The CHEIBA Trust and the CHEIBA Trust Members offer you four medical insurance plans from which to select. Please carefully review the Multi-Option Plan Summary located in the pocket of this booklet regarding the various medical insurance plans before you make your selection. After you enroll, you will receive your membership card. It will be mailed to your home. If you do not receive your card, call the Customer Service number as noted on the Plan Contacts Page at the beginning of this book.

**ANTHEM BLUE CROSS AND BLUE SHIELD/HMO COLORADO**

Your choices include:

- BlueAdvantage Point of Service Plan
- Prime Blue Priority PPO Plan
- Blue Priority HMO Plan
- High Deductible Health Plan
<table>
<thead>
<tr>
<th>Description</th>
<th>BlueAdvantage (In Network HMO)</th>
<th>Out of Network (POS)</th>
<th>PRIME Blue Priority PPO (PPO In Network)</th>
<th>Non-PPO Out of Network</th>
<th>Blue Priority HMO (In Network Only)</th>
<th>PPO Out of Network</th>
<th>HDHP/HSA (PPO)</th>
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<tbody>
<tr>
<td>Grandfathered Health Plan</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
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<tr>
<td>Annual Deductible</td>
<td>None</td>
<td>$500 Individual</td>
<td>$500 Individual</td>
<td>$1200 Individual</td>
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<tr>
<td></td>
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<td>$1,000 Family</td>
<td>$1,000 Family</td>
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<td>Out-of-Pocket Annual Maximum</td>
<td>$2,000 Individual</td>
<td>$3,000 Individual</td>
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<td>Out of Pocket Annual Maximum Includes</td>
<td>All copayments (including Rx copayments)</td>
<td>Deductible, Coinsurance</td>
<td>All copayments (including Rx copayments), Deductible and Coinsurance</td>
<td>Deductible &amp; Coinsurance</td>
<td>All copayments (including Rx copayments), Deductible and Coinsurance</td>
<td>Deductible &amp; Coinsurance</td>
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<td>Physician Selection</td>
<td>PCP required</td>
<td>Unrestricted</td>
<td>PCP required</td>
<td>Unrestricted</td>
<td>PCP required</td>
<td>Unrestricted</td>
<td>Unrestricted</td>
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<td>Medical Office Visits</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- Primary Care</td>
<td>$20 copayment per visit</td>
<td>30% after deductible</td>
<td>$10 copayment for Designated Provider (Primary/Specialist) / 15% after deductible for Participating Providers</td>
<td>35% after deductible</td>
<td>$20 copayment per visit</td>
<td>15% after deductible</td>
<td>35% after deductable</td>
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<tr>
<td>- Specialist</td>
<td>$40 copayment per visit</td>
<td>30% after deductible</td>
<td>$10 copayment per visit</td>
<td>Not Covered</td>
<td>$20 copayment per visit</td>
<td>15% after deductible</td>
<td>35% after deductable</td>
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<tr>
<td>LiveHealth Online (Telemedicine)</td>
<td>$20 copayment per visit</td>
<td>Not Covered</td>
<td>$10 copayment per visit</td>
<td>Not Covered</td>
<td>$20 copayment per visit</td>
<td>15% after deductible</td>
<td>35% after deductable</td>
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<tr>
<td>Urgent Care</td>
<td>$50 copayment per visit</td>
<td>Not Covered</td>
<td>$10 copayment per visit</td>
<td>Not Covered</td>
<td>$60 copayment per visit</td>
<td>15% after deductible</td>
<td>35% after deductable</td>
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<tr>
<td>Dispatch Health</td>
<td>$40 copayment per visit</td>
<td>Not Covered</td>
<td>$10 copayment per visit</td>
<td>Not Covered</td>
<td>$60 copayment per visit</td>
<td>15% after deductible</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$125 copayment per visit</td>
<td>30% after deductible</td>
<td>$250 copayment per procedure</td>
<td>15% after deductible</td>
<td>$250 copayment per procedure</td>
<td>15% after deductible</td>
<td>35% after deductable</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$600 copayment per admission</td>
<td>30% after deductible</td>
<td>$250 copayment + 20% after deductible</td>
<td>15% after deductible</td>
<td>$250 copayment + 20% after deductible (Hospital)</td>
<td>15% after deductible</td>
