Anthem.

Thank you for the opportunity to show you why Anthem Blue Cross and Blue Shield is the right choice for you and your family. This book gives you an overview of what Anthem has to offer. If you have any questions as you are reviewing this book, please contact your benefits manager. We also encourage you to go to **anthem.com** for more details.

The enrollment book includes:

- **Health Benefits** ***which outline the health products available to you.***
- **Additional Benefits** ***which contain information on additional benefit components of your overall benefit package.***
- **Healthy Solutions** ***which give you a quick glimpse of the added-value tools and resources, exclusive to Anthem members, that help you to stay your healthiest.***

We hope this book and **anthem.com** provide you with the information you need to make an informed decision. We want your every experience with us to be easy. You can count on us for:

Access to some of the largest networks around — Chances are your doctors are in our networks. See the wide selection available by searching our online provider directory: go to **anthem.com,** click on "find a doctor" and then select your state.

No referrals necessary — No need to get a referral if you stay within the Anthem network.

Access to emergency care — It's peace of mind when you need it most.

Health care *when* and *where* you need it* — This may be down the street, across the country or even around the world.

Access to important preventive benefits*

Assistance in managing chronic diseases*

Access to tools that allow you to manage your own care — At **anthem.com,** you can order a replacement ID card, look at your benefits, check the status of a claim, update your personal information and much more.

Resources to help you manage your health at your fingertips — Anthem's ***SpecialOffers@Anthem***℠ and ***MyHealth@Anthem***®, powered by WebMD®, programs give you quick access to health savings and information.

With all of the coverage and resources Anthem provides its members, it's no wonder over 90 percent of our customers are satisfied with our service![1]

* Coverage may vary by plan design.

1 Anthem's customer service scores are maintained by the Blue Cross and Blue Shield Association.

Blue Access℠

Blue Access is a PPO plan that gives you unlimited flexibility over which physicians you use.

Blue Access provides benefits for covered services provided by non-network physicians and hospitals. However, if you decide to use providers that are in Anthem's network, you can enjoy a lower out-of-pocket expense. Please refer to your benefit summary page for details on how Anthem's Blue Access product can work for you.

Get More for Your Health Benefit Dollar

Blue Access gives you freedom of choice because you can use network or non-network providers. However, working with network providers can offer you more effective health care coordination, potential cost savings and less paperwork hassle.

No Referral Necessary When You Use Anthem's Networks

When you use non-network providers, it is necessary to call Anthem for precertification prior to your visit (one exception is emergency care) in order to avoid paying more.

Extensive Networks Make Finding Care Easy — Even While Traveling

BlueCard®

With Blue Access, you have access to scheduled doctor appointments, preventive care benefits, and emergency and urgent care visits — even while traveling. That's because the BlueCard program links participating providers to Blue Cross and Blue Shield licensees across the country. More than 85 percent of all U.S. physicians and hospitals contract with Blue Cross and Blue Shield licensees.[1] So whether you're traveling on business or pleasure, on a weekend getaway or an extended stay, you have flexible easy-to-use coverage.

- ***By choosing a participating BlueCard PPO provider, you receive the highest benefit level.***
- ***By choosing a non-participating BlueCard PPO provider, you receive a reduced benefit level and you may be subject to balance billing.***

EB-100-13 (7/04)

Anthem Rx Mail Service Pharmacy

The Anthem Rx Mail Service Pharmacy provides you with savings, convenience and added safety when filling your prescription drugs.

The Anthem Rx Mail Service Pharmacy is a service for Anthem health plan members who need routine medications for ongoing medical conditions such as arthritis, asthma, diabetes and high blood pressure. The benefits of this service include fewer copayments, fewer trips to the pharmacy and added safety precautions, when compared to most retail pharmacies.

Fewer Copayments and Greater Savings

Anthem Rx can help you save money through two ways:

- ***Mail service provides you with access to the maximum allowable days' supply your plan allows, normally resulting in fewer copayments.***
- ***Your prescriptions are filled by registered pharmacists who can identify and dispense less-costly generic alternatives to brand-name medications, when available and medically appropriate.***

With Anthem Rx, you may save money while receiving quality and effective therapy.

Eliminate the Hassle of Going to the Pharmacy

Anthem Rx eliminates the hassle of monthly trips to the pharmacy by delivering prescriptions to your home, office or anywhere in the United States. To begin using Anthem Rx mail service, simply ask your doctor to write your prescription for the plan's maximum allowable days' supply and then complete the Anthem Rx order form available at **anthem.com.** All information is kept confidential. You can use the Anthem Rx 24-hour voice recognition system to order refills and check status of prescriptions. You can go online to order your prescriptions or use the Anthem Rx Order Form available through your company's employee benefit manager.

Added Safety Precautions

Through your prescription claims history and the information you provide on your order form, Anthem Rx is able to screen your prescriptions for possible allergies, interactions, duplications or other potential problems.

For example, before a pharmacist fills a prescription for prenatal vitamins, Anthem Rx automatically highlights other prescription medications that should not be taken during pregnancy. Active screening processes such as this help guard against harmful drugs and drug interactions, specific to you and your medication history.

To begin saving time and money, talk with your health benefits manager or visit **anthem.com** for a mail service form that allows you to start taking advantage of this great benefit!

EB-100.32 Rev. 11/05

Anthem Generics

Prescription drugs can be a costly medical expense. By switching to a generic alternative of a brand-name drug, you may save money. Generic drugs typically cost 50 to 70 percent less than their brand-name counterparts.[1]

Lower Cost with Same Health Benefits

Anthem's program helps save money on prescription drugs by offering benefits that provide a wide range of generic alternatives to brand-name medications.

Generic medications are normally a less costly and equally effective alternative to brand-name drugs. Generics are normally less expensive because generic manufacturers don't have the research investment costs that developers of new drugs have and can, therefore, sell their products at substantial discounts. Although generics can differ in size, shape and color from their brand-name counterparts, Food and Drug Administration (FDA) studies have shown that generics and brand-name medications work the same way in the body and have the same benefits and risks.[2] The FDA requires that generic drugs contain the same active ingredients and perform in the same manner as their brand-name equivalents.

Generics Are An Option

Currently, about half of the drugs on the market are available in generic form. This is because brand-name drugs are protected by patents that generally last 20 years, so generic versions of these drugs can't be manufactured until the patents expire. After a drug's patent expiration, other drug companies can introduce a generic version, but only after the generic version is thoroughly tested by the manufacturer and approved by the FDA.

Make the Switch to Generics

Through Anthem's retail pharmacy network, members have easy access to cost-saving generic drugs and brand-name drugs through approximately 55,000 chain and independent pharmacy partners spanning the United States. If a generic alternative to your prescribed brand-name drug is available, ask that your prescription be filled with this cost-saving option.

Anthem's Retail Pharmacy Network provides you with the access to recognized pharmacies while helping you maximize savings on prescription medications. For more information about Anthem's products and services, or for a list of generic drugs included in our drug list/formulary, visit our Web site at **anthem.com**.

