

Choosing and using your plan

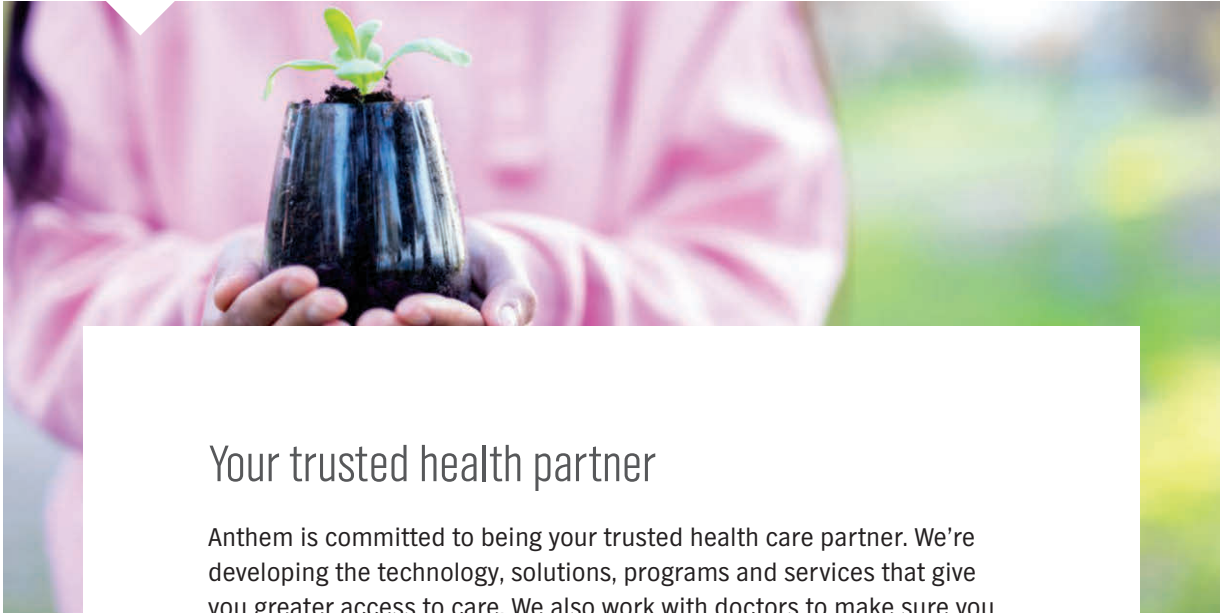
Your guide to open enrollment and
making the most of your benefits



Pulaski County and Schools
Medical / Rx / Vision
Effective July 1, 2020



It's time to choose your plan



Your trusted health partner

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

Save this guide

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





It's time to choose your plan

Let's get started

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

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



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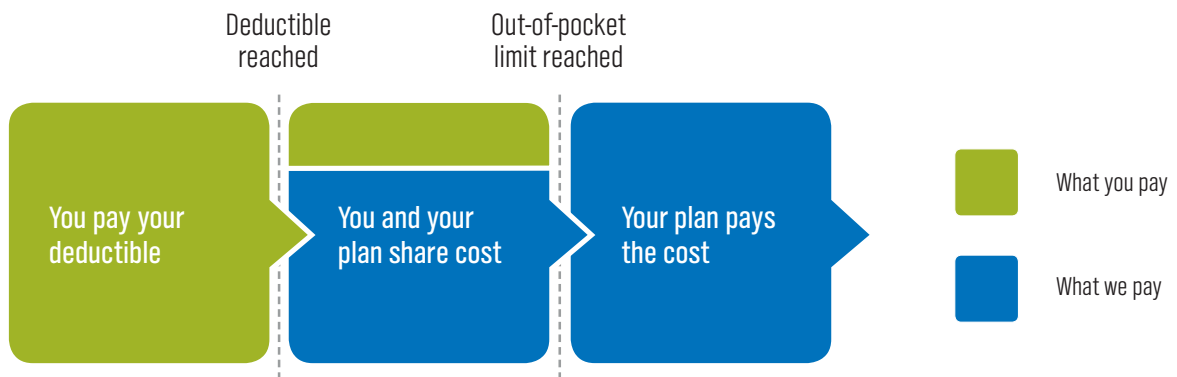


The basics explained

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



What you pay and what your plan pays



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



Words that are helpful to know

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

Deductible:

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

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

Copay:

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

Coinsurance:

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

Out-of-pocket limit:

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

Premium:

The premium, also called a monthly payment, is what you pay for the plan. It's the money that comes out of your paycheck. Think of it like a membership fee that's separate from what you pay when you get care.



Explore your plan options

Here's the part where you get to look at the plans and find the one that fits. What works best for you and your family?

KeyCare PPO

With a Preferred Provider Organization (PPO), you can go to almost any doctor or hospital and you're covered — giving you more choices and flexibility. You get special rates for doctors in your plan, which lowers your out-of-pocket costs.

- You can choose a primary care provider (PCP) from the plan for preventive care, like checkups and screenings.
- You don't need to have a PCP to see a specialist.
- When you want to see a specialist, like an orthopedic doctor or a cardiologist, you don't need to visit your PCP first to get a referral. This can save you time and a copay.
- You'll pay less if you use doctors who are part of the PPO.
- You can see providers who aren't part of the PPO, but you'll pay more.
- Once you pay your deductible, you'll pay a percentage of the total cost (also called coinsurance) anytime you get care for a covered service. Your plan will cover the rest.

Health Savings Account

An HSA allows you to set aside pre-tax dollars to pay for care when you need it, now or in the future. You can use money in the account to pay for qualified medical expenses like hospital visits, prescription drugs or copays for doctor visit.¹

- Once you pay your deductible, you'll pay a percentage of the total cost (also called coinsurance) anytime you get care for a covered service. Your plan will cover the rest.
- All the money in your HSA rolls over from year to year, and it's yours even if you change health plans, jobs or retire.
- The money you put into your HSA, any interest you earn and even the money you take out to pay for health care is all tax-free.
- You can contribute up to \$3,550 for individuals and \$7,100 for families.¹
- If you're 55 or older you can contribute an extra \$1,000 a year.

Watch our HSA Basics video to learn more.

1. For a full list of qualified expenses for an individual, visit [anthem.com/qme](https://www.anthem.com/qme). Veterans who have received medical benefits from the VA, due to a service-connect disability, are eligible to receive or make HSA contributions. Visit the IRS website at [irs.gov/irb/2004-33_IRB](https://www.irs.gov/irb/2004-33_IRB) for more information.



Your pharmacy benefits

What your plan will cover

It's easy to get what you need, whether you take medicine every day or only once in a while.

Your pharmacy plan includes:

- One or more drugs lists. Be sure to check for your medications – the brand-name drugs and the generics that are included in your plan.
 - You can find out if the drug you take is included on the **National 4-tier** Drug List by visiting [anthem.com/VA/Nationaltier4](https://www.anthem.com/VA/Nationaltier4).
- Some preventive drugs at little or no cost to you. To see a list of covered preventive drugs, visit [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation) and see the **PreventiveRx Plus Drug List (National)**.
- Most specialty drugs if you have an ongoing health issue or serious illness. Look for "SP" or the Specialty Pharmacy icon when viewing your plan's drug list.

How your pharmacy benefits work

You pay your deductible

Before a plan starts to help pay for medicine, you may first pay a set amount out of your pocket. This is your deductible. You'll want to check the plan details to see if it has a:

- **Pharmacy deductible:** You first pay a set amount of drug costs out of your pocket and it's separate from a medical deductible. You have to pay your full pharmacy deductible before your plan starts to share the cost of your medicine.
- **Combined deductible:** You first pay a set amount for both covered medical care and drug costs out of your pocket.
- **No pharmacy deductible:** Your plan helps pay for medicine before you reach your deductible.

You and your plan share the costs

After you meet your deductible, your plan will share the cost of medicine. Your options include plans with different ways of sharing the cost:

- **Copays:** You pay a set amount, or copay, for medicine. Your copay will be based on which tier the drug is on. See [Save money with Tier 1 drugs](#) to learn more.
- **Coinsurance:** You pay a certain percentage of the drug's cost, which can be different based on the pharmacy you use.



Your pharmacy benefits

Save money with Tier 1 drugs

Prescription medicines or drugs are listed in groups called tiers. Your cost is based on which tier the drug is in. Tiers 1 and 2 usually include low-cost and generic drugs. You'll save the most money when you use Tier 1 drugs.

Once you're a member, you can check the price of a drug at different pharmacies at **anthem.com** and see if there are lower-cost drugs.

| | Drug type | Cost |
|--------|--|----------|
| Tier 1 | Preferred generic | \$ |
| Tier 2 | Preferred brand name and newer, more expensive generic drugs | \$\$ |
| Tier 3 | Nonpreferred brand name and generic drugs | \$\$\$ |
| Tier 4 | Preferred specialty drugs (brand name and generic) | \$\$\$\$ |

Simple ways to save money on medicine

- Use home delivery for drugs you take on a regular basis.
- Find a pharmacy in your plan.
- Talk to your doctor about generic medicines.
- See if an over-the-counter option is available.





Vision benefits

When you choose Blue View VisionSM, you'll be covered for checkups and eye exams and you'll get allowances for the glasses or contacts you rely on.

Blue View Vision gives you access to more than 38,000 eye doctors at more than 27,000 locations across the country so you can find eye care and eyewear close to home and work. Locations include retail stores like LensCrafters®, Target Optical® and most Pearle Vision® stores. You can order glasses and contacts online through **Glasses.com**, **ContactsDirect** or **1-800-CONTACTS**.

Blue View Vision's International Travel Solution helps you when traveling outside of the U.S.:

- Find a trusted eye doctor in 20 countries and territories.¹
- Get 24/7 phone support with translation services in 160 languages.
- If you lose or break your glasses, you can get temporary emergency glasses with adjustable lenses delivered within 24 hours in most locations at no additional cost.

Keep an eye on your health

Routine eye checkups go beyond making sure you can see clearly. They also can catch other health problems early, like diabetes, high blood pressure, high cholesterol and rheumatoid arthritis.²



¹ Available in Australia, Austria, Brazil, Canada, Chile, China, Colombia, Ecuador, England, France, Germany, Hong Kong SAR, Italy, Japan, Mexico, New Zealand, Peru, Puerto Rico, U.S., Spain and Switzerland.

² American Optometric Association website, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed February 2019): aao.org.



Using your plan



How to use your plan

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



How to use your plan

Use your ID card right from your phone

Introducing the **Sydney Health** mobile app. With **Sydney Health** you can find everything you need to know about your benefits – all in one place. You'll have a custom experience that's based on your plan, your specific health care needs and lots more. And you can quickly access your digital ID card to show it to your doctor or pharmacy. You can even use **Sydney Health** to track your health goals, find care, compare costs, and manage your claims.

Have a question? **Sydney Health** acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. **Sydney Health** makes it easier to get things done, so you can spend more time focusing on your health. Get started by downloading the **Sydney Health** mobile app.

Register for online tools and resources

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

- Quickly access your digital ID card.
- Find a doctor and estimate your costs before you go.
- Look at your prescription drug benefits, check the price of a drug and find a pharmacy near you that's in your plan.
- View your claims, see what's covered and what you may owe for care.
- Check your spending account balances.
- Get support managing your health conditions and tracking your goals.
- Update your email and communication preferences.



How to use your plan

Find a doctor in your plan

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

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

Schedule a checkup

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

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

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



How to use your plan

See a doctor from home

You can have a video visit with a doctor using your mobile phone, tablet or computer with a webcam, whether you're at home, at work or on the go. Doctors are available around the clock for advice, treatment and prescriptions.¹ Just go to **livehealthonline.com** or download the LiveHealth Online mobile app to get started.

Where to go for care when you need it now

When it's an emergency, call 911 or head to the nearest emergency room.

But when you need nonemergency care right away:

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

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





Make the most of your pharmacy benefits

You can manage your prescriptions and costs at **anthem.com**. Simply log in and explore the following ways to save:

- 1. Search the drug list.** Find out if your drugs are covered and which tier they're in. Lower-cost drugs and generics are usually in Tiers 1 and 2. You'll save the most money when you use Tier 1 drugs.
- 2. Price a medication.** See how much a medicine costs. You can compare retail drug costs at local pharmacies and see the price of generic options. Results will include the cost of up to a 90-day supply and home delivery pricing.
- 3. See if there are generic options.** If you're taking a brand-name drug, you can find a list of generic options that cost less, or ask your doctor.
- 4. Specialty drugs are covered if you need them.** Specialty drugs are for people with serious health issues. They come in different forms like pills or liquids. And some need to be injected, inhaled or infused. These drugs often need special storage and handling, and may be given to you by a doctor or nurse. If you have a complex health condition that requires specialty drugs for your treatment you can get them through IngenioRx Specialty Pharmacy.
- 5. Choose a pharmacy that's in your plan.** You have many retail pharmacies to choose from. Use a pharmacy that is in your plan to get the best price. To find a pharmacy in your plan, visit **anthem.com/pharmacyinformation/networks** and choose your network list. Your plan uses the National network list of pharmacies.
- 6. Sign up for home delivery.** If you take medicines regularly or need them on a long-term basis, you can save time with home delivery. You may also save money. You can get up to a 90-day supply of your maintenance medications delivered to your door. Once you're a member, visit **anthem.com** to sign up.
- 7. Get up to a 90-day supply at a retail pharmacy.** You can get up to a 90-day supply of your maintenance medications at a participating retail pharmacy.

Questions?

Call the Pharmacy Member Services phone number on your member ID Card – we're available 24/7.





Plan extras that support your health

Learn more by registering on the **Sydney Health** app or at **anthem.com**.

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

Apps

Introducing the **Sydney Health** mobile app. With **Sydney Health** you can find everything you need to know about your benefits – all in one place. You'll have a custom experience that's based on your plan, your specific health care needs and lots more. And you can quickly access your digital ID card to show it to your doctor or pharmacy. You can even use **Sydney Health** to track your health goals, find care, compare costs, and manage your claims.

Have a question? **Sydney Health** acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. **Sydney Health** makes it easier to get things done, so you can spend more time focusing on your health. Get started by downloading the **Sydney Health** mobile app.

Where to get care

24/7 NurseLine — You can connect with a registered nurse who'll answer your health questions wherever you are — anytime, day or night. They can help you

decide where to go for care and find providers in your area. All you have to do is call **1-800-337-4770**.

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

Blue Distinction® Total Care PCP — The primary care physicians in our Blue Distinction Total Care program aren't like regular doctors. They take a more holistic approach to your care. They take the time to make sure your overall care makes sense based on your history, specialists, medications and lab results. Plus, they offer lots of ways you can get care — like phone, email and extended office hours so you have better access to care.

Case Management — If you're coming home after surgery or have a serious health condition, a nurse care manager can help answer your questions about your follow-up care, medicines and treatment options, coordinate benefits for home therapy or medical supplies, and find community resources to help you.

Want healthy advice?

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





Plan extras that support your health

Learn more by registering on the **Sydney Health** app or at **anthem.com**.

Your nurse care manager will probably call you, but you also can call the Member Services number on your ID card.

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

ConditionCare End-stage Renal Disease — If you have end-stage renal disease (ESRD), extra support can really help with your day-to-day needs. A registered nurse will help you schedule dialysis care and doctor visits; follow your treatment plan and understand your medical equipment; and find helpful resources and information. You don't have to do anything extra to be part of this program. A nurse will call you to see if you want to enroll.

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

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

* Online prescribing only when appropriate based on physician judgment. LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Shopper Programs — This is a great way to help you make decisions about expensive procedures. Here's how it works: if you qualify and are scheduled for one of the included procedures, like an MRI or CT scan, you'll hear from us about lower-cost alternative facilities in your area. We'll even help you make an appointment if you need it. The program is voluntary. You can go to any facility you want still, but this way you can make an informed choice.

*Source: AIM Specialty Health®, internal claims cost analysis.

Healthy living

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

Online Wellness Toolkit — Get tools that help you set and achieve your unique health goals. It includes a Health Assessment, personalized trackers to monitor



Plan extras that support your health

Learn more by registering on the **Sydney Health** app or at **anthem.com**.

your progress toward reaching your goals and fun activities that promote healthier decisions.

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

The Weight Center — This online resource connects you to information on how to manage your weight, eat healthier and take care of your emotional well-being. It includes access to helpful tools like a body mass index (BMI) calculator, the Weight Management Playbook and FitLife podcasts at no extra cost to you.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/fi>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (833) 592-9956 to request a copy.

| Important Questions | | Answers | Why This Matters: |
|--|--|--|---|
| What is the overall deductible ? | | \$0/person or \$0/family for In-Network Providers. \$750/person or \$1,500/family for Non-Network Providers. | Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible . |
| Are there services covered before you meet your deductible ? 17 | | Yes. Primary Care Specialist Visit Preventive Care for In-Network Providers. Tier 1 Tier 2 Tier 3 Tier 4 Prescription Drugs for In-Network and Non-Network Providers. Vision for In-Network and Non-Network Providers. | This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ . |
| Are there other deductibles for specific services? | | No. | You don't have to meet deductibles for specific services. |
| What is the out-of-pocket limit for this plan ? | | \$2,500/person or \$5,000/family for In-Network Providers. \$3,750/person or \$7,500/family for Non-Network Providers. | The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met. |
| What is not included in the out-of-pocket limit ? | | Premiums , balance-billing charges, and health care this plan doesn't cover. | Even though you pay these expenses, they don't count toward the out-of-pocket limit . |
| Will you pay less if you use a network provider ? | | Yes, KeyCare. See www.anthem.com or call (833) 592-9956 for a list of network | This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an Non-Network Provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays |

| | | |
|--|-----------------------------|---|
| | providers . | (balance billing). Be aware your network provider might use an Non-Network Provider for some services (such as lab work). Check with your provider before you get services. |
| Do you need a referral to see a specialist? | No. | You can see the specialist you choose without a referral . |

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|--|--|--|--|---|
| | | In-Network Provider (You will pay the least) | Non-Network Provider (You will pay the most) | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | \$20/visit | 30% coinsurance | -----none----- |
| | Specialist visit | \$40/visit | 30% coinsurance | -----none----- |
| | Preventive care/screening/immunization | No charge | 30% coinsurance | You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. |
| If you have a test | Diagnostic test (x-ray, blood work) | Lab – Office No charge X-Ray – Office 20% coinsurance | Lab – Office 30% coinsurance X-Ray – Office 30% coinsurance | Costs may vary by site of service. |
| If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.anthem.com/pharmacyinformation/ | Imaging (CT/PET scans, MRIs) | \$300/visit | 30% coinsurance | Costs may vary by site of service. |
| | Tier 1 - Typically Generic | \$10/prescription (retail) and \$10/prescription (home delivery) | 30% coinsurance, deductible does not apply (retail) and Not covered (home delivery) | *See Prescription Drug section |
| | Tier 2 - Typically Preferred Brand & Non-Preferred Generic Drugs | \$30/prescription (retail) and \$60/prescription (home delivery) | 30% coinsurance, deductible does not apply (retail) and Not covered (home delivery) | |
| | Tier 3 - Typically Non- Preferred Brand and Generic drugs | \$50/prescription (retail) and \$150/prescription (home delivery) | 30% coinsurance, deductible does not apply (retail) and Not covered (home delivery) | |
| | Tier 4 - Typically Preferred Specialty (brand and generic) | \$50/prescription (retail only) | 30% coinsurance, deductible does not apply (retail) and Not covered (home delivery) | |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | \$300/visit | 30% coinsurance | -----none----- |
| | Physician/surgeon fees | \$40/visit | 30% coinsurance | -----none----- |

* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|--|---|--|---|
| | | In-Network Provider (You will pay the | Non-Network Provider (You will pay the most) | |
| If you need immediate medical attention | Emergency room care | \$250/visit | Covered as In- Network | Copay waived if admitted. |
| | Emergency medical transportation | 20% coinsurance | Covered as In- Network | -----none----- |
| | Urgent care | \$40/visit | 30% coinsurance | -----none----- |
| If you have a hospital stay | Facility fee (e.g., hospital room) | \$300/day to a maximum of \$1,500/admission | 30% coinsurance | 150 days/benefit period for Inpatient rehabilitation and skilled nursing services combined. |
| | Physician/surgeon fees | \$40/visit | 30% coinsurance | -----none----- |
| If you need mental health, behavioral health, or substance abuse services | Outpatient services | Office Visit \$20/visit Other Outpatient \$300/visit | Office Visit 30% coinsurance Other Outpatient 30% coinsurance | Office Visit -----none----- Other Outpatient -----none----- |
| | Inpatient services | \$300/day to a maximum of \$1,500/admission | 30% coinsurance | -----none----- |
| | Office visits | \$300/pregnancy | 30% coinsurance | One copayment per pregnancy for both office visits and childbirth/delivery professional services. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). |
| If you are pregnant | Childbirth/delivery professional services | \$300/pregnancy | 30% coinsurance | 100 visits/benefit period for Home Health and Private Duty Nursing combined. |
| | Childbirth/delivery facility services | \$300/day to a maximum of \$1,500/admission | 30% coinsurance | *See Therapy Services section. |
| | Home health care | 20% coinsurance | 30% coinsurance | 150 days/benefit period for Inpatient rehabilitation and skilled nursing services combined. |
| | Rehabilitation services | \$20/visit | 30% coinsurance | *See Durable Medical Equipment Section |
| If you need help recovering or have other special health needs | Habituation services | \$20/visit | 30% coinsurance | -----none----- |
| | Skilled nursing care | \$300/day to a maximum of \$1,500/admission | 30% coinsurance | *See Vision Services section |
| | Durable medical equipment | 20% coinsurance | 30% coinsurance | |
| If your child needs dental or | Hospice services | 20% coinsurance | 30% coinsurance | |
| | Children's eye exam | No charge | Reimbursed Up to \$30 | |
| | Children's glasses | Not covered | Not covered | |

* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|----------------------|----------------------------|--|--|--|
| | | In-Network Provider (You will pay the least) | Non-Network Provider (You will pay the most) | |
| eye care | Children's dental check-up | Not covered | Not covered | -----none----- |

Excluded Services & Other Covered Services:

| Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.) | | | | |
|--|--|--|--|--|
| <ul style="list-style-type: none"> • Acupuncture • Dental care (Adult) • Glasses for a child • Long-term care | <ul style="list-style-type: none"> • Bariatric Surgery • Dental care (Pediatric) • Hearing aids • Routine foot care unless medically necessary | <ul style="list-style-type: none"> • Cosmetic surgery • Dental Check-up • Infertility treatment • Weight loss programs | | |

| Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.) | | | | |
|---|--|--|--|--|
| <ul style="list-style-type: none"> • Chiropractic care 30 visits/benefit period • Routine eye care (Adult) 1 exam/benefit period. | <ul style="list-style-type: none"> • Most coverage provided outside the United States. See www.bcbsglobalcore.com | <ul style="list-style-type: none"> • Private-duty nursing 100 visits/benefit period combined with Home Health | | |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Virginia Bureau of Insurance, 1300 East Main Street, P. O. Box 1157, Richmond, VA 23218, (800) 552-7945, Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform, or contact Anthem at the number on the back of your ID card. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 27401, Richmond, VA 23279

Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform

Virginia Bureau of Insurance, 1300 East Main Street, P. O. Box 1157, Richmond, VA 23218, (800) 552-7945

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).
_____To see examples of how this plan might cover costs for a sample medical situation, see the next section.

* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's overall deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [copayment](#) \$300
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

| | |
|--------------------|----------|
| Total Example Cost | \$12,800 |
|--------------------|----------|

In this example, Peg would pay:

| Cost Sharing | |
|------------------------------|---------|
| Deductibles | \$0 |
| Copayments | \$4,000 |
| Coinsurance | \$30 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$60 |
| The total Peg would pay is | \$4,090 |

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's overall deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [copayment](#) \$300
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

| | |
|--------------------|---------|
| Total Example Cost | \$7,400 |
|--------------------|---------|

In this example, Joe would pay:

| Cost Sharing | |
|------------------------------|---------|
| Deductibles | \$0 |
| Copayments | \$2,400 |
| Coinsurance | \$0 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$60 |
| The total Joe would pay is | \$2,460 |

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's overall deductible](#) \$0
- [Specialist copayment](#) \$40
- Hospital (facility) [copayment](#) \$300
- Other [coinsurance](#) 0%

This EXAMPLE event includes services like:


[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

| | |
|--------------------|---------|
| Total Example Cost | \$1,900 |
|--------------------|---------|


In this example, Mia would pay:

| Cost Sharing | |
|------------------------------|-------|
| Deductibles | \$0 |
| Copayments | \$500 |
| Coinsurance | \$300 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$0 |
| The total Mia would pay is | \$800 |

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

 The Summary of Benefits and Coverage (SBC) document will help you choose a health **plan**. The SBC shows you how you and the **plan** would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/fi>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (833) 592-9956 to request a copy.

| Important Questions | | Answers | Why This Matters: |
|---|--|---|--|
| What is the overall <u>deductible</u> ? | | \$1,400 /person or \$2,800 /family for In- <u>Network Providers</u> . \$1,400 /person or \$2,800 /family for Non- <u>Network Providers</u> . | Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the policy, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay. |
| Are there services covered before you meet your <u>deductible</u> ? | | Yes. <u>Preventive Care</u> for In- <u>Network Providers</u> . Vision for In- <u>Network</u> and Non- <u>Network Providers</u> . | This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ . |
| Are there other <u>deductibles</u> for specific services? | | No. | You don't have to meet <u>deductibles</u> for specific services. |
| What is the <u>out-of-pocket limit</u> for this <u>plan</u> ? | | \$4,075 /person or \$8,150 /family for In- <u>Network Providers</u> . \$10,000 /person or \$20,000 /family for Non- <u>Network Providers</u> . | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family <u>out-of-pocket limit</u> must be met. |
| What is not included in the <u>out-of-pocket limit</u> ? | | <u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover. | Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> . |
| Will you pay less if you use a <u>network provider</u> ? | | Yes, KeyCare. See www.anthem.com or call (833) 592-9956 for a list of <u>network providers</u> . | This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>Non-Network Provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your <u>network provider</u> might use an <u>Non-Network Provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. |
| Do you need a <u>referral</u> ? | | No. | You can see the <u>specialist</u> you choose without a <u>referral</u> . |

| to see a specialist ? | | | | |
|---|--|---|--|---|
|  All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies. | | | | |
| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
| | | In-Network Provider (You will pay the least) | Non-Network Provider (You will pay the most) | |
| If you visit a health care provider's office or clinic | Primary care visit to treat an injury or illness | 20% coinsurance | 40% coinsurance | -----none----- |
| | Specialist visit | 20% coinsurance | 40% coinsurance | -----none----- |
| If you have a test | Preventive care/screening/immunization | No charge | 40% coinsurance | You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. |
| | Diagnostic test (x-ray, blood work) | 20% coinsurance | 40% coinsurance | Costs may vary by site of service. |
| | Imaging (CT/PET scans, MRIs) | 20% coinsurance | 40% coinsurance | Costs may vary by site of service. |
| | Tier 1 - Typically Generic | \$10/prescription (retail) and \$10/prescription (home delivery) | 40% coinsurance (retail) and Not covered (home delivery) | |
| If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.anthem.com/pharmacyinformation/ | Tier 2 - Typically Preferred Brand & Non-Preferred Generic Drugs | \$30/prescription (retail) and \$60/prescription (home delivery) | 40% coinsurance (retail) and Not covered (home delivery) | |
| | Tier 3 - Typically Non- Preferred Brand and Generic drugs | \$50/prescription (retail) and \$150/prescription (home delivery) | 40% coinsurance (retail) and Not covered (home delivery) | *See Prescription Drug section |
| | Tier 4 - Typically Preferred Specialty (brand and generic) | \$50/prescription (retail only) | 40% coinsurance (retail) and Not covered (home delivery) | PreventiveRx medications covered in full. |
| | National Drug List | | | |
| If you have outpatient surgery | Facility fee (e.g., ambulatory surgery center) | 20% coinsurance | 40% coinsurance | -----none----- |
| | Physician/surgeon fees | 20% coinsurance | 40% coinsurance | -----none----- |
| If you need immediate medical attention | Emergency room care | 20% coinsurance | Covered as In- Network | -----none----- |
| | Emergency medical transportation | 20% coinsurance | Covered as In- Network | -----none----- |
| | Urgent care | 20% coinsurance | 40% coinsurance | -----none----- |
| If you have a hospital stay | Facility fee (e.g., hospital room) | 20% coinsurance | 40% coinsurance | 150 days/benefit period for Inpatient rehabilitation and |

* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

| Common Medical Event | Services You May Need | What You Will Pay | | Limitations, Exceptions, & Other Important Information |
|---|---|--|--|---|
| | | In-Network Provider (You will pay the least) | Non-Network Provider (You will pay the most) | |
| If you need mental health, behavioral health, or substance abuse services | Physician/surgeon fees | 20% coinsurance | 40% coinsurance | skilled nursing services combined. -----none----- |
| | Outpatient services | Office Visit 20% coinsurance Other Outpatient 20% coinsurance | Office Visit 40% coinsurance Other Outpatient 40% coinsurance | Office Visit -----none----- Other Outpatient -----none----- -----none----- |
| | Inpatient services | 20% coinsurance | 40% coinsurance | -----none----- |
| | Office visits | 20% coinsurance | 40% coinsurance | Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). |
| | Childbirth/delivery professional services | 20% coinsurance | 40% coinsurance | |
| If you are pregnant | Childbirth/delivery facility services | 20% coinsurance | 40% coinsurance | 100 visits/benefit period for Home Health and Private Duty Nursing combined. *See Therapy Services section. 150 days/benefit period for Inpatient rehabilitation and skilled nursing services combined. *See Durable Medical Equipment Section -----none----- |
| | Home health care | 20% coinsurance | 40% coinsurance | |
| | Rehabilitation services | 20% coinsurance | 40% coinsurance | |
| | Habituation services | 20% coinsurance | 40% coinsurance | |
| | Skilled nursing care | 20% coinsurance | 40% coinsurance | |
| If your child needs dental or eye care | Durable medical equipment | 20% coinsurance | 40% coinsurance | *See Vision Services section -----none----- |
| | Hospice services | 20% coinsurance | 40% coinsurance | |
| | Children's eye exam | No charge | Reimbursed Up to \$30 | |
| | Children's glasses | Not covered | Not covered | |
| | Children's dental check-up | Not covered | Not covered | |

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Acupuncture • Dental care (Adult) • Glasses for a child • Long-term care | <ul style="list-style-type: none"> • Bariatric Surgery • Dental care (Pediatric) • Hearing aids | <ul style="list-style-type: none"> • Cosmetic surgery • Dental Check-up • Infertility treatment • Weight loss programs |
|---|--|--|

* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

| | |
|---|--|
| <ul style="list-style-type: none"> • Routine foot care unless medically necessary | <ul style="list-style-type: none"> • Routine foot care unless medically necessary |
| Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.) | |
| <ul style="list-style-type: none"> • Chiropractic care 30 visits/benefit period • Routine eye care (Adult) 1 exam/benefit period. | <ul style="list-style-type: none"> • Most coverage provided outside the United States. See www.bcbsglobalcore.com • Private-duty nursing 100 visits/benefit period combined with Home Health |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Virginia Bureau of Insurance, 1300 East Main Street, P. O. Box 1157, Richmond, VA 23218, (800) 552-7945, Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform, or contact Anthem at the number on the back of your ID card. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

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ATTN: Grievances and Appeals, P.O. Box 27401, Richmond, VA 23279
 Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform
 Virginia Bureau of Insurance, 1300 East Main Street, P. O. Box 1157, Richmond, VA 23218, (800) 552-7945

Does this plan provide Minimum Essential Coverage? Yes
 If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes
 If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

To see examples of how this plan might cover costs for a sample medical situation, see the next section.



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's overall deductible](#) **\$1,400**
- [Specialist coinsurance](#) **10%**
- Hospital (facility) [coinsurance](#) **10%**
- Other [coinsurance](#) **10%**

This **EXAMPLE** event includes services like:

[Specialist](#) office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
[Diagnostic tests](#) (*ultrasounds and blood work*)
[Specialist](#) visit (*anesthesia*)

| | |
|--------------------|----------|
| Total Example Cost | \$12,800 |
|--------------------|----------|

In this example, Peg would pay:

| Cost Sharing | |
|------------------------------|---------|
| Deductibles | \$1,400 |
| Copayments | \$0 |
| Coinsurance | \$1,300 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$60 |
| The total Peg would pay is | \$2,760 |

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's overall deductible](#) **\$1,400**
- [Specialist coinsurance](#) **10%**
- Hospital (facility) [coinsurance](#) **10%**
- Other [coinsurance](#) **10%**

This **EXAMPLE** event includes services like:

[Primary care physician](#) office visits (*including disease education*)
[Diagnostic tests](#) (*blood work*)
[Prescription drugs](#)
[Durable medical equipment](#) (*glucose meter*)

| | |
|--------------------|---------|
| Total Example Cost | \$7,400 |
|--------------------|---------|

In this example, Joe would pay:

| Cost Sharing | |
|------------------------------|---------|
| Deductibles | \$1,400 |
| Copayments | \$0 |
| Coinsurance | \$700 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$60 |
| The total Joe would pay is | \$2,160 |

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's overall deductible](#) **\$1,400**
- [Specialist coinsurance](#) **10%**
- Hospital (facility) [coinsurance](#) **10%**
- Other [coinsurance](#) **10%**

This **EXAMPLE** event includes services like:

[Emergency room care](#) (*including medical supplies*)
[Diagnostic test](#) (*x-ray*)
[Durable medical equipment](#) (*crutches*)
[Rehabilitation services](#) (*physical therapy*)

| | |
|--------------------|---------|
| Total Example Cost | \$1,900 |
|--------------------|---------|

In this example, Mia would pay:

| Cost Sharing | |
|------------------------------|---------|
| Deductibles | \$1,400 |
| Copayments | \$0 |
| Coinsurance | \$200 |
| <i>What isn't covered</i> | |
| Limits or exclusions | \$0 |
| The total Mia would pay is | \$1,600 |

The [plan](#) would be responsible for the other costs of these **EXAMPLE** covered services.

Your summary of benefits

Anthem® BlueCross and BlueShield

Your Contract Code: 3REA

Your Plan: Anthem KeyCare Plus 20/20%/2500 Rx \$10/\$30/\$50/\$50

Your Network: KeyCare

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This policy has exclusions and limitations to benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent or contact us. If there is a difference between this summary and the contract of coverage, the contract of coverage will prevail.

This benefit summary is not to be distributed without also providing access to the applicable Anthem enrollment brochure.

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|--|---|
| Overall Deductible <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</i> | \$0 person / \$0 family | \$750 person / \$1,500 family |
| Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i> | \$2,500 person / \$5,000 family | \$3,750 person / \$7,500 family |
| Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i> | No charge | 30% coinsurance after medical deductible is met |
| Doctor Home and Office Services Primary Care Visit to treat an injury or illness | \$20 copay per visit | 30% coinsurance after medical deductible is met |
| Specialist Care Visit | \$40 copay per visit | 30% coinsurance after medical deductible is met |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|--|--|--|
| Prenatal and Post-natal Care <i>In-Network preventive prenatal services are covered at 100%.</i> | \$300 copay per pregnancy | 30% coinsurance after medical deductible is met |
| Other Practitioner Visits: Retail Health Clinic Preferred On-line Visit <i>Includes Mental Health and Substance Use Disorder</i> <i>Live Health Online is the preferred telehealth solution.</i> www.livehealthonline.com . Other Participating Provider On-line Visit <i>Includes Mental Health and Substance Use Disorder</i> Chiropractic Services <i>Coverage for Rehabilitation and Habilitation is limited to 30 visits combined per benefit period. Limit is combined In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities.</i> | \$20 copay per visit \$10 copay per visit \$20 copay per visit \$20 copay per visit | 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met |
| Other Services in an Office: Allergy Testing Chemo/Radiation Therapy Hemodialysis Prescription Drugs <i>For the drugs itself dispensed in the office through infusion/injection.</i> | \$20 copay per visit 20% coinsurance 20% coinsurance 20% coinsurance | 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|---|---|
| Diagnostic Services Lab: Office Preferred Reference Lab Outpatient Hospital | No charge No charge \$300 copay per visit | 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met |
| X-Ray: Office Outpatient Hospital | 20% coinsurance \$300 copay per visit | 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met |
| Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans): Office Outpatient Hospital | 20% coinsurance \$300 copay per visit | 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|--|--|---|
| Emergency and Urgent Care | | |
| Urgent Care Center Office Visit | \$40 copay per visit | 30% coinsurance after medical deductible is met |
| Emergency Room Facility Services <i>Copay waived if admitted.</i> | \$250 copay per visit | Covered as In-Network |
| Emergency Room Doctor and Other Services | 20% coinsurance | Covered as In-Network |
| Emergency Room Mental Health and Substance Use Disorder Doctor Services | \$20 copay per visit | Covered as In-Network |
| Ambulance Transportation | 20% coinsurance | Covered as In-Network |
| Outpatient Mental Health and Substance Use Disorder | | |
| Doctor Office Visit | \$20 copay per visit | 30% coinsurance after medical deductible is met |
| Facility visit: | | |
| Facility Fees | \$300 copay per visit | 30% coinsurance after medical deductible is met |
| Doctor Services | \$20 copay per visit | 30% coinsurance after medical deductible is met |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|---|---|
| Outpatient Surgery Facility Fees: Hospital Freestanding Surgical Center Doctor and Other Services: Hospital | \$300 copay per visit \$300 copay per visit \$40 copay per visit | 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met |
| Hospital Stay (all Inpatient stays including Maternity, Mental and Substance Use Disorder): Facility fees (for example, room & board) <i>Coverage for Inpatient Rehabilitation and Skilled Nursing services is limited to 150 days combined per benefit period. Limit is combined In-Network and Non-Network.</i> Doctor and other services | \$300 copay per day to a maximum of \$1,500 per admission \$40 copay per visit | 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met |

Your summary of benefits

[illegible]

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|--|---|--|
| Outpatient Hospital <i>Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is limited to 30 visits combined per benefit period. Limit is combined for In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities. Coverage for rehabilitative and habilitative speech therapy is limited to 30 visits per benefit period. Limit is combined across professional visits and outpatient facilities. Limit is combined for In-Network and Non-Network. Visit limit does not apply when performed as part of Hospice, Home Health, Early Intervention or Autism service.</i> | 20% coinsurance | 30% coinsurance after medical deductible is met |
| Cardiac rehabilitation Office Visit <i>Coverage for cardiac rehabilitation is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network across all outpatient settings.</i> Outpatient Hospital <i>Coverage for cardiac rehabilitation is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network across all outpatient settings.</i> | \$40 copay per visit 20% coinsurance | 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met |
| Skilled Nursing Care (in a facility) <i>Coverage for Inpatient rehabilitation and skilled nursing services is limited to 150 days combined per benefit period. Limit is combined In-Network and Non-Network.</i> | \$300 copay per day to a maximum of \$1,500 per admission | 30% coinsurance after medical deductible is met |
| Hospice | 20% coinsurance | 30% coinsurance after medical deductible is met |
| Durable Medical Equipment | 20% coinsurance | 30% coinsurance after medical deductible is met |
| Prosthetic Devices <i>Coverage for wigs needed after cancer treatment is limited to 1 item per benefit period. Limit is combined In-Network and Non-Network.</i> | 20% coinsurance | 30% coinsurance after medical deductible is met |

Your summary of benefits

| Covered Prescription Drug Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|--|---|
| Pharmacy Deductible | Not applicable | Not applicable |
| Pharmacy Out of Pocket | Combined with medical out of pocket maximum | Combined with medical out of pocket maximum |
| Prescription Drug Coverage <i>National Drug List</i> <i>This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.</i> | | |
| Tier 1 - Typically Generic <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs. Coverage is also provided for up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when dispensed or furnished at one time.</i> | \$10 copay per prescription, deductible does not apply (retail) and \$10 copay per prescription, deductible does not apply (home delivery) | 30% coinsurance, deductible does not apply (retail) and Not covered (home delivery) |
| Tier 2 – Typically Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs. Coverage is also provided for up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when dispensed or furnished at one time.</i> | \$30 copay per prescription, deductible does not apply (retail) and \$60 copay per prescription, deductible does not apply (home delivery) | 30% coinsurance, deductible does not apply (retail) and Not covered (home delivery) |
| Tier 3 - Typically Non-Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs. Coverage is also provided for up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when dispensed or furnished at one time.</i> | \$50 copay per prescription, deductible does not apply (retail) and \$150 copay per prescription, deductible does not | 30% coinsurance, deductible does not apply (retail) and Not covered (home delivery) |

Your summary of benefits

| Covered Prescription Drug Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|--|---|
| | apply (home delivery) | |
| Tier 4 - Typically Specialty (brand and generic) <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 30 day supply (home delivery program). No coverage for non-formulary drugs. Coverage is also provided for up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when dispensed or furnished at one time.</i> | \$50 per prescription (retail only) | 30% coinsurance, deductible does not apply (retail) and Not covered (home delivery) |

Your summary of benefits

| Covered Vision Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|--|--|
| <i>This is a brief outline of your vision coverage. Not all cost shares for covered services are shown below. For a full list, including benefits, exclusions and limitations, see the combined Evidence of Coverage/Disclosure form/Certificate. If there is a difference between this summary and either Evidence of Coverage/Disclosure form/Certificate, the Evidence of Coverage/Disclosure form/Certificate will prevail.</i> | | |
| Child Vision exam <i>Coverage for In-Network Providers and Non-Network Providers is limited to 1 exam per benefit period.</i> | No charge | Reimbursed Up to \$30 |
| Adult Vision exam <i>Coverage for In-Network Providers and Non-Network Providers is limited to 1 exam per benefit period.</i> | \$15 copay | Reimbursed Up to \$30 |

Your summary of benefits

Notes:

- The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.
- All medical services subject to a coinsurance are also subject to the annual medical deductible, if deductible is applicable to plan.
- If your plan includes a hospital stay copay and you are readmitted within 72 hours of a prior admission for the same diagnosis, your hospital stay copay for your readmission is waived.
- If your plan includes an emergency room facility copay and you are directly admitted to a hospital, your emergency room facility copay is waived.
- If your plan includes out of network benefits and you use a non-participating provider, you are responsible for any difference between the covered expense and the actual non-participating provider's charge.
- To view your prescription formulary list log on to www.anthem.com/health-insurance/customer-care/forms-library
- In-network preventive care is not subject to deductible, if you plan has a deductible.
- This plan includes Home Delivery (Mail Order). Home Delivery copays are different than the Retail Pharmacy Copays.
- If your plan includes out of network benefits and you use a non-participating provider, you are responsible for any difference between the covered expense and the actual non-participating provider's charge. When receiving care from providers out of network, members may be subject to balance billing in addition to any applicable copayments, coinsurance and/or deductible. This amount does not apply to the out of network out of pocket limit.
- For additional information on this plan, please visit www.sbc.anthem.com to obtain a "Summary of Benefits and Coverage".
- The representations of benefits in this document are subject to Division of Insurance approval and are subject to change.
- If your plan includes out of network benefits, all services with calendar/plan year limits are combined both in and out of network.
- Your copays, coinsurance and deductible count toward your out of pocket amount.
- Human Organ and Tissues Transplants require precertification and are covered as any other service in your summary of benefits.

Your summary of benefits

Anthem® BlueCross and BlueShield

Your Contract Code: 3REB

Your Plan: Anthem HSA 1400NE/20%/4075 Rx \$10/\$30/\$50/\$50

Your Network: KeyCare

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This policy has exclusions and limitations to benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent or contact us. If there is a difference between this summary and the contract of coverage, the contract of coverage will prevail.

This benefit summary is not to be distributed without also providing access to the applicable Anthem enrollment brochure.