<td>35% after deductable</td>
</tr>
<tr>
<td></td>
<td>$125 copayment per visit</td>
<td>30% after deductible</td>
<td>$250 copayment + 20% after deductible</td>
<td>15% after deductible</td>
<td>$250 copayment + 20% after deductible (Hospital)</td>
<td>15% after deductible</td>
<td>35% after deductable</td>
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<tr>
<td>Outpatient Surgery</td>
<td>$125 copayment per visit</td>
<td>30% after deductible</td>
<td>$250 copayment + 20% after deductible</td>
<td>15% after deductible</td>
<td>$250 copayment + 20% after deductible (Hospital)</td>
<td>15% after deductible</td>
<td>35% after deductable</td>
</tr>
<tr>
<td>- Hospital Based Facility</td>
<td>$600 copayment per visit</td>
<td>30% after deductible</td>
<td>$250 copayment per procedure</td>
<td>15% after deductible</td>
<td>$250 copayment per procedure</td>
<td>15% after deductible</td>
<td>35% after deductable</td>
</tr>
<tr>
<td>- Freestanding Facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Lab &amp; X-Ray</td>
<td>Covered 100%</td>
<td>30% after deductible</td>
<td>10% after deductible (Freestanding)</td>
<td>35% after deductible</td>
<td>Labs covered 100% / X-Ray $50 copayment + 20% after deductible (Hospital)</td>
<td>15% after deductible</td>
<td>35% after deductable</td>
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<tr>
<td>Advanced Imaging (MRI/MRA/PET/CT Scans)</td>
<td>$120 copayment per procedure</td>
<td>30% after deductible</td>
<td>$250 copayment per procedure</td>
<td>15% after deductible</td>
<td>$250 copayment per procedure</td>
<td>15% after deductible</td>
<td>35% after deductable</td>
</tr>
<tr>
<td>- Hospital Based Facility</td>
<td>$60 copayment per procedure</td>
<td>30% after deductible</td>
<td>$250 copayment per procedure</td>
<td>15% after deductible</td>
<td>$250 copayment per procedure</td>
<td>15% after deductible</td>
<td>35% after deductable</td>
</tr>
<tr>
<td>- Freestanding Facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Drug Formulary</td>
<td>Essential Drug Formulary</td>
<td></td>
<td>Essential Drug Formulary</td>
<td></td>
<td>Essential Drug Formulary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescriptions Retail</td>
<td>Tier 1-$10 copayment</td>
<td>Not Covered</td>
<td>Tier 1-$10 copayment</td>
<td>Not Covered</td>
<td>Tier 1-$15 copayment</td>
<td>15% after deductible</td>
<td>35% after deductable</td>
</tr>
<tr>
<td>(30-day supply)</td>
<td>Tier 2-$40 copayment</td>
<td></td>
<td>Tier 2-$40 copayment</td>
<td></td>
<td>Tier 2-$40 copayment</td>
<td>15% after deductible</td>
<td>35% after deductable</td>
</tr>
<tr>
<td></td>
<td>Tier 3-$60 copayment</td>
<td></td>
<td>Tier 3-$60 copayment</td>
<td></td>
<td>Tier 3-$60 copayment</td>
<td>15% after deductible</td>
<td>35% after deductable</td>
</tr>
<tr>
<td>Prescriptions Mail Order</td>
<td>Tier 1-$10 copayment</td>
<td>Not Covered</td>
<td>Tier 1-$10 copayment</td>
<td>Not Covered</td>
<td>Tier 1-$15 copayment</td>
<td>15% after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td>(90-day supply)</td>
<td>Tier 2-$40 copayment</td>
<td></td>
<td>Tier 2-$40 copayment</td>
<td></td>
<td>Tier 2-$40 copayment</td>
<td>15% after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Tier 3-$60 copayment</td>
<td></td>
<td>Tier 3-$60 copayment</td>
<td></td>
<td>Tier 3-$60 copayment</td>
<td>15% after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td>Specialty Drugs (Tier 4)</td>
<td>Tier 1-$10 copayment</td>
<td>Not Covered</td>
<td>Tier 1-$10 copayment</td>
<td>Not Covered</td>
<td>Tier 1-$15 copayment</td>
<td>15% after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td>(30-day supply)</td>
<td>Tier 2-$40 copayment</td>
<td></td>
<td>Tier 2-$40 copayment</td>
<td></td>
<td>Tier 2-$40 copayment</td>
<td>15% after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>Tier 3-$120 copayment</td>
<td></td>
<td>Tier 3-$120 copayment</td>
<td></td>
<td>Tier 3-$120 copayment</td>
<td>15% after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td></td>
<td>30% coinsurance to max $125</td>
<td>Not Covered</td>
<td>30% coinsurance to max $125</td>
<td>Not Covered</td>
<td>30% coinsurance to max $250</td>
<td>15% after deductible</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

Not all specialty drugs on Tier 4 are subject to the Tier 4 coinsurance. Certain specialty drugs may be subject to the Tier 1, 2 or 3 copayment.

