Open Enrollment

Albemarle County & Schools
Connecting you to quality health plan options
Welcome to Anthem

Our goal is to have the healthiest members in the world

- We are one of the nation’s largest health insurers, backed by the security of Blue Cross and Blue Shield.
- We’ve been in business for over 80 years, connecting our members to effective, accessible health care and one of the largest networks of doctors and hospitals in America.
What’s new for 2016

Understanding the health plan

Understanding the HSA

Using the health plan

Tips and resources
Albemarle County and Schools will be moving our medical and dental coverage's to Anthem effective October 1.

We will be offering 2 medical plans:

- Albemarle Choice: a Consumer Driven Health Plan (CDHP with Health Savings Account (HSA) through Health Equity.
- Albemarle Select: a PPO plan similar to our prior Traditional plan.

As well as 2 dental plans:

- High and Low.
Choosing your health plan
It’s good to have options

Your health care needs are unique. That’s why you have a choice of health plans that vary by premium, deductible and coinsurance so you can find the fit that’s just right.

All plans include:
• Access to one of the nation’s largest networks of doctors via our Anthem BlueCardP PO (KeyCare) network
• Prescription drug coverage with money-saving mail service
• Free preventive care, like annual checkups and vaccinations
• Health and wellness tools that help you get the most out of your plan
Transitioning Continuous Care to Anthem

• Transition of Care requests are ONLY needed if you physician is NOT in the Anthem BlueCard PPO (KeyCare) network.

• Some examples of when you may want to complete this process is:
  • If you are pregnant and in your third trimester of care and your physician or hospital is not in the network
  • If you are in the course of treatment, such as knee replacement or chemotherapy, and your physician is not in the network

What do you do?
• Confirm if you provider is in the Anthem BlueCard PPO network (KeyCare) on anthem.com, Find A Doctor tool
• If not, complete a Transition of Care form and submit it to your HR department
PPO

**Copay**
A flat fee you pay for covered services like doctor visits

**Deductible**
The amount that you pay each year before your plan starts to pay

**Coinsurance**
Your share of the health plan costs (a percentage of total cost) after meeting your deductible

**Out-of-pocket maximum**
The most you will have to pay out-of-pocket each year for health care services.

CDHP with HSA

**Deductible**
The amount that you pay each year before your plan starts to pay

**Coinsurance**
Your share of health plan costs (a percentage of total cost) after meeting your deductible

**Out-of-pocket maximum**
The most you will have to pay out-of-pocket each year for health care services.

**Premium**
The amount you pay to belong to a health plan
Deductible Mechanics

Plan Year Deductible –
  • Runs from October 1 through September 30

Standard for traditional PPO and your CDHP plan:
  • Family deductible is 2.0x the individual deductible
  • Family deductible is created by stacking individual deductibles
  • Once any family member reaches the plan year individual deductible, that family member’s future expenses will be eligible for traditional health coverage or coinsurance

CDHP Example:

- Individual Deductible @ $3,000
- Family Deductible @ $6,000
- Individual Deductible @ $3,000
*Health care costs continue to rise at a higher rate than previous years. Consumer Driven Health Plans (CDHPs) aim to manage health care cost by promoting healthier behaviors and encouraging informed consumer decision making.

*81% of employers now offer some sort of CDHP account based plan.

Albemarle County and School’s CDHP with HSA Plan is a consumer driven health plan which:

- Contains medical cost benefits
- Empower employees to make informed health care choices
- Employees are more aware of quality and cost of care
- Motivates employees to use health care resources wisely

CDHP with HSA Plan Advantages

• Valuable savings on federal and state taxes*
• HSA contribution maximums higher than FSAs
• Lower premiums to maximize savings
• Save for the future
• Manage health care costs
• Keep the HSA funds
• Pay for services not covered under medical plan
• Invest the HSA funds
• Spend beyond CDHP coverage
• Continue to use after age 65

*Free from state tax in most states
Health Savings Account (HSA)

How it works:

Health Savings Account (HSA)
- Your employer and you can put money into your HSA, pre-tax, to help pay for your covered medical expenses, like office visits, lab work and tests.
- HSA funds are accessed via the plan-provided debit card or online bill pay.
- Unused HSA funds roll over from year to year.