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|--|--|
| Overall Deductible <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</i> | \$1,400 person / \$2,800 family | \$1,400 person / \$2,800 family |
| Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i> | \$4,075 person / \$8,150 family | \$10,000 person / \$20,000 family |
| Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i> | No charge | 40% coinsurance after deductible is met |
| Doctor Home and Office Services Primary Care Visit to treat an injury or illness | 20% coinsurance after deductible is met | 40% coinsurance after deductible is met |
| Specialist Care Visit | 20% coinsurance after deductible is met | 40% coinsurance after deductible is met |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|--|--|--|
| Prenatal and Post-natal Care <i>In-Network preventive prenatal services are covered at 100%.</i> | 20% coinsurance after deductible is met | 40% coinsurance after deductible is met |
| Other Practitioner Visits: Retail Health Clinic On-line Visit <i>Includes Mental Health and Substance Use Disorder</i> <i>Live Health Online is the preferred telehealth solution.</i> www.livehealthonline.com . Chiropractic Services <i>Coverage for Rehabilitation and Habilitation is limited to 30 visits combined per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i> | 20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met | 40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met |
| Other Services in an Office: Allergy Testing Chemo/Radiation Therapy Hemodialysis Prescription Drugs <i>For the drugs itself dispensed in the office through infusion/injection.</i> | 20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met | 40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|---|---|
| Diagnostic Services Lab: Office Preferred Reference Lab Outpatient Hospital | 20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met | 40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met |
| X-Ray: Office Outpatient Hospital | 20% coinsurance after deductible is met 20% coinsurance after deductible is met | 40% coinsurance after deductible is met 40% coinsurance after deductible is met |
| Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans): Office Outpatient Hospital | 20% coinsurance after deductible is met 20% coinsurance after deductible is met | 40% coinsurance after deductible is met 40% coinsurance after deductible is met |
| Emergency and Urgent Care Urgent Care Center Office Visit | 20% coinsurance after deductible is met | 40% coinsurance after deductible is met |
| Emergency Room Facility Services | 20% coinsurance after deductible is met | Covered as In-Network |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|--|---|---|
| Emergency Room Doctor and Other Services | 20% coinsurance after deductible is met | Covered as In-Network |
| Ambulance Transportation | 20% coinsurance after deductible is met | Covered as In-Network |
| Outpatient Mental Health and Substance Use Disorder | | |
| Doctor Office Visit | 20% coinsurance after deductible is met | 40% coinsurance after deductible is met |
| Facility visit: | | |
| Facility Fees | 20% coinsurance after deductible is met | 40% coinsurance after deductible is met |
| Doctor Services | 20% coinsurance after deductible is met | 40% coinsurance after deductible is met |
| Outpatient Surgery | | |
| Facility Fees: | | |
| Hospital | 20% coinsurance after deductible is met | 40% coinsurance after deductible is met |
| Freestanding Surgical Center | 20% coinsurance after deductible is met | 40% coinsurance after deductible is met |
| Doctor and Other Services: | | |
| Hospital | 20% coinsurance after deductible is met | 40% coinsurance after deductible is met |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|--|--|--|
| Hospital Stay (all Inpatient stays including Maternity, Mental and Substance Use Disorder): Facility fees (for example, room & board) <i>Coverage for Inpatient Rehabilitation and Skilled Nursing services is limited to 150 days combined per benefit period. Limit is combined In-Network and Non-Network.</i> Doctor and other services | 20% coinsurance after deductible is met 20% coinsurance after deductible is met | 40% coinsurance after deductible is met 40% coinsurance after deductible is met |
| Recovery & Rehabilitation Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limit is combined In-Network and Non-Network. Limits are combined for home health care and private duty nursing.</i> | 20% coinsurance after deductible is met | 40% coinsurance after deductible is met |
| Rehabilitation services (for example, physical/speech/occupational therapy): Office <i>Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is limited to 30 visits per benefit period. Limit is combined for In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits. Coverage for rehabilitative and habilitative speech therapy is limited to 30 visits per benefit period. Limit is combined for In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i> Outpatient Hospital <i>Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is limited to 30 visits per benefit period. Visit limits are combined both across outpatient and other professional visits. Limit is combined for In-Network and Non-Network. Coverage for rehabilitative and habilitative speech therapy is limited to 30 visits per benefit period. Limit is combined for In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i> | 20% coinsurance after deductible is met 20% coinsurance after deductible is met | 40% coinsurance after deductible is met 40% coinsurance after deductible is met |
| Habilitation services (for example, physical/speech/occupational therapy): | | |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|---|---|
| <p>Office <i>Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is limited to 30 visits per benefit period. Limit is combined for In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits. Coverage for rehabilitative and habilitative speech therapy is limited to 30 visits per benefit period. Visit limits are combined both across outpatient and other professional visits. Limit is combined for In-Network and Non-Network. Visit limit does not apply when performed as part of Hospice, Home Health, Early Intervention or Autism service.</i></p> <p>Outpatient Hospital <i>Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is limited to 30 visits combined per benefit period. Limit is combined for In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits. Coverage for rehabilitative and habilitative speech therapy is limited to 30 visits per benefit period. Visit limits are combined both across outpatient and other professional visits. Limit is combined for In-Network and Non-Network. Visit limit does not apply when performed as part of Hospice, Home Health, Early Intervention or Autism service.</i></p> | <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> | <p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p> |
| <p>Cardiac rehabilitation</p> <p>Office Visit <i>Coverage for cardiac rehabilitation is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network across all outpatient settings.</i></p> <p>Outpatient Hospital <i>Coverage for cardiac rehabilitation is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network across all outpatient settings.</i></p> | <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> | <p>40% coinsurance after deductible is met</p> <p>40% coinsurance after deductible is met</p> |
| <p>Skilled Nursing Care (in a facility) <i>Coverage for Inpatient rehabilitation and skilled nursing services is limited to 150 days combined per benefit period. Limit is combined In-Network and Non-Network.</i></p> | <p>20% coinsurance after deductible is met</p> | <p>40% coinsurance after deductible is met</p> |
| <p>Hospice</p> | <p>20% coinsurance after deductible is</p> | <p>40% coinsurance after deductible is</p> |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|--|---|---|
| | met | met |
| Durable Medical Equipment | 20% coinsurance after deductible is met | 40% coinsurance after deductible is met |
| Prosthetic Devices <i>Coverage for wigs needed after cancer treatment is limited to 1 item per benefit period. Limit is combined In-Network and Non-Network.</i> | 20% coinsurance after deductible is met | 40% coinsurance after deductible is met |

Your summary of benefits

| Covered Prescription Drug Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|---|--|
| Pharmacy Deductible | Combined with medical deductible | Combined with medical deductible |
| Pharmacy Out of Pocket | Combined with medical out of pocket maximum | Combined with medical out of pocket maximum |
| Prescription Drug Coverage <i>National Drug List - PreventiveRx covered at 100%</i> <i>This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.</i> | | |
| Tier 1 - Typically Generic <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs. Coverage is also provided for up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when dispensed or furnished at one time.</i> | \$10 copay per Rx, deductible does not apply (retail) and \$10 copay per Rx, deductible does not apply (home delivery) | 40% coinsurance after deductible is met (retail) and Not covered (home delivery) |
| Tier 2 – Typically Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs. Coverage is also provided for up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when dispensed or furnished at one time.</i> | \$30 copay per Rx, deductible does not apply (retail) and \$60 copay per Rx, deductible does not apply (home delivery) | 40% coinsurance after deductible is met (retail) and Not covered (home delivery) |
| Tier 3 - Typically Non-Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs. Coverage is also provided for up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when dispensed or furnished at one time.</i> | \$50 copay per Rx, deductible does not apply (retail) and \$150 copay per Rx, deductible does not apply (home delivery) | 40% coinsurance after deductible is met (retail) and Not covered (home delivery) |
| Tier 4 - Typically Specialty (brand and generic) <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 30 day supply (home delivery program). Coverage is also provided for up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when dispensed or furnished at one time.</i> | \$50 copay per Rx, deductible does not apply (retail only) | 40% coinsurance after deductible is met (retail) and Not covered (home delivery) |

Your summary of benefits

| Covered Vision Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|--|--|
| <i>This is a brief outline of your vision coverage. Not all cost shares for covered services are shown below. For a full list, including benefits, exclusions and limitations, see the combined Evidence of Coverage/Disclosure form/Certificate. If there is a difference between this summary and either Evidence of Coverage/Disclosure form/Certificate, the Evidence of Coverage/Disclosure form/Certificate will prevail.</i> | | |
| Child Vision exam <i>Coverage for In-Network Providers and Non-Network Providers is limited to 1 exam per benefit period.</i> | \$0 copay | Reimbursed Up to \$30 |
| Adult Vision exam <i>Coverage for In-Network Providers and Non-Network Providers is limited to 1 exam per benefit period.</i> | \$15 copay | Reimbursed Up to \$30 |

Your summary of benefits

Notes:

- The family deductible and out-of-pocket maximum are non-embedded meaning the cost shares of all family members apply to one shared family deductible and one shared family out-of-pocket maximum. The individual deductible and individual out-of-pocket maximum only apply to individuals enrolled under single coverage.
- All medical services subject to a coinsurance are also subject to the annual medical deductible, if deductible is applicable to plan.
- If your plan includes a hospital stay copay and you are readmitted within 72 hours of a prior admission for the same diagnosis, your hospital stay copay for your readmission is waived.
- If your plan includes out of network benefits and you use a non-participating provider, you are responsible for any difference between the covered expense and the actual non-participating providers charge.
- To view your prescription formulary list log on to www.anthem.com/health-insurance/customer-care/forms-library
- In-network preventive care is not subject to deductible, if you plan has a deductible.
- If your plan includes out of network benefits and you use a non-participating provider, you are responsible for any difference between the covered expense and the actual non-participating providers charge. When receiving care from providers out of network, members may be subject to balance billing in addition to any applicable copayments, coinsurance and/or deductible. This amount does not apply to the out of network out of pocket limit.
- For additional information on this plan, please visit www.sbc.anthem.com to obtain a “Summary of Benefit Coverage”.
- The representations of benefits in this document are subject to Division of Insurance approval and are subject to change.
- If your plan includes out of network benefits, all services with calendar/plan year limits are combined both in and out of network.
- Your copays, coinsurance and deductible count toward your out of pocket amount.
- Human Organ and Tissues Transplants require precertification and are covered as any other service in your summary of benefits.

PreventiveRxSM Drug List: PreventiveRx Plus Plan



PreventiveRx covers drugs that may keep you healthy because they may prevent illness and other health conditions. You can get the products on this list at low or no cost to you depending on your benefit.

This list includes only prescription products. Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lowercase letters.

Most brand-name drugs that have a generic equivalent available are not covered under this Preventive Rx benefit.

All drugs* listed below are covered for plans with the National Drug List. If your plan has a different drug list, please check to see if these drugs are included on your drug list. PreventiveRx Plus drugs are only covered if they are included on your specific drug list.

*Some drugs may be excluded from your benefits. Please refer to your Certificate or Evidence for Coverage for coverage limitations and exclusions.

Asthma

Advair
Advair HFA
albuterol sulfate
nebulization soln, syrup,
tabs
aminophylline
Arnuity Ellipta
Asmanex
Asmanex HFA
Breo Ellipta
budesonide inhalation
suspension
cromolyn sodium
nebulization soln
Dulera
dyphylline
dyphylline/ guaifenesin
elixophylline
Flovent Diskus
Flovent HFA
Foradil
levalbuterol nebulization
soln
metaproterenol sulfate
syrup, tabs
montelukast
Perforomist
ProAir HFA
Pulmicort Flexhaler
QVAR
Serevent Diskus
Symbicort
terbutaline sulfate injection,
tabs
Theo- 24
Theochron
theophylline

Ventolin HFA
zafirlukast

Blood clots

Brilinta
Coumadin
Eliquis
heparin
Pradaxa
warfarin
Xarelto

Diabetes

Diabetic supplies including blood glucose meters, test strips and lancets require a prescription to be covered by this plan. Only blood glucose meters & blood glucose test strips by Lifescan & Roche will be covered by this benefit.

acarbose
ActoPlusMet XR
Bydureon
Byetta
chlorpropamide
glimepiride
glipizide
glipizide er/xl
glipizide with metformin hcl
glyburide
glyburide with metformin
hcl
glyburide, micronized
Glyset
Humalog
Humulin
Janumet

Janumet XR
Januvia
Jentadueto
Juvisync
Lantus
Levemir
metformin hcl
metformin hcl er
nateglinide
Novolin
Novolog
pioglitazone
pioglitazone- glimepiride
pioglitazone- metformin
repaglinide
Symlin
tolazamide
tolbutamide
Tradjenta
Victoza

Heart health and high blood pressure

acebutolol hcl
acetazolamide
afeditab cr
amiloride hcl
amiloride/ hctz
amlodipine besylate
amlodipine/ benazepril
amlodipine/ valsartan
amlodipine/ valsartan/ hctz
atenolol
atenolol/ chlorthalidone
benazepril hcl
benazepril hcl/ hctz
betaxolol hcl
Bidil
bisoprolol fumarate

bisoprolol fumarate/ hctz
bumetanide
candesartan
candesartan/ hctz
captopril
captopril/ hctz
cartia xt
carvedilol
chlorthiazide
chlorthalidone
clonidine hcl
Clorpres 0.1, 0.2mg
Coreg CR
digitek
digoxin
Dilatrate SR
dilt-cd
diltia XT
diltiazem hcl
diltiazem hcl er
doxazosin mesylate
enalapril maleate
enalapril/ hctz
eplerenone
eprosartan
felodipine er
fosinopril sodium
fosinopril/ hctz
furosemide
guanfacine hcl
hydralazine hcl
hydrochlorothiazide
indapamide
irbesartan
irbesartan/ hctz
Isordil 40mg
isosorbide dinitrate
isosorbide dinitrate er

PreventiveRxSM Drug List: PreventiveRx Plus Plan



| | | | | |
|------------------------------|-----------------------------|--|--|--------------------------|
| isosorbide mononitrate | Nitro-Dur 0.3, 0.8mg/ hr | trandolapril | Welchol | Stroke |
| isosorbide mononitrate er | nitroglycerin | trandolapril/ verapamil | Osteoporosis | aspirin- dipyridamole ER |
| isradipine | nitroglycerin 400 mcg spray | triamterene/ hctz | alendronate sodium | cilostazol |
| labetolol hcl | nitroglycerin er | valsartan | calcitonin- salmon | clopidogrel bisulfate |
| Lanxoin | nitroglycerin lingual | valsartan/ hctz | Climara Pro | dipyridamole |
| lisinopril | nitroglycerin spray | Valturna | Combipatch | Effient |
| lisinopril/ hctz | Nitrostat | verapamil hcl | covaryx | ticlopidine |
| losartan | perindopril | verapamil hcl er | covaryx HS | |
| losartan/ hctz | pindolol | High cholesterol | est. estrogens with methyltestosterone | |
| Matzim LA | prazosin hcl | Advicor | estradiol tab, patch | |
| methazolamide | propranolol hcl | atorvastatin | estradiol/ norethindrone | |
| methyclothiazide | propranolol hcl er | atorvastatin/ amlodipine | acetate | |
| methylidopa | propranolol/ hctz | cholestyramine | estropipate | |
| methylidopa/ hctz | quinapril hcl | cholestyramine light | Femtrace | |
| metolazone | quinapril/ hctz | colestipol hcl | fortical | |
| metoprolol succinate er | ramipril | Crestor | Fosamax Plus D | |
| metoprolol tartrate | reserpine | fenofibrate (43, 67, 130, 134, 200 mg capsules & 48, 54, 145, 160mg tablets) | ibandronate sodium tablets | |
| metoprolol/ hctz | sotalol hcl | fenofibric acid | Jevantique | |
| minoxidil | sotalol hcl af | fluvastatin | Jinteli | |
| moexipril hcl | spironolactone | gemfibrozil | medroxyprogesterone acetate | |
| moexipril/ hctz | spironolactone/ hctz | lovastatin | Menest | |
| nadolol | Taztia XT | niacin ER | norethindrone- ethin estradiol | |
| nadolol/ bendroflumethiazide | telmisartan | omega- 3 ethyl ester 1 gm capsule | Premarin tablets | |
| nicardipine hcl | telmisartan/ amlodipine | pravastatin | Premphase | |
| nifedipine | telmisartan/ hctz | Prevalite | Prempro | |
| nifedipine er | terazosin hcl | simvastatin | raloxifene | |
| nimodipine | thalitone | | risedronate | |
| nisoldipine | timolol maleate | | | |
| Nitro-Bid | torsemide | | | |

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The savvy member's action guide

Smart ideas to get more out of your health plan

Little things make a big difference

You can make the most of your benefits and save money with these easy tips. See more details on [anthem.com](https://www.anthem.com) or the Sydney mobile app.



Savvy ways to keep costs down

Tip #1: Use our Care & Cost Finder tool

Different providers may charge different amounts for the same services, such as MRIs and surgeries. Getting estimates, based on your plan benefits, can save you a lot before you ever set foot in a doctor's office or hospital. Start researching costs on [anthem.com](https://www.anthem.com).

Tip #2: Make sure your doctor and other providers are in your plan

If you're not sure:

- Use the Find a Doctor tool on [anthem.com](https://www.anthem.com) to check or search for a doctor near you.
- Ask the facility if each provider is contracted with our network.
- Call Member Services to request a list of providers or use the Sydney mobile app to confirm the provider is in our network.

Tip #3: Review your explanation of benefits (EOB)

Your EOB is your personal claim/coverage report and should list the care you've received. You can view your EOB at [anthem.com](https://www.anthem.com) or on the Sydney mobile app. If you ever have EOB questions, call the Member Services number on your member ID card.



Savvy places to save on quality care

Tip #1: Access doctors online, 24/7

LiveHealth Online allows you to talk to board-certified primary care doctors, psychologists and psychiatrists by two-way video for the cost of an office visit copay. You can schedule an appointment with a psychologist or psychiatrist, or live chat with a primary care doctor 24/7. Register at livehealthonline.com.

Tip #2: Ask about your radiology and lab service options

We give your doctors quality and cost data for radiology centers in your area to help them choose the right one for you. You can also lower your out-of-pocket costs by visiting a freestanding lab for things like blood and urine tests.

Download the Sydney mobile app

from the App Store® or Google Play™ to access your ID card, find a plan doctor and much more.





Savvy programs for prevention and well-being

Tip #1: Get preventive care

You're covered 100% for checkups, flu shots and certain cancer screenings. To learn more, visit the *Preventive Health* section on **anthem.com** or log in to the Sydney mobile app. And ask your doctor about preventive versus. diagnostic care to avoid surprise costs.

Tip #2: Understand the difference between preventive care and diagnostic care

Routine screenings are considered "preventive" and fully covered by your plan. If your doctor finds a problem that requires more testing or you're following up on an existing issue, the visit becomes "diagnostic" and you'll need to pay your regular cost share.

Tip #3: Take advantage of health and wellness programs

Get support for an ongoing medical condition, call the 24/7 NurseLine with questions or work with a coach to meet personal health goals. These resources are all part of your plan at no extra cost. Some of our other health and wellness offerings include:

- **Health Record:** Regularly update and store your health history in one secure place. Then, share it with your doctor to make sure you're on the same page. You can create your Health Record on **anthem.com**.
- **SpecialOffers:** Enjoy discounts on products and services that promote well-being. Visit **anthem.com** to start saving.

- **The Weight Center:** This website focuses on weight management, good eating habits and emotional health. It includes links to a BMI calculator, the *Weight Management Playbook*, FitLife podcasts and helpful articles. Visit **anthem.com/theweightcenter** to get started.



Savvy alternatives for prescriptions

Tip #1: Shop around for the lowest drug costs

You don't have to buy your medicines from one place, so compare costs before filling prescriptions. Log in to **anthem.com** or the Sydney mobile app to research how medicine is covered under your benefit plan — as well as therapeutic alternatives.

Tip #2: Choose generic and over-the-counter drugs when you can

They're as safe and effective as brand-name drugs, but usually cost much less. Ask your doctor if either makes sense for you.

Tip #3: Look into our special pharmacy programs

Programs like GenericSelect can lower your copay or coinsurance. Call the pharmacy number on your ID card to see if you qualify.

Tip #4: Save time by getting your maintenance prescriptions mailed to you

For cost savings and convenience, most benefit plan options offer home delivery when you get up to a 90-day supply of maintenance medications.

Register today at **anthem.com** or download the Sydney mobile app

Explore and sign up on **anthem.com** to give us your communication preferences and get information about your care options, costs, and ways to take control of your health.

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Take care of yourself

Use your preventive care benefits

Getting regular checkups and exams can help you stay healthy and catch problems early — when they're easier to treat.

That's why our health plans offer all the preventive care services and immunizations below — at no cost to you.¹ As long as you see a doctor or use a pharmacy or lab in the plan, you won't have to pay anything for these services and immunizations. If you want to visit a doctor or pharmacy outside the plan, you may have to pay out of pocket.

Not sure which services make sense for you? Talk to your doctor. He or she can help you figure out what you need.

Preventive vs. diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you have services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to determine what's causing those symptoms.

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 computed tomography (CT) colonography (as appropriate)³
- 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 body mass index (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 years³
- Obesity: related screening and counseling*
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

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

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁴
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling^{5,6,7}
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those with a high risk of breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression⁶
- Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.^{8,9}

* CDC-recognized Diabetes Prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

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 BMI
- Hemoglobin or hematocrit (blood count)

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type b (Hib)
- Hepatitis A and hepatitis B
- HPV
- Meningitis

- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10-24 with fair skin about lowering 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 screening when done as part of a preventive care visit²

- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

A word about pharmacy items

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

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

Adult preventive drugs and other pharmacy items — age appropriate:

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease, preeclampsia and colorectal cancer by adults less than 70 years old.
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low to moderate dose statins for members that are 40-75 years and have 1 or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Tobacco-cessation products, including all FDA-approved brand and generic OTC and prescription products, for those ages 18 and older

Child preventive drugs and other pharmacy items — age appropriate:

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0-5
- Fluoride supplements for children ages 6 months to 16 years old

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

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic equivalent and OTC items like female condoms and spermicides^{6,8,9}
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to get pregnant

Breast cancer risk-reducing medications, such as tamoxifen and raloxifene, that follow the U.S. Preventive Services Task Force criteria³

For a complete list of covered preventive drugs under the Affordable Care Act, view the Preventive ACA Drug List flier available at anthem.com/pharmacyinformation.

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

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

3 You may be required to get preapproval for these services.

4 Check your medical policy for details.

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

6 This benefit also applies to those younger than age 19.

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

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

9 Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

No waiting room, no need to leave home.

Use LiveHealth Online, anytime, for a private video visit with a doctor or mental health professional.



When you're not feeling well you can get the support you need easily using LiveHealth Online. Whether you have a cold, you're feeling anxious or need help managing your medication, doctors and mental health professionals are right there, ready to help you feel your best. Using LiveHealth Online you can have a video visit with a board-certified doctor, psychiatrist or licensed therapist from your smartphone, tablet or computer from home or anywhere.

On LiveHealth Online, you can:

- **See a board-certified doctor 24/7.** You don't need an appointment to see a doctor. They're always available to assess your condition and send a prescription to the pharmacy you choose, if needed.¹ It's a great option when you have pink eye, a cold, the flu, a fever, allergies, a sinus infection or another common health issue.
- **Visit a licensed therapist in four days or less.**² Have a video visit with a therapist to get help with anxiety, depression, grief, panic attacks and more. Schedule your appointment online or call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.
- **Consult a board-certified psychiatrist within two weeks.**³ If you're over 18 years old, you can get medication support to help you manage a mental health condition. To schedule your appointment call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.