Tier 2 and Tier 3 retail pharmacy, specialty pharmacy and/or home delivery drugs are first subject to a deductible. Once satisfied, then services are subject to the applicable copayment per prescription.
Prescription drug coverage is included with all medical plans. Your prescription drug coverage has four copayment tiers, with generic medications having the lowest copayments. You can save more on medications you take regularly, sometimes called maintenance medications, by using the mail order program.

Your plans use a drug list called a formulary to help determine your copayment for each prescription. The drugs on your formulary were selected to give you the highest level of coverage under your prescription drug benefit.

What is the Essential Drug List?
The Essential Drug List is a list of brand-name and generic prescription medications that have been selected and are periodically reviewed through Anthem’s Pharmacy & Therapeutics process for proven effectiveness, high quality, and affordability. The Essential Drug List includes all of the essentials, but is a focused list that offers pharmacy cost savings while ensuring there are no gaps in care.

What can a member do if their medication isn’t on the Essential Drug List?
If your medication is not on the Essential Drug List, there may be a brand alternative, a generic equivalent or OTC option. When you search the Essential Drug List, you will see the generic equivalent if available; however, OTC options will not be displayed. If an alternative isn’t listed, members should talk with their doctor or pharmacist about whether another medication that is included on the Essential Drug List or an OTC may be right for them.

Non-formulary medications can be requested through the formulary exception process. If a medication a member takes isn’t covered on the Essential Drug List, the member or doctor can ask us to keep covering it by asking for a formulary exception. The process is the same as any Prior Authorization request. The member or doctor can call Member Services at the number on the ID card. Members can also go online to find the preapproval fax form to ask for a formulary exception.

In most cases, the prescribing doctor is first asked whether the member has tried two formulary alternatives. If not appropriate or available, Anthem will review the clinical requirements and concerns presented by the doctor. For some classes and most specialty medications, drug-specific prior authorization criteria may be used. This is done to ensure specific alternatives are tried or the medication is used for the correct indication.

How can I search the Essential Drug List?
At www.anthem.com/pharmacyinformation/home select the Essential 4-tier Drug List. You can search for medications, and see which drugs are covered and at what tier level. You can enter the name of the drug or you can browse through the categories shown on the screen. Once you are on the drug details page, you’ll see the tier level listed. If you see “NF” that means the drug is non-formulary and not covered.
Your ID Card is your membership card for both doctor visits and prescriptions. The prescription drug benefit is provided through Anthem's Pharmacy Benefits Manager (PBM) and includes a formulary plan with four tiers:

- **Tier 1 Generics** - these drugs are simply copies of brand-name drugs. Brand-name and generic drugs have the same active ingredients, strength and dose. The FDA requires that generic drugs meet the same high standards for purity, quality, safety and strength. With generics, you get the same quality for less money.

- **Tier 2 Preferred Brand** - these are drugs for which generic equivalents are not available. They have been in the market for a time and are widely accepted. They cost more than generics, but less than non-preferred brand-name drugs.

- **Tier 3 Non-Preferred Brand** - these drugs are generally higher-cost medications that have recently come on the market. In most cases, an alternative preferred or generic medication is available.

- **Tier 4 Specialty Drugs** - these are prescription medications used to treat complex, chronic conditions that may require special handling and/or management. It is important to note the following:
  
  - Not all specialty drugs on Tier 4 are subject to the Tier 4 coinsurance. For example, capecitabine, a drug used to treat cancer, is generic so a member could obtain this prescription for the Tier 1 copayment.
  
  - Some specialty drugs are considered Retail Pharmacy Drugs and are not on the Exclusive Specialty List. These drugs are not required to be obtained through the specialty pharmacy. An example of this would be Arixtra, a drug used to prevent blood clots.

The formulary includes prescription drugs that have been approved for use by HMO Colorado and is updated on a quarterly basis. You can review this formulary by going to [www.anthem.com](http://www.anthem.com).

