Understand Your Plan
A simple guide to your health coverage

Join Our Community
Anthem is on Facebook, Twitter and YouTube
Journey Forward

Introducing a new computer-based tool to help cancer survivors move forward.

Many cancer survivors are “lost in transition” from treatment to survivorship, with few clues about how to manage their follow-up care. But now a new tool, courtesy of Journey Forward, enables them to develop and maintain a care plan they can share with their doctors to help improve coordination of care throughout their lives.

**THIS NEW TOOL CAN HELP CANCER SURVIVORS BETTER MANAGE FOLLOW-UP CARE.**

The tool enables anyone diagnosed with any type of cancer to have their medical history, cancer treatment summary and a post-treatment Survivorship Care Plan stored in one place. It also highlights the possible physical and mental health problems that may result in the long term.

**SURVIVORSHIP CARE PLAN HELPS IMPROVE COORDINATION OF CARE.**

Cancer survivors and their teams can develop a customized Survivorship Care Plan. The plan is completed by the patient’s oncology team to help give clear steps for care after treatment. These plans improve coordination of care for cancer survivors throughout their lives and help survivors and their loved ones understand cancer treatment and follow-up needs. They also put survivors in a better position to advocate for themselves, monitor their health and participate in decisions about their future care.

**JOURNEY FORWARD WAS CREATED TO PROMOTE TEAMWORK BETWEEN CANCER SURVIVORS AND THEIR DOCTORS.**

Journey Forward is a collaboration between our parent company, the National Coalition for Cancer Survivorship, the UCLA Cancer Survivorship Center and Genentech. It aims to increase the understanding of what to expect once a patient’s active cancer treatment is complete. For more information, please visit JourneyForward.org, or send questions or comments to info@JourneyForward.org.

**Organization**

**SUPPORTING COORDINATION OF YOUR CARE**

Timely exchange of information between your physicians and specialists is very important. It promotes coordination of care, helps to reduce out-of-pocket costs and duplication of services, and helps to ensure improved outcomes for you. You are key in your treatment, and being involved in the coordination process is essential to your receiving optimal care.

**What you can do:**

- Share the names of each of your providers with all physicians who are providing your care.
- Make sure that you tell your physicians when you are taking medications from more than one doctor, when you are hospitalized and when you see a specialist.

- Sign a consent form for release of medical records to ensure your information can be shared by different providers.

Remember, when each of your providers knows about all aspects of your treatment, they can better care for you and your ongoing needs.

**Advances**

**NEW TREATMENTS AND PROCEDURES**

We strive to stay informed about medical advances and, when appropriate, we create or update policies to address new medications, devices and procedures. Teams of health care professionals periodically evaluate our medical, behavioral health and pharmaceutical policies. Also, we consult the following resources when making policy decisions:

- Peer-reviewed, professional medical publications and journals.
- Policies and procedures of government agencies.
- Study results showing the impact of the new technology on long-term health.
- The opinions of physicians, specialists and other health care consultants.
Medical Appointments

Make a Date

Managing your health can seem like it takes a lot of effort. After all, there are routine screenings such as blood pressure and cholesterol checks, mammograms and (for those of a certain age) colonoscopies. You should also have an annual physical, get your eyes checked once a year and visit your dentist every six or 12 months.

But don’t get overwhelmed. Get organized. Pick a date and schedule all of your annual exams for that day or week. A lot of people do it around their birthday so they’ll remember from year to year. Even better, while you’re at each doctor’s office, see if you can schedule your appointments for the following year. Many practices will accommodate you or at least send a reminder card.

And because you’re planning ahead, you can often request one of the first appointments of the day, which usually means you’ll spend less time in the waiting room. Depending on your individual needs, more frequent visits to the doctor may be required. Apply the same basic approach and you won’t have to worry about missing those extra appointments, either.

Here to Help

How to Obtain Language Assistance

Anthem is committed to communicating with our members about their health plan, regardless of their language. Anthem utilizes a Language Line interpretation service for use by all of our Member Services Call Centers. Simply call the Member Services phone number on the back of your ID card and a representative will be able to assist you. Translation of written materials about your benefits can also be requested by contacting Member Services.

DON’T OVERDO IT

When it comes to drinking, you can definitely have too much of a good thing. Canadian researchers publishing their findings in the journal Cancer Detection and Prevention discovered a significant connection between heavy beer and alcohol consumption and six different cancers, particularly esophageal and liver cancer. Moderate drinking and wine consumption did not have the same impact.

No matter what kind of alcohol you prefer, moderation is essential. Experts from the Centers for Disease Control and Prevention recommend that, if you choose to drink, you should have no more than one (for women) or two (for men) drinks a day. One drink is 12 ounces of beer, 5 ounces of wine or 1.5 ounces of liquor. And, no, saving up those daily drinks for one big night out is not considered moderate drinking.

Resources

GO GREEN

Did you know that Healthy Solutions reaches more than 3 million Anthem members twice a year?

While recycling the newsletter (or keeping it for reference), is the first step to reducing its impact on the environment, you can go one step further. Go to anthem.com and register to receive the online edition, delivered to you as an e-mail that contains a link to the online articles.

It’s easy to do from your desktop. It’s also friendly to the environment. And who’s not in favor of that?
Prior authorization is the process of obtaining approval for certain prescriptions or refills before they may be approved for payment. It helps promote utilization of prescription benefits that are safe and cost-effective.

When your doctor has prescribed a medication for you that requires prior authorization, your pharmacist will receive an electronic message at the point-of-sale.

What happens at the pharmacy?
Your pharmacist will call Anthem’s pharmacy benefit manager at 1-800-662-0210. Member Services representatives are available seven days a week from 8 a.m. to 9 p.m. (Eastern time).

