



Your life is hectic

Your health insurance
doesn't have to be

Chances are you're packing your bags and heading out the door — the last thing you need is to read a long, confusing brochure about your health insurance benefits. The good news is this guide introduces you to your health plan in a quick-read format that includes:

- What you'll need
- What you'll pay
- What you'll get

It's important to understand your new health insurance plan and **Anthem is here to help you every step of the way.** Our customer service staff can answer any of your coverage questions. So if you need us, give us a call.

Take us with you wherever you go

Now you're covered no matter where you are — whether it's inside the U.S. or abroad. Use our **online and mobile tools** to help you navigate your new coverage, find a doctor and estimate your costs with different providers and medical facilities. Plus, through the 24/7 NurseLine, **registered nurses are ready to take your call literally any time** you have a health concern.

As a member of the BlueCard Network you have coverage wherever you go — just call the number on the back of your ID card.

What you'll need

Your member ID card

Your member ID card is important. It has all of your benefits identification information and contact numbers for you to call wherever your travels take you.

If you need a copy of your ID card you can download a temporary one at any time from anthem.com.*

If you have not yet registered for an online account, you'll need your member ID number. If you do not have your ID number, contact Anthem at 855-267-1772. Ask for your member ID number so you can complete the registration process and get to your card.

To download your temporary ID card:

1. Log in to anthem.com.
2. Select the **Customer Support** tab.
3. Select **Print a Temporary ID Card**.

You also can access your member ID card from our mobile app. You have to be registered on anthem.com first, so read on to find out how to do that.

*Some members may not be able to request a temporary ID card. Please contact Customer Service if you need assistance.



Download our mobile app

1. Go to the app store on your smartphone or mobile device.
2. Search for Anthem Blue Cross and Blue Shield.
3. Select the app and start the free download.

Anthem.com registration

From any computer with Internet access, go to anthem.com and select **Register Now**. This can be found on the top right-hand side of your screen in the *Member Log In* area.

- **Step 1: Personal information** — Enter your member identification number found on your insurance card, first and last name and date of birth. For your protection, you'll be asked to put in the security code that's shown. Select **Save & Continue**.

- **Step 2: Username and password** — Create your username and password. Then select a security question from the drop-down menu and give the answer. You'll be asked to answer your security question if you ever forget your password. Please keep this information private.

Once you're done with your username, password and security question, check the box to agree to the terms and conditions of Anthem Blue Cross and Blue Shield and then select **Save & Continue**.

- **Step 3: Email setup** — You'll be able to choose how you'd like to get future legal notifications, special offers and other health plan notifications.

Enter your email address to set up your online profile. You also can choose to receive information about new products and services, benefit updates and required notices. Select **Save & Continue**.

- **Step 4: Confirm registration** — Here you'll make sure all your personal information, username and password and your notification choices are right. Select **Confirm**.

Pre-authorization

You may have to get pre-authorization before you can get certain medical care and services. Pre-authorization is also called pre-certification, prior authorization or pre-approval. Pre-authorization determines if a particular service, supply, therapy or medication meets Anthem's clinical criteria as medically necessary and appropriate treatment before you get it.

You don't need pre-authorization for emergency care. For an emergency, call 911 or go to the nearest emergency room (ER) right away. You or a family member must let us know as soon as possible if you are being treated in the ER or admitted to the hospital. Check your plan summary for details about emergency care.

When do I need pre-authorization?

Any time your doctor recommends medical care or services you should ask about pre-authorization. In-network doctors may handle the pre-authorization for you, but you should still ask. If you ever have a question about whether pre-authorization is needed, just call the medical pre-certification phone number on your ID card.

Coordination of benefits

If you or any of your covered dependants have more than one health insurance plan, the total amount paid by those plans combined will be 100% of the covered medical services. You cannot get more than 100% of the charges for actual covered services. For details on this, please see your plan summary.



What you'll pay

Premium

This is what gets deducted from your paycheck. Think of it like a membership fee. It's separate from what you pay for services.

PPO Plan Copay

This is what you pay in the office before your bill is submitted to your health insurance company for processing. Under the PPO Plans, you pay this every time you go to see a doctor. It is not counted towards your deductible, coinsurance or out-of-pocket maximum. Your doctor visit is "paid in full" once you pay your copay.

Deductible

The amount that you pay before your plan starts paying for covered services not subject to a copay. Some examples of covered services include inpatient hospitalization and surgery.

Coinsurance

After you meet your deductible, you and your plan share the cost of covered services. You pay coinsurance (a percentage of the cost) each time you get care. Your insurance covers the rest.