**NOTE**: Prescription drugs will always be dispensed as ordered by your provider and by applicable State Pharmacy Regulations, however, you may have higher out-of-pocket expenses. You may request, or your provider may order, the brand-name drug. However, if a generic drug is available, you will be responsible for the cost difference between the generic and brand-name drug, in addition to your Tier copayment. The cost difference between the generic and brand-name drug does not contribute to the out-of-pocket annual maximum. *(Tier 1 generic copayment is not applicable if you are enrolled in the HDHP)*

**Diabetic supplies/prescriptions and asthma inhalers/prescriptions will be covered at no cost to you.**

**Members taking specialty drugs must order them through Accredo at 1-800-870-6419**, which offers a full-service pharmacy that ships medications to members or their provider, up to a 30-day supply, by overnight mail or common carrier.

**Mail Order/Home Delivery**: If you need maintenance medications for ongoing conditions such as asthma, diabetes, high blood pressure, etc., you may want to use home delivery service. This service offers you the convenience of having prescriptions delivered directly to the home, office or anywhere in the United States. Ordering your maintenance medications through home delivery eliminates monthly trips to the pharmacy and allows you to receive more days’ supply with fewer copayments. Typical savings are at least one copayment for each prescription.

**Prescription drugs purchased from out-of-network pharmacies are not covered.**

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**If you have questions**

Call Customer Service at: ..................... 1-800-542-9402  

or  

Go to the website:.............................. [www.anthem.com](http://www.anthem.com)
The Point-of-Service (HMO/POS) Plan includes both in-network and out-of-network benefits. A member has the option for both in-network and out-of-network benefits based on the provider rendering the service.

Services rendered by a non-HMO provider are processed under the POS benefits and are subject to the applicable deductible and coinsurance. This option is designed to give HMO members the choice to use a non-HMO provider and still receive a level of benefits. A referral from your HMO primary care provider is not needed to seek services from a non-HMO provider.

Additionally, out-of-network services may be subject to Balance Billing. If you have any questions regarding out-of-network services, please read the plan description carefully or call for assistance.

**PHYSICIAN SELECTION**

You must select a primary care physician (PCP) for yourself and each covered Dependent in order to be eligible for in-network benefits. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. Members are not required to obtain a referral from their PCP to see an in-network specialist. However, Anthem does encourage you to ask your PCP for an in-network referral recommendation.

To search for primary care providers and participating health care professionals online, please visit [www.anthem.com](http://www.anthem.com):

- Select **Find A Doctor**
- Select **Search by selecting plan or network**
- Select a state: (choose from drop down menu)
- Select a plan/network (Medical Network): **HMO**
- Choose **Continue**
- Complete fields for **provider type, specialty and location**
- Select: **Search**

**PRIME BLUE PRIORITY PPO**

This choice provides a flexible plan option that allows you access to three different levels of providers, each with different out-of-pocket costs:

- **Level 1**: Blue Priority Designated providers are either PCP’s or specialists. A Designated PCP or Designated specialist has the lowest out-of-pocket costs with a simple co-pay. **Blue Priority Designated providers are located in the following counties**: Adams, Arapahoe, Boulder (including Longmont), Broomfield, Denver, Douglas, Elbert, El Paso, Fremont, Jefferson, La Plata, Montezuma, Pueblo, Summit and Teller.
- **Level 2**: Providers in Anthem’s large, traditional PPO network may serve as PCP’s and specialists.
- **Level 3**: Nonparticipating providers have the highest out-of-pocket costs.

Additionally, out-of-network services may be subject to Balance Billing. If you have any questions regarding out-of-network services, please read the plan description carefully or call for assistance.

**NOTE**: If you live in a rural area and there are no PPO providers within a reasonable distance from you, you may request an authorization to see an out-of-network provider. If approved, benefits will be applied at the in-network level. Please contact Anthem Blue Cross Blue Shield at 1-800-542-9402 for assistance.

**PHYSICIAN SELECTION**

You must select a Blue Priority Designated primary care physician (PCP) for yourself and each covered Dependent. However, you may receive care from any provider that participates in the network. You will pay less if you receive care from a Designated provider.

Members are not required to obtain referrals from their PCP to see an in-network specialist. However, Anthem does encourage you to ask your PCP for an in-network referral recommendation.