You've got access to affordable and convenient care

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually \$59 or less for medical doctor visits, and a 45-minute therapy or psychiatry session usually costs the same as an office mental health visit.

Sign up for LiveHealth Online today – it's quick and easy

Go to livehealthonline.com or download the app and register on your phone or tablet.



1 Prescription availability is defined by physician judgment and state regulations. Visit the home page of livehealthonline.com to view the service map by state.

2 Appointments subject to availability of a therapist.

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

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

If you're a retiree or have coverage that complements your Medicare benefits, your employer sponsored health plan may not include coverage for online visits using LiveHealth Online. Check your plan documents for details. You can still use LiveHealth Online, but you may have to pay the full cost of a visit. Online visits using LiveHealth Online may not be a covered benefit for HRA and HIA+ members.

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

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Say hi to Sydney

Anthem's new app is simple, smart — and all about you

With Sydney, you can find everything you need to know about your Anthem benefits — personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

Get started with Sydney
Download the app today!



Simple

Ready for you to use quickly, easily, seamlessly — with one-click access to benefits info, Member Services, wellness resources and more.

Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly.

Personal

Get alerts, reminders and tips directly from Sydney. Get doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with our chatbot
- View and use digital ID cards

Already using one of our apps?

It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

Simple, smart — and all about you

Get instant access to your health plan info at anthem.com or with Sydney, our new app

Check claims

See what's covered and what you owe.

Find a doctor

Look for doctors in your plan.

Get discounts

Save on health-related products and services.

See benefits

Check what your plan covers and how much you might pay.

Get medicine

Refill your prescriptions online.

Manage health care accounts

Pay or reimburse yourself for health care expenses. See your account balance anytime.

Get your ID card

Share, fax or email your ID card right from your device.

Estimate costs

Compare costs and quality for common procedures.

It's easy. Everything you need to know about your Anthem benefits — all in one place. It's simple, personal and all about you.

You can do more in less time — just log in at anthem.com.

Don't forget: You can have your health information at your fingertips anytime through the Sydney mobile app.



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Prior Authorization

Clinical Edits for the National Drug List

Most prescriptions are filled right away when you take them to the pharmacy. But some drugs need to be reviewed by your health plan before they're covered. This process is called prior authorization. Prior authorization focuses on drugs that may have a risk of side effects, a risk of harmful effects when taken with other drugs, potential for incorrect use or abuse, better options that may cost you less and work better, and rules for use with certain health conditions. The drugs listed below need to be reviewed and approved by your health plan before they're covered.*

We update this drug list on a regular basis, but you can always find the most current information, such as details and updates when you log in at [anthem.com](https://www.anthem.com).

| CATEGORY | DRUG NAME |
|---|-------------------------|
| Central Nervous System Agents | Abilify |
| Central Nervous System Agents | Abilify Discmelt |
| Central Nervous System Agents | Abilify Maintena |
| Central Nervous System Agents | Abilify Mycite |
| Ophthalmic Agents | abiraterone acetate |
| Ophthalmic Agents | Abraxane |
| Analgesic, Anti-inflammatory or Antipyretic | Abstral |
| Analgesic, Anti-inflammatory or Antipyretic | Acetaminophen W/Codeine |
| Analgesic, Anti-inflammatory or Antipyretic | Actemra |
| Analgesic, Anti-inflammatory or Antipyretic | Actemra Actpen |
| Endocrine | Acthar |
| Endocrine | Acthar H.P. |
| Ophthalmic Agents | Actimmune |
| Analgesic, Anti-inflammatory or Antipyretic | Actiq |
| Dermatological | Acyclovir |
| Central Nervous System Agents | Adasuve |
| Ophthalmic Agents | Adcetris |
| Ophthalmic Agents | Adcirca |
| Central Nervous System Agents | Addyi |
| Ophthalmic Agents | Adempas |
| Ophthalmic Agents | Advate |
| Ophthalmic Agents | Advate H |

This drug list only applies to the National Drug List.

*Due to varying health benefit plans, inclusion of a drug and related items on the drug list is not a guarantee of coverage. Please refer to the prescription drug benefit description of coverage, limitations and exclusions.

| CATEGORY | DRUG NAME |
|---|-------------------------------|
| Ophthalmic Agents | Advate L |
| Ophthalmic Agents | Advate M |
| Ophthalmic Agents | Advate Sh |
| Ophthalmic Agents | Advate Uh |
| Ophthalmic Agents | Adynovate |
| Anti-Infective Agents | Aemcolo |
| Ophthalmic Agents | Afinitor |
| Ophthalmic Agents | Afinitor Disperz |
| Endocrine | Afrezza |
| Ophthalmic Agents | Afstyla |
| Analgesic, Anti-inflammatory or Antipyretic | Aimovig Autoinjector |
| Analgesic, Anti-inflammatory or Antipyretic | Aimovig Autoinjector (2 Pack) |
| Analgesic, Anti-inflammatory or Antipyretic | Ajovy |
| Gastrointestinal Therapy Agents | Akynzeo |
| Anti-Infective Agents | Albendazole |
| Anti-Infective Agents | Albenza |
| Dermatological | Aldara |
| Ophthalmic Agents | Aldurazyme |
| Ophthalmic Agents | Alecensa |
| Ophthalmic Agents | Alimta |
| Ophthalmic Agents | Aliqopa |
| Analgesic, Anti-inflammatory or Antipyretic | Allfen Cd |
| Analgesic, Anti-inflammatory or Antipyretic | Allfen Cdx |
| Gastrointestinal Therapy Agents | Alosetron Hcl |
| Gastrointestinal Therapy Agents | Aloxi |
| Ophthalmic Agents | Alphanate |
| Ophthalmic Agents | Alphanine Sd |
| Ophthalmic Agents | Alprolix |
| Ophthalmic Agents | Alunbrig |
| Ophthalmic Agents | alyq |
| Analgesic, Anti-inflammatory or Antipyretic | Ambifed Cd |
| Analgesic, Anti-inflammatory or Antipyretic | Ambifed Cdx |
| Analgesic, Anti-inflammatory or Antipyretic | Ambifed-G Cd |
| Analgesic, Anti-inflammatory or Antipyretic | Ambifed-G Cdx |
| Analgesic, Anti-inflammatory or Antipyretic | Ambitussin Ac |
| Ophthalmic Agents | ambrisentan |
| Ophthalmic Agents | amifostine |
| Multiple Sclerosis Agents | Ampyra |
| Anti-Infective Agents | Ancobon |
| Endocrine | Androderm |
| Endocrine | AndroGel |

| CATEGORY | DRUG NAME |
|---|----------------------------|
| Ophthalmic Agents | Apokyn |
| Ophthalmic Agents | Aralast |
| Ophthalmic Agents | Aralast Np |
| Ophthalmic Agents | Aranesp |
| Ophthalmic Agents | Arcalyst |
| Ophthalmic Agents | Arikayce |
| Central Nervous System Agents | Aripiprazole |
| Central Nervous System Agents | Aripiprazole Odt |
| Central Nervous System Agents | Aristada |
| Central Nervous System Agents | Armodafinil |
| Analgesic, Anti-inflammatory or Antipyretic | Arymo Er |
| Antineoplastics | Arzerra |
| Analgesic, Anti-inflammatory or Antipyretic | Asa-Butalb-Caff-Cod |
| Analgesic, Anti-inflammatory or Antipyretic | Ascomp With Codeine |
| Antineoplastics | Asparlas |
| Analgesic, Anti-inflammatory or Antipyretic | Aspirin With Codeine |
| Hematological Agents | Aspirin-Omeprazole |
| Multiple Sclerosis Agents | Aubagio |
| Central Nervous System Agents | Austedo |
| Antineoplastics | Avastin |
| Endocrine | Aveed |
| Analgesic, Anti-inflammatory or Antipyretic | Avinza |
| Ophthalmic Agents | Avonex Administration Pack |
| Ophthalmic Agents | Avonex Pen |
| Endocrine | Axiron |
| Ophthalmic Agents | azacitidine |
| Antidotes and other Reversal Agents | Bal In Oil |
| Ophthalmic Agents | Balversa |
| Ophthalmic Agents | Bavencio |
| Ophthalmic Agents | Bebulin |
| Ophthalmic Agents | Bebulin Vh Immuno |
| Analgesic, Anti-inflammatory or Antipyretic | Belbuca |
| Ophthalmic Agents | Beleodaq |
| Ophthalmic Agents | Belrapzo |
| Ophthalmic Agents | Bendamustine Hcl |
| Ophthalmic Agents | Bendeka |
| Ophthalmic Agents | Benefix |
| Ophthalmic Agents | Benlysta |
| Dermatological | Benzoyl Peroxide |
| Ophthalmic Agents | Beovu |
| Ophthalmic Agents | Berinert |

| CATEGORY | DRUG NAME |
|---|-------------------------------|
| Ophthalmic Agents | Besponsa |
| Ophthalmic Agents | Betaseron |
| Ophthalmic Agents | Bevacizumab |
| Antineoplastics | bexarotene |
| Ophthalmic Agents | Bivigam |
| Ophthalmic Agents | Blincyto |
| Gastrointestinal Therapy Agents | Bonjesta |
| Ophthalmic Agents | Bortezomib |
| Ophthalmic Agents | bosentan |
| Ophthalmic Agents | Bosulif |
| Locomotor System | Botox |
| Locomotor System | Botox Cosmetic |
| Dermatological | Bp |
| Ophthalmic Agents | Braftovi |
| Analgesic, Anti-inflammatory or Antipyretic | Brovex Pb C |
| Analgesic, Anti-inflammatory or Antipyretic | Brovex Pb Cx |
| Ophthalmic Agents | Buphenyl |
| Analgesic, Anti-inflammatory or Antipyretic | Buprenorphine |
| Analgesic, Anti-inflammatory or Antipyretic | Butalbital Compound W/Codeine |
| Analgesic, Anti-inflammatory or Antipyretic | Butalbital/Caff/Apap/Codeine |
| Analgesic, Anti-inflammatory or Antipyretic | Butrans |
| Ophthalmic Agents | Cablivi |
| Ophthalmic Agents | Cabometyx |
| Central Nervous System Agents | Calcijex |
| Electrolyte Balance-Nutritional Products | Calcitriol |
| Antidotes and other Reversal Agents | Calcium Disodium Versenate |
| Ophthalmic Agents | Calquence |
| Analgesic, Anti-inflammatory or Antipyretic | Capcof |
| Ophthalmic Agents | capecitabine |
| Analgesic, Anti-inflammatory or Antipyretic | Capital W/Codeine |
| Ophthalmic Agents | Caprelsa |
| Dermatological | Carac |
| Ophthalmic Agents | Carbaglu |
| Ophthalmic Agents | Carimune Nf Nanofiltered |
| Analgesic, Anti-inflammatory or Antipyretic | Carisoprodol Compound/Codeine |
| Analgesic, Anti-inflammatory or Antipyretic | Carisoprodol-Aspirin-Codeine |
| Ophthalmic Agents | Ceenu |
| Ophthalmic Agents | Cequa |
| Ophthalmic Agents | Cerdelga |
| Ophthalmic Agents | Ceredase |
| Ophthalmic Agents | Cerezyme |

| CATEGORY | DRUG NAME |
|---|--------------------------|
| Analgesic, Anti-inflammatory or Antipyretic | Cgu Wc |
| Antidotes and other Reversal Agents | Chemet |
| Gastrointestinal Therapy Agents | Chenodal |
| Analgesic, Anti-inflammatory or Antipyretic | Cheratussin Ac |
| Analgesic, Anti-inflammatory or Antipyretic | Cheratussin Dac |
| Analgesic, Anti-inflammatory or Antipyretic | Chlorpheniramine-Codeine |
| Central Nervous System Agents | Chlorpromazine Hcl |
| Gastrointestinal Therapy Agents | Cholbam |
| Drugs to treat Erectile Dysfunction | Cialis |
| Gastrointestinal Therapy Agents | Cimzia |
| Ophthalmic Agents | cinacalcet hcl |
| Respiratory Therapy Agents | Cinqair |
| Ophthalmic Agents | Cinryze |
| Gastrointestinal Therapy Agents | Cinvanti |
| Antidotes and other Reversal Agents | clovique |
| Central Nervous System Agents | Clozapine |
| Central Nervous System Agents | Clozapine Odt |
| Central Nervous System Agents | Clozaril |
| Ophthalmic Agents | Coagadex |
| Analgesic, Anti-inflammatory or Antipyretic | Cocet |
| Analgesic, Anti-inflammatory or Antipyretic | Cocet Plus |
| Analgesic, Anti-inflammatory or Antipyretic | Codar Ar |
| Analgesic, Anti-inflammatory or Antipyretic | Codar Gf |
| Analgesic, Anti-inflammatory or Antipyretic | Codeine Sulfate |
| Analgesic, Anti-inflammatory or Antipyretic | Coditussin Ac |
| Analgesic, Anti-inflammatory or Antipyretic | Coditussin Dac |
| Ophthalmic Agents | Cometriq |
| Analgesic, Anti-inflammatory or Antipyretic | Conzip |
| Ophthalmic Agents | Copaxone |
| Antineoplastics | Copiktra |
| Ophthalmic Agents | Corifact |
| Cardiovascular Therapy Agents | Corlanor |
| Ophthalmic Agents | Cosentyx 150Mg |
| Ophthalmic Agents | Cosentyx 300Mg |
| Analgesic, Anti-inflammatory or Antipyretic | Cotab A |
| Analgesic, Anti-inflammatory or Antipyretic | Cotab Ax |
| Ophthalmic Agents | Cotellic |
| Analgesic, Anti-inflammatory or Antipyretic | Cpb Wc |
| Anti-Infective Agents | Cresemba |
| Ophthalmic Agents | Crysvita |
| Central Nervous System Agents | Cuprimine |

| CATEGORY | DRUG NAME |
|---|--------------------------------|
| Ophthalmic Agents | Cuvitru |
| Central Nervous System Agents | Cymbalta |
| Antineoplastics | Cyramza |
| Ophthalmic Agents | Cystaran |
| Analgesic, Anti-inflammatory or Antipyretic | D.H.E.45 |
| Anti-Infective Agents | Daklinza |
| Central Nervous System Agents | dalfampridine er |
| Respiratory Therapy Agents | Daliresp |
| Anti-Infective Agents | Daraprim |
| Ophthalmic Agents | Darzalex |
| Ophthalmic Agents | Daurismo |
| Antidotes and other Reversal Agents | deferasirox |
| Antidotes and other Reversal Agents | deferoxamine mesylate |
| Endocrine | Delatesteryl |
| Cardiovascular Therapy Agents | Demser |
| Dermatological | Denavir |
| Central Nervous System Agents | Depen |
| Endocrine | Depo-Testosterone |
| Antidotes and other Reversal Agents | Desferal |
| Analgesic, Anti-inflammatory or Antipyretic | Dexphen W-C |
| Analgesic, Anti-inflammatory or Antipyretic | Dex-Tuss |
| Central Nervous System Agents | Diacomit |
| Central Nervous System Agents | Dibenzyliline |
| Gastrointestinal Therapy Agents | Diclegis |
| Dermatological | Diclofenac Sodium |
| Analgesic, Anti-inflammatory or Antipyretic | Dihistine |
| Analgesic, Anti-inflammatory or Antipyretic | Dihistine Dh |
| Analgesic, Anti-inflammatory or Antipyretic | Dihydroergotamine Mesylate |
| Analgesic, Anti-inflammatory or Antipyretic | Diskets |
| Ophthalmic Agents | Docefrez |
| Ophthalmic Agents | docetaxel |
| Analgesic, Anti-inflammatory or Antipyretic | Dolophine Hcl |
| Hemostatics | Doptelet |
| Metabolic Modifiers | Doxercalciferol |
| Ophthalmic Agents | Doxil |
| Ophthalmic Agents | doxorubicin hcl liposomal |
| Gastrointestinal Therapy Agents | Doxylamine Succ-Pyridoxine Hcl |
| Central Nervous System Agents | D-Penamine |
| Central Nervous System Agents | Drizalma Sprinkle |
| Endocrine | Duavee |
| Dermatological | Duobrii |

| CATEGORY | DRUG NAME |
|---|---------------------|
| Central Nervous System Agents | Duopa |
| Ophthalmic Agents | Dupixent |
| Analgesic, Anti-inflammatory or Antipyretic | Duragesic |
| Hematological Agents | Durlaza |
| Analgesic, Anti-inflammatory or Antipyretic | Durolane |
| Gout and Hyperuricemia Therapy | Duzallo |
| Ophthalmic Agents | Dysport |
| Dermatological | Efudex |
| Endocrine | Egrifta |
| Ophthalmic Agents | Elaprase |
| Ophthalmic Agents | Elelyso |
| Antineoplastics | Eligard |
| Ophthalmic Agents | Elitek |
| Ophthalmic Agents | Ellence |
| Ophthalmic Agents | Eloctate |
| Antineoplastics | Elzonris |
| Analgesic, Anti-inflammatory or Antipyretic | Embeda |
| Antineoplastics | Emcyt |
| Gastrointestinal Therapy Agents | Emend |
| Endocrine | Emflaza |
| Analgesic, Anti-inflammatory or Antipyretic | Emgality |
| Analgesic, Anti-inflammatory or Antipyretic | Emgality Syringe |
| Central Nervous System Agents | Emgality Syringe |
| Ophthalmic Agents | Empliciti |
| Ophthalmic Agents | Enbrel |
| Analgesic, Anti-inflammatory or Antipyretic | Endacof-C |
| Analgesic, Anti-inflammatory or Antipyretic | Endal Cd |
| electrolyte balance-nutritional products | Endari |
| Cardiovascular Therapy Agents | Entresto |
| Gastrointestinal Therapy Agents | Entyvio |
| Anti-Infective Agents | Epclusa |
| Central Nervous System Agents | Epidiolex |
| Ophthalmic Agents | epirubicin hcl |
| Ophthalmic Agents | Epogen |
| Ophthalmic Agents | epoprostenol sodium |
| Central Nervous System Agents | Equetro |
| Antineoplastics | Erbitux |
| Ophthalmic Agents | Erivedge |
| Ophthalmic Agents | Erleada |
| Ophthalmic Agents | erlotinib hcl |
| Ophthalmic Agents | Erwinaze |

| CATEGORY | DRUG NAME |
|---|------------------------|
| Respiratory Therapy Agents | Esbriet |
| Central Nervous System Agents | Eszopiclone |
| Ophthalmic Agents | Ethylol |
| Locomotor System | Euflexxa |
| Ophthalmic Agents | Evenity |
| Ophthalmic Agents | Evenity (2 Syringes) |
| Analgesic, Anti-inflammatory or Antipyretic | Exalgo |
| Analgesic, Anti-inflammatory or Antipyretic | Execlear-C |
| Antidotes and other Reversal Agents | Exjade |
| Locomotor System | Exondys 51 |
| Multiple Sclerosis Agents | Extavia |
| Ophthalmic Agents | Eylea |
| Ophthalmic Agents | Fabrazyme |
| Central Nervous System Agents | Fanapt |
| Ophthalmic Agents | Farydak |
| Cardiovascular Therapy Agents | Fasenra |
| Cardiovascular Therapy Agents | Fasenra Pen |
| Ophthalmic Agents | Faslodex |
| Central Nervous System Agents | Fazaclo |
| Ophthalmic Agents | Feiba Nf |
| Ophthalmic Agents | Feiba Vh Immuno |
| Analgesic, Anti-inflammatory or Antipyretic | Fentanyl |
| Analgesic, Anti-inflammatory or Antipyretic | Fentanyl Citrate |
| Analgesic, Anti-inflammatory or Antipyretic | Fentora |
| Antidotes and other Reversal Agents | Ferriprox |
| Ophthalmic Agents | Fibryga |
| Analgesic, Anti-inflammatory or Antipyretic | Fioricet With Codeine |
| Analgesic, Anti-inflammatory or Antipyretic | Fiorinal W/Codeine |
| Ophthalmic Agents | Firazyr |
| Central Nervous System Agents | Firdapse |
| Anti-Infective Agents | Firvanq |
| Ophthalmic Agents | Flebogamma Dif |
| Ophthalmic Agents | Flolan |
| Analgesic, Anti-inflammatory or Antipyretic | Flowtuss |
| Anti-Infective Agents | Flucytosine |
| Dermatological | Fluoroplex |
| Dermatological | Fluorouracil |
| Central Nervous System Agents | Fluphenazine Decanoate |
| Central Nervous System Agents | Fluphenazine Hcl |
| Endocrine | Forteo |
| Endocrine | Fortesta |

| CATEGORY | DRUG NAME |
|---|---------------------------|
| Gastrointestinal Therapy Agents | Fosaprepitant Dimeglumine |
| Hematological Agents | Fulphila |
| Ophthalmic Agents | fulvestrant |
| Gastrointestinal Therapy Agents | Fulyzaq |
| Ophthalmic Agents | Fusilev |
| Analgesic, Anti-inflammatory or Antipyretic | G Tussin Ac |
| Metabolic Modifiers | Galafold |
| Ophthalmic Agents | Gamastan |
| Ophthalmic Agents | Gamastan S-D |
| Immunosuppressive Agents | Gamifant |
| Ophthalmic Agents | Gammagard Liquid |
| Ophthalmic Agents | Gammagard S-D |
| Ophthalmic Agents | Gammaked |
| Ophthalmic Agents | Gammaplex |
| Ophthalmic Agents | Gamunex |
| Ophthalmic Agents | Gamunex-C |
| Analgesic, Anti-inflammatory or Antipyretic | Gani-Tuss Nr |
| Ophthalmic Agents | Gattex |
| Ophthalmic Agents | Gazyva |
| Locomotor System | Gel-One |
| Locomotor System | Gelsyn-3 |
| Endocrine | Genotropin |
| Locomotor System | Genvisc 850 |
| Central Nervous System Agents | Geodon |
| Ophthalmic Agents | Gilenya |
| Ophthalmic Agents | Gilotrif |
| Ophthalmic Agents | Glassia |
| Ophthalmic Agents | glatiramer acetate |
| Ophthalmic Agents | glatopa |
| Ophthalmic Agents | Gleevec |
| Ophthalmic Agents | Gleostine |
| Central Nervous System Agents | Gocovri |
| Central Nervous System Agents | Gralise |
| Hematological Agents | Granix |
| Biologicals | Grastek |
| Analgesic, Anti-inflammatory or Antipyretic | Guaifenesin Ac |
| Analgesic, Anti-inflammatory or Antipyretic | Guaifenesin Dac |
| Analgesic, Anti-inflammatory or Antipyretic | Guaifenesin With Codeine |
| Analgesic, Anti-inflammatory or Antipyretic | Guaitussin Ac |
| Analgesic, Anti-inflammatory or Antipyretic | Guiatuss Ac |
| Analgesic, Anti-inflammatory or Antipyretic | Guiatussin Ac |