Your pharmacist will need to provide:
- Your name
- Your health plan ID number
- Your medication name
- Your doctor’s name and phone number

If the plan benefit approval criteria are met, an authorization will be entered to allow your claim to process immediately. If more information is needed, a representative may contact your doctor. Once the information is received from your doctor, and if the benefit approval criteria are met, the prior authorization will be approved.

If the plan benefit approval criteria are not met, the claim will be sent to your health plan for review. If the health plan concludes the benefit should be denied, it will issue denial letters to both you and your doctor that clearly outline the appeals and/or grievance process.

Understanding Prior Authorization
Read this before your next trip to the pharmacy.

Medications Requiring Prior Authorization

THE FOLLOWING IS A SAMPLE LISTING OF MEDICATIONS REQUIRING PRIOR AUTHORIZATION.

<table>
<thead>
<tr>
<th>Actiq</th>
<th>Enbrel</th>
<th>Intron-A</th>
<th>Kineret</th>
<th>Octagam</th>
<th>Revlimid</th>
<th>Tysabri</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adcirca</td>
<td>Epogen</td>
<td>Lamisil</td>
<td>Leukine</td>
<td>Onsolis</td>
<td>Rituxan</td>
<td>Tyvaso</td>
</tr>
<tr>
<td>Afinitor</td>
<td>Erbitux</td>
<td>Leuprolide</td>
<td>Lucentis</td>
<td>Orensa</td>
<td>Roferon-A</td>
<td>Vantas Implant</td>
</tr>
<tr>
<td>Amevive</td>
<td>Fentora</td>
<td>Lupron, Depot</td>
<td>Lycra</td>
<td>Panglobalin</td>
<td>Simponi</td>
<td>Vectibix</td>
</tr>
<tr>
<td>Androderm</td>
<td>Flebogamma</td>
<td>Macugen</td>
<td>Myobloc</td>
<td>Pegasys</td>
<td>Sporanox</td>
<td>Ventavis</td>
</tr>
<tr>
<td>AndroGel</td>
<td>Flolan</td>
<td>Neulasta</td>
<td>Procrit</td>
<td>Peg-Intron</td>
<td>Sprycel</td>
<td>Vfend</td>
</tr>
<tr>
<td>Aranesp</td>
<td>Forteo</td>
<td>Neumega</td>
<td>Provigil</td>
<td>Penlac</td>
<td>Supprelin LA</td>
<td>Vivaglobin</td>
</tr>
<tr>
<td>Avastin</td>
<td>Gamastan</td>
<td>Neupogen</td>
<td>Qualaquin</td>
<td>Polygam S/D</td>
<td>Sutent</td>
<td>Vivitrol</td>
</tr>
<tr>
<td>Botox</td>
<td>Gammagard liquid, S/D</td>
<td>Nexavar</td>
<td>Remicade</td>
<td>Privigen</td>
<td>Synagis</td>
<td>Votrient</td>
</tr>
<tr>
<td>Carimune NF</td>
<td>Gamunex</td>
<td>Nuvigil</td>
<td>Remodulin</td>
<td>Provera</td>
<td>Synarel</td>
<td>Xeloda</td>
</tr>
<tr>
<td>Ceredase</td>
<td>Gleevec</td>
<td></td>
<td></td>
<td></td>
<td>Tarceva</td>
<td>Xenazine</td>
</tr>
<tr>
<td>Cerezyme</td>
<td>Herceptin</td>
<td></td>
<td></td>
<td></td>
<td>Targetin</td>
<td>Xolair</td>
</tr>
<tr>
<td>Cimzia</td>
<td>Humira</td>
<td></td>
<td></td>
<td></td>
<td>Tassigna</td>
<td>Zavesca</td>
</tr>
<tr>
<td>Dysport</td>
<td>Increlex</td>
<td></td>
<td></td>
<td></td>
<td>Temodar</td>
<td>Zolidex</td>
</tr>
<tr>
<td>Eligard</td>
<td>Interferon</td>
<td></td>
<td></td>
<td></td>
<td>Testim</td>
<td>Zolinza</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Thalomid</td>
<td>Zyvox</td>
</tr>
</tbody>
</table>
Caring for your health isn’t just a 9 to 5, weekday thing

That’s why retail health clinics are now part of our network.

Visit the doctor is important for preventive care and overall good health. But there may be times when you have a health concern over the weekend or after work and you can’t reach your doctor. To help make sure you can get the care you need, whenever you need it, we’ve now included certain retail health clinics in our network of health care providers.

Retail health clinics are small, walk-in clinics located inside retail outlets, like pharmacies and supermarkets. They offer basic primary care services for common ailments, including:

- Minor allergic reactions
- Coughs and sore throats
- Bumps, cuts, scrapes
- Rashes and minor burns

They give you the care you need while saving you time and money:

- Lower costs:
  - An affordable alternative to higher-cost emergency rooms or urgent care centers
- Convenience:
  - Located near where you work, live or shop
  - Usually open during the same days and hours as the store (including weekends and evenings, and some are open on holidays)

- You’re in and out fast:
  - No appointment necessary
  - Most visits take only 15 minutes

- High-quality care:
  - Staffed by licensed nurse practitioners and physician assistants who are supervised by an onsite or offsite physician
  - If needed, they’ll refer you to a local doctor or hospital for care and can speak with your primary care provider so your doctor is kept up to date.

