Enrollment Application

Anthem.

Diocese of Gary		
9292 Broadway, Merrillville, IN 46410		
Group # **00083915**	Location #	Parish School, Agency Name & Address
Anthem use: Plan	Health Effective Date / /	Dental Effective Date / /

1. Reason for Application

☐ New enrollment ☐ New hire
☐ Annual open enrollment ☐ Rehire (date) ___/___/___
☐ COBRA ☐ Add dependent (see section 3)

Qualifying event _____ Event date ___/___/___

2. Status Change/Event

Event date ___/___/___ ☐ Adoption*
☐ Marriage ☐ Legal guardianship*
☐ Birth ☐ Other_____
**Include legal documentation.*

3. Type of Coverage/Plan

Health Coverage	*Dental Coverage - Anthem Dental PPO*
☐ **Employee Only**	☐ Single
☐ **Employee + One**	☐ Family
☐ **Employee + Family**	

4. Employee Information

Last name	First name, M.I.	Date of birth / /	Age	Sex ☐ M ☐ F	Social Security # - -	☐ Single ☐ Divorced ☐ Married

Home address	City	State	Zip code	County (KY residents include Municipality)

Home telephone ( ) -	Business telephone ( ) -	eMail Address

Are you: Retired? ☐ Yes ☐ No	Disabled? ☐ Yes ☐ No	Hospitalized? ☐ Yes ☐ No	Occupation	Full time hire date / /	Hours working per week	Income reported by: ☐ W2

5. Family Information *Spouse and dependents to be enrolled. (Attach a separate sheet if necessary.)*

1 Last name	First name, M.I.	Relationship to applicant ☐ Spouse ☐ Son ☐ Daughter ☐ Other_____	Fulltime student? ☐ Yes ☐ No

Is dependent's address different than applicant's address? ☐ Yes ☐ No (If Yes, provide full address)

Date of birth / /	Sex ☐ M ☐ F	Social Security # - -	Court ordered health care benefits? ☐ Yes ☐ No (If yes, include legal documentation)

2 Last name	First name, M.I.	Relationship to applicant ☐ Spouse ☐ Son ☐ Daughter ☐ Other_____	Fulltime student? ☐ Yes ☐ No

Is dependent's address different than applicant's address? ☐ Yes ☐ No (If Yes, provide full address)

Date of birth / /	Sex ☐ M ☐ F	Social Security # - -	Court ordered health care benefits? ☐ Yes ☐ No (If yes, include legal documentation)

3 Last name	First name, M.I.	Relationship to applicant ☐ Spouse ☐ Son ☐ Daughter ☐ Other_____	Fulltime student? ☐ Yes ☐ No

Is dependent's address different than applicant's address? ☐ Yes ☐ No (If Yes, provide full address)

Date of birth / /	Sex ☐ M ☐ F	Social Security # - -	Court ordered health care benefits? ☐ Yes ☐ No (If yes, include legal documentation)

4 Last name	First name, M.I.	Relationship to applicant ☐ Spouse ☐ Son ☐ Daughter ☐ Other_____	Fulltime student? ☐ Yes ☐ No

Is dependent's address different than applicant's address? ☐ Yes ☐ No (If Yes, provide full address)

Date of birth / /	Sex ☐ M ☐ F	Social Security # - -	Court ordered health care benefits? ☐ Yes ☐ No (If yes, include legal documentation)

5 Last name	First name, M.I.	Relationship to applicant ☐ Spouse ☐ Son ☐ Daughter ☐ Other_____	Fulltime student? ☐ Yes ☐ No

Is dependent's address different than applicant's address? ☐ Yes ☐ No (If Yes, provide full address)

Date of birth / /	Sex ☐ M ☐ F	Social Security # - -	Court ordered health care benefits? ☐ Yes ☐ No (If yes, include legal documentation)

6. Other Health Coverage *Please check one:* ☐ *YES (completed below.)* ☐ *NO*				
On the day your coverage begins, list family members, including yourself, who will be covered by any other health coverage.				
Provide name, phone number and address of the HMO or insurance company		Policy/certificate number		Effective date / /
Policy/certificate holder's name	Social Security number – –	Date of birth / /	Relationship to applicant	
If you and/or your dependents are enrolled in Medicare complete the following.				
Enrollee's name(s)	**Medicare ID # / Medicaid ID #**	Medicare Part A effective date / /	Medicare Part B effective date / /	ESRD onset date / /
		/ /	/ /	/ /
Medicare Part D ID#	Medicare Part D Carrier	Medicare Part D effective date / /	Medicare Part D term date / /	
Reason for Medicare entitlement: ☐ Age ☐ Disability ☐ ESRD & Disability ☐ End Stage Renal Disease (ESRD)				

Significant Terms, Conditions and Authorizations (TERMS)

Please read this section carefully before signing the application.

1. I may not assign any payment under my Anthem Blue Cross and Blue Shield administered benefit plan.
2. I authorize deduction from my wages/pension, if necessary for the required payment for the benefit for which I, or any dependents have applied.
3. I am applying for the benefit selected on this application. If I select a coverage, or combination of coverages, not available to me and / or a class for which I am not eligible, I agree that my selection(s) is hereby automatically amended to be consistent with the employer's application.
4. I understand that, to the extent permitted by law, Anthem reserves the right to accept or decline this application and that no right whatsoever is created by this application. I also understand that this coverage, if approved, may exclude coverage for pre-existing conditions.
5. I am responsible to timely notify my employer of any change that would make me or any dependent ineligible for benefits.
6. By signing this application, I agree and consent to the recording and / or monitoring of any telephone conversation between Anthem and myself.

I acknowledge that I have read the Significant Terms, Conditions and Authorizations, and I accept such provisions as a condition of enrollment. I represent that the answers given to all questions on this application are true and accurate to the best of my knowledge and I understand they are being relied on by Anthem in accepting this application. I understand that any misstatements or failure to report new medical information prior to my effective date may result in a material change to benefits or rates. Any material misrepresentation or significant omission found in this application may result in denial of benefits or rescission or cancellation of my benefits.

Kentucky: Any person who knowingly and with intent to defraud any insurance company, health maintenance organization, self-insured plan, or other person, files an application for insurance or other form of health care coverage containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

I give this authorization for and on behalf of any eligible dependents and myself if covered by the Plan. I am acting as their agent and representative.

Your health benefit plan will be administered by one of the following companies based upon the state in which your employer is located:

In Indiana: Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.

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

In Missouri: Anthem Blue Cross and Blue Shield is the trade name RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance Life Insurance Company (HALIC) and HMO Missouri, Inc. use to do business in most of Missouri. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc.

In Ohio: Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.

In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWi") administers the PPO and indemnity policies; Compcare Health Services Insurance Corporation ("Compcare") administers the HMO and POS policies.

Thank you for choosing Anthem Blue Cross and Blue Shield.

8. Read the TERMS section above carefully before signing. Please review your application for errors or omissions.	
By signing this, I am indicating that I have read and understand the language in the TERMS section of this application and agree to all of its terms.	
Applicant Signature	Date / /

DIOCESE OF GARY

Dependent Health Insurance Premium

Authorization for Payroll Deduction

Please be advised that I wish to enroll my dependent(s) in the Diocese of Gary Health Care Plan. I understand that my employer does not pay dependent coverage.

I authorize a monthly payroll deduction to be made from my salary in the amount indicated below as payment for health insurance coverage for my dependents. The coverage will be continuous, unless I otherwise notify, in writing, the Diocese of Gary Benefits Office of my wish to drop the coverage. I understand the premium is subject to increases without notification.

Number of dependents enrolled: _____

Names: _____ _____ _____

_____ _____ _____

Current monthly payroll deduction is: $ _____

_____ _____

Employee's Signature **Date**

_____ _____

Printed Name **Location (Parish, School or Institution)**

Voluntary Waiver of Health Insurance Benefits

1. It has been explained to me, that as an eligible employee, I am entitled to participate in the Diocese of Gary Health Care Insurance Plan.
2. I understand that if I participate in the plan, I would contribute only twenty dollars ($20.00) each month for my coverage and any cost for dependent coverage if applicable. My employer will pay the remaining costs for my own participation in the plan.
3. I realize that in waiving participation in the plan, I am also waiving any claim to contributions, which would have been made, on my behalf for health insurance coverage.
4. I understand that periods of service during which I do not participate in the plan will not count toward "service credit" if I elect to enter the plan at a future date. And, that eligibility for health insurance coverage at retirement is based on years of continuous coverage, not years of continuous employment.
5. I have been informed that a condition of my election not to participate in the plan is proof that I am covered by another health insurance plan, other than the Diocese of Gary Health Care Plan.
6. I hereby acknowledge the receipt of the summary Health Insurance Portability and Accountability Act of 1996 (HIPAA) provided separately.

IMPORTANT NOTICE TO LATE ENROLLEES: If you do not enroll within 31 days after becoming eligible, you will be considered a late Enrollee and may need to provide evidence of insurability to Anthem.

Please be advised that I freely choose **not** to participate in the Diocese of Gary Health Care Plan. I state that I have health care coverage in the plan named below:

Name of your insurance plan:

* _____

****If you are currently enrolled in an Affordable Care Act Marketplace medical plan, please contact the Human Resources Department.***

Policy/Certificate Holder's Name: _____

Please mark one:

☐ I also waive the term life insurance coverage. I understand that by waiving insurance coverage I cannot enroll until the 2022/2023 open enrollment period with an effective date of July 1, 2022 or unless I have a change in status. A change in status needs to be reported to the Human Resources Department within 31 days of the date of the change.

☐ I wish to enroll in the term life insurance coverage and have attached a life insurance beneficiary form. I understand that one dollar ($1.00) a month will be deducted from my payroll check.

Employee Signature _____ Date _____

Printed Employee Name _____

Employer (School, Parish or Institution) _____

Dearborn Group™

BENEFICIARY DESIGNATION FORM

Return to Dearborn Life Insurance Company at:
Attention: Claims Department
P.O. Box 7070
Downers Grove, IL 60515

INSTRUCTIONS (PLEASE PRINT, SIGN AND DATE THIS FORM IN BLACK INK)

Employee/Retired Employee Name	SSN	Date of Birth	Home Telephone Number

Home Address	City	State	Zip

Employer	Group Number

Irrevocable Beneficiary: ❑ Yes ❑ No

Note: If you select irrevocable beneficiary, you may not change the beneficiary without the consent of the irrevocable beneficiary. An irrevocable beneficiary has a vested interest in the proceeds of the contract, therefore the contract holder cannot exercise certain rights without the permission of the irrevocable beneficiary.

DEFINITIONS & STATEMENTS

Primary Beneficiary means the person or persons who will receive the benefits in the event of the Insured's death. Proceeds will be divided in equal shares if multiple primary beneficiaries are named, unless otherwise indicated. If percentages are listed, the total of the combination must equal 100%.

Contingent Beneficiary means the person or persons who will receive the benefits if the primary beneficiary is not living at the time of the Insured's death.

Will or Trust as Beneficiary Designation can be done by using the following written statement: "*To [name of trustee], trustee of the [name of trust], under a trust agreement dated [date of trust].*" If you wish to designate a testamentary trust as beneficiary (i.e. created by will), you should recognize the possibility that your will which was intended to create a trust may not be admitted to probate (because it is lost, contested or suspended by a later will). Claim payment delays can result if the beneficiary designation does not provide for this situation. **

Minors as Beneficiary Designation can be done by using this document. However, please note if your beneficiary is a minor at the time of claim, payments may be delayed due to special issues raised by these designations. **

Dependent Beneficiary – In the event a dependent dies, the employee is the beneficiary of their life insurance proceeds.

**You may want to obtain the assistance of an attorney to help consider any special circumstances before drafting your beneficiary designation.

BENEFICIARY DESIGNATION FOR ALL EMPLOYEE/RETIRED EMPLOYEE LIFE BENEFITS

Primary Beneficiary	Birth Date	Relationship	Social Security #	Address	%
Contingent Beneficiary	**Birth Date**	**Relationship**	**Social Security #**	**Address**	**%**

WARNING: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. (Not enforceable in Oregon or Virginia.)

Employee/Retired Employee Signature_____ **Date**_____

Important Note For Married Employees: If you live in a community property state/territory, you should obtain the signature of your spouse if your spouse will not be named as a primary beneficiary. Community property states/territories currently include: AZ, CA, GU, ID, LA, NM, NV, PR,TX, WA and WI. Payment of benefits may be delayed or disputed unless your spouse consents to waive his or her rights to any community property interest in the benefits. We have provided below a "Spousal Consent for Community Property States" for your spouse's signature. **DEARBORN LIFE INSURANCE COMPANY WILL NOT BE LIABLE FOR DAMAGES DUE TO ANY DELAY OR DISPUTE IN PAYMENT OF BENEFITS IF YOU CHOOSE NOT TO OBTAIN YOUR SPOUSE'S SIGNATURE.**

Spousal Consent for Community Property States/Territories: I hereby consent to the Primary Beneficiary designated by my spouse. This consent supersedes any prior spousal consent I may have given under this plan.

Spouse Signature _____ Date _____ ❑ Employee has no legal spouse

Anthem BlueCross BlueShield

Roman Catholic Diocese of Gary

Group Number : _____

Enrollment Form

EMPLOYEE INFORMATION. Please verify the information below for accuracy. If incorrect, please contact your HR representative.

Name/Address	Date of Birth	Employee ID/SSN
	Division	Date of Hire
	BillClass	SubGroup
	Effective Date	Gender

PLEASE PRINT IN BLACK OR BLUE INK. Read and complete all of this form. Please complete all sections. If you need more space, attach a separate sheet of paper. Please use four digits for years (e.g. 1998, not 98).

Are you actively at work? Yes ☐ No ☐

Are you retired? Yes ☐ No ☐

Marital status: Single ☐ Married ☐ Widowed ☐ Divorced ☐

Occupation: _____

Phone: _____

Hours per week working for this employer: _____ **Email Address:** _____

BENEFIT SELECTION. Check the boxes that apply along with the appropriate coverage level.

Voluntary Dental Low Option

Regular dental check-ups can help in the detection of other health related issues. Gum and tooth disease have been linked to major health conditions like heart disease and stroke. That's why dental coverage is more important than ever.

Accept	Decline	Coverage Level	Monthly Premium
☐	☐	Employee Only	$19.83
☐	☐	Employee + One	$39.68
☐	☐	Family	$51.58

Voluntary Dental High Option

Regular dental check-ups can help in the detection of other health related issues. Gum and tooth disease have been linked to major health conditions like heart disease and stroke. That's why dental coverage is more important than ever.

