan uses the **Base Network** list of pharmacies.
The **Base Network** is our national pharmacy network and includes nearly 67,000 retail pharmacies across the country. To find a pharmacy, visit **anthem.com/ pharmacyinformation/rxnetworks.html** and choose the **Base Network** list.

Receive a 90-day refill at a retail pharmacy. Ninety-day supplies of covered medications are available at participating retail pharmacies. You can save time with fewer trips to the pharmacy by switching to a 90-day supply for medications you take on a regular basis. Depending on your plan, you may also save on copays. That's because a 90-day supply of certain drugs usually costs less than three 30-day refills.

Make the most of your pharmacy benefits

For more information, go to **anthem.com/FAQs** , select your state, and then **Pharmacy**.

Drug type		Cost
Tier 1	Preferred generic drugs	**$**
Tier 2	Preferred brand-name and newer, higher-cost generic drugs	**$$**
Tier 3	Nonpreferred brand-name and generic drugs	**$$$**

Plan extras that support your health

Medical guidance

24/7 NurseLine — You can connect with a registered nurse who will answer your health questions wherever you are — anytime, day or night. They can help you decide where to go for care and find doctors and other healthcare professionals in your area. Call 800-700-9184.

Anthem Health Guides — Highly trained Anthem associates are like personal support guides who can help you with all your healthcare needs. They can help you connect with the right resources, stay on top of the screenings and tests you need, and find doctors. Reach a health guide by calling the number on your member ID card. You also can go to **anthem.com** to send a secure email or chat with them online.

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

Emotional well-being resources — Your emotional well-being is an important part of your overall health. Emotional well-being resources, administered by Learn to Live, can help you identify the thoughts and behavior patterns that affect your emotional well-being — and work through them with online programs and personalized coaching. You will learn effective ways to manage stress, depression, anxiety, and sleep issues.

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

Building Healthy Families — This digital program can help support your family from preconception through the stages of pregnancy, childbirth, and early childhood (to age 5 and beyond). It is available 24/7 through our Sydney℠ Health mobile app and features an extensive content library covering topics to support diverse families, including single parents and same-sex or multicultural couples. In addition, the app features many tools including fertility, diaper change, and feeding trackers, due date calculators, and blood pressure monitoring. Visit the Sydney Health app to enroll today.

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

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

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

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

Healthy living

SpecialOffers℠ — With SpecialOffers, you can receive discounts on products and services that help promote better health and well-being.

Understanding healthcare terms

Deductible:

A set amount you pay each year for covered services before your plan starts to pay for covered healthcare costs.

You can use your HSA/FSA/HRA toward your deductible.

Copay:

A flat fee you pay for covered services, such as doctor visits.

Coinsurance:

Once you've met your deductible, you and your health plan share the cost of covered healthcare services. The coinsurance is your share of the costs, usually a percent of the cost of care. Your plan details show what portion of the cost you will pay.

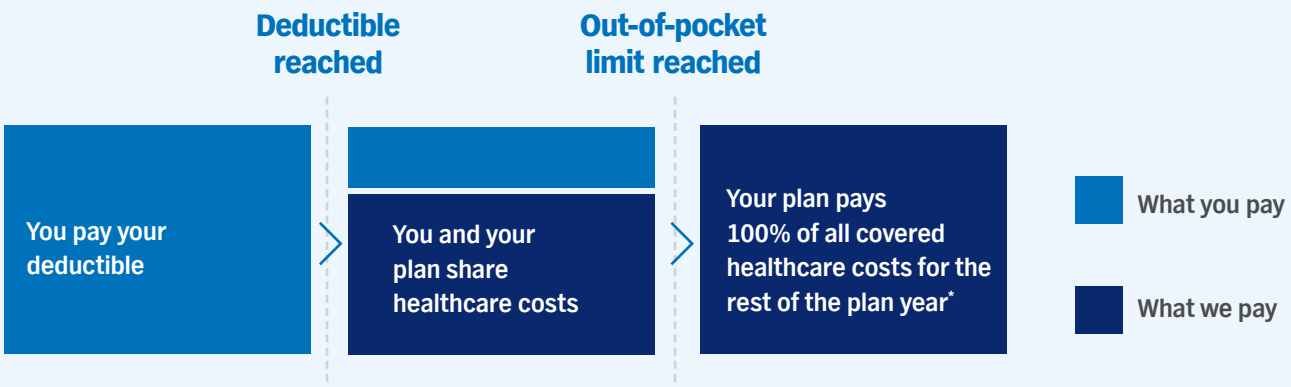
Out-of-pocket limit:

This is the maximum amount you could pay before your plan starts to pay 100% of all covered healthcare costs.* It's the sum of the deductible and coinsurance amounts.

