

A guide to choosing your Anthem Blue Cross and Blue Shield health plan

Easter Seals New Hampshire
HMO Blue New England Choice

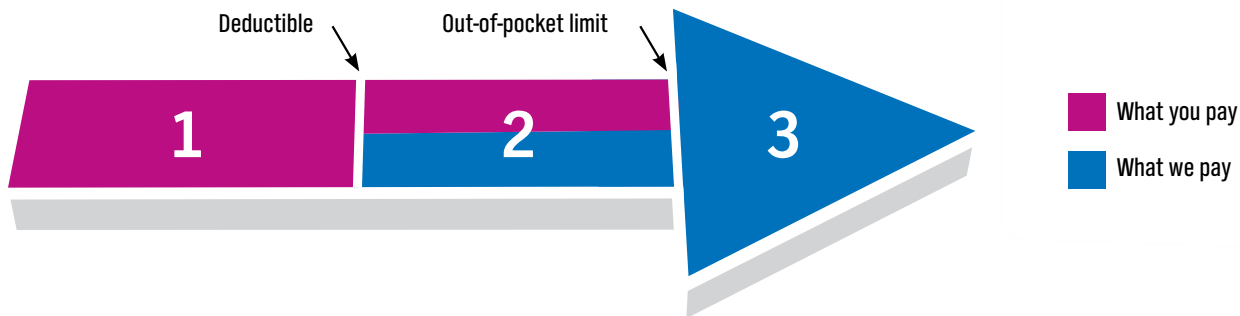
An Anthem Blue Cross and Blue Shield ID card means something

It means you have access to quality care from quality doctors. It means you can always get your questions answered. It means you have our support before you ever need health care. And that's what this guide is for. We want you to have everything you need to make a good decision.

Getting started with health insurance

Let's start with how health insurance works in general

How most health plans work



- 1. You pay your deductible.** This is a set amount that you pay before your plan starts paying for covered services. If your plan has **copays** (flat fees like \$30 for each visit) along with a deductible, you only need to pay the copay for most doctor visits.
- 2. After you meet your deductible, you and your plan share the cost of covered services.** You pay a copay or coinsurance (a percentage of the cost) each time you get care. Your insurance covers the rest.
- 3. You're protected by your plan's out-of-pocket limit.** That's the most you pay for covered health services each year. With some plans, you still have copays even after you reach your out-of-pocket limit.
 - What about the money for health insurance that gets deducted from your paycheck? That's your premium. Think of it like a membership fee. It's separate from what you pay when you get care.
 - Remember, this chart is only an example. Your actual costs will depend on the type of plan you choose, the service you get and the doctor. To see your actual costs, please refer to your plan information.

A health plan that works for you

Invest in your health with the right health plan.

The doctors, hospitals and other health care providers in our network have agreed to charge lower rates for our members.

HMO

Health Maintenance Organization. It's a type of health plan where you only get care from a network of doctors in your area. You'll need to choose a main doctor, also called a primary care doctor, from the HMO network. If you need a specialist, you'll most likely have to go through your primary care doctor to get a referral.

Visit [anthem.com/HMObasics](https://www.anthem.com/HMObasics) to watch a video explaining the basics of an HMO.

Some HMO plans may have different rules. So be sure to check your plan details.



Our Anthem ID card means I can choose my child's doctor.

Frequently asked questions (FAQs)

You can register at [anthem.com](https://www.anthem.com) — your simple and convenient solution to managing your health

Can I keep my current doctor?

Yes, you can. But keep in mind that you get the most out of your plan if your doctor is part of the network. Some plans cover only services from network doctors, which means you pay for the full cost if you see a doctor outside the network. Other plans cover services from doctors outside the network — but your plan pays more of the cost when you see a network doctor. Be sure to check the details of your plan.

To find out if your doctor is in our network, or to find a new doctor or pharmacy in our network, go to our **Find a Doctor** tool on [anthem.com](https://www.anthem.com). You can search by specialty and check a doctor's training, certifications and member reviews. Be ready to enter your plan name to view the network that serves your plan. You can also use **Find a Doctor** on your smartphone.

What prescription drugs are covered?

View the drugs we cover at www.anthem.com/national3tier.

And here's a tip: you'll often pay less for generic versions of higher-cost name brand drugs.

To learn more about pharmaceutical programs that may apply to your coverage, check out the Customer Support section on [anthem.com](https://www.anthem.com). Then go to FAQs > Pharmacy.

How do I enroll?

Your employer has chosen an alternative enrollment process rather than using our standard enrollment form. Your Benefits Administrator or Human Resources Representative will be able to provide you with plan enrollment instructions.

How do I use my health plan when I need care?

After you enroll, your member ID card will come in the mail. Be sure to bring it with you to the doctor.

Is preventive care covered?

Yes, preventive care from a network provider is covered at 100%. It's very important to take care of your health with regular checkups even when you feel fine. So talk to your doctor about screenings and immunizations that you may need to protect your health.

Can I manage my health care on the Web?

Yes. As soon as you become a member, you'll be able to register at [anthem.com](https://www.anthem.com). It's designed to help you manage your health care and your coverage simply and conveniently. Many of our members find these self-service tools helpful:

- Check on your claims.
- Find a doctor or pharmacy.
- Check the price of a drug and refill a prescription.
- Track your health care spending.
- Compare quality and costs at hospitals and other facilities.
- Go paperless.
- Take your Health Assessment to learn about your health risks so you can address them.

Visit [anthem.com/guidedtourtour](https://www.anthem.com/guidedtourtour) to watch a video explaining how our website can help you.

Do I have health and wellness benefits with my plan?

Yes. In fact, we have a set of tools and resources that can help you reach your health goals. They can also save you money on products and services for your health. Just go to [anthem.com](https://www.anthem.com) and click the Health & Wellness tab. Once you're a member, you can log in and see more.

Check out these health and wellness programs your employer is providing in addition to your health insurance benefits.

24/7 NurseLine — Our registered nurses can answer your health questions wherever you are — any time, day or night.

Future Moms — Moms-to-be get personalized support and guidance from registered nurses to help them have a healthy pregnancy, a safe delivery and a healthy baby.

ConditionCare — Get the added support you may need if you have asthma, diabetes, heart disease, chronic obstructive pulmonary disease or heart failure. A nurse coach can answer questions about your health and help you reach your health goals based on your doctor's care plan. You can work with dietitians, health educators, pharmacists and social workers to reach those goals and feel your best.

Frequently asked questions (FAQs)

ComplexCare — If you have a serious health condition or a number of health issues that need extra care, a nurse coach will help answer your questions, work to coordinate your care, and help you effectively use your health benefits.

Healthy Lifestyles — Take charge of your total wellness through a personalized Well-Being Plan and custom trackers that help you manage your physical and mental health.

MyHealth Advantage — Avoid health problems, stay healthy and save money. This program tracks your health information to see if there's anything you can do to improve your health. If so, you'll get a personalized and confidential MyHealth Note in the mail.

How can my plan help me save money?

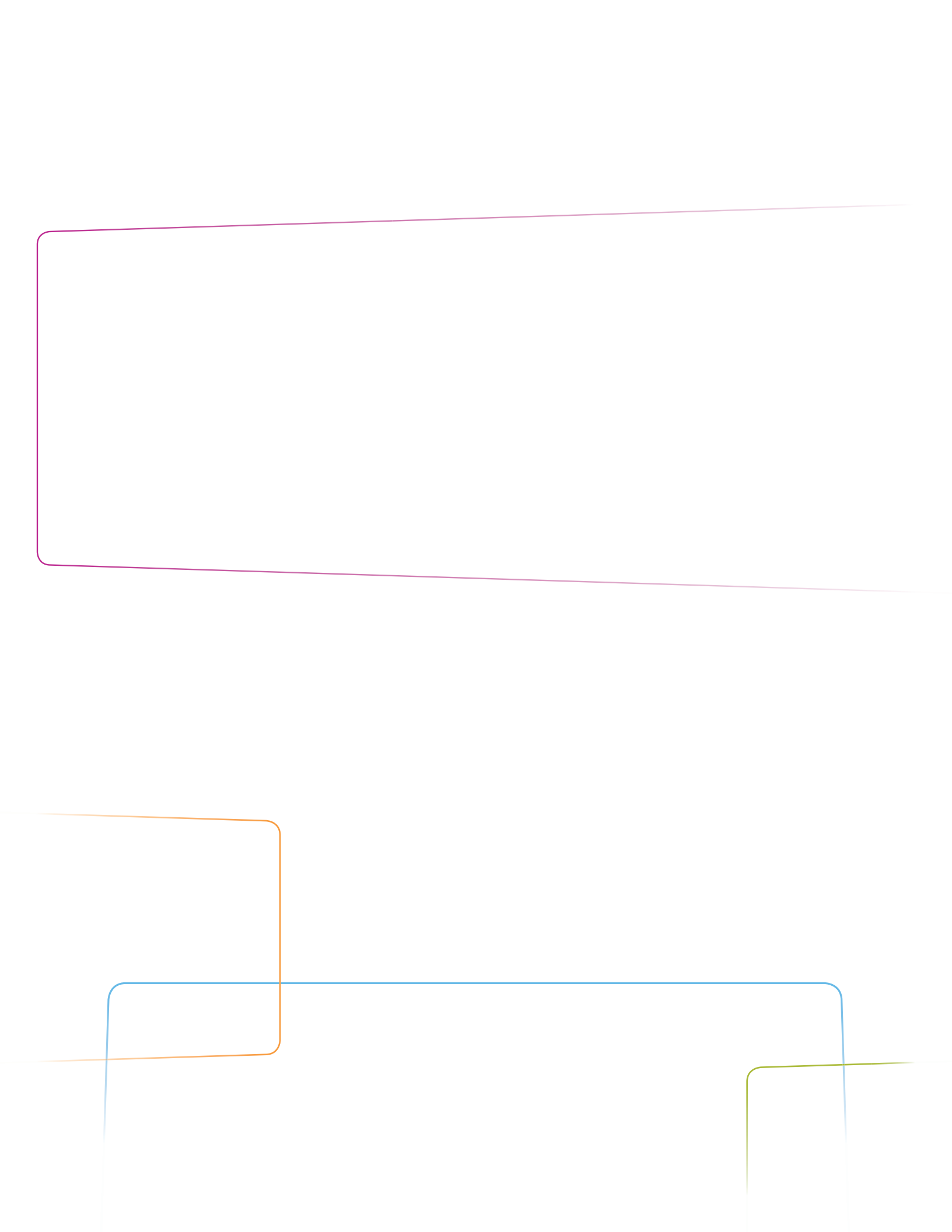
You'll save money every time you go to a doctor in network — they've agreed to charge lower rates for Anthem members. But we'll also help save you money before you go to the doctor.