Accept	Decline	Coverage Level	Monthly Premium
☐	☐	Employee Only	$30.18
☐	☐	Employee + One	$59.25
☐	☐	Family	$90.54

Voluntary Vision

Consider how important good vision is to everyday activities like driving, shopping or watching a movie. Taking care of your vision is essential to your overall health and well-being. Did you know that having regular eye exams can reduce the risk of more serious, long-term diseases?

Accept	Decline	Coverage Level	Monthly Premium
☐	☐	Employee Only	$6.83
☐	☐	Employee + Spouse	$13.24
☐	☐	Employee + Child(ren)	$13.86
☐	☐	Family	$21.35

DEPENDENT DESIGNATION

(Complete all details for Individuals applying for coverage: list names of all dependents.)

Last name, First name, M.I.	SSN (XXX-XX-XXXX)	Sex	Date of Birth (XX-XX-XXXX)	Age	Relationship (spouse/ or child)
	- -	☐ M ☐ F	/ /		Spouse
	- -	☐ M ☐ F	/ /		Child
	- -	☐ M ☐ F	/ /		Child
	- -	☐ M ☐ F	/ /		Child
	- -	☐ M ☐ F	/ /		Child

List address of all dependents if different from the applicant, including temporary address, e.g. college student.

Name/Address: _____ / _____

Name/Address: _____ / _____

ELIGIBILITY AND AUTHORIZATION

Employee Confirmation

My signature certifies that I (1) Apply for the coverages designated for which I am eligible under my employer's plan with the carrier. (2) Understand if coverages have been refused, I am not entitled to benefits under those coverages and that if I want to apply later, I must furnish at my own expense proof of good health to the carrier. (3) Authorize any required deductions from my earnings. (4) Designate the beneficiary named on this application to receive any benefits payable in the event of death. (5) Represent that all of the information on this application is complete, correct and true to the best of my knowledge and belief. (6) Understand that I must be actively at work the number of hours specified in the policy/participation agreement to remain insured.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Employee Signature _____ Date _____/_____/_____

Premium calculations above may differ slightly based on rounding rules and other system factors, but will not vary significantly. Every effort has been made to match your premiums to the penny.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

Anthem Blue Cross and Blue Shield is the trade name of: Anthem Insurance Companies, Inc. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningun costo adicional llamando al número de servicio al cliente que se encuentra en este documento.

Diocese of Gary
Authorization for Dental and Vision Payroll Deduction Form
Plan year 2021/2022

I wish to participate in the Anthem PPO Low or High voluntary dental and/or the Anthem Blue View Vision voluntary vision with the coverage type(s) indicated below:

Please check one for voluntary dental:

Anthem PPO Low Plan:	Single _____ $19.83 monthly	Single + 1 _____ $39.68 monthly	Family _____ $51.58 monthly
Anthem PPO High Plan:	Single _____ $30.18 monthly	Single + 1 _____ $59.25 monthly	Family _____ $90.54 monthly

I choose to waive the voluntary dental insurance: _____

I understand that by waiving coverage I will not be able to enroll in the voluntary dental plan until the 2022/2023 open enrollment period with an effective date of July 1, 2022 unless I have a change of status.

Please check one for voluntary vision:

Employee only _____ $6.83 monthly	Employee + Spouse _____ $13.24 monthly	Employee + Children _____ $13.86 monthly	Family _____ $21.35 monthly

I choose to waive the voluntary vision insurance: _____

I understand that by waiving coverage I will not be able to enroll in the voluntary dental plan until the 2022/2023 open enrollment period with an effective date of July 1, 2022 unless I have a change of status.

I authorize a monthly payroll deduction(s) from my salary in the amount(s) indicated above. I understand that the monthly deduction(s) will continue for a minimum of 12 (twelve) months unless I: **(1)** report a change of status to the Human Resources Office within 31 days of the change of status date OR **(2)** notify the Benefits Office in writing during the next annual open enrollment period of my wish to drop coverage.

_____ _____
Employee's Signature Date

_____ _____
Printed Name Location (Parish, School or Institution Name)

Please return to local person in charge of benefits

Benefits Office Use Only

	Dental	**Vision**
Effective Date	_____	_____
Data Entry Date	_____	_____
ABRA Entry Date	_____	_____

(EMPLOYER NAME)

401(k), 403(b), TAX-DEFERRED ANNUITY or SIMPLE IRA PLAN SALARY REDUCTION AGREEMENT

EMPLOYEE NAME

XXX-XX- ____ ____ ____ ____
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER

The Plan has been explained to me, and I have been given a Summary Plan Description. I understand that I may voluntarily choose to have my pay reduced for contributions to the Plan.

ELECTION TO CONTRIBUTE

I elect to designate my contributions as Traditional Pre-Tax Contributions and contribute _____% or $_____ of my pay, and I authorize my employer to deduct that amount each pay period.

I am aware that:

1) My contribution may be reduced in order to comply with Federal tax rules and limits, including any higher limits that apply to participants age 50 or older.
2) This election will take effect with the first pay period beginning on or after the first day of the next month, or as soon as it is administratively feasible for my employer to begin deductions from my pay after I file this Salary Reduction Agreement with my employer. I may stop or change my election for future pay periods by giving my employer written notice, which will take effect as soon as administratively feasible.
3) My contributions and earnings cannot be withdrawn or paid until I attain age 59½ or upon my death, disability or termination of employment. My contributions may be available for withdrawal in the event of serious financial hardship (according to the Plan and IRS rules).
4) **This election generally applies to all compensation payments that I receive, as described in my employer's Plan document.**

EMPLOYEE SIGNATURE

DATE

EMPLOYER REPRESENTATIVE

DATE RECEIVED

ELECTION NOT TO CONTRIBUTE

I do not wish to contribute to the Plan at this time. I understand that if the Plan provides for matching employer contributions, I will not be entitled to such contributions during the time I am not contributing. I also understand that I may elect to contribute in the future by completing a Salary Reduction Agreement and an Enrollment Form and filing them with my employer.

EMPLOYEE SIGNATURE

DATE

EMPLOYER REPRESENTATIVE

DATE RECEIVED

NOTE TO EMPLOYERS

THIS FORM SHOULD BE RETAINED WITH THE EMPLOYER'S RECORDS OF THE PLAN.

EMPLOYERS SHOULD REVIEW THIS SAMPLE PAYROLL AUTHORIZATION FORM WITH LEGAL COUNSEL, IN PARTICULAR REGARDING ANY APPLICABLE STATE LAW THAT MAY AFFECT THIS DOCUMENT.

MUTUAL OF AMERICA LIFE INSURANCE COMPANY
320 PARK AVENUE NEW YORK NY 10022-6839
800 468 3785 OR CALL YOUR LOCAL REGIONAL OFFICE

Employee Enrollment Form for Thrift Plans and Consent to Receive Electronic Documents (eDocuments)

TO BE COMPLETED BY PLAN ADMINISTRATOR

EMPLOYER'S NAME	EMPLOYER NUMBER

DATE EMPLOYEE HIRED	EMPLOYMENT STATUS	PART-TIME SERVICE	DATE 1,000 HOURS COMPLETED
/ /	☐ FULL-TIME ☐ PART-TIME	If this employee ever worked on a part-time basis, enter the date on which the 1,000-hour requirement was met, in accordance with plan specifications.	

PRIOR TAX-EXEMPT SERVICE	NUMBER OF MONTHS
If during the last three years this employee had service with another eligible organization that is to be counted toward meeting eligibility requirements, enter the number of months of such service that are to be counted.	

EMPLOYEE'S SALARY RATE			EMPLOYEE'S DEPARTMENT # (IF APPLICABLE)
$	☐ (A)nnual ☐ (M)onthly ☐ (S)emimonthly	☐ (B)iweekly ☐ (W)eekly	

EFFECTIVE DATES	PARTICIPANT CONTRIBUTIONS			EMPLOYER CONTRIBUTIONS	
	PERCENT OF SALARY	DOLLAR AMOUNT	EFFECTIVE DATE	EMPLOYER MATCHING EFFECTIVE DATE	EMPLOYER NON-MATCHING EFFECTIVE DATE
Enter the effective date for each contribution type and the percentage of salary or dollar amount for participant contributions.	%	OR $	/ /	/ /	/ /

SECTION 1 - EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME First	Initial	Last

MAILING ADDRESS Street and Number City State Zip Code

IF FOREIGN RESIDENT Province	Country	DATE OF BIRTH		TELEPHONE NUMBERS HOME	OFFICE
		/ /	☐ MALE ☐ FEMALE	( )	( )

To receive your documents electronically and "go green," please complete Section 5.

SECTION 2 - ALLOCATION OF CONTRIBUTIONS

Show the percentage of your contributions you want to place in the Interest Accumulation Account of our General Account and/or Separate Account investment funds. **Use whole numbers only, and make sure the percentages total 100%.**

Amounts placed in the Interest Accumulation Account will be credited with the rate of interest applicable to that account. Your balance in any investment fund will fluctuate to recognize investment results.

Interest Account

_____% Mutual of America Interest Accumulation Account

Separate Account Investment Funds

Separate Account – Equity Funds (24)

_____% Mutual of America Equity Index Fund
_____% Mutual of America All America Fund
_____% Mutual of America Small Cap Value Fund
_____% Mutual of America Small Cap Growth Fund
_____% Mutual of America Small Cap Equity Index Fund
_____% Mutual of America Mid Cap Value Fund
_____% Mutual of America Mid-Cap Equity Index Fund
_____% Mutual of America International Fund
_____% Fidelity® VIP Mid Cap Portfolio
_____% Fidelity® VIP Equity-Income Portfolio
_____% Fidelity® VIP Contrafund® Portfolio
_____% Vanguard VIF Diversified Value Portfolio
_____% Vanguard VIF International Portfolio
_____% Goldman Sachs VIT US Equity Insights Fund
_____% Goldman Sachs VIT Small Cap Equity Insights Fund
_____% American Century Investments® VP Capital Appreciation Fund
_____% American Funds Insurance Series® New World Fund®
_____% Delaware VIP® Small Cap Value Series
_____% DWS Capital Growth VIP
_____% Invesco Oppenheimer V.I. Main Street Fund®
_____% MFS® VIT III Mid Cap Value Portfolio
_____% Neuberger Berman AMT Sustainable Equity Portfolio
_____% T. Rowe Price Blue Chip Growth Portfolio
_____% Victory RS Small Cap Growth Equity VIP Series

Separate Account – Asset Allocation Funds (3)

_____% Mutual of America Conservative Allocation Fund
_____% Mutual of America Moderate Allocation Fund
_____% Mutual of America Aggressive Allocation Fund

Separate Account – Fixed Income Funds (5)

_____% Mutual of America Money Market Fund
_____% Mutual of America Mid-Term Bond Fund
_____% Mutual of America Bond Fund
_____% PIMCO VIT Real Return Portfolio
_____% Vanguard VIF Total Bond Market Index Portfolio

Separate Account – Real Estate Fund (1)

_____% Vanguard VIF Real Estate Index Portfolio

Separate Account – Retirement Funds (12)

_____% Mutual of America Retirement Income Fund
_____% Mutual of America 2015 Retirement Fund
_____% Mutual of America 2020 Retirement Fund
_____% Mutual of America 2025 Retirement Fund
_____% Mutual of America 2030 Retirement Fund
_____% Mutual of America 2035 Retirement Fund
_____% Mutual of America 2040 Retirement Fund
_____% Mutual of America 2045 Retirement Fund
_____% Mutual of America 2050 Retirement Fund
_____% Mutual of America 2055 Retirement Fund
_____% Mutual of America 2060 Retirement Fund
_____% Mutual of America 2065 Retirement Fund

Separate Account – Balanced Funds (3)

_____% Mutual of America Composite Fund
_____% Fidelity® VIP Asset Manager Portfolio
_____% Calvert VP SRI Balanced Portfolio

SECTION 3 - BENEFICIARY DESIGNATIONS

If you are married, you must name your Eligible Spouse (as defined in the Plan and federal law) as your only beneficiary unless your Eligible Spouse signs the Spouse's Waiver of Death Benefits below in the presence of a Plan (employer) representative or a notary public after you designate the beneficiaries you wish below. Whenever you want to change your beneficiaries, your Eligible Spouse must sign a new waiver unless you name your Eligible Spouse as your only beneficiary. If you are younger than 35 when you name alternative beneficiaries with the consent of your Eligible Spouse, your beneficiary designation will automatically terminate when you attain age 35 and your Eligible Spouse will be your beneficiary unless you again designate alternative beneficiaries with a new signed waiver from your Eligible Spouse.

If you are unmarried, you may name any beneficiaries you wish. If you marry in the future, your beneficiary designation under the retirement plan will be automatically voided. At that time, you should complete Mutual of America's "Beneficiary Designation" form and follow the instructions applicable to married participants.

In the event of your death, and subject to the Eligible Spouse Waiver requirements, the total value of your account will be paid to the person or persons you name as your primary beneficiary. If no one you have named as a primary beneficiary survives you, the person(s) you name as your secondary beneficiary will receive the death benefit. If there is no living designated beneficiary at your death, the amount payable will be paid to the first surviving class of the following: (a) your surviving spouse (as determined under state law), (b) your surviving children in equal shares, (c) your surviving parents in equal shares, (d) your surviving brothers and sisters in equal shares, or (e) the executors or administrators of your estate.

If you name more than one primary beneficiary, or more than one secondary beneficiary, the death benefit will be paid in equal shares to the primary beneficiaries who survive you, or if none, to the secondary beneficiaries who survive you, unless you show below the percentage you want each of them to receive. If you specify percentages you want each beneficiary to receive, be sure your percentages for all beneficiaries in each beneficiary type total 100%.

Name your primary and secondary beneficiaries in the space provided. If you need more space, attach a page showing for each beneficiary the information asked for below.

Beneficiary Type: [X] Primary **Relationship:** [ ] Spouse [ ] Child [ ] Parent [ ] Estate [ ] Other	**Beneficiary Type:** [ ] Primary [ ] Secondary **Relationship:** [ ] Spouse [ ] Child [ ] Parent [ ] Estate [ ] Other
FULL NAME First Initial Last	FULL NAME First Initial Last
DATE OF BIRTH / / · SOCIAL SECURITY # · TELEPHONE NUMBER	DATE OF BIRTH / / · SOCIAL SECURITY # · TELEPHONE NUMBER
ADDRESS Street	ADDRESS Street
City State Zip Code	City State Zip Code
IF FOREIGN RESIDENT Province Country · BENEFIT PERCENT %	IF FOREIGN RESIDENT Province Country · BENEFIT PERCENT %

Beneficiary Type: [ ] Primary [ ] Secondary **Relationship:** [ ] Spouse [ ] Child [ ] Parent [ ] Estate [ ] Other	**Beneficiary Type:** [ ] Primary [ ] Secondary **Relationship:** [ ] Spouse [ ] Child [ ] Parent [ ] Estate [ ] Other
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City State Zip Code	City State Zip Code
IF FOREIGN RESIDENT Province Country · BENEFIT PERCENT %	IF FOREIGN RESIDENT Province Country · BENEFIT PERCENT %

Are you married? [ ] **Yes** [ ] **No**

NOTE: Mutual of America and/or your employer may require evidence that you are not married if their records indicate that you are or were previously married.