Premium:

The premium, also called a monthly payment, is what you pay for the plan. It's the money that comes out of your paycheck.

What you pay and what your plan pays



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

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

Your summary of benefits

Anthem® Blue Cross and Blue Shield

Your Plan: Hancock County PPO Plan 1F Rx 1F Plan Year: 2023

Your Network: Blue Access

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	$500 person / $1,000 family	$1,000 person / $2,000 family
Overall Out-of-Pocket Limit	$3,000 person / $6,000 family	$6,000 person / $12,000 family
The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit. All medical deductibles, copayments and coinsurance apply toward the out-of-pocket limit(s) (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services). In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.		
Doctor Visits (virtual and office) *You are encouraged to select a Primary Care Physician (PCP).*		
Medical Chats and Virtual Visits for Primary Care *from our Online Provider K Health, available through Sydney Health are covered at $0 copay per visit medical deductible does not apply.*		
Virtual Visits from online provider LiveHealth Online *for urgent/acute medical and mental health and substance abuse care available through Sydney Health or via www.livehealthonline.com are covered at $0 copay per visit medical deductible does not apply.*		
Primary Care (PCP) and Mental Health and Substance Abuse Care *virtual and office*	$20 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Specialist Care *virtual and office*	$40 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Other Practitioner Visits		
Routine Maternity Care (Prenatal and Postnatal)	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	$20 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Manipulation Therapy *Coverage is limited to 12 visits per benefit period.*	$40 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Other Services in an Office		
Allergy Testing *When Allergy injections are billed separately by network providers, the member is responsible for a $5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Prescription Drugs *Dispensed in the office*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Surgery	$40 copay per visit medical deductible does not apply‡	40% coinsurance after medical deductible is met
Preventive care / screenings / immunizations	No charge	40% coinsurance after medical deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	40% coinsurance after medical deductible is met
Diagnostic Services **Lab**		
Office	No charge	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
X-Ray		
Office	No charge	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Emergency and Urgent Care		
Urgent Care *includes doctor services. Additional charges may apply depending on the care provided.*	$75 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Emergency Room Facility Services *Copay waived if admitted.*	$300 copay per visit and 0% coinsurance medical deductible does not apply	Covered as In-Network
Emergency Room Doctor and Other Services	0% coinsurance medical deductible does not apply	Covered as In-Network
Ambulance	20% coinsurance after medical deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Abuse Care at a Facility		
Facility Fees	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Doctor Services	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Outpatient Surgery		
Facility Fees		
Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Doctor and Other Services		
Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Hospital (Including Maternity, Mental Health and Substance Abuse)		
Facility Fees	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Human Organ and Tissue Transplants *Cornea transplants are treated the same as any other illness and subject to the medical benefits.*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Physician and other services *including surgeon fees*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Rehabilitation and Habilitation services *including physical, occupational and speech therapies.* *Coverage for occupational therapy is limited to 30 visits per benefit period, physical therapy is limited to 30 visits per benefit period and speech therapy is limited to 20 visits per benefit period.*		
Office	$40 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Pulmonary rehabilitation *Coverage is limited to 20 visits per benefit period.*		
Office	$40 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Cardiac rehabilitation *Coverage is limited to 36 visits per benefit period.*		
Office	$40 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Dialysis/Hemodialysis		
Office	$40 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Chemo/Radiation Therapy		
Office	$40 copay per visit medical deductible does not apply‡	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Skilled Nursing Care (facility) *Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 90 days combined per benefit period.*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Inpatient Hospice	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Durable Medical Equipment	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Prosthetic Devices *Coverage for wigs is limited to 1 item after cancer treatment per benefit period.*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Out-of-Pocket Limit	$2,500 Person $5,000 Family	Not applicable
Prescription Drug Coverage **Network:** Base Network **Drug List: National** *Drugs not included on the drug list will not be covered.*		
Day Supply Limits: **Retail Pharmacy** *30 day supply (cost shares noted below)* **Rx Maintenance 90 Pharmacy** *90 day supply (after 2 courtesy 30-day fills you will be required to purchase maintenance medications in 90-day fills at a M90 pharmacy or home delivery).* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail (IngenioRx will become CarelonRx on January 1, 2023). You will need to call us on the number on your ID card to sign up when you first use the service.* **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply). We require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.*		
Tier 1 - Typically Generic	$10 copay per prescription (retail) and $20 copay per prescription (home delivery)	Not applicable
Tier 2 – Typically Preferred Brand	$20 copay per prescription (retail) and $40 copay per prescription (home delivery)	Not applicable
Tier 3 - Typically Non-Preferred Brand	$40 copay per prescription (retail) and $80 copay per prescription (home delivery)	Not applicable
Specialty Medications (brand and generic)	$40 copay per prescription	No coverage

