

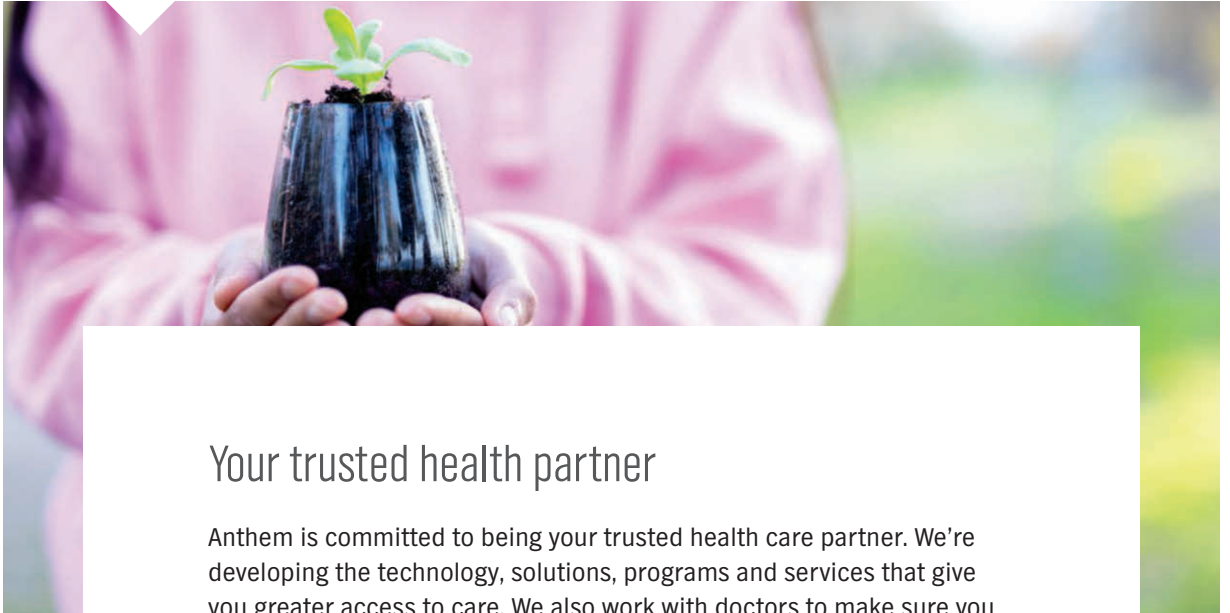
Choosing and using your plan

Your guide to open enrollment and
making the most of your benefits





It's time to choose your plan



Your trusted health partner

Anthem is committed to being your trusted health care partner. We're developing the technology, solutions, programs and services that give you greater access to care. We also work with doctors to make sure you get affordable, quality health care.

Save this guide

You'll find tips on how to make the most of your benefits and save on health care costs throughout the year.





It's time to choose your plan

Let's get started

This is the perfect time to think about your health — where you are right now and where you want to be tomorrow. It's your opportunity to check out the benefits, programs and resources that can support your health and well-being all year long.

This guide will help you understand our plans. It's also full of tips, tools and resources that can help you reach your health and wellness goals when you become a member. So keep it handy to make the most of your benefits throughout the year.



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How to use your plan

Once you've chosen a plan, explore how to make the most of your benefits. Here you'll learn simple ways to make using your plan easy. Plus, you'll discover tools and resources that can help you reach your health and wellness goals. With Anthem, supporting your healthiest self is all part of the plan!



How to use your plan

Use your ID card right from your phone

Introducing the **Sydney** mobile app. With **Sydney** you can find everything you need to know about your benefits – all in one place. You'll have a custom experience that's based on your plan, your specific health care needs and lots more. And you can quickly access your digital ID card to show it to your doctor. You can even use **Sydney** to track your health goals, find care, compare costs, and manage your claims.

Have a question? **Sydney** acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. **Sydney** makes it easier to get things done, so you can spend more time focusing on your health. Get started by downloading the **Sydney** mobile app.

Register for online tools and resources

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

- Quickly access your digital ID card.
- Find a doctor and estimate your costs before you go.
- View your claims, see what's covered and what you may owe for care.
- Get support managing your health conditions and tracking your goals.
- Update your email and communication preferences.



How to use your plan

Find a doctor in your plan

The right doctor can make all the difference – and choosing one in your plan can save you money, too. So you'll be happy to know your plan includes lots of top-notch doctors. If you decide to get care from doctors outside the plan, it'll cost you more and your care might not be covered at all.

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

Schedule a checkup

Preventive care, like regular checkups and screenings, can help you avoid health problems down the road. Your plan covers these services at little or no extra cost when you see a doctor in your plan:

- Yearly physicals
- Well-child visits
- Flu shot
- Routine shots
- Screenings and tests

Check your plan details on the **Sydney** mobile app or **anthem.com** to confirm what preventive care is covered.



The ins and outs of coverage

Knowing that you have health care coverage that meets your and your family's needs is reassuring.

But part of your decision in choosing a plan also means you need to understand:

- Who can enroll
- How you and your employer handle coverage changes
- What's not covered by your plan
- How your coverage works with other health plans you might have

Who can be enrolled

You can choose coverage for just you. Or, you can have coverage for your family, including you and any of the following family members:

- Your spouse
- Your children age 26 or younger, including:
 - A newborn, natural child or a child placed with you for adoption
 - A stepchild
 - Any other child for whom you have legal guardianship

Coverage will end on the last day of the month in which they turn 26.

Some children have mental or physical challenges that prevent them from living independently. The dependent age limit does not apply to these enrolled children as long as these challenges were present before they turned 26.



The ins and outs of coverage

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1. At the employer level, which affects you and other employees covered by an employer's plan, your plan can be:

Renewed	Canceled	Changed	When
●			Your employer: <ul style="list-style-type: none"> Keeps its status as an employer. Stays in our service area. Meets our guidelines for employee participation and premium contribution. Pays the required health care premiums. Doesn't commit fraud or misrepresent itself.
	●		Your employer: <ul style="list-style-type: none"> Makes a bad payment. Voluntarily cancels coverage (30-days advance written notice required). Is unable (after being given at least a 30-day notice) to meet eligibility requirements to maintain a group plan. Still does not pay the required health care premium (after being given a 31-day grace period and at least a 15-day notice).
	●		<ul style="list-style-type: none"> We decide to no longer offer the specific plan chosen by your employer (you'll get a 90-day advance notice). We decide to no longer offer any coverage in Virginia (you'll get a 180-day advance notice).
		●	You and your employer received a 30-day advance written notice that the coverage was being changed (services were added to your plan or the copays were lowered). Copays can be increased or services can be decreased only when it is time for your group to renew its coverage.

2. At the individual level, which affects you and covered family members, your plan can be:

Renewed	Canceled	When you
●		<ul style="list-style-type: none"> Stay eligible for your employer's coverage. Pay your share of the monthly payment (premium) for coverage. Don't commit fraud or misrepresent yourself.
	●	Give wrong information on purpose about yourself or your dependents when you enroll. Cancellation is effective immediately.
	●	<ul style="list-style-type: none"> Lose your eligibility for coverage. Don't make required payments or make bad payments. Commit fraud. Are guilty of gross misbehavior. Don't cooperate if we ask you to pay us back for benefits that were overpaid (coordination of benefits recoveries). Let others use your ID card. Use another member's ID card. File false claims with us. Your coverage will be canceled after you receive a written notice from us.