Our network includes three of the nation’s largest retail health clinics

- MinuteClinic® (select CVS/pharmacy® stores)
- The Little Clinic (select Kroger® and Publix® stores)
- TakeCare Clinic® (select Walgreens)

To find a retail health clinic near you:

- Go to anthem.com
- Click on “Find a doctor”
- Choose your state
- Select a plan
- Select provider type: “Other Health Professionals”
- Select a specialty category: Choose “Retail Health Clinics”

Visiting the doctor is important for preventive care and overall good health. But there may be times when you have a health concern over the weekend or after work and you can’t reach your doctor. To help make sure you can get the care you need, whenever you need it, we’ve now included certain retail health clinics in our network of health care providers.

Retail health clinics are small, walk-in clinics located inside retail outlets, like pharmacies and supermarkets. They offer basic primary care services for common ailments, including:

- Minor fevers and colds
- Ear or sinus pain
- Burning with urination
- Eye swelling, irritation, redness or pain

In addition to offering care for common ailments, retail health clinics also provide wellness and prevention services, such as camp physicals and cholesterol and diabetes screenings.

They give you the care you need while saving you time and money:

- Lower costs:
  - An affordable alternative to higher-cost emergency rooms or urgent care centers
- Convenience:
  - Located near where you work, live or shop
  - Usually open during the same days and hours as the store (including weekends and evenings, and some are open on holidays)

- You’re in and out fast:
  - No appointment necessary
  - Most visits take only 15 minutes

- High-quality care:
  - Staffed by licensed nurse practitioners and physician assistants who are supervised by an onsite or offsite physician
  - If needed, they’ll refer you to a local doctor or hospital for care and can speak with your primary care provider so your doctor is kept up to date.

Our network includes three of the nation’s largest retail health clinics

- MinuteClinic® (select CVS/pharmacy® stores)
- The Little Clinic (select Kroger® and Publix® stores)
- TakeCare Clinic® (select Walgreens)

To find a retail health clinic near you:

- Go to anthem.com
- Click on “Find a doctor”
- Choose your state
- Select a plan
- Select provider type: “Other Health Professionals”
- Select a specialty category: Choose “Retail Health Clinics”

Cardio Health

A Stroke Can Strike at Any Age

Being young doesn’t mean you’re not at risk for a stroke. In fact, researchers from Washington University School of Medicine recently reported that nearly half of the stroke cases they studied occurred in people under age 65. The strokes in younger people were generally mild and left little outward sign of impairment—so many patients did not receive the rehabilitation they needed, especially to continue performing well at work.

Everyone should know the warning signs of stroke:

1. Sudden numbness or weakness of the face, arm or leg, especially if it’s only on one side.
2. Confusion, trouble speaking or understanding.
3. Abrupt vision disturbances in one or both eyes.
4. Problems with walking, balance or coordination that come on without warning.
5. Sudden, severe headache or dizziness.

If you experience these symptoms, call 911 immediately. And if your doctor says you’ve suffered a mild stroke, ask about rehabilitation, which is vitally important to regaining your physical and cognitive skills.
**Diabetes:** Keep routine testing in your game plan

When someone is diagnosed with diabetes, it brings a whole new awareness to the importance of maintaining a healthy diet and getting more exercise. Diabetes affects your total body and your overall lifestyle. That’s why it’s very important to get routine testing. The sooner you know you have diabetes, the sooner you can start taking proper care of yourself. Routine testing and following your doctor’s advice will help avoid long-term problems.

**WHAT EXACTLY IS DIABETES?**

Basically, diabetes is a condition that deals with metabolism. When you eat food, it’s broken down into glucose, the form sugar takes in the blood. Glucose is fuel for the body. And to get that glucose into your bloodstream where it’s used for growth and energy, the pancreas needs to produce the right amount of insulin. In people with diabetes, the pancreas produces little or no insulin. Glucose builds up and this causes a high level of glucose in the blood. When your glucose (blood sugar) is high, it can lead to serious complications. Kidney disease, difficulty with eyesight, high blood pressure, cardiac problems and even premature death can be the result.

**KEEPING YOUR NUMBERS IN CHECK IS VITAL TO STAYING HEALTHY.**

Make sure your doctor does regular diabetes testing along with several other important tests (see the chart at right). Keeping all your numbers within the proper goal range has been proven to lower the risks of complications.

- Keeping your blood pressure in control can reduce your risk of cardiac disease by 33 to 50 percent.
- Keeping your cholesterol in control can reduce cardiac complications by 20 to 50 percent.
- Detecting and treating diabetic kidney disease can help reduce the decline in kidney function by 30 to 70 percent.

Below are the diabetes-related tests that are recommended from the American Diabetes Association to better control diabetes.²

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>HOW OFTEN</th>
<th>GOAL/ REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LABS:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A1C</td>
<td>At least 2 times per year</td>
<td>A1C below 7%</td>
</tr>
<tr>
<td>Lipid panel</td>
<td>Once per year</td>
<td>LDL below 100 mg/dl Triglycerides: below 150 mg/dl HDL (male) above 40 mg/dl HDL (female) above 50 mg/dl</td>
</tr>
<tr>
<td>Micro-albumin</td>
<td>Once per year</td>
<td>Less than 30 ug/mg</td>
</tr>
<tr>
<td><strong>ROUTINE RECOMMENDATIONS:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dilated eye exam</td>
<td>Once per year</td>
<td>Detects evidence of eye disease (retinopathy) to prevent blindness</td>
</tr>
<tr>
<td>Foot exam</td>
<td>At least once a year</td>
<td>Detects foot problems</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>Every doctor’s visit</td>
<td>BP below 130/80</td>
</tr>
<tr>
<td>Weight and body mass index (BMI)</td>
<td>Every doctor’s visit</td>
<td>BMI below 25</td>
</tr>
<tr>
<td>Dental check up</td>
<td>Twice a year</td>
<td>Detects dental problems</td>
</tr>
<tr>
<td>Flu vaccine</td>
<td>Every year</td>
<td>Prevents flu</td>
</tr>
<tr>
<td>Pneumonia vaccine</td>
<td>At least once in a lifetime</td>
<td>Prevents pneumonia</td>
</tr>
<tr>
<td>Exercise</td>
<td>At least 20 minutes per day</td>
<td>Promotes good health</td>
</tr>
<tr>
<td>Depression screening</td>
<td>Talk to your doctor if you have been bothered by:</td>
<td>Detects depression because feeling better emotionally can help you manage your diabetes better</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Little interest or pleasure in doing things</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Feeling down, depressed or hopeless</td>
</tr>
</tbody>
</table>

