Anthem

County Employee Benefits Consortium of Ohio
CEBCO
Health & Wellness

Choosing and using your plan

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

CEBCO Sandusky County
Effective January 1, 2021

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

It's time to choose your plan

Your trusted health partner

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

Save this guide

You'll find tips on how to make the most of your benefits and save on health care costs throughout the year.

It's time to choose your plan

Let's get started

This is the perfect time to think about your health — where you are right now and where you want to be tomorrow. It's your opportunity to check out the benefits, programs and resources that can support your health and well-being all year long.

This guide will help you understand our plans. It's also full of tips, tools and resources that can help you reach your health and wellness goals when you become a member. So keep it handy to make the most of your benefits throughout the year.

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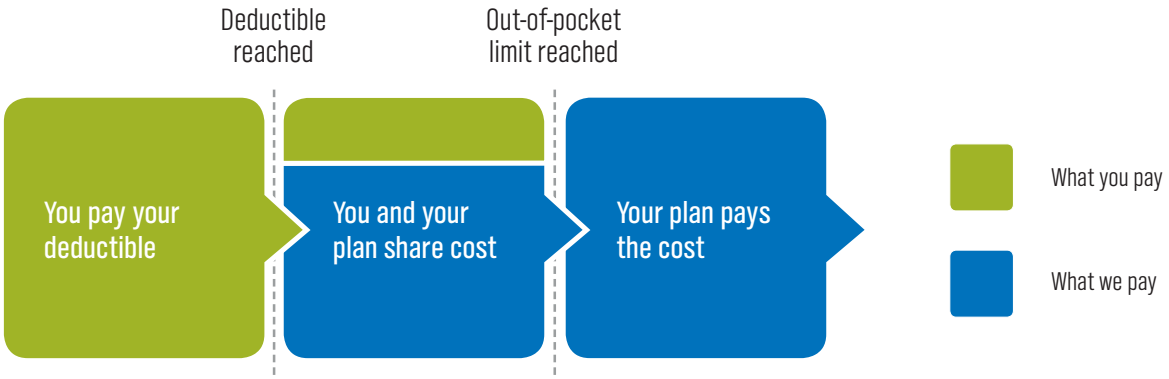
The basics explained

Before we dive into the plan details, it may be helpful to review some health benefit basics.

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 get and the doctor you choose. Check your plan details to see your actual share of the cost.

Words that are helpful to know

We can help you crack the code of health insurance lingo. Here are the meanings of some common terms:

Deductible:

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

Copay:

A flat fee you pay for covered services like doctor visits.

Coinsurance:

Once you've met your deductible, you and your health plan share the cost of covered health care 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'll pay.

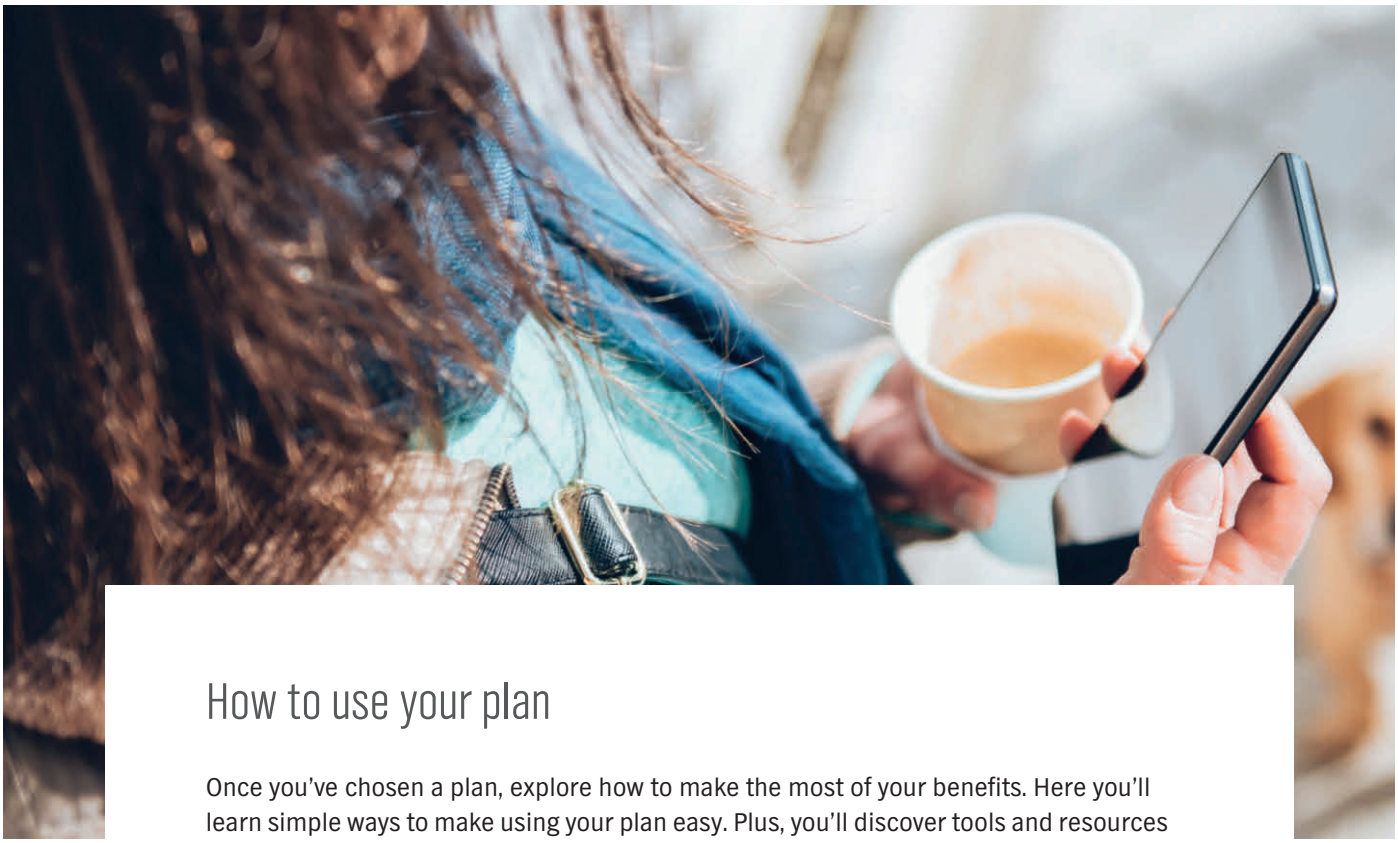
Out-of-pocket limit:

This is the most you have to pay out of your own pocket each year for covered services. This amount may include your deductible and your percentage of the costs, depending on your plan. And some plans may still have you pay a copay at the time of service.

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. Think of it like a membership fee that's separate from what you pay when you get care.

Using your plan



How to use your plan

Once you've chosen a plan, explore how to make the most of your benefits. Here you'll learn simple ways to make using your plan easy. Plus, you'll discover tools and resources that can help you reach your health and wellness goals. With Anthem, supporting your healthiest self is all part of the plan!