| CATEGORY | DRUG NAME |
|---|------------------------------|
| Ophthalmic Agents | Haegarda |
| Ophthalmic Agents | Halaven |
| Central Nervous System Agents | Haldol |
| Central Nervous System Agents | Haldol Decanoate |
| Central Nervous System Agents | Haloperidol |
| Central Nervous System Agents | Haloperidol Decanoate |
| Central Nervous System Agents | Haloperidol Lactate |
| Anti-Infective Agents | Harvoni |
| Metabolic Modifiers | Hectorol |
| Ophthalmic Agents | Helixate Fs |
| Ophthalmic Agents | Hemlibra |
| Ophthalmic Agents | Hemofil-M |
| Ophthalmic Agents | Hetlioz |
| Ophthalmic Agents | Hexalen |
| Analgesic, Anti-inflammatory or Antipyretic | Histex-Ac |
| Ophthalmic Agents | Hizentra |
| Central Nervous System Agents | Horizant |
| Ophthalmic Agents | Humate-P |
| Endocrine | Humatrope |
| Ophthalmic Agents | Humira |
| Ophthalmic Agents | Humira Pediatric |
| Endocrine | Humulin R |
| Endocrine | Humulin R U-500 Kwikpen |
| Locomotor System | Hyalgan |
| Ophthalmic Agents | Hycamtin |
| Analgesic, Anti-inflammatory or Antipyretic | Hycodan |
| Analgesic, Anti-inflammatory or Antipyretic | Hycofenix |
| Analgesic, Anti-inflammatory or Antipyretic | Hydrocod-Cpm-Pseudoephedrine |
| Analgesic, Anti-inflammatory or Antipyretic | Hydrocodone Compound |
| Analgesic, Anti-inflammatory or Antipyretic | Hydrocodone/Homatropine |
| Analgesic, Anti-inflammatory or Antipyretic | Hydrocodone-Chlorpheniramine |
| Analgesic, Anti-inflammatory or Antipyretic | Hydrocodone-Guaifenesin |
| Analgesic, Anti-inflammatory or Antipyretic | Hydromet |
| Analgesic, Anti-inflammatory or Antipyretic | Hydromorphone Er |
| Endocrine | hydroxyprogesterone caproate |
| Locomotor System | Hymovis |
| Ophthalmic Agents | Hyqvia |
| Analgesic, Anti-inflammatory or Antipyretic | Hysingla Er |
| Ophthalmic Agents | Ibrance |
| Ophthalmic Agents | icatibant |
| Ophthalmic Agents | Iclusig |

| CATEGORY | DRUG NAME |
|---|--------------------------|
| Ophthalmic Agents | Idelvion |
| Ophthalmic Agents | Idhifa |
| Ophthalmic Agents | Ilaris |
| Dermatological | Ilumya |
| Ophthalmic Agents | Iluvien |
| Ophthalmic Agents | imatinib mesylate |
| Ophthalmic Agents | Imbruvica |
| Ophthalmic Agents | Imfinzi |
| Dermatological | Imiquimod |
| Anti-Infective Agents | Impavido |
| Central Nervous System Agents | Inbrija |
| Anti-Infective Agents | Incivek |
| Endocrine | Increlex |
| Gastrointestinal Therapy Agents | Inflectra |
| Central Nervous System Agents | Ingrezza |
| Central Nervous System Agents | Ingrezza Initiation Pack |
| Ophthalmic Agents | Inlyta |
| Antineoplastics | Inrebic |
| Central Nervous System Agents | Invega |
| Central Nervous System Agents | Invega Sustenna |
| Central Nervous System Agents | Invega Trinza |
| Analgesic, Anti-inflammatory or Antipyretic | Ilophen C-Nr |
| Central Nervous System Agents | Irenka |
| Ophthalmic Agents | Iressa |
| Ophthalmic Agents | Istodax |
| Anti-Infective Agents | Itraconazole |
| Ophthalmic Agents | Ixempra |
| Ophthalmic Agents | Ixinity |
| Antidotes and other Reversal Agents | Jadenu |
| Antidotes and other Reversal Agents | Jadenu Sprinkle |
| Ophthalmic Agents | Jakafi |
| Ophthalmic Agents | Jetrea |
| Ophthalmic Agents | Jevtana |
| Ophthalmic Agents | Jivi |
| Ophthalmic Agents | Juxtapid |
| Cardiovascular Therapy Agents | Jynarque |
| Ophthalmic Agents | Kadcyla |
| Analgesic, Anti-inflammatory or Antipyretic | Kadian |
| Ophthalmic Agents | Kalbitor |
| Ophthalmic Agents | Kalydeco |
| Metabolic Disease Enzyme Replacement Agents | Kanuma |

| CATEGORY | DRUG NAME |
|---|------------------------|
| Locomotor System | Keveyis |
| Analgesic, Anti-inflammatory or Antipyretic | Kevzara |
| Ophthalmic Agents | Keytruda |
| Ophthalmic Agents | Kineret |
| Ophthalmic Agents | Kisqali |
| Ophthalmic Agents | Kisqali Femara Co-Pack |
| Ophthalmic Agents | Koate |
| Ophthalmic Agents | Koate-Dvi |
| Ophthalmic Agents | Kogenate Fs |
| Ophthalmic Agents | Korlym |
| Ophthalmic Agents | Kovaltry |
| Ophthalmic Agents | Krystexxa |
| Metabolic Modifiers | Kuvan |
| Ophthalmic Agents | Kynamro |
| Ophthalmic Agents | Kyprolis |
| Ophthalmic Agents | Lacrisert |
| Ophthalmic Agents | Lartruvo |
| Central Nervous System Agents | Latuda |
| Analgesic, Anti-inflammatory or Antipyretic | Lazanda |
| Anti-Infective Agents | Ledipasvir-Sofosbuvir |
| Ophthalmic Agents | Lemtrada |
| Ophthalmic Agents | Lenvima |
| Ophthalmic Agents | Letairis |
| Hematological Agents | Leukine |
| Antineoplastics | leuprolide acetate |
| Ophthalmic Agents | levoleucovorin calcium |
| Analgesic, Anti-inflammatory or Antipyretic | Levorphanol Tartrate |
| Analgesic, Anti-inflammatory or Antipyretic | Lexuss 210 |
| Antineoplastics | Libtayo |
| Dermatological | Lidovir |
| Anti-Infective Agents | Linezolid |
| Ophthalmic Agents | lipodox |
| Ophthalmic Agents | Lomustine |
| Ophthalmic Agents | Lonsurf |
| Antineoplastics | Lorbrena |
| Analgesic, Anti-inflammatory or Antipyretic | Lortuss Ex |
| Gastrointestinal Therapy Agents | Lotronex |
| Central Nervous System Agents | Loxapine Succinate |
| Central Nervous System Agents | Loxitane |
| Ophthalmic Agents | Lucentis |
| Ophthalmic Agents | Lumizyme |

| CATEGORY | DRUG NAME |
|---|------------------|
| Antineoplastics | Lumoxiti |
| Central Nervous System Agents | Lunesta |
| Endocrine | Lupaneta Pack |
| Endocrine | Lupron Depot |
| Endocrine | Lupron Depot-Ped |
| Ophthalmic Agents | Lutathera |
| Ophthalmic Agents | Lynparza |
| Central Nervous System Agents | Lyrica Cr |
| Ophthalmic Agents | Macugen |
| Endocrine | Makena |
| Analgesic, Anti-inflammatory or Antipyretic | Mar-Cof Bp |
| Analgesic, Anti-inflammatory or Antipyretic | Mar-Cof Cg |
| Analgesic, Anti-inflammatory or Antipyretic | Margesic #3 |
| Central Nervous System Agents | Mavenclad |
| Anti-Infective Agents | Mavyret |
| Analgesic, Anti-inflammatory or Antipyretic | Maxifed Cd |
| Analgesic, Anti-inflammatory or Antipyretic | Maxifed Cdx |
| Analgesic, Anti-inflammatory or Antipyretic | Maxifed-G Cd |
| Analgesic, Anti-inflammatory or Antipyretic | Maxifed-G Cdx |
| Analgesic, Anti-inflammatory or Antipyretic | Maxi-Tuss Cd |
| Central Nervous System Agents | Mayzent |
| Analgesic, Anti-inflammatory or Antipyretic | M-Clear |
| Analgesic, Anti-inflammatory or Antipyretic | M-Clear Wc |
| Ophthalmic Agents | Mekinist |
| Ophthalmic Agents | Mektovi |
| Analgesic, Anti-inflammatory or Antipyretic | M-End Max D |
| Analgesic, Anti-inflammatory or Antipyretic | M-End Pe |
| Analgesic, Anti-inflammatory or Antipyretic | M-Endc Wc |
| Ophthalmic Agents | Mepsevii |
| Analgesic, Anti-inflammatory or Antipyretic | Mesehist Wc |
| Ophthalmic Agents | mesna |
| Ophthalmic Agents | Mesnex |
| Endocrine | Metformin Hcl |
| Analgesic, Anti-inflammatory or Antipyretic | Methadone Hcl |
| Analgesic, Anti-inflammatory or Antipyretic | Methadose |
| Ophthalmic Agents | miglustat |
| Ophthalmic Agents | Mircera |
| Central Nervous System Agents | Moban |
| Central Nervous System Agents | Modafinil |
| Central Nervous System Agents | Molindone Hcl |
| Ophthalmic Agents | Monoclate-P |

| CATEGORY | DRUG NAME |
|---|-----------------------|
| Ophthalmic Agents | Mononine |
| Locomotor System | Monovisc |
| Analgesic, Anti-inflammatory or Antipyretic | Morphabond Er |
| Analgesic, Anti-inflammatory or Antipyretic | Morphine Sulfate |
| Analgesic, Anti-inflammatory or Antipyretic | Morphine Sulfate Cr |
| Analgesic, Anti-inflammatory or Antipyretic | Morphine Sulfate Er |
| Hematological Agents | Mozobil |
| Analgesic, Anti-inflammatory or Antipyretic | Ms Contin |
| Hematological Agents | Mulpleta |
| Antineoplastics | Mvasi |
| Ophthalmic Agents | Myalept |
| Analgesic, Anti-inflammatory or Antipyretic | Myci-Gc |
| Ophthalmic Agents | Mylotarg |
| Ophthalmic Agents | Myobloc |
| Gastrointestinal Therapy Agents | Mytesi |
| Analgesic, Anti-inflammatory or Antipyretic | Mytussin Ac |
| Analgesic, Anti-inflammatory or Antipyretic | Mytussin Dac |
| Ophthalmic Agents | Naglazyme |
| Endocrine | Natesto |
| Ophthalmic Agents | Natpara |
| Central Nervous System Agents | Navane |
| Central Nervous System Agents | Nayzilam |
| Ophthalmic Agents | Nerlynx |
| Hematological Agents | Neulasta |
| Hematological Agents | Neupogen |
| Ophthalmic Agents | Nexavar |
| Cardiovascular Therapy Agents | Niacor |
| Cardiovascular Therapy Agents | Niaspan |
| Analgesic, Anti-inflammatory or Antipyretic | Ninjacof-Xg |
| Ophthalmic Agents | Ninlaro |
| Ophthalmic Agents | nitisinone |
| Ophthalmic Agents | Nityr |
| Hematological Agents | Nivestym |
| Antidotes and other Reversal Agents | Nocdurna |
| Endocrine | Noctiva |
| Endocrine | Norditropin |
| Endocrine | Norditropin Flexpro |
| Endocrine | Norditropin Nordiflex |
| Analgesic, Anti-inflammatory or Antipyretic | Notuss Ac |
| Analgesic, Anti-inflammatory or Antipyretic | Notuss-Nx |
| Analgesic, Anti-inflammatory or Antipyretic | Notuss-Nxd |

| CATEGORY | DRUG NAME |
|---|---------------------------|
| Analgesic, Anti-inflammatory or Antipyretic | Novadyne Dh |
| Ophthalmic Agents | Novoeight |
| Ophthalmic Agents | Novoseven |
| Ophthalmic Agents | Novoseven Rt |
| Anti-Infective Agents | Noxafil |
| Ophthalmic Agents | Nplate |
| Endocrine | Nubeqa |
| Respiratory Therapy Agents | Nucala |
| Analgesic, Anti-inflammatory or Antipyretic | Nucynta Er |
| Central Nervous System Agents | Nuedexta |
| Ophthalmic Agents | Nulojix |
| Central Nervous System Agents | Nuplazid |
| Endocrine | Nutropin |
| Endocrine | Nutropin Aq |
| Endocrine | Nutropin Aq Nuspin |
| Central Nervous System Agents | Nuvigil |
| Ophthalmic Agents | Nuwiq |
| Anti-Infective Agents | Nuzyra |
| Ophthalmic Agents | Obizur |
| Analgesic, Anti-inflammatory or Antipyretic | Obredon |
| Hepatobiliary System Treatment Agents | Ocaliva |
| Ophthalmic Agents | Octagam |
| Ophthalmic Agents | octreotide acetate |
| Biologicals | Odactra |
| Ophthalmic Agents | Odomzo |
| Antineoplastics | Ofev |
| Central Nervous System Agents | Olanzapine |
| Central Nervous System Agents | Olanzapine Odt |
| Central Nervous System Agents | Olanzapine-Fluoxetine Hcl |
| Ophthalmic Agents | Olumiant |
| Anti-Infective Agents | Olysio |
| Endocrine | Omnitrope |
| Ophthalmic Agents | Oncaspar |
| Anti-Infective Agents | Onmel |
| Endocrine | Onpattro |
| Analgesic, Anti-inflammatory or Antipyretic | Onsolis |
| Analgesic, Anti-inflammatory or Antipyretic | Opana Er |
| Ophthalmic Agents | Opdivo |
| Ophthalmic Agents | Opsumit |
| Biologicals | Oralair |
| Analgesic, Anti-inflammatory or Antipyretic | Oramorph Sr |

| CATEGORY | DRUG NAME |
|---|----------------------|
| Central Nervous System Agents | Orap |
| Analgesic, Anti-inflammatory or Antipyretic | Orencia |
| Analgesic, Anti-inflammatory or Antipyretic | Orencia Clickject |
| Ophthalmic Agents | Orenitram Er |
| Ophthalmic Agents | Orfadin |
| Endocrine | Orilissa |
| Ophthalmic Agents | Orkambi |
| Locomotor System | Orthovisc |
| Central Nervous System Agents | Osmolex Er |
| Endocrine | Osphena |
| Ophthalmic Agents | Otezla |
| Analgesic, Anti-inflammatory or Antipyretic | Otrexup |
| Ophthalmic Agents | Oxervate |
| Analgesic, Anti-inflammatory or Antipyretic | Oxycodone Hcl |
| Analgesic, Anti-inflammatory or Antipyretic | Oxycodone Hcl Er |
| Analgesic, Anti-inflammatory or Antipyretic | Oxycontin |
| Analgesic, Anti-inflammatory or Antipyretic | Oxymorphone Hcl |
| Analgesic, Anti-inflammatory or Antipyretic | Oxymorphone Hcl Er |
| Central Nervous System Agents | Ozobax |
| Ophthalmic Agents | Ozurdex |
| Dermatological | Pacnex Mx |
| Central Nervous System Agents | Paliperidone Er |
| Gastrointestinal Therapy Agents | Palonosetron Hcl |
| Biologicals | Palynziq |
| Anti-Infective Agents | Panzyga |
| Metabolic Modifiers | Paricalcitol |
| Endocrine | Parsabiv |
| Central Nervous System Agents | Penicillamine |
| Ophthalmic Agents | Perjeta |
| Central Nervous System Agents | Perphenazine |
| Central Nervous System Agents | Perseris |
| Central Nervous System Agents | Phenoxybenzamine Hcl |
| Analgesic, Anti-inflammatory or Antipyretic | Phenylhistine |
| Analgesic, Anti-inflammatory or Antipyretic | Phenylhistine Dh |
| Dermatological | Picato |
| Central Nervous System Agents | Pimozide |
| Antineoplastics | Piqray |
| Ophthalmic Agents | Plegridy |
| Analgesic, Anti-inflammatory or Antipyretic | Pluratuss |
| Antineoplastics | Polivy |
| Analgesic, Anti-inflammatory or Antipyretic | Poly-Tussin |

| CATEGORY | DRUG NAME |
|---|--------------------------------|
| Analgesic, Anti-inflammatory or Antipyretic | Poly-Tussin Ac |
| Analgesic, Anti-inflammatory or Antipyretic | Poly-Tussin D |
| Ophthalmic Agents | Pomalyst |
| Anti-Infective Agents | Posaconazole |
| Cardiovascular Therapy Agents | Praluent Pen |
| Cardiovascular Therapy Agents | Praluent Syringe |
| Anti-Infective Agents | Prevymis |
| Analgesic, Anti-inflammatory or Antipyretic | Prialt |
| Ophthalmic Agents | Privigen |
| Analgesic, Anti-inflammatory or Antipyretic | Probuphine |
| Analgesic, Anti-inflammatory or Antipyretic | Pro-Clear |
| Analgesic, Anti-inflammatory or Antipyretic | Pro-Clear Ac |
| Ophthalmic Agents | Procrit |
| Ophthalmic Agents | Profilnine |
| Ophthalmic Agents | Profilnine Sd |
| Ophthalmic Agents | Prolastin C |
| Ophthalmic Agents | Proleukin |
| Ophthalmic Agents | Prolia |
| Ophthalmic Agents | Promacta |
| Analgesic, Anti-inflammatory or Antipyretic | Promethazine Vc W/Codeine |
| Analgesic, Anti-inflammatory or Antipyretic | Promethazine W/Codeine |
| Analgesic, Anti-inflammatory or Antipyretic | Promethazine-Phenyleph-Codeine |
| Analgesic, Anti-inflammatory or Antipyretic | Pro-Red Ac |
| Central Nervous System Agents | Provigil |
| Antineoplastics | Purixan |
| Dermatological | Qbrexza |
| Anti-Infective Agents | Quaalquin |
| Central Nervous System Agents | Quetiapine Fumarate |
| Central Nervous System Agents | Quetiapine Fumarate Er |
| Anti-Infective Agents | Quinine Sulfate |
| Biologicals | Ragwitek |
| Analgesic, Anti-inflammatory or Antipyretic | Rasuvo |
| Ophthalmic Agents | Ravicti |
| Metabolic Modifiers | Rayaldee |
| Multiple Sclerosis Agents | Rebif |
| Multiple Sclerosis Agents | Rebif Rebidose |
| Ophthalmic Agents | Rebinyn |
| Ophthalmic Agents | Reclast |
| Ophthalmic Agents | Recombinate |
| Analgesic, Anti-inflammatory or Antipyretic | Relcof C |
| Ophthalmic Agents | Remicade |

| CATEGORY | DRUG NAME |
|---|-----------------------|
| Ophthalmic Agents | Remodulin |
| Analgesic, Anti-inflammatory or Antipyretic | Renflexis |
| Cardiovascular Therapy Agents | Repatha Pushtronex |
| Cardiovascular Therapy Agents | Repatha Sureclick |
| Cardiovascular Therapy Agents | Repatha Syringe |
| Ophthalmic Agents | Restasis |
| Ophthalmic Agents | Restasis Multidose |
| Ophthalmic Agents | Retacrit |
| Ophthalmic Agents | Retisert |
| Ophthalmic Agents | Revatio |
| Metabolic Disease Enzyme Replacement Agents | Revcovi |
| Antineoplastics | Revlimid |
| Central Nervous System Agents | Rexulti |
| Analgesic, Anti-inflammatory or Antipyretic | Rezira |
| Ophthalmic Agents | Riastap |
| Analgesic, Anti-inflammatory or Antipyretic | Rinvoq Er |
| Endocrine | Riomet |
| Central Nervous System Agents | Risperdal |
| Central Nervous System Agents | Risperdal Consta |
| Central Nervous System Agents | Risperdal M-Tab |
| Central Nervous System Agents | Risperidone |
| Central Nervous System Agents | Risperidone Odt |
| Ophthalmic Agents | Rituxan |
| Ophthalmic Agents | Rixubis |
| Analgesic, Anti-inflammatory or Antipyretic | Robafen Ac |
| Electrolyte Balance-Nutritional Products | Rocaltrol |
| Ophthalmic Agents | Romidepsin |
| Antineoplastics | Rozlytrek |
| Ophthalmic Agents | Rubraca |
| Ophthalmic Agents | Ruconest |
| Ophthalmic Agents | Ruzurgi |
| Ophthalmic Agents | Rydapt |
| Analgesic, Anti-inflammatory or Antipyretic | Rydex |
| Endocrine | Saizen |
| Endocrine | Saizenprep |
| Cardiovascular Therapy Agents | Samsca |
| Ophthalmic Agents | Sandostatin |
| Ophthalmic Agents | Sandostatin Lar Depot |
| Central Nervous System Agents | Saphris |
| Ophthalmic Agents | Sensipar |
| Central Nervous System Agents | Seroquel |

| CATEGORY | DRUG NAME |
|---|-----------------------------|
| Central Nervous System Agents | Seroquel Xr |
| Endocrine | Serostim |
| Ophthalmic Agents | Signifor |
| Ophthalmic Agents | Signifor Lar |
| Antineoplastics | Siklos |
| Ophthalmic Agents | sildenafil citrate |
| Endocrine | Siliq |
| Ophthalmic Agents | Simponi |
| Ophthalmic Agents | Simponi Aria |
| Cardiovascular Therapy Agents | Simvastatin |
| Ophthalmic Agents | Sipuleucel-T Provenge |
| Anti-Infective Agents | Sitavig |
| Anti-Infective Agents | Sivextro |
| Ophthalmic Agents | Skyrizi (2 Syringes) Kit |
| Analgesic, Anti-inflammatory or Antipyretic | Sodium Hyaluronate |
| Ophthalmic Agents | sodium phenylbutyrate |
| Anti-Infective Agents | Sodium Sulfacetamide/Sulfur |
| Anti-Infective Agents | Sofosbuvir-Velpatasvir |
| Dermatological | Solaraze |
| Hematological Agents | Soliris |
| Ophthalmic Agents | Somatuline Depot |
| Ophthalmic Agents | Somavert |
| Anti-Infective Agents | Sovaldi |
| Anti-Infective Agents | Sporanox |
| Central Nervous System Agents | Spravato |
| Ophthalmic Agents | Sprycel |
| Biologicals | Standardized Timothy Grass |
| Analgesic, Anti-inflammatory or Antipyretic | Statuss Green |
| Ophthalmic Agents | Stelara |
| Ophthalmic Agents | Stivarga |
| Ophthalmic Agents | Strensiq |
| Endocrine | Striant |
| Analgesic, Anti-inflammatory or Antipyretic | Subsys |
| Anti-Infective Agents | Sumaxin |
| Psychotherapeutic Drugs | Sunosi |
| Central Nervous System Agents | Symbyax |
| Analgesic, Anti-inflammatory or Antipyretic | Synapryn |
| Drugs to treat Erectile Dysfunction | Tadalafil |
| Central Nervous System Agents | Tasmar |
| Endocrine | Testim |
| Endocrine | Testosterone |