Out-of-pocket maximum

The out-of-pocket maximum is the most you pay for covered health services each year. You will still be responsible for copays even if you've met your out-of-pocket maximum.

What you'll get

In-network discounts

Choosing an in-network provider saves you money because your deductible and out-of-pocket maximum are less. In-network providers have contracted with Anthem to accept our payments as "paid in full" for specific covered services.

Online tools

Check out anthem.com for these helpful tools:

- *Find a Doctor* — Search for doctors, hospitals and clinics quickly online. You can make your search more specific by choosing a specialty or entering the name of a doctor or hospital. If you're away from home, you also can search our national directory.

To find a provider online:

1. Log in at anthem.com.
2. Select **Find a Doctor** and follow the steps on the screen.

- *Estimate Your Cost* — Make informed decisions and save money by comparing prices for certain procedures at hospitals and clinics in your area. You also can compare hospital quality and safety ratings.

To compare costs:

1. Log in at anthem.com.
2. Select **Facility Cost & Quality** and then **Get Started**.
3. Insert the type of category, the type of procedure, who the procedure is for and the location.
4. Compare up to four providers to find out what you would pay (your estimated out-of-pocket cost).

- *See your claims* — Stay on top of your medical claims on our secure website. You can see the amount your health benefits paid and how much you have to pay your provider. You also may choose to get an e-mail instead of a notice by mail when a new claim is ready for you to view online.

To look up a claim:

1. Log in at anthem.com.
 2. Select **Check Claim Status**.
 3. Or, select the **Claims** tab.
- *Show Me the Math* — Our online claims tool, Show Me the Math, breaks down complex math equations on your claims item by item. You can see what your benefits allow, what costs are paid by Anthem and how we calculate what you pay for a specific claim. It's super easy.

Here's how to use Show Me the Math:

1. Log in at anthem.com.
 2. Select the **Claims** tab.
 3. Select the claim number you want to view.
 4. Select **Show Me the Math**.
- *Caregiver access* — Do you need someone to help you figure out your online health benefits, such as how much you owe? If so, you can give permission to a family member or friend so they see the same information you see in your anthem.com account. They don't even have to be an Anthem member.

Log in at anthem.com and set up your access rights through your *Profile*.

ConditionCare

Do you or a covered family member have a long-term (chronic) health problem? ConditionCare is a program for you. It's already part of your benefits, so there's no added cost to join.

When you join ConditionCare, you'll get:

- 24-hour, toll-free access to a nurse who'll answer your questions.
- A health assessment by phone.
- Support from nurse coaches, pharmacists, dietitians, doctors and other health care professionals to help you reach your health goals.
- Educational guides, newsletters and tools to help you learn more about your condition.



- ConditionCare nurses work with members of all ages who have asthma or diabetes. They also work with adults who have chronic obstructive pulmonary disease (COPD), heart failure or coronary artery disease. We may call to find out if ConditionCare can help you and ask you to sign up. To protect you, we'll verify your address or date of birth before talking about your health.

24/7 NurseLine (800-700-9184)

You can call the **24/7 NurseLine** to talk with a registered nurse about any health concerns. Whether it's a question about allergies, fever, preventive care and even urgent care, nurses are always there to provide support and peace of mind. And, if you want, a nurse will call you later to see how you're doing.

Our nurses can help you choose the right place for care if your doctor isn't available and you aren't sure what to do. Do you need to head straight to the emergency room? Is urgent care best? Or do you need to see your doctor? Making the right call can save you time and money — and give you access to the best possible care.

Special discounts

You can get discounts on products and services for your health. There are members-only discounts on vitamins, health and beauty products, chiropractic care, acupuncture, massage therapy, LASIK eye surgery, eyeglass frames and contact lenses, hearing aids and audiology services, fitness center memberships, weight-loss programs and more.

To access all discounts:

1. Log in at anthem.com.
2. Select **Health & Wellness**.
3. Select **Discounts**.

BenefitsUS: 888-860-6178

Anthem Customer Service: 855-267-1772

24/7 Nurseline: 800-700-9184

CVS/Caremark: 866-760-4276

EAP: 800-363-7190

Dental: 888-651-9127

Life & Disability: 888-651-9127

We hope you'll use the great resources available with your health plan. That's why we're available to answer any questions you may have. Call Customer Service at 855-267-1772.

We're glad to have you as a member of our plan. Let us make your health insurance coverage simple and help you enjoy your best health.



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