SPOUSE'S WAIVER (Witnessed by a Notary Public or Authorized Representative of Employer)

My spouse is a participant in a Mutual of America Thrift Plan under which I am entitled to be the beneficiary. As the beneficiary, I would receive a death benefit after my spouse's death. However, I agree to waive my right to be the beneficiary. I agree to let my spouse designate the beneficiary or beneficiaries named on this form.

Spouse's Name _____ Date of Birth _____

Signature of Spouse _____ Date _____

Signature and Seal of Notary Public or Signature of Authorized Representative _____ Date _____

Mutual of America employees are not authorized to sign as Plan representatives.

Notary's acknowledgment may be added below:

SECTION 4 - STATEMENT AND SIGNATURE

I have read the current prospectus and other materials describing the plan and after careful consideration I have found the plan to be suitable for my financial needs. Therefore, I elect to participate in the Thrift Plan.

Employee's Signature	Date

SECTION 5 - AUTHORIZATION TO RECEIVE ELECTRONIC DOCUMENTS (eDocuments)

Consent to Receive Electronic Documents

Sign Up and We'll Waive Your Monthly Participant Charges

I request that Mutual of America deliver to me through its Internet website, for each product that I now (or in the future) own, or under which I participate through my employer, the following documents: prospectuses (and/or brochures, depending on the Mutual of America product) and supplements to prospectuses and brochures; semi-annual and annual reports, which contain financial and other information; quarterly account statements; confirmation statements for account transactions; proxy statements and related voting materials; privacy notices, including initial, annual and opt-in or opt-out notices; regulatory fee disclosures; and any other documents required to be delivered to me by Mutual of America under federal or state laws.

I acknowledge that I will continue to receive paper copies of certain of these documents until they become available online or if electronic delivery under this agreement is not permitted by law. An added benefit of my consenting to receive the above referenced material electronically is that the monthly participant charge ($2.00 per month or 1/12 of 1% if the account balance is less than $2,400) will be waived for each month. I must consent to receive eDocuments by 6:00 p.m. Eastern Time of the last business day of the month.

I understand that Mutual of America will send an email notice to the email address I have provided, each time one of these documents is available to me online. I also understand that I will need to log in to Mutual of America's website to view documents online and to make any necessary updates to my email address. I understand that if I would like to receive a paper copy of any of these documents, I should call Mutual of America at 1-800-468-3785, and Mutual of America will provide a copy of the requested documents free of charge. I agree that Mutual of America in the future may change its method of providing notice of available documents, so long as Mutual of America gives me advance notice of each planned change, and may from time to time change the location on its website of certain of the available documents.

My consent to receive various documents through Mutual of America's website will continue to be effective until:

1) I revoke my consent, at any time without charge (subject to the monthly participant charge described above), either online or by calling Mutual of America at 1-800-468-3785 and instructing a customer service representative to revoke my consent;

2) my consent is automatically revoked and the monthly participant charge will be applicable when email sent to the email address I have given is returned to Mutual of America as undeliverable;

3) Mutual of America for any reason discontinues providing documents online; or

4) my consent is automatically revoked when Mutual of America makes a material change in the hardware or software required to view documents online that interferes with my ability to view those documents.

I acknowledge that the online service provider I utilize for access to the Internet may charge me a fee for the time required to view Mutual of America's documents online or for other services.

My email address for receiving notices of documents available online, which I may update from time to time, is:

_____

PLEASE TYPE OR PRINT YOUR EMAIL ADDRESS CLEARLY.

Printed Name: _____

Signature: _____ Date: ____/____/____

Mutual of America Life Insurance Company is a registered Broker-Dealer.
Mutual of America® and Mutual of America Your Retirement Company® are registered service marks of Mutual of America Life Insurance Company.

ISSUES COVERED:

EAP

- Anxiety
- Family Issues
- Anger
- Depression
- Grief/Loss
- Child Custody
- Alcohol/Addictions
- Sexual Abuse
- Parenting
- Dual Career Issues
- Stress
- Eating Issues
- Drug Abuse
- Budgeting
- Relationships
- Legal Resources
- Mood Swings

Work Life Online

- Self Assessments
- Financial Calculators
- Career Development/ Training
- Elder Care/Child Care Searchable Data Base
- Legal Forms
- Wellness

And many more...

WORKLIFE ONLINE

USERNAME: CAT502
PASSWORD: perspectives

Perspectives®

Catholic Diocese of Gary Employee Assistance Program (EAP)

PERSPECTIVES, an independent Employee Assistance Program, provides assistance with personal issues for the Diocese's employees and their family members. Confidential services include assessment, supportive counseling when appropriate, referral to specialists and assistance in locating other resources. More detailed information about the EAP services is available by telephone or connecting online.

Master's-level counselors are available 24/7 to assist you and your family members. You can reach a counselor by calling

800-456-6327

www.perspectivesltd.com

EAP

Employee Assistance Program

Perspectives
www.perspectivesltd.com
800.456.6327

We Help With Issues That Impact Life

We can help you resolve stressful personal and family issues, or direct you to legal, financial or child care resources when you need them most.

COMMON ISSUES WE HELP PEOPLE WITH EVERYDAY INCLUDE:

- Alcohol and Drug Abuse
- Attention Deficit Disorder (ADD)
- Attention Deficit Hyper-activity Disorder (ADHD)
- Addictions
- Adoption
- Anger Issues
- Anxiety
- Budgeting
- Child Care Resources
- College Planning
- Communications Issues
- Coping with Change
- Depression
- Relationship Issues
- Domestic Violence
- Eating Disorders
- Effective Communication
- Elder Care Resources
- Emotional Issues
- Family Issues
- Financial Resources
- Grief
- Legal Resources
- Leisure Travel Time
- Marital and Couples Counseling
- Mental Health
- Parenting
- Pet Care Resources
- Post Traumatic Stress Disorder
- Stress

We're Available When You Need Us

Perspectives EAP is available 24/7 and can be accessed three ways:

OVER THE PHONE

Masters and Doctorate level EAP counselors are available 24/7 to answer your questions, provide counseling or assist you with useful appropriate resources. Call 800.456.6327 anytime!

IN PERSON

Counselors will listen to your concerns, assess the situation and help you develop an action plan best suited to your needs. When appropriate, this plan may include further in-person sessions with Perspectives or a referral to another qualified professional. Call 800.456.6327, 8 a.m.-6 p.m. weekdays to schedule an appointment.

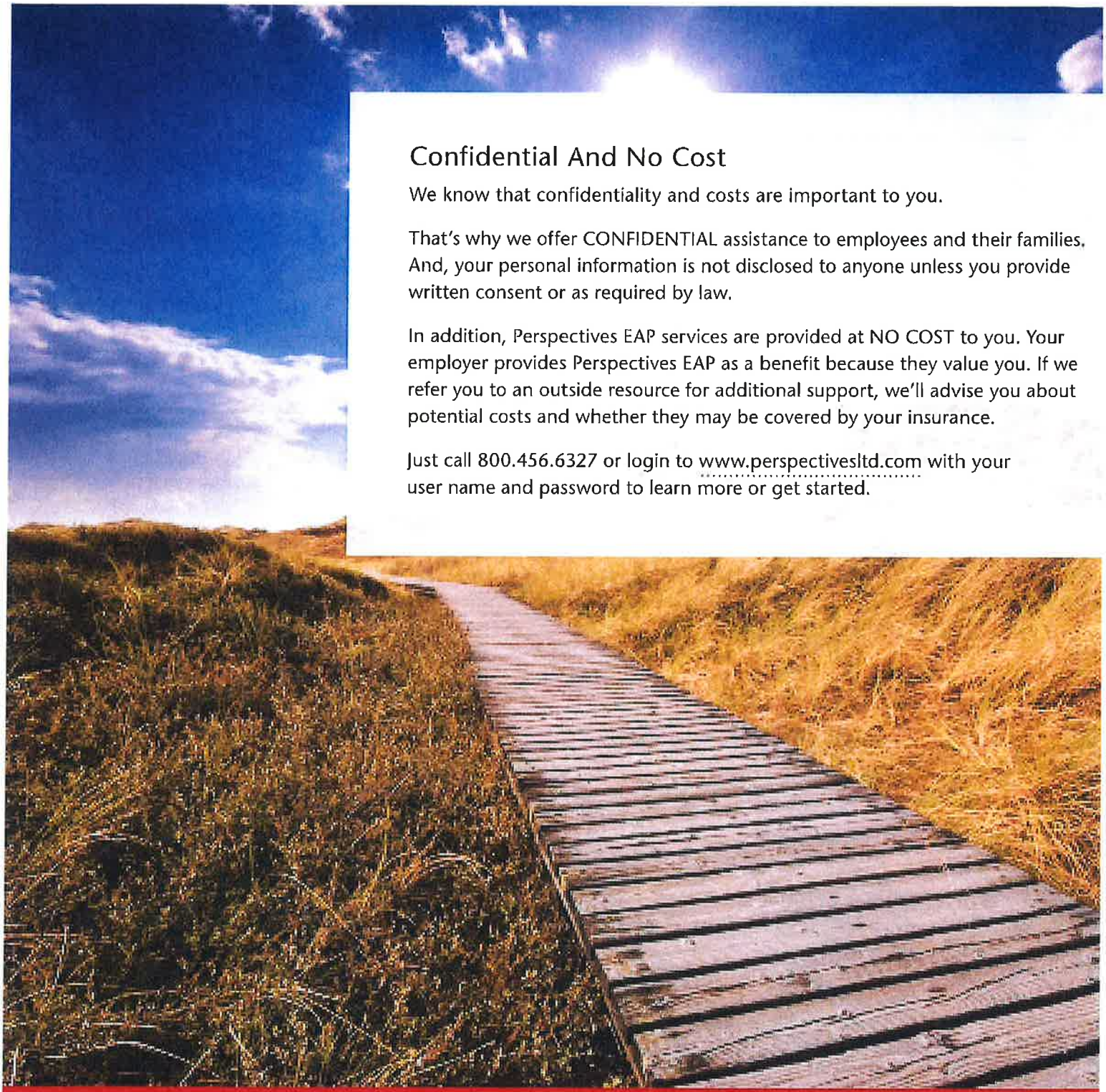
ONLINE

Have you ever spent hours "Googling" for good information about parenting, diet, relationships or hundreds of other issues that impact your life? We do our homework so you don't have to!

Perspectives Online is a special website for everyone with Perspectives EAP. It provides information, resources and tools for a vast number of issues, ranging from parenting and child care to health and wellness, career development, workplace training and more. Just visit www.perspectivesltd.com and log in with your username and password!

FREE Help. Who Doesn't Like That?

We want you to think of Perspectives as the "Everyday Assistance People." Our employee assistance program (EAP) provides support, counseling and resources for life issues that can take a toll on your emotional well-being or take time away from the things you value most, like work and family. Our services are confidential, no cost to you and available when you need them!



Confidential And No Cost

We know that confidentiality and costs are important to you.

That's why we offer CONFIDENTIAL assistance to employees and their families. And, your personal information is not disclosed to anyone unless you provide written consent or as required by law.

In addition, Perspectives EAP services are provided at NO COST to you. Your employer provides Perspectives EAP as a benefit because they value you. If we refer you to an outside resource for additional support, we'll advise you about potential costs and whether they may be covered by your insurance.

Just call 800.456.6327 or login to www.perspectivesltd.com with your user name and password to learn more or get started.

PLEASE TAKE A MINUTE TO LOG INTO YOUR ACCOUNT TO SEE THE BENEFITS OF PERSPECTIVES EAP.

Username CAT502

Password perspectives

Perspectives®
www.perspectivesltd.com
800.456.6327

Medical Monthly Premiums

July 1, 2021 – June 30, 2022

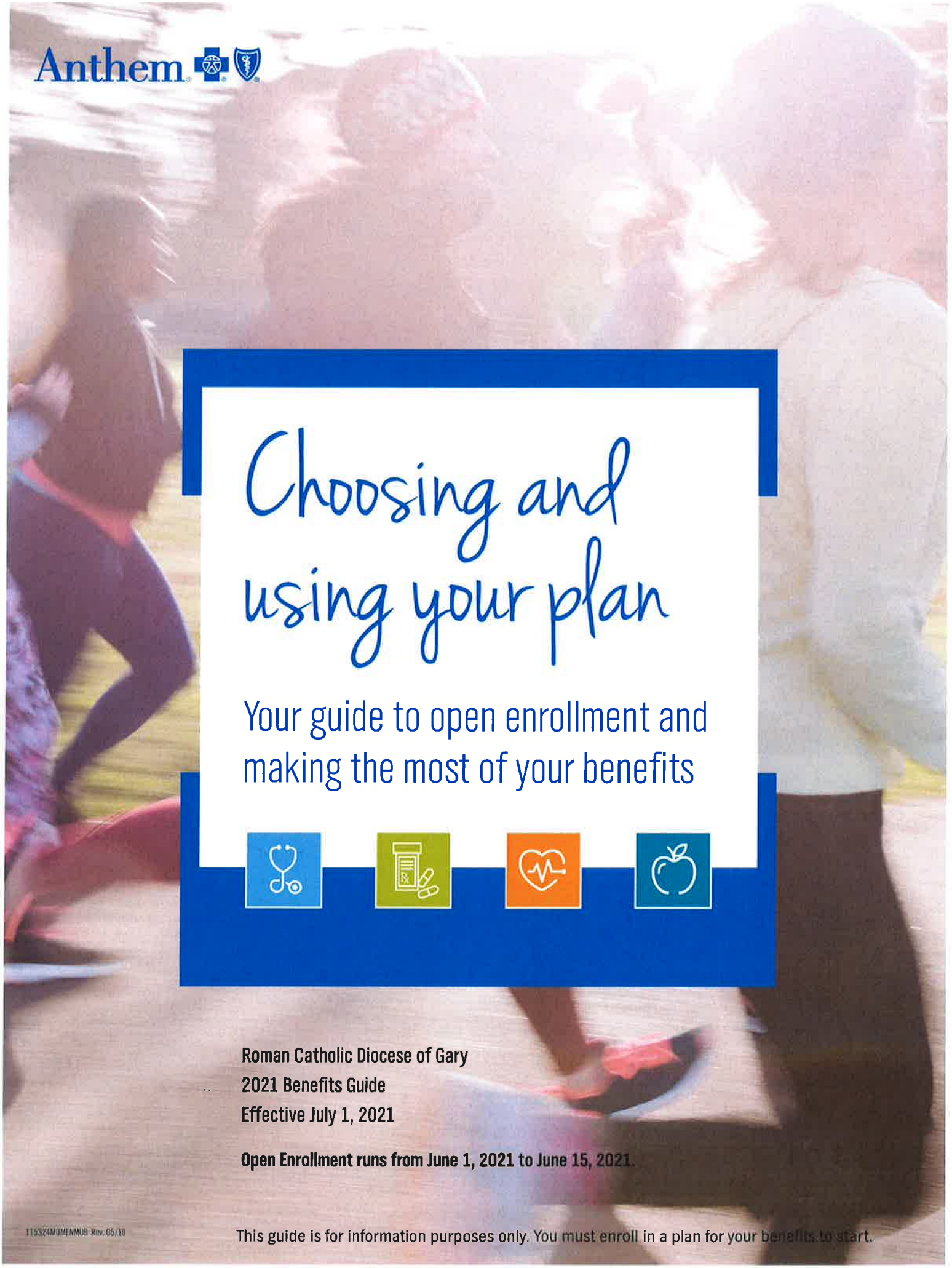
Employee Only	$ 20.00
Employee + One Dependent	$ 400.00
Employee + Two or More Dependents	$ 800.00

Includes Anthem medical insurance, Express-Scripts prescription, and Dearborn National life insurance.

