The CHEIBA Trust and the CHEIBA Trust Members offer you four medical insurance plans from which to select. Please carefully review the Multi-Option Plan Summary located in the pocket of this booklet regarding the various medical insurance plans before you make your selection. After you enroll, you will receive your membership card. It will be mailed to your home. If you do not receive your card, call the Customer Service number as noted on the Plan Contacts Page at the beginning of this book.

**ANTHEM BLUE CROSS AND BLUE SHIELD/HMO COLORADO**

Your choices include:

- BlueAdvantage Point of Service Plan
- Prime Blue Priority PPO Plan
- Blue Priority HMO Plan
- Lumenos High Deductible Health Plan
<table>
<thead>
<tr>
<th>Description</th>
<th>BlueAdvantage</th>
<th>PRIME Blue Priority PPO</th>
<th>Blue Priority HMO</th>
<th>Lumenos PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandfathered Health Plan</td>
<td>You Pay</td>
<td>You Pay</td>
<td>You Pay</td>
<td>NO</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>None</td>
<td>$500 Individual / $1,000 Family</td>
<td>$400 Individual / $800 Family</td>
<td>$2,000 Individual / $4,000 Family</td>
</tr>
<tr>
<td>Out-of-Pocket Annual Maximum</td>
<td>$2,000 Individual / $4,000 Family</td>
<td>$3,000 Individual / $6,000 Family</td>
<td>$2,000 Individual / $4,000 Family</td>
<td>$2,500 Individual / $5,000 Family</td>
</tr>
<tr>
<td>Out of Pocket Annual Maximum Includes</td>
<td>All copayments (including Rx copayments)</td>
<td>Deductible, Coinsurance</td>
<td>All copayments (including Rx copayments, Deductible and Coinsurance)</td>
<td>Deductible &amp; Coinsurance</td>
</tr>
<tr>
<td>Physician Selection</td>
<td>PCP required</td>
<td>Unrestricted</td>
<td>PCP required</td>
<td>PCP required</td>
</tr>
<tr>
<td>Medical Office Visits</td>
<td>$20 copayment per visit / $40 copayment per visit</td>
<td>$10 copayment per visit / $20 copayment per visit</td>
<td>$10 copayment per visit / $20 copayment per visit</td>
<td>$0 copayment per visit / $20 copayment per visit</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$600 copayment per admission</td>
<td>30% after deductible</td>
<td>35% after deductible</td>
<td>0% after deductible</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>$125 copayment per visit / $60 copayment per visit</td>
<td>30% after deductible</td>
<td>35% after deductible</td>
<td>30% after deductible</td>
</tr>
<tr>
<td>Advanced Imaging/CT Scans</td>
<td>Covered 100%</td>
<td>10% after deductible (Freestanding) / 15% after deductible (Hospital Based)</td>
<td>Labs covered 100% / X-ray $60 copayment (Freestanding)</td>
<td>0% after deductible</td>
</tr>
<tr>
<td>Prescriptions Retail (30-day supply)</td>
<td>Essential Drug Formulary</td>
<td>Essential Drug Formulary</td>
<td>Essential Drug Formulary</td>
<td>Essential Drug Formulary</td>
</tr>
<tr>
<td>Prescriptions Mail Order (90-day supply)</td>
<td>Tier 1-10 copayment / Tier 2-50 copayment / Tier 3-60 copayment</td>
<td>Tier 1-10 copayment / Tier 2-50 copayment / Tier 3-60 copayment</td>
<td>Tier 1-10 copayment / Tier 2-50 copayment / Tier 3-60 copayment / Tier 3-80 copayment</td>
<td>Tier 1-15 copayment / Tier 2-50 copayment / Tier 3-60 copayment / Tier 3-120 copayment</td>
</tr>
<tr>
<td>Specialty Drugs (Tier 4) (30-day supply)</td>
<td>30% coinsurance to max $125</td>
<td>30% coinsurance to max $250</td>
<td>30% coinsurance to max $250</td>
<td>0% after deductible</td>
</tr>
</tbody>
</table>
Prescription drug coverage is included with all medical plans. Your prescription drug coverage has three copayment tiers, with generic medications having the lowest copayments. You can save more on medications you take regularly, sometimes called maintenance medications, by using the mail order program.