Notes:

- Dependent age: to end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 20% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- The Primary Care Physician and Specialist office visit copay applies to both office and facility based office visits for evaluation and management services only.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- ‡ Your cost share will be reduced when services are provided in a PCP's office.
- If you have received Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services" which is generally coinsurance or coinsurance after your deductible is met.
- Ohio's House Bill 388 and the Federal No Surprises Act establish patient protections including from Out-of-Network Providers' surprise bills ("balance billing") for Emergency Care and other specified items or services. We will comply with these new state and federal requirements including how we process claims from certain Out-of-Network Providers.

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

Your summary of benefits

CEBCO - Anthem® Blue Cross and Blue Shield

Your Plan: Hancock County HSA E2 Plan Year: 2023

Your Network: Blue Access

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	$3,000 person / $6,000 family	$6,000 person / $12,000 family
Overall Out-of-Pocket Limit	$5,000 person / $10,000 family	$10,000 person / $20,000 family
The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit. All medical deductibles, copayments and coinsurance apply toward the out-of-pocket limit(s) (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services). In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.		
Doctor Visits (virtual and office) *You are encouraged to select a Primary Care Physician (PCP).*		
Medical Chats and Virtual Visits for Primary Care *from our Online Provider K Health, available through Sydney Health ($39 for urgent/acute medical and $99 for preventive care services per visit before deductible), then 0% coinsurance after deductible is met.*		
Virtual Visits from online provider LiveHealth Online *for urgent/acute medical ($59 per visit) and mental health and substance abuse care are available through Sydney Health or via www.livehealthonline.com are covered at 0% coinsurance after deductible is met.*		
Primary Care (PCP) and Mental Health and Substance Abuse Care *virtual and office*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Specialist Care *virtual and office*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Other Practitioner Visits		
Routine Maternity Care (Prenatal and Postnatal)	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Manipulation Therapy *Coverage is limited to 12 visits per benefit period.*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Other Services in an Office		
Allergy Testing	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Prescription Drugs *Dispensed in the office*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Surgery	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	40% coinsurance after deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	40% coinsurance after deductible is met
Diagnostic Services **Lab**		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
X-Ray		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Emergency and Urgent Care		
Urgent Care	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Emergency Room Facility Services	20% coinsurance after deductible is met	Covered as In-Network