Dental Monthly Premiums

July 1, 2021 – June 30, 2022

PPO Low (Prime)	
Employee	$19.83
Employee + one person	$39.68
Family	$51.58
PPO High (Complete)	
Employee	$30.18
Employee + one person	$59.25
Family	$90.54



Roman Catholic Diocese of Gary
2021 Benefits Guide
Effective July 1, 2021

Open Enrollment runs from June 1, 2021 to June 15, 2021.

ITS524MUMENMUB Rev. 05/19

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

It's time to choose your plan

Your trusted health partner

Anthem is committed to being your trusted health care partner. We're developing the technology, solutions, programs and services that give you greater access to care, working with providers 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.

Time to choose your plan

A great way to start is to focus on what's important to you

Thinking about your health may not always be the first thing on your mind. But now is the right time to think about where you are and where you want to be in the future. 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 your plan. It's also full of tips, tools, and resources that can help you reach your health and wellness goals when you become a member. Keep it handy to make the most of your benefits throughout the year.

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Choosing your plan

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Using your plan

How to use your plan 5

Plan extras that support your health 9

Protecting your privacy 44

Explore your plan options

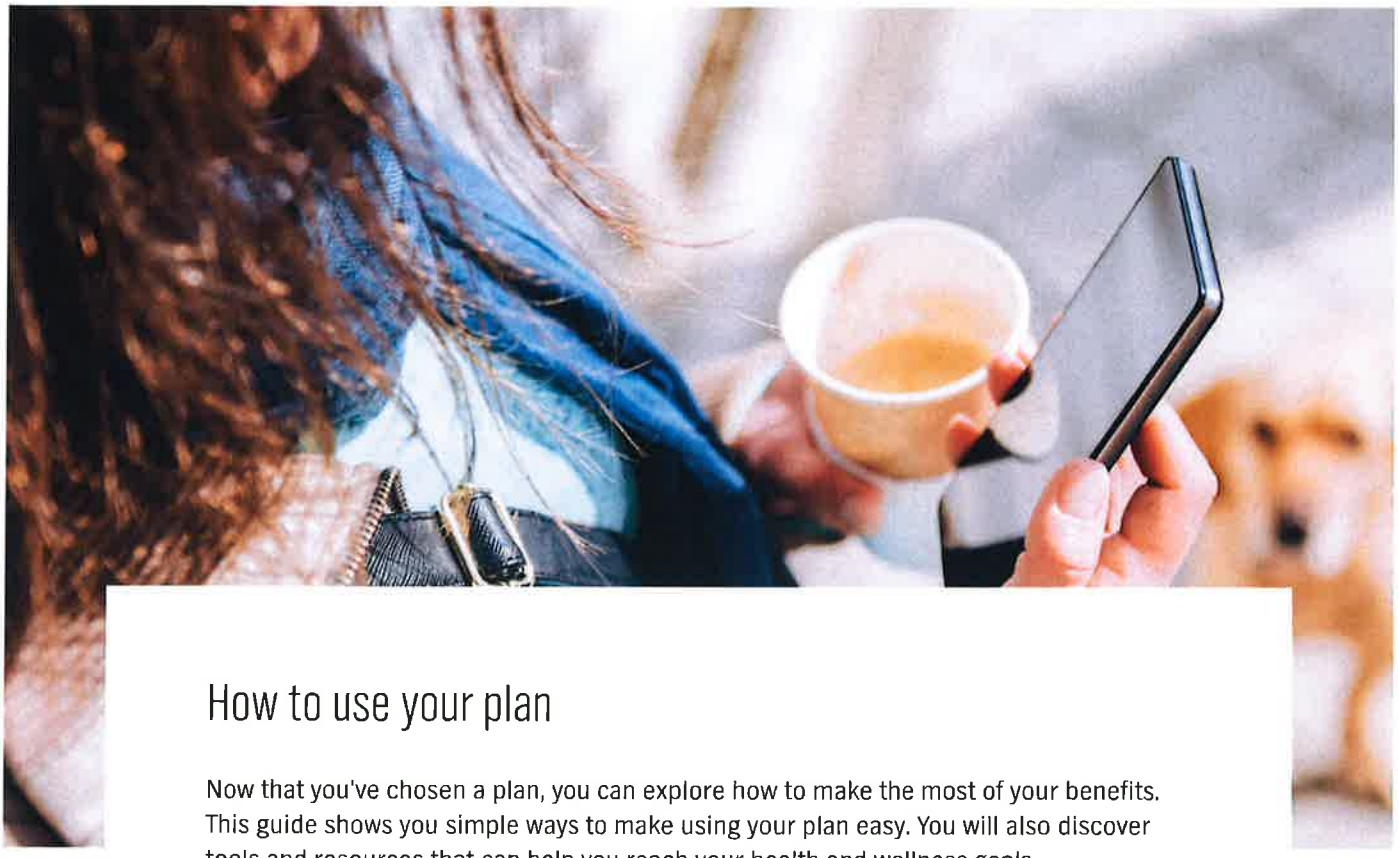
Take a look at the plan your employer is offering.

PPO

With a preferred provider organization (PPO), you can go to almost any doctor or hospital and you're covered — giving you added choices and flexibility. You receive special rates for doctors in your plan, which lowers your out-of-pocket costs.

PPO highlights:

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



How to use your plan

Now that you've chosen a plan, you can explore how to make the most of your benefits. This guide shows you simple ways to make using your plan easy. You will also discover tools and resources that can help you reach your health and wellness goals.

How to use your plan

Use your ID card from your phone

Quickly access your ID card on your phone by using the **Sydney Health** mobile app or logging in at **anthem.com**. Your digital ID card works the same as a paper one. It's easy to share it with your doctor or pharmacy: print a copy anytime you need one, or email or fax it from your computer or mobile device. You also can download your ID card for quick access.

Register for online tools and resources

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

- Quickly access your digital ID card.
- Find a doctor and estimate your costs before you go.
- View your claims, see what's covered, and what you may owe for care.
- Find 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, as well. Your plan includes a broad range of top quality doctors. If you decide to receive care from doctors outside the plan, the cost will be higher and your care might not be covered at all.

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

Schedule a checkup

Preventive care, such as regular checkups and screenings, can help you avoid health problems in the future. 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 device or computer, whether you're at home, at the workplace, or on the go. Doctors are available around the clock for advice, treatment, and prescriptions.[1] Go to **livehealthonline.com** or download the LiveHealth Online mobile app to begin.

Where to go for care when you need it now

When it's an emergency, call 911 or go to the nearest emergency room. If you need non-emergency care right away:

- Check to see if your primary care doctor can see you.
- Search for nearby urgent care to avoid costly emergency room visits and long wait times.
- See a doctor anytime using LiveHealth Online from your mobile device or computer.
- Call the 24/7 NurseLine and receive 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.

Plan extras that support your health

For details, register at **anthem.com** or on the **Sydney Health** mobile app.

Your plan comes with great tools and programs to help you reach your health goals and save money on health products and services that may come at no extra cost. For detailed information, register at **anthem.com** or use the **Sydney Health** mobile app.

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 will have a custom experience that's based on your plan and your specific health care needs. You can quickly access your digital ID card to show it to your doctor. You can even use **Sydney Health** to track your health goals, find care, compare costs, and manage your claims.

If you have a question, **Sydney Health** acts as a personal health guide, answering your questions and connecting you to the right resources at the right time. You can use the chatbot to receive answers quickly. **Sydney Health** makes it easier to manage your care, giving you time to focus on your health. Start now by downloading the **Sydney Health** mobile app.

Anthem Skill — Our new Anthem skill for Alexa is a voice-activated assistant for your health plan. Receive quick answers to your health care questions — hands-free. All you have to do is enable the Anthem skill. It works through any Alexa-enabled device, such as an Amazon Echo, or on your mobile device using the Amazon Alexa app.

- Ask for your digital member ID card.
- Check your progress toward meeting your medical plan's deductible and out-of-pocket maximum.
- Find out how close you are to reaching your dental plan's deductible and annual maximum.
- Refill, renew, and check the order status of any home delivery prescriptions.

If you don't have the Amazon Alexa app, download it today from Google Play™ or the App Store®!

Medical guidance

24/7 NurseLine — You can connect with a registered nurse who will 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. Simply call **800-337-4770**.

ConditionCare — Receive support from a dedicated nurse team to manage ongoing conditions, such as 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.

Are you looking for healthy advice?

Follow our **Better Care Blog (anthem.com/blog/)** for helpful information about health benefits, living healthy, and the latest member news.

Plan extras that support your health

For details, register at **anthem.com** or on the **Sydney Health** mobile app.

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 and newborn care. You also have access to dietitians and social workers, as needed. The program includes breastfeeding support through LiveHealth Online.

LiveHealth Online — At home, at the workplace, or on the go, you can have a video visit with a doctor using your mobile device or computer. 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 a doctor's judgment. LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Healthy living

SpecialOffers — With SpecialOffers, you can receive discounts on products and services that help promote better health and well-being.

Your Anthem Benefits

Anthem

Roman Catholic Diocese Of Gary
Blue Access℠ (PPO)
Summary of Benefits, Effective July 1, 2021

Please Note: As we receive additional guidance and clarification from the U.S. Department of Health and Human Services, we may be required to make additional changes to your benefits

COVERED BENEFITS	NETWORK/NON-NETWORK (MEMBER'S RESPONSIBILITY)
Deductible (Single/Family) *(Applies only to percent (%) copayments)*	**$1,150/$2,300 Network $1,500/$3,000 Non-network.** Commingled Network/Non-network. Member only responsible for $1,500 per calendar year.
Out-of-Pocket Maximum (Single/Family)	**$3,000/$6,000 Network $5,000/$10,000 Non-network.** Commingled Network/Non-network. Member only responsible for $5,000 per calendar year.
Office Services • Including Allergy – testing and treatment – serum and injections[1]	$25 Network/30% Non-network Per Visit
Preventive Care	$25 Network/30% Non-network Per Visit. Included with no age or dollar limits; Non-network benefits apply. Preventive care includes: medical history, mammograms[1], pelvic exams and Pap tests, immunizations[1], routine and annual diabetic eye exams and hearing exams.
Maternity Services	10% Network/30% Non-network
Inpatient Services	10% Network/30% Non-network per admission
Outpatient Facility Services	10% Network/30% Non-network
Professional/Home Care (Inpatient/Outpatient)	10% Network/30% Non-network
Skilled Nursing Facility	10% Network/30% Non-network 120 day limit calendar year maximum Network/Non-network combined
Emergency and Urgent Care:	
Emergency Care in ER Room *(covers all services, waived if admitted)*	**$100 Network or Non-network**
Urgent Care Facility	$50 Network or Non-network
Hospice/Ambulance	Covered in full Network or Non-network (up to Maximum Allowed Amount)
Medical Supplies, Equipment and Appliances	10% Network/10% Non-network
Outpatient Therapy Visit Limits *(Limits apply to Network/Non-network combined visits.)*	
Physical/Occupational	90 Network and Non-network combined visits; same copay as office services
Spinal Manipulation	24 Network and Non-network combined visits; same copay as office services
Speech	40 Network and Non-network combined visits; same copay as office services
Mental Health and Substance Abuse • Inpatient Facility Services • Inpatient Professional Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services, Outpatient Facility @ Hosptial/Alternative Care Facility, Outpatient Professional	 10% network/30% non-network 10% network/30% non-network $25 network/30% non-network 10% network/30% non-network
Lifetime Maximum	Unlimited
Human Organ and Tissue Transplants[2]	Covered in full Network/50% Non-network (Does not count toward out-of-pocket maximum)

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.
An independent licensee of the Blue Cross and Blue Shield Association.
®Registered marks Blue Cross and Blue Shield Association.

Notes:

- *The deductibles and copayments (except prescription drug and human organ and tissue transplants, excluding kidney and cornea) apply toward the out-of-pocket maximums.*
- *The deductible(s) apply only to covered services listed with a percentage (%) copayment.*
- *Network and Non-network deductibles and out-of-pocket maximums are not separate and do accumulate toward each other.*
- *Network and Non-network copayments do accumulate toward each other.*
- *Dependent age: to the end of the month which child attains age 26.*
- *Office services also includes office surgeries and preconception care/education.*
- *LiveHealth Online (LHO) is covered at PCP costshare.*

[1]These covered services are covered in full if you have a flat dollar copayment and if rendered without an office services.
[2] Human organ and tissue transplants (except kidney and cornea) are covered in full Network; 50% Non-network. Does not count toward the out-of-pocket maximum. Kidney and cornea are covered same as any other illness.