Your plans use a drug list called a formulary to help determine your copayment for each prescription. The drugs on your formulary were selected to give you the highest level of coverage under your prescription drug benefit.

What is the Essential Drug List?
The Essential Drug List is a list of brand-name and generic prescription medications that have been selected and are periodically reviewed through Anthem’s Pharmacy & Therapeutics process for proven effectiveness, high quality, and affordability. The Essential Drug List includes all of the essentials, but is a focused list that offers pharmacy cost savings while ensuring there are no gaps in care.

What can a member do if their medication isn’t on the Essential Drug List?
If your medication is not on the Essential Drug List, there may be a brand alternative, a generic equivalent or OTC option. When you search the Essential Drug List, you will see the generic equivalent if available; however, OTC options will not be displayed. If an alternative isn’t listed, members should talk with their doctor or pharmacist about whether another medication that is included on the Essential Drug List or an OTC may be right for them.

Non-formulary medications can be requested through the formulary exception process. If a medication a member takes isn’t covered on the Essential Drug List, the member or doctor can ask us to keep covering it by asking for a formulary exception. The process is the same as any Prior Authorization request. The member or doctor can call Member Services at the number on the ID card. Members can also go online to find the preapproval fax form to ask for a formulary exception. In most cases, the prescribing doctor is first asked whether the member has tried two formulary alternatives. If not appropriate or available, Anthem will review the clinical requirements and concerns presented by the doctor. For some classes and most specialty medications, drug-specific prior authorization criteria may be used. This is done to ensure specific alternatives are tried or the medication is used for the correct indication.

How can I search the Essential Drug List?
At www.anthem.com/pharmacyinformation select the Essential 4-tier Drug List. You can search for medications, and see which drugs are covered and at what tier level. You can enter the name of the drug or you can browse through the categories shown on the screen. Once you are on the drug details page, you’ll see the tier level listed. If you see “NF” that means the drug is non-formulary and not covered.
Your ID Card is your membership card for both doctor visits and prescriptions. The prescription drug benefit is provided through Anthem's Pharmacy Benefits Manager (PBM) and includes a formulary plan with four tiers:

- **Tier 1 Generics** - these drugs are simply copies of brand-name drugs. Brand-name and generic drugs have the same active ingredients, strength and dose. The FDA requires that generic drugs meet the same high standards for purity, quality, safety and strength. With generics, you get the same quality for less money.

- **Tier 2 Preferred Brand** - these are drugs for which generic equivalents are not available. They have been in the market for a time and are widely accepted. They cost more than generics, but less than non-preferred brand-name drugs.

- **Tier 3 Non-Preferred Brand** - these drugs are generally higher-cost medications that have recently come on the market. In most cases, an alternative preferred or generic medication is available.

- **Tier 4 Specialty Drugs** - these are prescription medications used to treat complex, chronic conditions that may require special handling and/or management. It is important to note the following:
  - Not all specialty drugs on Tier 4 are subject to the Tier 4 coinsurance. For example, capecitabine, a drug used to treat cancer, is generic so a member could obtain this prescription for the Tier 1 copayment.
  - Some specialty drugs are considered Retail Pharmacy Drugs and are not on the Exclusive Specialty List. These drugs are not required to be obtained through the specialty pharmacy. An example of this would be Arixtra, a drug used to prevent blood clots.

The formulary includes prescription drugs that have been approved for use by HMO Colorado and is updated on a quarterly basis. You can review this formulary by going to [www.anthem.com](http://www.anthem.com).

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**NOTE**: Prescription drugs will always be dispensed as ordered by your provider and by applicable State Pharmacy Regulations, however, you may have higher out-of-pocket expenses. You may request, or your provider may order, the brand-name drug. However, if a generic drug is available, you will be responsible for the cost difference between the generic and brand-name drug, in addition to your Tier copayment. The cost difference between the generic and brand-name drug does not contribute to the out-of-pocket annual maximum. *(Tier 1 generic copayment is not applicable if you are enrolled in the Lumenos HDHP)*

**Diabetic supplies/prescriptions and asthma inhalers/prescriptions will be covered at no cost to you.**

**Members taking specialty drugs must order them through Accredo at 1-800-870-6419**, which offers a full-service pharmacy that ships medications to members or their provider, up to a 30-day supply, by overnight mail or common carrier.