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency Room Doctor and Other Services	20% coinsurance after deductible is met	Covered as In-Network
Ambulance	20% coinsurance after deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Abuse Care at a Facility		
Facility Fees	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Doctor Services	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Surgery		
Facility Fees		
Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Doctor and Other Services		
Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Hospital (Including Maternity, Mental Health and Substance Abuse)		
Facility Fees	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Human Organ and Tissue Transplants *Cornea transplants are treated the same as any other illness and subject to the medical benefits.*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Physician and other services *including surgeon fees*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Rehabilitation and Habilitation services *including physical, occupational and speech therapies.* *Coverage for occupational therapy is limited to 30 visits per benefit period, physical therapy is limited to 30 visits per benefit period and speech therapy is limited to 20 visits per benefit period.*		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Pulmonary rehabilitation *office and outpatient hospital* *Coverage is limited to 20 visits per benefit period.*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Cardiac rehabilitation *office and outpatient hospital* *Coverage is limited to 36 visits per benefit period.*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Dialysis/Hemodialysis *office and outpatient hospital*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Chemo/Radiation Therapy *office and outpatient hospital*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Skilled Nursing Care (facility) *Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 100 days combined per benefit period.*	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Inpatient Hospice	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Durable Medical Equipment	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Prosthetic Devices *Coverage for wigs is limited to 1 item after cancer treatment per benefit period.*	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with Non-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
Prescription Drug Coverage **Network:** ***Base Network*** **Drug List: National** *Drugs not included on the drug list will not be covered.*		
Day Supply Limits: **Retail Pharmacy** *30 day supply (cost shares noted below)* **Rx Maintenance 90 Pharmacy** *90 day supply (after 2 courtesy 30-day fills you will be required to purchase maintenance medications in 90-day fills at a M90 pharmacy or home delivery)* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail (IngenioRx will become CarelonRx on January 1, 2023). You will need to call us on the number on your ID card to sign up when you first use the service.* **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.*		
Tier 1 - Typically Generic	20% coinsurance after deductible is met (retail and home delivery)	Not applicable
Tier 2 – Typically Preferred Brand	20% coinsurance after deductible is met (retail and home delivery)	Not applicable
Tier 3 - Typically Non-Preferred Brand	20% coinsurance after deductible is met (retail and home delivery)	Not applicable
Specialty Medications (brand and generic)	20% coinsurance after deductible is met (retail and home delivery)	No coverage

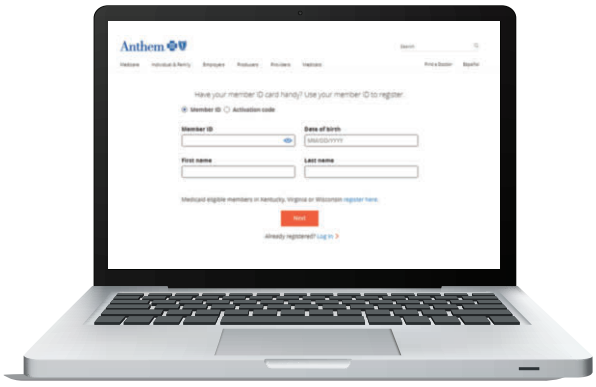
Notes:

- Dependent age: to end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- Ohio's House Bill 388 and the Federal No Surprises Act establish patient protections including from Out-of-Network Providers' surprise bills ("balance billing") for Emergency Care and other specified items or services. We will comply with these new state and federal requirements including how we process claims from certain Out-of-Network Providers.

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

You've got quick access to your health care!

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



From your computer

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

From your mobile device

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

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

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

Anthem

County Employee Benefit Consortium of Ohio CEBCO Health & Wellness

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

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Expanding your virtual care options

Find complete care support, on your time, through the **Sydney Health app**

Visit with a doctor at your convenience

Accessing the care you need, when you need it, matters. That's why our Sydney℠ Health mobile app connects you to a team of doctors ready to help you on your time. There are two secure ways to find no- or low-cost care through our app:

1 Chat with a doctor 24/7 without an appointment

- Urgent care support for health issues, such as allergies, a cold, or the flu.
- New prescriptions for concerns such as a cough or a sinus infection.

2 Schedule a virtual primary care appointment

- Routine care, including wellness check-ins and prescription refills.
- Personalized care plans for chronic conditions, such as asthma or diabetes.

Assess your symptoms with the Symptom Checker

When you're sick, you can use the Symptom Checker on Sydney Health to answer a few questions about how you're feeling. That information is run against millions of medical data points to provide care advice tailored to you.