At [anthem.com](https://www.anthem.com), you can compare how much a medical procedure will cost at different locations. Plus, all members get discounts on health-related products.

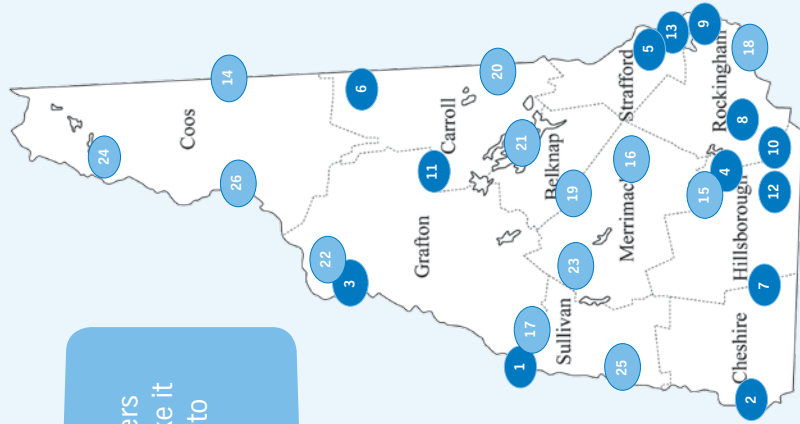
Home Delivery Pharmacy — You can save money and time by having your prescriptions delivered to your home. Learn how to get started with Home Delivery.

Your plan details

In this next section, you'll find more information about your plan.



Two tiers to make it easier to save.



1. Alice Peck Day Memorial Hospital, Lebanon
2. Cheshire Medical Center, Keene
3. Cottage Hospital, Woodsville
4. Elliot Hospital, Manchester
5. Frisbie Memorial Hospital, Rochester
6. Memorial Hospital, North Conway
7. Monadnock Community Hospital, Peterborough
8. Parkland Medical Center, Derry
9. Portsmouth Regional Hospital, Portsmouth
10. Southern NH Medical Center, Nashua
11. Spaulding Memorial Hospital, Plymouth
12. St. Joseph's Hospital, Nashua
13. Wentworth-Douglass Hospital, Dover
14. Androscoggin Valley Hospital, Berlin
15. Catholic Medical Center, Manchester
16. Concord Hospital, Concord
17. Dartmouth-Hitchcock Medical Center, Lebanon
18. Exeter Hospital, Exeter
19. Franklin Regional Hospital, Franklin
20. Huggins Hospital, Wolfeboro
21. Lakes Region General Hospital, Laconia
22. Littleton Regional Hospital, Littleton
23. New London Hospital, New London
24. Upper CT Valley Hospital, Colebrook
25. Valley Regional Hospital, Claremont
26. Weeks Medical Center, Lancaster

Tier 1

Tier 2

Anthem HMO Blue New England Choice lets you choose the best hospitals and health care professionals across New Hampshire and New England.

Take control over your health care costs.

Giving you choices and simple ways to use them is what makes this plan so innovative. You and your primary care doctor will make all of the decisions. Together, you'll decide if you need a specialist and who that specialist will be. You'll also have control over where the procedure will take place. That's where the tiers come in.

Tiers are here to save you money.

Anthem HMO Blue New England Choice has two tiers – giving you two simple cost structures that are easy to manage. Tiers are based on cost efficiencies and quality benchmarks. But, the most important thing to remember is that your greatest savings will be with doctors and facilities in Tier 1.

The freedom of choice is yours.

The plan also comes with our Site of Service benefit option. This option makes it possible to save money on outpatient surgery or lab tests when you choose a lower-cost lab or ambulatory surgery center (ASC) for your service.

Here's how it works:

If you use one of the labs located on the [Find a Doctor](#) tool on [anthem.com](#), you pay \$0 for services. Whether you need a blood, urine or strep test, nothing comes out of your pocket. That means no deductible or coinsurance. To find a lab near you, go to Anthem's [Find a Doctor](#) tool and follow the prompts.

One more example of the savings: if your doctor recommends a routine outpatient procedure like knee arthroscopy, you'll only pay a one-time, low-cost \$125 copay.*

Visit [anthem/newenglandchoice](#) to learn more about how you can save with Anthem's Site of Service benefit option.

Want to find out more?
Log on to [anthem.com/NEWENGLANDCHOICE](#)



For a full list of participating hospitals in New Hampshire, please visit the **Find a Doctor** tool on [anthem.com](#). For a list of Blue Cross and Blue Shield of Massachusetts tiered hospitals, please visit [bluecrossma.com](#). ** You may also call Customer Service using the number on the back of your ID card for assistance in selecting a doctor or hospital in any of the New England states.

*Additional services may be required at the ASC as part of your surgery or procedure and be subject to deductible and/or coinsurance, such as pathology.

**In Massachusetts, providers and hospitals will be tiered in accordance with Blue Cross and Blue Shield of Massachusetts HMO Blue New England Options tiered network plan. Within that plan, the Enhanced Benefits Tier and Standard Benefits Tier providers will take a cost share equal to the Anthem HMO Blue New England Choice Tier 1. In addition, their Basic Benefits Tier providers will take a cost share equal to the Anthem HMO Blue New England Choice Tier 2.

Blue Cross and Blue Shield of Massachusetts is an independent licensee of the Blue Cross and Blue Shield Association, and a separate company from Anthem Blue Cross and Blue Shield.

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Anthem HMO Blue New England Choice

Frequently asked questions



How do the tiers work?

New Hampshire hospitals and primary care providers tier placement is based on the evaluation of cost efficiency balanced with nationally recognized quality benchmarks.

New England providers outside of New Hampshire will default to state tier criteria where applicable. If a New England state does not have a tiered network, the providers will default to Tier 1.

In Massachusetts, providers and hospitals will be tiered in accordance with Blue Cross and Blue Shield of Massachusetts HMO Blue New England Options tiered network plan. Within that plan, the Enhanced Benefits Tier and Standard Benefits Tier providers will take a cost share equal to the Anthem HMO Blue New England Choice Tier 1. In addition, their Basic Benefits Tier providers will take a cost share equal to the Anthem HMO Blue New England Choice Tier 2. For the most current directory of Blue Cross and Blue Shield of Massachusetts tiered providers and hospitals, please visit bluecrossma.com.

How do I know which tier my doctor or hospital falls into?

Visit the Find a Doctor tool on anthem.com for a full list of providers and their tiers in New Hampshire. For additional assistance in selecting a doctor or hospital in New Hampshire or in any of the New England states, please call Customer Service using the number on the back of your ID card.

What is the cost difference between Tier 1 and Tier 2 doctors and hospitals?

You will have the lowest costs and cost shares if you use Tier 1 doctors and hospitals and Site of Service locations for your lab and ambulatory surgery center (ASC) services. The savings can range from hundreds of dollars to thousands, depending on the service. To see sample cost savings grids comparing Tier 1 and Tier 2 doctors and hospitals, visit anthem.com/newenglandchoice.

Are specialists tiered as well?

No, specialists are not tiered. All specialists in New Hampshire take a Tier 1 specialty copayment. Please see your plan details for exact amount.

What costs go toward my out-of-pocket maximum?

Your copay amounts, deductibles and coinsurance all go toward your out-of-pocket max. Please note, Tier 1 and Tier 2 costs accumulate to one out-of-pocket maximum.

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Do I need to choose a PCP with my plan?

Yes, you should choose a PCP in any one of the six New England states. In fact, each covered member on your plan can select a PCP in a different state if they so choose.

Is the coverage for emergency room services the same for providers across all tiers?

Yes. Because you may not be able to choose your hospital in emergency situations, the cost share for emergency room treatment is the same regardless of the hospital tier. If you are admitted through the emergency room, you will be responsible for the hospital cost share, regardless of the hospital tier.

My doctor is referring me to a Tier 2 facility for care, but I want to use one in Tier 1. What should I do?

Talk to your doctor about your HMO Blue New England Choice plan and ask if there is an option in Tier 1. If you use a Tier 2 hospital or doctor, you can still save on lab and ASC services with Anthem's Site of Service option.

Do I have Site of Service with this plan?

Yes, you have Site of Service with this plan. Anthem's Site of Service is a benefit option where you can save money on lab tests and outpatient surgery. For lab tests, it will cost you \$0 if you go to an independent lab location* and a \$125 copay for outpatient surgery at an ambulatory surgery center.** More information is available on anthem.com/sitesofservice.

What if I'm on vacation and I need medical care?

If you need emergency care outside of New England, go to the nearest health care facility. As an Anthem Blue Cross and Blue Shield member, you are part of the BlueCard® program, which enables you to get emergency care while traveling. Simply call the number on the back of your ID card to help locate the nearest BlueCard providers.

*Some hospital labs are included. Please check our Find a Doctor tool for a list of labs. All labs listed under "laboratories" in our Find a Doctor tool work with the Site of Service benefit option.

**Additional services may be required at the ASC as part of your surgery or procedure and be subject to deductible and/or coinsurance, such as pathology.

More information is available on anthem.com/newenglandchoice

HMO Blue[®] New England ChoiceSM

NSHNECV01VA – Tier 1 \$2,000/\$4,000 Deductible – Out-of-Pocket Limit \$6,600/\$13,200

Summary of Benefits Pending DOI Approval

This is only a brief summary of your coverage. Benefits apply when care is **medically necessary**. Services are covered up to the Maximum Allowable Amount (MAA). Network Providers agree to accept the MAA as payment in full.