Annual Deductible
- You are responsible for paying an annual deductible before the plan begins to pay a percentage of your covered expenses.
- You can use the money in your HSA to help meet your deductible.

Major Medical Coverage (coinsurance)
- After you meet your annual deductible, you pay a percentage of the cost of your covered expenses, called coinsurance.
- If you still have money in your HSA after you’ve met your annual deductible, you can use the funds to pay your share of coinsurance.
- Once you reach your annual out-of-pocket maximum, the plan pays 100 percent of any of your remaining covered expenses for the rest of the year.
What is a Health Savings Account (HSA)

• Health Savings Accounts (HSA) are tax-advantaged interest bearing checking accounts
• The HSA money can be used to help pay the cost of out-of-pocket medical and prescription drug expenses or for long term investment purposes
• HSAs must be coupled with an HSA-compatible high deductible health plan (CDHP) in order to make contributions to the account

Albemarle County and Schools’ CDHP with HSA is considered an HSA compatible high deductible health plan.

To learn more about HSA's and compatible CDHP’s, please refer to IRS publication 969
Who can open an HSA?

The IRS and the U.S. Department of the Treasury have specific rules on who can open an HSA.

Employees can open an HSA if they:

• Are enrolled in an CDHP with HSA plan, because it includes an HSA-compatible health plan
• Are not covered under any other health plan that is not an HSA-compatible health plan, i.e. PPO, traditional medical FSA
• Are not enrolled in Medicare
• Are not claimed as a dependent on another individual’s tax return
• Are not active military

Note: The rules and regulations apply to the account holder only. If you do not qualify to open an HSA account please refer to IRS publication 969 for more information or contact their financial advisor.
<table>
<thead>
<tr>
<th>IRS Requirements 2016</th>
<th>Single Plan</th>
<th>Family Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum Deductible</td>
<td>$1,300</td>
<td>$2,600</td>
</tr>
<tr>
<td>Maximum Out-of-Pocket</td>
<td>$6,550</td>
<td>$13,100</td>
</tr>
<tr>
<td>Maximum Contribution</td>
<td>$3,350</td>
<td>$6,750</td>
</tr>
</tbody>
</table>

You can make catch-up contributions if you are 55 years of age or older ($1,000 for 2016)
## HSA Eligibility for Married Couples

<table>
<thead>
<tr>
<th>Their spouse:</th>
<th>They:</th>
<th>Then, per the IRS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has PPO self + children coverage</td>
<td>Have CDHP self-only coverage</td>
<td>They are treated as having single coverage and only the employee may set-up an HSA. They may contribute up to $3,350</td>
</tr>
<tr>
<td>Has CDHP self-only coverage with a $1,500 deductible</td>
<td>Have CDHP self + child coverage with a $3,000 deductible</td>
<td>They are both treated as having family coverage, and combined may contribute up to $6,750 to an HSA</td>
</tr>
<tr>
<td>Has CDHP self + family coverage with a $3,000 deductible</td>
<td>Have CDHP self + spouse coverage with a $3,000 deductible</td>
<td>They are both treated as having family coverage, and combined may contribute up to $6,750 to an HSA</td>
</tr>
<tr>
<td>Has CDHP self-only coverage with a $1,000 deductible</td>
<td>Have PPO self + family with a $500 deductible</td>
<td>Neither of them may set-up an HSA</td>
</tr>
<tr>
<td>Is enrolled in Medicare</td>
<td>Have CDHP self + family coverage only</td>
<td>Only the employee may set up an HSA. They may contribute up to $6,750</td>
</tr>
</tbody>
</table>
The HSA funds can be used for qualified medical expenses incurred by the following persons:

1. You and your spouse.
2. All dependents you claim on your tax return.
3. Any person you could have claimed as a dependent on your tax return except that:
   • The person filed a joint return,
   • The person had gross income of $3,900 or more, or
   • You, or your spouse if filing jointly, could be claimed as a dependent on someone else's tax return.