Save money and time with virtual care

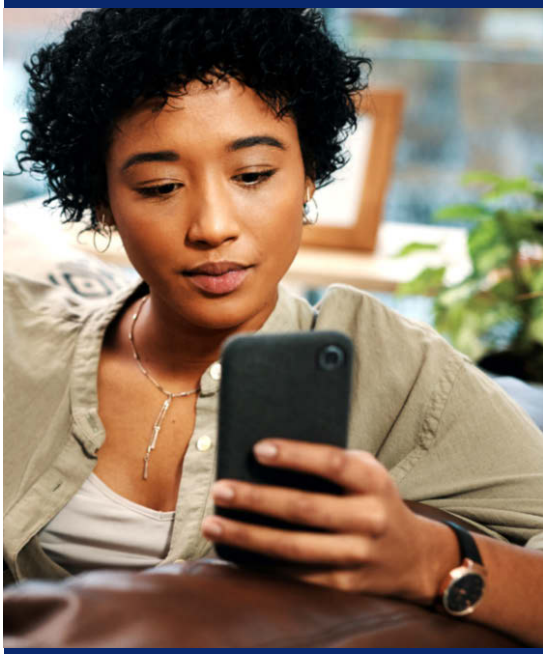
Sydney Health brings care to you anywhere, anytime. The Symptom Checker is always free to use, while virtual primary care visits and on-demand urgent care through the app are available at no or low cost.

Download our Sydney Health mobile app today.

Set up your account right away and it will be ready to use when you need it.

GET IT ON Google Play

Download on the App Store



85% of virtual visits **resolve** the person's need.*

* K Health analysis of Q4 2020 visit dispositions.

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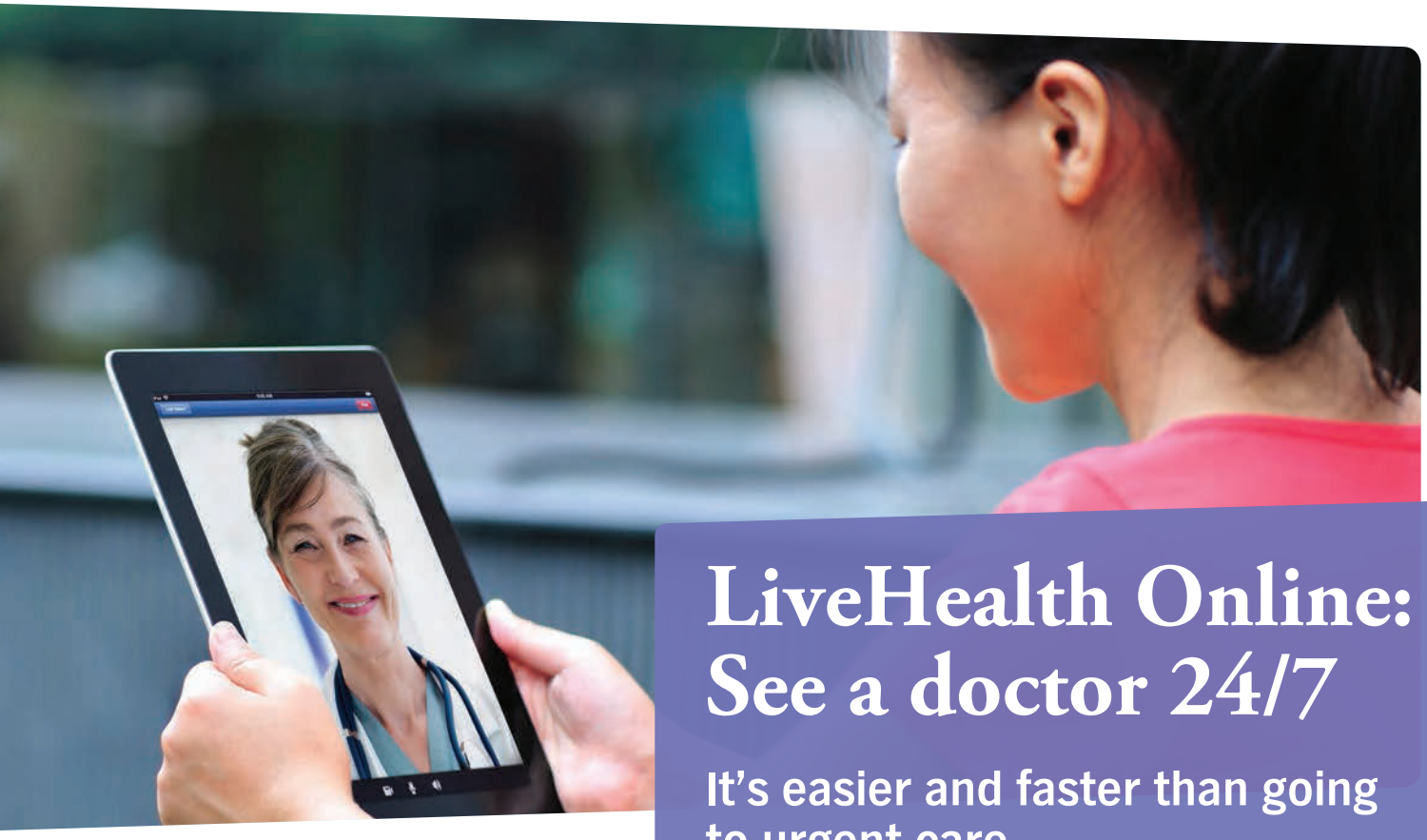