Precertification:

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

Pre-existing Exclusion Period: NONE

Grandfathered Health Plan
Anthem Blue Cross and Blue Shield believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections of the Affordable Care Act apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Anthem Blue Cross Blue Shield at the telephone number printed on the back of your member identification card, or contact your group benefits administrator if you do not have an identification card. *For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1–866–444–3272 or www.dol.gov/ebsa/healthreform. This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. For nonfederal governmental plans, you may also contact the U.S. Department of Health and Human Services at www.healthcare.gov.*

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

Your Summary of Benefits
Catholic Diocese of Gary
Anthem Dental Prime

Anthem BlueCross BlueShield

WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits - you get more for your money.
You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		In-Network	Out-of-Network
Annual Benefit Maximum	Calendar Year		
• Per insured person		$1,000	$1,000
Annual Maximum Carryover		No	No
Orthodontic Lifetime Benefit Maximum			
• Per eligible insured person		N/A	N/A
Annual Deductible			
• Per insured person	Calendar Year	$0	$100
• Family maximum		No Limit	3X Individual
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes
Out-of-Network Reimbursement Options:		Prime (MAC)	

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services • Periodic oral exam • Teeth cleaning (prophylaxis) • Bitewing X-rays: 1X per 12 months • Intraoral X-rays	100% Coinsurance	50% Coinsurance	No Waiting Period
Basic Services • Amalgam (silver-colored) Filling • Front composite (tooth-colored) Filling • Back composite Filling, Alternated to Amalgam Benefit • Simple Extractions	80% Coinsurance	50% Coinsurance	No Waiting Period
Endodontics • Root Canal	50% Coinsurance	25% Coinsurance	No Waiting Period
Periodontics • Scaling and root planing	50% Coinsurance	25% Coinsurance	No Waiting Period
Oral Surgery • Surgical Extractions	50% Coinsurance	25% Coinsurance	No Waiting Period
Major Services • Crowns	50% Coinsurance	25% Coinsurance	No Waiting Period
Prosthodontics • Dentures • Bridges • Dental implants Not Covered	50% Coinsurance	25% Coinsurance	No Waiting Period
Prosthetic Repairs/Adjustments	50% Coinsurance	25% Coinsurance	No Waiting Period
Orthodontic Services ·None	Not Covered	Not Covered	N/A

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

IN_PCLG_FI-Custom

Emergency dental treatment for the international traveler
As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.**
With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

** The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem Blue Cross Life and Health Insurance Company.

Finding a dentist is easy.
To select a dentist by name or location, do one of the following:
- Go to anthem.com/mydentalvision
- Call Customer Service at the toll-free number listed on the back of your ID card.

TO CONTACT US:

Call	Write
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.

Limitations & Exclusions

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.

Diagnostic and Preventive Services

Oral evaluations (exam) Limited to two per Calendar Year

Teeth cleaning (prophylaxis) Limited to two per Calendar Year

Intraoral X-rays, single film Limited to four films per 12-month period

Complete series X-rays (panoramic or full-mouth) Coverage Every 3 Years

Topical fluoride application Limited to once every 12 months for members through age 18

Sealants Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.

Basic and/or Major Services***

Fillings Limited to once per surface per tooth in any 24 months

Space Maintainers Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic and Preventive or Basic Services.

Crowns Limited to once per tooth in a seven-year period

Fixed or removable prosthodontics – dentures, partials, bridges

Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.

Root canal therapy Limited to once per lifetime per tooth; coverage is for permanent teeth only.

Periodontal surgery Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater

Periodontal scaling and root planing Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater

Brush Biopsy Not Covered

***Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

There is a 12-month waiting period for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.

Services provided before or after the term of this coverage

Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits) Orthodontic braces, appliances and all related services

Cosmetic dentistry Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Extractions - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member

The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem Blue Cross Life and Health Insurance Company.

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.

Here's why:

In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

How Anthem dental decides on maximum allowed amounts
For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

Here's an example of higher costs for out-of-network dental services

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a crown from an out-of-network dentist, who charges $1,200 for the service and bills Anthem for that amount.
Anthem's maximum allowed amount for this dental service is $800. That means there will be a $400 difference, which the dentist can "balance bill" Ted.

Since Ted will also need to pay $400 coinsurance, the total he'll pay the out-of-network dentist is $800.
Here's the math:

- Dentist's charge: $1,200
- Anthem's maximum allowed amount: $800
- Anthem pays 50%: $400
- Ted pays 50% (coinsurance): $400
- Balance Ted owes the provider: $1,200 - $800 = $400
- Ted's total cost: $400 coinsurance + $400 provider balance = $800

In the example, if Ted had gone to an in-network dentist, his cost would be only $400 for the coinsurance because he would not have been "balance billed" the $400 difference.

Your Summary of Benefits
Catholic Diocese of Gary
Anthem Dental Complete

Anthem BlueCross BlueShield

WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits - you get more for your money.
You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE	In-Network	Out-of-Network
Annual Benefit Maximum Calendar Year • Per insured person **Annual Maximum Carryover**	**$1,000** **Yes**	**$1,000** **Yes**
Orthodontic Lifetime Benefit Maximum • Per eligible insured person	**$1,000**	**$1,000**
Annual Deductible (The Deductible does not apply to Orthodontic Services) • Per insured person Calendar Year • Family maximum	**$50** **3X Individual**	**$75** **3X Individual**
Deductible Waived for Diagnostic/Preventive Services	**Yes**	**Yes**
Out-of-Network Reimbursement Options:	**70th percentile**	

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services • Periodic oral exam • Teeth cleaning (prophylaxis) • Bitewing X-rays: 1X per 12 months • Intraoral X-rays	100% Coinsurance	80% Coinsurance	No Waiting Period
Basic Services • Amalgam (silver-colored) Filling • Front composite (tooth-colored) Filling • Back composite Filling, Covered as Composites • Simple Extractions	50% Coinsurance	50% Coinsurance	No Waiting Period
Endodontics • Root Canal	50% Coinsurance	50% Coinsurance	No Waiting Period
Periodontics • Scaling and root planing	50% Coinsurance	50% Coinsurance	No Waiting Period
Oral Surgery • Surgical Extractions	50% Coinsurance	50% Coinsurance	No Waiting Period
Major Services • Crowns	50% Coinsurance	50% Coinsurance	No Waiting Period
Prosthodontics • Dentures • Bridges • Dental implants Standard - Covered	50% Coinsurance	50% Coinsurance	No Waiting Period
Prosthetic Repairs/Adjustments	50% Coinsurance	50% Coinsurance	No Waiting Period
Orthodontic Services ·Dependent Children Only*	50% Coinsurance	50% Coinsurance	No Waiting Periods

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

IN_PCLG_FI-Custom

Emergency dental treatment for the international traveler
As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.**
With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

** The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem Blue Cross Life and Health Insurance Company.

Promoting healthy mouths for members who are pregnant or living with diabetes
If you are pregnant or living with diabetes, you can sign up to receive one additional dental cleaning or periodontal maintenance procedure per year.

Finding a dentist is easy.
To select a dentist by name or location, do one of the following:
- Go to anthem.com/mydentalvision
- Call Customer Service at the toll-free number listed on the back of your ID card.

TO CONTACT US:

Call	Write
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.

Limitations & Exclusions

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.

Diagnostic and Preventive Services

Oral evaluations (exam) Limited to two per Calendar Year

Teeth cleaning (prophylaxis) Limited to two per Calendar Year

Intraoral X-rays, single film Limited to four films per 12-month period

Complete series X-rays (panoramic or full-mouth) Coverage Every 3 Years

Topical fluoride application Limited to once every 12 months for members through age 18

Sealants Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.

Basic and/or Major Services***

Fillings Limited to once per surface per tooth in any 24 months

Space Maintainers Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic and Preventive or Basic Services.

Crowns Limited to once per tooth in a seven-year period

Fixed or removable prosthodontics – dentures, partials, bridges, tooth implants

Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.

Root canal therapy Limited to once per lifetime per tooth; coverage is for permanent teeth only.

Periodontal surgery Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater

Periodontal scaling and root planing Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater

Brush Biopsy Not Covered

***Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

There is a 12-month waiting period for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES

Orthodontia Limited to one course of treatment per member per lifetime

Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.

Services provided before or after the term of this coverage

Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits) Orthodontic braces, appliances and all related services

Cosmetic dentistry Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Extractions - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member

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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.

Here's why:

In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

How Anthem dental decides on maximum allowed amounts
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- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

Here's an example of higher costs for out-of-network dental services

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Ted gets a crown from an out-of-network dentist, who charges $1,200 for the service and bills Anthem for that amount.
Anthem's maximum allowed amount for this dental service is $800. That means there will be a $400 difference, which the dentist can "balance bill" Ted.

Since Ted will also need to pay $400 coinsurance, the total he'll pay the out-of-network dentist is $800.
Here's the math:

- Dentist's charge: $1,200
- Anthem's maximum allowed amount: $800
- Anthem pays 50%: $400
- Ted pays 50% (coinsurance): $400
- Balance Ted owes the provider: $1,200 - $800 = $400
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In the example, if Ted had gone to an in-network dentist, his cost would be only $400 for the coinsurance because he would not have been "balance billed" the $400 difference.

Blue View Vision℠
FS.B.10.25.130.130
Roman Catholic Diocese of Gary

Anthem

Effective: 07/01/2021

Welcome to your Blue View Vision plan!
You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at **anthem.com**, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at **1-866-723-0515**.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	$10 Copay	Reimbursed Up To $42	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	$130 Allowance, then 20% off any remaining balance	Reimbursed Up To $45	Once every other calendar year
Eyeglass Lenses *(instead of contact lenses)*			
One pair of standard plastic prescription lenses			
○ Single vision lenses	$25 Copay	Reimbursed Up To $40	Once every calendar year
○ Bifocal lenses	$25 Copay	Reimbursed Up To $60	
○ Trifocal lenses	$25 Copay	Reimbursed Up To $80	
Eyeglass Lens Enhancements *When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost*			
○ Transitions Lenses (for a child under age 19)	$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
○ Standard polycarbonate (for a child under age 19)	$0 Copay		
○ Factory Scratch Coating	$0 Copay		
Contact Lenses *(instead of eyeglass lenses)* *Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.*			
○ Elective conventional (non-disposable) OR	$130 Allowance, then 15% off any remaining balance	Reimbursed Up To $105	Once every calendar year
○ Elective disposable OR	$130 Allowance *(no additional discount)*	Reimbursed Up To $105	
○ Non-elective (medically necessary)	Covered in full	Reimbursed Up To $210	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.
Excess Amounts. Amounts in excess of covered vision expense.
Sunglasses. Plano sunglasses and accompanying frames.
Safety Glasses. Safety glasses and accompanying frames.
Not Specifically Listed. Services not specifically listed in this plan as covered services.
Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.
Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.
Orthoptics. Orthoptics or vision training and any associated supplemental testing

Contract code: 34Z1

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-Network Member Cost (after any applicable copay)
Retinal Imaging – at member's option, can be performed a time of eye exam		Not more than $39

Eyeglass lens upgrades
When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.
	○ Transitions lenses (Adults)
	○ Standard Polycarbonate (Adults)
	○ Tint (Solid and Gradient)
	○ UV Coating
	○ Progressive Lenses[1]
	  ○ Standard
	  ○ Premium Tier 1
	  ○ Premium Tier 2
	  ○ Premium Tier 3
	○ Anti-Reflective Coating[2]
	  ○ Standard
	  ○ Premium Tier 1
	  ○ Premium Tier 2
	○ Other Add-ons
		$75
		$40
		$15
		$15
		
		$65
		$85
		$95
		$110
		
		$45
		$57
		$68
		20% off retail price

Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	○ Complete Pair ○ Eyeglass materials purchased separately	40% off retail price 20% off retail price
Eyewear Accessories	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	○ Standard contact lens fitting[3] ○ Premium contact lens fitting[4]	Up to $55 10% off retail price
Conventional Contact Lenses	○ Discount applies to materials only	15% off retail price

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

[2] Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.

[3] Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

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

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations.

Some of our in-network providers include:

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL

Online stores:

GLASSES.COM glasses.com | contactsdirect contactsdirect.com | 1800contacts 1800contacts.com | LENSCRAFTERS lenscrafters.com | OPTICAL targetoptical.com | Ray-Ban ray-ban.com/insurance

ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at **anthem.com**, select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at **anthem.com**, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 .to request a claim form.

TO FAX: 866-293-7373
TO EMAIL: ooonclaims@eyewearspecialoffers.com
TO MAIL: Blue View Vision
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

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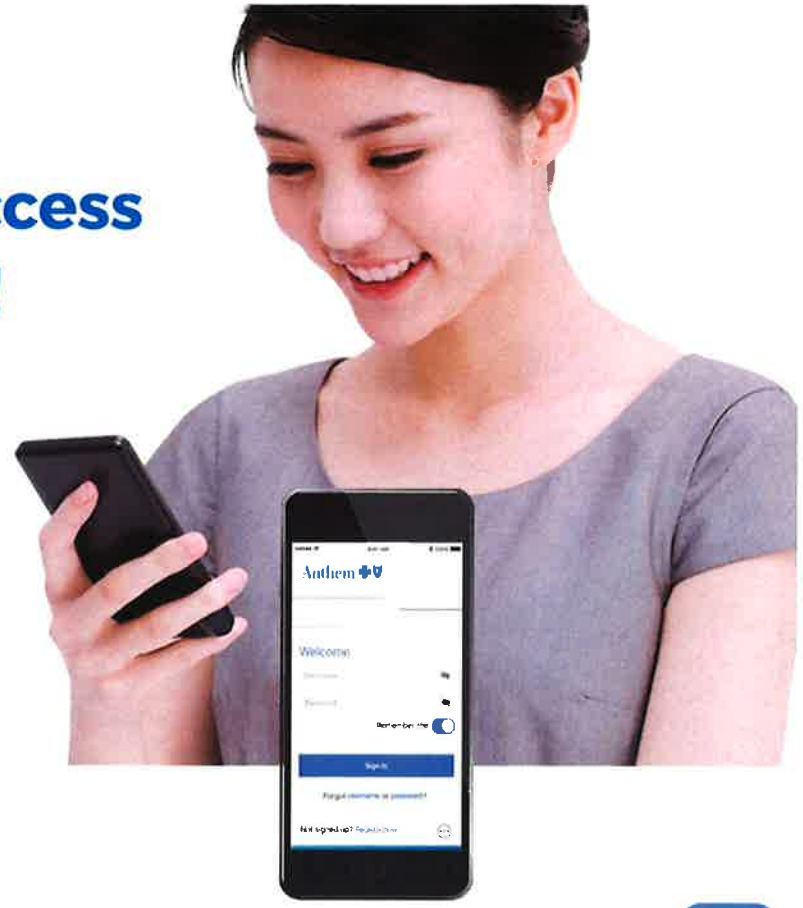
You've got quick access to your health care!

Register on **anthem.com** or the **Sydney** mobile app.* Have your member ID card handy to register



From your computer

1. Go to **anthem.com/register**
2. Provide the information requested
3. Create a username and password
4. Set your email preferences
5. Follow the prompts to complete your registration

From your mobile device

Sydney Heal

1. Download the free **Sydney** mobile app and select **Register**
2. Confirm your identity
3. Create a username and password
4. Confirm your email preferences
5. Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan — including medical — in one place. Making your health care journey simple, personal — all about you.

Need help signing up?
Call us at **1-866-755-2680**.