Remember, to stay in the game it’s important to get regular testing. And if you have diabetes, living well includes proper diet, exercise and continuing to get these tests. That’s how you’ll feel great and be on top of your game at all times. Talk to your doctor today about which tests and activities are right for you.

References:
Healthy Weight, HEALTHY HEART

Having a healthy heart means more than eating right, taking your medications and getting some exercise—it also means maintaining a healthy weight. Being overweight or obese are risk factors for heart disease and they increase your chances for high blood pressure.

CHECK YOUR BODY MASS INDEX

The first step in seeing whether or not your current weight is healthy is taking a measurement called body mass index (BMI). The BMI is a number calculated from a person's weight and height that is used to determine body fatness and weight categories that may lead to health risks.

An adult with a BMI of 25 to 29.9 is considered overweight. An adult with a BMI of 30 or greater is considered obese.

ONCE YOU KNOW YOUR NUMBER, THEN WHAT?

The key to improving and maintaining a healthy heart is living a lifestyle that includes smart eating, regular physical activity and balancing the number of calories you take in with the number of calories your body uses. Start by adding one or more of these suggestions to your daily routine.

- Eat a variety of fruits and vegetables.
- Drink lots of plain water rather than sugar-sweetened beverages.
- Choose foods that are low in calories and can help you feel full, like salads, citrus fruits and broth-based soups.
- Eat more proteins, such as low-fat or fat free dairy, lean meats, fish and beans to help you feel satisfied.
- Be active at least 20 minutes per day. Go for a walk, go swimming, take a dance class.

For tips from The Biggest Loser's Bob Harper or more information on BMI and cardiac disease go to anthem.com and visit Bob's page or 360° Health®.

References:
- Centers for Disease Control & Prevention. Healthy Weight—it's not a diet, it’s a lifestyle. Retrieved 2/19/2010 from website: cdc.gov/healthyweight/assessing/bmi/

HIPAA NOTICE OF PRIVACY PRACTICES—REMINDER

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law governing the privacy of individually identifiable health information. We are required by HIPAA to notify you of the availability of our Notice of Privacy Practices. The notice describes our privacy practices, legal duties and your rights concerning your Protected Health Information. We must follow the privacy practices described in the notice while it is in effect. (It will remain in effect unless and until we publish and issue a new notice). You may obtain a copy of our Notice of Privacy Practices on our website at anthem.com or you may contact Member Services using the contact information on your identification card.

STATE NOTICE OF PRIVACY PRACTICES

As we indicate in our HIPAA Notice of Privacy Practices, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

YOUR PERSONAL INFORMATION

We may collect, use and share your nonpublic personal information (PI) as described in this notice. PI is information that identifies a person and is often gathered in an insurance matter. PI could also be used to make judgments about your health, finances, character, habits, hobbies, reputation, career and credit.

We may collect PI about you from other persons or entities such as doctors, hospitals or other carriers.

We may share PI with persons or entities outside of our company without your OK in some cases.

If we take part in an activity that would require us to give you a chance to opt-out of that activity, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity.

You have the right to access and correct your PI.

We take reasonable safety measures to protect the PI we have about you.

A more detailed state notice is available upon request. Please call the phone number printed on your ID card.
Are you taking advantage of all your benefits? Do you know how to lower your costs?
Here are a few pointers on getting the most from your coverage.

Today, more than ever, it’s important to be savvy about your medical benefits. And by that we mean understanding how to get the most out of your coverage. Using your plan is really simple and even if you think you’re taking full advantage of your benefits, it’s always a good idea to keep a few key things in mind. So we’re going to take you through the basics, right from the beginning.

GET TO KNOW WHAT’S ON YOUR MEMBER IDENTIFICATION (ID) CARD
Whether you’re a new member, a renewing member or you’ve switched plans, take a close look at your ID card. There’s a lot of good information right there for both you and your doctors, such as your plan name, your ID number and phone numbers for services such as Member Services, precertification and more. And don’t forget to always bring your member ID card with you when you go to the doctor’s office.

TRY TO USE IN-NETWORK PROVIDERS FOR ALL SERVICES IN ORDER TO SAVE THE MOST MONEY
Our networks are pretty big. Our local networks, combined with those of other affiliated plans, give you access to a wide range of independent providers. In fact, through the Blue Cross and Blue Shield BlueCard® network, you can receive services while traveling or living in another plan’s service area. More than 85 percent of all doctors and hospitals throughout the United States contract with Blue Cross Blue Shield plans. Outside of the United States, you have access to doctors and hospitals worldwide. The fact is 97 percent of the nation’s top hospitals participate in the BlueCard network. So you’re sure to find a doctor, and any other type of provider, that meets your needs.