**Mail Order/Home Delivery**: If you need maintenance medications for ongoing conditions such as asthma, diabetes, high blood pressure, etc., you may want to use home delivery service. This service offers you the convenience of having prescriptions delivered directly to the home, office or anywhere in the United States. Ordering your maintenance medications through home delivery eliminates monthly trips to the pharmacy and allows you to receive more days’ supply with fewer copayments. Typical savings are at least one copayment for each prescription.

**Prescription drugs purchased from out-of-network pharmacies are not covered.**

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**Call Customer Service at**: ...................... 1-800-542-9402 
**or**
**Go to the website**: ......................... [www.anthem.com](http://www.anthem.com)

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Meshing medical insurance concepts into a coherent narrative.

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**Call Customer Service at**: ...................... 1-800-542-9402 
**or**
**Go to the website**: ......................... [www.anthem.com](http://www.anthem.com)
**Blue Advantage HMO/POS**

The Point-of-Service (HMO/POS) Plan includes both in-network and out-of-network benefits. A member has the option for both in-network and out-of-network benefits based on the provider rendering the service.

Services rendered by a non-HMO provider are processed under the POS benefits and are subject to the applicable deductible and coinsurance. This option is designed to give HMO members the choice to use a non-HMO provider and still receive a level of benefits. A referral from your HMO primary care provider is not needed to seek services from a non-HMO provider.

Additionally, out-of-network services may be subject to Balance Billing. If you have any questions regarding out-of-network services, please read the plan description carefully or call for assistance.

**Physician Selection**

You must select a primary care physician (PCP) for yourself and each covered Dependent in order to be eligible for in-network benefits. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider. Members are not required to obtain a referral from their PCP to see an in-network specialist. However, Anthem does encourage you to ask your PCP for an in-network referral recommendation.

To search for primary care providers and participating health care professionals online, please visit [www.anthem.com](http://www.anthem.com):

- Select Find A Doctor
- Select Search by selecting plan or network
- Select a state: (choose from drop down menu)
- Select a plan/network (Medical Network): HMO
- Choose Select and Continue
- Complete fields for provider type, specialty and location
- Select: Search

**Prime Blue Priority PPO**

This choice provides a flexible plan option that allows you access to three different levels of providers, each with different out-of-pocket costs:

- **Level 1**: Blue Priority Designated providers are either PCP’s or specialists. A Designated PCP or Designated specialist has the lowest out-of-pocket costs with a simple co-pay. **Blue Priority Designated providers are located in the following counties**: Adams, Arapahoe, Boulder (including Longmont), Broomfield, Denver, Douglas, Elbert, El Paso, Fremont, Jefferson, La Plata, Montezuma, Pueblo, Summit and Teller.

- **Level 2**: Providers in Anthem’s large, traditional PPO network may serve as PCP’s and specialists.

- **Level 3**: Nonparticipating providers have the highest out-of-pocket costs.

Additionally, out-of-network services may be subject to Balance Billing. If you have any questions regarding out-of-network services, please read the plan description carefully or call for assistance.

**Physician Selection**

You must select a Blue Priority Designated primary care physician (PCP) for yourself and each covered Dependent. However, you may receive care from any provider that participates in the network. You will pay less if you receive care from a Designated provider.

Members are not required to obtain referrals from their PCP to see an in-network specialist. However, Anthem does encourage you to ask your PCP for an in-network referral recommendation.

To search for primary care providers and participating health care professionals online, please visit [www.anthem.com](http://www.anthem.com):

- Select Find A Doctor
- Select Search by selecting plan or network
- Select a state: (choose from drop down menu)
- Select a plan/network (Medical Network): PPO (Level 2 & 3 providers) / For Designated Blue Priority (Level 1) providers, please select the Blue Priority PPO
- Choose Select and Continue
- Complete fields for provider type, specialty and location
- Select: Search

**NOTE**: If you live in a rural area and there are no PPO providers within a reasonable distance from you, you may request an authorization to see an out-of-network provider. If approved, benefits will be applied at the in-network level. Please contact Anthem Blue Cross Blue Shield at 1-800-542-9402 for assistance.