Anthem

* You must be 18 years or older to register your own account.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT); Healthy Alliance® Life Insurance Company (HALIC); and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. (trades as Anthem Blue Cross and Blue Shield in Virginia) and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI) underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies. WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Anthem

Finding care options is now easier

Our Find Care tool helps you find doctors and compare costs

Choosing a provider who is right for you makes a difference — and choosing a provider in your plan can help keep your costs under control. You can easily find high-quality, cost-effective care using our Find Care tool on the Sydney Health mobile app or **anthem.com**.

How you can use Find Care

The Find Care tool brings together details about doctors, hospitals, labs and other health care facilities in your plan. You can easily compare what's important to you, like cost, location and office hours. Find Care helps you:

Search for providers and facilities in your plan by name, specialty or procedure.

Compare costs for health care services based on your plan.

Find providers near you and explore virtual care options.

Review details about doctors, such as their specialties, gender, languages spoken and contact information.

Choose with confidence

You can start using **Find Care** by downloading the Sydney Health app to your mobile device or logging in to **anthem.com**. Select **Find Care** and the tool will guide you through the steps.

We're ready to help you

If you have questions, you can reach us using the interactive chat feature on the Sydney Health app or through the Message Center on **anthem.com**.

Sydney and Sydney Health are service marks of CareMarket Inc.

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Discover your options for quick care

Find out more about these emergency room alternatives

When you're looking for care in a hurry, you may be wondering how to receive it safely and quickly. If it's not a life-threatening emergency and your doctor isn't available, you have other options.

You can save **up to $1,100** when you opt for care somewhere other than the ER when you need nonemergency care.[1,2,3]

What to do when you need care fast

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

Your doctor can help you decide where to receive care, whether it's a visit to the office, the emergency room (ER), or somewhere else. If your doctor isn't available, call the 24/7 NurseLine at the number on the back of your ID card for guidance.

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

Depending on your needs, you have these choices:

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

These options are more convenient than the ER. You can use them at night and on weekends, so you don't have to wait to be treated.

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

A helpful reminder

If you go to the ER when it isn't an emergency, you could be responsible for the full cost of treatment.

See the other side for examples of when to go to the ER or elsewhere.

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

Anthem

Where to get care[3]

	Type of care provider	Estimated average cost[2]	For these symptoms
Emergency room	Doctors trained in emergency medicine	For non-emergencies: **$1,344**	• Coughing up or vomiting blood • Symptoms feel life-threatening or disabling • Chest pain or severe shortness of breath • Major injury or broken bones • Sudden or unexplained loss of consciousness • Severe pain that cannot be controlled • Labor pains when pregnant
Retail health clinic	Physician assistants or nurse practitioners	**$75**	• Minor allergic reactions • Bumps, cuts, scrapes, rashes • Burning with urination • Minor burns • Cold, cough and sore throat • Minor sinus pain and fever • Eye or ear pain or irritation • Shots
Walk-in doctor's office	Family practice doctors	**$154**	**Same as retail health clinic as well as** • Mild asthma • Back pain • Nausea or diarrhea • Minor headache
Urgent care center	Family practice and emergency medicine doctors	**$226**	**Same as walk-in doctor's office as well as** • Animal bites • Sprains and strains • Stitches • X-rays
LiveHealth Online	Board-certified doctors	**$59 or less**	• Minor allergic reactions • Minor headache • Nausea or diarrhea • Cold, cough and sore throat • Minor sinus pain and fever • Eye or ear pain or irritation • Burning with urination

Be prepared

Choose the right care. Find the doctor, specialist, therapist, or other provider that can best treat your illness or injury. Use the **Find a Doctor** tool at **anthem.com** or call the **Member Services** number on your ID card for guidance to the right care that's part of your plan to a place that's in your plan.

Look for care nearby. Download the **Sydney Health** app from the App Store® or Google Play™ to find an urgent care center, retail health clinic or walk-in doctor's office quickly. You can also find directions on the app.

It's important that you understand your options when you need to get care quickly. You can rely on us to help you find the right place.

Helpful tip for saving money

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

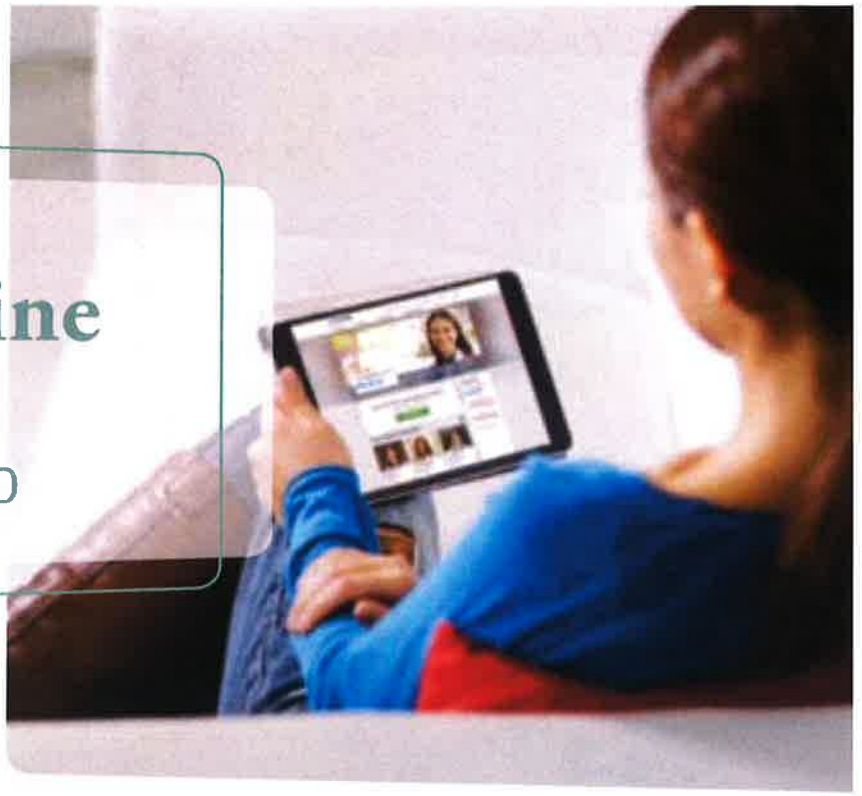
1 If you get care from a health professional or facility that is not in your health plan, you may have much higher out-of-pocket costs.
2 National averages of the total cost, not what members paid, based on Anthem members' commercial paid claims from January 1, 2016 through December 31, 2016.
3 If you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

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

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/coNetworkAccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company, (HALIC), and HMO Missouri, Inc. (MO and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. (IL) and certain affiliates provide administrative services for self-funded plans and shared underwriting benefits). In Nevada: Rocky Mountain Hospital and Medical Service, Inc. (HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by The Premium Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. (active as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI) underwrites or administers PPO and indemnity policies and underwrites the out-of-network benefits on POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Sign up for LiveHealth Online

Sign up today — so you're ready for a video visit when you need it



Using LiveHealth Online, you can have a private and secure video visit with a board-certified doctor or licensed therapist on your smartphone, tablet or computer with a webcam. It's an easy way to get the care you need at home or on the go.

When your own doctor isn't available, use LiveHealth Online 24/7 if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or other common health condition. A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed.[1]

If you're feeling anxious or having trouble coping on your own and need some support, you can have a video visit with a therapist using LiveHealth Online. Make an appointment in four days or less at **livehealthonline.com** or on the phone at **1-888-548-3432** from 7 a.m. to 7 p.m., seven days a week.[2] Evening and weekend appointments are available. You can get help for anxiety, depression, grief, panic attacks and more.

How to get started

Rather than waiting to sign up when you're not feeling well, register today so you're ready for a visit when you need one. To sign up, visit **livehealthonline.com** or download the free LiveHealth Online app to your mobile device. Next, you:

1. Choose **Sign Up** to create your LiveHealth Online account. Then enter information like your name, email address, date of birth and create a secure password.
2. Read the *Terms of Use* and check the box to agree.
3. Choose your location in the drop-down box of states.
4. Enter your birth date and choose your gender.
5. For the question "Do you have insurance?", select **Yes.** Be sure to have your Anthem member ID card handy to complete your insurance information. If you choose **No,** you can still enter your insurance information later.
6. For **Health Plan,** in the drop-down box, select **Anthem.**
7. For **Subscriber ID,** enter your identification number, which is found on your Anthem member ID card. Select **Yes** if you are the primary subscriber or **No** if you are not the primary subscriber.
8. Insert a service key if you have one. If you don't have a service key that's OK, this is optional and not required to register.
9. Select the green **Finish** button.

Anthem LiveHealth ONLINE

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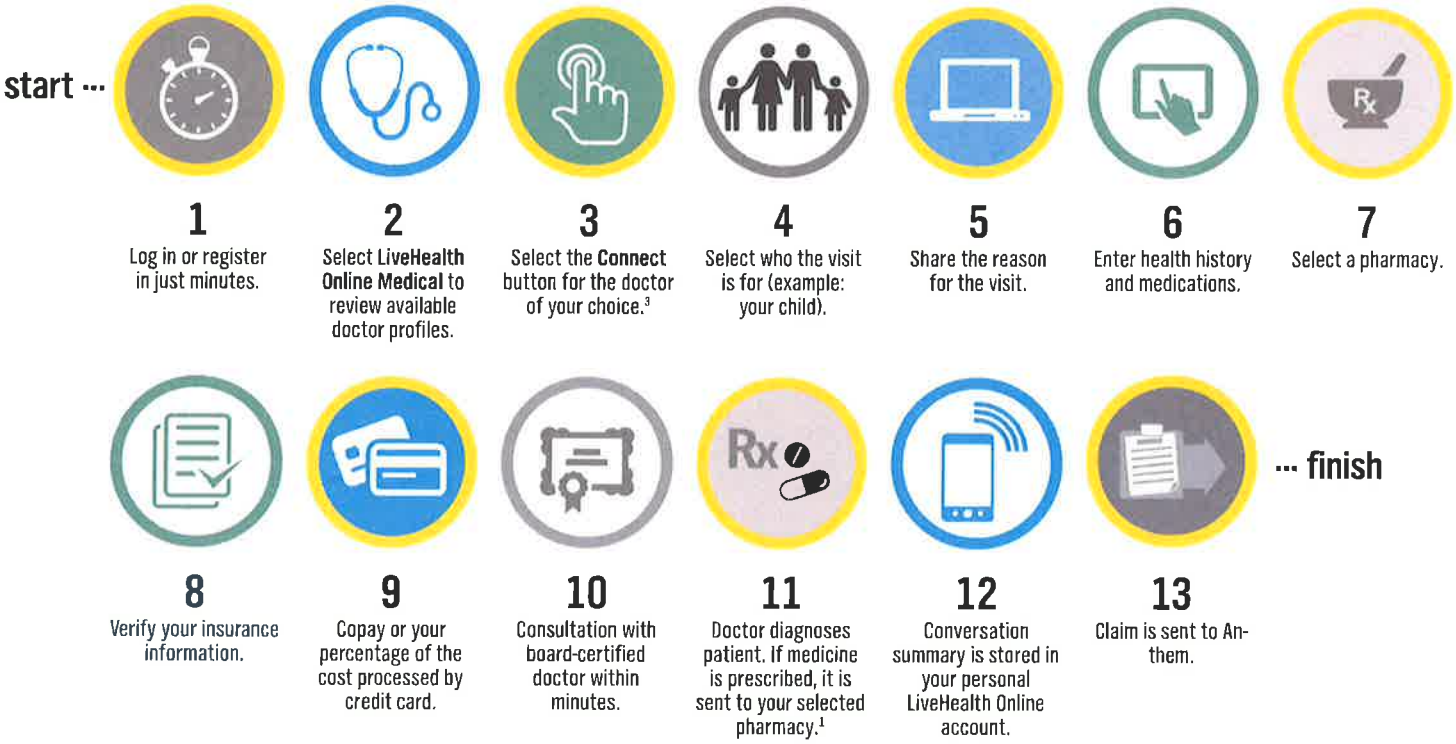
Your account securely stores your personal and health information

You can be confident knowing you can easily connect with doctors when you need to consult about certain conditions, share your health history, and schedule online visits at times that fit your schedule.

How to use LiveHealth Online for a video visit with a doctor



The steps to set up an appointment with a therapist using **LiveHealth Online Psychology** are very similar to seeing a doctor. You need to select **LiveHealth Online Psychology** to see available therapists and schedule an appointment.

Questions about how to use LiveHealth Online?

Call toll free at **1-888-LiveHealth (548-3432)** or email **help@livehealthonline.com**. If you send us an email, please include your name, email address and a phone number where we can reach you.

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 Select a doctor licensed to practice in the state where you're physically located. If that doctor is seeing another patient, you can choose to go to an online waiting room or you can select another doctor who is available at that moment.

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

Psychologists or therapists using LiveHealth Online cannot prescribe medications.

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.

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Peace of mind is something your employees can travel with anywhere they go

BlueCard® PPO and Blue Cross Blue Shield Global Core programs feature health care benefits that travel with your employees

Through the BlueCard PPO and Blue Cross Blue Shield Global Core programs, your employees can access doctors and hospitals in their plan throughout the U.S., as well as around the world.

Coverage in the U.S.

BlueCard PPO gives them access to their PPO benefits when they use doctors and hospitals that contract with Blue Cross and/or Blue Shield in other states. We're talking about 96% of hospitals and 93% of doctors across the country.[1] The BlueCard program links them all together as one big network.

Just like when they seek care at home, your employees may pay less out of pocket — and we may cover more services — when they get care from doctors and hospitals that are in a Blue Plan.

Coverage around the globe

For travel abroad, the Blue Cross Blue Shield Global Core program gives your employees access to doctors and hospitals in nearly 190 countries and territories around the world.[2]

1 Blue Cross Blue Shield Association website, *BlueFacts* (accessed December 2016): bcbs.com/sites/default/files/file-attachments/page/BCBS.Facts_.pdf.

2 GeoBlue website, *More than 20 years as a leader in international healthcare* (accessed December 2016): about.geo-blue.com.