LiveHealth Online: See a doctor 24/7

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

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

Download on the App Store

apple.com

Google play

play.google.com/store

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

With LiveHealth Online, you get:

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

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

Anthem BlueCross BlueShield

LiveHealth ONLINE

County Employee Benefit Consortium of Ohio CEBCO Health & Wellness

90-day supplies may help you skip monthly trips to the pharmacy

It can be challenging to find time to go to the pharmacy every month to refill the prescriptions you take on a regular basis. Our 90-day benefit options were created to help our members take the medicine they need with fewer trips to the drugstore. You can also choose to have prescriptions delivered to your door.

A 90-day supply of your medication can help you stay on track with your doctor's treatment and avoid emergency room visits, hospital stays or tests that may be needed if you miss a dose.[1] This 90-day benefit is offered at no extra cost to you.

Rx Maintenance 90 saves time, stress, and money

Rx Maintenance 90 lets you refill the prescription drugs you take on a regular basis with a 90-day supply. These are drugs that treat long-term conditions like asthma, heartburn or diabetes. You may even be able to save on the cost of your prescriptions compared to what it would cost for three 30-day supplies.

To fill prescriptions for the drugs you your take on a regular basis, you must use an Rx Maintenance 90 pharmacy or IngenioRx Home Delivery. You will pay the same copay for either option. There are more than 25,000 Rx Maintenance 90 pharmacies to choose from.[2] Here is how to find one near you:

- Log in to **ingenio-rx.com**.
- Choose **Find a Pharmacy**.
- Enter your ZIP code or city.

You can also find a nearby pharmacy using the IngenioRx app.

It's easy and convenient to start using your 90-day prescription benefit and start spending less time at the pharmacy.

1 Fernandez Elena V et al. Examination of the link between medication adherence and use of mail-order pharmacies in chronic disease states Manag Care Spec Pharm, 2016 Nov.
2 Internal data, 2020.

Services provided by IngenioRx, Inc. In Texas, services provided by Ingenio, Inc.

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IngenioRx Mail Service Order Form

Mail this form to:

IngenioRx Home Delivery
PO BOX 94467
PALATINE, IL 60094-4467

Member ID # (if not shown or if different from above)

Prescription Plan Sponsor or Company Name

Please fold here

Instructions:

Please use **blue or black ink** and **print in capital letters.** Fill in **both sides** of this form.

New Prescriptions – Mail your new prescriptions with this form. Number of **New** prescriptions:

Refills – Order by Web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online or by phone at the website/phone number on your member ID card.

A Shipping Address. To ship to an address different from the one printed above, enter the changes here.

Last Name | First Name | MI | Suffix (JR, SR)

Street Address | Apt./Suite #

○ **Use shipping address for this order only.**

City | State | ZIP Code

Daytime Phone #: - - Evening Phone #: - -

B Refills. To order mail service refills, enter your prescription number(s) here.