Spouses, domestic partners or children must be viewed as your dependent under the federal tax laws, otherwise you cannot withdraw funds tax-free to pay for their qualified health care expenses. Any non-qualified dependents that you cover on your medical plan can open their own HSA to cover their out-of-pocket expenses.

You should consult with your personal tax advisor to assess the application of these rules to your personal tax situation or visit irs.gov for the definition of a qualified dependent.
CDHP with HSA Plan

<table>
<thead>
<tr>
<th>Preventive</th>
<th>Nationally recommended services due to Health Care Reform Mandate</th>
<th>No cost, no deduction from HSA with in-network providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HSA</strong></td>
<td>Employer’s annual contribution*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employees contribution (optional)**</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Annual HSA contribution maximum</td>
<td></td>
</tr>
<tr>
<td><strong>Single Coverage</strong></td>
<td>In-Network $3,000  Non-Network $3,000</td>
<td>In-Network $3,000 / $6,000 Non-Network $6,000</td>
</tr>
<tr>
<td><strong>Family Coverage</strong></td>
<td>In-Network $4,000  Non-Network $6,000</td>
<td>In-Network $8,000 Non-Network $12,000</td>
</tr>
</tbody>
</table>

Annual Deductible
Employees can use the funds from their Health Savings Account to help satisfy their annual deductible

Traditional Health Coverage

Then, they pay coinsurance for covered services
0% for In-Network Services
20% for Non-Network Services

Plan pays 100% after annual out-of-pocket maximum
(includes annual deductible and coinsurance)

RX is subject to deductible and then applicable copay/coinsurance
*Employer contribution is made over 12 pay periods
**The total annual amount employees elect to contribute to their HSA will be broken out over 12 pay periods
## Carol’s HSA plan

$3,350 annual contribution

<table>
<thead>
<tr>
<th>Expenses</th>
<th>HSA balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ob/Gyn visit and lab tests</td>
<td>FREE</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>$150</td>
</tr>
<tr>
<td><strong>HSA ROLLOVER TO NEXT YEAR</strong></td>
<td></td>
</tr>
</tbody>
</table>
The Wilson family’s HSA plan
$2,200 annual contribution

<table>
<thead>
<tr>
<th>Expenses</th>
<th>HSA</th>
<th>HSA balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive visits and lab tests</td>
<td>FREE</td>
<td>$2,200</td>
</tr>
<tr>
<td>Physical therapy</td>
<td>$800</td>
<td>$1,400</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>$200</td>
<td>$1,200</td>
</tr>
<tr>
<td><strong>HSA ROLLOVER TO NEXT YEAR</strong></td>
<td></td>
<td><strong>$1,200</strong></td>
</tr>
</tbody>
</table>
How The HSA Plan Works

When you have covered medical expenses and have money in your HSA, you can choose to use your funds to pay your provider.

You go to the doctor.

Your doctor sends the claim to Anthem.

Anthem verifies the claim.

You may pay out of pocket or use your HSA dollars to pay the bill from your doctor.

Anthem.com
Member Services 1-800-869-8000
Covered Areas
Provider Services 1-800-679-2503
Pharmacy Provider Services 1-800-281-4800

Please submit claims to local Blue plan. If Medicare is primary, please file claims with Medicare. If a provider does not submit your claim on your behalf, please file the claim to:

Anthem Blue Cross and Blue Shield, an independent licensee of the Blue Cross Blue Shield Association.

P.O. Box 37010, Louisville, KY 40233-7010

Presentation of this card does not guarantee eligibility or benefits.