1 The Law of Biologic Medicine. U.S. Food and Drug Administration, June 23, 2004 http://www.fda.gov/ola/2004/fob0623.html. Accessed April 2005.
2 Facts about Generic Drugs. U.S. Food and Drug Administration, November 2004, http://www.fda.gov/cder/consumerinfo/generic_FactsAbout-text.htm. Accessed April 2005.

EB-100.31 Rev. 4/05

Anthem Drug List/Formulary

Anthem Blue Cross and Blue Shield's prescription benefits provide coverage for a wide range of brand-name and generic medications. These benefits can offer potential savings when your physician prescribes medications on the drug list/formulary.

Easy Access to Quality Medications

A drug list/formulary is a list of Food and Drug Administration (FDA) approved brand-name and generic medications that have been reviewed and recommended by an internal committee of practicing physicians and clinical pharmacists for their quality and effectiveness.

Offering Potential Cost Savings

Anthem's drug list/formulary offers both brand-name and generic medications. It is a "tiered drug list/formulary." This means your copay is generally lower for generic medications and higher for brand-name medications included on the drug list/formulary and brand-name medications not included on the drug list/formulary.

A brand-name drug is usually available from only one manufacturer due to patent protections. A generic drug has the same active ingredients as its brand-name counterpart, but is normally only available after the patent protection expires on a brand-name drug. You often save money by switching to the generic alternative of a brand-name drug. Although it may look different, a generic drug is required to work the same as its brand-name equivalent.

Alternative Options

Most Anthem plans have an "open" drug list/formulary, which means you and your physician can choose from a wide variety of prescription medications.[1] If a medication is Tier 3, or a brand-name medication not included on the drug list/formulary, the drug is covered but you will pay a higher copayment.

You may request to use a drug not included on the drug list/formulary if there is a medical reason. Certain criteria must be met, including clinical proof why a drug list/formulary drug is not appropriate. Contact the member services number on your ID card if you have questions or wish to request that drug be added to the drug list/formulary.

Broad Choice

The full list of medications covered by Anthem's drug list/formulary is available at **anthem.com**. If you do not have Internet access, please call **(877) 468-5279**. Speech and hearing impaired (TDD/TTY) users should call **(800) 221-6915**, Monday-Friday, 8:30 a.m.-5 p.m., Eastern time.

1 Please refer to your Certificate or Evidence of Coverage for coverage limitations and exclusions.

EB-100 30 Rev. 3/06

Anthem Rx Mail Service

Whether you use a maintenance medication or a supplement for a chronic condition, you'll appreciate the affordability, convenience and added safety our Anthem Rx Mail Service pharmacy has to offer.

Anthem Rx Customer Care

We are here to serve you.

For additional information about Anthem Rx, please visit our Web site at **anthem.com**. You can also call customer care at 1 (800) 962-8192, Monday through Friday, 8:30 a.m. to 11 p.m., or on Saturday from 9 a.m. to 7 p.m., Eastern time.

How to Use Your Mail Service Pharmacy Benefit

Placing first time orders:

1. *Contact your physician for a new prescription written for your maximum allowable days' supply (usually 90 days). This helps you get the most for your money.*
2. *Complete the order form on the back of this sheet.*
3. *Send the original prescription, the completed order form and proper payment to:*
   Anthem Rx P.O. Box 746000, Cincinnati, OH 45274-6000

Getting started in mail service:

1. *Have your prescription information (with doctor's name and phone number) and credit card (MasterCard, Visa® or Discover Card) ready.*
2. *Call toll free,* ***1 (888) 613-6091****, Monday through Friday, 8:30 a.m. to 5 p.m., Eastern time.*
3. *We will guide you through the process.*

Refilling prescriptions (three simple ways):

1. *Visit our Web site at* **anthem.com**.
2. *Complete and mail the order form that comes with your medications.*
3. *Call* ***1 (800) 962-8192****. You can remain on the line for personal service or press 3 to use the automated system. When using the automated system:*
   a) Enter the seven-digit number from your prescription label, as prompted.
   b) Enter a credit card number you have previously used with Anthem Rx.
   c) Wait to confirm the refill, then repeat step a *if you need additional refills.*

Answers to your prescription benefit questions:

1. *Have your policy ID number ready.*
2. *Call* ***1 (800) 962-8192*** *and press 2 for order status.*
3. *You can press 0 for a customer care professional.*

Please allow up to 12 days to receive mail service orders.

EB-100.35 Rev. 11/05

Anthem Rx

Prescription Order Form
Anthem Rx
P.O. Box 746000
Cincinnati, Ohio 45274-6000

Fold in thirds and mail in envelope.

Customer Care
1 (800) 962-8192
Mon.-Fri., 8:30 a.m. - 11 p.m., Eastern time
Sat., 9 a.m. - 7 p.m., Eastern time

Ship to:

Cardholder's name	Cardholder's ID no.	Phone no. (day)	Phone no. (evening)
Street	e-mail (optional)		Apt. no.
City		State	ZIP code

Payment information (Payment must be included with order. Make check or money order payable to Anthem Rx Direct.)

☐ Visa ☐ MasterCard ☐ Discover Card ☐ AMEX	Credit card no.	Exp. date Mo. ☐☐ Yr. ☐☐
Total amount due* $	Please sign for credit card order.	Do you want childproof caps used? ☐ Yes ☐ No

**If you miscalculated the "total amount due," your card will automatically be billed the correct amount. Please check your invoice when this prescription arrives for the actual amount billed to your card.*

New prescription orders

Name of patient for whom the prescription is enclosed	Date of birth	Sex	Relationship
Have you taken this medication before? ☐ Yes ☐ No		☐ Male ☐ Female	☐ Self ☐ Spouse ☐ Child
Doctor(s) name(s)	Doctors(s) phone number(s)	Drug allergies/health conditions	
Doctor(s) name(s)	Doctors(s) phone number(s)	Drug allergies/health conditions	
Name of patient for whom the prescription is enclosed	Date of birth	Sex	Relationship
Have you taken this medication before? ☐ Yes ☐ No		☐ Male ☐ Female	☐ Self ☐ Spouse ☐ Child
Doctor(s) name(s)	Doctors(s) phone number(s)	Drug allergies/health conditions	
Doctor(s) name(s)	Doctors(s) phone number(s)	Drug allergies/health conditions	

Refill orders

Refill numbers	Patient name	Medication names
Refill numbers	Patient name	Medication names

TO REORDER
PLACE REFILL LABEL HERE.

TO REORDER
PLACE REFILL LABEL HERE.

Having difficulty filling out this form? Call our special Anthem Rx Helpline, 1 (888) 613-6091, to have a customer care professional guide you through the process. For more information, visit our Web site at anthem.com. For speech- and hearing- impaired assistance (TDD/TTY), call 1 (800) 221-6915, Monday-Friday, 8:30 a.m. - 5 p.m., Eastern time.

EB-100137 Rev. 3/06

Complete Drug List

Prescription drug benefits include medications available on the drug list. Our prescription drug benefits can offer potential savings when your physician prescribes medications on the drug list.

The National Pharmacy and Therapeutics (P&T) Committee typically meets quarterly to make recommendations regarding the placement of prescription drugs on the national drug list.

Because the medications on the drug list are subject to periodic review, please ask your doctor about the most current drug list additions and deletions or visit ***www.anthem.com***.