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The Blue Priority HMO Plan includes **in-network benefits only**.

Members must choose a primary care physician from the Blue Priority network. Providers are located in the Denver metro area, which includes Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson counties, as well as Elbert, El Paso, Teller, Fremont, La Plata, Montezuma, Pueblo, Summit counties and the city of Longmont.

**PHYSICIAN SELECTION**

You must select a primary care physician (PCP) for yourself and each covered Dependent in order to be eligible for in-network benefits. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the primary care provider.

Your primary care physician is your personal provider who coordinates your care within the Blue Priority HMO network. **Referrals to see a specialist are required.**

To search for primary care providers and participating health care professionals online, please visit [www.anthem.com](http://www.anthem.com):

- Select **Find A Doctor**
- Select **Search by selecting plan or network**
- Select a state: (choose from drop down menu)
- Select a plan/network **(Medical Network)**: Blue Priority HMO
- Choose **Select and Continue**
- Complete fields for **provider type, specialty and location**
- Select: **Search**

**LUMENOS HIGH DEDUCTIBLE HEALTH PLAN**

This choice is a High Deductible Preferred Provider (PPO) plan option which includes in and out-of-network coverage.

Members must pay their annual deductible¹ during the plan year before the plan helps pay for costs. This includes costs for medical and prescription drug expenses. All in-network preventive care services are 100% covered.

In-network doctors have a pre-negotiated rate with Anthem Lumenos, so your expenses will be less if you use in-network doctors.

This plan can be combined with a health savings account (HSA) to allow you to pay for qualified, out-of-pocket medical expenses on a pre-tax basis. An HSA account is a personal, portable account and remains in your control regardless of your employment. An HSA can be established through any qualifying financial institution. **Please contact your financial advisor or banking institution for additional information.**

**Example:** If you go to a doctor for a sore throat before you meet the deductible, you pay the full (negotiated) cost of the office visit and any tests your physician orders and prescription drugs prescribed.

¹ The annual deductible under the Lumenos HDHP is non-embedded. For employees with dependents, this means that all family members’ out-of-pocket expenses count toward the family deductible until it is met. It does not matter if one person incurs all the expenses that meet the deductible or if two or more family members contribute toward meeting the family deductible.

**PHYSICIAN SELECTION**

You can select PPO physicians who have entered into an agreement with Anthem Blue Cross and Blue Shield to provide care at negotiated rates, or you may select the physician of your choice outside of the PPO network. However, out-of-pocket expenses may be significantly higher if you select an out-of-network provider.

To search for primary care providers and participating health care professionals online, please visit [www.anthem.com](http://www.anthem.com):

- Select **Find A Doctor**
- Select **Search by selecting plan or network**
- Select a state: (choose from drop down menu)
- Select a plan/network **(Medical Network)**: Lumenos PPO
- Choose **Select and Continue**
- Complete fields for **provider type, specialty and location**
- Select: **Search**
CUSTOM PLUS HEALTH PLAN

Closed to new enrollment effective January 1, 2010.
This is a traditional major medical plan.

Physician Selection
There are no restrictions regarding the choice of physicians under this plan. Please note, if you select a provider not participating in the Traditional Participating Network, you may be subject to Balance Billing.

Prescription Drug Benefit
Prescription drugs are covered at 80% after the deductible is met. There is no separate prescription card. Prescription benefits are reimbursed to you after you submit a medical expense claim form found on www.anthem.com. Claim forms are provided through Anthem Blue Cross and Blue Shield of Colorado or through your Human Resources/Benefits Office.