How to use your plan

Use your ID card right from your phone

Engage Wellbeing — **Engage** acts like a personalized health assistant by connecting you to the right benefits and programs at the right time. You can use it to find a doctor, get ratings and reviews, show your ID card at the doctor, view your claims, compare costs, track your health goals, and more.
Get started by downloading the **Engage Wellbeing** mobile app.

Register for online tools and resources

Accessing your health plan on your mobile phone or computer makes life so much easier. Register on the **Engage Wellbeing** mobile app and **anthem.com** to get personalized information about your health plan and more. You can:

- Quickly access your digital ID card.
- Find a doctor and estimate your costs before you go.
- View your claims, see what's covered and what you may owe for care.
- Get support managing your health conditions and tracking your goals.
- Update your email and communication preferences.

How to use your plan

Find a doctor in your plan

The right doctor can make all the difference — and choosing one in your plan can save you money, too. So you'll be happy to know your plan includes lots of top-notch doctors. If you decide to get care from doctors outside the plan, it'll cost you more and your care might not be covered at all.

It's easy to find a doctor in your plan. Simply use the **Find Care** tool on the **Engage Wellbeing** mobile app or at **anthem.com** to search for doctors, hospitals, labs and other health care professionals.

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 get access to specialists when you need them.

Schedule a checkup

Preventive care, like regular checkups and screenings, can help you avoid health problems down the road. Your plan covers these services at little or no extra cost when you see a doctor in your plan:

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

Check your plan details on the **Engage Wellbeing** mobile app or **anthem.com** to confirm what preventive care is covered.

How to use your plan

Travel with peace of mind

Your health plan goes with you when you're away from home and need care immediately. The BlueCard® program gives you access to care services across the country. This includes 93% of doctors and 96% of hospitals in the U.S.[1] If you're traveling out of the country, you can get 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.

If you're 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. To call collect, dial 0170, then tell the operator you'd like to call 011-804-673-1177.

Questions about travel benefits? Call the Member Services number on your ID card before you leave home.

See a doctor from home

You can have a video visit with a doctor using your mobile phone, tablet or computer with a webcam, whether you're at home, at work or on the go. Doctors are available around the clock for advice, treatment and prescriptions.[2] Just go to **livehealthonline.com** or download the LiveHealth Online mobile app to get started.

Where to go for care when you need it now

When it's an emergency, call 911 or head to the nearest emergency room. But when you need nonemergency care right away:

- Check to see if your primary care doctor can see you.
- Search for nearby urgent care – and avoid costly emergency room visits and long wait times.
- See a doctor anytime using LiveHealth Online. It works on your mobile phone, tablet or computer with a webcam.
- Call the 24/7 NurseLine and get helpful advice from a registered nurse.

1 Internal data, 2019.
2 Online prescribing only when appropriate based on physician judgment. LiveHealth Online is the trade name of Health Management Corporation.

Plan extras that support your health

Learn more by registering on the **Engage Wellbeing** app or at **anthem.com**.

Your plan comes with great tools and programs to help you reach your health goals and save money on health products and services. Plus, most of them come at no extra cost. Learn more by registering on the **Engage Wellbeing** app or at **anthem.com**.

Apps

Engage Wellbeing — **Engage** acts like a personalized health assistant by connecting you to the right benefits and programs at the right time. You can use it to find a doctor, get ratings and reviews, show your ID card at the doctor, view your claims, compare costs, track your health goals, and more.
Get started by downloading the **Engage Wellbeing** mobile app.

Where to get care

24/7 NurseLine — You can connect with a registered nurse who'll answer your health questions wherever you are — anytime, day or night. They can help you decide where to go for care and find providers in your area. All you have to do is call **1-800-337-4770**.

Anthem Health Guides — Highly trained Anthem associates are like personal support guides who can help you with all your health care needs. They can help you connect with the right resources, stay on top of the screenings and tests you need, find doctors, and more. 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 — When dealing with behavioral health issues like depression, anxiety, substance abuse or eating disorders, extra support can make a big difference. Our caring professionals will work with you to arrange counseling and support services that meet your individual and family needs. Just call **1-866-785-2789**.

Blue Distinction® Centers — If you are having surgery or a major procedure like knee or hip replacement, look for one of these two designations: Blue Distinction Centers or Blue Distinction Centers+. These hospitals are recognized for excellent care and faster recovery times. Blue Distinction Centers+ are also recognized for lower costs. Best of all — you don't pay extra for access to a Blue Distinction Center. It's part of your plan.

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

Case Management — If you're coming home after surgery or have a serious health condition, a nurse care manager can help answer your questions about

Want healthy advice?

Follow our **Better Care Blog** for helpful information about health benefits, living healthy and the latest member news.

Plan extras that support your health

Learn more by registering on the **Engage Wellbeing** app or at **anthem.com**.

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 probably call you, but you also can call the Member Services number on your ID card.

ConditionCare — Get support from a dedicated nurse team to manage ongoing conditions like asthma, chronic obstructive pulmonary disorder (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.

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

LiveHealth Online — At home, at work or on the go, you can have a video visit with a doctor using your smartphone, tablet or computer with a webcam. Doctors are available 24/7 for advice, treatment and prescriptions if needed.* The cost is usually $59 or less, depending on your health plan. Register at **livehealthonline.com**.

* Online prescribing only when appropriate based on physician judgment. 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.

Healthy living

MyHealth Advantage — This free service helps you stay healthy and save money. You'll get reminders when you need to refill a prescription or get a checkup, test or exam. You'll also get a personalized and confidential MyHealth Note in the mail or on the **Engage Wellbeing** mobile app if we see something that can help you.

SpecialOffers — Saving money is good. Saving money on things that are good for you — even better. With SpecialOffers, you can get discounts on products and services that help promote better health and well-being.

Meet Engage, your **personalized** health assistant

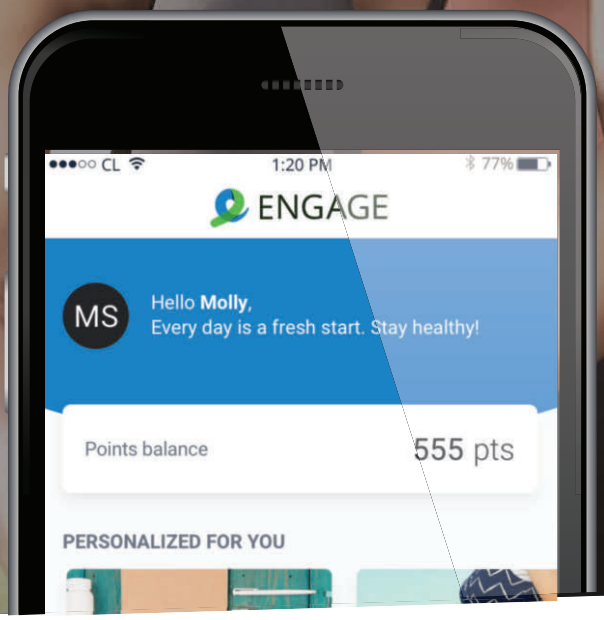
Engage helps you make the most of your health plan and connect with resources to achieve your wellness goals.