The ins and outs of coverage

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Special enrollment periods

In most cases, you're only allowed to enroll in your employer's health plan during certain eligibility periods, such as when it's first offered to you as a "new hire" or during your employer's open enrollment period, when employees can make changes to their benefits for an upcoming year.

But there can be other times when you may be eligible to enroll. For example, let's say the first time you were offered coverage, you stated in writing that you didn't want to enroll yourself, your spouse or your covered dependents because you had coverage through another carrier or group health plan. If you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage) you may be able to enroll your family later. But you must ask to be enrolled within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Also, 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 30 days after the marriage, birth, adoption or placement for adoption.

Finally, a special enrollment period of 60 days will be allowed if:

- Your or your dependents' coverage under Medicaid or the State Children's Health Insurance Program (SCHIP) is terminated as a result of a loss of eligibility.
- You or your dependents become eligible for premium assistance under a state Medicaid or SCHIP plan.

To request special enrollment or get more information, contact your employer.

Factors used to set the price of health care coverage for employers with 51-99 employees:

- The plan selected by your employer
- Your employer's location
- The age and gender of each employee
- The number of enrolled employees
- The number of dependents enrolled by each enrollee
- The health status of the enrolled employees and their dependents
- Your employer's industry

When you're covered by more than one plan

If you're covered by two different group health plans, one is considered primary and the other is considered secondary. The primary plan is the first to pay a claim and reimburse according to plan allowances. The secondary plan then reimburses, usually covering the remaining allowable costs.



The ins and outs of coverage

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Determining the primary and secondary plans

See the chart below to learn which health plan is considered the primary plan. The term “participant” means the person who signed up for coverage:

When a person is covered by two group plans, and	Then	Primary	Secondary
One plan does not have a COB provision	The plan without COB is	●	
	The plan with COB is		●
The person is the participant under one plan and a dependent under the other	The plan covering the person as the participant is	●	
	The plan covering the person as a dependent is		●
The person is the participant in two active group plans	The plan that has been in effect longer is	●	
	The plan that has been in effect the shorter amount of time is		●
The person is an active employee on one plan and enrolled as a COBRA participant for another plan	The plan in which the participant is an active employee is	●	
	The COBRA plan is		●
The person is covered as a dependent child under both plans	The plan of the parent whose birthday occurs earlier in the calendar year (known as the birthday rule) is	●	
	The plan of the parent whose birthday is later in the calendar year is		●
	Note: When the parents have the same birthday, the plan that has been in effect longer is	●	
The person is covered as a dependent child and coverage is required by a court decree	The plan of the parent primarily responsible for health coverage under the court decree is	●	
	The plan of the other parent is		●
The person is covered as a dependent child and coverage is <i>not</i> stipulated in a court decree	The custodial parent's plan is	●	
	The noncustodial parent's plan is		●
The person is covered as a dependent child and the parents share joint custody	The plan of the parent whose birthday occurs earlier in the calendar year is	●	
	The plan of the parent whose birthday is later in the calendar year is		●
	Note: When the parents have the same birthday, the plan that has been in effect longer is	●	



The ins and outs of coverage

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How benefits apply if you're eligible for Medicare

Some people under age 65 are eligible for Medicare in addition to any other coverage they may have. The following chart shows how payment is coordinated under various scenarios:

When a person is covered by Medicare and a group plan, and	Then	Your plan is primary	Medicare is primary
Is qualified for Medicare coverage due solely to end-stage renal disease (ESRD-kidney failure)	During the 30-month Medicare entitlement period	●	
	Upon completion of the 30-month Medicare entitlement period		●
Is a disabled member who is allowed to maintain group enrollment as an active employee	If the group plan has more than 100 participants	●	
	If the group plan has fewer than 100 participants		●
Is the disabled spouse or dependent child of an active full-time employee	If the group plan has more than 100 participants	●	
	If the group plan has fewer than 100 participants		●
Is a person who becomes qualified for Medicare coverage due to ESRD after already being enrolled in Medicare due to a disability	If Medicare had been secondary to the group plan before ESRD entitlement	●	
	If Medicare had been primary to the group plan before ESRD entitlement		●

Recovering overpayments

If health care benefits are overpaid by mistake, we will ask for reimbursement for the overpayment. This is referred to as "coordination of benefits recoveries." We appreciate your help in the recovery process. We reserve the right to recover any overpayment from:

- Any person to or for whom the overpayments were made
- Any health care company
- Any other organization



The ins and outs of coverage

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The following services and supplies will not be covered under your

What's not covered (exclusions)

When it comes to your health, you're the final decision maker about what services you need to get and where you should get them. But, in order for us to keep the cost of health care coverage as low as possible for both you and your employer, we have to exclude certain services. The following list of services and supplies are excluded from coverage by your health plan and will not be covered in any case.

Acupuncture

Authorization in advance

Your coverage does not include benefits for those selected services that require authorization in advance, when the advance authorization is not obtained.

Applied behavior treatment

Includes, but is not limited to, applied behavior analysis and intensive behavior interventions for all indications unless otherwise covered as law.

Biofeedback therapy

Over-the-counter convenience and hygienic items including, but not limited to, adhesive removers, cleansers, underpads and ice bags.

Certain prescription drugs

If you could use a **clinically equivalent drug**, unless required by law, certain prescription drugs aren't covered. "Clinically equivalent" means drugs that for most members, will give you similar results for a disease or condition.

If you have questions about whether a certain drug is covered and which drug is considered as clinically equivalent, visit our website at anthem.com. If you or your doctor believe you need to use a different prescription drug, please have your doctor or pharmacist get in touch with us.

We'll cover the other prescription drug instead of the clinically equivalent drug only if we agree that it's medically necessary and appropriate. We will review benefits for the prescription drug from time to time to make sure the drug is still medically necessary.

Convenience items

Your coverage does not include benefits for over-the-counter convenience and hygienic items. This includes but is not limited to: adhesive removers, cleansers, underpads, diapers, and ice bags.

Complications

Your coverage does not include benefits for complications of or services related to noncovered services including services, supplies or treatment related to, or for problems directly related to, a service that's not covered by this plan.

Directly related means that the care took place as a direct result of the noncovered service and would not have taken place without the noncovered service.

Cosmetic services

Your coverage does not include benefits for, or related to **cosmetic services**, including treatments, services, prescription drugs, equipment or supplies given for cosmetic purposes. Cosmetic services are meant to preserve, change or improve how you look or are given for social reasons. No benefits are available for surgery or treatments to change the texture or look of your skin or to change the size, shape or look of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts).

This exclusion does not apply to surgery or procedures:

- To correct a deformity caused by disease, trauma or previous therapeutic process
- To correct congenital deformities that cause functional impairment
- On newborn children to correct congenital abnormalities



The ins and outs of coverage

(continued)

Delivery charges for delivering prescription drugs.

Dental or oral surgery services

Your coverage does not include benefits for the following **dental or oral surgery services**:

- Shortening or lengthening of the mandible or maxillae for cosmetic purposes.
- Surgical correction of malocclusion or mandibular retrognathia unless this condition creates significant functional impairment that cannot be corrected with orthodontic services.
- Dental appliances required to treat TMJ pain dysfunction syndrome or correct malocclusion or mandibular retrognathia.
- Medications to treat periodontal disease.
- Treatment of natural teeth due to diseases.
- Biting and chewing-related injuries, unless the chewing or biting results from a medical or mental condition.
- Restorative services and supplies necessary to promptly repair, remove or replace sound natural teeth.
- Extraction of either erupted or impacted wisdom teeth.
- Anesthesia and hospitalization for dental procedures and services except as specified as otherwise being covered.