HMO Blue New England[®] Choice is a tiered network plan. When you choose **HMO Blue New England[®] Choice** you pay different levels of cost share (copayments, deductibles and/or coinsurance) depending on the benefit tier of certain network providers that furnish your covered services.

The tier network consists of two benefit levels:

Tier 1 – Under this tier, you pay the lowest cost share amount when you receive *covered service* from a Primary Care Provider or a Short Term General Hospital that is designated as a Tier 1 Provider.

Tier 2 – Covered services furnished under this tier from a Primary Care Provider or Short Term General Hospital usually have higher out-of-pocket cost compared to Tier 1.

Please see the summary provided (below) for specific cost sharing amounts under Tier 1 and Tier 2 Benefits.

When you select your Primary Care Provider, you should consider whether he/she has admitting privileges to a Tier 1 hospital, as this will have a direct impact on the amount you pay. Your cost for *inpatient covered services* is determined by the hospital's tier status and not based on your Primary Care Provider's tier status.

Note: Due to changes in the Network, a provider's tier designation is subject to change. Please visit www.anthem.com or call Customer Service at 1-800-870-3122 for the most recent Tier 1 provider list.

This is only a brief summary of your coverage. This summary of benefits is not a contract. It is a general description of the benefits and exclusions of this plan. Complete information about all benefits, limitations and exclusions is in the Subscriber Certificate, which will be mailed to you after you enroll. If you need further information, please call Customer Service at 1-800-870-3122.

Service Received	Tier 1	Tier 2
These services MUST be provided by or referred by your Primary Care Provider (PCP)		
Preventive Care <ul style="list-style-type: none"> Immunization, lead screening, PSA (prostate screening), routine colonoscopy for colorectal cancer screening Routine physical exams for babies, children and adults, including outpatient office contraceptive services Routine hearing exams. Office visit for routine prenatal care. See “Other Services” for additional Preventive Care information	Covered in full	Covered in full
Other Outpatient Care <ul style="list-style-type: none"> Medical exams, injections (including allergy injections), office surgery and anesthesia Surgery and anesthesia in an ambulatory surgery center Lab tests furnished by an independent laboratory provider Chiropractic visit - Chiropractic X-ray Physical therapy, occupational therapy, or speech therapy-up to 20 visits per therapy, per member, per plan year. Early Childhood Intervention therapy services for children. 	\$15 per visit to your PCP \$40 per visit to any Specialist or Network Walk-in-Center \$125 copay Covered in full \$40 copay Subject to deductible \$40 copay \$40 copay	\$30 per visit to your PCP \$40 per visit to any Specialist or Network Walk-in-Center \$125 copay Covered in full \$40 copay Deductible and coinsurance \$40 copay \$40 copay
Service Received	Your Share of the Cost	
<ul style="list-style-type: none"> Lab tests furnished by a hospital facility. High Cost Diagnostics (i.e., CT Scan, MRI, etc.) X-rays at a hospital facility, outpatient facility fees. Surgery in the outpatient department of a hospital or in a hospital’s ambulatory surgery center 	Subject to deductible Subject to deductible Subject to deductible Subject to deductible	Deductible and coinsurance \$75 copay then deductible and coinsurance Deductible and coinsurance Deductible and coinsurance
Inpatient Care (as a bed patient in an acute care hospital) <ul style="list-style-type: none"> Semi-private room and board. Physician in-hospital care, surgery, delivery, anesthesia, lab, X-ray, CT scan, MRI, medical supplies, medication and physical, occupational and speech therapy 	Subject to: \$2,000 deductible per member, no more than \$4,000 per family per plan year	Subject to: \$4,000 deductible per member, no more than \$8,000 per family per plan year And 20% coinsurance up to a coinsurance maximum of \$2,600 per member, \$5,200 per family
Maternity – Postpartum Office Visit. Durable Medical Equipment (DME) <ul style="list-style-type: none"> Including one hearing aid per ear each time a hearing aid prescription changes and prosthetic limbs that replace an arm or leg in whole or in part Skilled Nursing Facility Care <ul style="list-style-type: none"> Up to 100 inpatient days per member per calendar year Physical Rehabilitation Facility <ul style="list-style-type: none"> Up to 60 inpatient days per member, per calendar year 	Subject to Tier 1 deductible	

Service Received	Tier 1	Tier 2
These services DO NOT require a PCP referral as long as you use network providers.		
Other Services <ul style="list-style-type: none"> Routine vision exam – One exam every year for members 18 years old and younger, One exam every two years for members 19 years old and older..... OB/GYN care (performed by a network OB/GYN Provider) <ul style="list-style-type: none"> Exam Mammogram and Pap smear Nutritional counseling, including counseling for eating disorders..... 	<p>Covered in full</p> <p>Covered in full Covered in full</p> <p>Covered in full</p>	<p>Covered in full</p> <p>Covered in full Covered in full</p> <p>Covered in full</p>

These services DO NOT require a PCP referral for medical emergencies and urgent care.	
Emergency Room (ER) or Urgent Care Facility Visit <ul style="list-style-type: none"> ER charge (the copayment is waived if you are admitted). . Urgent Care facility charge ER/Urgent Care physician fee CT scan, MRI, medical supplies, etc . 	<p>\$250 copay</p> <p>\$125 copay</p> <p>Subject to Tier 1 deductible</p> <p>Subject to Tier 1 deductible</p>
Ambulance (medically necessary emergency transport only).....	Subject to Tier 1 deductible

Service Received	Your Share of the Cost
Outpatient services <ul style="list-style-type: none"> Mental Health visits -- Unlimited medically necessary visits Substance Abuse visits (for detoxification or rehabilitation) unlimited medically necessary visits..... 	\$15 Tier 1 copay
Inpatient Services <ul style="list-style-type: none"> Mental Health – Unlimited medically necessary inpatient days Substance Abuse - Unlimited Medically necessary inpatient days for medical detoxification and rehabilitation..... 	Subject to Tier 1 deductible

Out of Pocket Limitations

Medical Out-of-Pocket Limitation

The Out-of-Pocket Limit includes all Deductibles, Coinsurance, and Copayments you pay during a plan year. It does not include your Premium, amounts over the Maximum Allowable Benefit, or charges for non-covered services.

Once the Out-of-Pocket Limit is satisfied, you will not have to pay additional Deductibles, Coinsurance or Copayments for the rest of the plan year. \$6,600 per Member, per plan year \$13,200 per family, per plan year.

Prescription Drugs

Covered medications, diabetic supplies and contraceptive devices purchased at a network retail or mail order pharmacy.

Prescriptions may be filled up to a 90-day supply.

- You pay one copay per 30-day supply at a retail
- You pay additional copays for fills that exceed a 30-day supply. Example: you pay three copays per 90-day supply at a retail you pay one copay per 90-day supply at a mail order pharmacy.

Important notes:

- Whenever available, your prescription will be filled generically. If you **choose** to buy a brand drug, you pay the generic copay, plus the difference in cost between the brand and generic drug.
- If, **due to medical necessity**, your physician must prescribe a brand drug, you pay the brand copay.

Refer to your prescription drug program flyer for details.

At Retail (30 day supply):

- Tier 1 - \$10 generic copayment
- Tier 2 - \$30 formulary brand copayment
- Tier 3 - \$50 non-formulary brand copayment

By Mail order (90-day supply):

- Tier 1 - \$20 generic copayment
- Tier 2 - \$60 formulary brand copayment
- Tier 3 - \$150 non-formulary brand copayment

Exclusions and Limitations

The services listed below are not covered by this plan. Complete details on exclusions and limitations are stated in the Subscriber Certificate.

- Any service that is not medically necessary • Any service required by a third party (court ordered services are covered if all of the other terms of the plan are met) • Cosmetic surgery • Custodial or convalescent care • Educational testing and therapy • Experimental and/or investigational services except as required by law for clinical trials • Hospitalization for conditions that are not covered • Human organ transplants other than those listed in the Subscriber Certificate as Covered Services • Miscellaneous devices, materials, and supplies, including, but not limited to, eyeglasses, contact lenses (except after cataract surgery), dentures and support devices for the feet and corrective shoes • Permanent dental restoration, most oral surgery (general anesthesia, hospital or surgical day care facility charges for dental procedures are covered for certain individuals only to the extent required by law) • Personal comfort items • Radial keratotomy or other surgery to correct vision • Routine podiatry • Services covered by government programs to the extent permitted by law • Services for work-related illness or injury • Sex changes • Sterilization reversal • Services, treatments, procedures or programs for weight or appetite control, weight loss, weight management or control of obesity, except for diabetes education, nutrition counseling, and medically necessary surgical and non-surgical services to treat diseases and ailments caused by or resulting from obesity or morbid obesity•

Anthem Blue Cross and Blue Shield has the right to recover its costs for care of:

- Injuries which are the responsibility of other parties • Services for which another insurance carrier or Medicare is primary

This is only a brief summary of your coverage. This summary of benefits is not a contract. It is a general description of the benefits and exclusions of this plan. Complete information about all benefits, limitations and exclusions is in the Certificate of Coverage, which will be mailed to you after you enroll. If you need further information, please call Customer Service at [1-800-870-3122].

[(MAC A)] [(MAC B)] [(MAC C)]

Please call Anthem's Customer Service at [1-800-870-3122] for assistance selecting a Primary Care Provider in NH or one of the New England states.

Site of Service

More choices. More savings.

Use your Site of Service benefit option to save money on lab tests and outpatient surgery.

Here's how it works:

- Your doctor wants you to get a lab test. If you use one of the **labs** listed on Anthem's *Provider Finder*, you pay \$0 for services. Whether you need a blood, urine or strep test, you have no out of pocket cost. That means no deductible or coinsurance.
- Your doctor asks you to get a routine outpatient service, like knee arthroscopy. If you use an **ambulatory surgery center (ASC)** listed on [anthem.com/siteofservicenh](https://www.anthem.com/siteofservicenh) for same-day surgery, you'll pay less for your care. You'll pay a one-time, low-cost copay for the covered service.¹ Your copay will range from \$100-\$125. See your plan details for the exact amount. From taking out your appendix to taking out your tonsils, Site of Service can save you thousands. Consider that arthroscopic knee surgery alone can cost over \$8,700.²

Site of Service means you have the choice to save — because the little things can really add up.