If you don't see your medication on the drug list, ask your physician or pharmacist if there is an appropriate alternative medication. Inclusion of a medication on the drug list is not a guarantee of coverage. Please refer to your *Certificate* or *Evidence of Coverage* for coverage limitations and exclusions.

Please call the Member Services number on your ID card if you have additional questions about your prescription benefits.

Tier 1 – Lowest copayment for low cost drugs.

Tier 2 – Medium copayment for medium cost drugs.

Tier 3 – Higher copayment for higher cost drugs. These drugs may have generics or equivalents in Tier 1.

Tier 4 – These drugs are found under Tier 3 for those members who do not have a Tier 4 plan.

Tier 1

Acebutolol
Acetaminophen/caffeine/butalb
Acetazolamide
Acetic acid
Acetic acid vaginal
Acetic acid/hydrocortisone
Acetic acid/aluminum acetate
Acetylcysteine
Acyclovir
Albuterol
Allopurinol
Alprazolam
Amantadine
Amcinonide
Amiloride
Amiloride/hydrochlorothiazide
Amino-acid urea vaginal
Aminobenzoate tab
Aminocaproic acid
Aminophylline
Amiodarone
Amitriptyline
Amitriptyline/perphenazine
Amitriptyline/chlordiazepoxide
Amnesteem **QL**
Amoxapine
Amoxicillin
Amoxicillin/clavulanate **QL**
Amphetamine
Ampicillin
Antipyrine/benzocaine
APAP/caffeine/butalbital
Apri
Asa/codeine
Aspirin/caffeine/butalbital
Atenolol
Atenolol/chlorthalidone
Atropine sulfate
Aviane
Azathioprine
Azithromycin **QL**
Bacitracin zinc/polymyxin B
Bacitracinpolymyxin/neomycin-hc opth oint
Baclofen
Belladonna/phenobarbital
Benazepril
Benazepril/HCTZ
Benzonatate
Benzoyl peroxide
Benzoyl peroxide/erythromycin
Benztropine
Betamet diprop/prop gyl
Betamethasone dipropionate
Betamethasone valerate
Betaxolol
Bethanechol
Bisoprolol
Bisoprolol/HCTZ
Bromocriptine
Bumetanide
Bupropion
Buspirone
Butalbital Compound w/Codeine
Butorphanol tartrate 10 mg/ml N.S. **QL**
Cabergoline
Calcitriol 0.25, 0.5 mg caps
Captopril
Captopril/HCTZ
Carbamazepine
Carbidopa/levodopa
Carbidopa/levodopa CR
Carisoprodol
Carteolol hcl
Cartia XT
Cefaclor
Cefaclor ER
Cefadroxil
Cefpodoxime
Cefprozil
Cefuroxime **QL**
Cephalexin
Chloral hydrate
Chloramphenicol
Chlordiazepoxide
Chlorhexidine gluconate
Chloroquine 250mg
Chlorothiazide
Chlorphen/pyrilamine/phenylephrine
Chlorpheniramine/pseudoephedrine
Chlorpromazine tab
Chlorpropamide
Chlorthalidone
Chlorzoxazone
Cholestyramine, light
Chorionic gonadotropin
Ciclopirox
Cimetidine
Ciprofloxacin **QL**
Citalopram
Clemastine fumarate
Clindamycin
Clobetasol
Clomiphene
Clomipramine
Clonazepam
Clonidine
Clorazepate
Clotrimazole/betamethasone
Clozapine
Codeine sulfate
Codeine/APAP

Chemet
Chloroptic Solution
Ciprodex
Cleocin Vaginal Cream
Climara
Climara Pro
Clozaril
Colazal
Combivent
Combivir
Compazine Syrup
Comtan
Concerta
Cordran Tape
Coreg
Cosopt
Coumadin
Cozaar
Creon
Crixivan
Cuprimine
Cytadren
Cytra-2
Cytra-3
Cytra-K
D.H.T.
Dapsone
Daraprim
Depakote ER
Derma-Smoothe/FS
Detrol/LA
Diaphragms (all brands)
Diastat
Dibenzyline
Differin
Dilantin
Diovan
Diovan HCT
Dovonex
Duac
Effexor, XR
Elidel
Emcyt
Emtriva
Entocort EC
Epipen
Epivir
Estraderm
Estring
Ethmozine
Evista
Evoxac
Exelderm
Exelon
Fansidar
FazoClo ODT
Felbatol
Fem HRT
Femara
Flovent, Rotadisk
Floxin Otic
Fluoroplex
FML Forte
FML S
Fortovase
Fosamax
Fosamax Plus D
Fosrenol
Furadantin
Furoxone
Fuzeon
Gabitril
Gantrisin
Geodon
Gleevec **PA**
Glucagon
Glyset
Gonal F
Grifulvin V
Histex, SR
Hivid
HMS Liquifilm
Humalog
Humibid Cap Sprinkle
Humulin, R,N,U,L
Hyzaar
Iletin II
Imitrex **QL**
Inderal LA
Intal Inh.
Invirase
Kaletra
Kaon- CL
Keppra
Klor-con
K-Phos
Kuzyme
Kytril **QL**
Lamictal
Lamisil Spray
Lamisil Tablet
Lamprene
Lanoxin
Lantus
Leukeran
Levaquin **QL**
Levemir
Levothroid
Levoxyl
Lexapro
Lexiva
Lipitor
Loprox gel, shampoo
Lotrel
Lumigan
Luxiq
Marinol
Matulane
Maxair
Maxalt, MLT **QL**
Maxidex
Medrol 2mg, 16mg, 24mg, 32mg
Menest
Mephyton
Mepron **PA**
Mestinon timespan
Methergine Tabs
Mintezol
Mirapex
Muse
Myambutol
Mycobutin
Myleran
Mysoline
Namenda
Nardil
Nasonex
Nebupent
Neoral
Neosar
Niaspan
Nilandron
Nitro-Bid
Nitro-Dur
Nitrolingual spray
Norpace CR 100mg
Norvasc
Norvir
Novolin
Olux
Omnicef

One Touch Product Line
Ortho Evra
Ortho Tri-Cyclen Lo
Osmoglyn
Ovidrel
Oxytrol
Pacerone
Pancrease
Paregoric
Parnate
Paxil CR
Pentasa
Phoslo
Plavix
Plexion SCT
Poly-Histine Elixir
Poly-Pred
Prandin
Precose
Pred Mild 0.12%
Pred-G
Premarin oral, vaginal cream
Premphase
Prempro
Prevacid **QL**
Prevpac
Priftin
Primaquine
Procanbid
Proctofoam-HC
Prograf
Proleukin
Prometrium
Prostin E2 Supp
Protonix **QL**
Proventil HFA
Pulmicort Respules
Pulmicort Turbuhaler
QVAR
Renagel
Requip
Rescriptor
Retin-A Liquid 0.05%
Retin-A Micro Gel
Retrovir
Reyataz
Ridaura
Rifamate
Rifater
Rilutek
Risperdal
Roxicet
Sandimmune
Serevent Diskus
Seroquel
Singulair
Somavert
Soriatane
Spiriva
Sporanox solution
SSKI
Starlix
Strattera
Sular
Sustiva
Symlin
Synthroid
Tegretol
Tegretol XR
Temodar
Teslac
Testim **PA**, **QL**
Theo-24
Thioguanine
Tilade
TOBI
Tobradex
Tobrex Oint
Tonocard
Topamax **PA**
Toprol XL
Torecan
Transderm-Scop
Tricor
Trileptal
Trizivir
Trusopt
Tussionex
Twinject
Ultrase
Uniretic

Tier 1 – Lowest copayment for low cost drugs.