We contract with all our providers and the providers who are in our network accept our rates as payment in full. This means that they can’t balance bill you (bill you for any amount above the fee they receive from us.) Depending on your plan, if you use an out-of-network provider, you may have higher out-of-pocket costs because the provider may get a lower reimbursement (payment) from us and may be able to balance bill you. With some plans, you will not receive coverage for any out-of-network services. Check your benefit materials for details.

TAKE SOME TIME TO READ THROUGH YOUR BENEFIT MATERIALS
They describe the features of your plan in detail. Don’t wait for an emergency to open them for the first time. Read up on your plan ahead of time so you’ll know exactly how to make the most of your benefits.

FIND OUT IF YOU NEED REFERRALS TO SEE A SPECIALIST
Your benefit materials will tell you all that. Keep in mind that women may see a gynecologist in their health plan’s network without a referral. If they’re pregnant, they may see an obstetrician without a referral. Information about other specialists you can see without a referral or pre-approval is also outlined in your benefit materials.

LEARN HOW YOU CAN KEEP YOUR DRUG COSTS DOWN
Your plan has a preferred drug list/formulary. This is the list of generic and brand-name drugs covered by your plan; all drugs on the list are approved by the Food and Drug Administration (FDA).

• The drug list/formulary for your plan may have different levels or tiers with different charges. Generic drugs usually have a lower copay than brand-name drugs. Always speak with your doctor about the most cost-effective medications.

• Check out our home delivery prescription service; in some cases it can really reduce your out-of-pocket costs. Most people save about a month’s copay with every order. For more information on having your prescriptions delivered to your home, visit our website.

GET TO KNOW WHAT’S ON YOUR MEMBER IDENTIFICATION (ID) CARD

What are the different kinds of health plan costs? What exactly does that phrase mean? Go to anthem.com to learn what they are, what they mean and how they affect you.

LEARN MORE

What are the different kinds of health plan costs? What exactly does that phrase mean? Go to anthem.com to learn what they are, what they mean and how they affect you.

FIND OUT IF YOU NEED REFERRALS TO SEE A SPECIALIST
Your benefit materials will tell you all that. Keep in mind that women may see a gynecologist in their health plan’s network without a referral. If they’re pregnant, they may see an obstetrician without a referral. Information about other specialists you can see without a referral or pre-approval is also outlined in your benefit materials.

LEARN HOW YOU CAN KEEP YOUR DRUG COSTS DOWN
Your plan has a preferred drug list/formulary. This is the list of generic and brand-name drugs covered by your plan; all drugs on the list are approved by the Food and Drug Administration (FDA).

• The drug list/formulary for your plan may have different levels or tiers with different charges. Generic drugs usually have a lower copay than brand-name drugs. Always speak with your doctor about the most cost-effective medications.

• Check out our home delivery prescription service; in some cases it can really reduce your out-of-pocket costs. Most people save about a month’s copay with every order. For more information on having your prescriptions delivered to your home, visit our website.
doctor accepts your plan’s coverage. Always bring your member ID card with you when you go to the doctor’s office.

- Speak freely with your doctor and ask lots of questions. Making a list and taking notes may help. For example:
  - Ask your doctor about screening tests that are recommended for people of your age group, gender, family health history and risk factors.
  - If you’re prescribed a medication, ask about possible side effects and if it comes in a generic form to help lower your drug costs.
  - If a procedure is recommended, ask about non-surgical alternatives and what the risks are if you do and don’t have it.
  - Ask your doctor to explain things in detail—it may help you better understand a complicated medical problem or a procedure. If you still have questions, you can research them (our website is a good place to start) or ask for a second opinion.

**KNOW WHAT TO DO IF YOU GET A DOCTOR OR HOSPITAL BILL**

- In an HMO plan, you usually will not get a bill unless you have a yearly deductible, did not pay your copay or saw a provider outside the network.
- In a PPO, you may have to pay a portion of your yearly deductible or coinsurance at the time of service if you see providers outside your network for non-covered additional costs.
- If you get a bill for emergency care, check your benefits before paying it.

**IF YOU’RE DEALING WITH A SERIOUS ILLNESS, TAKE ADVANTAGE OF OUR SPECIAL SERVICES**

Coping with a serious illness, injury or chronic condition can be both confusing and frustrating. Our Care Management Program teams you, your family and your health care providers with a care manager to help support you in meeting your health objectives. Our care managers are registered nurses or other qualified health care professionals who can offer added support when you need it.

For example, if you were recently hospitalized due to an injury or unforeseen illness, a care manager may be able to help with your discharge, coordinate home care agency services, provide you with information on community and financial resources, and give you referrals to health-related programs and other resources available through your health plan.

You can call the Member Services number on your member ID card or ask your Human Resources or Benefits department to contact Care Management on your behalf.

**HEALTHY SOLUTIONS IS AVAILABLE ONLINE**

If you’re among the millions of Americans who prefer to receive electronic copies of your regular newsletters, log on to anthem.com to register for the online edition of Healthy Solutions.

That way, in the future, you’ll receive an e-mail that contains a link to the articles in each issue. There’s no paper to file, and you can review the information at home, at work or wherever you have Internet access.

References
1. HMO plans typically require that members use participating in-network providers in order to receive coverage for services. Please refer to your benefit materials for the specific details of your plan.
You’re movin’. You’re groovin’. Sitting still isn’t an option. You’re connecting with friends, family, co-workers—night and day. So now we’re making it easier for you to connect with us. And, in turn, share what you learn about your health, with others. Yes, Anthem’s now on Facebook, Twitter and YouTube.

So here’s the thing: When you take better care of yourself, those around you will, too. Your health influences family, friends, even neighbors. (Studies prove it.) And that’s why we’re committed to helping you improve your health, wherever you go. Giving you the support, guidance, resources and answers you’re looking for around the clock.