To search for primary care providers and participating health care professionals online, please visit [www.anthem.com](http://www.anthem.com):

- Select **Find A Doctor**
- Select **Search by selecting plan or network**
- Select a state: (choose from drop down menu)
- Select a plan/network (Medical Network): **PPO (Level 2 & 3 providers)** / For Designated Blue Priority (Level 1) providers, please select the Blue Priority PPO
- Choose **Continue**
- Complete fields for **provider type, specialty and location**
- Select: **Search**
BLUE PRIORITY HMO

The Blue Priority HMO Plan includes in-network benefits only.

Members must choose a primary care physician from the Blue Priority network. Providers are located in the Denver metro area, which includes Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson counties, as well as Elbert, El Paso, Teller, Fremont, La Plata, Montezuma, Pueblo, Summit counties and the city of Longmont.

PHYSICIAN SELECTION

You must select a primary care physician (PCP) for yourself and each covered Dependent in order to be eligible for in-network benefits. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

Your primary care physician is your personal provider who coordinates your care within the Blue Priority HMO network. Referrals to see a specialist are required.

To search for primary care providers and participating health care professionals online, please visit www.anthem.com:

- Select Find A Doctor
- Select Search by selecting plan or network
- Select a state: (choose from drop down menu)
- Select a plan/network (Medical Network): Blue Priority HMO
- Choose Continue
- Complete fields for provider type, specialty and location
- Select: Search

HIGH DEDUCTIBLE HEALTH PLAN

This choice is a High Deductible Preferred Provider (PPO) plan option which includes in and out-of-network coverage.

Members must pay their annual deductible¹ during the plan year before the plan helps pay for costs. This includes costs for medical and prescription drug expenses. All in-network preventive care services are 100% covered.

In-network doctors have a pre-negotiated rate with Anthem, so your expenses will be less if you use in-network doctors.

Example: If you go to a doctor for a sore throat before you meet the deductible, you pay the full (negotiated) cost of the office visit and any tests your physician orders and prescription drugs prescribed.

This plan can be combined with a health savings account (HSA) to allow you to pay for qualified, out-of-pocket medical expenses on a pre-tax basis. An HSA account is a personal, portable account and remains in your control regardless of your employment. An HSA can be established through any qualifying financial institution. Please contact your financial advisor or banking institution for additional information.

¹ The annual deductible under the HDHP is non-embedded. For employees with dependents, this means that all family members' out-of-pocket expenses count toward the family deductible until it is met. It does not matter if one person incurs all the expenses that meet the deductible or if two or more family members contribute toward meeting the family deductible.

PHYSICIAN SELECTION

You can select PPO physicians who have entered into an agreement with Anthem Blue Cross and Blue Shield to provide care at negotiated rates, or you may select the physician of your choice outside of the PPO network. However, out-of-pocket expenses may be significantly higher if you select an out-of-network provider.

To search for primary care providers and participating health care professionals online, please visit www.anthem.com:

- Select Find A Doctor
- Select Search by selecting plan or network
- Select a state: (choose from drop down menu)
- Select a plan/network (Medical Network): PPO
- Choose Continue
- Complete fields for provider type, specialty and location
- Select: Search
**CUSTOM PLUS HEALTH PLAN**

*Closed to new enrollment effective January 1, 2010.*  
*This is a traditional major medical plan.*

**Physician Selection**  
There are no restrictions regarding the choice of physicians under this plan. Please note, if you select a provider not participating in the Traditional Participating Network, you may be subject to Balance Billing.

**Prescription Drug Benefit**  
Prescription drugs are covered at 80% after the deductible is met. There is no separate prescription card. Prescription benefits are reimbursed to you after you submit a medical expense claim form found on [www.anthem.com](http://www.anthem.com). Claim forms are provided through Anthem Blue Cross and Blue Shield of Colorado or through your Human Resources/Benefits Office.

### Medical Benefits

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<thead>
<tr>
<th>Description</th>
<th>Custom Plus No Defined Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
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</tr>
<tr>
<td></td>
<td><strong>$1,600 Family</strong></td>
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<tr>
<td><strong>Annual Maximum Out-of-Pocket</strong></td>
<td><strong>$3,800 Individual</strong></td>
</tr>
<tr>
<td></td>
<td><strong>$7,600 Family</strong></td>
</tr>
<tr>
<td><strong>Physician Selection</strong></td>
<td>Unrestricted; greater benefits with Traditional Participating Network provider</td>
</tr>
<tr>
<td><strong>Physician Services</strong></td>
<td>80% after deductible (based on the maximum benefit allowance)</td>
</tr>
<tr>
<td><strong>Hospital</strong></td>
<td>80% after deductible (based on the maximum benefit allowance)</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>80% after deductible (based on the maximum benefit allowance)</td>
</tr>
<tr>
<td><strong>Outpatient Lab</strong></td>
<td>80% after deductible (based on the maximum benefit allowance)</td>
</tr>
<tr>
<td><strong>Prescriptions Retail &amp; Mail Order</strong></td>
<td>80% after deductible</td>
</tr>
</tbody>
</table>