Anthem Blue Cross and Blue Shield, an independent licensee of the Blue Cross Blue Shield Association, is a trade name of Community Health Plan of Buffalo and is not a member of Blue Cross Blue Shield Association.
When you visit a pharmacy:

- Show your ID card at the pharmacy
- Until you have satisfied your annual deductible you will pay the full discounted cost of your prescription drug
- If you have funds in your HSA you can pay for your prescription using your debit card.
- If you do not have funds in your HSA account, you will need to pay from your personal funds.
- Once you have funds in your HSA account, you may use your account to pay yourself back.
- Once you satisfy your deductible, the Traditional Health Coverage begins and you pay the applicable copay/coinsurance until you reach the out-of-pocket maximum.
Use an HSA to pay for all kinds of care

Medical  Prescriptions  Vision  Dental  LiveHealth Online

the HSA can be used tax free to pay for out-of-pocket qualified medical expenses — even if they’re not covered by the CDHP. This includes expenses for you, the spouse and any dependents you claim on the tax return. There are hundreds of qualified medical expenses, including:

All of these expenses and more can be paid for with the HSA, free from federal income tax or state income tax (for most states). To see a detailed list of qualified medical expenses, see Publication 502: Medical and Dental Expenses at www.irs.gov.

Who’s covered by your HSA?

If you can claim someone on your tax return, you can use an HSA for that person.
Funding Your Health Savings Account (HSA)
Making Contributions to Your HSA

• There are several ways you can contribute to your account:
  • Tax-free through payroll deductions
  • Post-tax by electronic transfer (EFT)
    • When you file your taxes, you can make an adjustment to your gross income to receive the tax benefit
    • You can transfer money from any bank account to your HSA

Anyone may contribute to your HSA, provided the total contributions to your HSA do not exceed your maximum allowable annual limit
• $3,350 for individual coverage
• $6,750 for family coverage
• You can make catch-up contributions if you are 55 years of age or older ($1,000 for 2016)
Contributing Up To The IRS Limit for 2016

**TIP**

*If they had family CDHP coverage on the first day of the last month of their tax year, their contribution limit for 2016 is $6,750 even if they changed coverage during the year.*

Last-month rule - Under the last-month rule, if they are an eligible individual on the first day of the last month of their tax year (December 1 for most taxpayers), they are considered an eligible individual for the entire year. They are treated as having the same CDHP coverage for the entire year as they had on the first day of that last month.

Testing Period – Under the Testing Period rule, eligible individual(s) must keep CDHP for 12 months of the following tax year, or incur income tax plus 20% penalty.

Example - Chris, age 53, becomes an eligible individual on December 1, 2016. He has family CDHP coverage on that date. Under the last-month rule, he contributes $6,750 to his HSA. Chris fails to be an eligible individual in June 2018. Because Chris did not remain an eligible individual during the testing period (December 1, 2016, through December 31, 2018), he must include in his 2018 income the contributions made in 2016 that would not have been made except for the last-month rule $6,187.50. Total for all months $6,750.00 Limitation. Divide the total by 12. So $562.50 was the maximum Chris could deposit in 2016.
HealthEquity is the HSA administrator who holds the account and will help you manage your HSA dollars.

Services provided:

- A debit card – 3 Free
- Electronic account statements
- View balances and account transactions online
  - Pay providers (or reimburse yourself) directly from the website
  - Mobile App for iPhone and Android
- Investment options are available at a $2,000 balance
  - Including Investor Choice Portfolio featuring Active/Passive Index Funds
- Your HealthEquity HSA is FDIC insured
- Consumer Driven Healthcare and Pricing Tools online
- Year end tax forms
- Customer Service available for members 24/7 – Every Hour of Every Day
- Educational Resources and Webinars – visit www.HealthEquity.com
HealthEquity - Fees

Typical banking fees apply

- Monthly account fee $2.35 paid by Albemarle County
- Debit card transactions $0.00
- ATM transactions $N/A
- Card replacement fee $5.00, first 3 cards are free
- Non-sufficient funds $20 per transaction
- Stop payment request $20 per request
- Excess contribution refund $20 per request
- Account closing $25
- Mailed monthly statements $1.00 (no fee for electronic statement)
Welcome Kit Contents

HealthEquity HSA Debit card welcome kits are sent first class as a single mailing to new accounts through the US Postal Service that includes:

- HealthEquity Visa® Health Account Card¹ (with 3 year expiration)
- Debit card mailer (fee schedule printed on back)
- Card activation sticker
- HSA welcome tri-fold
- HealthEquity custodial agreement
- HealthEquity HSA cardholder agreement
- Privacy notice
- Envelope
- Optional miscellaneous insert

Replacement Card Kit Contents

Members who’ve requested a replacement HSA debit card, receive a single mailing sent first class through the US Postal Service that includes:

- HealthEquity Visa Health Account Card
- Debit card mailer (fee schedule printed on back)
- Card activation sticker
- HealthEquity HSA cardholder agreement
1. Manage the account as you would your personal checking account
2. Review your HSA account regularly to ensure account status/balance is accurate
3. Audit transaction history to ensure accuracy
4. Keep a copy of your receipts – receipts are required should you ever get audited
Frequently Asked Questions
Frequently Asked Questions

How does the plan work for new hires or employees who have a change in family status?

- Albemarle’s HSA allocation is prorated and deposited two times per year

What happens when my employment ends?

- You can continue your CDHP medical coverage under COBRA
- You will NOT receive any additional allocations from Albemarle
- The HSA is yours (“take it with you”) to keep and can be used for future qualified medical expenses
- You can continue to make contributions to your HSA, on a post-tax basis, as long as you are covered by an HSA qualified health plan.
General Purpose FSA
• Set aside up to $2,550 per year, pre-tax, for eligible expenses
• You cannot contribute to a general purpose FSA and an HSA.

Limited Purpose FSA
• Set aside up to $2,550 per year, pre-tax, for eligible expenses
  • A limited purpose FSA which limits reimbursements to eligible dental and vision care only.

Dependent care FSA
• Set aside up to $5,000 per year, pre-tax, for dependent day care expenses

NOTE: If they are currently enrolled in the traditional medical FSA, and they plan on enrolling in the HSA in 2016, they must exhaust their 2016 FSA balance. If they do not have a zero balance in the FSA, contributions cannot be made into the HSA.
## Comparing plans

### Medical plans

<table>
<thead>
<tr>
<th>Plan Year</th>
<th>Deductible</th>
<th>Employee</th>
<th>Employee + 1</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$3,000</td>
<td>$6,000</td>
<td>$6,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$500</td>
<td>$1,000</td>
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<td></td>
<td></td>
<td>$1,000</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
</tbody>
</table>

### Office visits

<table>
<thead>
<tr>
<th>Type</th>
<th>Deductible</th>
<th>Employee</th>
<th>Employee + 1</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>0%, after ded</td>
<td>20%, after ded</td>
<td>$25</td>
<td>30%, after ded</td>
</tr>
<tr>
<td>Specialist</td>
<td>0%, after ded</td>
<td>20%, after ded</td>
<td>$40</td>
<td>30%, after ded</td>
</tr>
</tbody>
</table>

### Your percentage of the costs

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Employee</th>
<th>Employee + 1</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0%, after ded</td>
<td>20%, after ded</td>
<td>20%, after ded</td>
</tr>
<tr>
<td></td>
<td>20%, after ded</td>
<td>30%, after ded</td>
<td>30%, after ded</td>
</tr>
</tbody>
</table>

### Plan Year Out-of-pocket limit

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Employee</th>
<th>Employee + 1</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$4,000</td>
<td>$6,000</td>
<td>$6,000</td>
</tr>
<tr>
<td></td>
<td>$3,500</td>
<td>$4,000</td>
<td>$4,000</td>
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<tr>
<td></td>
<td>$8,000</td>
<td>$12,000</td>
<td>$12,000</td>
</tr>
<tr>
<td></td>
<td>$7,000</td>
<td>$8,000</td>
<td>$8,000</td>
</tr>
</tbody>
</table>

### Prescription drugs

<table>
<thead>
<tr>
<th>Type</th>
<th>Deductible</th>
<th>Employee</th>
<th>Employee + 1</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail</td>
<td>After ded, $10/$40/$70/20% to $200</td>
<td>$7/$35/$60/20% to $200</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home delivery</td>
<td>After ded, $20/$80/$140/na</td>
<td>$14/$70/$120/na</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Where to go for care