Tier 2 – Medium copayment for medium cost drugs.

Tier 3 – Higher copayment for higher cost drugs. These drugs may have generics or equivalents in Tier 1.

Tier 4 – These drugs are found under Tier 3 for those members who do not have a Tier 4 plan.

Urocit-K
Vagifem
Valcyte
Valtrex
Vasocon-A
Vexol
Videx
Vigamox
Viracept
Viramune
Viread
Vivactil
Vivelle
Vivelle Dot
Voltaren Ophth
Wellbutrin XL
Xalatan
Xerac AC
Yasmin
Yaz
Yodoxin
Zaditor
Zarontin
Zerit
Zetia
Ziagen
Zofran **QL**
Zoloft
Zomig, ZMT **QL**
Zovirax Oint
Zyprexa

Tier 3

Aceon
Aciphex **PA, QL**
Actiq
Advicor
Aggrenox
Allegra
Allegra-D
Altoprev
Ambien
Ambien CR **PA, QL**
Amerge **QL**
Amevive **PA**
Anadrol **PA**
Androgel **PA, QL**
Android **PA**
Anzemet **QL**
Arthrotec
Atacand
Atacand HCT
Avalide
Avapro
Avelox **QL**
Avinza
Avodart
Axert **QL**
Beconase AQ
Benicar
Benicar HCT
Biaxin XL
Bidil
Boniva
Caduet
Cardizem LA
Catapres TTS
Cedax
Celebrex **PA, QL**
Cialis **PA, QL**
Clarinex
Colestid
Combipatch
Combunox **QL**
Covera HS
Crestor
Cymbalta
Delatestryl **PA**
Denavir
Depen
Depo-testosterone **PA**
Dynacirc, CR
Elmiron
Emend **QL**
Enablex
Esclim
Estrace vaginal cream
Estrasorb
Estratest/HS
Estrogel
Factive **QL**
Femring
Fexofenadine
First Testosterone **PA**
Flomax
Foradil
Forteo **PA**
Frova **QL**
Genotropin **PA**
Humatrope **PA**
Hybolin **PA**
Iressa **PA**
Kadian
Ketek
Lescol, XL
Levitra **PA, QL**
Lexxel
Lorabid
Lunesta **PA, QL**
Lupron Depot
Lyrica **PA**
Malarone **PA**
Mavik
Maxaquin **QL**
Methitest **PA**
Micardis
Micardis HCT
Migranal **QL**
Moban
Nasacort AQ, HFA
Nasarel
Nexium **PA, QL**
Norditropin **PA**
Noroxin **QL**
Nutropin, AQ **PA**
Nuvaring
Oxandrin **PA**
Panretin **PA**
Pegasys **PA**
Penlac **PA**
Plan B **QL**
Pravigard
Prefest
Prevent **QL**
Prilosec 40mg **PA, QL**
Primaxin **QL**
Provigil **PA, QL**
Pulmozyme
Rapamune
Relenza **QL**
Relpax **QL**
Remicade **PA**
Revatio **PA**
Rhinocort Aqua
Rozerem **PA, QL**
Saizen **PA**
Seasonale
Serostim **PA**
Skelaxin
Sonata
Spectracef
Striant **PA**
Subutex **QL**
Suprax **QL**
Synarel
Tamiflu **QL**
Tarka
Tequin **QL**
Testoderm **PA**
Testopel **PA**
Testred **PA**
Teveten
Teveten HCT
Tev-Tropin **PA**
Thalomid **PA**
Tri-Nasal
Trovan
Univasc
Uroxatral
Ventolin HFA
Verelan PM
Vesicare
Viagra **PA, QL**
Vytorin
Welchol
Winstrol **PA**
Xopenex
Zelnorm **PA**
Zoladex
Zorbtive **PA**
Zyrtec
Zyrtec-D

Tier 4

Actimmune
Alferon-N
Aranesp **PA**
Arixtra
Avonex
Betaseron
Copaxone
DDAVP injection
Enbrel **PA, QL**
Epogen **PA**
Fragmin
Humira **PA, QL**
Infergen **PA**
Innohep
Intron-A **PA**
Kineret **PA**
Leukine
Lovenox
Miacalcin injection
Neulasta
Neumega
Neupogen
Peg-Intron **PA**
Procrit **PA**
Raptiva **PA**
Rebetron **PA**
Rebif
Roferon-A **PA**
Sandostatin
Sporanox injection
Xolair

Prior Authorization Required

Prior authorization is the process of obtaining approval of benefits before certain prescriptions may be filled. Prior authorization must be obtained by your physician in order to receive benefits for the following covered drugs:

Aciphex*
Ambien CR*
Anadrol*
Androderm
Androgel*
Android*
Arava* (leflunomide)
Celebrex*
Cialis*
Delatestryl*
Depo-testosterone*
Enbrel*
First Testosterone*
Forteo*
Genotropin*
Gleevec
Humatrope*
Humira*
Hybolin*
Infergen*
Intron-A*
Iressa*
Kineret*
Levitra*
Lunesta*
Lyrica*
Malarone*
Mepron
Methitest*
Mobic* (meloxicam)
Nexium*
Norditropin*
Nutropin, AQ*
Oxandrin*
Panretin Gel*
Pegasys*
Peg-Intron*
Penlac*
Prilosec 40mg*
Provigil*
Rebetron*
Remicade*
Rozerem*
Roferon-A*
Saizen*
Serostim*
Striant*
Subutex*
Testim
Testoderm*
Testopel*
Testred*
Tev-Tropin*
Thalomid*
Topamax
Viagra*
Winstrol*
Zelnorm*
Zorbtive*

Quantity Limits

The following prescription drugs have specific quantity limits per prescription or per month:

Accutane* (amnesteem, claravis, sotret)
Aciphex*
Aldara
Ambien CR*
Amerge*
Amevive*
Androderm
Androgel*
Anzemet*
Augmentin (amoxicillin/clavulanate)
Avelox*
Axert*
Ceftin (cefuroxime)
Celebrex*
Cialis*
Cipro* (ciprofloxacin)
Combunox*
Diflucan 150mg* (fluconazole)
Emend*
Enbrel*
Factive*
Floxin* (ofloxacin)
Frova*
Humira*
Imitrex
Kytril
Levaquin
Levitra*
Lunesta*
Lyrica*
Maxalt, MLT
Maxaquin*
Migranal*
Mobic* (meloxicam)
Nexium*
Plan B*
Prevacid
Preven*
Prilosec 40mg*
Primaxin*
Provigil*
Protonix
Raptiva*
Relenza*
Relpax*
Remicade*
Rozerem*
Stadol N.S.*(butorphanol)
Suprax*
Tamiflu*
Testim
Tequin*
Toradol* (ketorolac tromethamine)
Viagra*
Zithromax* (azithromycin)
Zofran
Zomig, ZMT

** indicates a non-formulary medication (highest copay)*

Not all medications and not all plans are subject to prior authorization and quantity limits. For more information regarding prior authorization or quantity limits, contact Member Services at the telephone number listed on your identification card.