Download the

Engage Wellbeing App today!

Download on the App Store

Google play



Get peace of mind.

Clearly see what's covered by your plan and access your digital insurance card anytime, anywhere.

Take charge of your wellness.

Track sleep, steps and food to create healthy habits and hit your well being goals.

Make the most of your perks.

Save time and money by discovering additional benefits and programs.

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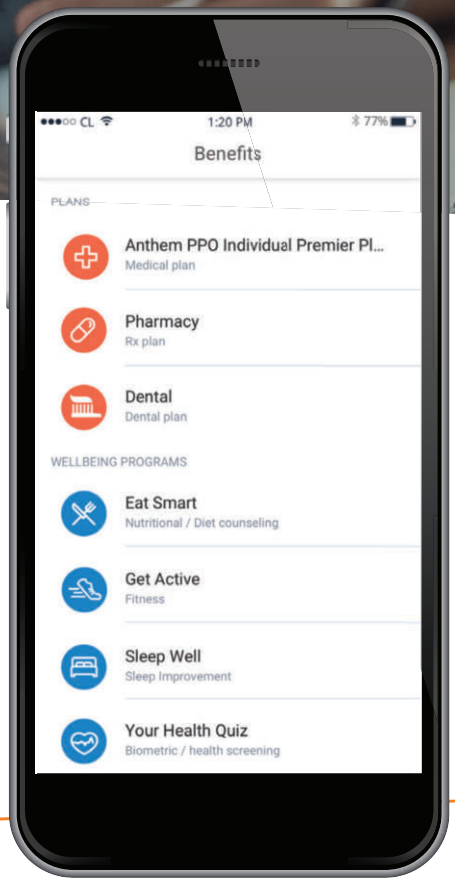
Built for the real world.
All for you.

Simplify your health care experience with a personalized health assistant that connects you to the right benefits and programs at the right time. With Engage, you can:



See all of your medical and pharmacy benefits in one place.

Access LiveHealth Online and have face-to-face video visit with a doctor therapist on your smartphone, computer or mobile device.

Learn more about our health and wellness programs, like 24/7 NurseLine, Condition Care and Future Moms.

Participate in well-being challenges to help keep you active and healthy

Sync fitness and wellness data with your wearable fitness device.

Protect yourself from overpaying by seeing the cost of services and care **before** setting up a visit.

Using Engage, you can get support through a mobile device, computer or phone.

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It's your call

You choose how you want to reach us — we'll make sure you get answers

All you want is for someone to answer your questions, right? To make it easy to understand your plan. Or help you figure out the next steps in dealing with a health issue. We hear you. And we're here for you, too.

Anthem Health Guide: supporting you with answers and guidance

You can reach us by phone, mobile app, email or even chat with us online via your computer or mobile device. Whatever you choose, you'll get a health guide who's ready to answer your questions and help you make the most of your health plan benefits.

It takes a team

Our health guides work closely with health care professionals, like nurses, health coaches and social workers, to provide personalized and consultative support.

They can help you:

- Connect with the right benefits and programs for your health care needs, including:
  - Pregnancy support to keep you healthy while you're expecting
  - Nurse care manager support for managing chronic conditions such as asthma, diabetes, chronic obstructive pulmonary disease (COPD), coronary artery disease and heart failure
  - Cancer support for you, family members and caregivers before, during and after treatment
  - Behavioral health support if you or a family member are experiencing stress, depression and anxiety, or are dealing with drug and alcohol abuse or other personal issues
- Stay on top of your follow-up and preventive care with reminders and appointment-scheduling support.

It starts with making sure you can reach us any way you want

- Call us at 855-603-7982
- Chat with us online, email us or set up a return call by:
  1. Log in: engage-wellbeing.com
  2. Select Benefit Tab
  3. Select Anthem Health Guide
  4. Picking your preferred communication option
- Use our free Engage mobile app
- Or call 24-7 Pharmacy member services 833-930-1772

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Skip the ER

When it's not an emergency, get quick care with these options

When you need care right away and your doctor isn't available, the emergency room (ER) might be your first choice. But did you know how many ER visits are unnecessary? ERs aren't the best choice in every situation, especially when you can **save about $1,100** by going somewhere else when it's not an emergency.[1, 2, 3] And you won't have to wait as long.

Here's what to do when you need care fast

Step 1: Call your primary care doctor or 24/7 NurseLine

Your doctor can help you decide where to get care, whether it's a visit to his or her office, going to the ER or somewhere else. If your doctor isn't available, you can call the **24/7 NurseLine** at the number on the back of your ID card to help you decide what to do.

Step 2: If it's not an emergency, choose one of these options to save you time and money

Depending on your needs, you've got these choices:

- **Retail health clinic** — Usually in a major pharmacy or retail store where you can get basic health care services from a health care professional.
- **Walk-in doctor's office** — No appointment is needed for routine care and common illnesses.
- **Urgent care center** — For conditions that need care right away such as stitches, lab tests or X-rays.
- **LiveHealth Online** — Have a video visit in minutes with a board-certified doctor 24/7 on your smartphone, tablet or computer with a webcam. No appointment is needed. Just go to **livehealthonline.com** or download the free app to register and get started.

These options are more convenient than the ER. They're often open at night and on weekends, so you don't have to wait to get treated.

If you're an HMO member, talk to your primary care doctor to understand your options for quick care. Your doctor can also help you find quick care centers in your plan.

When to head to the ER

If you think it's a true emergency, call **911** or go to the nearest ER.

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See the other side for examples of when to go to the ER or if you should consider other options.

Where to get care quickly[3]

	Who usually provides care	Estimated average cost[2]	When to go
Emergency Room	Doctors trained in emergency medicine	For non-emergencies: **4 hours** **$1,404**	• Coughing up or vomiting blood • Symptoms feel life-threatening or disabling • Chest pain or severe shortness of breath • Major injury or broken bones • Sudden or unexplained loss of consciousness
Retail Health Clinic	Physician assistants or nurse practitioners	**30 minutes** **$72**	• Allergic reactions (minor) • Bumps, cuts, scrapes, rashes • Burning with urination • Burns (minor) • Cold, cough and sore throat • Sinus pain and fever (minor) • Eye or ear pain or irritation • Shots
Walk-in Doctor's Office	Family practice doctors	**30 minutes** **$124**	**Same as retail health clinic plus...** • Asthma (mild) • Back pain • Nausea or diarrhea • Headache (minor)
Urgent Care Center	Doctors who treat conditions that should be looked at right away	**30 minutes** **$143**	**Same as walk-in doctor's office plus...** • Animal bites • Sprains and strains • Stitches • X-rays
LiveHealth Online	Board-certified doctors	**10 minutes** **$59 or less**	• Allergic reactions (minor) • Headache (minor) • Nausea or diarrhea • Cold, cough and sore throat • Sinus pain and fever (minor) • Eye or ear pain or irritation • Burning with urination

Be prepared

- **Get the right care.** Whether that's finding the right doctor, specialist, therapist or something else altogether. Just use the Find a Doctor tool at anthem.com or call the Member Services number on your ID card and we'll guide you somewhere that's part of your plan.
- **Find care near you whenever you need it.** Download the Anthem Anywhere app to find an urgent care center, retail health clinic or walk-in doctor's office quickly and get driving directions. Just search for "Anthem Anywhere" at the App Store® or Google Play.™

Watch this video on where to get care when you need it right away and how to save money.