### Medical plans

<table>
<thead>
<tr>
<th></th>
<th>Albemarle Choice</th>
<th>Albemarle Select</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Doctors in your plan</td>
<td>Doctors in your plan</td>
</tr>
<tr>
<td>Preventive care</td>
<td>No cost share</td>
<td>No cost share</td>
</tr>
<tr>
<td>Doctor visits</td>
<td>0%, after deductible</td>
<td>$25/visit</td>
</tr>
<tr>
<td>Specialist visits</td>
<td>0%, after deductible</td>
<td>$40/visit</td>
</tr>
<tr>
<td>Urgent care clinic</td>
<td>0%, after deductible</td>
<td>$40/visit</td>
</tr>
<tr>
<td>Emergency room</td>
<td>0%, after deductible</td>
<td>20%, after deductible</td>
</tr>
</tbody>
</table>

Getting care at the right place can save you money. Knowing what type of care you may need can help you pick a plan.
LiveHealth Online
See a doctor or therapist at home

• Have a private video visit with a doctor or therapist on your smartphone, tablet or computer with a webcam.
• Choose from board-certified doctors and licensed therapists.
• You can be at home or even on vacation.
• Sign up at livehealthonline.com or download the app.
Anthem’s pharmacy program includes 64,000 pharmacies across the country, plus an easy home delivery option.

**Save money**

• Ask your doctor if there’s a generic equivalent for the brand-name medications you’ve been taking.

• Get a 90-day supply of maintenance drugs via mail for less money than if you’d purchased your medication at a pharmacy.

**Save time**

• Refill your prescriptions online or over the phone.

• Take advantage of home delivery.
Transitioning Continuous Care to Anthem

For pharmacy services:
• Anthem is working with your current carrier and transitioning for you:
  • Mail Order Prescriptions with refills left
  • Pre-Authorizations that are currently in effect
• Step Therapy requirements will be turned off for the first 3 months of coverage

What do you need to do?
• Be educated.
• Verify in the Formulary Listing what tier your medications are covered under with Anthem as Formularies differ by carrier
• Get your prescription refilled close to the end of September so you have an initial supply and aren’t scrambling October 1
Dental Prime
Dental Complete

- Annual checkups are covered—no deductible
- Easy access to any dentist or specialist, including non-network dentists
- Discounts with network dentists
## Comparing plans

### In-Network

<table>
<thead>
<tr>
<th>Service</th>
<th>High</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and Preventive</td>
<td>Plan Pays 100%</td>
<td>Plan Pays 100%</td>
</tr>
<tr>
<td>Annual Deductible (Individual / Family)</td>
<td>$50 / $150</td>
<td>$25 / $75</td>
</tr>
<tr>
<td>Basic Services</td>
<td>Plan Pays 80%</td>
<td>Plan Pays 80%</td>
</tr>
<tr>
<td>Major Services</td>
<td>Plan Pays 60%</td>
<td>N/A</td>
</tr>
<tr>
<td>Annual Benefit Maximum (per insured person)</td>
<td>$2,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Orthodontic Services (up to age 19)</td>
<td>Plan Pays 50%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Orthodontic Lifetime Benefit Maximum</td>
<td>$1,500</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Through Anthem Whole Health Connection℠, we help employees achieve optimal oral and overall health

We automatically cover an additional dental cleaning or periodontal maintenance procedure for members actively engaged in one of our medical care management programs for:

- diabetes, pregnancy, heart conditions
- organ or bone marrow transplant
- cancer treated with chemotherapy
- head or neck cancer treated with chemotherapy and/or radiation

Up to 74%
lower medical costs and hospitalizations for patients with chronic disease or pregnancy who treat their periodontal disease²

64.7M
Americans, over age 30 suffer from periodontal disease¹

1-Extra cleaning benefit applies to: Dental Prime and Dental Complete products and Dental Blue products (excluding plans sold in CO, CT, ME, NH, NV, NY, VA). Extra cleaning benefit does not apply to Affordable Health Care products.
Members can

- Search for dentists
- Look up claims
- Verify eligibility
- Access ID cards and certificates
- Check plan details
- Access oral health educational materials

**Ask a Hygienist email** service helps members get answers to their dental questions quickly and privately by licensed dental professionals.