For Kentucky Residents Only:
In selecting medications for the prescription drug formulary, the therapeutic efficacy and cost effectiveness are addressed for each category. All therapeutic categories are represented on the formulary by at least one medication. When a closed formulary is in effect, only medications that are included on the formulary are a covered service. In certain clinical situations, a member may require use of a non-formulary product. Anthem has criteria that permits a member to obtain a non-formulary medication in a closed formulary plan. If specific criteria are met, a member can receive a non-formulary drug for a formulary copay. The criteria preserves the clinical integrity of the drug formulary and provides a process by which deviations from the formulary may be allowed. An appeals process is in place for any medications that do not meet the criteria.

Coverage While Traveling

*With the BlueCard® Program, Anthem members have access to benefits when living or traveling outside Anthem's Plan area.**

*Five Simple Steps for Accessing Benefits When Living or Traveling Outside Anthem's Plan Area**

1. Find a provider

To access the nearest provider, members can:

- *go to anthem.com for direct access to the most current online Provider Directory.*
- *call BlueCard Access at (800) 810-BLUE (2583).*
- *call Anthem Member Services at the number on the back of your ID card.*

2. Call Anthem to verify coverage and to receive prior approval for some elective inpatient and outpatient services

Members must call the Anthem Member Services number on the back of their ID cards to verify coverage. Members must also call the precertification number on the back of their ID cards for prior approval of elective services. The list of services requiring precertification is available through your employer's human resources department or through Anthem's member services unit.

3. Member visits a provider and presents Blue Cross and Blue Shield ID card

Members should always present their Blue Cross and Blue Shield ID cards to providers. Providers will call the national Blue Cross and Blue Shield Association's BlueCard® office to verify benefits and eligibility.

4. Provider electronically files claim with Anthem through the local Blue Cross and Blue Shield Plan

After members receive care, providers file claims electronically through the local Blue Cross and Blue Shield Plan which sends the claims to Anthem. Members are responsible only for normal out-of-pocket expenses (copayment, coinsurance, deductible or noncovered services).

5. Anthem processes claim

Claims are reviewed, and providers are typically reimbursed. Members receive an Anthem Blue Cross and Blue Shield explanation of benefits (EOB).

Coverage While Traveling (continued)

Anthem members access care outside their Plan area as conveniently as they access their local Anthem network, with no additional paperwork or out-of-pocket expenses.

Anthem gives members the power and strength of a national network of providers.

- ***helps save money by using providers that accept Blue Plan negotiated rates***
- ***offers convenience because there are no claim forms to file***
- ***easy to use since members are only responsible for their normal out-of-pocket expenses (copayment, coinsurance, deductible or noncovered services)***

How It Works

The BlueCard program gives Anthem members access to Anthem benefits all across the nation by uniting the Anthem Blue Cross and Blue Shield network with those of other Blue Cross and Blue Shield licensed companies. More than 80 percent of hospitals and nearly 90 percent of physicians in the U.S. contract with Blue Cross and Blue Shield Plans.[1] The BlueCard Program links them all.

Anthem members pay less out of their pockets when they receive care from Blue Plan physicians and hospitals because Anthem covers more at the in-network benefit level.

Precertification: the Most Important Step

Precertification is when members get prior approval from Anthem for some types of care and services. Precertification activates the benefits and helps ensure that the covered services members receive take place in an appropriate setting, meet the medical necessity criteria of the health plan, and are paid appropriately.

- ***Members are responsible for getting precertification, even if the provider offers to precertify care or equipment.***
- ***We recommend that members call to verify the precertification.***
- ***If a member does not obtain precertification, he or she may be responsible for more out-of-pocket expenses, and certain services may not be covered.***

Emergency Care

Precertification is not required for emergency treatment or admissions.

- ***Members must notify Anthem within 24 hours, or as soon as reasonably possible.***
- ***If members do not notify Anthem, charges may be denied for services determined to be medically unnecessary.***

Claims Filed Locally

A "suitcase" icon on the ID card — either empty or containing the PPO product name — helps doctors and hospitals nationwide recognize a BlueCard member. To assist the member, the physician or hospital sends the claim electronically to the local Blue Cross and Blue Shield Plan, which sends the claim to Anthem. The claim is then processed by Anthem for reimbursement to the provider.

*Anthem's Midwest Plan area includes Indiana, Kentucky and Ohio.

1 BlueCross BlueShield Association, www.bcbs.com/whoweare/history.html, June 16, 2003.

EB-009.20

Understanding Your Explanation of Benefits

Helping you get the most from your benefits by keeping you informed about your claims

This new Explanation of Benefits (EOB) statement was developed to assist you in understanding how your claim(s) were processed. The statement contains similar information to previous EOBs, but items may be placed differently on the page. This guide will take you through the elements of the EOB.

Anthem

111 ANYWHERE STREET
HOMETOWN, USA 22222

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company Independent licensees of the Blue Cross and Blue Shield Association.
® Registered marks Blue Cross and Blue Shield Association.

*BWNCQXF
987654321////DF5 K01

1 PATIENT: IMA CUSTOMER
2 ID NUMBER: 012345678987
3 PROVIDER: DOCTOR S NAME
4 CLAIM NUMBER: 123456789098
5 RECEIVED DATE: 01/01/00
6 EOB DATE: 01/20/00
AMOUNT YOU OWE PROVIDER, IF NOT ALREADY PAID: $00.00

DEAR

Explanation of Benefits (EOB)

THIS IS AN EXPLANATION OF THE CLAIMS PROCESSED BY ANTHEM FOR BENEFITS PROVIDED TO YOU

EXPLANATION FOR ASTRISKS BELOW.
*CLAIMS ARE PROCESSED IN ORDER OF DATE RECEIVED, NOT NECESSARILY IN DATE-OF-SERVICE ORDER
** WE MAY HAVE A CONTRACT WITH YOUR PROVIDER THAT PERMITS US TO PAY YOUR PROVIDER AT REDUCED RATES.
***THIS IS THE AMOUNT OF THE BILLED CHARGE THAT WE ARE PAYING YOUR PROVIDER

DATE OF SERVICE*	TYPE OF SERVICE	BILLED CHARGES	DEDUCTIBLE	CO-PAY/ CO-INS	PROVIDER AGREEMENT SAVINGS**	AMOUNT NOT PAYABLE	REASON CODE	WE ARE PAYING YOUR PROVIDER***	WE ARE PAYING
7	8	9	10	11	12	13	14	15	16

BILLED CHARGES	TOTAL PROVIDER SAVINGS	WE ARE PAYING YOUR PROVIDER	WE ARE PAYING	PRIOR PAYMENT AMOUNT	AMOUNT YOU OWE TO THE PROVIDER	OTHER CARRIER PAYMENT
9	17	18	19	20	21	22

1 Patient's Name: The name of the patient who received services.

2 ID Number: This is the identification number of the subscriber/employee. It is also the number printed on your Blue Cross and Blue Shield ID card. Please reference this number if you call or write with questions.