This exclusion will not apply if your group's coverage includes a dental rider.

Drugs

Your coverage does not include drugs administered by a medical provider in the following circumstances:

- Drugs given to you or prescribed in a way that is against medical and professional standards of practice.
- Drugs which are over any quantity or age limits set by your coverage or by Anthem.
- Drugs in amounts over the quantity prescribed or for any refill given more than one year after the date of the original prescription order.
- Drugs which are prescribed by a provider who does not have the necessary qualifications, registrations and/or certifications, as determined by us.
- Drugs that do not need a prescription by federal law (including drugs that need a prescription by state law, but not by federal law), except for injectable insulin.

Donor searches for organ and tissue transplants, including compatibility testing of potential donors who are not immediate, blood-related family members (parent, child or sibling).

Educational, vocational or self-management training purposes, except as otherwise specified as being covered or when received as part of covered preventive care.

Experimental/investigative procedures, as well as services related to or complications from such procedures except for clinical trial costs for cancer.



The ins and outs of coverage

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Family planning

- Artificial insemination services, in-vitro fertilization or any other types of artificial or surgical means of conception, including drugs administered in connection with these procedures.
- Drugs used to treat infertility.
- Nonprescription contraceptive devices.
- Any services or supplies provided to a person not covered that is in connection with a surrogate pregnancy, including, but not limited to, the bearing of a child by another woman for an infertile couple.
- Services to reverse voluntarily induced sterility.

Foot care

Services for palliative (to relieve pain and other symptoms) or cosmetic foot care:

- Flat foot conditions
- Support devices, arch supports, foot inserts, orthopedic and corrective shoes that are not part of a leg brace and fittings, castings and other services related to devices of the feet
- Foot orthotics, orthopedic shoes or footwear or support items unless used for a systemic illness affecting the lower limbs, such as severe diabetes
- Subluxations of the foot
- Corns, calluses and care of toenails (except in treatment for patients with diabetes or vascular disease)
- Bunions (except capsular or bone surgery)
- Fallen arches, weak feet or chronic foot strain
- Symptomatic complaints of the feet

Gene therapy as well as any drugs, procedures or health care services related to it that introduce or are related to introducing genetic material into a person intended to replace or correct faulty or missing genetic material.

Gynecomastia

Services for surgical treatments of gynecomastia for cosmetic purposes.

Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer or any other charges for activities, equipment or facilities used for developing or maintaining physical fitness, even if ordered by a doctor. This exclusion also applies to health spas.

Hearing aids or exams to prescribe or fit hearing aids, unless otherwise listed as covered. This exclusion does not apply to cochlear implants.

Home care services:

- Homemaker services (except as rendered as part of hospice care)
- Maintenance therapy
- Food and home-delivered meals
- Custodial care and services

Hospital services:

- Guest meals, telephones, televisions and any other convenience items received as part of your inpatient stay
- Care by interns, residents, house doctors or other facility employees that are billed separately from the facility
- A private room, unless it is medically necessary and approved by us

Immunizations required for travel or work, unless such services are received as part of the covered preventive care services.

Lost or stolen drugs. Refills of lost or stolen drugs.



The ins and outs of coverage

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Medical equipment, appliances and devices, and medical supplies that have both a nontherapeutic and therapeutic use.

These include but are not limited to:

- Exercise equipment; air conditioners, dehumidifiers, humidifiers and purifiers; hypoallergenic bed linens, bed boards; whirlpool baths; handrails, ramps, elevators and stair glides; telephones; adjustments made to a vehicle; foot orthotics; and changes made to a home or place of business.
- Replacement or repair of purchased or rental equipment because of misuse, abuse or loss or theft.
- Surgical supports, corsets or articles of clothing unless needed to recover from surgery or injury.
- Nonmedically necessary enhancements to standard equipment and devices.
- Supplies, equipment and appliances that include comfort, luxury or convenience items or features that exceed what is medically necessary in your situation. Reimbursement will be based on the maximum allowed amount for a standard item that is a covered service, serves the same purpose and is medically necessary. Any expense that exceeds the maximum allowed amount for the standard item which is a covered service is your responsibility.

Medical equipment (durable) that is not appropriate for use in the home.

Services or supplies deemed not medically necessary as determined by us at our sole discretion. Except for this exclusion, all preventive care services and hospice care services described in the post-enrollment *Evidence of Coverage* or *Member Booklet* are covered.

This exclusion does not apply to services you receive on any day of inpatient care that we determined to be not medically necessary if such services are received from a professional provider who does not control whether you are treated on an inpatient basis or as an outpatient. This includes pathologists, radiologists, anesthesiologists or consulting doctors.

Also, this exclusion does not apply to inpatient services you receive from your admitting or attending doctor, other than inpatient evaluation and management services provided to you. Inpatient evaluation and management services include routine visits by your admitting or attending physician for purposes of reviewing patient status, test results and patient medical records. Inpatient evaluation and management visits do not include surgical, diagnostic or therapeutic services provided by your admitting or attending physician.

Also, this exclusion does not apply to the services you receive from pathologists, radiologists or anesthesiologists in an:

- Outpatient hospital setting
- Emergency room
- Ambulatory surgery setting

This exception does not apply if and when any such pathologist, radiologist or anesthesiologist assumes the role of attending physician. This will not prevent you from being able to appeal our decision that a service is not medically necessary.



Is a treatment considered experimental?

Many of our medical directors and staff actively participate in a number of national health care committees that review and recommend new experimental or investigative treatments for coverage.

To be approved for coverage, the service or product must have:

- Regulatory approval from the Food and Drug Administration.
- Been put through an extensive research study to find all the benefits and possible harms of the technology.
- Benefits that are far better than any potential risks.
- At least the same or better effectiveness as any similar service or procedure already available.
- Been tested enough so that we can be certain it will result in positive results when used in real cases.



The ins and outs of coverage

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Non-emergency care except for the initial screening and stabilization of the patient. This includes but is not limited to suture removal in the emergency room.

Nutrition counseling and related services, except when provided as part of diabetes education, mental health treatment of an eating disorder or when received as part of a covered preventive care services visit or screening.

Nutritional and/or dietary supplements, except as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.

Obesity services and supplies related to weight loss or dietary control, including complications that directly result from such surgeries and/or procedures. This includes weight reduction therapies/activities, even if there is a related medical problem. Except for provisions of other exclusions involving cosmetic surgery to the contrary, services rendered to improve appearance (such as abdominoplasties, panniculectomies and lipectomies), are not covered services even though the services may be required to correct a deformity after a previous therapeutic process involving gastric bypass surgery.

Off-label use, unless we must cover it by law or as we approve it.

Organ or tissue transplants, including complications caused by them, except as outlined in the *What is Covered* section of the post-enrollment *Evidence of Coverage* or *Member Booklet*.

Paternity testing, your coverage does not provide any benefits for paternity testing.

Prescription drugs received from a retail or home delivery (mail order) pharmacy

This exclusion does not apply to prescription medications for palliative care and pain management provided as part of hospice care services.

Residential accommodations to treat medical or behavioral health conditions, except when provided in a hospital, hospice, skilled nursing facility or residential treatment center.