1) 2) 3) 4)

5) 6) 7) 8)

Log in to check order status and access personalized information about your prescription benefits. When getting a new prescription, be sure to ask your doctor to write it for the maximum amount allowed by your plan, usually a 90-day supply. Make sure your doctor SIGNS and DATES all new prescriptions. We want to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

We may package all of these prescriptions together unless you tell us not to.

C **Tell us about the people ordering prescriptions.** If there are more than two people, please complete another form.

First person with a refill or new prescription. ○ Spanish forms and labels

LAST NAME _____ FIRST NAME _____ M Suffix (JR,SR) ___

NICKNAME ___ Gender: ○ M ○ F Date of birth: MM-DD-YYYY

E-mail address: _____ Date new prescription written: _____

Doctor's last name _____ Doctor's first name _____ Doctor's phone # _____

Tell us about new health information for 1st person if never provided or if changed.

Allergies: ○ None ○ Aspirin ○ Cephalosporin ○ Codeine ○ Erythromycin ○ Peanuts ○ Penicillin ○ Sulfa ○ Other: _____

Medical conditions: ○ Arthritis ○ Asthma ○ Diabetes ○ Acid reflux ○ Glaucoma ○ Heart problem ○ High blood pressure ○ High cholesterol ○ Migraine ○ Osteoporosis ○ Prostate issues ○ Thyroid ○ Other: _____

Second person with a refill or new prescription. ○ Spanish forms and labels

LAST NAME _____ FIRST NAME _____ M Suffix (JR,SR) ___

NICKNAME ___ Gender: ○ M ○ F Date of birth: MM-DD-YYYY

E-mail address: _____ Date new prescription written: _____

Doctor's last name _____ Doctor's first name _____ Doctor's phone # _____

Tell us about new health information for 2nd person if never provided or if changed.

Allergies: ○ None ○ Aspirin ○ Cephalosporin ○ Codeine ○ Erythromycin ○ Peanuts ○ Penicillin ○ Sulfa ○ Other: _____

Medical conditions: ○ Arthritis ○ Asthma ○ Diabetes ○ Acid reflux ○ Glaucoma ○ Heart problem ○ High blood pressure ○ High cholesterol ○ Migraine ○ Osteoporosis ○ Prostate issues ○ Thyroid ○ Other: _____

D **Special instructions:** _____

E **How would you like to pay for this order?** (If your copay is $0, you do not need to provide payment information.)

○ **Electronic check.** Pay from your bank account. (You must first register online or call Customer Care.)

○ **Credit or debit card.** (VISA®, MasterCard®, Discover®, or American Express®)

○ Use your card on file.

○ Use a new card or update your card's expiration date.

CARD NUMBER _____ Exp. Date MMYY

Credit card holder signature/Date

○ **Check or money order.** Amount: $ ____ . __

- Make check/money order out to IngenioRx Home Delivery.
- Write your prescription benefit ID number on your check or money order.
- If your check is returned, we will charge you up to $40.

Payment for balance due and future orders: If you choose electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide another form of payment.

○ Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

Regular delivery is free and takes up to 5 days after your order is processed.

If you want faster delivery, choose:

○ **2nd business day ($17)**

○ **Next business day ($23)**

Faster delivery can only be sent to a street address, not a PO Box

Expected processing time from receipt of this form:

- Refills: 1-2 days
- New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor

(Charges subject to change)

Please fold here →

Please fold here →

Please fold here →

Please fold here →

A program focused on helping you improve your health

Introducing digital diabetes prevention coaching

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

This program can help you:

- Lose weight
- Eat healthier
- Increase activity
- Sleep better
- Manage stress

Better health is within your reach

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

Anthem lark County Employee Benefit Consortium of Ohio CEBCO Health & Wellness

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Weight loss with Lark

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

24/7 coaching support

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

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

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

Learn if you are at risk for prediabetes

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

1 Centers for Disease Control and Prevention website: *Prediabetes - Your Chance to Prevent Type 2 Diabetes* (accessed October 2020): cdc.gov.