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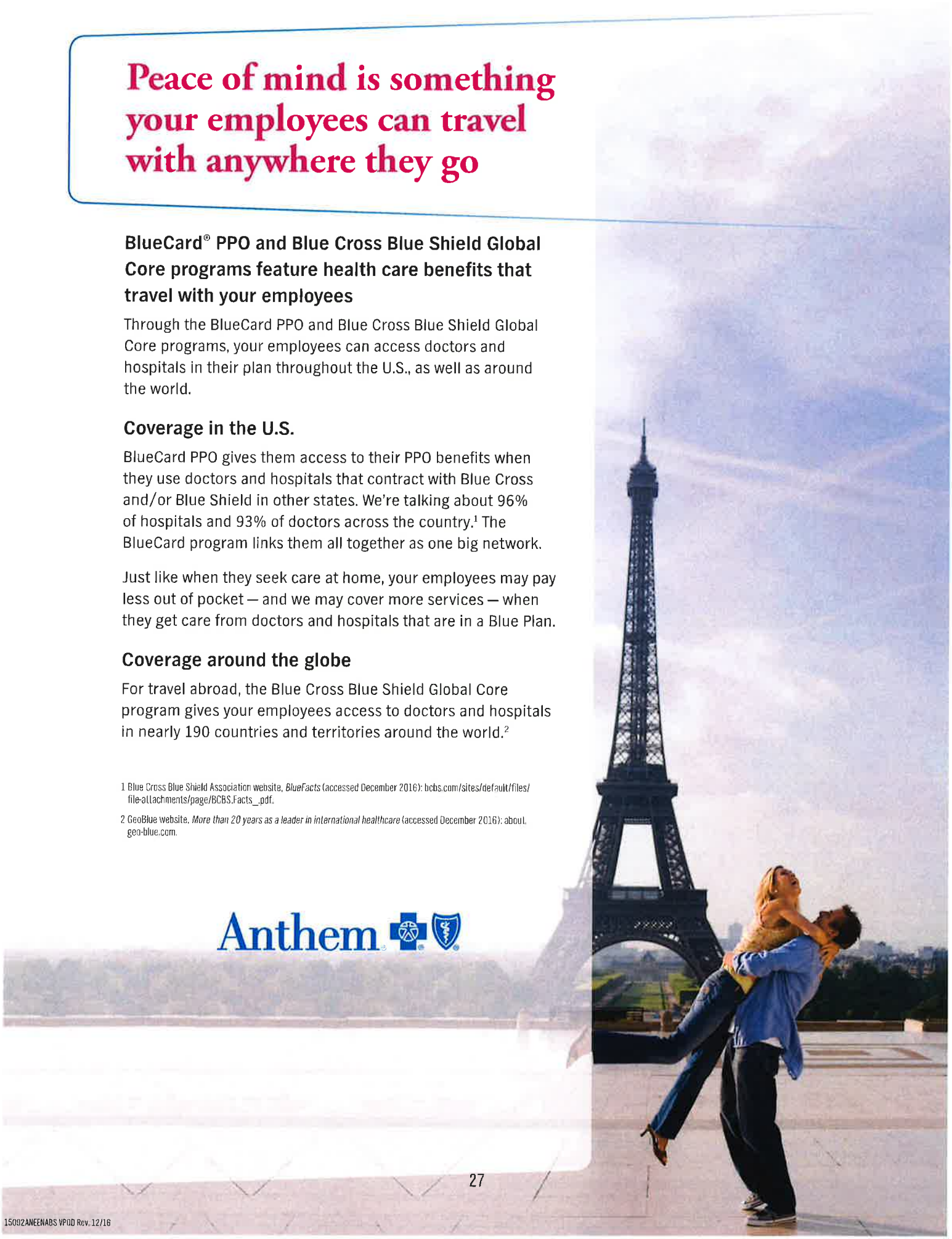

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Coast-to-coast coverage with BlueCard PPO

The "PPO-in-a-suitcase" symbol on your employees' member ID card is recognized by doctors and hospitals across the country. It identifies your employees as BlueCard PPO members so they can access their PPO benefits where they live and when they travel.

Access made easy

Finding a PPO doctor or hospital is easy. Your employees go to **anthem.com** to find a doctor or hospital in the BlueCard PPO program. They can also call the number on the back of their ID card to get names and addresses of the nearest doctor.

Network doctors make life easier

While your employees can choose in-network or out-of-network doctors each time they need medical care, having a long-term relationship with one network doctor has its advantages like:

- One doctor who knows them and can direct all of their health care
- A chance to save money
- Less paperwork

If your employees have an emergency while traveling

There's a difference between an emergency and a need for urgent care. Your employees should understand this difference and know how to access care in each case.

Emergency care

Emergencies are medical conditions that pose a serious risk to someone's health. Here are a few questions your employees should ask themselves:

- Are my symptoms severe and/or life-threatening?
- Did they happen all of the sudden and without warning?
- Is there a lot of bleeding, extreme pain, shortness of breath or broken bones?
- Using my best judgment, do I believe there may be serious impairment to bodily functions or serious dysfunction of a bodily organ/part without immediate medical attention?

If the answer is "yes" to any of these questions, employees should call 911 or go to the nearest emergency room.

Urgent care

Urgent care is for medical symptoms, pain or conditions that need medical care right away but aren't severe or life-threatening. This includes an earache, sore throat, rash, sprained ankle, flu and fever of 104° and lower.

When your employees need to call us before they seek medical care

Sometimes, we ask that your employees call us before they get certain care or services so that we can be sure they get the right care in the right setting. This is called "precertification."

Emergency care doesn't require precertification, but we still need to know about it

Precertification is not required for emergency care or admissions, but we do need to know about them. The employee or a relative must tell us within 24 hours or as soon as they can. Employees who don't let us know may have to pay more if we determine that certain services weren't medically necessary.

Services and equipment that need precertification

Precertification is usually required for the following services. Your employees should see their benefits booklet for their plan's complete list and rules.

- Human organ and tissue transplants
- Hospital stays and stays at other facilities, except for childbirth
- Diagnostic services and advanced imaging
- Private-duty nursing services at home
- One-day surgery for: uvulopalatopharyngoplasty (UPPP) and certain plastic/reconstructive procedures
- Certain durable medical equipment/prosthetics including special wheelchairs and hospital beds, powered prosthetics and custom-made orthotics/braces

Your employees are responsible for getting precertification. Even if their doctor offers to do it for them, it's a good idea for your employees to call us and confirm.

How BlueCard works when employees need care while traveling in the U.S.

- Your employees should always carry an up-to-date ID card.
- When they need health care, your employees can search for the nearest BlueCard PPO doctors and hospitals by looking them up online. They can also call the number on the back of their ID card to find a BlueCard PPO doctor or hospital.
- Your employees are responsible for calling us for precertification. They should use the phone number on their ID card.
- When they get to the doctor's office or hospital, your employees should show their ID card, and the doctor or hospital will verify their membership and coverage information.
- After your employees get care, the claim is electronically sent to us for processing.
- BlueCard PPO doctors and hospitals are paid directly, and your employees normally only need to pay for out-of-pocket costs (noncovered services, deductible, copay or their percentage of the costs). They'll get a detailed explanation of benefits summary showing how the claim was processed.

We're here to help

If your employees have questions, they can call the Member Services number on the back of their ID card. We'll be happy to help them understand their BlueCard and Blue Cross Blue Shield Global Core benefits and how to use them.

To learn more about how BlueCard PPO and Blue Cross Blue Shield Global Core can cover your employees when they're away from home, call your Sales representative.

Employees can learn more about Blue Cross Blue Shield Global Core by:

- Calling the Member Services number on their ID card.
- Visiting bcbsglobalcore.com.
- Calling the Blue Cross Blue Shield Global Core service center toll free at **1-800-810-2583** or collect at **1-804-673-1177**.

Coverage abroad with Blue Cross Blue Shield Global Core

Whether traveling or living outside of the U.S., your employees can use the Blue Cross Blue Shield Global Core program when they need medical care.

Here's what happens when employees need care while traveling or living abroad

- Before leaving the U.S., employees should call the Member Services number on the back of their ID card to find out how they're covered abroad.
- Your employees should always carry an up-to-date member ID card.
- In an emergency, employees should go to the nearest hospital.
- If your employees need help finding a doctor or hospital, or have any questions about getting care abroad, they should call the Blue Cross Blue Shield Global Core service center toll free at **1-800-810-2583** or collect at **1-804-673-1177**, 24 hours a day, seven days a week.
  - An assistance coordinator, together with a medical professional, will arrange a doctor's appointment or hospital stay, if needed.
- If employees need to be admitted to the hospital, they should call the Blue Cross Blue Shield Global Core service center toll free at **1-800-810-2583** or collect at **1-804-673-1177**.
  - Besides contacting the Blue Cross Blue Shield Global Core service center, employees should call the Member Services number on their ID card for precertification. **Note:** This number is not the phone number listed above.
- Employees will need to pay up front for care received from an out-of-network doctor and/or out-of-network hospital. Then, they'll have to fill out a Blue Cross Blue Shield Global Core claim form and send it with the bill(s) to the Blue Cross Blue Shield Global Core service center (the address is on the form).
  - Employees can download a claim form by visiting bcbsglobalcore.com and entering their three-digit alpha prefix. They can also get a form by calling the Blue Cross Blue Shield Global Core service center.

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Take your benefits with you

With the BlueCard® PPO and Blue Cross Blue Shield Global Core programs

What happens if you're away from home and you need care right away? As an Anthem Blue Cross and Blue Shield (Anthem) member, you have access to care across the country through the **BlueCard® PPO Program.** This includes **93% of doctors and 96% of hospitals in the U.S.**[1]

How to access care across the U.S.:

Call 911 or **go to the nearest hospital** in an **emergency.***

Go to **anthem.com**, log in and use the **Find a Doctor** tool to search for a BlueCard PPO Program doctor or hospital.

Use the **Anthem Anywhere app** to search for a BlueCard PPO Program doctor or hospital. Get turn-by-turn directions to the nearest doctor, urgent care center or hospital.

Call Member Services at the number on your ID card. They can help you find a doctor or hospital.

*You or a family member need to call the Member Services number on your ID card within 24 hours (48 hours for members in Indiana) after going to the hospital or as soon as you can.

Traveling?

Here's what you need to know:

- Before leaving the country, ask Member Services if your international benefits are different.
- Ask for approval before getting care. This is "precertification" and helps you find care covered by your plan. To see if you need precertification, call Member Services at the number on your ID card.
- Save money by seeing a BlueCard program doctor or hospital. You only pay your usual out-of-pocket amounts (such as deductible, your percentage of costs or copay). If you go to a doctor or hospital outside the program, you'll need to pay the entire bill up front.
- Show your Anthem ID card so the doctor or hospital can check your benefits and send us a claim for processing.

Remember to carry your ID card
The "PPO-in-a-suitcase" symbol shows you can get care from BlueCard PPO Program doctors and hospitals.

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How to access care around the world

The Blue Cross Blue Shield Global Core Program gives you benefits when you travel outside the U.S.

If you're outside the U.S., you can use the **Blue Cross Blue Shield Global Core Program.** It gives you access to preferred doctors and hospitals in nearly 190 countries and territories around the world.[2]

Need care outside the U.S.? You can:

Go straight to the nearest hospital in an emergency.

Go to **www.bcbsglobalcore.com** to search for a doctor or hospital.

Use the **Blue Cross Blue Shield Global Core app** to find a doctor or hospital.

Call the **Blue Cross Blue Shield Global Core Service Center** 24/7 at **1-800-810-2583 (BLUE)** or call collect at **1-804-673-1177**. They can help you set up a doctor visit or hospital stay.

Download the Blue Cross Blue Shield Global Core app today

With the app, you can:

- Search for a doctor or hospital.[3]
- Submit claims.
- Get medical terms and phrases for many symptoms translated — and even use an audio feature to play the translation.[3]
- Find a drug's generic name, local brand name and check whether it's available.
- Get information about how to find and contact a U.S. embassy.

Download on the App Store | Google play

Unless it's an emergency, call the Global Core Service Center before getting care outside the U.S. Global Core will work with the doctor and Anthem to approve and accept a Guarantee of Payment (GOP). What if you get care from a doctor or hospital that has not accepted a GOP?

1. You will need to pay up front in full for your care.
2. Download an international claim form at **www.bcbsglobalcore.com** or get a form by calling Member Services at the number on your ID card.
3. Fill out the claim form and send it with the original bills to the Blue Cross Blue Shield Global Core Service Center. You can submit them through the mobile app, email or postal mail.

1 Blue Cross Blue Shield Association website, *BlueFacts* (accessed March 2017): bcbs.com/sites/default/files/file-attachments/page/BCBS.Facts_.pdf.
2 GeoBlue website, More than 20 years as a leader in international healthcare (accessed March 2017): about.geo-blue.com.
3 Using the Blue Cross Blue Shield Global Core app itself does not require an internet connection. However, using GPS for mapping or downloading an audio translation does require an internet connection (accessed March 2017): bcbsglobalcore.com/Home/MobileApp/#features.

The Blue Cross Blue Shield Global Core program was formerly known as BlueCard Worldwide®.

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard, BlueCard Worldwide, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

Save money with discounts at anthem.com

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

Vision, hearing and dental

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

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

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

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

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

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

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

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

Anthem

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Fitness and health

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

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

Garmin — Take 20% off select Garmin wellness devices.

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

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

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

Family and home

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

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

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

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

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

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

Medicine and treatment

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

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

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

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

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

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

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

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Take care of yourself
Use your preventive care benefits

Anthem

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 in the plan, you won't have to pay anything for these services and immunizations. If you want to visit a doctor 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)
- 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 vision[2]
- 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 years[3]
- 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 met[4]
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling[5,6,7]
- 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[6]
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression[6]
- 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.

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

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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)
- 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 visit[2]

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type b (Hib)
- Hepatitis A and hepatitis B
- HPV
- Meningitis
- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

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.

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A dental visit can help improve your overall health

Good dental health is important — and not just for your teeth. Routine dental visits include teeth cleanings and checking for cavities, but they can also be vital for your overall health. That's because they can help find early warning signs of certain health conditions* when they are easier to treat.

A good dental plan is great for your health

Your Anthem dental plan provides:

- 100% coverage for most preventive and diagnostic services, including regular cleanings and X-rays.
- Coverage for additional services such as extra periodontal cleanings for gum health if you're enrolled in certain care management programs.
- Discounts through SpecialOffers for products and services that promote better health and well-being.

Using dentists in your plan will help you save

You will save time and money in three ways:

1. We negotiate rates with dentists in your plan, so they usually charge less.
2. You can't be billed for the difference if a dentist in your plan charges more than what we pay.
3. Dentists in your plan will file claims for you.

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How to find a dentist when you need care

- To find a dentist in your plan, log in at **anthem.com** or use the Sydney Health mobile app. Then, use the **Find Care** tool.
- After you choose a dentist, make an appointment with their office.
- At your appointment, show the office staff your member ID card.
- After your visit, pay your plan deductible or copay.

If you ever need urgent or emergency dental care, call your primary care dentist first. If you don't have a primary care dentist or they are not available, you can contact The TeleDentists for a virtual dental visit. Their information is available on our website through the **Find Care** tool.

Online tools provide access to everything you need

When you use the **anthem.com** website or our Sydney Health app, you can:

- Find a dentist in your plan.
- Access your electronic ID card, print a card or request an email with your card.
- See your dental plan benefits, including how much you have paid toward your deductible.
- Find out the cost of a treatment with our Dental Care Cost Estimator.
- Receive a health score for your gums and teeth using our Dental Health Assessment tool.
- Email questions and receive fast answers from a dental hygienist through our Ask a Hygienist tool.
- Find the status of a claim.