This exclusion includes procedures, equipment, services, supplies or charges for the following:

- Domiciliary care provided in a residential institution, treatment center, halfway house or school because a member's own home arrangements are not available or are unsuitable and consisting chiefly of room and board, even if therapy is included.
- Care provided or billed by a hotel, health resort, convalescent home, rest home, nursing home or other extended care facility home for the aged, infirmary, school infirmary, institution providing education in special environments, supervised living or halfway house, or any similar facility or institution.
- Services or care provided or billed by a school, custodial care center for the developmentally disabled or outward bound programs, even if psychotherapy is included.
- Wilderness camps.

Rest cures, custodial, residential or domiciliary care and services

Whether care is considered residential will be determined based on factors such as if you receive active 24-hour skilled professional nursing care, daily physician visits, daily assessments and structured therapeutic service.



The ins and outs of coverage

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Routine physicals

Your coverage does not include benefits for routine physicals and immunizations required for travel, enrollment in any insurance program, as a condition of employment, for licensing, sports programs or for other purposes, which are not required by law under preventive care benefits.

Services or supplies or devices:

- Not listed as covered under your health plan.
- Not prescribed, performed or directed by a provider licensed to do so.
- Received before the effective date or after a covered person's coverage ends.
- Received by providers not licensed by law to provide covered services. Examples include masseurs or masseuses (massage therapists), physical therapy technicians and athletic trainers.
- Services prescribed, ordered, referred by or received from a member of your immediate family, including your spouse, child, brother, sister, parent, in-law or self.
- Benefits for charges from stand-by physicians in the absence of covered services being rendered.
- Telephone consultations, charges for not keeping appointments or charges for completing claim forms.

Services or supplies if provided or available to a member:

- Under the Medicare program or under any similar program authorized by state or local laws or regulations or any future amendments to them. This exclusion does not apply to those laws or regulations which make the government program the secondary payer after benefits under this plan have been paid.
- Provided under a U.S. government program or a program for which the federal or state government pays all or part of the cost. This exclusion does not apply to health benefits plans for civilian employees or retired civilian employees of the federal or state government.

- This exclusion applies whether or not the member waives his or her rights under these laws, amendments, programs or terms of employment. However, we will provide the covered services specified in the post-enrollment *Evidence of Coverage* or *Member Booklet* when benefits under these programs have been exhausted.

Services for which a charge is not usually made including those services for which you would not have been charged if you did not have health care coverage services or benefits for:

- Amounts above the allowable charge for a service.
- Neurofeedback and related diagnostic tests.
- Penile implants.

Services or supplies to treat sexual dysfunction (male or female sexual problems). This includes medical and mental health services.

Skilled nursing facility stays:

- Treatment of psychiatric conditions and senile deterioration
- Facility services during a temporary leave of absence from the facility
- A private room unless it is medically necessary

Smoking cessation programs not affiliated with us.

Spinal manipulation

Your coverage does not include benefits for **spinal manipulation** or other manual medical interventions for an illness or injury other than musculoskeletal conditions.

Telemedicine

Noninteractive telemedicine services, including audio-only telephone, email messages, fax transmissions or online questionnaires.



The ins and outs of coverage

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Therapies:

- Physical therapy, occupational therapy or speech therapy to maintain or preserve current functions if there is no chance of improvement or reversal except for children under age 3 who qualify for early intervention services
- Group speech therapy
- Group or individual exercise classes or personal training sessions
- Recreation therapy including, but not limited to, sleep, dance, arts, crafts, aquatic, gambling and nature therapy

Veins

Services for treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) when services are rendered for cosmetic purposes.

Vision services:

- Vision services or supplies, unless needed due to eye surgery and accidental injury.
- Services for radial keratotomy and other surgical procedures to correct refractive defects such as nearsightedness, farsightedness and/or astigmatism. This type of surgery includes keratoplasty and Lasik procedure.
- Services for vision training and orthoptics.
- Tests associated with the fitting of contact lenses, unless the contact lenses are needed due to eye surgery or to treat accidental injury.
- Sunglasses or safety glasses and accompanying frames of any type.
- Any nonprescription lenses, eyeglasses or contacts or Plano lenses or lenses that have no refractive power.
- Any lost or broken lenses or frames.
- Cosmetic lens options that are not otherwise specifically listed as covered.

- Any frame in which the manufacturer has imposed a no discount policy.
- Services needed for employment or given by a medical department, clinic or similar service provided or maintained by the employer or any government entity.
- Any other vision services not specifically listed as covered.
- For members through age 18, there is no benefit for frames or contact lenses purchased outside of our drug list (formulary).

Waived cost shares

Your coverage does not include waived cost shares when you receive services from a provider outside of your plan and this provider waives the copay, coinsurance or deductible usually required by this plan.

Weight-loss programs whether or not you join them under medical or physician supervision, unless specifically listed as covered. This exclusion includes, but is not limited to, commercial weight-loss programs (Weight Watchers®, Jenny Craig®, LA Weight Loss®, etc.) and fasting programs.

Work-related injuries or diseases

Services or supplies if they're for **work-related injuries** or diseases when the employer must provide benefits as required by federal, state or local law or when you've been paid by the employer. This exclusion applies even if you waive your right to payment under these laws and regulations or fail to comply with your employer's procedures to receive the benefits. It also applies whether or not you reach a settlement with your employer or the employer's insurer or self-insurance association because of the injury or disease.



The ins and outs of coverage

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Besides the above exclusions, certain items are not covered under the prescription drug retail or home delivery (mail order) pharmacy benefit:

Prescription drug exclusions

- **Administration charges:** Charges for the administration of any drug except for covered immunizations as approved by us or the pharmacy benefits manager (PBM).
- **Charges not supported by medical records.** Charges for services not described in your medical records.
- **Clinically equivalent alternatives.** Certain prescription drugs may not be covered if you could use a clinically equivalent drug, unless required by law. Clinically equivalent means drugs that, for most members, will give you similar results for a disease or condition. If you have any questions about whether a certain drug is covered and which drugs fall into this group, visit our website at [anthem.com](https://www.anthem.com). If you or your doctor believes you need to use a different prescription drug, please have your doctor or pharmacist get in touch with us. We will cover the other prescription drug only if we agree that it is medically necessary and appropriate over the clinically equivalent drug. We will review benefits for the prescription drug from time to time to make sure the drug is still medically necessary.
- **Compound drugs:** Compound drugs unless all of the ingredients are FDA-approved as designated in the FDA's Orange Book: *Approved Drug Products with Therapeutic Equivalence Evaluations*, require a prescription to dispense and the compound medication is not essentially the same as an FDA-approved product from a drug manufacturer. Exceptions to non-FDA-approved compound ingredients may include multisource, nonproprietary vehicles and/or pharmaceutical adjuvants.
- **Contrary to approved medical and professional standards:** Drugs given to you or prescribed in a way that is against approved medical and professional standards of practice.
- **Delivery charges:** Charges for delivery of prescription drugs.
- **Drugs given at the provider's office or facility:** Drugs you take at the time and place where you are given them or where the prescription order is issued. This includes samples given by the doctor. This exclusion does not apply to drugs used with diagnostic services, drugs used during chemotherapy in the office, or drugs covered under the medical supplied benefit; those would be covered services.
- **Drugs not on the Anthem prescription drug list (a formulary):** You can get a copy of this list by calling us or visiting us at [anthem.com](https://www.anthem.com). If you or your doctor believes you need a certain prescription drug not on the list, please refer to the *Prescription drug benefits at a retail or home delivery (mail order) pharmacy* section in your post-enrollment *Evidence of Coverage* or *Member Booklet* for details on requesting an exception.
- **Drugs over the quantity or age limits:** Drugs which are over any quantity or age limits set by your coverage or by us.
- **Drugs over the quantity prescribed or refills after one year:** Drugs in amounts over the quantity prescribed, or for a refill given more than one year after the date of the original prescription order.
- **Drugs prescribed by providers lacking qualifications, registrations or certifications.** Prescription drugs prescribed by a provider who does not have the necessary qualifications, registrations and/or certifications, as determined by us.
- **Drugs that do not need a prescription.** Drugs that do not need a prescription by federal law (including drugs that need a prescription by state law, but not by federal law), except for injectable insulin.
- **Family members.** Services prescribed, ordered, referred by or given by a member of your immediate family, including your spouse, child, brother, sister, parent, in-law or self.