2 Lark internal data

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

Save money on health tests and procedures

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

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

Shop on your own or with a Personal Assistant

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

SmartShopper is easy to use

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

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

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

Sample procedures and rewards

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

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

Anthem SmartShopper® County Employee Benefit Consortium of Ohio CEBCO Health & Wellness

* Reward payments may be taxable.

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

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Stay on top of your health

Use your preventive care benefits

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

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

Preventive versus diagnostic care

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

Adult preventive care

Preventive physical exams, screenings, and tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)[2]
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection, and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening[3]
- Eye chart test for vision[4]
- Hearing screening
- Height, weight, and body mass index (BMI)
- Human immunodeficiency virus (HIV) screening and counseling
- Lung cancer screening for those ages 55 to 80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years[2]
- Obesity: related screening and counseling[3]
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal, and domestic: related screening and counseling

Women's preventive care:

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

Immunizations:

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

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

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

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Child preventive care

Preventive physical exams, screenings, and tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid levels
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight, and BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Skin cancer counseling for those ages 10 to 24 with fair skin
- Oral (dental health) assessment, when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening, when done as part of a preventive care visit[4]

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type b (Hib)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Meningitis
- Measles, mumps, and rubella (MMR)
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

Coverage for pharmacy items

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

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

Adult preventive drugs and other pharmacy items (age appropriate)

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

Child preventive drugs and other pharmacy items (age appropriate)

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

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

- Contraceptives, including generic prescription drugs and OTC items like female condoms and spermicides[7]
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to become pregnant
- Breast cancer risk-reducing medications, such as tamoxifen, raloxifene, and aromatase inhibitors, that follow the U.S. Preventive Services Task Force criteria[2]

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

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

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

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

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

5 Check your medical policy for details.

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

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

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

We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

Spanish
Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

Chinese
您有權免費獲得透過您使用的語言提供的幫助。請撥打您的 ID 卡片上的會員服務電話號碼。若您是視障人士，還可索取本文件的其他格式版本。

Vietnamese
Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bị khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

Korean
귀하는 자국어로 무료지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

Tagalog
May karapatan ka na makakuha ng tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

Russian
Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

Armenian
Դուք իրավունք ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

Farsi
"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات اعضا (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." دچار اختلال بینایی هستید؟ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

French
Vous pouvez obtenir gratuitement de l'aide dans votre langue. Il vous suffit d'appeler le numéro réservé aux membres qui figure sur votre carte d'identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d'autres formats.

Arabic
لك الحق في الحصول على مساعدة بلغتك مجانًا. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

Japanese
お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

Haitian
Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòma tou.

Italian
Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

Polish
Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

Punjabi
ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫ਼ਤ ਵਿੱਚ ਮਦਦ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Protecting your privacy

How we keep your information safe and secure

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

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

How we help manage your care

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

For additional information about how we help manage your care, go to **anthem.com/memberrights**. To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special enrollment rights

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

- **If you had another health plan that was canceled**. If you, your dependents, or your spouse are no longer eligible for benefits with another health plan (or if the employer stops contributing to that health plan), you may be able to enroll with us. You must enroll within 31 days after the other health plan ends (or after the employer stops paying for the plan). For example: You and your family are enrolled through your spouse's health plan at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in one of our plans.
- **If you have a new dependent**. You gain new dependents from a life event, such as marriage, birth, adoption, or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you marry, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes**. You have a special period of 60 days to enroll after:
  - You (or your eligible dependents) lose Medicaid or the State Children's Health Insurance Program (SCHIP) benefits because you're no longer eligible..
  - You (or eligible dependents) become eligible to receive help from Medicaid or SCHIP for paying part of the cost of a health plan with us.

It's important we treat you fairly

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For full details, read your plan document, which has all the details about your plan. You can it find on **anthem.com**.

Notes

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Your plan is here for you to use

If you would like extra help

Anthem Health Guides are here to help you make the most out of your medical plan. These highly trained Anthem associates will help you with all your health care needs.

Reach a health guide by calling the number on your member ID card. You also can go to **anthem.com** to send a secure email or chat with them online.

Anthem

County Employee Benefit Consortium of Ohio
CEBCO
Health & Wellness

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