Medical Benefits

<table>
<thead>
<tr>
<th>Description</th>
<th>Custom Plus</th>
<th>No Defined Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td></td>
<td>$800 Individual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,600 Family</td>
</tr>
<tr>
<td>Annual Maximum Out-of-Pocket</td>
<td></td>
<td>$3,800 Individual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$7,600 Family</td>
</tr>
<tr>
<td>Physician Selection</td>
<td>Unrestricted; greater benefits with Traditional Participating Network provider</td>
<td></td>
</tr>
<tr>
<td>Physician Services</td>
<td>80% after deductible (based on the maximum benefit allowance)</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td>80% after deductible (based on the maximum benefit allowance)</td>
<td></td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>80% after deductible (based on the maximum benefit allowance)</td>
<td></td>
</tr>
<tr>
<td>Outpatient Lab</td>
<td>80% after deductible (based on the maximum benefit allowance)</td>
<td></td>
</tr>
<tr>
<td>Prescriptions Retail &amp; Mail Order</td>
<td>80% after deductible</td>
<td></td>
</tr>
</tbody>
</table>

If you want to complete your enrollment forms, review the Multi-Option Plan Summary or review this Benefit Booklet, reference this plan name: Custom Plus

If you want to search for information (like searching for a doctor) on the anthem.com website, reference this plan name: Major Medical/Traditional Provider Network

If you have questions
Call Customer Service at: ................. 1-800-542-9402 or
Go to the website: ...................... www.anthem.com
MyAnthem™
Tired of paperwork and phone calls? Anthem offers its members a useful website. Register with anthem.com to get online access to your benefits. MyAnthem™ takes the hassle out of your health care and allows you to get your information when you need it. Use MyAnthem™ to:

- **Find a doctor**
  Search for a doctor, specialist, urgent care or hospital close by.

- **Get your ID card**
  Share, fax, or email your ID card.

- **Check your claims**
  Find out what your doctor billed, how much was paid and if you owe anything.

- **Estimate your costs**
  See what nearby doctors and facilities charge for a procedure. You can compare providers on cost and quality.

- **View your medical benefits**
  See your copays, deductibles, your percentage of the costs, and other important plan benefit information.

- **Manage prescription benefits**
  Check the cost of drugs, get refills or switch to our home delivery program.

- **Access your Health Record**
  View your Health Record and share with your doctors whenever you go.

**DO YOU HAVE A SMARTPHONE?**

Using Anthem’s free mobile app can make it easier than ever to manage your health care.

1. Go to the app store on your smartphone or mobile device.
2. Search for Anthem Anywhere
3. Select the app and start the free download.

*To use the mobile application, you must be registered on Anthem’s secure member site and have a username and password.*
Register with anthem.com to get online access to your benefits

From any computer with Internet access, type anthem.com in the Web browser address field and click Register Now.* This can be found on the top right-hand side of your screen in the Member Log In area.

Step 1: Personal information

Enter your personal information, including member identification number, first and last name, date of birth (mm/dd/yyyy). For security, you’ll also be asked to put in the security code that’s shown. Click Save & Continue.

Step 2: Username and password

Create your username and password. Then select a security question from the drop-down menu and give the answer. You’ll be asked to answer your security question if you ever forget your password. Please keep this information secure. Once you’re done with your username, password and security question, check the box to agree to the terms and conditions of Anthem and click Save & Continue.

Step 3: Email setup

You’ll be able to choose how you’d like to get future legal notifications, special offers and other health plan notifications. Enter your email address to set up your online profile. You can also choose to receive information about new products and services, benefit updates, and required notices. Click Save & Continue.

Step 4: Confirm registration

Here you’ll make sure all your personal information, username and password and your notification choices are right. Click Confirm.

Having problems signing up? Call the eBusiness Help Desk at 866-755-2680 for help.