The ins and outs of coverage

(continued)

- **Gene therapy.** Gene therapy as well as any drugs, procedures and health care services related to it that introduce or are related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material.
- **Infertility treatments:** Drugs used in assisted reproductive technology procedures to achieve conception (e.g., IVF, ZIFT, GIFT).
- **Items covered as durable medical equipment (DME):** Therapeutic DME, devices and supplies except peak-flow meters, spacers and blood glucose monitors. Items not covered under the prescription drugs at a retail pharmacy or home delivery (mail service) pharmacy benefit may be covered under the medical equipment (durable) or medical supplies benefit.
- **Items covered under the medical supplies and medications benefit:** Allergy desensitization products or allergy serum. While not covered under the prescription drugs at a retail pharmacy or home delivery (mail service) pharmacy benefit, these items may be covered under the medical supplies and medications benefit.
- **Lost or stolen drugs:** Refills of lost or stolen drugs.
- **Mail order providers other than our home delivery provider:** Prescription drugs dispensed by any home delivery provider other than our home delivery provider unless we must cover them by law.
- **Nonapproved drugs:** Drugs not approved by the FDA.
- **Nonmedically necessary services:** Services which we conclude are **not medically necessary**. This includes services that do not meet our medical policy, clinical coverage or benefit policy guidelines.
- **Nutritional or dietary supplements:** Nutritional and/or dietary supplements except those otherwise noted as being covered or that we must cover by law. This exclusion includes, but is not limited to nutritional formulas and dietary supplements that you can buy over the counter and those you can get without a written prescription from a licensed pharmacist.
- **Off-label use:** Unless we must cover the use by law or if we, or the pharmacy benefits manager, approve it.
- **Onychomycosis drugs:** Drugs for onychomycosis (toenail fungus), except when we allow it to treat members who are immuno-compromised or diabetic.
- **Over-the-counter items:** Drugs, devices and products, or prescription legend drugs with over-the-counter equivalents and any drugs, devices or products that are therapeutically comparable to an over-the-counter drug, device or product. This includes prescription legend drugs when any version or strength becomes available over the counter. This exclusion does not apply to over-the-counter products that we must cover under federal law with a prescription.
- **Sexual dysfunction drugs:** Drugs to treat sexual or erectile problems.
- **Syringes:** Hypodermic syringes except when given for use with insulin and other covered self-injectable drugs and medicine.
- **Weight-loss drugs:** Any drug mainly used for weight loss. This exclusion does not apply to over-the-counter products that we must cover as a preventive care benefit under federal law with a prescription.

What's Not Covered

In this section you will find a review of items that are not covered by your Plan. Excluded items will not be covered even if the service, supply, or equipment is Medically Necessary. This section is only meant to be an aid to point out certain items that may be misunderstood as Covered Services. This section is not meant to be a complete list of all the items that are excluded by your Plan.

We will have the right to make the final decision about whether services or supplies are Medically Necessary and if they will be covered by your Plan.

- 1) **Acts of War, Disasters, or Nuclear Accidents** In the event of a major disaster, epidemic, war, or other event beyond our control, we will make a good faith effort to give you Covered Services. We will not be responsible for any delay or failure to give services due to lack of available Facilities or staff.

Benefits will not be given for any illness or injury that is a result of war, service in the armed forces, a nuclear explosion, nuclear accident, release of nuclear energy, a riot, or civil disobedience.

- 2) **Administrative Charges**

- a) Charges to complete claim forms,
- b) Charges to get medical records or reports,
- c) Membership, administrative, or access fees charged by Doctors or other Providers. Examples include, but are not limited to, fees for educational brochures or calling you to give you test results.

- 3) **Aids for Non-verbal Communication** Devices and computers to assist in communication and speech except for speech aid devices and tracheo-esophageal voice devices approved by us.]

- 4) **Alternative / Complementary Medicine** Services or supplies for alternative or complementary medicine. This includes, but is not limited to:

- a) Acupressure, or massage to help alleviate pain, treat illness or promote health by putting pressure to one or more areas of the body.
- b) Holistic medicine,
- c) Homeopathic medicine,
- d) Hypnosis,
- e) Aroma therapy,
- f) Massage and massage therapy,
- g) Reiki therapy,
- h) Herbal, vitamin or dietary products or therapies,
- i) Naturopathy,
- j) Thermography,
- k) Orthomolecular therapy,
- l) Contact reflex analysis,
- m) Bioenergetic synchronization technique (BEST),
- n) Iridology-study of the iris,
- o) Auditory integration therapy (AIT),
- p) Colonic irrigation,
- q) Magnetic innervation therapy,
- r) Electromagnetic therapy,
- s) Neurofeedback / Biofeedback.

- 5) **Applied Behavioral Treatment** (including, but not limited to, Applied Behavior Analysis and Intensive Behavior Interventions) for all indications except as described under Autism Services in the “What’s Covered” section unless otherwise required by law.
- 6) **Autopsies** Autopsies and post-mortem testing unless requested by us as stated in “Physical Examinations and Autopsy” in the “General Provisions” section.
- 7) **Before Effective Date or After Termination Date** Charges for care you get before your Effective Date or after your coverage ends, except as written in this Plan.
- 8) **Certain Providers** Services you get from Providers that are not licensed by law to provide Covered Services as defined in this Booklet. Examples include, but are not limited to, masseurs or masseuses (massage therapists), physical therapist technicians, and athletic trainers.
- 9) **Charges Over the Maximum Allowed Amount** Charges over the Maximum Allowed Amount for Covered Services.
- 10) **Charges Not Supported by Medical Records** Charges for services not described in your medical records.
- 11) **Clinically-Equivalent Alternatives** Certain Prescription Drugs may not be covered if you could use a clinically equivalent Drug, unless required by law. “Clinically equivalent” means Drugs that for most Members, will give you similar results for a disease or condition. If you have questions about whether a certain Drug is covered and which Drugs fall into this group, please call the number on the back of your Identification Card, or visit our website at www.anthem.com.

If you or your Doctor believes you need to use a different Prescription Drug, please have your Doctor or pharmacist get in touch with us. We will cover the other Prescription Drug only if we agree that it is Medically Necessary and appropriate over the clinically equivalent Drug. We will review benefits for the Prescription Drug from time to time to make sure the Drug is still Medically Necessary.