Money-saving tip

Visit hospitals and doctors that are in your plan. If you don't, you'll often pay much more out of pocket for your care.

1 If you get care from a health professional or facility that is not in your health plan, you may have much higher out-of-pocket costs.
2 National averages of the total cost, not what members paid based on Anthem members' paid claims from January 1, 2016 through December 31, 2016.
3 If you use the ER and it's not a true emergency, your claim could be denied and you may be responsible for the full cost of your ER care.

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Access

to the highest quality of care

Your employees deserve nothing less

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

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

- Cardiac care
- Knee and hip replacement
- Spine surgery

Quality care means better health and lower cost

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

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

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

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

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

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

Anthem BlueCross BlueShield

Blue Distinction® Center

Blue Distinction® Center+

County Employee Benefits Consortium of Ohio CEBCO Health & Wellness

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

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

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A HEALTHIER YOU **STARTS TODAY.**

Lose weight, adopt healthy habits and significantly reduce your risk of developing type 2 diabetes.

Anthem BlueCross BlueShield

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Anthem BlueCross BlueShield

County Employee Benefits Consortium of Ohio CEBCO Health & Wellness

SOLERA

CHANGE YOUR LIFE IN 16 WEEKS

Introducing a new covered benefit for Anthem Blue Cross and Blue Shield Members

Anthem Blue Cross and Blue Shield is pleased to announce a new benefit for qualified members.

It's a 16-week program, followed by monthly sessions, that can help you lose weight, adopt healthy habits and significantly reduce your risk of developing diabetes. And it's available at no cost to members who qualify.

Through this benefit, you may be able to participate in a national weight loss program such as Weight Watchers, Retrofit or HealthSlate.

While programs differ, most include the following elements:

- Access to a personal health coach
- Weekly lessons
- A small group for support
- Tools like a wireless scale or an activity tracker

Find out if you qualify by taking a 1-minute quiz at **solera4me.com/cebco**

877.486.0141 | solera4me.com

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LiveHealth Online: See a doctor 24/7

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

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 visits will be $0 for PPO plans (NOTE: This does not apply to HSA plans, although Medical LiveHealth Online visits are only $59.)

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

Anthem BlueCross BlueShield

LiveHealth ONLINE

County Employee Benefits Consortium of Ohio CEBCO Health & Wellness

[1] Visit the home page at livehealthonline.com to see the latest map showing where service is available.

[2] As legally permitted in certain states.

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

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LiveHealth Online Psychiatry

What you need to know about video visits with a psychiatrist

What is LiveHealth Online Psychiatry?

Now you can see a board-certified psychiatrist to help you manage medications.[1] Whether you're at home, at work or on the go. Just download the free LiveHealth Online app to your mobile device or visit **livehealthonline.com** on a computer with a webcam.

When is LiveHealth Online Psychiatry available?

You can have a video visit with a psychiatrist usually in two weeks.[2] Appointments, which are also available on evenings and weekends, can be scheduled online or over the phone at **1-888-548-3432** from 8 a.m. to 8 p.m., seven days a week.

What can psychiatrists on LiveHealth Online help me with?

Psychiatrists on LiveHealth Online can help you manage some of your medications. Keep in mind, though, they can't prescribe medications that are controlled substances.

For counseling sessions, contact a psychologist or therapist on LiveHealth Online Psychology. Remember, if you're in crisis or having suicidal thoughts, get help right away or call 911.

How much does it cost to use LiveHealth Online Psychiatry?

You'll see your cost before the visit starts. Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs.

Will I be charged more if I use LiveHealth Online Psychiatry on weekends, holidays or at night?

No, the cost is the same.

How do I pay for a LiveHealth Online Psychiatry visit?

You can use PayPal, American Express, Visa, MasterCard and Discover cards to pay for an online visit.

Anthem LiveHealth ONLINE

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How can I make an appointment?

For your first visit, set up a time by going online, using the mobile app or calling LiveHealth Online:

- **Online:** Visit **livehealthonline.com** and sign up or log in. Once you've logged in, select **LiveHealth Online Psychiatry** to schedule an appointment with the board certified doctor you would like to see.
- **Mobile app:** Download the free LiveHealth Online mobile app from theApp Store® or on Google Play™ and then sign up or log in. Once you've logged in, choose **LiveHealth Online Psychiatry.** Next, select from available doctor's after checking out their qualifications and arrange a visit.
- **Phone:** You can also call **1-888-548-3432** from 8 a.m. to 8 p.m., seven days a week.

In most cases, you can make an appointment to see a psychiatrist in two weeks.[2] This may be sooner than waiting for an office visit. LiveHealth Online will send you an email confirming your appointment.

What type of computer do I need to use LiveHealth Online?

You'll need high-speed Internet access, a webcam or a built-in camera with audio. To learn what computer hardware and software you need, go to **livehealthonline.com** and select **Frequently asked questions** under the *How it works* tab.

How do I know if a psychiatrist is in my plan?