3 Provider Name: The name of the provider (e.g., physician, hospital or laboratory) who performed the services for the patient. The provider name shown may be different than your physician's name because services such as tests, X-rays and consultations may be provided by other health care professionals or facilities as directed by your physician.

4 Claim Number: The number assigned to that patient's claim.

5 Received Date: The date the claim was received by Anthem.

6 EOB Date: The date the EOB was created.

7 Date of Service: The from/to dates reported for each service performed for the patient.

8 Type of Service: A brief description of each service.

9 Billed Charges: The amount billed by the physician, pharmacy, hospital, laboratory or other health care professional who performed each service.
Note: If Medicare Complementary services are involved, the amount in this column will represent the amount billed to Medicare.

10 Deductible: A fixed or percentage dollar amount that you must pay for covered health care expenses before your benefits are provided. You are responsible for this amount.

11 Co-pay/Co-ins: A fixed dollar or percentage amount specified by your contractual benefits. You are responsible for this amount.

12 Provider Agreement Savings: This amount represents the amount of the contractual write-off.

13 Amount Not Payable: This amount represents expenses not covered or in excess of your benefits. You may be responsible for this amount (in addition to any deductible, coinsurance or copay amounts) to your health care provider.

14 Reason Code: Codes are shown in this column which refer to specific messages below each claim. These messages clarify a payment situation or explain why you may be responsible for a service.

15 We are Paying Your Provider: The amount of the bill satisfied by Anthem for the services performed. Anthem has contractual arrangements with many providers that state they are willing to accept lower fees for their services. Consequently, the satisfied amount may be different than what Anthem actually pays to the provider.

16 We are Paying: The amount paid to you or another party on your behalf.

17 Total Provider Savings: This amount represents the total amount for which the provider is responsible.

18 We are Paying Your Provider: The total amount of the bill satisfied by Anthem. Anthem has contractual arrangements with many providers that state they are willing to accept lower fees for their services. Consequently, the satisfied amount may be different than what Anthem actually pays to the provider.

19 We are Paying: The total amount Anthem paid to you or another party on your behalf.

20 Prior Payment Amount: If this is an adjustment to a previous claim, this is the amount Anthem paid on the original claim.

21 Amount You Owe to the Provider: The amount of the total billed charges for which you are responsible.

22 Other Carrier Payment: The amount the primary carrier has paid.

EB-100.93 (9/04)

Pre-ex General Notice

This plan imposes a pre-existing condition exclusion. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within a six-month period. Generally, this six-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the six-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 31 days after birth, adoption, or placement for adoption.

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is considered creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, Anthem would need a copy of your certificate of creditable coverage from your prior Health Insurance Carrier. If you do not have a certificate of creditable coverage, but you do have prior health coverage, please follow the steps below to obtain this information.

If you have any further questions or need help demonstrating creditable coverage, please contact us once you receive your identification card. The customer service telephone number is located on the back of the card.

Steps to Obtain a Certificate of Creditable Coverage:

1. *Contact the Human Resources area of your prior employer.*
   - Ask for the steps to request a certificate of creditable coverage or other evidence of prior coverage.
   - Make sure the Human Resources area has your current mailing address.
2. *Contact your prior insurance carrier.*
   - Check the identification card you received from your prior insurance company for a Customer Service phone number or address.
   - Contact your prior insurance carrier and ask them for the steps to request a certificate of creditable coverage.
   - Check the prior benefit booklet for contact information for the prior carrier. Use this information to contact the carrier and ask for the steps to request a certificate of creditable coverage. If you need help, let us know.
   - Once you receive your certificate of creditable coverage from your prior carrier, send it to the address on the back of your new identification card.

Anthem.com

No Phone Calls.

No Holding.

No Office Hours.

Anthem understands your life is busy enough. With work, meetings, kids, appointments, errands, who has time to think about updating an address or checking on a claim? Now you can conveniently do this and more at **anthem.com**.

MyAnthem™ — *A One-stop Resource*

Grab a snack, have a seat and log onto *MyAnthem* at **anthem.com** to complete the tasks you didn't have time for earlier. *MyAnthem* is a secure, individually tailored site that helps you access your health plan services online.

With *MyAnthem*, you can:

- *find a doctor or hospital*
- *order a new ID card*
- *view your benefits*
- *check on claim status*
- *change your address*
- *change your primary care physician*
- *see if your medication is on the Anthem formulary*
- *refill a mail order prescription**
- *get information to help make medical choices with decision-support tools*
- *save money on health-related products and services with* SpecialOffers@Anthem℠
- *visit* MyHealth@Anthem®, *powered by WebMD®, for personalized health content, surveys, calculators and health information*

Additional tools and information to help you manage your health

In addition, *MyHealth@Anthem* gives you quick, easy and personalized access to:

- *self-improvement programs like smoking cessation and healthy eating*
- *five custom resource centers focused on advanced directives and care; race, ethnicity and health; patient safety; caregiver resources; and complementary and alternative medicine*
- *a medical dictionary featuring more than 57,000 entries*
- *Healthfinder® consumer health and human services information from the U.S. Department of Health and Human Services*

*Not applicable to all groups

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Anthem.com (cont.)

Online ProviderFinder

Looking for a doctor? Need directories? With our provider directory, you can quickly:

- *find physicians in your area*
- *view detailed information about physicians*
- *select a primary care physician (PCP)*
- *view maps and directions*

The online ProviderFinder is updated each week, so it has the most current information about Anthem's provider network.

Register for MyAnthem today!

To register for ***MyAnthem***, go to **anthem.com**, select the Members tab, the appropriate state and click on the "Enter" button. On the Member Welcome page, click on the "Register" button. Complete the registration form.

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SpecialOffers@Anthem℠ and MyHealth@Anthem®

Log on to anthem.com,

Save Money,

Get Healthy

Early birds catch the savings

What better way to use your morning quiet time than to find new ways to save money? Just log on to **MyAnthem™** and click on **MySpecialOffers** to start saving on:

- *health clubs*
- *home fitness equipment*
- *weight management programs*
- *smoking cessation products*
- *prescription eyewear*
- *laser vision correction*
- *teeth whitening and veneers*
- *hearing impairment products*
- *over-the-counter medications*
- *allergy relief products*
- *health and wellness books*
- *baby, toddler and maternity items*

MyHealth@Anthem®, *Powered by WebMD®*

MyHealth@Anthem connects you to the Healthwise Knowledgebase — one of the most reliable health resources on the Web. It gives you the information you need — in both English and Spanish — to make informed decisions about how you can better evaluate and manage your health care benefits and services.