If you don't ask, you may pay more.

Need lab work or outpatient care? Remind your doctor that you have the Site of Service benefit option.

Lab:

To find a lab near you, log on to [anthem.com](https://www.anthem.com) and click "Find a Doctor." Then, follow the prompts.

All independent labs in New Hampshire, including Quest Diagnostics®, LabCorp, Converge™ Diagnostic Services LLC and NorDx, are part of Anthem's Site of Service benefit option, as well as some hospital-based labs.

ASC:

To locate a convenient ASC and find out which services it provides, visit [anthem.com/siteofservicenh](https://www.anthem.com/siteofservicenh). Or call the Customer Service number on your member ID card.

We'll keep looking for ways to lower your health care costs — while giving you access to the best care possible.

To learn more about the Site of Service benefit option, bookmark [anthem.com/siteofservicenh](https://www.anthem.com/siteofservicenh) for the latest updates.

With the exception of Lumenos Blue Choice H.S.A. and H.R.A. health plans.

¹Additional services may be required at the ASC as part of your surgery or procedure and be subject to deductible and/or coinsurance. An example of such a service is pathology (the study and diagnosis of a disease) or work that is not sent to one of the labs found on Anthem's Provider Finder.

²Cost is based on Anthem claims data for the average paid amount for knee arthroscopy at NH hospitals in 2012.



continues on reverse

Site of Service

Frequently asked questions

Here are answers to some common questions about the Site of Service benefit option:

Q: How does Anthem's Site of Service benefit option help lower costs?

A: It can reduce your out-of-pocket costs, as well as the overall cost of health care. By using labs found on Anthem's *Provider Finder*, which include all independent labs in New Hampshire and some hospital labs, you will not have a copay for your lab services. It's one of the ways we are working to help ensure you have access to affordable care when you need it.

Q: How do I find a zero-cost lab through the Site of Service benefit?

A: Just log on to **anthem.com** and click "Find a Doctor." Then, follow the prompts.

Q: What if I don't use a zero-cost lab located on Anthem's Provider Finder?

A: You may use any lab you'd like. However, if you choose a lab that's not listed on *Provider Finder*, your share of the costs may be higher.

Q: Does an independent lab provide the same type and quality of service as a hospital outpatient lab?

A: Yes. Independent labs specialize in these types of services. They have the same level of quality and offer the same types of services as other outpatient labs.

Q: Can my doctor use an independent lab for my lab work?

A: Yes. When your doctor orders lab work, ask him or her to order your lab work at an independent lab. Even if your doctor usually uses another hospital lab not found on *Provider Finder*, he or she can order your lab work at an independent lab.

Q: My doctor doesn't have a contract with any independent labs. How can he or she get one?

A: Your doctor can easily set up an account with independent labs (e.g., LabCorp, Quest Diagnostics®, Converge™ Diagnostic Services LLC or NorDx) through their websites.

While the account is being set up, your doctor can still order your lab work at an independent lab by giving you the laboratory order form. You'll need to take the form to the lab. Once your doctor has an account with the lab, the lab will automatically pick up your specimen(s) from the doctor's office.

Q: My doctor says he or she doesn't want to use one of the labs that I've requested under the Site of Service benefit option. What can I do?

A: Remind your doctor that under New Hampshire law, you have the right to choose where you want to receive services, including lab services. Your doctor is required to give you a laboratory order form to take to the lab you want to use.

Q: What are ASCs?

A: ASCs are ambulatory surgery centers that provide a wide range of same-day surgical services, such as a tonsillectomy or knee arthroscopy.

Q: How can I find an ASC?

A: Go to **anthem.com/siteofservicenh** and click on "ambulatory surgery centers," or call the Customer Service number on your member ID card.

Q: I'm going to have surgery. How can I find out whether it can be done at an ASC?

A: Ask your doctor to recommend a surgeon who may be able to perform your surgery at an ASC.

Q: How much will I have to pay if I use an ASC?

A: If you use an ASC found on **anthem.com/siteofservicenh** for same-day surgery, you'll have one low copay. Your copay will range from \$100-\$125. See your plan details for the exact amount.*

Q: I received an ID card holder. What's it for?

A: Your ID card holder helps remind you how to get the most out of your benefits when you need lab services or outpatient surgery. Keep it with your member ID card.

*If you need additional care as part of the surgery or procedure you may have to pay coinsurance and/or a deductible (the amount you pay before the plan pays). For example, you may pay more for pathology or lab work if it is not sent to one of the labs found on Anthem's *Provider Finder*. Make sure your doctor at the ASC knows you have Anthem's Site of Service benefit option.

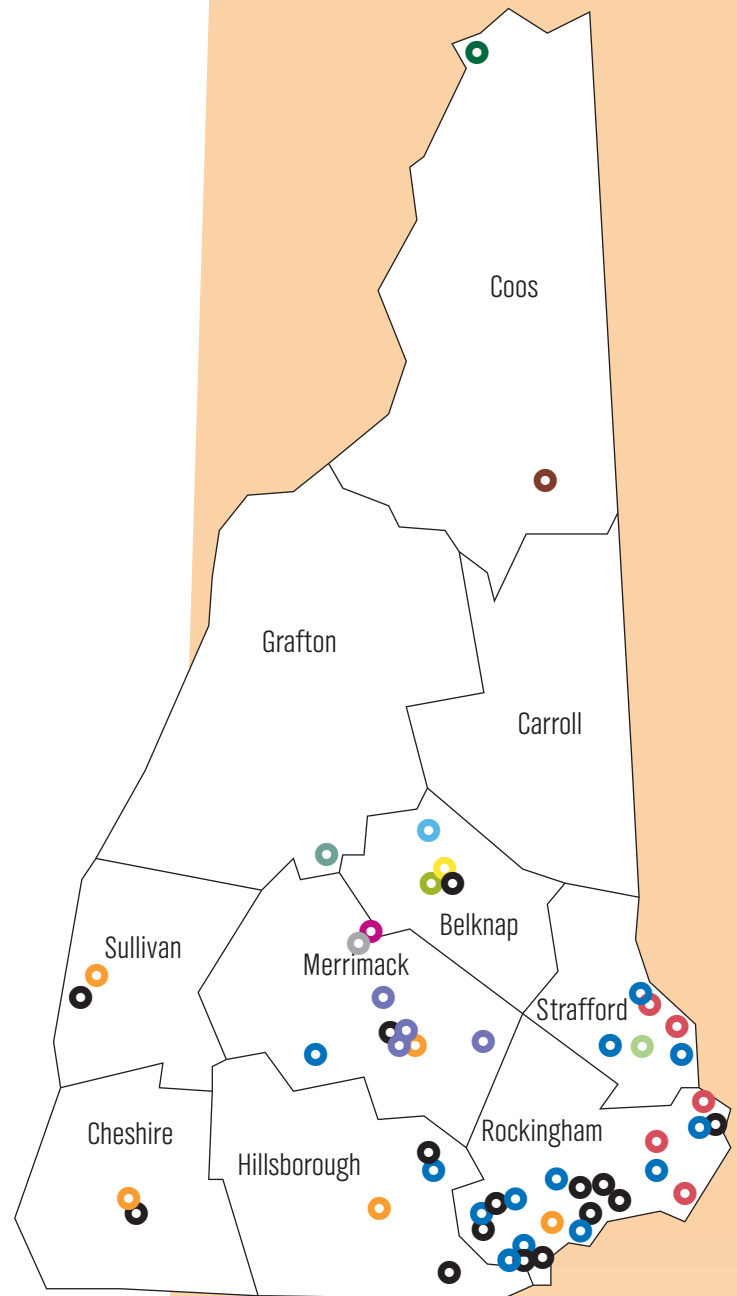
Here's a way to enjoy no out-of-pocket costs for lab services

Using in-network providers and services can lower your out-of-pocket costs. And when you use one of the Site of Service labs listed below, or any listed in our online Find a Doctor tool, you'll actually have no out-of-pocket costs for those lab services.

Take a look below at the Site of Service labs in New Hampshire. Please know that locations may change.

So for the most up-to-date listings, go to anthem.com and choose **Find a Doctor**. To learn more about the Site of Service program, bookmark anthem.com/siteofservicenh.

Name	Phone number/Website
Androscoggin Valley Hospital	1-603-752-2200 avnhn.org
Concord Hospital Independent Outpatient Laboratory	1-603-225-2711 concordhospital.org/services/laboratory
Converge Diagnostic Services LLC	1-800-618-9992 convergedx.com
Franklin Regional Hospital Lab	1-603-521-3211 ext. 3243 lrgh.org
Granite State Lab	1-603-330-7057 granitestatelab.com
Interlakes Clinical Laboratory	1-603-521-3211 ext. 3243 lrgh.org
Laboratory Corporation of America	1-855-277-8669 labcorp.com
Laconia Clinic Laboratory	1-603-521-3211 ext. 3243 lrgh.org
Lakes Region General Hospital Lab	1-603-521-3211 ext. 3243 lrgh.org
Newfound Clinical Lab	1-603-521-3211 ext. 3243 lrgh.org
Nordx	1-800-773-5814 nordx.org
Quest Diagnostics Incorporated	1-866-697-8378 questdiagnostics.com
Upper Connecticut Valley Hospital	1-603-237-4971 ucvh.org
Westside Clinical Laboratory	1-603-521-3211 ext. 3243 lrgh.org



- Androscoggin Valley Hospital
- Converge
- LabCorp
- Quest Diagnostics Incorporated
- Concord Hospital Independent Outpatient Laboratory
- Franklin Regional Hospital Lab
- Laconia
- Upper Connecticut Valley Hospital
- Granite State Lab
- Lakes Region
- Newfound Clinical Lab
- Westside
- Interlakes
- Nordx

You can save money on outpatient surgery and other procedures through Anthem's Site of Service benefit option.



When your employer chooses the Site of Service benefit option, use one of these ambulatory surgery centers (ASC) to help lower your out-of-pocket costs.