- 12) **Clinical Trial Non-Covered Services** Any Investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be a Covered Service under this Plan for non-Investigational treatments.
- 13) **Compound Drugs** Compound Drugs unless all of the ingredients are FDA-approved as designated in the FDA’s Orange Book: *Approved Drug Products with Therapeutic Equivalence Evaluations*, require a prescription to dispense, and the compound medication is not essentially the same as an FDA-approved product from a drug manufacturer. Exceptions to non-FDA approved compound ingredients may include multi-source, non-proprietary vehicles and/or pharmaceutical adjuvants.

The following exclusion pertains for those groups that qualify to opt out:

- 14) **Contraceptives** Contraceptive devices including diaphragms, intra uterine devices (IUDs), and implants.
- 15) **Cosmetic Services** Treatments, services, Prescription Drugs, equipment, or supplies given for cosmetic services. Cosmetic services are meant to preserve, change, or improve how you look or are given for social reasons. No benefits are available for surgery or treatments to change the texture or look of your skin or to change the size, shape or look of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts).

This Exclusion does not apply to:

- a) Surgery or procedures to correct deformity caused by disease, trauma, or previous therapeutic process.
 - b) Surgery or procedures to correct congenital abnormalities that cause Functional Impairment.
 - c) Surgery or procedures on newborn children to correct congenital abnormalities
- 16) **Court Ordered Testing** Court ordered testing or care unless Medically Necessary.

- 17) **Cryopreservation** Charges associated with the cryopreservation of eggs, embryos, or sperm, including collection, storage, and thawing.]
- 18) **Custodial Care** Custodial Care, convalescent care or rest cures. This Exclusion does not apply to Hospice services.
- 19) **Delivery Charges** Charges for delivery of Prescription Drugs.
- 20) **Dental Devices for Snoring** Oral appliances for snoring.]
- 21) **Dental Treatment** Dental treatment, except as listed below.

Excluded treatment includes but is not limited to preventive care and fluoride treatments; dental X rays, supplies, appliances and all associated costs; and diagnosis and treatment for the teeth, jaw or gums such as:

- Removing, restoring, or replacing teeth;
- Medical care or surgery for dental problems (unless listed as a Covered Service in this Booklet);
- Services to help dental clinical outcomes.

Dental treatment for injuries that are a result of biting or chewing is also excluded.

This Exclusion does not apply to services that we must cover by law.

- 22) **Drugs Contrary to Approved Medical and Professional Standards** Drugs given to you or prescribed in a way that is against approved medical and professional standards of practice.
- 23) **Drugs Over Quantity or Age Limits** Drugs which are over any quantity or age limits set by the Plan or us.
- 24) **Drugs Over the Quantity Prescribed or Refills After One Year** Drugs in amounts over the quantity prescribed, or for any refill given more than one year after the date of the original Prescription Order.
- 25) **Drugs Prescribed by Providers Lacking Qualifications/Registrations/Certifications** Prescription Drugs prescribed by a Provider that does not have the necessary qualifications, registrations, and/or certifications, as determined by HealthKeepers and Anthem.
- 26) **Drugs That Do Not Need a Prescription** Drugs that do not need a prescription by federal law (including Drugs that need a prescription by state law, but not by federal law), except for injectable insulin.
- 27) **Educational Services** Services, supplies or room and board for teaching, vocational, or self-training purposes. This includes, but is not limited to boarding schools and/or the room and board and educational components of a residential program where the primary focus of the program is educational in nature rather than treatment based.
- 28) **Emergency Room Services for non-Emergency Care** Services provided in an emergency room for conditions that do not meet the definition of Emergency. This includes, but is not limited to, suture removal in an emergency room. For non-emergency care please use the closest network Urgent Care Center or your Primary Care Physician.
- 29) **Experimental or Investigational Services** Services or supplies that we find are Experimental / Investigational. This also applies to services related to Experimental / Investigational services, whether you get them before, during, or after you get the Experimental / Investigational service or supply.

The fact that a service or supply is the only available treatment will not make it Covered Service if we conclude it is Experimental / Investigational.

Please see the "Clinical Trials" section of "What's Covered" for details about coverage for services given to you as a participant in an approved clinical trial if the services are Covered Services under this Plan. Please also read the "Experimental or Investigational" definition in the "Definitions" section at the end of this Booklet for the criteria used in deciding whether a service is Experimental or Investigational.

- 30) **Eyeglasses and Contact Lenses** Eyeglasses and contact lenses to correct your eyesight unless listed as covered in this Booklet. This Exclusion does not apply to lenses needed after a covered eye surgery or accidental injury.
- 31) **Eye Exercises** Orthoptics and vision therapy.
- 32) **Eye Surgery** Eye surgery to fix errors of refraction, such as near-sightedness. This includes, but is not limited to, LASIK, radial keratotomy or keratomileusis, and excimer laser refractive keratectomy.
- 33) **Family Members** Services prescribed, ordered, referred by or given by a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.
- 34) **Foot Care** Routine foot care unless Medically Necessary. This Exclusion applies to cutting or removing corns and calluses; trimming nails; cleaning and preventive foot care, including but not limited to:
- a) Cleaning and soaking the feet.
 - b) Applying skin creams to care for skin tone.
 - c) Other services that are given when there is not an illness, injury or symptom involving the foot.
- This Exclusion does not apply to the treatment of corns, calluses, and care of toenails for patients with diabetes or vascular disease.
- 35) **Foot Orthotics** Foot orthotics, orthopedic shoes or footwear or support items unless used for a systemic illness affecting the lower limbs, such as severe diabetes.]]
- 36) **Foot Surgery** Surgical treatment of flat feet; subluxation of the foot; weak, strained, unstable feet; tarsalgia; metatarsalgia; hyperkeratoses.
- 37) **Free Care** Services you would not have to pay for if you didn't have this Plan. This includes, but is not limited to government programs, services during a jail or prison sentence, services you get from Workers Compensation, and services from free clinics.
- If Workers' Compensation benefits are not available to you, this Exclusion does not apply. This Exclusion will apply if you get the benefits in whole or in part. This Exclusion also applies whether or not you claim the benefits or compensation, and whether or not you get payments from any third party.
- 38) **Growth Hormone Treatment** Any treatment, device, drug, service or supply (including surgical procedures, devices to stimulate growth and growth hormones), solely to increase or decrease height or alter the rate of growth.]]
- 39) **Health Club Memberships and Fitness Services** Health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a Doctor. This Exclusion also applies to health spas.
- 40) **Hearing Aids** Hearing aids or exams to prescribe or fit hearing aids, including bone-anchored hearing aids, unless listed as covered in this Booklet. This Exclusion does not apply to cochlear implants.
- 41) **Home Care**
- a) Services given by registered nurses and other health workers who are not employees of or working under an approved arrangement with a Home Health Care Provider.
 - b) Food, housing, homemaker services and home delivered meals. The exception to this Exclusion is homemaker services as described under "Hospice Care" in the "What's Covered" section.
- 42) **Hospital Services Billed Separately** Services rendered by Hospital resident Doctors or interns that are billed separately. This includes separately billed charges for services rendered by employees of Hospitals, labs or other institutions, and charges included in other duplicate billings.