| CATEGORY | DRUG NAME |
|---|----------------------------|
| Endocrine | Testosterone Cypionate |
| Endocrine | Testosterone Enanthate |
| Genitourinary Therapy | Thiola |
| Genitourinary Therapy | Thiola Ec |
| Central Nervous System Agents | Thiothixene |
| Dermatological | TI 4.25% Bpo Mx |
| Analgesic, Anti-inflammatory or Antipyretic | TI-Hist Cd |
| Analgesic, Anti-inflammatory or Antipyretic | TI-Hist Cm |
| Dermatological | Tolak |
| Central Nervous System Agents | Tolcapone |
| Anti-Infective Agents | Tolsura |
| Analgesic, Anti-inflammatory or Antipyretic | Tramadol Hcl |
| Analgesic, Anti-inflammatory or Antipyretic | Tramadol Hcl Er |
| Analgesic, Anti-inflammatory or Antipyretic | Tramadol Hcl-Acetaminophen |
| Respiratory Therapy Agents | Trelegy Ellipta |
| Analgesic, Anti-inflammatory or Antipyretic | Tricode Ar |
| Analgesic, Anti-inflammatory or Antipyretic | Tricode Gf |
| Central Nervous System Agents | Trifluoperazine Hcl |
| Analgesic, Anti-inflammatory or Antipyretic | Trymine Cg |
| Analgesic, Anti-inflammatory or Antipyretic | Tusnel C |
| Analgesic, Anti-inflammatory or Antipyretic | Tusnel Ped-C |
| Analgesic, Anti-inflammatory or Antipyretic | Tussigon |
| Analgesic, Anti-inflammatory or Antipyretic | Tussionex |
| Analgesic, Anti-inflammatory or Antipyretic | Tusso-C |
| Analgesic, Anti-inflammatory or Antipyretic | Tuxarin Er |
| Analgesic, Anti-inflammatory or Antipyretic | Tuzistra Xr |
| Analgesic, Anti-inflammatory or Antipyretic | Tylenol W/Codeine |
| Analgesic, Anti-inflammatory or Antipyretic | Ultracet |
| Analgesic, Anti-inflammatory or Antipyretic | Ultram |
| Analgesic, Anti-inflammatory or Antipyretic | Ultram Er |
| Analgesic, Anti-inflammatory or Antipyretic | Vanacof Cd |
| Anti-Infective Agents | Vancocin Hcl |
| Anti-Infective Agents | Vancomycin Hcl |
| Central Nervous System Agents | Versacloz |
| Anti-Infective Agents | Vfend |
| Gastrointestinal Therapy Agents | Viberzi |
| Analgesic, Anti-inflammatory or Antipyretic | Virtussin Ac |
| Analgesic, Anti-inflammatory or Antipyretic | Virtussin Dac |
| Analgesic, Anti-inflammatory or Antipyretic | Vituz |
| Endocrine | Vogelxo |
| Anti-Infective Agents | Voriconazole |

| CATEGORY | DRUG NAME |
|---|-----------------|
| Central Nervous System Agents | Vraylar |
| Central Nervous System Agents | Vyleesi |
| Central Nervous System Agents | Xadago |
| Dermatological | Xerese |
| Respiratory Therapy Agents | Xhance |
| Anti-Infective Agents | Xifaxan |
| Ophthalmic Agents | Xiidra |
| Analgesic, Anti-inflammatory or Antipyretic | Xtampza Er |
| Endocrine | Xyosted |
| Hematological Agents | Yosprala |
| Central Nervous System Agents | Zelapar |
| Metabolic Modifiers | Zemplar |
| Anti-Infective Agents | Zencia |
| Respiratory Therapy Agents | Zileuton |
| Central Nervous System Agents | Ziprasidone Hcl |
| Cardiovascular Therapy Agents | Zocor |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Ac 25 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Ac 30 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Ac 35 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Ac 40 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Ac 50 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Ac 60 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Ac 80 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Dac 25 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Dac 30 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Dac 35 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Dac 40 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Dac 50 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Dac 60 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Dac 80 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Dec 25 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Dec 30 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Dec 35 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Dec 40 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Dec 50 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Dec 60 |
| Analgesic, Anti-inflammatory or Antipyretic | Zodryl Dec 80 |
| Analgesic, Anti-inflammatory or Antipyretic | Zohydro Er |
| Hematological Agents | Zontivity |
| Dermatological | Zovirax |
| Analgesic, Anti-inflammatory or Antipyretic | Ztlido |

| CATEGORY | DRUG NAME |
|---|------------------|
| Analgesic, Anti-inflammatory or Antipyretic | Z-Tuss Ac |
| Analgesic, Anti-inflammatory or Antipyretic | Z-Tuss E |
| Gout and Hyperuricemia Therapy | Zurampic |
| Analgesic, Anti-inflammatory or Antipyretic | Zutripro |
| Dermatological | Zyclara |
| Respiratory Therapy Agents | Zyflo |
| Respiratory Therapy Agents | Zyflo Cr |
| Central Nervous System Agents | Zyprexa |
| Central Nervous System Agents | Zyprexa Relprevv |
| Central Nervous System Agents | Zyprexa Zydys |
| Anti-Infective Agents | Zyvox |

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LEGEND

PA = Prior Authorization. Some drugs need to be reviewed and approved before they're covered by your plan. This process is called prior authorization. It looks at drugs that may have harmful side effects, the potential for incorrect use or abuse, options that work better and cost less, and/or guidelines for use with certain conditions.

QL = Quantity Limits. Taking too much medicine or using it too often is dangerous and costly. That's why this program may limit how much of your medicine you can get each month. For example, a drug may have a limit of 30 pills for 30 days.

ST = Step Therapy. Step therapy means you try medicines in a step-by-step process. The program may require you to start with one medicine before another can be approved.

DO = Dose Optimization. This program may change the dosage of your medicine to make it more effective. For example, you may have to start taking a higher dosage once a day rather than a lower one twice a day.

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahóót'í t'áá ni nizaad k'eh'í níká a'doowó't'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dó'zingo nanitínígíí béésh bee hane'í bikáá' áá'j' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dó'zingo nanitínígíí béésh bee hane'í bikáá' áá'j' hodiilnih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Step Therapy

Clinical Edits for the National Drug List

Step therapy is a program that helps you and your doctor choose medications that are right for you. After studying many drugs, we've chosen certain ones to be the first drugs to try when treating some conditions. Trying drugs in a step-by-step way is called step therapy. When your doctor prescribes a drug that requires step therapy, a message is sent to your pharmacy's computer. This lets the pharmacist know you must first try a different, similar drug that's covered by your plan. The pharmacist will call your doctor to get a prescription for the new drug.

Here are the medications included in the step therapy program. Find your condition or type of drug in the first column.

The second column lists the medications that step therapy is required for. If you are taking a medication on this list, you may need to try another medicine first. Preferred alternatives – which are proven to work well for most people and may be more affordable – can be found on our Drug Search tool when you log in at [anthem.com](https://www.anthem.com).

| CATEGORY | DRUG NAME |
|---------------------------------|------------------|
| Ophthalmic Agents | Atripla |
| Ophthalmic Agents | Descovy |
| Ophthalmic Agents | Follistim Aq |
| Ophthalmic Agents | Procysbi |
| Central Nervous System Agents | Abilify |
| Central Nervous System Agents | Abilify Discmelt |
| Central Nervous System Agents | Abilify Mycite |
| Dermatological | Acanya |
| Gastrointestinal Therapy Agents | Aciphex |
| Gastrointestinal Therapy Agents | Aciphex Sprinkle |
| Anti-Infective Agents | Acticlate |
| Endocrine | Actoplus Met |
| Endocrine | Actoplus Met Xr |
| Endocrine | Actos |
| Dermatological | Aczone |
| Dermatological | Adapalene |
| Central Nervous System Agents | Adderall |
| Central Nervous System Agents | Adderall Xr |
| Central Nervous System Agents | Adhansia Xr |
| Endocrine | Adlyxin |

| CATEGORY | DRUG NAME |
|---|-------------------------|
| Endocrine | Admelog |
| Endocrine | Admelog Solostar |
| Anti-Infective Agents | Adoxa |
| Cardiovascular Therapy Agents | Adrenaclick |
| Cardiovascular Therapy Agents | Advicor |
| Central Nervous System Agents | Adzenys Er |
| Central Nervous System Agents | Adzenys Xr-Odt |
| Respiratory Therapy Agents | Aerobid |
| Respiratory Therapy Agents | Aerospan |
| Dermatological | Aklief |
| Anti-Infective Agents | Aktipak |
| Dermatological | Ala-Scalp Hp |
| Dermatological | Aldara |
| Respiratory Therapy Agents | Allegra Odt Rx |
| Respiratory Therapy Agents | Allegra Rx |
| Respiratory Therapy Agents | Allegra-D Rx |
| Ophthalmic Agents | Alocril |
| Endocrine | Alogliptin |
| Endocrine | Alogliptin-Metformin |
| Endocrine | Alogliptin-Pioglitazone |
| Ophthalmic Agents | Alomide |
| Analgesic, Anti-inflammatory or Antipyretic | Alsuma |
| Cardiovascular Therapy Agents | Altprev |
| Dermatological | Altreno |
| Respiratory Therapy Agents | Alvesco |
| Endocrine | Amaryl |
| Central Nervous System Agents | Ambien |
| Central Nervous System Agents | Ambien Cr |
| Dermatological | Amcinonide |
| Analgesic, Anti-inflammatory or Antipyretic | Amerge |
| Locomotor System | Amrix |
| Cardiovascular Therapy Agents | Antara |
| Gastrointestinal Therapy Agents | Anusol-Hc |
| Dermatological | Apexicon |
| Dermatological | Apexicon E |
| Endocrine | Apidra |
| Endocrine | Apidra Solostar |
| Central Nervous System Agents | Aplenzin |
| Central Nervous System Agents | Aptensio Xr |
| Respiratory Therapy Agents | Armonair Respiclick |
| Analgesic, Anti-inflammatory or Antipyretic | Arthrotec |

| CATEGORY | DRUG NAME |
|---|----------------------------|
| Gastrointestinal Therapy Agents | Asacol |
| Gastrointestinal Therapy Agents | Asacol Hd |
| Respiratory Therapy Agents | Asmanex |
| Respiratory Therapy Agents | Asmanex Hfa |
| Dermatological | Atralin |
| Genitourinary Therapy | Auryxia |
| Cardiovascular Therapy Agents | Auvi-Q |
| Endocrine | Avandamet |
| Endocrine | Avandaryl |
| Endocrine | Avandia |
| Dermatological | Avita |
| Analgesic, Anti-inflammatory or Antipyretic | Axert |
| Endocrine | Basaglar Kwikpen U-100 |
| Respiratory Therapy Agents | Beconase Aq |
| Central Nervous System Agents | Belsomra |
| Dermatological | Benzaclin |
| Anti-Infective Agents | Benzamycin |
| Dermatological | Benzefoam |
| Dermatological | Benzefoam Ultra |
| Ophthalmic Agents | Bepreve |
| Dermatological | Beser |
| Dermatological | Betamethasone Dipropionate |
| Dermatological | Betamethasone Valerate |
| Dermatological | Beta-Val |
| Respiratory Therapy Agents | Bevespi Aerosphere |
| Endocrine | Bijuva |
| Endocrine | Boniva |
| Central Nervous System Agents | Brintellix |
| Dermatological | Bryhali |
| Respiratory Therapy Agents | Budesonide |
| Central Nervous System Agents | Bupropion Hcl XI |
| Endocrine | Bydureon |
| Endocrine | Bydureon Bcise |
| Endocrine | Bydureon Pen |
| Endocrine | Byetta |
| Analgesic, Anti-inflammatory or Antipyretic | Cambia |
| Dermatological | Capex Shampoo |
| Analgesic, Anti-inflammatory or Antipyretic | Celebrex |
| Analgesic, Anti-inflammatory or Antipyretic | Celecoxib |
| Central Nervous System Agents | Celexa |
| Endocrine | Chlorpropamide |

| CATEGORY | DRUG NAME |
|---|-------------------------------|
| Central Nervous System Agents | Chlorzoxazone |
| Respiratory Therapy Agents | Clarinet |
| Respiratory Therapy Agents | Clarinet-D 12 Hour |
| Respiratory Therapy Agents | Clarinet-D 24 Hour |
| Anti-Infective Agents | Cleocin T |
| Anti-Infective Agents | Clindagel |
| Anti-Infective Agents | Clindamycin Phosphate |
| Anti-Infective Agents | Clindareach |
| Dermatological | Clobex |
| Dermatological | Clocortolone Pivalate |
| Dermatological | Cloderm |
| Anti-Infective Agents | Cnl 8 |
| Gout and Hyperuricemia Therapy | Colchicine |
| Central Nervous System Agents | Concerta |
| Dermatological | Cordran |
| Dermatological | Cordran Sp |
| Anti-Infective Agents | Coremino |
| Central Nervous System Agents | Cotempla Xr-Odt |
| Cardiovascular Therapy Agents | Crestor |
| Dermatological | Cutivate |
| Central Nervous System Agents | Cyclobenzaprine Hcl |
| Dermatological | Dapsone |
| Central Nervous System Agents | Daytrana |
| Gastrointestinal Therapy Agents | Delzicol |
| Dermatological | Derma-Smoother-Fs |
| Dermatological | Dermatop |
| Dermatological | Desonate |
| Dermatological | Desonide |
| Dermatological | Desowen |
| Dermatological | Desoximetasone |
| Central Nervous System Agents | Desoxyn |
| Central Nervous System Agents | Desvenlafaxine Er |
| Central Nervous System Agents | Desvenlafaxine Fumarate Er |
| Genitourinary Therapy | Detrol |
| Genitourinary Therapy | Detrol La |
| Central Nervous System Agents | Dexedrine |
| Gastrointestinal Therapy Agents | Dexilant |
| Endocrine | Diabeta |
| Analgesic, Anti-inflammatory or Antipyretic | Diclofenac Epolamine |
| Dermatological | Diclofenac Sodium |
| Analgesic, Anti-inflammatory or Antipyretic | Diclofenac Sodium-Misoprostol |

| CATEGORY | DRUG NAME |
|---|------------------------|
| Analgesic, Anti-inflammatory or Antipyretic | Diclozor |
| Dermatological | Differin |
| Dermatological | Diflorasone Diacetate |
| Gastrointestinal Therapy Agents | Dipentum |
| Dermatological | Diprolene |
| Dermatological | Diprolene Af |
| Dermatological | Diprosone |
| Genitourinary Therapy | Ditropan XI |
| Anti-Infective Agents | Doryx |
| Anti-Infective Agents | Doryx Mpc |
| Anti-Infective Agents | Doxycycline Hyclate |
| Anti-Infective Agents | Doxycycline Ir-Dr |
| Dermatological | Duac |
| Respiratory Therapy Agents | Duaklir Pressair |
| Endocrine | Duetact |
| Analgesic, Anti-inflammatory or Antipyretic | Duexis |
| Central Nervous System Agents | Dyanavel Xr |
| Anti-Infective Agents | Dynacin |
| Anti-Infective Agents | Ecoza |
| Central Nervous System Agents | Edluar |
| Central Nervous System Agents | Effexor Xr |
| Dermatological | Efudex |
| Ophthalmic Agents | Elestat |
| Dermatological | Elidel |
| Genitourinary Therapy | Eliphos |
| Dermatological | Elocon |
| Ophthalmic Agents | Emadine |
| Genitourinary Therapy | Enablex |
| Dermatological | Enzoclear |
| Cardiovascular Therapy Agents | Epinephrine |
| Cardiovascular Therapy Agents | Epipen |
| Cardiovascular Therapy Agents | Epipen Jr. |
| Anti-Infective Agents | Ertaczo |
| Gastrointestinal Therapy Agents | Esomeprazole Magnesium |
| Gastrointestinal Therapy Agents | Esomeprazole Strontium |
| Dermatological | Eucrisa |
| Central Nervous System Agents | Evekeo Odt |
| Anti-Infective Agents | Evoclin |
| Chemical Dependency, Agents to Treat | Evzio |
| Anti-Infective Agents | Exelderm |
| Cognitive Disorder Therapy | Exelon |

| CATEGORY | DRUG NAME |
|---|------------------------|
| Cardiovascular Therapy Agents | Ezallor Sprinkle |
| Cardiovascular Therapy Agents | Ezetimibe |
| Cardiovascular Therapy Agents | Ezetimibe-Simvastatin |
| Dermatological | Fabior |
| Central Nervous System Agents | Fanapt |
| Endocrine | Farxiga |
| Gout and Hyperuricemia Therapy | Febuxostat |
| Cardiovascular Therapy Agents | Fenofibrate |
| Cardiovascular Therapy Agents | Fenoglide |
| Analgesic, Anti-inflammatory or Antipyretic | Fenoprofen Calcium |
| Analgesic, Anti-inflammatory or Antipyretic | Fenortho |
| Central Nervous System Agents | Fetzima |
| Locomotor System | Fexmid |
| Endocrine | Fiasp |
| Endocrine | Fiasp Flextouch |
| Endocrine | Fiasp Penfill |
| Cardiovascular Therapy Agents | Fibricor |
| Dermatological | First-Hydrocortisone |
| Analgesic, Anti-inflammatory or Antipyretic | Flector |
| Central Nervous System Agents | Flexeril |
| Cardiovascular Therapy Agents | Flolipid |
| Respiratory Therapy Agents | Flonase |
| Respiratory Therapy Agents | Flunisolide |
| Dermatological | Fluocinolone Acetonide |
| Dermatological | Fluocinonide |
| Dermatological | Fluoroplex |
| Dermatological | Fluorouracil |
| Dermatological | Flurandrenolide |
| Respiratory Therapy Agents | Fluticasone Propionate |
| Central Nervous System Agents | Forfivo XI |
| Endocrine | Fortamet |
| Genitourinary Therapy | Fosrenol |
| Analgesic, Anti-inflammatory or Antipyretic | Frova |
| Analgesic, Anti-inflammatory or Antipyretic | Frovatriptan Succinate |
| Genitourinary Therapy | Gelnique |
| Central Nervous System Agents | Geodon |
| Endocrine | Glimepiride |
| Endocrine | Glipizide |
| Endocrine | Glipizide Er |
| Endocrine | Glipizide XI |
| Endocrine | Glipizide-Metformin |

| CATEGORY | DRUG NAME |
|---|-------------------------|
| Endocrine | Glucophage Xr |
| Endocrine | Glucotrol |
| Endocrine | Glucotrol XI |
| Endocrine | Glucovance |
| Endocrine | Glumetza |
| Endocrine | Glyburide |
| Endocrine | Glyburide Micronized |
| Endocrine | Glyburide-Metformin Hcl |
| Endocrine | Glynase |
| Endocrine | Glyxambi |
| Dermatological | Halcinonide |
| Dermatological | Halobetasol Propionate |
| Dermatological | Halog |
| Dermatological | Hydrocortisone Butyrate |
| Dermatological | Hydrocortisone Valerate |
| Endocrine | Ibandronate Sodium |
| Dermatological | Imiquimod |
| Analgesic, Anti-inflammatory or Antipyretic | Imitrex |
| Dermatological | Impoyz |
| Analgesic, Anti-inflammatory or Antipyretic | Indocin |
| Central Nervous System Agents | Intermezzo |
| Endocrine | Intrarosa |
| Central Nervous System Agents | Invega |
| Endocrine | Invokamet |
| Endocrine | Invokamet Xr |
| Endocrine | Invokana |
| Endocrine | Janumet |
| Endocrine | Janumet Xr |
| Endocrine | Januvia |
| Endocrine | Jardiance |
| Endocrine | Jentadueto |
| Endocrine | Jentadueto Xr |
| Central Nervous System Agents | Jornay Pm |
| Endocrine | Juvisync |
| Gastrointestinal Therapy Agents | Kapidex |
| Endocrine | Kazano |
| Dermatological | Kenalog |
| Anti-Infective Agents | Kerydin |
| Central Nervous System Agents | Ketamine Hcl |
| Central Nervous System Agents | Khedezla |
| Analgesic, Anti-inflammatory or Antipyretic | Klofensaid II |

| CATEGORY | DRUG NAME |
|---|---------------------|
| Endocrine | Kombiglyze Xr |
| Gastrointestinal Therapy Agents | Lansoprazole |
| Ophthalmic Agents | Lastacaft |
| Cardiovascular Therapy Agents | Lescol |
| Cardiovascular Therapy Agents | Lescol XL |
| Central Nervous System Agents | Lexapro |
| Dermatological | Lexette |
| Gastrointestinal Therapy Agents | Lialda |
| Dermatological | Lidex |
| Cardiovascular Therapy Agents | Lipitor |
| Cardiovascular Therapy Agents | Lipofen |
| Cardiovascular Therapy Agents | Liptruzet |
| Cardiovascular Therapy Agents | Livalo |
| Dermatological | Locoid |
| Dermatological | Locoid Lipocream |
| Cardiovascular Therapy Agents | Lofibra |
| Cardiovascular Therapy Agents | Lopid |
| Anti-Infective Agents | Loprox |
| Locomotor System | Lorzone |
| Gastrointestinal Therapy Agents | Lovaza |
| Anti-Infective Agents | Luliconazole |
| Central Nervous System Agents | Lunesta |
| Dermatological | Luxiq |
| Anti-Infective Agents | Luzu |
| Analgesic, Anti-inflammatory or Antipyretic | Maxalt |
| Analgesic, Anti-inflammatory or Antipyretic | Maxalt Mit |
| Anti-Infective Agents | Mentax |
| Endocrine | Metaglip |
| Locomotor System | Metaxalone |
| Endocrine | Metformin Hcl Er |
| Central Nervous System Agents | Methamphetamine Hcl |
| Central Nervous System Agents | Methylin |
| Central Nervous System Agents | Methylphenidate Er |
| Dermatological | Metrocream |
| Dermatological | Metrogel |
| Dermatological | Metro lotion |
| Anti-Infective Agents | Minocin |
| Anti-Infective Agents | Minocycline Hcl |
| Anti-Infective Agents | Minocycline Hcl Er |
| Anti-Infective Agents | Minolira Er |
| Gout and Hyperuricemia Therapy | Mitigare |