Facility	Dental	Ear, Nose & Throat	Gastroenterology	General	Gynecology	Neurology	Ophthalmology	Oral & Maxillofacial	Orthopedic	Pain Management	Plastic	Podiatry	Urology	Vascular
Androscoggin Valley Hospital Berlin, NH 603-752-2200 avnhn.org		X		X	X				X				X	
Atlantic Plastic Surgery Center Portsmouth, NH 603-431-8819 atlanticplasticsurg.com					X					X	X	X		
Barrington Surgical Care Barrington, NH 603-664-0100 nhpain.com										X				
Bedford Ambulatory Surgery Center Bedford, NH 603-622-3670 bedfordsurgical.com		X	X	X					X	X	X	X	X	X
Capital Orthopedic Surgery Center LLC Concord, NH 603-228-7211 concordortho.com									X					
Capital Orthopedic Surgery Center LLC Derry, NH 603-425-6966 concordortho.com									X					
Cataract and Laser Center Andover, MA 978-475-0959 CLCandover.comcastbiz.net							X				X			

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Facility	Dental	Ear, Nose & Throat	Gastroenterology	General	Gynecology	Neurology	Ophthalmology	Oral & Maxillofacial	Orthopedic	Pain Management	Plastic	Podiatry	Urology	Vascular
Center for Pain Solutions Nashua, NH 603-577-3003 painsolutionsusa.com										X				
Concord ASC at Horseshoe Pond Concord, NH 603-415-9460 concordasc.com		X		X				X	X	X	X			X
Concord Endoscopy Center LLC Concord, NH 603-415-9450 giaofnh.com			X											
Concord Eye Surgery LLC Concord, NH 603-224-6503							X							
Dartmouth Hitchcock Clinic Manchester, NH 603-629-1800 dartmouth-hitchcock.org			X											
Dartmouth Hitchcock Clinic Nashua, NH 603-577-4000 dartmouth-hitchcock.org			X											
Elliot One Day Surgery Center Manchester, NH 603-663-5900 elliot1-day.com	X	X		X	X	X	X	X	X	X	X	X	X	X

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Facility	Dental	Ear, Nose & Throat	Gastroenterology	General	Gynecology	Neurology	Ophthalmology	Oral & Maxillofacial	Orthopedic	Pain Management	Plastic	Podiatry	Urology	Vascular
Franklin Regional Hospital ASC Franklin, NH 603-934-2060 lrgh.org	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hillside Surgery Center Gilford, NH 603-524-7514 hillidesurgerycenter.com		X					X		X	X	X			
Laconia Clinic ASC Laconia, NH 603-527-2760 laconiaclinic.com			X	X	X	X			X			X	X	
Lakes Region General Hospital ASC Laconia, NH 603-524-3211 lrgh.org	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Lakes Region Urology ASC Laconia, NH 603-524-8660 lrgh.org													X	
Merrimack Valley Endoscopy Center Haverhill, MA 978-521-3235 pmaonline.com			X											
Nashua Ambulatory Surgery Center Nashua, NH 603-882-0950 nashuasurgical.com		X							X	X				

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Facility	Dental	Ear, Nose & Throat	Gastroenterology	General	Gynecology	Neurology	Ophthalmology	Oral & Maxillofacial	Orthopedic	Pain Management	Plastic	Podiatry	Urology	Vascular
Northeast Surgical Care Newington, NH 603-431-5563 northeastsurgicalcare.com		X					X		X	X				
Novamed Surgery Center of Bedford LLC Bedford, NH 603-627-9540 nheyesurgicenter.com							X							
Novamed Surgery Center of Nashua LLC Nashua, NH 603-882-9800 novamedsurgeryofnashua.com							X							
Paincare Centers Inc. Merrimack, NH 603-424-8866 painmd.com										X				
Paincare Centers Inc. Somersworth, NH 603-692-2000 painmd.com										X				
Portsmouth Regional ASC Portsmouth, NH 603-433-0941 prasc.com		X	X	X	X		X		X	X	X	X	X	
Salem Surgery Center Salem, NH 603-898-3610 salemsurgerycenter.com	X	X	X	X	X		X	X	X		X	X	X	

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When your employer chooses the Site of Service benefit option, use one of these ambulatory surgery centers (ASC) to help lower your out-of-pocket costs.

Facility	Dental	Ear, Nose & Throat	Gastroenterology	General	Gynecology	Neurology	Ophthalmology	Oral & Maxillofacial	Orthopedic	Pain Management	Plastic	Podiatry	Urology	Vascular
Stratham ASC Stratham, NH 603-772-2076 strathamasc.com		X	X	X	X				X		X	X		
The Surgery Center of Greater Nashua Nashua, NH 603-578-9909 surgerycenternashua.org		X	X	X	X				X			X		
Upper Connecticut Valley Hospital Colebrook, NH 603-237-4971 ucvh.org				X					X				X	
Wentworth Surgery Center Somersworth, NH 603-285-9288 wentworthsurgerycenter.com		X	X	X	X	X	X	X	X	X		X	X	

List of facilities and services provided is intended as a guide to the types of surgical procedures that may be provided at the Site of Service facilities. Coverage for procedures offered at facilities varies based on the actual procedure performed and the services covered under your health benefit plan. Contact Anthem customer service for additional information regarding plan coverage prior to services being rendered. This information is provided as a guide only and is subject to change. The list of facilities can also be found at the Anthem Provider Finder at providerdirectory.anthem.com.

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New Hampshire walk-in centers, urgent care centers and retail health clinics

Quick guide to locations and services

You can take care of “minor” injuries or illnesses such as small cuts, earaches, sprains, a cough, a cold or the flu without going to the emergency room (ER) — and save time and money. When you can’t see your doctor right away, or if your doctor’s office is closed, you can choose from a walk-in doctor’s office, an urgent care center or a retail health clinic.* Most are open weeknights and weekends.

This quick guide shows you the location of each type of facility; and an “X” in the column shows which type of services they offer. These choices have different services and copays, so please call and ask before you go.

* If you are an HMO member, you should call your primary care doctor’s office or medical group to find out your ER alternatives for urgent care.

Choose a care option that could save you time and money

- **Walk-in doctor’s office** — You don’t have to be a current patient or have an appointment. This type of office handles mostly routine care and common family illnesses.
- **Urgent care center** — These centers are staffed by doctors who treat health problems that should be looked at right away but aren’t as serious as emergencies. They can often do X-rays, lab tests and stitches.
- **Retail health clinic** — It’s staffed by health care experts who give basic health care services to “walk-in” patients. Most often it’s found in a major pharmacy or retail store.

Remember, you have choices. If it’s not an emergency, you can also call our 24/7 NurseLine. The nurse on the phone can help you decide what to do next. The phone number for 24/7 NurseLine is on your ID card (or you can contact Customer Service for assistance).



Facility

Sprains, strains	Animal bites	X-rays	Stitches	Mild asthma	Minor headaches	Back pain	Nausea, vomiting, diarrhea	Minor allergic reactions	Coughs, sore throat	Bumps, cuts, scrapes	Rashes, minor burns	Minor fevers, colds	Ear or sinus pain	Mild urinary symptoms	Eye swelling, irritation, redness or pain	Vaccinations**
Walk-in Centers																
Barrington Barrington Walk-In Center 426 Calef Highway 603-664-0955	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Bedford Urgent Care at Bedford Medical Park 5 Washington Place 603-314-4567	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Bedford Convenient MD Urgent Care 3 Nashua Rd 603-472-6700	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Belmont ClearChoice MD 96 Daniel Webster Highway Belknap Mall 603-267-0656	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Berwick, ME Berwick Walk-In Care 4 Dana Drive 207-698-6700	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Concord Concentra 1 Pillsbury Street 603-223-2300	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Concord Convenient MD Urgent Care 8 Loudon Rd 603-226-9000	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Conway Conway Walk-in 7 Greenwood Avenue 603-447-3500	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dover Convenient MD Urgent Care 19 Webb Place 603-742-7900	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Exeter Access Walk-In Injury Clinic 1 Hampton Road 603-775-7750	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Keene ClearChoice MD 448 West Street, Unit 4 603-876-6115	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Facility

Sprains, strains	Animal bites	X-rays	Stitches	Mild asthma	Minor headaches	Back pain	Nausea, vomiting, diarrhea	Minor allergic reactions	Coughs, sore throat	Bumps, cuts, scrapes	Rashes, minor burns	Minor fevers, colds	Ear or sinus pain	Mild urinary symptoms	Eye swelling, irritation, redness or pain	Vaccinations**
Kittery, ME MyHealth@Kittery 35 Walker Street 207-439-4430	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Lawrence, MA Merrimack Medical and Walk-In Center 25 Marston Street, 3rd Floor 978-688-3100	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	N/A
Lebanon ClearChoice MD 410 Miracle Mile 603-276-3260	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Manchester Bedford Occupational and Acute Care One Highlander Way 603-625-2622	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Manchester Concentra 1279 South Willow Street 603-644-3330	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Merrimack Convenient MD Urgent Care 2 Dobson Way 603-471-6069	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nashua Concentra 14A Broad Street 603-889-2354	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nashua Healthstop 228 Daniel Webster Highway 603-888-9200	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
North Conway MWV Health Care 3073 White Mountain Highway 603-356-5472	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Portsmouth ClearChoice MD 750 Lafayette Rd 603-427-8539	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Rochester Granite State Express Care 120 Washington St, Suite 101 603-330-7040	X	N/A	N/A	X	X	X	X	X	X	X	X	X	X	X	X	X
Salem ExpressMed at Salem 159 N Broadway 603-898-0961	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Facility