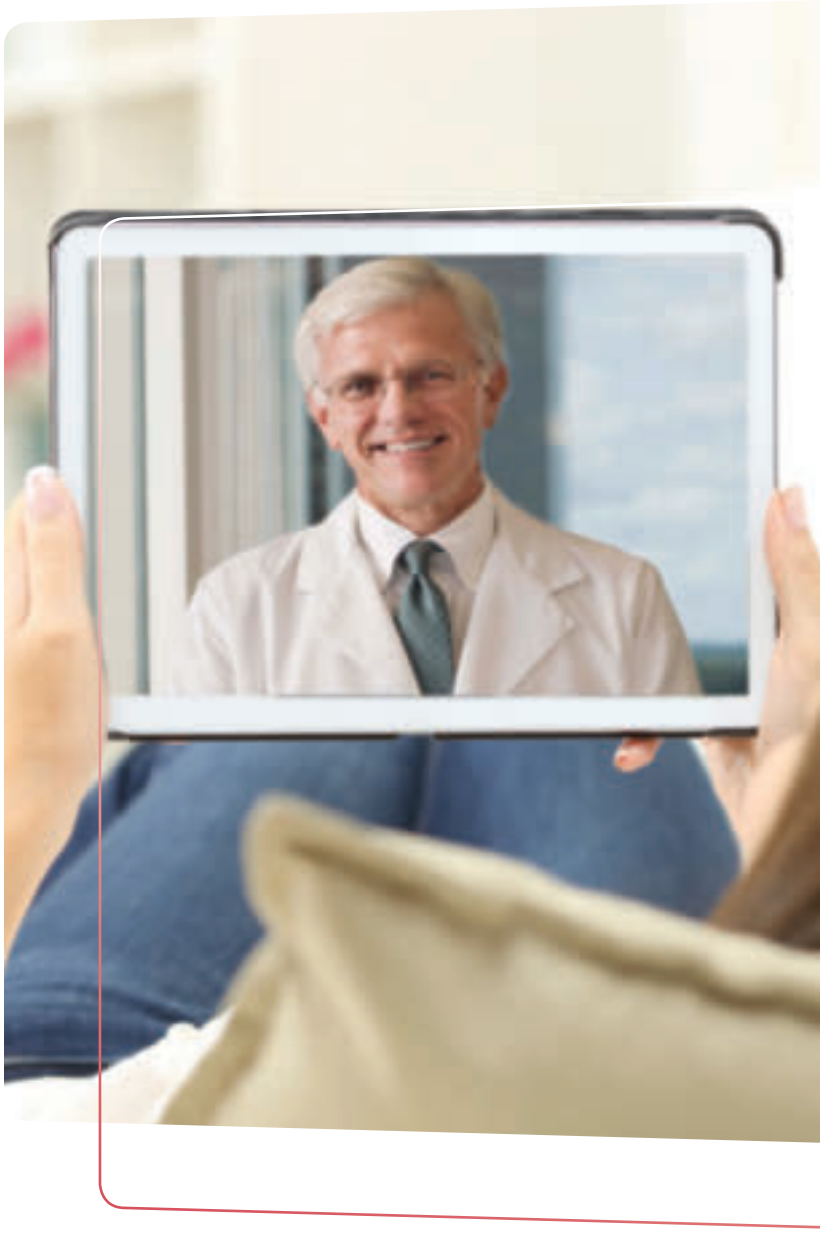
When you log into **livehealthonline.com,** the psychiatrists you see on the website are part of your plan. Make sure you select the state where you are to see the most current list of psychiatrists.

How old do I have to be to see a psychiatrist?

You must be 18 years old or older to schedule a visit.

What if I still have questions about using LiveHealth Online?

Send an email to **customersupport@livehealthonline.com** or call toll free at **1-888-548-3432.**



If you send us an email, please be sure to include:

- Your name
- Your email
- A phone number where you can be reached

Anthem. LiveHealth ONLINE

1 Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Psychiatrists on LiveHealth Online will not offer counseling or talk therapy.
2 Appointments subject to availability.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

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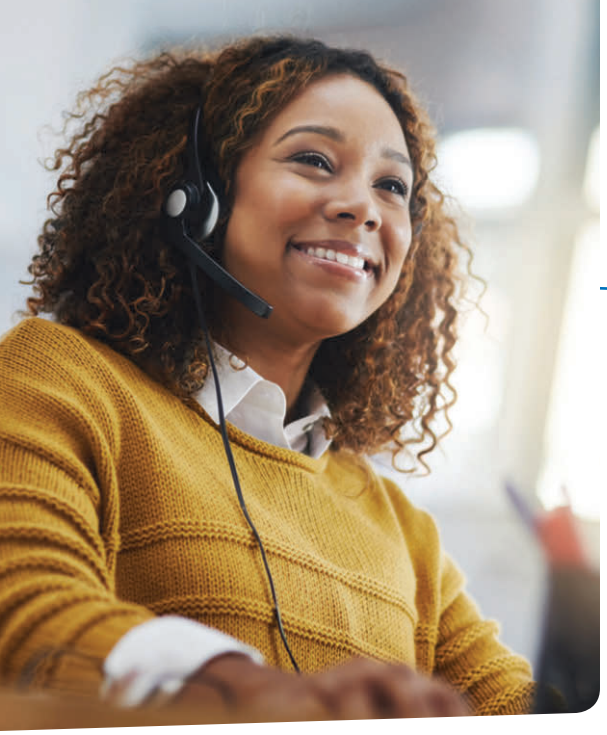
LiveHealth Online Behavior Health

	LiveHealth Online Psychiatry	LiveHealth Online Psychology
Provider types	Board Certified Doctors	Licensed Psychologists and Therapists
Benefit offered	Medication, if necessary after evaluation*	Counseling with Psychologists or Therapists
Visit length	30-45 minute initial evaluation. 15 minute follow up sessions if needed for medication review	45 minute counseling sessions
Average wait time	14 days or less	4 days or less
Ages Served	Age 18 and higher	Age 10 and higher
Cost	Members on PPO plans will pay their copay. Prices vary for HSA plans depending on if the visit is with a Therapist, Psychologist or Psychiatrist.	



Anthem BlueCross BlueShield

A warm hello from Anthem Blue Cross and Blue Shield

We care about your health, so you might get a confidential call from us

If you ever get a phone call from us, don't worry — it's our way of letting you know we care about your health! We'll reach out to share important health information, appointment or health care reminders, or to let you know about a wellness program you may be eligible for. Our calls are always confidential, so you can feel comfortable talking with us.

We call with your best interest at heart.

You can talk with us about concerns, such as losing weight, quitting smoking, preparing for surgery or making healthier life choices. If you're expecting a baby, we might introduce you to a supportive program that can help you enjoy a healthier pregnancy. Best of all, these programs don't cost you a thing. And we'll always explain how they work with your benefits.

Keep in mind:

- **We aren't "selling" anything — we promise.** We only call when we've noticed an area where we can help. The suggestions or programs we'll recommend are already included in your health benefits.
- **We'll ask you to verify your name and date of birth.** That's because we want to make sure we're speaking to the right person before we discuss your health. It's a way to protect your personal health information.

Our phone calls make a big difference

In fact, about 90% of people who talked with our health and wellness team members said they felt supported in making the best decisions.*

Need to talk now? You can give us a call, too.

You can always reach out to us. We're here to help. Just call the Member Services number on the back of your ID card. We're here for you and want you to enjoy the best health possible. You deserve it.

Don't want to get a call? That's OK too, but you have to let us know. Just call the same Member Services number on the back of your ID card.

* 2017 Clinical Satisfaction Study.