*If you are 35 years of age or older, you must register your own account.
<table>
<thead>
<tr>
<th>ConditionCare</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you or one of your dependents have diabetes, coronary artery disease (CAD), heart failure (HF), chronic obstructive pulmonary disease (COPD) or asthma, ask Anthem about their programs to help manage these conditions. ConditionCare is included in your health plans and offers valuable tools and information that could make a real difference as you strive for better health.</td>
</tr>
<tr>
<td>📞 24-hour, toll-free access to registered nurses to answer your questions and provide you with support and education on how to better manage your condition</td>
</tr>
<tr>
<td>✉️ Specially designed condition-specific care diaries, self-monitoring charts, self-care tips and other easy-to-use empowerment materials.</td>
</tr>
<tr>
<td>For information about Anthem’s ConditionCare programs, call toll-free 1-877-236-7486 or go to <a href="http://www.anthem.com">www.anthem.com</a> and select Health &amp; Wellness. Various conditions are listed for your information.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Future Moms</th>
</tr>
</thead>
<tbody>
<tr>
<td>The program, Future Moms, is there for our moms-to-be. At such an important time in your life, you’ll have access to extra pre- and post-natal, confidential support and education any time of the day or night! Even with terrific care from your doctor, you may have questions that come up between visits. Nurses are available for you to talk with around the clock. You may also benefit from:</td>
</tr>
<tr>
<td>📖 Maternity care materials including <em>Your Pregnancy Week By Week</em>, which is a helpful prenatal care book, free for just enrolling in the plan</td>
</tr>
<tr>
<td>📈 A confidential questionnaire to evaluate your risk for premature delivery</td>
</tr>
<tr>
<td>📄 Useful tools to help you, your doctor and your Future Moms nurse track your pregnancy and identify possible risks</td>
</tr>
<tr>
<td>Anthem’s goal is to help you and your doctor work together to have a healthy pregnancy and a healthy new baby. Remember, your doctor is your best source of information about your pregnancy and your health, and Future Moms is here to help along the way.</td>
</tr>
<tr>
<td>To reach Future Moms, call toll-free 1-800-828-5891 or go to <a href="http://www.anthem.com">www.anthem.com</a> and select Health &amp; Wellness.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>24/7 NurseLine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whether it’s 3 p.m. or 3 a.m., wouldn’t it be great if you could speak with an experienced nurse about any of your health questions or issues? Now you can!</td>
</tr>
<tr>
<td>The 24/7 NurseLine can assist you in making more informed health care decisions via confidential, one-on-one conversations with a registered nurse, any time of the day or night. Whenever you call, you can easily access a library of audio tapes on a range of topics related to your health care. Or, if you prefer, you can talk to a nurse about hundreds of health issues ranging from asthma to zinc, like: Coughs • Abdominal Pain • Weight Loss • Colds • Children’s Health • Sexually Transmitted Diseases • Fever • Food &amp; Diet • Headache • Smoking • Women’s Health . . . and much more! Bilingual nurses, the Language Line and TTY/TDD relay services for the hearing impaired are also available.</td>
</tr>
<tr>
<td>For confidential health information from a registered nurse 24-hours a day, 365 days a year, call 1-800-337-4770 or go to <a href="http://www.anthem.com">www.anthem.com</a> and select Health &amp; Wellness.</td>
</tr>
<tr>
<td>To reach 24/7 NurseLine, call toll-free 1-800-337-4770 or go to <a href="http://www.anthem.com">www.anthem.com</a> and select Health &amp; Wellness.</td>
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<thead>
<tr>
<th>Colorado QuitLine</th>
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</thead>
<tbody>
<tr>
<td>Whether you are thinking about quitting tobacco or have already quit, Colorado QuitLine is a FREE program and here to help you. Join Quitline today and receive free:</td>
</tr>
<tr>
<td>☑️ Personally tailored quit program</td>
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<tr>
<td>☑️ Nicotine replacement therapy</td>
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<tr>
<td>☑️ Support network</td>
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<tr>
<td>☑️ Telephone coaching</td>
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<tr>
<td>☑️ Tools and tips based on the latest research</td>
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<tr>
<td>Website: ................................................................................................................ <a href="http://www.coquitline.org">www.coquitline.org</a></td>
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<tr>
<td>Phone: .................................................................................................................. 1-855-891-9988</td>
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</table>
What is LiveHealth Online®?
Use LiveHealth Online for common health concerns like colds, the flu, fevers, rashes, infections, allergies and more! It’s faster, easier and more convenient than a visit to an urgent care center.

LiveHealth Online is part of your health plan benefits. The cost of a LiveHealth Online visit is the same or less than a primary care office visit. With LiveHealth Online, you have a doctor by your side 24/7. LiveHealth Online lets you talk face-to-face with a doctor through your mobile device or a computer with a webcam. No appointments, no driving and no waiting at an urgent care center.