CONNECT WITH BOB HARPER FROM THE TV SHOW THE BIGGEST LOSER

We’ve teamed up with Bob Harper from The Biggest Loser to help our members live a healthier lifestyle. Every day he inspires people to change their lives for the better and to go one step further by influencing their families, friends and co-workers. And now you can find him on Facebook, Twitter and YouTube sharing health, wellness and motivation ideas with our Anthem members. So go get inspired. Check out his articles, videos, tweets and a lot more.

WHAT INFLUENCE YOU HAVE ON OTHERS?
We call it a Health Footprint™. Unlike a carbon footprint, the bigger your footprint, the greater your effect on others. Use the Health Footprint calculator to assess your current health and how you interact with your circle of friends. It’ll determine how your health footprint influences others. Go to anthem.com/connects.

FACEBOOK
(facebook.com/anthemhealthfootprint)

- Watch videos of Bob Harper as he shares proven health tips and suggestions
- See clips from Bob’s public appearances
- Join the bi-weekly poll
- Take a look at photos from Anthem wellness events
- Get exercise and sports suggestions from other health-conscious folks around the globe
- Get the skinny on how our health is connected and how one person’s healthy behaviors can positively affect someone else’s

TWITTER (@MyTrainerBob)

- Bob is our head tweeter posting five to 10 updates a week covering various health and fitness topics to help you get healthy and stay healthy
- Find out how to use the Health Footprint calculator and what it means to your daily life
- Read the daily tips and get encouragement to make little changes that lead to a healthier lifestyle

YOUTUBE
(youtube.com/AnthemHealthConnects)

- Bob is the initial host of our YouTube channel
- Watch his videos focusing on health and wellness and hear his words to stay motivated
- Take his Daily Challenges to get moving and stay inspired

Add all these tools to the list of ways you connect with us. And start a healthier you today!
CHICKPEA SALAD

1 (15 oz.) can chickpeas, rinsed, drained and patted dry
½ c. red onion, finely diced
½ c. tomato, seeded and finely diced
½ c. green bell pepper, seeded and finely chopped
2 Tbsp. fresh parsley, finely chopped
3 Tbsp. garlic, minced
3 Tbsp. apple cider vinegar
2 Tbsp. lemon juice
2 tsp. extra virgin olive oil

In a large bowl, gently combine chickpeas (also called garbanzo beans), onion, tomato, bell pepper, parsley and garlic. In a smaller bowl, whisk together vinegar, lemon juice and olive oil until well combined. Pour dressing over salad and stir to coat. Allow salad to sit at room temperature for up to 3 hours before serving (refrigerate leftovers).

Serves 4.

Nutrition information per serving: 145 calories, 4g fat, 0mg cholesterol, 4g fiber, 11mg sodium

For years, researchers have known that a Mediterranean-style diet is good for your heart and may help reduce your cancer risk. Now it’s been shown to help another group: people with type 2 diabetes.

A study published in the Annals of Internal Medicine reported that people with type 2 diabetes who ate Mediterranean foods were able to put off taking blood-sugar lowering medication longer than those who simply stuck to a low-fat diet. They also lost more weight on the Mediterranean-style eating plan, which limited carbohydrate intake to 50 percent of daily calories.

Mediterranean cuisine isn’t tough to swallow. Just think about the menus of Greece, Israel, Palestine and southern Italy to appreciate how appetizing it can be. Essential elements of the Mediterranean diet include generous servings of fruits and vegetables, whole grains such as pasta and rice, and small portions of nuts. Aim for seven to 10 servings a day of fruits and vegetables.

Fish or shellfish are bigger staples of the Mediterranean diet than red meat. Eat fish or shellfish at least twice a week, and opt for grilling over frying.

Choose healthy fats, such as olive oil and canola oil, instead of butter. Olive oil is great in salad dressings and works well in cooking, as does canola oil. Flavor olive oil with herbs and dip bread in it—a tasty substitute for butter.

Eat almonds, pecans or walnuts for a quick snack. Chopped up, they make a healthy coating for baked fish (try spreading the fish with some Dijon mustard first). Nuts also add texture and protein to pasta dishes. Instead of salting your food, experiment with herbs and spices to add flavor. You can also add some pizzazz to your meal with one glass of red wine, unless you don’t drink or have been told not to by your doctor.

For people with type 2 diabetes—or anyone who wants to eat a healthier diet—Mediterranean foods can be a delicious option. To see (or, rather, taste) for yourself, try the recipe at right.

Make It Mediterranean

This mouth-watering cuisine has proven health benefits.
It’s more important than ever for everyone to schedule regular preventive health screenings. Here are a few things you should think about if you haven’t already.

**COLORECTAL CANCER SCREENING**

Because the early symptoms of colorectal cancer often go unnoticed, a colorectal screening is an important procedure to schedule. When colorectal cancer is detected early, it is 90 percent curable, according to the American Cancer Society. Beginning at age 50, be sure to check with your doctor regularly to learn more about colorectal screening:

- **A colonoscopy** examines the whole colon and is a commonly recommended test since polyps can be removed during the procedure without any discomfort.
- **A sigmoidoscopy** is similar to a colonoscopy except the flexible tube only looks at the lower part of the colon.
- **A stool test, or fecal occult blood test**, checks for blood in your stool. This test can be done at home using a kit and instructions given to you by your doctor.

Some of these tests do require advanced preparation and for the most part it’s this preparation that can be inconvenient—not the test itself. If you have concerns—as many people do when it comes to facing something new or unknown—speak with your doctor. They can put your mind at ease and help you decide which screening is right for you. For more information about colorectal screenings, please visit [cdc.gov/cancer/colon](https://www.cdc.gov/cancer/colon).