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Meet your new health champion

Enhanced Personal Health Care doctors go above and beyond for you

Whether you go to the doctor rarely or often, you should find a primary care physician (PCP) you like and trust. Checking out Enhanced Personal Health Care (EPHC) doctors is a great way to start your search. Enhanced Personal Health Care professionals (including primary care doctors and other medical staff) have agreed to provide high-quality care and focus on your whole health — not just your symptoms. In fact, Anthem Blue Cross and Blue Shield members who choose an EPHC doctor are happier with their doctors and their overall health.*

Your Enhanced Personal Health Care doctor has agreed to go above and beyond and:

- Focus on preventing illnesses and helping you get healthy faster and stay healthy longer.
- Coordinate your overall health care to avoid any gaps in care. This entails things like setting up appointments with specialists to ensuring you're following your prescription plan and getting the right tests and screenings regularly.
- Help you avoid unnecessary medical services and tests, saving you money and reducing stress.
- Use specialized health information to help them better coordinate and manage your care.
- Be available to you 24/7 through extended office hours, after-hours call coverage and sometimes even online.
- Spend extra time with you to get to know you and your health goals.
- Contact you when you're due for a preventive exam or screening.

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Choose the kind of professional who's right for you

- **Family practice/general practice** — These doctors offer a wide range of care, from check-ups to pregnancy care. This type of doctor might be a good choice if you want to keep all of your family members under the same doctor's care. A doctor who treats everyone in a family can sometimes get a better view of each person's health.
- **Internal medicine** — Internal medicine doctors mainly treat adults and offer a range of care, including preventive care. But they may have special knowledge about certain health problems. So if you have a long-term health problem, an internist who also focuses on that particular problem may be a good fit for you.
- **Pediatricians** care for infants, children, and adolescents.
- **Nurse practitioners and physician assistants** aren't doctors, but they've had lots of training. They can do many of the same things that doctors do.

Ready to find your Enhanced Personal Health Care doctor?

1. Log in or register at **anthem.com**.
2. Under **Find a Doctor**, enter your location and search distance. Be sure to select the boxes *for Able to serve as primary care physician* (PCP) and *Enhanced Personal Health Care*.
3. Choose **Search** and you'll see a list of available doctors near you.

* AEPHC Patient Experience Survey Results. In 2015, 2,751 EPHC patient interviews were conducted across four distinct EPHC patient populations. 746 interviews for non-EPHC Group. Analyses conducted across patient experience domains to identify performance of EPHC providers over time, and, comparative performance to non-EPHC providers.

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Take care of yourself
Use your preventive care benefits

Anthem

Regular checkups and exams can help you stay healthy and catch problems early — when they are easier to treat.

That is why 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 go outside the plan, you may have out-of-pocket costs.

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

Preventive vs. 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 those symptoms.

Adult preventive care

Preventive physical exams

Screening 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: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

Immunizations

- 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)

Women's preventive care

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met[4]
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling[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
- 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

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what is 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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See next page for more preventive care benefits.

Child preventive care

Preventive physical exams

Screening 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
- HPV
- Meningitis
- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

A word about pharmacy items

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

- Meet certain age requirements and other rules.
- Receive prescriptions from plan doctors and fill them at plan pharmacies.
- Have prescriptions (even for the 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
- Pre-exposure 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 years
- Fluoride supplements for children ages 6 months to 16 years

Women's preventive drugs and other pharmacy items — age appropriate

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic equivalent 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[2,9]

For a complete list of covered preventive drugs under the Affordable Care Act, view the Preventive ACA Drug List flyer 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 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, obstetrician/gynecologist 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.

9 Aromatase inhibitors are included, effective October 1, 2020.

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County Employee Benefits Consortium of Ohio
CEBCO
Health & Wellness

Anthem

Your pharmacy benefits

Your drug plan is an important part of your health benefits, and we wanted to share some important information.

What you need to know

- Pharmacy Member Service experts are available 24 hours a day/seven days a week @833-930-1772.

- Pharmacy benefits are tiered:
  - **Tier 1 - Typically Generic**
    Covers up to a 90 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).
  - **Tier 2 – Typically Preferred Brand**
    Covers up to a 90 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).
  - **Tier 3 – Non-Preferred Brand and Specialty** covers up to a 90 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).
    Specialty covers up to a 30 day supply (retail pharmacy). Covers up to a 30 day supply (home delivery program).

    NOTE: Anthem makes formulary changes in April and October. Impacted members will receive a letter if their cost is going to increase.

- Our web and mobile tools will allow you to see all your pharmacy information alongside your medical benefit information – all via anthem.com and Engage. You'll get enhanced tools that allow you to price medications, find and compare drug costs across pharmacies, and much more.

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Skip the drugstore – have your medicine delivered to your home!

Why wait in line at the drugstore if you don't have to? If you take prescribed medicine on a regular basis, you can get up to a 90-day supply delivered to your door.[1] And depending on your plan, you may save on copays because the cost of a 90-day supply of many drugs is usually less than three 30-day refills. Standard shipping is free, and you can even set up automatic refills and renewals.

Getting set up for home delivery is easy:

Go online to get started.

Go to anthem.com, log in and choose **Pharmacy**. On your personal pharmacy page, select **View Your Prescriptions** under *Switch to a 90-Day Supply*.

For the drugs you want to switch to home delivery, choose **Switch to a 90-day Supply** and then **Select Prescriber**. You can also add or update your shipping address, shipping options and payment method on this page.

Pay for your prescription.

We make it easy. You can pay by credit or debit card, flexible spending account, health savings account or electronic funds transfer (EFT).

To set up your payments, select **Complete your Profile and Communication Preferences** from your personal pharmacy page, then **Change Payment Method** to choose how you'd like to pay, sign up to pay online or add/update your credit card on file.

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Need help?

Call the home delivery pharmacy at 1-833-236-6196 and we'll get you started.

Send in your prescription.

If you prefer to mail in your order, complete the *Home Delivery Order Form* found in the forms library on anthem.com, and submit it to the address shown. Be sure to include your prescription information and payment.

You may also want to ask your doctor for a 30-day prescription, which you can get filled at your regular pharmacy to make sure you have enough medicine to last until you get your first home delivery prescription.

A few important things to know

- If your doctor prescribes a brand-name drug, your pharmacy plan may require the home delivery pharmacy to send a generic version instead.
- All prescriptions and refills, including those sent by your doctor, will be filled as soon as the home delivery pharmacy gets them.
- In most cases, your first order will arrive within two weeks. After that, the orders will arrive within one week.
- If you need your medicine sooner, you can call the home delivery pharmacy and ask for overnight delivery. You'll be charged extra for the faster shipping.
- Your orders will be delivered by the U.S. Postal Service, UPS or FedEx.
- With some drugs, you may need to sign to accept delivery.[2]

1 Supplies vary based on your pharmacy plan design.
2 Drugs that are defined as controlled substances are highly regulated, which requires the home delivery pharmacy to follow special rules for filling these prescriptions.

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National Drug List

Search www.anthem.com

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

OR

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

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

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.

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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

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Save money with discounts at anthem.com

As an Anthem member, you qualify for discounts on products and services that help promote better health and well-being.* These discounts are available through SpecialOffers to help you save money while taking care of your health.