Sprains, strains	Animal bites	X-rays	Stitches	Mild asthma	Minor headaches	Back pain	Nausea, vomiting, diarrhea	Minor allergic reactions	Coughs, sore throat	Bumps, cuts, scrapes	Rashes, minor burns	Minor fevers, colds	Ear or sinus pain	Mild urinary symptoms	Eye swelling, irritation, redness or pain	Vaccinations**
Sanbornville White Mountain Medical Center 2531 White Mountain Hwy, Suite A 603-522-0186	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Somersworth Seacoast Redicare 396 High Street 603-692-6066	X	X	X	X	N/A	X	X	X	X	X	X	X	X	X	X	N/A
Stratham Convenient MD Urgent Care 1 Portsmouth Avenue 603-772-3600	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Waterville Valley Crane Clinic/Waterville Valley Ski Clinic 1 Ski Area Drive 603-236-8311, (ext. 3167) <i>This facility is open only during winter ski season. Please call ahead for available services at this location.</i>	X	X	X	X	X	X	X	X	X	X	X	N/A	N/A	N/A	X	N/A
Windham Convenient MD Urgent Care 125 Indian Rock Road 603-890-6330	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Urgent Care Centers																
Concord Concord Hospital Walk-in Urgent Care at Horseshoe Pond 60 Commercial Street 603-230-1200	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dover Wentworth-Douglass Express Care 701 Central Avenue 603-609-6700	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Lee Wentworth-Douglass Hospital Walk-in Urgent Care at Lee, Professional Center 65 Calef Highway 603-868-8507	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Londonderry Elliot Urgent Care at Londonderry 40 Buttrick Road 603-552-1550	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Manchester Elliot Urgent Care at River's Edge 185 Queen City Avenue 603-663-7227	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Facility	Sprains, strains	Animal bites	X-rays	Stitches	Mild asthma	Minor headaches	Back pain	Nausea, vomiting, diarrhea	Minor allergic reactions	Coughs, sore throat	Bumps, cuts, scrapes	Rashes, minor burns	Minor fevers, colds	Ear or sinus pain	Mild urinary symptoms	Eye swelling, irritation, redness or pain	Vaccinations**
Milford Milford Urgent Care Center 442 Nashua Street 603-673-5623	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Salem Parkland Urgent Care 31 Stiles Rd, Suite 1100 603-890-2727	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Retail Health Clinics																	
Concord MinuteClinic (CVS/pharmacy) 4 Hall Street 866-389-2727	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	X	X	X	X	X	X	X	X
Hampton MinuteClinic (CVS/pharmacy) 321A Lafayette Road 866-389-2727	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	X	X	X	X	X	X	X	X
Manchester MinuteClinic (CVS/pharmacy) 271 Mammoth Road 866-389-2727	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	X	X	X	X	X	X	X	X
Nashua MinuteClinic (CVS/pharmacy) 214 Daniel Webster Highway 866-389-2727	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	X	X	X	X	X	X	X	X
Salem MinuteClinic (CVS/pharmacy) 512 South Broadway 866-389-2727	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	X	X	X	X	X	X	X	X
West Lebanon MinuteClinic (CVS/pharmacy) 250 Plainfield Road 866-389-2727	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	X	X	X	X	X	X	X	X

**Some facilities only offer certain types of vaccinations.
To find out which ones are available at a location near you, please contact the facility directly

When to use the ER

Always call 911 or go to the ER if you think you could put your health at serious risk by delaying care.



Take care of yourself. Use your preventive care benefits.



Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans offer the services listed in this preventive care flier at no cost to you.¹ When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10-24, with fair skin, about ways to lower their risk for skin cancer
- 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 screening² when done as part of a preventive care visit

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met³
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)^{4,5}
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening⁵
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV⁵
- Pelvic exam and Pap test, including screening for cervical cancer

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s).

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 govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations.

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit and CT colonography (as appropriate)
- 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
- Eye chart test for vision²
- Hearing screening
- Height, weight and BMI
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years⁶
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles) for those 60 years and older

A word about pharmacy items

For 100% coverage of over-the-counter (OTC) drugs and other pharmacy items listed below, the person receiving the item(s) must meet the age and other specified criteria. You need to work with your in-network doctor or other health care provider to get a prescription for the item(s) and take the prescription to an in-network pharmacy. Even if the item(s) do not “need” a prescription to purchase them, if you want the item(s) covered at 100%, you have to have the prescription.

Child preventive drugs and other pharmacy items — age appropriate:

- Dental fluoride varnish to prevent tooth decay of primary teeth for children from birth to 5 years old
- Fluoride supplements for children from birth through 6 years old
- Iron supplements for children 6-12 months

Adult preventive drugs and other pharmacy items — age appropriate:

- Aspirin use for the prevention of cardiovascular disease including aspirin for men ages 45-79 and women ages 55-79
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Tobacco cessation products including select generic prescription drugs, select brand-name drugs with no generic alternative, and FDA-approved over-the-counter products, for those 18 and older

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

- Contraceptives including generic prescription drugs, brand-name drugs with no generic alternative, and over-the-counter items like female condoms or spermicides^{5,7}
- Folic acid for women 55 years old or younger
- Vitamin D for women over 65
- Breast cancer risk-reducing medications following the U.S. Preventive Services Task Force criteria (such as tamoxifen and raloxifene)⁶

1 The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the 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 the 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 Customer Service number on your ID card.

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

3 Check your medical policy for details.

4 Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.

5 This benefit also applies to those younger than 19.

6 You may be required to get prior authorization for these services.

7 A cost share may apply for other prescription contraceptives, based on your drug benefits.

WELCOME TO BLUE VIEW VISION!

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



Blue View VisionSM C 20.20.100.100 Adult Plan Benefits for Groups of 51-249

Included with New Hampshire Health Plans

Your Blue View Vision network

Anthem Blue Cross and Blue Shield vision members have access to one of the nation's largest vision networks. With Blue View Vision, members can use their in-network benefits at 1-800 CONTACTS, or choose a private practice eye doctor, or go in store to LensCrafters[®], Sears OpticalSM, Target Optical[®], JCPenney[®] Optical and most Pearle Vision[®] locations.

Out-of-network: If you choose to, you may receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement of your out-of-network allowance. In-network benefits and discounts will not apply.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION PLAN BENEFITS

Routine eye exam once every 12 months from last date of service

Eyeglass frames

Once every 24 months from your last date of purchase, you may select an eyeglass frame and receive an allowance toward the purchase price

Eyeglass lenses (Standard)

Once every 24 months from your last date of service, you may receive any one of the following lens options:

- Standard plastic single vision lenses (1 pair)
- Standard plastic bifocal lenses (1 pair)
- Standard plastic trifocal lenses (1 pair)
- Standard plastic lenticular lenses (1 pair)

Eyeglass lens enhancements

When obtaining covered eyewear from a Blue View Vision provider, you may choose to add factory scratch coating at no extra cost.

Contact lenses – once every 24 months from last date of service

- Prefer contact lenses over glasses? You may choose contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses.
- Elective Conventional Lenses; or
 - Elective Disposable Lenses; or
 - Non-Elective Contact Lenses

Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.

IN-NETWORK

\$20 copay

\$100 allowance, then 20% off any remaining balance

\$20 copay

\$20 copay

\$20 copay

\$20 copay

\$0 copay

\$100 allowance, then 15% off any remaining balance

\$100 allowance
(no additional discount)

Covered in full

OUT-OF-NETWORK

\$48 allowance

\$52 allowance

\$32 allowance

\$47 allowance

\$66 allowance

\$88 allowance

No allowance when obtained out-of-network

\$84 allowance

\$84 allowance

\$210 allowance

EXCLUSIONS & LIMITATIONS (not a comprehensive list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
Retinal Imaging - at member's option can be performed at time of eye exam		Not more than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> Transitions® Lenses Standard Polycarbonate Tint (Solid and Gradient) UV Coating Progressive Lenses¹ <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Premium Tier 3 Anti-Reflective Coating² <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Other Add-ons and Services 	\$75 \$40 \$15 \$15 \$65 \$85 \$95 \$110 \$45 \$57 \$68 20% off retail price
	<ul style="list-style-type: none"> Complete Pair Eyeglass materials purchased separately 	40% off retail price 20% off retail price
Eyewear Accessories	<ul style="list-style-type: none"> Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 	20% off retail price
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> Standard contact lens fitting³ Premium contact lens fitting⁴ 	Up to \$55 10% off retail price
Conventional Contact Lenses	<ul style="list-style-type: none"> Discount applies to materials only 	15% off retail price
SOME OF THE ADDITIONAL SAVINGS AVAILABLE THROUGH OUR SPECIAL OFFERS PROGRAM		
1-800 CONTACTS After your benefits for the coverage period have been used, you can save on contact lenses with this offer. ⁵	<ul style="list-style-type: none"> For this and other great offers, login to member services, select discounts, then Vision, Hearing & Dental 	Save \$20 on orders of \$100 or more and get free shipping
Laser vision correction surgery LASIK refractive surgery.	<ul style="list-style-type: none"> For this offer and more like it, login to member services, select discounts, then Vision, Hearing & Dental 	Discount per eye

¹ Please ask your provider for his/her recommendation as well as the progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the coating brands by tier.

³ A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

⁵ Discount cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose an out-of-network provider, please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. When visiting an out-of-network provider, discounts do not apply and you are responsible for payment of services and/or eyewear materials at the time of service.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. If you have questions about your benefits or need help finding a provider, visit anthem.com or call us at 1-866-723-0515.

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. Discounts referenced are not covered benefits under this vision plan and therefore are not included in the member's policy. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan. Frame discounts may not apply to some frames where the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Discounts are subject to change without notice. This benefit overview is only one piece of your entire enrollment package.

WELCOME TO BLUE VIEW VISION!

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



Blue View VisionSM C 20.20.0.0 Pediatric Plan Benefits for Groups of 51-249

Included with New Hampshire Health Plans

Your Blue View Vision network

Anthem Blue Cross and Blue Shield vision members have access to one of the nation's largest vision networks. With Blue View Vision, members can use their in-network benefits at 1-800 CONTACTS, or choose a private practice eye doctor, or go in store to LensCrafters[®], Sears OpticalSM, Target Optical[®], JCPenney[®] Optical and most Pearle Vision[®] locations.

Out-of-network: If you choose to, you may receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement of your out-of-network allowance. In-network benefits and discounts will not apply.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION PLAN BENEFITS

Routine eye exam once every 12 months from last date of service

Eyeglass frames

Once every 24 months from your last date of purchase, you may select one pair of eyeglass frames.

Eyeglass lenses (Standard)

Once every 24 months from your last date of service, you may receive any one of the following lens options:

- Standard plastic single vision lenses (1 pair)
- Standard plastic bifocal lenses (1 pair)
- Standard plastic trifocal lenses (1 pair)
- Standard plastic lenticular lenses (1 pair)

Eyeglass lens enhancements

When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.