**If you want to complete your enrollment forms, review the Multi-Option Plan Summary or review this Benefit Booklet, reference this plan name:** Custom Plus

**If you want to search for information (like searching for a doctor) on the [anthem.com](http://anthem.com) website, reference this plan name:** Major Medical/ Traditional Provider Network

**If you have questions**  
Call Customer Service at: .................... 1-800-542-9402  
or  
Go to the website:......................... [www.anthem.com](http://www.anthem.com)
MyAnthem™
Tired of paperwork and phone calls? Anthem offers its members a useful website. Register with anthem.com to get online access to your benefits. MyAnthem™ takes the hassle out of your health care and allows you to get your information when you need it. Use MyAnthem™ to:

- **Find a doctor**
  Search for a doctor, specialist, urgent care or hospital close by.

- **Get your ID card**
  Share, fax, or email your ID card.

- **Check your claims**
  Find out what your doctor billed, how much was paid and if you owe anything.

- **Estimate your costs**
  See what nearby doctors and facilities charge for a procedure. You can compare providers on cost and quality.

- **View your medical benefits**
  See your copays, deductibles, your percentage of the costs, and other important plan benefit information.

- **Manage prescription benefits**
  Check the cost of drugs, get refills or switch to our home delivery program.

- **Access your Health Record**
  View your Health Record and share with your doctors whenever you go.

**DO YOU HAVE A SMARTPHONE?**

Using Anthem’s free mobile app can make it easier than ever to manage your health care.

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

*To use the mobile application, you must be registered on Anthem’s secure member site and have a username and password.*
Register with anthem.com to get online access to your benefits

From any computer with Internet access, type anthem.com in the Web browser address field and click 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 personal information, including member identification number, first and last name, date of birth (mm/dd/yyyy). For security, you’ll also be asked to put in the security code that’s shown. Click 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 secure.

Once you’ve done with your username, password and security question, check the box to agree to the terms and conditions of Anthem and click 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 can also choose to receive information about new products and services, benefit updates, and required notices. Click Save & Continue.

**Step 4: Confirm registration**

Here you’ll make sure all your personal information, username and password and your notification choices are right. Click Confirm.

**Having problems signing up?**

**Call the eBusiness Help Desk at 866-755-2680 for help.**

Now you can log in to start taking advantage of online access to your benefits. It’s all the information you need to make an informed decision - coverage, quality, cost, and patient experience information - all in one place.

*If you are 35 years of age or older, you must register your own account.*
**ConditionCare**

If you or one of your dependents have diabetes, coronary artery disease (CAD), heart failure (HF), chronic obstructive pulmonary disease (COPD) or asthma, ask Anthem about their programs to help manage these conditions. **ConditionCare** is included in your health plans and offers valuable tools and information that could make a real difference as you strive for better health.

- 24-hour, toll-free access to registered nurses to answer your questions and provide you with support and education on how to better manage your condition
- Specially designed condition-specific care diaries, self-monitoring charts, self-care tips and other easy-to-use empowerment materials.

For information about Anthem’s **ConditionCare** programs, call toll-free 1-877-236-7486 or go to www.anthem.com and select Health & Wellness. Various conditions are listed for your information.

**Future Moms**

The program, **Future Moms**, is there for our moms-to-be. At such an important time in your life, you’ll have access to extra pre- and post-natal, confidential support and education any time of the day or night! Even with terrific care from your doctor, you may have questions that come up between visits. Nurses are available for you to talk with around the clock. You may also benefit from:

- Maternity care materials including *Your Pregnancy Week By Week*, which is a helpful prenatal care book, free for just enrolling in the plan
- A confidential questionnaire to evaluate your risk for premature delivery
- Useful tools to help you, your doctor and your **Future Moms** nurse track your pregnancy and identify possible risks

Anthem’s goal is to help you and your doctor work together to have a healthy pregnancy and a healthy new baby. Remember, your doctor is your best source of information about your pregnancy and your health, and Future Moms is here to help along the way.

To reach **Future Moms**, call toll-free 1-800-828-5891 or go to www.anthem.com and select Health & Wellness.