MyHealth@Anthem gives you the tools to:

- ***Better manage chronic and acute conditions.*** *Condition Centers® provide useful information about more than 35 health conditions like asthma, diabetes and more.*
- ***Test your health IQ.*** *Simple health quizzes let you test your knowledge about common health conditions and ailments.*
- ***Keep fit.*** *LEAP®, the Lifetime Exercise Adherence Platform, created by an Olympic coach, lets you measure and manage your fitness, or be guided by fitness and health experts.*
- ***Organize your health information.*** *You can store personal and family health information safely and securely. Organizing your information lets you create a complete, portable health profile you can share with your doctor.*
- ***Check your health risk level.*** *An easy-to-complete health assessment helps you understand your health risks and identify ways to lower them.*
- ***Find prevention information for men and women.*** *Health centers promote disease prevention and provide gender-specific health information and tools.*
- ***Track pregnancies and early childhood development.*** *Tools are available to let you manage, track and monitor your pregnancy and the health of your children age 6 years and younger.*

Register for MyAnthem *today!*

To register for ***MyAnthem***, go to **anthem.com**, select the Members tab, the appropriate state and click on the "Enter" button. On the Member Welcome page, click on the "Register" button. Complete the registration form.

Subimo's Decision-support Tools

With the help of Subimo's decision-support tools, you can make health care decisions with confidence.

When it comes to making important health care decisions, knowledge is power. The decision-support tools, provided by Subimo, can help you make smart choices about your medical care. And, smarter decisions can help you feel better and live healthier.

CoverageAdvisor™ — *Choose the Benefit Plan that Best Meets Your Needs*

CoverageAdvisor, accessed through **anthem.com**, can help you understand which health care services your family will likely need — whether you are very healthy or have multiple health conditions. Then, it will estimate the annual cost of those services. ***CoverageAdvisor*** helps you feel confident to make informed choices when it's time to pick a benefit plan because it helps you:

- ***develop a profile***
- ***estimate your medical needs***
- ***estimate your health care costs***
- ***review any tax implications***

Healthcare Advisor® — *Find Care that's Right for You*

Healthcare Advisor is designed to empower you to make the best health care choices. In fact, a recent survey revealed that 82 percent of people using the ***Healthcare Advisor*** made better decisions.[1] That's because this tool can help you:

- ***learn what to expect when facing an illness***
- ***research different treatment options***
- ***find the appropriate hospital for a certain health need***
- ***know what to expect before having surgery***
- ***determine which hospitals have met leading standards for patient safety***

To access ***Healthcare Advisor***, go to **anthem.com** and log on to ***MyAnthem™***.

1. ***Subimo's Healthcare Advisor*** Survey, March 31, 2004.

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Subimo's Decision-support Tools (continued)

Treatment Cost Advisor™ — *Estimate Your Medical Costs Before You Receive Care*

Treatment Cost Advisor allows you to estimate medical costs before you receive care. With this tool, you can:

- ***find cost information for many common medical conditions and health care services***
- ***get reliable costs estimates, adjusted to your age, sex and location***
- ***find network and out-of-network cost comparisons***

PharmaAdvisor™ — *Take the Guesswork Out of Prescriptions*

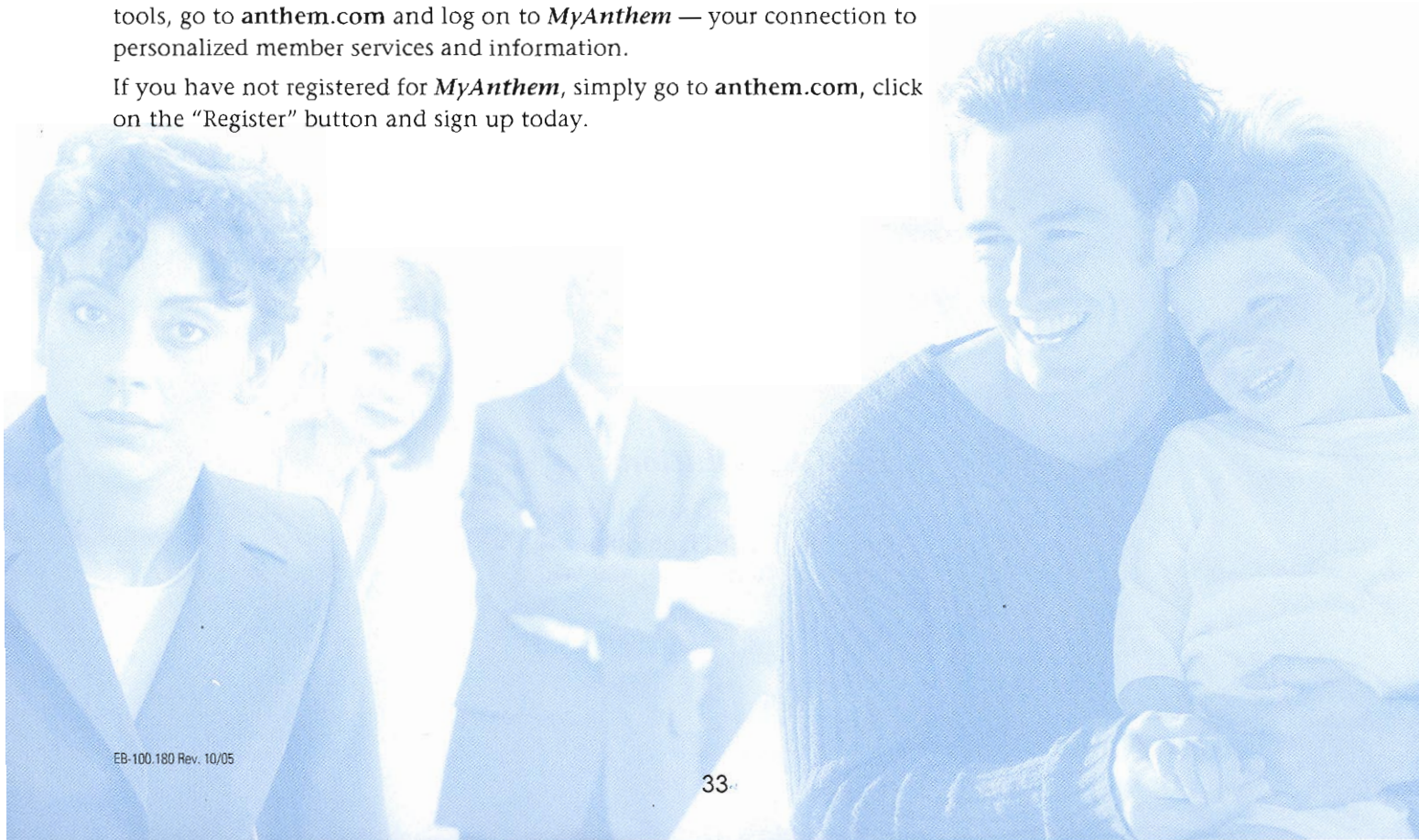
PhamaAdvisor helps you better understand your prescription medications. With easy-to-use information on more than 11,000 drugs, ***PhamaAdvisor*** can help you:

- ***learn how a drug works***
- ***understand the possible side effects of a drug***
- ***find out how a drug interacts with other medications***
- ***come up with questions to ask your doctor about a drug***

Log on Today

The more you know, the better decisions you can make — that's the idea behind Subimo's decision-support tools. To start taking advantage of these tools, go to **anthem.com** and log on to ***MyAnthem*** — your connection to personalized member services and information.

If you have not registered for ***MyAnthem***, simply go to **anthem.com**, click on the "Register" button and sign up today.