- Transitions[®] Lenses
- Standard Polycarbonate
- Factory Scratch Coating

Contact lenses – once every 24 months from last date of service

Prefer contact lenses over glasses? You may choose a supply of contact lenses instead of eyeglass lenses.

- Elective Conventional Lenses; or
- Elective Disposable Lenses; or
- Non-Elective Contact Lenses

Contact lens benefit applies to the first purchase of contacts made during a benefit period. Any unused out-of-network allowance remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.

EXCLUSIONS & LIMITATIONS (not a comprehensive list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

IN-NETWORK

\$20 copay

\$0 copay, formulary

\$20 copay

\$20 copay

\$20 copay

\$20 copay

\$0 copay

\$0 copay

\$0 copay

\$0 copay, formulary

\$0 copay, formulary

\$0 copay

OUT-OF-NETWORK

\$48 allowance

\$52 allowance

\$32 allowance

\$47 allowance

\$66 allowance

\$88 allowance

No allowance on lens enhancements when obtained out-of-network

\$84 allowance

\$84 allowance

\$210 allowance

OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
Retinal Imaging - at member's option can be performed at time of eye exam		Not more than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> • Tint (Solid and Gradient) \$15 • UV Coating \$15 • Progressive Lenses¹ <ul style="list-style-type: none"> • Standard \$65 • Premium Tier 1 \$85 • Premium Tier 2 \$95 • Premium Tier 3 \$110 • Anti-Reflective Coating² <ul style="list-style-type: none"> • Standard \$45 • Premium Tier 1 \$57 • Premium Tier 2 \$68 • Other Add-ons and Services 20% off retail price 	
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> • Complete Pair 40% off retail price • Eyeglass materials purchased separately 20% off retail price 	
Eyewear Accessories	<ul style="list-style-type: none"> • Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price 	
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> • Standard contact lens fitting³ • Premium contact lens fitting⁴ 	Up to \$55 10% off retail price
Conventional Contact Lenses	<ul style="list-style-type: none"> • Discount applies to materials only 15% off retail price 	
SOME OF THE ADDITIONAL SAVINGS AVAILABLE THROUGH OUR SPECIAL OFFERS PROGRAM		
1-800 CONTACTS After your benefits for the coverage period have been used, you can save on contact lenses with this offer. ⁵	<ul style="list-style-type: none"> • For this and other great offers, login to member services, select discounts, then Vision, Hearing & Dental 	Save \$20 on orders of \$100 or more and get free shipping
Laser vision correction surgery LASIK refractive surgery.	<ul style="list-style-type: none"> • For this offer and more like it, login to member services, select discounts, then Vision, Hearing & Dental 	Discount per eye

¹ Please ask your provider for his/her recommendation as well as the progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the coating brands by tier.

³ A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

⁵ Discount cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose an out-of-network provider, please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. When visiting an out-of-network provider, discounts do not apply and you are responsible for payment of services and/or eyewear materials at the time of service.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. If you have questions about your benefits or need help finding a provider, visit anthem.com or call us at 1-866-723-0515.

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. Discounts referenced are not covered benefits under this vision plan and therefore are not included in the member's policy. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan. Frame discounts may not apply to some frames where the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Discounts are subject to change without notice. This benefit overview is only one piece of your entire enrollment package.

Getting started with Home Delivery Pharmacy

If you take prescribed medicine on a regular basis, you can get up to a 90-day supply mailed right to your door.* Here's how to start:

Step one

Create your account and print your order form

There are two ways to do this:

- Log on to your health plan's website.
 - Register at your health plan website if you haven't done so.
 - Click **Prescription Benefits** in the *Useful Tools* box.
 - Click **Start a New Prescription**.

This takes you to the Express Scripts website. You can find out how to:

- Print an order form to mail in with your prescription.
- Print a fax form to take to your doctor to fax in your prescription.
- See how much your medicine will cost.

Step two

See your doctor for a prescription for a 90-day supply of your medicine

You'll need a 90-day supply prescription for your first Home Delivery Pharmacy order. But you should also ask your doctor to write you another prescription for a 30-day supply. This is so you can get the 30-day supply filled at your local pharmacy while your first Home Delivery order is being processed.

- Your doctor can give you a prescription to mail in with your order form.
- Or, the doctor can fill out the physician fax form and fax it to the phone number on the form.

If your doctor prescribes a brand-name drug, your plan design may require the Home Delivery Pharmacy to substitute the generic version instead.

Step three

Paying for your prescription

You can pay by e-check, check, money order or credit card. Make checks and money orders payable to Express Scripts, and write your member ID number on the front. You can enroll in e-check payments, have credit cards on file through the website or call the number on your member ID card.

Step four

Send us your prescription

You can send us your prescription in two ways:

- **Mail:** Fill out the order form and mail it with the prescription and payment (if you're using a check/money order) to the address listed on the form. Please fill out payment information on the form if you're not using a check/money order.
- **Fax:** Your doctor can complete the physician fax form and fax it to the phone number on the form.

All prescriptions and refills, including those sent in by your doctor, are processed as soon as they are received. Please don't send in your prescription unless you are ready to have it filled.

Important to know

Your medicine will be sent to your home within two weeks from the time the Home Delivery Pharmacy gets your order. If you need your medicine sooner, call the number on your ID card to ask for your order to be sent overnight. Please allow three to five days for processing plus the shipping time. You will be charged an additional fee. Your order will be sent through the post office, UPS or FedEx. Please note, with some medicines, you may have to sign to accept delivery.

Need help getting started?

Call the phone number on your ID card. You will be transferred to Express Scripts. They can help you get started.

*Based on drug benefit plan design.

anthem.com
Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI"), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare"), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ®ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



Fitness Reimbursement Program

It pays to join a fitness center.

What you get:

You or your family can get up to \$200 per subscriber contract, per plan year for membership dues at a fitness center. You just need to exercise regularly. Because plans vary, you will want to make sure you're eligible for this fitness reimbursement program. Just call the Customer Service number on the back of your ID card.

How it works:

You'll choose an established fitness center that offers the type of classes, programs, and fitness equipment that's right for you.

Let's say you join a YMCA, and you want to use the cardiovascular equipment, such as a treadmill or rowing machine. To qualify for your reimbursement, you must meet the minimum exercise requirements: Exercise at your fitness center 48 times within the plan year. Each time you exercise, record it on your Fitness Reimbursement Program Log Card and ask a fitness center staff person to initial it, or get a copy of your fitness center's computer printout.

We set up these minimum levels of activity to make sure you're getting benefits from your efforts. Of course, to get the most from your workouts, you should exercise at least three times a week, year-round.

Reimbursement steps:

1. Pay your fitness center dues and keep the receipt(s). Receipts must be original and include the name of the fitness center, description of the membership purchased, date of payment, amount paid and the name of the person using the membership.
If your fitness center dues are electronically debited from your bank account, ask for a receipt or submit copies of your bank statements with the specific withdrawals circled.
2. Start your exercise program. Use the Fitness Reimbursement Program Log Card to record each time you exercise and ask a fitness center staff member to initial it. Or, use your fitness center's computer print out.
3. Complete the Fitness Reimbursement Form. Instructions are on the back of the form.
4. Mail your completed Fitness Reimbursement Form, Fitness Reimbursement Program Log Card and original receipt(s) to:

Claims Department
Anthem Blue Cross and Blue Shield
P.O. Box 533
North Haven, CT 06473-0533

Exercise requirements:

Regular exercise is an essential part of good health. But to reap the benefits, you have to do it! To be eligible for reimbursement, you must meet minimum levels of exercise activity in a plan year:

- Exercise at least 48 times within the plan year.
- Complete a Fitness Reimbursement Program Log Card or use your fitness center's computer printout. If using the Log Card, have a fitness center staff member initial it each time you work out.

Fitness reimbursement rules:

- The reimbursement is on a plan-year basis. Log cards, fitness center printouts and receipts must reflect activity within a plan year.
- Workouts must be recorded on the Fitness Reimbursement Program Log Card or on the fitness center's computer printout.
- We will not accept photocopies of receipts or log cards.
- Reimbursement is limited to a maximum of \$200 per subscriber contract, per plan year based on the amount shown on the receipt(s) submitted.
- No credit will be issued for unused portions of the plan-year fitness reimbursement.
- We must receive your reimbursement request within one year of completing your Fitness Reimbursement Program Log Card or your computer printout from your fitness center.
- The following are not eligible for reimbursement: Guest fees, equipment fees, court time fees, waived membership fees, tournament fees, social memberships, country club dues, lesson charges and all other miscellaneous fees.
- You are not eligible for this program if your health plan membership has lapsed for any reason. Your health plan membership must be in effect while you are taking part in this program.
- This Fitness Reimbursement Program must be available under your plan. To make sure you're eligible, call the Customer Service number on the back of your ID card.



Choose an easier way to better health

Health and wellness programs designed for your unique needs

Whether you're suffering from asthma, expecting a baby, or just fighting a cold, our health and wellness programs can help. They even include toll-free access to a nurse any time, any day.

Condition Care

If you have a long-term health problem, ConditionCare is for you. It's a program that helps people with asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart failure, coronary artery disease (CAD) and more. When you join the program, we'll give you the tools and resources you need to take charge of your health. You'll also get:

- 24/7 phone access to a nurse care manager who can answer your questions and give you up-to-date information about your condition.
- A health review and follow-up calls if you need them.
- Tips on prevention and lifestyle choices to help you improve your quality of life.

Future Moms

Having a baby is an exciting time! Future Moms can help you have a healthy pregnancy and a healthy baby. Sign up as soon as you know you're pregnant. You'll get:

- 24/7 phone access to a nurse coach you can talk to about your pregnancy and your health. A nurse may also call you from time to time to see how you're doing.

- A book that shows changes you can expect for you and your baby over the next nine months.
- Useful tools to help you, your doctor and your Future Moms nurse coach track your pregnancy and spot possible risks. You'll also get tips and resources to help you make better decisions and prepare for the birth of your baby.