**24/7 NurseLine**

Whether it’s 3 p.m. or 3 a.m., wouldn’t it be great if you could speak with an experienced nurse about any of your health questions or issues? Now you can!

The **24/7 NurseLine** can assist you in making more informed health care decisions via confidential, one-on-one conversations with a registered nurse, any time of the day or night. Whenever you call, you can easily access a library of audio tapes on a range of topics related to your health care. Or, if you prefer, you can talk to a nurse about hundreds of health issues ranging from asthma to zinc, like: Coughs • Abdominal Pain • Weight Loss • Colds • Children’s Health • Sexually Transmitted Diseases • Fever • Food & Diet • Headache • Smoking • Women’s Health . . . and much more! Bilingual nurses, the Language Line and TTY/TDD relay services for the hearing impaired are also available.

For confidential health information from a registered nurse 24-hours a day, 365 days a year, call 1-800-337-4770 or go to www.anthem.com and select Health & Wellness.

**24/7 NurseLine** is not an emergency response system. In a medical emergency, call 911 or your local emergency service number.

To reach **24/7 NurseLine**, call toll-free 1-800-337-4770 or go to www.anthem.com and select Health & Wellness.

**Colorado QuitLine**

Whether you are thinking about quitting tobacco or have already quit, **Colorado QuitLine** is a FREE program and here to help you. Join **QuitLine** today and receive free:

- Personally tailored quit program
- Nicotine replacement therapy
- Support network
- Telephone coaching
- Tools and tips based on the latest research

**Website**: http://www.coquitline.org

**Phone**: 1-855-891-9988
BRINGING BACK THE HOUSE CALL

DispatchHealth in partnership with Anthem BlueCross Blueshield provides on-demand healthcare in the convenience of your home.

Avoid unnecessary expenses and trips to the ER. DispatchHealth can treat: pains, sprains, cuts, wounds, high fevers, upper respiratory infections and much more. Our medical teams are equipped with all the tools necessary to provide advanced medical care in the comfort of your home, workplace or location of need.

**DISPATCH TREATS THINGS LIKE**

- **COMMON AILMENTS**
  - Fever, Cough
  - Cold, Flu
- **EYE**
  - Infection / Irritation
  - Red Eye, Stye
- **SKIN**
  - Rash, Lesions
  - Eczema

- **RESPIRATORY**
  - Asthma, Bronchitis
  - Seasonal Allergies
- **EARS AND NOSE**
  - Ear / Sinus Infection
- **DIGESTIVE**
  - Nausea, Vomiting
  - Diarrhea

**PROCEDURES DISPATCH PERFORMS**

- **INFECTIONOUS DISEASE TESTING**
- **LABS**
- **IV FLUIDS**

Our medical team consists of doctors, nurse practitioners and EMTs. We dispatch ER trained NPs on the ground with support from EMTs and a virtual attending M.D. who is available at all times for phone consults.

Follow us for updates:

- Facebook
- Twitter
- Instagram
A TEAM YOU CAN TRUST
Two Trained & Board Certified

DispatchHealth providers serve as an extension of your healthcare team when you require immediate urgent care.

ON-DEMAND HEALTHCARE THAT COMES TO YOU
REQUEST CARE ONLINE AT DISPATCHHEALTH.COM
SEARCH FOR "DISPATCHHEALTH" IN THE APP STORE
Anthem Blue Cross and Blue Shield announces hip and knee bundled services for CHEIBA members

Crack the code
Fixed prices for hip and knee replacement services take the guesswork out of finding the right care at the right cost.

Get treated
For affordable, quality hip and knee replacement surgeries, you’ve got a choice to see high-value, experienced surgeons at designated hospitals and clinics.

Know your options
When members are referred for a hip or knee replacement, they may be nervous. They may not stop to think, “Am I getting the best quality service for the best price?” Anthem suggests options to help members make more informed choices.

Feel better
Access to the right care at the right price makes all the difference. In no time, you’ll be up and running and doing the things you enjoy most.

Know the costs
No more spending time worrying about figuring out details. Anthem members know what they’ll pay upfront at every stage of their procedure—from anesthesia to surgery. And for most members, that cost is 0.

Far from the usual
Quality care at top-notch facilities helps members control their health, know their care options upfront, see what their care will cost and understand what to expect.

Ambulatory Surgery Centers:
- Rocky Mountain Surgery Center
- Musculoskeletal Surgery Center

Hospital Centers:
- Swedish Medical Center
- Rose Medical Center
- North Suburban Medical Center

For more information about the program, call your Anthem Customer Service Team at 1-800-542-9402.