**Online Cost Estimation tool** helps members better understand their treatment options and costs.
• Choice of dentists: while your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

• Steps to find an **In-Network** Dental Provider

  • Go to [www.anthem.com/mydentalvision](http://www.anthem.com/mydentalvision)
  • Click on Anthem Dental Complete
  • Select a Specialty if needed … Click Next
  • Enter your criteria for the provider search and click on View Results
  • To look up a provider by name, click on “look up by name” at the top of the page
  • On the Search Results page, you can Download Results, print a PDF or start a new search.
When you call us, a dental specialist answers.

Our customer service reps specialize in dental insurance and they can answer questions about claims, eligibility, benefits and finding a dentist.

QUESTIONS DURING OPEN ENROLLMENT (888) 315-2049.
Transitioning Continuous Care to Anthem

If you will be in the middle of a crown, bridge, or orthodontic treatment – review our Work In Progress flyer (located on your benefits website)

What do you do?

• Confirm if you provider is in the Anthem Complete Network on anthem.com, Find A Doctor tool
  • If your dentist is also in our Prime network, you will get deeper discounts on your claims – meaning your dental benefits will go farther
• IF your provider is NOT in our network, send us a Provider Nomination form located on your benefits website
Everywhere you turn, you’re covered

From online resources to personal attention from registered nurses, Health and wellness programs can help you become more engaged in your health, make better health care decisions and get the most out of life.

- WebMD Health Assessment
- ComplexCare
- ConditionCare
- Future Moms
- 24/7 NurseLine
- LiveHealth Online
GUIDED DECISION MAKING
Customer service designed to help members find and use the best—not the most expensive—care

CONSUMER WEBSITE
Secure access to personalized health care information

SOCIAL MEDIA
Targeted health content for users of all ages and abilities

TRANSPARENCY TOOLS
Access to cost and quality information to power better decision making

MOBILE HEALTH SOLUTIONS
Apps and websites created with mobile technology in mind

Tools to help you choose

Open Enrollment Guide
Read this guide to help compare your plan options

Find a Doctor
Search for information about doctors in your area

Interactive Videos
Learn more about your health plan and how to effectively use it

Coverage Advisor Tool
Compare plans side-by-side to help you choose the right plan for you and your family.
Mobile Health Features

Provide members with convenient access to their health care information, putting them in control and encouraging them to be engaged, informed health care consumers.
Tips and tools

Unless it is a true emergency, go to urgent care centers instead of emergency rooms
Save with lower costs at Urgent Care versus higher cost at the ER

Use LiveHealth Online
Save for minor conditions whenever possible

Use in-network doctors
Save with a lower deductible and coinsurance

Pre-certify hospital services
Call to pre-certify plan services

Use the “Estimate the Cost” tool
Find cost ranges for services and quality reviews for doctors

Save money
Get discounts on health-related products and services
Enrolling in your health plan

Open Enrollment
August 1 to August 19
We’re here when you need us

Get answers and information 24/7 online.

Call 800-445-7490
Monday- Friday 8am to 5pm
or visit anthem.com
Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia (excluding the City of Fairfax, the Town of Vienna and the area east of State Route 123.): Anthem Health Plans of Virginia, Inc. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWi"), which underwrites or administers the PPO and indemnity policies; Compcare Health Services Insurance Corporation ("Compcare"), which underwrites or administers the HMO policies; and Compcare and BCBSWi collectively, which underwrite or administer the POS policies. Anthem Blue Cross is the trade name of Blue Cross of California. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. Blue Cross and Blue Shield of Georgia, Inc., is an independent licensee of the Blue Cross and Blue Shield Association. Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Independent licensees of the Blue Cross and Blue Shield Association.