**CHOLESTEROL TESTING**

The American Heart Association recommends that everyone have their physician determine their fasting cholesterol levels, including LDL (bad cholesterol), HDL (good cholesterol) and triglycerides. A fasting blood draw requires nine and a half hours without eating food. If a fasting profile is not possible, then total and HDL blood cholesterol levels are recommended. This step is essential for people with a family history of heart disease, high blood pressure or stroke. A simple blood screening can provide you a lot of information and help you take the first step in lowering the risk of a heart attack or stroke.

**WOMEN’S BREAST AND PAP SCREENINGS**

The American Cancer Society recommends that women over 40 have a Pap test every year. Pap tests are recommended every one to three years depending on your history. Women at increased risk for breast cancer (family history, genetic tendency, past breast cancer) should talk with their doctor about starting mammography screening earlier or having frequent exams. Please speak with your doctor about the tests and schedule that’s right for you.

**MEN’S PROSTATE SCREENINGS**

For men age 50 and older, it’s recommended that you discuss the risk and benefits of prostate cancer screening with your health care provider. For men at high risk of developing prostate cancer, the American Cancer Society recommends starting this discussion at age 45. This includes African-American men and men who have a first-degree relative (father, brother or son) diagnosed with prostate cancer at an early age (younger than 65).

*This information is being provided for general information purposes only and is not the practice of medicine or a substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what treatment is appropriate for a patient.*
Help away from home

The 24/7 NurseLine could be your vacation lifeline.

Summertime is a great time to be active. Whether your idea of the perfect vacation is hiking through Yosemite or taking it easy at a nearby lake, one thing’s for sure: no one plans on an accident or sudden illness interrupting their trip. But if health concerns do crop up when you’re miles away from your doctor’s office, isn’t it good to know that many of our health plans include free access to the 24/7 NurseLine?

**YOU CAN SPEAK TO A REAL, LIVE NURSE 24/7.**

You can reach a registered nurse toll free anytime of the day or night from anywhere in the U.S. Simply call the NurseLine phone number on the back of your member ID card. The NurseLine staff has been carefully trained to help you determine the level of care you need. They’ll help you answer questions like: Should you head to the nearest emergency room? Or can treatment wait until you get home to your primary care physician? Is this something you can handle with a few supplies from the drugstore? Or do you need to be seen at an urgent care center?

**YOU’LL GET HELP, PEACE OF MIND AND SAVE MONEY, TOO.**

Getting access to the right treatment at the right time can have a big impact on your health. And on your wallet, since emergency room visits are more expensive than other alternatives. That call you make to the 24/7 NurseLine might even keep your vacation from turning into a “staycation” at the hospital.

*If you’re not sure whether 24/7 NurseLine is part of your plan, please check with your benefits manager.

Testimonial

Member health concerns don’t follow a 9 to 5 weekday schedule. They happen in the middle of the night, during vacation or when traveling on business. Determining whether a problem requires medical attention or self-care isn’t always clear.

Anthem’s 24/7 NurseLine offers access to qualified registered nurses anytime. This allows you to make informed decisions about the appropriate level of care and avoid unnecessary worry. But don’t take our word for it. Here is a recent letter we received from a happy Anthem member (and worried parent):

From Lisa, Anthem member

“My 3-year-old Adam had been spiking a 101-103 degree fever for about 24 hours, which we had been treating with ibuprofen. That was working, but I began to be concerned that it wasn’t ending. As we sat together having dinner at 6:30 p.m., we considered taking Adam to urgent care. Then I remembered that Anthem offers the 24/7 NurseLine as a benefit with our health insurance. My call was answered by a very kind, helpful RN who spent about a half an hour asking me questions, discussing Adam’s condition, and even listening to his cough from our end of the conversation. After receiving her advice, and learning that if Adam had the flu he would be able to be diagnosed and begin Tamiflu treatment the next day, we decided to wait until the following morning and make an appointment to see his pediatrician. Although every symptom was flu-like, it turned out he had early bronchitis, and was prescribed an antibiotic and asthma treatment. I was very pleased with the time the NurseLine RN spent with us, and the quality of her responses to our concerns. Being able to make a free call certainly saved us the $75 copay and even more importantly for my busy family, the stress of heading out again for an evening visit to urgent care.”
Looking for information about how your health plan works, and not sure where to find the answers? Log on to anthem.com to access valuable information on how to:

1. Properly access health care benefits for different types of services—including primary and specialty care, behavioral health and hospital services, or when out of the plan’s service area.
2. Obtain emergency care and 911 services.
3. Obtain care after normal office hours.
4. File a claim for covered services.
5. Voice a complaint or appeal a decision, including the right to independent external appeal.
6. Get familiar with your role as a member by reading your Member Rights and Responsibilities statement. It explains how you, your providers and your health plan cooperate to ensure the delivery of quality health care benefits.
7. Find out about our Quality Improvement Programs to continuously monitor and evaluate aspects of your health care experiences—and how we use that information to improve the quality of our benefits and services.

Need information specific to your policy? After registering on the member website, you can:

1. Obtain specifics about the benefits and services covered under your health plan, along with any exclusions or limitations, including benefit restrictions that may apply to services obtained outside your plan’s service area.
2. Understand your copayment and cost-sharing responsibilities.
3. View existing claims.
4. Change your primary care physician (if applicable to your health plan).
5. Order a new member ID card.

Please note that you will not be able to access benefit information for a dependent spouse or those of other adult dependents. They must register on their own. (NOTE: You can set up access rights to view your dependents, if the dependent allows you to view their information.)