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What is LiveHealth Online®?
Use LiveHealth Online for common health concerns like colds, the flu, fevers, rashes, infections, allergies and more! It’s faster, easier and more convenient than a visit to an urgent care center.

LiveHealth Online is part of your health plan benefits. The cost of a LiveHealth Online visit is the same or less than a primary care office visit. With LiveHealth Online, you have a doctor by your side 24/7. LiveHealth Online lets you talk face-to-face with a doctor through your mobile device or a computer with a webcam. No appointments, no driving and no waiting at an urgent care center.

How does LiveHealth Online work?
When you need to see a doctor, simply go to livehealthonline.com or access the LiveHealth Online mobile app. Select the state you are located in and answer a few questions. Best of all, LiveHealth Online is a part of your health plan. So, the cost of a LiveHealth Online visit is the same or less than a primary care office visit. Establishing an account allows you to securely store your personal and health information. Plus, you can easily connect with doctors in the future, share your health history and schedule online visits at times that fit your schedule. Once connected, you can talk and interact with the doctor as if you were in a private exam room.

How do I access LiveHealth Online?
Sign up at LiveHealthOnline.com or download the LiveHealth Online mobile app for free on your mobile device by visiting the App StoreSM or Google PlayTM.

How do I pay for a LiveHealth Online session?
LiveHealth Online accepts Visa, MasterCard and Discover cards as payment for an online visit with a doctor. Please keep in mind that charges for prescriptions aren’t included in the cost of your doctor’s visit.

Do doctors have access to my health information?
LiveHealth Online doctors can only access your health information and review previous treatment recommendations and information from prior LiveHealth Online visits.

If you are using LiveHealth Online for the first time, you will be asked to answer a brief questionnaire about your health before you speak with a doctor. Then the information from your first online visit will be available for future LiveHealth Online visits.

Who do I get in touch with if I still have questions?
You can email, customersupport@livehealthonline.com or call toll free at 1-855-603-7985.

If you send us an email, please be sure to include:
- Your name
- Your email
- A phone number where you can be reached

LiveHealth Online should not be used for emergency care. If you experience a medical emergency, call 911 immediately.
If you’re feeling stressed, worried or having a tough time, you may need someone to speak with. Now you can see a licensed therapist using LiveHealth Online Psychology. Talk with a therapist from your home or wherever you have internet access. It’s quick, easy and private. Just download the free LiveHealth Online app to your mobile device or visit livehealthonline.com on a computer with a webcam.

How do I schedule my first appointment with a psychologist or therapist using LiveHealth Online?
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 have logged in, select LiveHealth Online Psychology. Next choose from available therapists after seeing their backgrounds and set up a visit.
- Mobile App: Download the free LiveHealth Online mobile app and then sign up or log in. Once you have logged in, select LiveHealth Online Psychology and choose an available therapist after checking out their qualifications
- Phone: Call 1-844-784-8409 from 7 a.m. to 11 p.m.

In most cases, you can make an appointment to see a therapist within four days or less. LiveHealth Online will send you an email confirming your appointment. You must be at least 18 years or older to visit with a therapist online. Psychologists and therapists using LiveHealth Online Psychology do not prescribe medications.

How do I set up a follow up appointment?
At the end of your first visit, you can set up a future visit with the therapist if both of you feel it is needed. You always have the choice of the therapist you would like to see.

How long does a visit usually last?
A typical visit with a psychologist or therapist using LiveHealth Online Psychology is about 45 minutes.

How do I pay for a LiveHealth Online session?
Depending on your coverage, the cost may be similar to what you would pay for an office visit, considering your benefits, copay or coinsurance. You can pay your share of the visit using a Visa, Mastercard, Discover or American Express credit or debit card. You will see what you owe before you start a visit and the cost is charged to your credit card. The cost is the same no matter when you have the visit - whether it’s a weekday, the weekend, evening or holiday.

What conditions can LiveHealth Online Psychology help with?
Therapists using LiveHealth Online can help you with stress, anxiety, depression, relationship or family issues, grief, panic attacks and stress from coping with a sickness.

How do I know if a psychologist or therapist is in-network?
When you log in to livehealthonline.com, the providers you see on the website are part of the Anthem Blue Cross and Blue Shield provider network. Make sure you select the state where you are currently located to view the most up-to-date list of providers.