How does LiveHealth Online work?
When you need to see a doctor, simply go to livehealthonline.com or access the LiveHealth Online mobile app. Select the state you are located in and answer a few questions. Best of all, LiveHealth Online is a part of your health plan. So, the cost of a LiveHealth Online visit is the same or less than a primary care office visit. Establishing an account allows you to securely store your personal and health information. Plus, you can easily connect with doctors in the future, share your health history and schedule online visits at times that fit your schedule. Once connected, you can talk and interact with the doctor as if you were in a private exam room.

How do I access LiveHealth Online?
Sign up at www.LiveHealthOnline.com or Download the LiveHealth Online mobile app for free on your mobile device by visiting the App StoreSM or Google PlayTM.

How do I pay for a LiveHealth Online session?
LiveHealth Online accepts Visa, MasterCard and Discover cards as payment for an online visit with a doctor. Please keep in mind that charges for prescriptions aren’t included in the cost of your doctor’s visit.

Do doctors have access to my health information?
LiveHealth Online doctors can only access your health information and review previous treatment recommendations and information from prior LiveHealth Online visits.

If you are using LiveHealth Online for the first time, you will be asked to answer a brief questionnaire about your health before you speak with a doctor. Then the information from your first online visit will be available for future LiveHealth Online visits.

Who do I get in touch with if I still have questions?
You can email, customersupport@livehealthonline.com or call toll free at 1-855-603-7985.

If you send us an email, please be sure to include:
- Your name
- Your email
- A phone number where you can be reached

LiveHealth Online should not be used for emergency care. If you experience a medical emergency, call 911 immediately.
LiveHealth Online Psychology

If you’re feeling stressed, worried or having a tough time, you may need someone to speak with. Now you can see a licensed therapist using LiveHealth Online Psychology. Talk with a therapist from your home or wherever you have internet access. It’s quick, easy and private. Just download the free LiveHealth Online app to your mobile device or visit www.livehealthonline.com on a computer with a webcam.

How do I schedule my first appointment with a psychologist or therapist using LiveHealth Online?
For your first visit, set up a time by going online, using the mobile app or calling LiveHealth Online:
- Online: Visit www.livehealthonline.com and sign up or log in. Once you have logged in, select LiveHealth Online Psychology. Next choose from available therapists after seeing their backgrounds and set up a visit.
- Mobile App: Download the free LiveHealth Online mobile app and then sign up or log in. Once you have logged in, select LiveHealth Online Psychology and choose an available therapist after checking out their qualifications.
- Phone: Call 1-844-784-8409 from 7 a.m. to 11 p.m.

In most cases, you can make an appointment to see a therapist within four days or less. LiveHealth Online will send you an email confirming your appointment. You must be at least 18 years or older to visit with a therapist online. Psychologists and therapists using LiveHealth Online Psychology do not prescribe medications.

How do I set up a follow up appointment?
At the end of your first visit, you can set up a future visit with the therapist if both of you feel it is needed. You always have the choice of the therapist you would like to see.

How long does a visit usually last?
A typical visit with a psychologist or therapist using LiveHealth Online Psychology is about 45 minutes.

How do I pay for a LiveHealth Online session?
Depending on your coverage, the cost may be similar to what you would pay for an office visit, considering your benefits, copay or coinsurance. You can pay your share of the visit using a Visa, Mastercard, Discover or American Express credit or debit card. You will see what you owe before you start a visit and the cost is charged to your credit card. The cost is the same no matter when you have the visit - whether it’s a weekday, the weekend, evening or holiday.

What conditions can LiveHealth Online Psychology help with?
Therapists using LiveHealth Online can help you with stress, anxiety, depression, relationship or family issues, grief, panic attacks and stress from coping with a sickness.

How do I know if a psychologist or therapist is in-network?
When you log in to www.livehealthonline.com, the providers you see on the website are part of the Anthem Blue Cross and Blue Shield provider network. Make sure you select the state where you are currently located to view the most up-to-date list of providers.