At Your Fingertips
Anytime, day or night, you can find information on our website.

Appeals
We’re Committed To Resolving Your Concerns
If we determine that a treatment or service is not covered under your plan, our appeals process will help you find a thorough and fair resolution. Please note that some of these steps must occur within a specified time frame. While specific information is available through anthem.com or from Member Services at the number on your member ID card, this is a brief summary of the process.

STEP 1: Call Member Services. We’ll do our best to resolve your concern fairly and efficiently during this first call.

STEP 2: If you aren’t satisfied with the initial response to your concern, you can file an appeal. Member Services will tell you how—and we’ll let you know about any steps you must take within a specified time frame.

STEP 3: If you’re not satisfied with the outcome of step two, you may be able to appeal further. We will let you know of any specific state regulations (or requirements), if your health plan offers a second level of appeal or if there are other steps available to you.

STEP 4: Under certain circumstances, if benefits are denied at the final internal appeal level, you may have the right to request an independent external review.
Anthem’s Pharmacy Benefits Program

Please note: Not all plans have pharmacy benefits. Benefits may vary depending on your coverage. Please check your ID card, certificate, schedule of benefits and riders to see if you have this coverage.

Tools to help you manage your prescriptions are available online:
- Find out the cost of your medication.
- Review your home delivery prescription history and order a refill.
- Check for drug to drug interactions, common side effects and significant risks.
- View and search the formulary/drug list.
- Find a lower cost generic substitute.

These services help you receive quality, cost-effective care and maximize your prescription benefit.
- You may fill your prescription at an in-network pharmacy or through Anthem’s home delivery pharmacy program. You can get a list of these pharmacies on our website or by calling the Member Services number on your ID card.
- You could have a copayment and/or a deductible for each prescription. Anthem supports benefit designs including deductible, coinsurance and copayment plans. Plans that have tiers normally require higher copayments for a tier 2 or 3 medication than a tier 1 medication.
- Certain drugs require prior authorization, step therapy, quantity limits, dose optimization or age/gender limits. These requirements help ensure safe, appropriate use while providing quality and effectiveness.
- If a drug has some type of limit in place, it is noted on the formulary and must be approved by your plan before filling the prescription. Please call Member Services with any questions. For more information on Anthem’s Pharmacy Benefits and tools log in at anthem.com. You may also request a copy of any of this information by fax or mail by contacting Member Services at the number on your ID card.

Utilization Management—Commitment to Our Members

Utilization management (UM) is a review process that helps determine the medical necessity of certain outpatient care, inpatient stays or procedures. Our decisions are based upon standards of appropriate care drawn from medical policies, nationally recognized clinical guidelines and the applicable terms of your health benefits contract. We do not reward or offer incentives to our associates, consultants or others for denying care or service. For more information about the UM process, call us toll free, weekdays except holidays, from 8 a.m. to 5 p.m., at 800-238-2227. At other times, you may leave a confidential voice mail and our staff will return your call on the next business day during the hours above unless other arrangements are made. For more information or for self-referral, call us toll free at 800-231-8254.

Looking for a Provider or Hospital?

Current and prospective members can search for providers and hospitals (in English or Spanish) through the “Find a Doctor” tool at anthem.com. The online provider directory enables you to find a doctor, health professional or facility using applicable search criteria, such as plan type, name, specialty, gender and location. If you do not have Internet access, please call Member Services at the number on your member ID card. A representative will search the website using the criteria you provide and mail, e-mail or fax a hard copy of the results to you.

Care Management Can Help

Our care managers, who are registered nurses and other qualified health professionals, are here to help when you have a serious medical condition or unexpected medical event. This voluntary and confidential program teams you, your family and your doctors with a care manager who provides telephone support at your convenience and at no additional cost to you. The care manager will work with you for your identified needs, which can include benefit information and what you would like to know about managing your condition. For more information or for self-referral, call us toll free at 800-231-8254.
Don’t Play With Fire

Keep your family safe during warm-weather festivities.

‘Tis the season for fireworks and bonfires. Both can make for an entertaining evening when you exercise caution and common sense.

Fireworks can lead to serious injuries such as burns, scarring and blindness. Firecrackers cause the most injuries followed by sparklers, which may seem harmless but burn at more than 1,000 F. For that reason, keep children away from all fireworks, including sparklers.

If you’re going to host your own display, check to make sure the fireworks you’re using are legal in your area. Always use them as instructed and never try to combine them. If you have a “dud,” don’t try to relight it.

Wait 20 minutes and then soak it in a bucket of water.

Speaking of water: Always have a hose or fire extinguisher handy when lighting fireworks. The person handling fireworks should wear safety glasses and only light one rocket at a time, always using an extended lighting device. Don’t ever look into the tube of a firework, or put your head or body over the top of one. And never set them off indoors.

The best way to stay safe is to leave firework displays to the professionals. At group events, choose a spot away from the firing site—the view is better anyway.

If a firework component from the professional display should fall to the ground without exploding (which is unusual), don’t touch it. Alert the fire or police department, which typically have personnel on site.

Don’t bring your own fireworks or sparklers to group displays. In a big crowd, these items put others at risk of injury from explosions or burns.

A WORD ON BONFIRES

If you’re hosting a party and want to build a bonfire, make sure there’s plenty of open, grass-free space around the site. Stack the fuel carefully so the fire won’t be too big to control. Before lighting the pile, make sure no animals or kids are hiding inside, and use kindling, not flammable liquids, to get it started. Keep people at a safe distance and, when the evening is over, be sure the bonfire is completely extinguished and wetted down until the ashes are cold.