- 43) **Hyperhidrosis Treatment** Medical and surgical treatment of excessive sweating (hyperhidrosis).
- 44) **Infertility Treatment** Testing or treatment related to infertility.
- 45) **Lost or Stolen Drugs** Refills of lost or stolen Drugs.
- 46) **Maintenance Therapy** Treatment given when no further gains are clear or likely to occur. Maintenance therapy includes care that helps you keep your current level of function and prevents loss of that function, but does not result in any change for the better.
- 47) **Medical Equipment, Devices, and Supplies**
- a) Replacement or repair of purchased or rental equipment because of misuse, abuse, or loss/theft.
 - b) Surgical supports, corsets, or articles of clothing unless needed to recover from surgery or injury.
 - c) Non-Medically Necessary enhancements to standard equipment and devices.
 - d) Supplies, equipment and appliances that include comfort, luxury, or convenience items or features that exceed what is Medically Necessary in your situation. Reimbursement will be based on the Maximum Allowable Amount for a standard item that is a Covered Service, serves the same purpose, and is Medically Necessary. Any expense that exceeds the Maximum Allowable Amount for the standard item which is a Covered Service is your responsibility.
 - e) Disposable supplies for use in the home such as bandages, gauze, tape, antiseptics, dressings, ace-type bandages, and any other supplies, dressings, appliances or devices that are not specifically listed as covered in the "What's Covered" section.
- 48) **Medicare** For which benefits are payable under Medicare Parts A and/or B or would have been payable if you had applied for Parts A and/or B, except as listed in this Booklet or as required by federal law, as described in the section titled "Medicare" in "General Provisions." If you do not enroll in Medicare Part B when you are eligible, you may have large out-of-pocket costs. Please refer to www.medicare.gov for more details on when you should enroll and when you are allowed to delay enrollment without penalties.
- 49) **Missed or Cancelled Appointments** Charges for missed or cancelled appointments.
- 50) **Non-approved Drugs** Drugs not approved by the FDA.
- 51) **Non-Medically Necessary Services** Services we conclude are not Medically Necessary. This includes services that do not meet our medical policy, clinical coverage, or benefit policy guidelines.
- 52) **Nutritional or Dietary Supplements** Nutritional and/or dietary supplements, except as described in this Booklet or that we must cover by law. This Exclusion includes, but is not limited to, nutritional formulas and dietary supplements that you can buy over the counter and those you can get without a written Prescription or from a licensed pharmacist.
- 53) **Off label use** Off label use, unless we must cover it by law or if we approve it.
- 54) **Personal Care, Convenience and Mobile/Wearable Devices**
- a) Items for personal comfort, convenience, protection, cleanliness such as air conditioners, humidifiers, water purifiers, sports helmets, raised toilet seats, and shower chairs,
 - b) First aid supplies and other items kept in the home for general use (bandages, cotton-tipped applicators, thermometers, petroleum jelly, tape, non-sterile gloves, heating pads),
 - c) Home workout or therapy equipment, including treadmills and home gyms,
 - d) Pools, whirlpools, spas, or hydrotherapy equipment,
 - e) Hypo-allergenic pillows, mattresses, or waterbeds,
 - f) Residential, auto, or place of business structural changes (ramps, lifts, elevator chairs, escalators, elevators, stair glides, emergency alert equipment, handrails).

- g) Consumer wearable / personal mobile devices (such as a smart phone, smart watch, or other personal tracking devices), including any software or applications.
- 55) **Private Duty Nursing** Private duty nursing services given in a Hospital or Skilled Nursing Facility. Private duty nursing services are a Covered Service only when given as part of the “Home Care Services” benefit.
- 56) **Prosthetics** Prosthetics for sports or cosmetic purposes. This includes wigs and scalp hair prosthetics. This exclusion does not apply to wigs needed after cancer treatment.
- 57) **Residential accommodations** Residential accommodations to treat medical or behavioral health conditions, except when provided in a Hospital, Hospice, Skilled Nursing Facility, or Residential Treatment Center. This Exclusion includes procedures, equipment, services, supplies or charges for the following:
- a) Domiciliary care provided in a residential institution, treatment center, halfway house, or school because a Member’s own home arrangements are not available or are unsuitable, and consisting chiefly of room and board, even if therapy is included.
 - b) Care provided or billed by a hotel, health resort, convalescent home, rest home, nursing home or other extended care facility home for the aged, infirmary, school infirmary, institution providing education in special environments, supervised living or halfway house, or any similar facility or institution.
 - c) Services or care provided or billed by a school, Custodial Care center for the developmentally disabled, or outward bound programs, even if psychotherapy is included. Licensed professional counseling, as described in the “What’s Covered” section of this Booklet, and provided as part of these programs, is considered a Covered Service.
- 58) **Routine Physicals {and Immunizations}**: Physical exams {and immunizations} required for travel, enrollment in any insurance program, as a condition of employment, for licensing, sports programs, or for other purposes, which are not required by law under the “Preventive Care” benefit.
- 59) **Sexual Dysfunction** Services or supplies for male or female sexual problems.
- 60) **Stand-By Charges** Stand-by charges of a Doctor or other Provider.
- The following exclusion applies except for those groups that qualify to opt out:**
- 61) **Sterilization** Services to reverse elective sterilization.
- The following exclusion applies for those groups that qualify to opt out:**
- 62) **Sterilization** For female sterilization or reversal of sterilization.
- 63) **Surrogate Mother Services** Services or supplies for a person not covered under this Plan for a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).
- 64) **Telemedicine** Non-interactive Telemedicine Services, such as audio-only telephone conversations, electronic mail message, fax transmissions or online questionnaire.
- 65) **Temporomandibular Joint Treatment** Fixed or removable appliances which move or reposition the teeth, fillings, or prosthetics (crowns, bridges, dentures).
- 66) **Travel Costs** Mileage, lodging, meals, and other Member-related travel costs except as described in this Plan.
- 67) **Vein Treatment** Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes.
- 68) **Vision Services**
- a) Eyeglass lenses, frames, or contact lenses, unless listed as covered in this Booklet.
 - b) Safety glasses and accompanying frames.

- c) For two pairs of glasses in lieu of bifocals.
 - d) Plano lenses (lenses that have no refractive power).
 - e) Lost or broken lenses or frames, unless the Member has reached their normal interval for service when seeking replacements.
 - f) Vision services not listed as covered in this Booklet.
 - g) Cosmetic lenses or options, such as special lens coatings or non-prescription lenses, unless specifically listed in this Booklet.
 - h) Blended lenses.
 - i) Oversize lenses.
 - j) Sunglasses and accompanying frames.
 - k) For services or supplies combined with any other offer, coupon or in-store advertisement, or for certain brands of frames where the manufacturer does not allow discounts.
 - l) For vision services for pediatric members, no benefits are available for frames or contact lenses not on the Anthem formulary.
 - m) Services and materials not meeting accepted standards of optometric practice or services that are not performed by a licensed provider.
- 69) **Waived Cost-Shares Out-of-Network** For any service for which you are responsible under the terms of this Plan to pay a Copayment, Coinsurance or Deductible, and the Copayment, Coinsurance or Deductible is waived by an Out-of-Network Provider.
- 70) **Weight Loss Programs** Programs, whether or not under medical supervision, unless listed as covered in this Booklet.
- This Exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs.
- 71) **Weight Loss Surgery** Bariatric surgery. This includes but is not limited to Roux-en-Y (RNY), Laparoscopic gastric bypass surgery or other gastric bypass surgery (surgeries to lower stomach capacity and divert partly digested food from the duodenum to the jejunum, the section of the small intestine extending from the duodenum), or Gastroplasty, (surgeries that reduce stomach size), or gastric banding procedures.
- 72) **Wilderness or other outdoor camps and/or programs.** Licensed professional counseling, as described in the "What's Covered" section of this Booklet, and provided as part of these programs, is considered a Covered Service.