| CATEGORY | DRUG NAME |
|---|-------------------------------|
| Respiratory Therapy Agents | Mometasone Furoate |
| Dermatological | Momexin |
| Anti-Infective Agents | Monodox |
| Gastrointestinal Therapy Agents | Motegrity |
| Central Nervous System Agents | Mydayis |
| Anti-Infective Agents | Naftifine Hcl |
| Anti-Infective Agents | Naftin |
| Analgesic, Anti-inflammatory or Antipyretic | Nalfon |
| Analgesic, Anti-inflammatory or Antipyretic | Naprelan |
| Analgesic, Anti-inflammatory or Antipyretic | Naproxen Sodium Er |
| Respiratory Therapy Agents | Nasacort Aq |
| Respiratory Therapy Agents | Nasonex |
| Endocrine | Nesina |
| Gastrointestinal Therapy Agents | Nexium Rx |
| Anti-Infective Agents | Nizoral |
| Dermatological | Nolix |
| Dermatological | Noritate |
| Endocrine | Novolin 70-30 |
| Endocrine | Novolin 70-30 Flexpen |
| Endocrine | Novolin N |
| Endocrine | Novolin R |
| Endocrine | Novolog |
| Endocrine | Novolog Flexpen |
| Endocrine | Novolog Mix 70-30 |
| Dermatological | Nucort |
| Dermatological | Nuzon |
| Ophthalmic Agents | Olopatadine Hcl |
| Dermatological | Olux |
| Dermatological | Olux-E |
| Dermatological | Olux-Olux-E |
| Gastrointestinal Therapy Agents | Omega-3 Acid Ethyl Esters |
| Gastrointestinal Therapy Agents | Omeppi |
| Gastrointestinal Therapy Agents | Omeprazole-Sodium Bicarbonate |
| Respiratory Therapy Agents | Omnamis |
| Endocrine | Onglyza |
| Analgesic, Anti-inflammatory or Antipyretic | Onzetra Xsail |
| Ophthalmic Agents | Optivar |
| Central Nervous System Agents | Orphenadrine Compound |
| Central Nervous System Agents | Orphenadrine-Aspirin-Caffeine |
| Central Nervous System Agents | Orphengesic Forte |
| Endocrine | Oseni |

| CATEGORY | DRUG NAME |
|---|--------------------------|
| Anti-Infective Agents | Oxiconazole Nitrate |
| Anti-Infective Agents | Oxistat |
| Genitourinary Therapy | Oxytrol |
| Endocrine | Ozempic |
| Gastrointestinal Therapy Agents | Pancreaze |
| Dermatological | Pandel |
| Locomotor System | Parafon Forte Dsc |
| Ophthalmic Agents | Pataday |
| Ophthalmic Agents | Patanol |
| Central Nervous System Agents | Paxil |
| Central Nervous System Agents | Paxil Cr |
| Ophthalmic Agents | Pazeo |
| Anti-Infective Agents | Penlac |
| Analgesic, Anti-inflammatory or Antipyretic | Pennsaid |
| Anti-Infective Agents | Periostat |
| Gastrointestinal Therapy Agents | Pertzye |
| Central Nervous System Agents | Pexeva |
| Genitourinary Therapy | Phoslo |
| Genitourinary Therapy | Phoslyra |
| Dermatological | Picato |
| Dermatological | Pimecrolimus |
| Endocrine | Pioglitazone Hcl |
| Endocrine | Pioglitazone-Glimepiride |
| Endocrine | Pioglitazone-Metformin |
| Dermatological | Plixda |
| Cardiovascular Therapy Agents | Pravachol |
| Dermatological | Prednicarbate |
| Gastrointestinal Therapy Agents | Prevacid Rx |
| Gastrointestinal Therapy Agents | Prilosec Rx |
| Central Nervous System Agents | Pristiq |
| Dermatological | Proctocort |
| Gastrointestinal Therapy Agents | Protonix |
| Dermatological | Protopic |
| Central Nervous System Agents | Prozac |
| Central Nervous System Agents | Prozac Weekly |
| Dermatological | Psorcon |
| Respiratory Therapy Agents | Pulmicort Flexhaler |
| Analgesic, Anti-inflammatory or Antipyretic | Qmiiz Odt |
| Respiratory Therapy Agents | Qnasl |
| Endocrine | Qtern |
| Central Nervous System Agents | Qudexy Xr |

| CATEGORY | DRUG NAME |
|---|--------------------|
| Central Nervous System Agents | Quillichew Er |
| Central Nervous System Agents | Quillivant Xr |
| Dermatological | Quinosone |
| Gastrointestinal Therapy Agents | Rabeprazole Sodium |
| Central Nervous System Agents | Ramelteon |
| Endocrine | Rayos |
| Analgesic, Anti-inflammatory or Antipyretic | Relafen |
| Analgesic, Anti-inflammatory or Antipyretic | Relafen Ds |
| Central Nervous System Agents | Relexxii |
| Gastrointestinal Therapy Agents | Relistor |
| Analgesic, Anti-inflammatory or Antipyretic | Relpax |
| Genitourinary Therapy | Renagel |
| Genitourinary Therapy | Renvela |
| Dermatological | Retin-A |
| Dermatological | Retin-A Micro |
| Dermatological | Retin-A Micro Pump |
| Central Nervous System Agents | Rexulti |
| Respiratory Therapy Agents | Rhinocort Aqua |
| Central Nervous System Agents | Risperdal |
| Central Nervous System Agents | Risperdal M-Tab |
| Locomotor System | Robaxin |
| Central Nervous System Agents | Rozerem |
| Endocrine | Rybelsus |
| Dermatological | Rynoderma |
| Genitourinary Therapy | Sanctura |
| Central Nervous System Agents | Sanctura Xr |
| Central Nervous System Agents | Saphris |
| Endocrine | Segluromet |
| Respiratory Therapy Agents | Semprex-D |
| Dermatological | Sernivo |
| Central Nervous System Agents | Seroquel |
| Central Nervous System Agents | Seroquel Xr |
| Anti-Infective Agents | Seysara |
| Central Nervous System Agents | Silenor |
| Locomotor System | Skelaxin |
| Endocrine | Soliqua 100-33 |
| Anti-Infective Agents | Solodyn |
| Anti-Infective Agents | Solosec |
| Anti-Infective Agents | Soloxide |
| Locomotor System | Soma |
| Central Nervous System Agents | Sonata |

| CATEGORY | DRUG NAME |
|---|-------------------------------|
| Analgesic, Anti-inflammatory or Antipyretic | Sprix |
| Endocrine | Steglatro |
| Endocrine | Steglujan |
| Endocrine | Sterapred |
| Analgesic, Anti-inflammatory or Antipyretic | Sumatriptan Succ-Naproxen Sod |
| Analgesic, Anti-inflammatory or Antipyretic | Sumavel Dosepro |
| Gastrointestinal Therapy Agents | Symproic |
| Dermatological | Synalar |
| Endocrine | Synjardy |
| Endocrine | Synjardy Xr |
| Dermatological | Tacrolimus |
| Endocrine | Tanzeum |
| Anti-Infective Agents | Targadox |
| Dermatological | Temovate |
| Dermatological | Texacort |
| Analgesic, Anti-inflammatory or Antipyretic | Tivorbex |
| Dermatological | Tolak |
| Endocrine | Tolazamide |
| Endocrine | Tolbutamide |
| Dermatological | Topicort |
| Central Nervous System Agents | Topiramate Er |
| Analgesic, Anti-inflammatory or Antipyretic | Tosymra |
| Endocrine | Tradjenta |
| Endocrine | Tresiba |
| Endocrine | Tresiba Flextouch U-100 |
| Endocrine | Tresiba Flextouch U-200 |
| Dermatological | Tretin-X |
| Analgesic, Anti-inflammatory or Antipyretic | Treximet |
| Respiratory Therapy Agents | Triamcinolone Acetonide |
| Dermatological | Trianex |
| Cardiovascular Therapy Agents | Tricor |
| Dermatological | Triderm |
| Dermatological | Tridesilon |
| Cardiovascular Therapy Agents | Triglide |
| Gastrointestinal Therapy Agents | Triklo |
| Cardiovascular Therapy Agents | Trilipix |
| Central Nervous System Agents | Trintellix |
| Gastrointestinal Therapy Agents | Trulance |
| Endocrine | Trulicity |
| Gout and Hyperuricemia Therapy | Uloric |
| Dermatological | Ultravate |

| CATEGORY | DRUG NAME |
|---|----------------------|
| Dermatological | Ultravate Pac |
| Respiratory Therapy Agents | Utibron Neohaler |
| Dermatological | Vanos |
| Gastrointestinal Therapy Agents | Vascepa |
| Genitourinary Therapy | Velphoro |
| Dermatological | Veltin |
| Respiratory Therapy Agents | Veramyst |
| Dermatological | Verdeso |
| Genitourinary Therapy | Vesicare |
| Anti-Infective Agents | Vibramycin |
| Endocrine | Victoza |
| Central Nervous System Agents | Viiibryd |
| Analgesic, Anti-inflammatory or Antipyretic | Vimovo |
| Analgesic, Anti-inflammatory or Antipyretic | Vivlodex |
| Analgesic, Anti-inflammatory or Antipyretic | Voltaren |
| Central Nervous System Agents | Vraylar |
| Cardiovascular Therapy Agents | Vytorin |
| Central Nervous System Agents | Wellbutrin Sr |
| Dermatological | Westcort |
| Analgesic, Anti-inflammatory or Antipyretic | Xartemis Xr |
| Endocrine | Xigduo Xr |
| Anti-Infective Agents | Ximino |
| Endocrine | Xultophy 100-3.6 |
| Respiratory Therapy Agents | Xyzal |
| Central Nervous System Agents | Zaleplon |
| Locomotor System | Zanaflex |
| Analgesic, Anti-inflammatory or Antipyretic | Zecuity |
| Gastrointestinal Therapy Agents | Zegerid Rx |
| Gastrointestinal Therapy Agents | Zelnorm |
| Analgesic, Anti-inflammatory or Antipyretic | Zembrace Symtouch |
| Central Nervous System Agents | Zenzedi |
| Cardiovascular Therapy Agents | Zetia |
| Respiratory Therapy Agents | Zetonna |
| Dermatological | Ziana |
| Analgesic, Anti-inflammatory or Antipyretic | Zipsor |
| Cardiovascular Therapy Agents | Zocor |
| Central Nervous System Agents | Zoloft |
| Central Nervous System Agents | Zolpidem Tartrate |
| Central Nervous System Agents | Zolpidem Tartrate Er |
| Central Nervous System Agents | Zolpimist |
| Analgesic, Anti-inflammatory or Antipyretic | Zomig |

| CATEGORY | DRUG NAME |
|---|---------------|
| Analgesic, Anti-inflammatory or Antipyretic | Zomig Zmt |
| Analgesic, Anti-inflammatory or Antipyretic | Zorvolex |
| Dermatological | Zyclara |
| Cardiovascular Therapy Agents | Zypitamag |
| Central Nervous System Agents | Zyprexa |
| Central Nervous System Agents | Zyprexa Zydis |

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LEGEND

PA = Prior Authorization. Some drugs need to be reviewed and approved before they're covered by your plan. This process is called prior authorization. It looks at drugs that may have harmful side effects, the potential for incorrect use or abuse, options that work better and cost less, and/or guidelines for use with certain conditions.

QL = Quantity Limits. Taking too much medicine or using it too often is dangerous and costly. That's why this program may limit how much of your medicine you can get each month. For example, a drug may have a limit of 30 pills for 30 days.

ST = Step Therapy. Step therapy means you try medicines in a step-by-step process. The program may require you to start with one medicine before another can be approved.

DO = Dose Optimization. This program may change the dosage of your medicine to make it more effective. For example, you may have to start taking a higher dosage once a day rather than a lower one twice a day.

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahóót'í t'áá ni nizaad k'eh'í níká a'doowó't'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dó'zingo nanitínígíí bécsh bee hane'í bikáá' áá'j' hodiilnih. Naaltsoos bee atah nilínígíí bee né'cho'dó'zingo nanitínígíí bécsh bee hane'í bikáá' áá'j' hodiilnih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



The ins and outs of coverage

Knowing that you have health care coverage that meets your and your family's needs is reassuring.

But part of your decision in choosing a plan also means you need to understand:

- Who can enroll
- How you and your employer handle coverage changes
- What's not covered by your plan
- How your coverage works with other health plans you might have

Who can be enrolled

You can choose coverage for just you. Or, you can have coverage for your family, including you and any of the following family members:

- Your spouse
- Your children age 26 or younger, including:
 - A newborn, natural child or a child placed with you for adoption
 - A stepchild
 - Any other child for whom you have legal guardianship

Coverage will end on the last day of the month in which they turn 26.

Some children have mental or physical challenges that prevent them from living independently. The dependent age limit does not apply to these enrolled children as long as these challenges were present before they turned 26.



The ins and outs of coverage

(continued)

1. At the employer level, which affects you and other employees covered by an employer's plan, your plan can be:

| Renewed | Canceled | Changed | When |
|---------|----------|---------|---|
| • | | | Your employer: <ul style="list-style-type: none">• Keeps its status as an employer.• Stays in our service area.• Meets our guidelines for employee participation and premium contribution.• Pays the required health care premiums.• Doesn't commit fraud or misrepresent itself. |
| | • | | Your employer: <ul style="list-style-type: none">• Makes a bad payment.• Voluntarily cancels coverage (30-days advance written notice required).• Is unable (after being given at least a 30-day notice) to meet eligibility requirements to maintain a group plan.• Still does not pay the required health care premium (after being given a 31-day grace period and at least a 15-day notice). |
| | • | | <ul style="list-style-type: none">• We decide to no longer offer the specific plan chosen by your employer (you'll get a 90-day advance notice).• We decide to no longer offer any coverage in Virginia (you'll get a 180-day advance notice). |
| | | • | You and your employer received a 30-day advance written notice that the coverage was being changed (services were added to your plan or the copays were lowered). Copays can be increased or services can be decreased only when it is time for your group to renew its coverage. |

2. At the individual level, which affects you and covered family members, your plan can be:

| Renewed | Canceled | When you |
|---------|----------|---|
| • | | <ul style="list-style-type: none">• Stay eligible for your employer's coverage.• Pay your share of the monthly payment (premium) for coverage.• Don't commit fraud or misrepresent yourself. |
| | • | Give wrong information on purpose about yourself or your dependents when you enroll. Cancellation is effective immediately. |
| | • | <ul style="list-style-type: none">• Lose your eligibility for coverage.• Don't make required payments or make bad payments.• Commit fraud.• Are guilty of gross misbehavior.• Don't cooperate if we ask you to pay us back for benefits that were overpaid (coordination of benefits recoveries).• Let others use your ID card.• Use another member's ID card.• File false claims with us. <p>Your coverage will be canceled after you receive a written notice from us.</p> |



The ins and outs of coverage

(continued)

Special enrollment periods

In most cases, you're only allowed to enroll in your employer's health plan during certain eligibility periods, such as when it's first offered to you as a "new hire" or during your employer's open enrollment period, when employees can make changes to their benefits for an upcoming year.

But there can be other times when you may be eligible to enroll. For example, let's say the first time you were offered coverage, you stated in writing that you didn't want to enroll yourself, your spouse or your covered dependents because you had coverage through another carrier or group health plan. If you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage) you may be able to enroll your family later. But you must ask to be enrolled within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Also, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Finally, a special enrollment period of 60 days will be allowed if:

- Your or your dependents' coverage under Medicaid or the State Children's Health Insurance Program (SCHIP) is terminated as a result of a loss of eligibility.
- You or your dependents become eligible for premium assistance under a state Medicaid or SCHIP plan.

To request special enrollment or get more information, contact your employer.

When you're covered by more than one plan

If you're covered by two different group health plans, one is considered primary and the other is considered secondary. The primary plan is the first to pay a claim and reimburse according to plan allowances. The secondary plan then reimburses, usually covering the remaining allowable costs.



The ins and outs of coverage

(continued)

Determining the primary and secondary plans

See the chart below to learn which health plan is considered the primary plan. The term “participant” means the person who signed up for coverage:

| When a person is covered by two group plans, and | Then | Primary | Secondary |
|--|---|---------|-----------|
| One plan does not have a COB provision | The plan without COB is | ● | |
| | The plan with COB is | | ● |
| The person is the participant under one plan and a dependent under the other | The plan covering the person as the participant is | ● | |
| | The plan covering the person as a dependent is | | ● |
| The person is the participant in two active group plans | The plan that has been in effect longer is | ● | |
| | The plan that has been in effect the shorter amount of time is | | ● |
| The person is an active employee on one plan and enrolled as a COBRA participant for another plan | The plan in which the participant is an active employee is | ● | |
| | The COBRA plan is | | ● |
| The person is covered as a dependent child under both plans | The plan of the parent whose birthday occurs earlier in the calendar year (known as the birthday rule) is | ● | |
| | The plan of the parent whose birthday is later in the calendar year is | | ● |
| | Note: When the parents have the same birthday, the plan that has been in effect longer is | ● | |
| The person is covered as a dependent child and coverage is required by a court decree | The plan of the parent primarily responsible for health coverage under the court decree is | ● | |
| | The plan of the other parent is | | ● |
| The person is covered as a dependent child and coverage is <i>not</i> stipulated in a court decree | The custodial parent's plan is | ● | |
| | The noncustodial parent's plan is | | ● |
| The person is covered as a dependent child and the parents share joint custody | The plan of the parent whose birthday occurs earlier in the calendar year is | ● | |
| | The plan of the parent whose birthday is later in the calendar year is | | ● |
| | Note: When the parents have the same birthday, the plan that has been in effect longer is | ● | |



The ins and outs of coverage

(continued)

How benefits apply if you're eligible for Medicare

Some people under age 65 are eligible for Medicare in addition to any other coverage they may have. The following chart shows how payment is coordinated under various scenarios:

| When a person is covered by Medicare and a group plan, and | Then | Your plan is primary | Medicare is primary |
|--|--|----------------------|---------------------|
| Is qualified for Medicare coverage due solely to end-stage renal disease (ESRD-kidney failure) | During the 30-month Medicare entitlement period | ● | |
| | Upon completion of the 30-month Medicare entitlement period | | ● |
| Is a disabled member who is allowed to maintain group enrollment as an active employee | If the group plan has more than 100 participants | ● | |
| | If the group plan has fewer than 100 participants | | ● |
| Is the disabled spouse or dependent child of an active full-time employee | If the group plan has more than 100 participants | ● | |
| | If the group plan has fewer than 100 participants | | ● |
| Is a person who becomes qualified for Medicare coverage due to ESRD after already being enrolled in Medicare due to a disability | If Medicare had been secondary to the group plan before ESRD entitlement | ● | |
| | If Medicare had been primary to the group plan before ESRD entitlement | | ● |

Recovering overpayments

If health care benefits are overpaid by mistake, we will ask for reimbursement for the overpayment. This is referred to as "coordination of benefits recoveries." We appreciate your help in the recovery process. We reserve the right to recover any overpayment from:

- Any person to or for whom the overpayments were made
- Any health care company
- Any other organization

What's Not Covered

In this section you will find a review of items that are not covered by your Plan. Excluded items will not be covered even if the service, supply, or equipment is Medically Necessary. This section is only meant to be an aid to point out certain items that may be misunderstood as Covered Services. This section is not meant to be a complete list of all the items that are excluded by your Plan.

We will have the right to make the final decision about whether services or supplies are Medically Necessary and if they will be covered by your Plan.

- 1) **Acts of War, Disasters, or Nuclear Accidents** In the event of a major disaster, epidemic, war, or other event beyond our control, we will make a good faith effort to give you Covered Services. We will not be responsible for any delay or failure to give services due to lack of available Facilities or staff.

Benefits will not be given for any illness or injury that is a result of war, service in the armed forces, a nuclear explosion, nuclear accident, release of nuclear energy, a riot, or civil disobedience.

- 2) **Administrative Charges**

- a) Charges to complete claim forms,
- b) Charges to get medical records or reports,
- c) Membership, administrative, or access fees charged by Doctors or other Providers. Examples include, but are not limited to, fees for educational brochures or calling you to give you test results.

- 3) **Aids for Non-verbal Communication** Devices and computers to assist in communication and speech except for speech aid devices and tracheo-esophageal voice devices approved by us.]

- 4) **Alternative / Complementary Medicine** Services or supplies for alternative or complementary medicine. This includes, but is not limited to:

- a) Acupressure, or massage to help alleviate pain, treat illness or promote health by putting pressure to one or more areas of the body.
- b) Holistic medicine,
- c) Homeopathic medicine,
- d) Hypnosis,
- e) Aroma therapy,
- f) Massage and massage therapy,
- g) Reiki therapy,
- h) Herbal, vitamin or dietary products or therapies,
- i) Naturopathy,
- j) Thermography,
- k) Orthomolecular therapy,
- l) Contact reflex analysis,
- m) Bioenergetic synchronization technique (BEST),
- n) Iridology-study of the iris,
- o) Auditory integration therapy (AIT),
- p) Colonic irrigation,
- q) Magnetic innervation therapy,
- r) Electromagnetic therapy,
- s) Neurofeedback / Biofeedback.

- 5) **Applied Behavioral Treatment** (including, but not limited to, Applied Behavior Analysis and Intensive Behavior Interventions) for all indications except as described under Autism Services in the “What’s Covered” section unless otherwise required by law.
- 6) **Autopsies** Autopsies and post-mortem testing unless requested by us as stated in “Physical Examinations and Autopsy” in the “General Provisions” section.
- 7) **Before Effective Date or After Termination Date** Charges for care you get before your Effective Date or after your coverage ends, except as written in this Plan.
- 8) **Certain Providers** Services you get from Providers that are not licensed by law to provide Covered Services as defined in this Booklet. Examples include, but are not limited to, masseurs or masseuses (massage therapists), physical therapist technicians, and athletic trainers.
- 9) **Charges Over the Maximum Allowed Amount** Charges over the Maximum Allowed Amount for Covered Services.
- 10) **Charges Not Supported by Medical Records** Charges for services not described in your medical records.
- 11) **Clinically-Equivalent Alternatives** Certain Prescription Drugs may not be covered if you could use a clinically equivalent Drug, unless required by law. “Clinically equivalent” means Drugs that for most Members, will give you similar results for a disease or condition. If you have questions about whether a certain Drug is covered and which Drugs fall into this group, please call the number on the back of your Identification Card, or visit our website at www.anthem.com.