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Health Promotion and Disease Management

At Anthem Blue Cross and Blue Shield, our mission is to improve the health of our members. Health Promotion and Disease Management programs help our members live fuller lives.

Anthem takes a proactive approach to preventive health care. It's based on the belief that the best way to promote good health is to prevent illness whenever possible. Our Health Promotion and Disease Management programs offer resources that encourage awareness, healthy habits and regular doctor visits. After all, you have a better chance at good health when problems are detected — and treated — early.

Health Promotion — Promoting a Healthy Approach

At Anthem, we're dedicated to good health for you and your family. Our health promotion programs provide useful information such as:

- ***health information***
- ***immunization reminders***
- ***health screening reminders***
- ***Anthem Healthy Solutions member newsletter***

Plus, expectant mothers receive useful packets that include journals with information on fetal growth and development, nutrition and more.

Disease Management — Maintaining Good Health by Getting with the Program

Keeping a chronic illness in check is not always easy. We have developed disease management programs to help those with chronic conditions control symptoms and lead fuller lives.

- ***Cardiac care.*** *Helping those with congestive heart failure and coronary artery disease by providing information on low-salt diets, weight control and exercise, as well as reminders for cholesterol screenings and regular checkups.*
- ***Chronic kidney care.*** *Assisting those with kidney disease by providing information that helps them understand their risk factors, get vaccinations, manage their conditions and protect their kidneys.*
- ***Diabetes care.*** *Helping reduce the risk of associated diseases by providing information on monitoring blood sugar levels, recommended tests, diet and exercise.*
- ***Pulmonary care.*** *Helping those with asthma and COPD by sharing information about monitoring symptoms, creating written action plans and taking medications as directed.*

Healthy Solutions for You

Anthem strives to make it possible for you to lead a healthier life through Anthem's Health Promotion and Disease Management programs. For more information, call **(800) 480-WELL**.

EB-100.80 (9/04)

Privacy Policy Manual

Anthem's Privacy Policy Manual sets forth guidelines regarding a member's right to access and amend information in Anthem's possession.

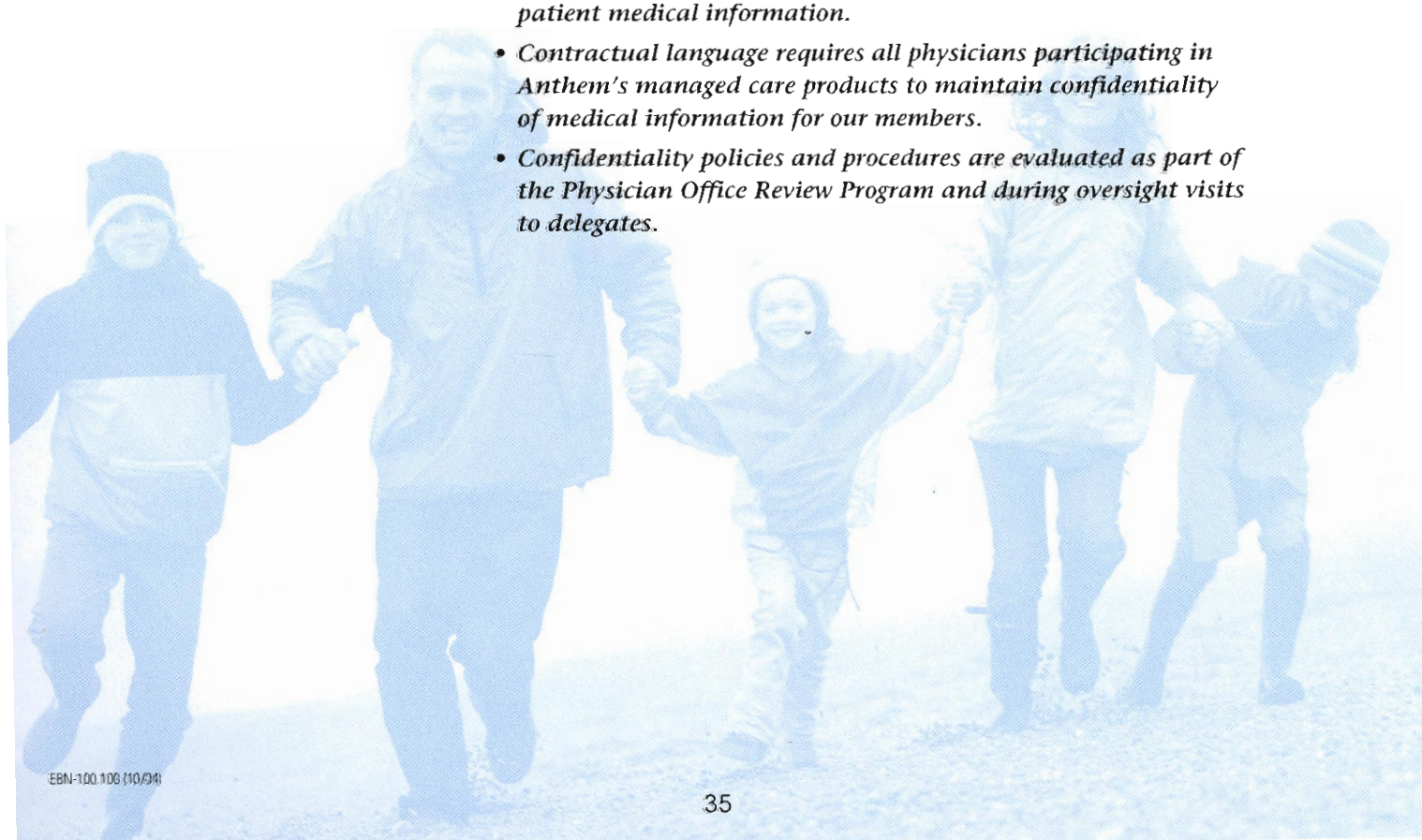
The manual addresses when an authorization, signed by a member, is required before information may be disclosed by Anthem.

The manual includes the following key points:

- *Members have the right to approve the release of information for non-routine uses of data. In certain circumstances, Anthem will obtain a specific authorization form before information is disclosed (for example, for marketing purposes).*
- *Members have the right to access their medical records and to request that Anthem restrict others access to their confidential information. Anthem may use and disclose members' information for routine purposes, such as treatment, payment and health care operations.*
- *Anthem takes reasonable precautions to protect member information and maintain privacy in all settings. Anthem's contracts with physicians and other providers state expectations about the confidentiality of member information and records.*
- *Anthem may provide certain information to group health plans, if necessary, to administer the plan.*
- *Members have the right to amend certain information and to obtain an accounting of certain disclosures.*

Anthem further protects the confidentiality of members' medical information as follows:

- *Contracts for providers functioning in a peer review capacity specifically address and uphold the confidential nature of all patient medical information.*
- *Contractual language requires all physicians participating in Anthem's managed care products to maintain confidentiality of medical information for our members.*
- *Confidentiality policies and procedures are evaluated as part of the Physician Office Review Program and during oversight visits to delegates.*



EBN-100.106 (10/04)

Description of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for the other health insurance or group health plan coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

To request special enrollment or obtain more information, please contact your Employer's Group Health Insurance Representative.