What's Not Covered Under Your Prescription Drug Retail or Home Delivery (Mail Order) Pharmacy Benefit

In addition to the above Exclusions, certain items are not covered under the Prescription Drug Retail or Home Delivery (Mail Order) Pharmacy benefit:

1. **Administration Charges** Charges for the administration of any Drug except for covered immunizations as approved by us or the PBM.
2. **Charges Not Supported by Medical Records** Charges for pharmacy services not related to conditions, diagnoses, and/or recommended medications described in your medical records.
3. **Clinical Trial Non-Covered Services** Any Investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be a Covered Service under this Plan for non-Investigational treatments.

4. **Compound Drugs** Compound Drugs unless all of the ingredients are FDA-approved as designated in the FDA's Orange Book: *Approved Drug Products with Therapeutic Equivalence Evaluations*, require a prescription to dispense, and the compound medication is not essentially the same as an FDA-approved product from a drug manufacturer. Exceptions to non-FDA approved compound ingredients may include multi-source, non-proprietary vehicles and/or pharmaceutical adjuvants.

The following exception pertains for groups that qualify to opt out:

5. **Contraceptives** Contraceptive Drugs, injectable contraceptive Drugs and patches unless we must cover them by law.]
6. **Contrary to Approved Medical and Professional Standards** Drugs given to you or prescribed in a way that is against approved medical and professional standards of practice.
7. **Delivery Charges** Charges for delivery of Prescription Drugs.
8. **Drugs Given at the Provider's Office / Facility** Drugs you take at the time and place where you are given them or where the Prescription Order is issued. This includes samples given by a Doctor. This Exclusion does not apply to Drugs used with a diagnostic service, Drugs given during chemotherapy in the office as described in the "Prescription Drugs Administered by a Medical Provider" section, or Drugs covered under the "Medical and Surgical Supplies" benefit – they are Covered Services.
9. **Drugs Not on the Anthem Prescription Drug List (a formulary)** You can get a copy of the list by calling us or visiting our website at www.anthem.com. If you or your Doctor believes you need a certain Prescription Drug not on the list, please refer to "Prescription Drug List" in the "Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy" for details on requesting an exception.
10. **Drugs Over Quantity or Age Limits** Drugs which are over any quantity or age limits set by the Plan or us.
11. **Drugs Over the Quantity Prescribed or Refills After One Year** Drugs in amounts over the quantity prescribed, or for any refill given more than one year after the date of the original Prescription Order.
12. **Drugs Prescribed by Providers Lacking Qualifications/Registrations/Certifications** Prescription Drugs prescribed by a Provider that does not have the necessary qualifications, registrations and/or certifications, as determined by HealthKeepers and Anthem.
13. **Drugs That Do Not Need a Prescription** Drugs that do not need a prescription by federal law (including Drugs that need a prescription by state law, but not by federal law), except for injectable insulin.

This Exclusion does not apply to over-the-counter drugs that we must cover under federal law when recommended by the U.S. Preventive Services Task Force and prescribed by a physician.
14. **Family Members** Services prescribed, ordered, referred by or given by a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.
15. **Gene Therapy** Gene therapy that introduces or is related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material. While not covered under the "Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy" benefit, benefits may be available under the "Gene Therapy" benefit. Please see that section for details.
16. **Growth Hormone Treatment** Any treatment, device, drug, service or supply (including surgical procedures, devices to stimulate growth and growth hormones), solely to increase or decrease height or alter the rate of growth.
17. **Hyperhidrosis Treatment** Prescription Drugs related to the medical and surgical treatment of excessive sweating (hyperhidrosis).
18. **Infertility Drugs** Drugs used in assisted reproductive technology procedures to achieve conception (e.g., IVF, ZIFT, GIFT.)

19. **Items Covered as Durable Medical Equipment (DME)** Therapeutic DME, devices and supplies except peak flow meters, spacers, and blood glucose monitors. Items not covered under the “Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy” benefit may be covered under the “Durable Medical Equipment and Medical Devices” benefit. Please see that section for details.
20. **Items Covered Under the “Allergy Services” Benefit** Allergy desensitization products or allergy serum. While not covered under the “Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy” benefit, these items may be covered under the “Allergy Services” benefit. Please see that section for details.
21. **Lost or Stolen Drugs** Refills of lost or stolen Drugs.
22. **Mail Order Providers other than the PBM’s Home Delivery Mail Order Provider** Prescription Drugs dispensed by any Mail Order Provider other than the PBM’s Home Delivery Mail Order Provider, unless we must cover them by law.
23. **Non-approved Drugs** Drugs not approved by the FDA.
24. **Non-Medically Necessary Services** Services we conclude are not Medically Necessary. This includes services that do not meet our medical policy, clinical coverage, or benefit policy guidelines.
25. **Nutritional or Dietary Supplements** Nutritional and/or dietary supplements, except as described in this Booklet or that we must cover by law. This Exclusion includes, but is not limited to, nutritional formulas and dietary supplements that you can buy over the counter and those you can get without a written Prescription or from a licensed pharmacist.
26. **Off label use** Off label use, unless we must cover the use by law or if we, or the PBM, approve it.
The exception to this Exclusion is described in “Covered Prescription Drugs” in the “Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy” section.
27. **Onychomycosis Drugs** Drugs for Onychomycosis (toenail fungus) except when we allow it to treat Members who are immune-compromised or diabetic.
28. **Over-the-Counter Items** Drugs, devices and products permitted to be dispensed without a prescription and available over the counter.
This Exclusion does not apply to over-the-counter products that we must cover as a “Preventive Care” benefit under federal law with a Prescription.
29. **Sexual Dysfunction Drugs** Drugs to treat sexual or erectile problems.
30. **Syringes** Hypodermic syringes except when given for use with insulin and other covered self-injectable Drugs and medicine.
31. **Weight Loss Drugs** Any Drug mainly used for weight loss.

The most detailed description of benefits, exclusions and restrictions can be found in the following publications which are issued upon initial enrollment and upon renewal. If you have questions, please ask your group administrator or broker.

ABCBS-VA-LG-PAP-EOC (1/20)



The legal stuff we're required to tell you

How we keep your information safe and secure

As a member, you have the right to expect us to protect your personal health information. We take this responsibility very seriously, following all state and federal laws, as well as our own policies.

You also have certain rights and responsibilities when receiving your health care. To learn more about how we protect your privacy, your rights and responsibilities when receiving health care, and your rights under the Women's Health and Cancer Rights Act, go to [anthem.com/privacy](https://www.anthem.com/privacy). For a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To see if your health benefits will cover a treatment, procedure, hospital stay or medicine, we use a process called utilization management (UM). Our UM team is made up of doctors and pharmacists who want to be sure you get the best treatments for certain health conditions. They review the information your doctor sends us before, during or after your treatment. We also use case managers.

They're licensed health care professionals who work with you and your doctor to help you manage your health conditions. They also help you better understand your health benefits.

To learn more about how we help manage your care, go to [anthem.com/memberrights](https://www.anthem.com/memberrights). To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Get the full details

Read your **Certificate of Coverage**, which spells out all the details about your plan. You can find it on [anthem.com](https://www.anthem.com).



Notes



Notes



Ready to use your plan?

Get some extra help

If you have questions, it's easy to get answers. Contact us through our online Message Center or call the Member Services number on your ID card.