24/7 NurseLine

You can call any time to talk to a registered nurse about your health concerns. You can get answers to questions, whether you're sick or not.

Need health care right away? A nurse can help you decide where to go if your doctor isn't available. Going to the right place can save you time and money. And you can access better care, too.

Get the support you need

Call us to sign up and use these programs at no extra cost:

- ConditionCare: 866-596-9812
- Future Moms: 866-347-8360
- 24/7 NurseLine: 800-544-1901



Live life to the fullest — without paying full price



Save money with discounts at anthem.com

Saving money is good. Saving money on things that are good for you — that's even better. With SpecialOffers@AnthemSM, you can access over 50 discounts on products and services that help promote better health and well-being. It's just one of the perks of being a member. Check out how much you can save:

Vision and Hearing

1-800 CONTACTS — Get contact lenses quick and easy — plus discounts only available to Anthem members, like \$20 off when you spend \$100 or more, and free shipping.

Glasses.com — Get the latest, brand-name frames for just a fraction of the cost at typical retailers — every day. Plus, you get an additional \$20 off orders of \$100 or more, free shipping, and free returns.

Premier LASIK — Save 15% on LASIK with all in-network providers. Prices are as low as \$695 per eye with select providers.

HearPO — Get a low price guarantee with the seven top companies that work with HearPO. Save \$50 on one hearing aid or \$125 on two — plus get a three-year repair/loss/damage warranty and a free two-year supply of batteries.

Beltone[™] — Hearing screening and in-home service at no additional cost, and up to 50% off all Beltone hearing aids.

Fitness and Health

Jenny Craig[®] — Join Jenny Craig and get a 30-day trial at no additional cost, and 25% off the Jenny Rewards Premium Program.

Weight Watchers[®] — Get \$10 off a three-month subscription to Weight Watchers Online.

Lindora[®] — Save 20% on weight loss programs.

SelfHelpWorks — Choose one of the online Living programs and get a 40% discount to help you lose weight, stop smoking, manage stress or face an alcohol problem.

GlobalFit[™] — Save on gym memberships, home fitness equipment and GlobalFit's Virtual Gym. Buy bodybugg with GlobalFit's exclusive low price.

ChooseHealthy[™] — Get preferred pricing on fitness club memberships and a one-week free trial. Enjoy discounts on acupuncture, chiropractors and massage — plus 40% off certain wellness products.

FitOrbit — Get your own personal trainer for less than \$2 a day. Fitness legend Jake Steinfeld (Body by Jake[®]) created FitOrbit — giving everybody the ability to afford a personal trainer.



SpecialOffers@AnthemSM on anthem.com

Family and Home

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

SeniorLink — Save 15% on advice for seniors and get 90 days of service at no additional cost on the HelpLink Emergency Response System to help care for an aging family member.

VPI Pet Insurance — Get 5% off pet insurance. Get peace of mind knowing that you have help paying the medical costs for your pet's accidents, illnesses and routine medical care.

VoiceCare — Save more than 25% on the professional emergency response system.

LinkWell — Get coupons for healthier products.

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

LifeMart — Get 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

Puritan's Pride — Save 20% and get free shipping on a large selection of vitamins, minerals, herbs, supplements and much more.

Murad® — Save \$25 and get a free gift with any purchase of \$100 or more on skin care products.

Allergy Control Products — Save 25% on Allergy Control encasings for your bed. Plus, save 20% on a variety of doctor recommended products for a healthier home and enjoy free shipping on orders of \$150 or more.

National Allergy Supply — Save 15% on mattress encasings, air filtration products, compressors and other products that can help relieve your allergy, asthma and sinus symptoms.

To find the discounts that are available to you, log in to [anthem.com](https://www.anthem.com) and select **Discounts**.



Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI"), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare"), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Three ways to manage your health care conveniently on your smartphone or tablet



1. **Download our free app** — just search for Anthem Blue Cross and Blue Shield at the app store on your mobile device. Find doctors and urgent care centers, and get driving directions from wherever you are. You can also log in and view, email or fax an electronic version of your ID card.
2. **Get to our mobile site by going to anthem.com on your smartphone** — and you'll get many of the same features of our app.
3. **Get the full anthem.com experience on the go** — by using your tablet computer. Check your claims and benefits, use your health and wellness tools, get discounts on contact lenses and glasses, coupons for healthy foods and much more.

To log in on your smartphone, you must be registered on our secure member site and have a username and password. If you're an Anthem Blue Cross and Blue Shield member but haven't registered, go to anthem.com from your computer and click *Register Now*.

Using new technology can make it easier and more convenient to manage your health and health care.



Android



iPhone

Scan one of the QR codes to download our app directly to your device.

Don't have a QR code reader? Download the free ScanLife app to your mobile device or visit scanlife.com.

How we protect our members

As a member, you have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. And 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 www.anthem.com/memberrights.

How we help manage your care

To decide if we'll cover a treatment, procedure or hospital stay, we use a process called Utilization Management (UM). UM is a program that lets us make sure you're getting the right care at the right time. Licensed health care professionals review information your doctor has sent us to see if the requested care is medically needed. These reviews can be done before, during or after a member's treatment. UM also helps us decide if the services will be covered by your health plan.

We also use case managers. They're licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

To learn more about how we help manage your care, visit www.anthem.com/memberrights.

Special Enrollment Rights

There are certain situations when you can enroll in a plan outside the open enrollment period. Open enrollment usually happens only once a year. That's the time you can enroll in a plan or make changes to it. If you choose not to enroll during open enrollment, there are special cases when you're allowed to enroll yourself and your dependents. Special enrollment is allowed:

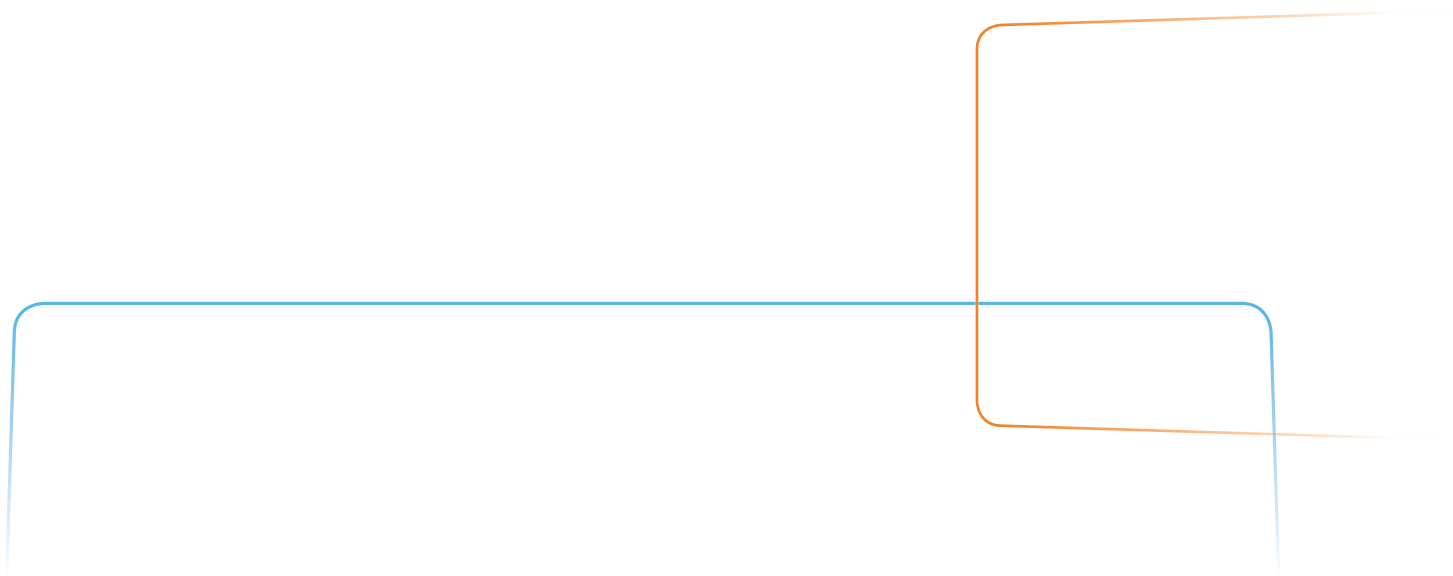
- **If you had another health plan that was canceled.** If you, your dependents or your spouse are no longer eligible for other coverage (or if the employer stops contributing to your health plan), you may be able to enroll with us. You

must enroll within 31 days after the other coverage ends (or after the employer stops paying for it).

- For example: You and your family are enrolled through your spouse's coverage 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 a plan.
- **If you have a new dependent.** This could mean 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 CHIP coverage 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.

Notes

[illegible]



Carry an ID card that means something. Enroll now.



An employer may elect to insure or self-fund its group health plan(s). For self-funded accounts, Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. Please consult your employer for plan funding details.

The benefit descriptions in this plan overview are intended to be brief outlines of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract and are subject to your employer's funding arrangement. In the event of conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

In Connecticut: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc.

In Maine: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Maine, Inc.

In New Hampshire: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc.

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Anthem Vision coverage is underwritten by Anthem Blue Cross and Blue Shield and administered by Health Management Systems, Inc. a separate company.

Life and disability products are underwritten by Anthem Life Insurance Company.

All of the offerings in the SpecialOffers@Anthem program are continually being evaluated and expanded so the offerings may change. Any additions or changes will be communicated on our website, anthem.com.

These arrangements have been made to add value to our members. Value-added services and products are not covered by your health plan benefit. Available discount percentages may change from time to time without notice. Discount is applicable to the items referenced. SM "SpecialOffers@Anthem," "MyHealth@Anthem," "Anthem Rewards," "Anthem Healthy Communities," "Anthem Healthy Solutions," "MyAnthem" is a service mark of Anthem Insurance Companies, Inc.

Anthem Vision coverage is underwritten by Anthem Blue Cross and Blue Shield and administered by Health Management Systems, Inc. a separate company.

Express Scripts, Inc. is a separate company that provides pharmacy services and pharmacy benefit management services on behalf of health plan members.

The Healthy Lifestyles programs are administered by Healthways, Inc., an independent company.