Vision, hearing and dental

Glasses.com™ and 1-800-CONTACTS® — Shop for the latest brand-name frames at a fraction of the cost for similar frames at other retailers. You are also entitled to an additional $20 off orders of $100 or more, free shipping and free returns.

EyeMed — Take 30% off a new pair of glasses, 20% off non-prescription sunglasses and 20% off all eyewear accessories.

Premier LASIK — Save $800 on LASIK when you choose any "featured" Premier LASIK Network provider. Save 15% with all other in-network providers.

TruVision — Save up to 40% on LASIK eye surgery at more than 1,000 locations.

Nations Hearing — Receive hearing screenings and in-home service at no additional cost. All hearing aids start at $599 each.

Hearing Care Solutions — Digital instruments start at $500, and a hearing exam is free. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years and unlimited visits for one year.

Amplifon — Take 25% off, plus an extra $50 off one hearing aid; $125 off two.

ProClear™ Aligners — Take $1,200 off a set of custom aligners. You can improve your smile without metal braces and time-consuming dental visits. Your order is 50% off and comes with a free whitening kit.

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Fitness and health

Active&Fit Direct™ — Active&Fit Direct allows you to choose from more than 11,000 participating fitness centers nationwide for $25 a month (plus a $25 enrollment fee and applicable taxes). Offered through American Specialty Health Fitness, Inc.

FitBit — Work toward your fitness goals with Fitbit trackers and smartwatches that go with your lifestyle and budget. Save up to 22% on select Fitbit devices.

Garmin — Take 20% off select Garmin wellness devices.

Jenny Craig® — Join this weight loss program for free. Jenny Craig provides you with everything you need, making it easier to reach your goals. You can save $200 in food, in addition to free coaching, with minimum purchase. Save an extra 5% off your full menu purchase. Details apply.

ChooseHealthy® — Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy and nutritional services. You also have discounts on fitness equipment, wearable trackers and health products, such as vitamins and nutrition bars.

GlobalFit — Discounts apply on gym memberships, fitness equipment, coaching and other services.

Family and home

23andMe — Take $40 off each Health + Ancestry kit. Save 20% on a 23andMe kit and learn about your wellness, ancestry and more.

Safe Beginnings® — Babyproof your home while saving 15% on everything from safety gates to outlet covers.

Nationwide Pet Insurance — Receive an automatic 5% discount when you enroll through your company or organization. Save up to 15% when you enroll multiple pets.

ASPCA Pet Insurance — Take 5% off pet insurance. You can choose from three levels of care, including flexible deductibles and custom reimbursements.

WINFertility® — Save up to 40% on infertility treatment. WINFertility helps make quality treatment affordable.

LifeMart® — Take advantage of great deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services and yoga classes, sports gear and vision care.

Medicine and treatment

SelfHelpWorks — Choose one of the online Living programs and save 15% on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep or face an alcohol problem.

Brevena — Enjoy a 41% discount on BREVENA® skin care creams and balms for smooth, rejuvenated skin from face to foot.

Puritan's Pride® — Choose from a large selection of discounted vitamins, minerals and supplements from Puritan's Pride.

Allergy Control Products and National Allergy Supply — Save up to 25% on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, asthma products and more. Orders over $59 ship for free by ground within the contiguous U.S.

To find the discounts available to you, log in to **anthem.com**, choose **Care** and select **Discounts**.

Your SpecialOffers discounts are part of our effort to support your personal health journey. Taking care of your health can be easier with the savings offered through your health plan.

*** All discounts are subject to change without notice.**

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Your Anthem Benefits

Anthem

CEBCO Standard Plan 4B-Sandusky County Blue Access PPO
Summary of Benefits Effective 01/01/2021

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	$1,000/$2,000	$3,000/$6,000
Out-of-Pocket Limit (Single/Family) **Includes deductible, coinsurance and co-pays**	$3,000/$6,000	$6,000/$12,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum:	$20/$40	50%
• allergy injections (PCP and SCP)	$5	50%
• allergy testing	25%	50%
• routine and non-routine mammograms (regardless of outpatient setting)	No copayment/coinsurance	50%
• diabetic education (regardless of outpatient setting)	No copayment/coinsurance	50%
• certain medical nutritional therapy (regardless of outpatient setting)	No copayment/coinsurance	Not Covered
• MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies and non-maternity related Ultrasounds	25%	50%
• LiveHealth Online (Telehealth) **Medical visits**	No copayment/coinsurance	Not Covered
Preventive Care Services Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams		
• Physician Home and Office Visits (PCP/SCP)	No copayment/coinsurance	50%
• Other Outpatient Services @ Hospital/Alternative Care Facility	No copayment/coinsurance	50%
Emergency (ER) [5]**and Urgent Care**		
• **Emergency Room Services @ Hospital (facility/other covered services)** *(copayment waived if admitted)*	$200	$200
• **Urgent Care Center Services**	$50	$50
Inpatient and Outpatient Professional Services Include but are not limited to:	25%	50%
• Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams		
• For certain surgeries, facilities with BDC+ distinction; includes professional services (knee/hip replacement, cardiac and spine)	15%	Not applicable
Inpatient Facility Services Unlimited days except for:	25%	50%
• 60 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)		
• 90 days Network/Non-Network combined for skilled nursing facility		
• For certain surgeries, facilities with BDC+ distinction; includes professional services (knee/hip replacement, cardiac and spine)	15%	Not applicable
Outpatient Surgery Hospital/Alternative Care Facility	25%	50%
• Surgery and administration of general anesthesia		
Other Outpatient Services *(including but not limited to):*		
• Non-Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services.	25%	50%
• Home Care Services (Network/Non-network combined) 90 visits (excludes IV Therapy)	25%	50%
• Durable Medical Equipment, Orthotics and Prosthetic Devices	25%	50%
• Physical Medicine Therapy Day Rehabilitation programs	25%	50%
• Hospice Care	25%	25%
• Ambulance Services	25%	25%

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Covered Benefits	Network	Non-Network
Outpatient Therapy Services **(Combined Network & Non-Network limits apply)** • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: Physical Medicine Therapy Limits, Outpatient Therapy (Network and Non-Network combined): • Physical therapy: 30 visits • Occupational therapy: 30 visits • Manipulation therapy: 12 visits • Speech therapy: 20 visits	 $20/$40 25%	 50% 50%
Behavioral Health Services: **Mental Health and Substance Abuse** • Inpatient Professional/Facility Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility ***These benefits have been tested and are compliant with Federal Mental Health Parity legislation.***	 25% $20 25%	 50% 50% 50%
Human Organ and Tissue Transplants • Acquisition and transplant procedures, harvest and storage.	No copayment/coinsurance	50%
Prescription Drugs with Anthem RX **Out of pocket Maximum** **$2,500 Single/$5,000 Family**	**Retail (30 day supply)** **Tier 1 $ 4** **Tier 2 $ 35** **Tier 3 $ 70**	**Mail Order (90 day supply)** **Tier 1 $ 10** **Tier 2 $ 70** **Tier 3 $140**