If you or your Doctor believes you need to use a different Prescription Drug, please have your Doctor or pharmacist get in touch with us. We will cover the other Prescription Drug only if we agree that it is Medically Necessary and appropriate over the clinically equivalent Drug. We will review benefits for the Prescription Drug from time to time to make sure the Drug is still Medically Necessary.

- 12) **Clinical Trial Non-Covered Services** Any Investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be a Covered Service under this Plan for non-Investigational treatments.
- 13) **Complications of/or Services Related to Non-Covered Services** Services, supplies, or treatment related to or, for problems directly related to a service that is not covered by this Plan. Directly related means that the care took place as a direct result of the non-Covered Service and would not have taken place without the non-Covered Service.
- 14) **Compound Drugs** Compound Drugs unless all of the ingredients are FDA-approved as designated in the FDA’s Orange Book: *Approved Drug Products with Therapeutic Equivalence Evaluations*, require a prescription to dispense, and the compound medication is not essentially the same as an FDA-approved product from a drug manufacturer. Exceptions to non-FDA approved compound ingredients may include multi-source, non-proprietary vehicles and/or pharmaceutical adjuvants.

The following exclusion pertains to those groups that qualify to opt out:

- 15) **Contraceptives** Contraceptive devices including diaphragms, intra uterine devices (IUDs), and implants.
- 16) **Cosmetic Services** Treatments, services, Prescription Drugs, equipment, or supplies given for cosmetic services. Cosmetic services are meant to preserve, change, or improve how you look or are given for social reasons. No benefits are available for surgery or treatments to change the texture or look of your skin or to change the size, shape or look of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts).

This Exclusion does not apply to:

- a) Surgery or procedures to correct deformity caused by disease, trauma, or previous therapeutic process.
- b) Surgery or procedures to correct congenital abnormalities that cause Functional Impairment.

- c) Surgery or procedures on newborn children to correct congenital abnormalities
- 17) **Court Ordered Testing** Court ordered testing or care unless Medically Necessary.
- 18) **Cryopreservation** Charges associated with the cryopreservation of eggs, embryos, or sperm, including collection, storage, and thawing.
- 19) **Custodial Care** Custodial Care, convalescent care or rest cures. This Exclusion does not apply to Hospice services.
- 20) **Delivery Charges** Charges for delivery of Prescription Drugs.
- 21) **Dental Devices for Snoring** Oral appliances for snoring.
- 22) **Dental Treatment** Dental treatment, except as listed below.
- Excluded treatment includes but is not limited to preventive care and fluoride treatments; dental X rays, supplies, appliances and all associated costs; and diagnosis and treatment for the teeth, jaw or gums such as:
- Removing, restoring, or replacing teeth;
 - Medical care or surgery for dental problems (unless listed as a Covered Service in this Booklet);
 - Services to help dental clinical outcomes.
- Dental treatment for injuries that are a result of biting or chewing is also excluded.
- This Exclusion does not apply to services that we must cover by law.
- 23) **Drugs Contrary to Approved Medical and Professional Standards** Drugs given to you or prescribed in a way that is against approved medical and professional standards of practice.
- 24) **Drugs Over Quantity or Age Limits** Drugs which are over any quantity or age limits set by the Plan or us.
- 25) **Drugs Over the Quantity Prescribed or Refills After One Year** Drugs in amounts over the quantity prescribed, or for any refill given more than one year after the date of the original Prescription Order.
- 26) **Drugs Prescribed by Providers Lacking Qualifications/Registrations/Certifications** Prescription Drugs prescribed by a Provider that does not have the necessary qualifications, registrations, and/or certifications, as determined by Anthem.
- 27) **Drugs That Do Not Need a Prescription** Drugs that do not need a prescription by federal law (including Drugs that need a prescription by state law, but not by federal law), except for injectable insulin.
- 28) **Educational Services** Services, supplies or room and board for teaching, vocational, or self-training purposes. This includes, but is not limited to boarding schools and/or the room and board and educational components of a residential program where the primary focus of the program is educational in nature rather than treatment based.
- 29) **Emergency Room Services for non-Emergency Care** Services provided in an emergency room for conditions that do not meet the definition of Emergency. This includes, but is not limited to, suture removal in an emergency room. For non-emergency care please use the closest network Urgent Care Center or your Primary Care Physician.
- 30) **Experimental or Investigational Services** Services or supplies that we find are Experimental / Investigational. This also applies to services related to Experimental / Investigational services, whether you get them before, during, or after you get the Experimental / Investigational service or supply.

The fact that a service or supply is the only available treatment will not make it Covered Service if we conclude it is Experimental / Investigational.

Please see the "Clinical Trials" section of "What's Covered" for details about coverage for services given to you as a participant in an approved clinical trial if the services are Covered Services under

this Plan. Please also read the “Experimental or Investigational” definition in the “Definitions” section at the end of this Booklet for the criteria used in deciding whether a service is Experimental or Investigational.

- 31) **Eyeglasses and Contact Lenses** Eyeglasses and contact lenses to correct your eyesight unless listed as covered in this Booklet. This Exclusion does not apply to lenses needed after a covered eye surgery or accidental injury.
- 32) **Eye Exercises** Orthoptics and vision therapy.
- 33) **Eye Surgery** Eye surgery to fix errors of refraction, such as near-sightedness. This includes, but is not limited to, LASIK, radial keratotomy or keratomileusis, and excimer laser refractive keratectomy.
- 34) **Family Members** Services prescribed, ordered, referred by or given by a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.
- 35) **Foot Care** Routine foot care unless Medically Necessary. This Exclusion applies to cutting or removing corns and calluses; trimming nails; cleaning and preventive foot care, including but not limited to:
 - a) Cleaning and soaking the feet.
 - b) Applying skin creams to care for skin tone.
 - c) Other services that are given when there is not an illness, injury or symptom involving the foot.This Exclusion does not apply to the treatment of corns, calluses, and care of toenails for patients with diabetes or vascular disease.
- 36) **Foot Orthotics** Foot orthotics, orthopedic shoes or footwear or support items unless used for a systemic illness affecting the lower limbs, such as severe diabetes.
- 37) **Foot Surgery** Surgical treatment of flat feet; subluxation of the foot; weak, strained, unstable feet; tarsalgia; metatarsalgia; hyperkeratoses.
- 38) **Free Care** Services you would not have to pay for if you didn't have this Plan. This includes, but is not limited to government programs, services during a jail or prison sentence, services you get from Workers Compensation, and services from free clinics.

If Workers' Compensation benefits are not available to you, this Exclusion does not apply. This Exclusion will apply if you get the benefits in whole or in part. This Exclusion also applies whether or not you claim the benefits or compensation, and whether or not you get payments from any third party.
- 39) **Growth Hormone Treatment** Any treatment, device, drug, service or supply (including surgical procedures, devices to stimulate growth and growth hormones), solely to increase or decrease height or alter the rate of growth.
- 40) **Health Club Memberships and Fitness Services** Health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a Doctor. This Exclusion also applies to health spas.
- 41) **Hearing Aids** Hearing aids or exams to prescribe or fit hearing aids, including bone-anchored hearing aids, unless listed as covered in this Booklet. This Exclusion does not apply to cochlear implants.
- 42) **Home Care**
 - a) Services given by registered nurses and other health workers who are not employees of or working under an approved arrangement with a Home Health Care Provider.
 - b) Food, housing, homemaker services and home delivered meals. The exception to this Exclusion is homemaker services as described under “Hospice Care” in the “What's Covered” section.

- 43) **Hospital Services Billed Separately** Services rendered by Hospital resident Doctors or interns that are billed separately. This includes separately billed charges for services rendered by employees of Hospitals, labs or other institutions, and charges included in other duplicate billings.
- 44) **Hyperhidrosis Treatment** Medical and surgical treatment of excessive sweating (hyperhidrosis).
- 45) **Infertility Treatment** Testing or treatment related to infertility.
- 46) **Lost or Stolen Drugs** Refills of lost or stolen Drugs.
- 47) **Maintenance Therapy** Treatment given when no further gains are clear or likely to occur. Maintenance therapy includes care that helps you keep your current level of function and prevents loss of that function, but does not result in any change for the better.
- 48) **Medical Equipment, Devices, and Supplies**
- a) Replacement or repair of purchased or rental equipment because of misuse, abuse, or loss/theft.
 - b) Surgical supports, corsets, or articles of clothing unless needed to recover from surgery or injury.
 - c) Non-Medically Necessary enhancements to standard equipment and devices.
 - d) Supplies, equipment and appliances that include comfort, luxury, or convenience items or features that exceed what is Medically Necessary in your situation. Reimbursement will be based on the Maximum Allowable Amount for a standard item that is a Covered Service, serves the same purpose, and is Medically Necessary. Any expense that exceeds the Maximum Allowable Amount for the standard item which is a Covered Service is your responsibility.
 - e) Disposable supplies for use in the home such as bandages, gauze, tape, antiseptics, dressings, ace-type bandages, and any other supplies, dressings, appliances or devices that are not specifically listed as covered in the "What's Covered" section.
- 49) **Medicare** For which benefits are payable under Medicare Parts A and/or B or would have been payable if you had applied for Parts A and/or B, except as listed in this Booklet or as required by federal law, as described in the section titled "Medicare" in "General Provisions." If you do not enroll in Medicare Part B when you are eligible, you may have large out-of-pocket costs. Please refer to www.medicare.gov for more details on when you should enroll and when you are allowed to delay enrollment without penalties.
- 50) **Missed or Cancelled Appointments** Charges for missed or cancelled appointments.
- 51) **Non-approved Drugs** Drugs not approved by the FDA.
- 52) **Non-Medically Necessary Services** Services we conclude are not Medically Necessary. This includes services that do not meet our medical policy, clinical coverage, or benefit policy guidelines.
- 53) **Nutritional or Dietary Supplements** Nutritional and/or dietary supplements, except as described in this Booklet or that we must cover by law. This Exclusion includes, but is not limited to, nutritional formulas and dietary supplements that you can buy over the counter and those you can get without a written Prescription or from a licensed pharmacist.
- 54) **Off label use** Off label use, unless we must cover it by law or if we approve it.
- 55) **Personal Care, Convenience and Mobile/Wearable Devices**
- a) Items for personal comfort, convenience, protection, cleanliness such as air conditioners, humidifiers, water purifiers, sports helmets, raised toilet seats, and shower chairs,
 - b) First aid supplies and other items kept in the home for general use (bandages, cotton-tipped applicators, thermometers, petroleum jelly, tape, non-sterile gloves, heating pads),
 - c) Home workout or therapy equipment, including treadmills and home gyms,
 - d) Pools, whirlpools, spas, or hydrotherapy equipment,
 - e) Hypo-allergenic pillows, mattresses, or waterbeds,

- f) Residential, auto, or place of business structural changes (ramps, lifts, elevator chairs, escalators, elevators, stair glides, emergency alert equipment, handrails).
 - g) Consumer wearable / personal mobile devices (such as a smart phone, smart watch, or other personal tracking devices), including any software or applications.
- 56) **Private Duty Nursing** Private duty nursing services given in a Hospital or Skilled Nursing Facility. Private duty nursing services are a Covered Service only when given as part of the “Home Care Services” benefit.
- 57) **Prosthetics** Prosthetics for sports or cosmetic purposes. This includes wigs and scalp hair prosthetics. This exclusion does not apply to wigs needed after cancer treatment.
- 58) **Residential accommodations** Residential accommodations to treat medical or behavioral health conditions, except when provided in a Hospital, Hospice, Skilled Nursing Facility, or Residential Treatment Center. This Exclusion includes procedures, equipment, services, supplies or charges for the following:
- a) Domiciliary care provided in a residential institution, treatment center, halfway house, or school because a Member’s own home arrangements are not available or are unsuitable, and consisting chiefly of room and board, even if therapy is included.
 - b) Care provided or billed by a hotel, health resort, convalescent home, rest home, nursing home or other extended care facility home for the aged, infirmary, school infirmary, institution providing education in special environments, supervised living or halfway house, or any similar facility or institution.
 - c) Services or care provided or billed by a school, Custodial Care center for the developmentally disabled, or outward bound programs, even if psychotherapy is included. Licensed professional counseling, as described in the “What’s Covered” section of this Booklet, and provided as part of these programs, is considered a Covered Service.
- 59) **Routine Physicals and Immunizations:** Physical exams {and immunizations} required for travel, enrollment in any insurance program, as a condition of employment, for licensing, sports programs, or for other purposes, which are not required by law under the “Preventive Care” benefit.
- 60) **Sexual Dysfunction** Services or supplies for male or female sexual problems.
- 61) **Stand-By Charges** Stand-by charges of a Doctor or other Provider.

The following exclusion pertains except for those groups that qualify to opt out:

- 62) **Sterilization** Services to reverse elective sterilization.

The following exclusion pertains for those groups that qualify to opt out:

- 63) **Sterilization** For female sterilization or reversal of sterilization.
- 64) **Surrogate Mother Services** Services or supplies for a person not covered under this Plan for a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).
- 65) **Telemedicine** Non-interactive Telemedicine Services, such as audio-only telephone conversations, electronic mail message, fax transmissions or online questionnaire.
- 66) **Temporomandibular Joint Treatment** Fixed or removable appliances which move or reposition the teeth, fillings, or prosthetics (crowns, bridges, dentures).
- 67) **Travel Costs** Mileage, lodging, meals, and other Member-related travel costs except as described in this Plan.
- 68) **Vein Treatment** Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes.
- 69) **Vision Services**

- a) Eyeglass lenses, frames, or contact lenses, unless listed as covered in this Booklet.
- b) Safety glasses and accompanying frames.
- c) For two pairs of glasses in lieu of bifocals.
- d) Plano lenses (lenses that have no refractive power).
- e) Lost or broken lenses or frames, unless the Member has reached their normal interval for service when seeking replacements.
- f) Vision services not listed as covered in this Booklet.
- g) Cosmetic lenses or options, such as special lens coatings or non-prescription lenses, unless specifically listed in this Booklet.
- h) Blended lenses.
- i) Oversize lenses.
- j) Sunglasses and accompanying frames.
- k) For services or supplies combined with any other offer, coupon or in-store advertisement, or for certain brands of frames where the manufacturer does not allow discounts.
- l) For vision services for pediatric members, no benefits are available for frames or contact lenses not on the Anthem formulary.
- m) Services and materials not meeting accepted standards of optometric practice or services that are not performed by a licensed provider.

70) **Waived Cost-Shares Out-of-Network** For any service for which you are responsible under the terms of this Plan to pay a Copayment, Coinsurance or Deductible, and the Copayment, Coinsurance or Deductible is waived by an Out-of-Network Provider.

71) **Weight Loss Programs** Programs, whether or not under medical supervision, unless listed as covered in this Booklet.

This Exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs.

72) **Weight Loss Surgery** Bariatric surgery. This includes but is not limited to Roux-en-Y (RNY), Laparoscopic gastric bypass surgery or other gastric bypass surgery (surgeries to lower stomach capacity and divert partly digested food from the duodenum to the jejunum, the section of the small intestine extending from the duodenum), or Gastroplasty, (surgeries that reduce stomach size), or gastric banding procedures.

73) **Wilderness or other outdoor camps and/or programs.** Licensed professional counseling, as described in the “What’s Covered” section of this Booklet, and provided as part of these programs, is considered a Covered Service.

What’s Not Covered Under Your Prescription Drug Retail or Home Delivery (Mail Order) Pharmacy Benefit

In addition to the above Exclusions, certain items are not covered under the Prescription Drug Retail or Home Delivery (Mail Order) Pharmacy benefit:

1. **Administration Charges** Charges for the administration of any Drug except for covered immunizations as approved by us or the PBM.
2. **Charges Not Supported by Medical Records** Charges for pharmacy services not related to conditions, diagnoses, and/or recommended medications described in your medical records.

3. **Clinical Trial Non-Covered Services** Any Investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be a Covered Service under this Plan for non-Investigational treatments.
4. **Compound Drugs** Compound Drugs unless all of the ingredients are FDA-approved as designated in the FDA's Orange Book: *Approved Drug Products with Therapeutic Equivalence Evaluations*, require a prescription to dispense, and the compound medication is not essentially the same as an FDA-approved product from a drug manufacturer. Exceptions to non-FDA approved compound ingredients may include multi-source, non-proprietary vehicles and/or pharmaceutical adjuvants.
5. **Contrary to Approved Medical and Professional Standards** Drugs given to you or prescribed in a way that is against approved medical and professional standards of practice.
6. **Delivery Charges** Charges for delivery of Prescription Drugs.
7. **Drugs Given at the Provider's Office / Facility** Drugs you take at the time and place where you are given them or where the Prescription Order is issued. This includes samples given by a Doctor. This Exclusion does not apply to Drugs used with a diagnostic service, Drugs given during chemotherapy in the office as described in the "Prescription Drugs Administered by a Medical Provider" section, or Drugs covered under the "Medical and Surgical Supplies" benefit – they are Covered Services.
8. **Drugs Not on the Anthem Prescription Drug List (a formulary)** You can get a copy of the list by calling us or visiting our website at www.anthem.com. If you or your Doctor believes you need a certain Prescription Drug not on the list, please refer to "Prescription Drug List" in the "Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy" for details on requesting an exception.
9. **Drugs Over Quantity or Age Limits** Drugs which are over any quantity or age limits set by the Plan or us.
10. **Drugs Over the Quantity Prescribed or Refills After One Year** Drugs in amounts over the quantity prescribed, or for any refill given more than one year after the date of the original Prescription Order.
11. **Drugs Prescribed by Providers Lacking Qualifications/Registrations/Certifications** Prescription Drugs prescribed by a Provider that does not have the necessary qualifications, registrations and/or certifications, as determined by Anthem.
12. **Drugs That Do Not Need a Prescription** Drugs that do not need a prescription by federal law (including Drugs that need a prescription by state law, but not by federal law), except for injectable insulin.

This Exclusion does not apply to over-the-counter drugs that we must cover under federal law when recommended by the U.S. Preventive Services Task Force and prescribed by a physician.
13. **Family Members** Services prescribed, ordered, referred by or given by a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.
14. **Gene Therapy** Gene therapy that introduces or is related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material. While not covered under the "Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy" benefit, benefits may be available under the "Gene Therapy" benefit. Please see that section for details.
15. **Growth Hormone Treatment** Any treatment, device, drug, service or supply (including surgical procedures, devices to stimulate growth and growth hormones), solely to increase or decrease height or alter the rate of growth.
16. **Hyperhidrosis Treatment** Prescription Drugs related to the medical and surgical treatment of excessive sweating (hyperhidrosis).
17. **Infertility Drugs** Drugs used in assisted reproductive technology procedures to achieve conception (e.g., IVF, ZIFT, GIFT.)
18. **Items Covered as Durable Medical Equipment (DME)** Therapeutic DME, devices and supplies except peak flow meters, spacers, and blood glucose monitors. Items not covered under the

“Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy” benefit may be covered under the “Durable Medical Equipment and Medical Devices” benefit. Please see that section for details.

19. **Items Covered Under the “Allergy Services” Benefit** Allergy desensitization products or allergy serum. While not covered under the “Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy” benefit, these items may be covered under the “Allergy Services” benefit. Please see that section for details.
20. **Lost or Stolen Drugs** Refills of lost or stolen Drugs.
21. **Mail Order Providers other than the PBM’s Home Delivery Mail Order Provider** Prescription Drugs dispensed by any Mail Order Provider other than the PBM’s Home Delivery Mail Order Provider, unless we must cover them by law.
22. **Non-approved Drugs** Drugs not approved by the FDA.
23. **Non-Medically Necessary Services** Services we conclude are not Medically Necessary. This includes services that do not meet our medical policy, clinical coverage, or benefit policy guidelines.
24. **Nutritional or Dietary Supplements** Nutritional and/or dietary supplements, except as described in this Booklet or that we must cover by law. This Exclusion includes, but is not limited to, nutritional formulas and dietary supplements that you can buy over the counter and those you can get without a written Prescription or from a licensed pharmacist.
25. **Off label use** Off label use, unless we must cover the use by law or if we, or the PBM, approve it.

The exception to this Exclusion is described in “Covered Prescription Drugs” in the “Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy” section.
26. **Onychomycosis Drugs** Drugs for Onychomycosis (toenail fungus) except when we allow it to treat Members who are immune-compromised or diabetic.
27. **Over-the-Counter Items** Drugs, devices and products permitted to be dispensed without a prescription and available over the counter.

This Exclusion does not apply to over-the-counter products that we must cover as a “Preventive Care” benefit under federal law with a Prescription.
28. **Sexual Dysfunction Drugs** Drugs to treat sexual or erectile problems.
29. **Syringes** Hypodermic syringes except when given for use with insulin and other covered self-injectable Drugs and medicine.
30. **Weight Loss Drugs** Any Drug mainly used for weight loss.

The most detailed description of benefits, exclusions and restrictions can be found in the following publications which are issued upon initial enrollment and upon renewal. If you have questions, please ask your group administrator or broker.

ABCBS-VA-LG-PPO-COC (1/20)

We're here for you – in many languages

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

Spanish

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

Chinese

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

Vietnamese

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

Korean

귀하는 자국어로 무료 지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

Tagalog

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

Russian

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

Armenian

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

Farsi

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

French

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

Arabic

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

Japanese

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

Haitian

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

Italian

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

Polish

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

Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਆਪਣਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣਾ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

TTY/TTD:711

It's important we treat you fairly

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



The legal stuff we're required to tell you

How we keep your information safe and secure

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

You also have certain rights and responsibilities when receiving your health care. To learn more about how we protect your privacy, your rights and responsibilities when receiving health care, and your rights under the Women's Health and Cancer Rights Act, go to [anthem.com/privacy](https://www.anthem.com/privacy). For a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

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

To learn more about how we help manage your care, go to [anthem.com/memberrights](https://www.anthem.com/memberrights). To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special enrollment rights

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

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

Get the full details

Read your **Certificate of Coverage**, which spells out all the details about your plan. You can find it on [anthem.com](https://www.anthem.com).



Notes



Notes



Notes



Notes



Ready to use your plan?

Get some extra help

If you have questions, it's easy to get answers.
Contact us through our online Message Center or
call the Member Services number on your ID card.