Your Anthem plan provides all the benefits and tools you need to help take care of more than just your teeth.

If you have questions about your benefits, we're here to help:

- Call the Customer Service number on your member ID card.
- Visit **anthem.com**.
- Download the Sydney Health mobile app to chat online with a Customer Service representative.

* Academy of General Dentistry, Know Your Teeth, *Oral Warning Signs* (Accessed June 2020): knowyourteeth.com.

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Are you looking for a dentist?

It's easy to find one online

The right dentist can have a positive impact on your health and well-being. Choosing one in your plan can save you money as well. The **Find Care** tool helps you locate doctors, dentists, eye care professionals, hospitals, labs, and other health care providers in your plan. If you decide to see a dentist outside your plan, your costs will be higher and your care may not be covered. Therefore, it is a good idea to learn how this convenient tool can help you find care.

How to find a dentist near you:

1. Go to **anthem.com/find-care**
2. You can look for a dentist by using either:
   - **Search as a member:** Log in with a username and password or with the member number on your ID card.
   - **Search as guest:** Select a plan or network,* or search by all plans and networks.
3. Once you log in, select the **Find Care** option on the welcome menu.
4. Next, choose who you would like to see. You can search for a dentist nearby or use the dentist's name.
5. Select a provider to see more details, such as:
   - Specialties
   - Gender
   - Languages spoken
   - Training
   - A map of their office location
   - Phone number

Health information that goes where you go

The **Sydney Health app** makes it easy to find information about your plan benefits wherever you are. The app keeps everything you need to know about your plan personalized and in one place. Download the app today.

* If you don't know the name of the plan or network, check with your human resources department or benefits administrator.

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Teeth straightening at home

Clear aligners from byte are now covered as part of our Ortho@Home solution

If you ever need mild-to-moderate teeth straightening, we want to make sure you have options for the service. That's why we have partnered with byte® to offer you a new option. If you have orthodontia coverage with your Anthem dental plan, you can receive clear orthodontic aligners at home, which cost less than regular braces.[1]

A more confident smile at a lower price

This orthodontia benefit offers:

- At-home impressions of your teeth.
- A customized doctor-directed treatment plan.
- Licensed doctors who track your progress with remote monitoring through your computer or smartphone.
- Faster treatment times due to Hyperbyte®, the only high-frequency vibration device available directly to the member.
- Premier teeth whitening at no additional cost and a lifetime guarantee.

With doctor-directed treatments provided through remote monitoring, byte provides a more convenient way to straighten your teeth without the need to go to a dentist's office for monthly visits.

The company's exclusive device, Hyperbyte, uses high-frequency vibrations to help fit your aligners for better traction, more accurate teeth movement, and faster treatment times.

You can see the savings

Besides being more convenient than having to go to a dentist's office for teeth alignment, byte can also help you save money:

byte cost	$1,895
Anthem network discount	$150
Dental plan pays (if orthodontic coverage is 50%)[2]	$872.50
You could pay only	**$872.50**

To learn more about byte, visit anthem.com and select Find Care.

Anthem

byte

1 Ortho@Home is covered for members with orthodontic coverage on Dental 100, 200, 300, and Prime and Complete networks. Products include Dental Blue, Prime, and Complete, and Essential Choice PPO.

2 For illustrative purposes. Savings may differ based on your plan's orthodontic coverage and your location. Example assumes an orthodontic annual maximum of $1,000 with 50% coinsurance.

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BLUE VIEW VISION

It's easy to find an eye care provider online

Here's how to find one fast on our mobile app, Anthem Anywhere, or anthem.com.

Select *Find a Doctor*

To search on the app, you'll need a username and password.

On anthem.com, log in as a member with your username and password, or your member ID card number.

You can also search as a guest. Just select a plan or network, or search by all plans and networks.*

Search for a provider

You can search based on type of provider or facility, locations near you or a provider's name.

Click on the name of an eye care provider to learn more

Find out about their training, specialties, languages spoken, location and phone number.

Keep in mind, you'll get the most from your benefits — and save money — when you use a provider in your plan.

Download our Anthem Anywhere mobile app today
to easily access your plan.

Anthem

Download on the App Store

GET IT ON Google Play

* If you don't know the name of your plan or network, check with your human resources department or benefits administrator.

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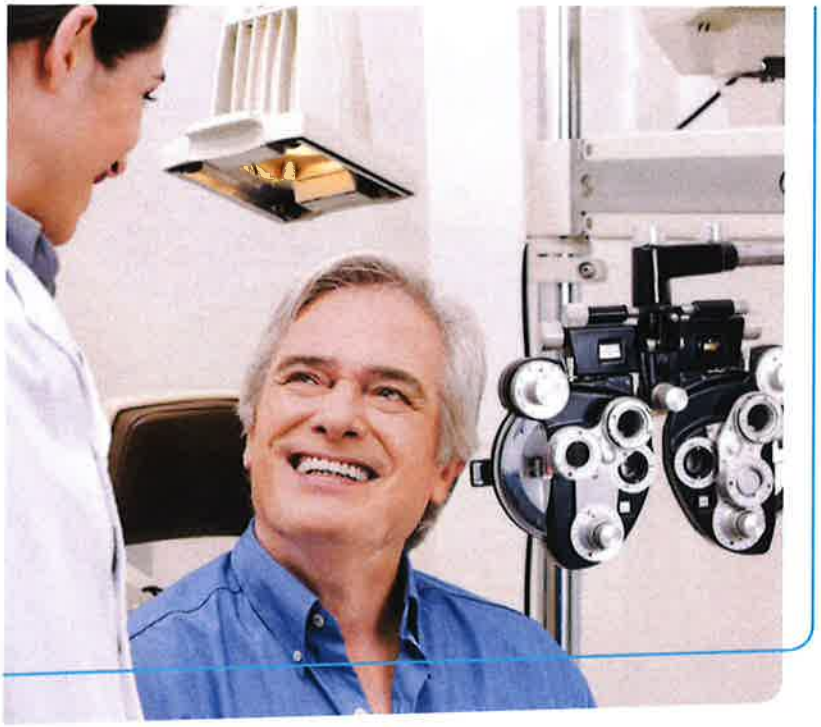

Time for you and eye

Eye exams can improve more than your vision

Even if you can see well, regular eye exams are important to help keep your eyes healthy — and catch other health problems early. Eye exams can:

- Diagnose diseases, such as:[1]
  - Glaucoma — pressure in the eye, which can harm the optic nerve
  - Macular degeneration — changes in the retina that result in the slow loss of eyesight
  - Cataracts — clouding of the eye lens, which can blur vision
- Help spot other health problems that can also cause eye problems:[2]
  - Diabetes
  - High blood pressure
  - Certain cancers

Finding out about these problems early means you can get treatment early. This can help you get better and lower your health care costs.

Eye on the numbers:

- **Over 81%** of Americans use some form of eyesight correction, such as glasses or contact lenses.[3]
- **Over 28 million** Americans over age 40 have eye problems that can lead to vision loss and blindness. Experts warn that the number will go up as people age.[4]
- **About 22 million** American adults have cataracts. It's the leading cause of blindness worldwide and of poor eyesight in the U.S.[5]

Diabetes can put your eyes at risk

It can make you very sensitive to light and damage your retina (diabetic retinopathy). But think about this:

- **Twenty-five percent of people with diabetes don't know they have it,[6] so they don't get the treatment and protection they need.**
- **Only 17% of diabetics know they can be more sensitive to light, so most of them don't protect their eyes by wearing sunglasses.[7]**
- **Forty percent of diabetics don't get a yearly eye exam.[8] This puts their eyes at risk.**
- **Proper vision care can stop more than 90% of vision loss and blindness caused by diabetic retinopathy.[5]**

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What you should do for your eyes:

- **Get a complete eye exam every year**. This may include dilation, where the pupil is dilated, or made bigger, so the retina can be checked for signs of eye disease and other health problems.
- **Protect your eyes from harmful UV rays**. Over time, the sun's UV rays can damage your eyesight through cataracts and age-related macular degeneration. Wear sunglasses that block 100% of UV rays, even on cloudy days.
- **Protect your eyes from everyday bright light and glare**. They can make it hard to see and end up straining and tiring your eyes. If you wear eyeglasses, choose lenses that automatically adjust the tint based on the light around you. Move lamps, TVs and computer screens to reduce glare.

For more information on eye health and how to maintain good vision, go to anthem.com/eyehealth.

1 National Eye Institute website: ***Age-Related Eye Diseases*** (accessed January 2015): https://nei.nih.gov/healthyeyes/aging_eye.
2 Transitions Healthy Sight Working For You website: ***Rising Healthcare Costs/Systemic Disease*** (accessed September 2014): healthysightworkingforyou.org.
3 American Optometric Association website: ***American Eye-Q Survey Executive Summary*** (May 2008): aoa.org.
4 Archives in Ophthalmology website: ***Cause and Prevalence of Visual Impairment Among Adults in the United States*** (April 2004): archopht.ama-assn.org.
5 National Institute of Health Medline Plus website: ***Leading Causes of Blindness*** (Summer 2008): http://nlm.nih.gov/medlineplus/magazine/issues/summer08/articles/summer08pg14-15.html.
6 American Diabetes Association website: ***Diabetes Statistics*** (June 2014): diabetes.org.
7 Transitions Healthy Sight Working For You website: ***Eye/Overall Health Connection*** (accessed January 2015): healthysightworkingforyou.org.
8 Transitions Healthy Sight Working For You website: ***Communicating the Value of Vision Benefits to Employers*** (accessed September 2014): healthysightworkingforyou.org.

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Protecting your privacy

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 understand howwe protect your privacy, your rights and responsibilities when receiving health care, and your rights under the Women's Health and Cancer Rights Act, go to **anthem.com/privacy**. For a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To see if your health benefits will cover a treatment, procedure, hospital stay, or medicine, we use a process called utilization management (UM). Our UM team is made up of doctors and pharmacists who want to be sure you receive 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.

For additional information about how we help manage your care, go to **anthem.com/memberrights**. To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special enrollment rights

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

- **If you had another health plan that was canceled.** If you, your dependents, or your spouse are no longer eligible for benefits with another health plan (or if the employer stops contributing to that health plan), you may be able to enroll with us. You must enroll within 31 days after the other health plan ends (or after the employer stops paying for the plan). For example: You and your family are enrolled through your spouse's health plan at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in one of our plans.
- **If you have a new dependent.** You gain new dependents from a life event, such as 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 marry, 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 receive help from Medicaid or SCHIP for paying part of the cost of a health plan with us.

For full details, read your plan documents, which contain everything you need to know about your plan. You can find them on **anthem.com**.

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**.

Notes

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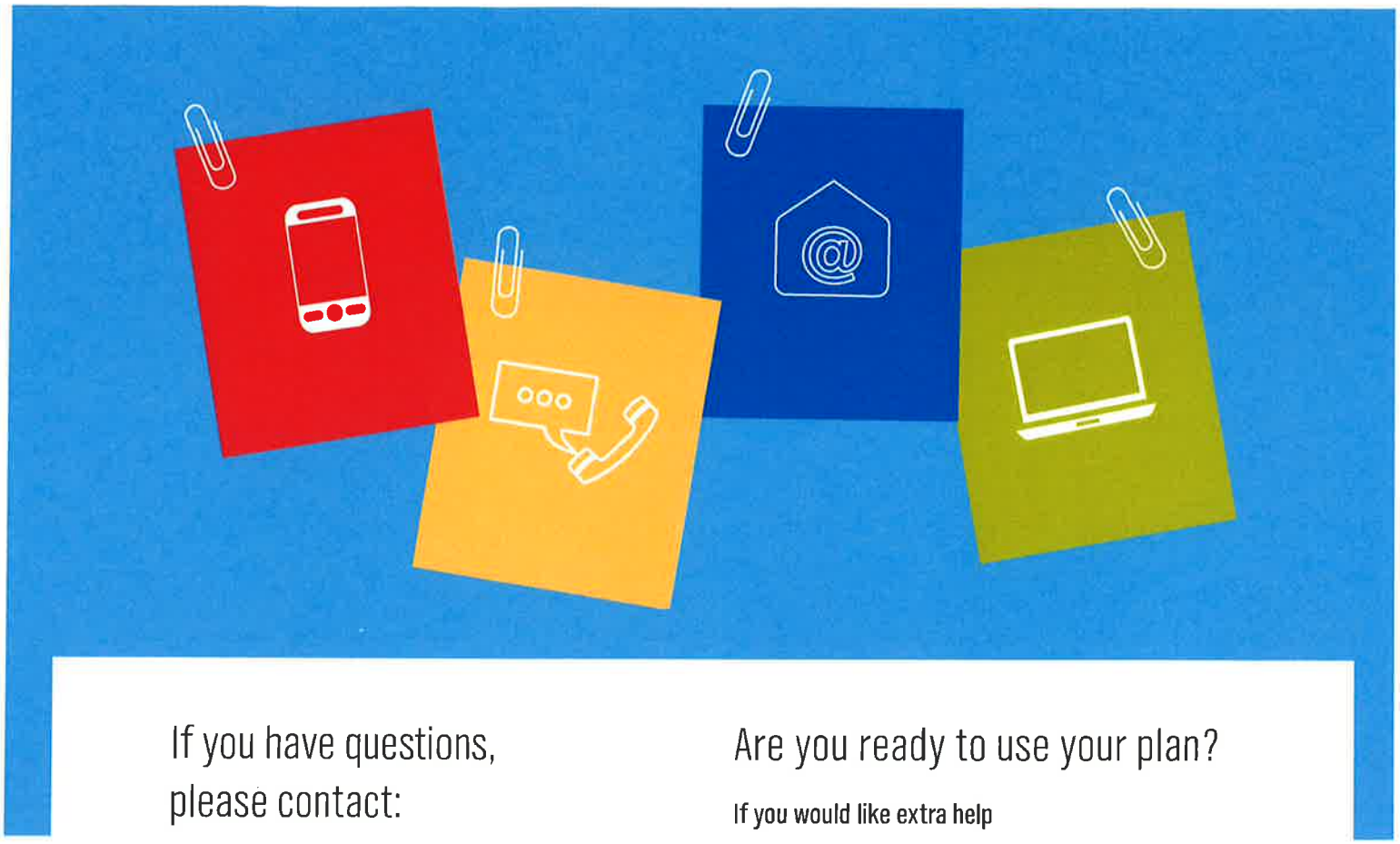

If you have questions, please contact:

Member Services

Monday - Friday

8AM-6PM EST

833-578-4441

Are you ready to use your plan?

If you would like extra help

If you have questions, we are here to help. Contact us through our online Message Center or call the Member Services number on your ID card.

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