Notes:

- *All medical deductibles, copayments, and coinsurance apply toward the out-of-pocket (excluding Prescription Drug cost share options and Non-network Human Organ and Tissue Transplant (HOTT) Services).*
- *Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services @ Hospital where a percentage (%) coinsurance applies to other covered services.*
- *Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.*
- *Dependent Age: to end of the month which the child attains age 26. .*
- *Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's and Geriatrics or any other Network Provider as allowed by the plan.*
- *Physicians Home and office visit copayment also applies if the office visit is billed with allergy injections.*
- *No copayment/coinsurance 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.*
- *PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.*
- *SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.*
- *Benefit period = calendar year*
- *Private Duty Nursing limited to 82 visits/calendar year and 164 visits/lifetime*

[1]These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.
[2]We encourage you to contact Our Mental Health Subcontractor to assure the use of appropriate procedures, setting and medical necessity. Refer to Schedule of Benefits for limitations.
[3]Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.
[4]Blue Distinction Total Care+ (BDC+) facilities can be found on www.anthem.com, provider directory under Hospitals. Network benefits, facility and professional, will be paid at a higher level when knee/hip replacements, cardiac PCI and CBG surgeries and spine surgeries including discectomy, fusion and decompression procedures are performed at these facilities.
[5]Benefits may be denied for certain avoidable Emergency Room visits. See your certificate of benefits for details.

Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

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

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Your Anthem Benefits

Anthem

CEBCO Standard Plan 5B-Sandusky County Blue Access PPO
Summary of Benefits Effective 01/01/2021

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	$1,000/$2,000	$3,000/$6,000
Out-of-Pocket Limit (Single/Family) **Includes deductible, coinsurance and co-pays**	$4,000/$8,000	$6,000/$12,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum:	$20/$40	50%
• allergy injections (PCP and SCP)	$5	50%
• allergy testing	50%	50%
• routine and non-routine mammograms (regardless of outpatient setting)	No copayment/coinsurance	50%
• diabetic education (regardless of outpatient setting)	No copayment/coinsurance	50%
• certain medical nutritional therapy (regardless of outpatient setting)	No copayment/coinsurance	Not Covered
• MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies and non-maternity related Ultrasounds	50%	50%
• LiveHealth Online (Telehealth) **Medical visits**	No copayment/coinsurance	Not Covered
Preventive Care Services Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams		
• Physician Home and Office Visits (PCP/SCP)	No copayment/coinsurance	50%
• Other Outpatient Services @ Hospital/Alternative Care Facility	No copayment/coinsurance	50%
Emergency (ER) and Urgent Care		
• **Emergency Room Services @ Hospital (facility/other covered services)** *(copayment waived if admitted)*	$200	$200
• **Urgent Care Center Services**	$50	$50
Inpatient and Outpatient Professional Services Include but are not limited to:	50%	50%
• Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams		
• For certain surgeries, facilities with BDC+ distinction; includes professional services (knee/hip replacement, cardiac and spine)	40%	Not applicable
Inpatient Facility Services Unlimited days except for:	50%	50%
• 60 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)		
• 90 days Network/Non-Network combined for skilled nursing facility		
• For certain surgeries, facilities with BDC+ distinction; includes professional services (knee/hip replacement, cardiac and spine)	40%	Not applicable
Outpatient Surgery Hospital/Alternative Care Facility	50%	50%
• Surgery and administration of general anesthesia		
Other Outpatient Services *(including but not limited to):*		
• Non-Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services.	50%	50%
• Home Care Services (Network/Non-network combined) 90 visits (excludes IV Therapy)	50%	50%
• Durable Medical Equipment, Orthotics and Prosthetic Devices	50%	50%
• Physical Medicine Therapy Day Rehabilitation programs	50%	50%
• Hospice Care	50%	50%
• Ambulance Services	50%	50%

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Covered Benefits	Network	Non-Network
Outpatient Therapy Services **(Combined Network & Non-Network limits apply)** • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: Physical Medicine Therapy Limits, Outpatient Therapy (Network and Non-Network combined): • Physical therapy: 30 visits • Occupational therapy: 30 visits • Manipulation therapy: 12 visits • Speech therapy: 20 visits	 $20/$40 50%	 50% 50%
Behavioral Health Services: **Mental Health and Substance Abuse** • Inpatient Professional/Facility Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility ***These benefits have been tested and are compliant with Federal Mental Health Parity legislation.***	 50% $20 50%	 50% 50% 50%
Human Organ and Tissue Transplants • Acquisition and transplant procedures, harvest and storage.	No copayment/coinsurance	50%
Prescription Drugs with Anthem RX **Out of pocket Maximum** **$2,500 Single/$5,000 Family**	**Retail (30 day supply)** **Tier 1 $ 4** **Tier 2 $ 35** **Tier 3 $ 70**	**Mail Order (90 day supply)** **Tier 1 $ 10** **Tier 2 $ 70** **Tier 3 $140**

Notes:

- *All medical deductibles, copayments, and coinsurance apply toward the out-of-pocket (excluding Prescription Drug cost share options and Non-network Human Organ and Tissue Transplant (HOTT) Services).*
- *Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services @ Hospital where a percentage (%) coinsurance applies to other covered services.*
- *Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.*
- *Dependent Age: to end of the month which the child attains age 26. .*
- *Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's and Geriatrics or any other Network Provider as allowed by the plan.*
- *Physicians Home and office visit copayment also applies if the office visit is billed with allergy injections.*
- *No copayment/coinsurance 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.*
- *PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.*
- *SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.*
- *Benefit period = calendar year*
- *Private Duty Nursing limited to 82 visits/calendar year and 164 visits/lifetime*

[1]These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.
[2]We encourage you to contact Our Mental Health Subcontractor to assure the use of appropriate procedures, setting and medical necessity. Refer to Schedule of Benefits for limitations.
[3]Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.
[4]Blue Distinction Total Care+ (BDC+) facilities can be found on www.anthem.com, provider directory under Hospitals. Network benefits, facility and professional, will be paid at a higher level when knee/hip replacements, cardiac PCI and CBG surgeries and spine surgeries including discectomy, fusion and decompression procedures are performed at these facilities.
[5]Benefits may be denied for certain avoidable Emergency Room visits. See your certificate of benefits for details.

Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

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

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The legal stuff we're required to tell you

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 health care. To learn more about how we protect your privacy, your rights and responsibilities when receiving health care, 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 get 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 health care professionals who work with you and your doctor to help you manage your health conditions. They also help you better understand your health benefits.

To learn more 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 like 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 got married, 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 get help from Medicaid or SCHIP for paying part of the cost of a health plan with us.

Get the full details

Read your ***Certificate of Coverage***, which spells out all the details about your plan. You can it find on **anthem.com**.

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Ready to use your plan?

Get some extra help

Anthem Health Guides are here to help you get 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 Benefits Consortium of Ohio
CEBCO
Health & Wellness

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