

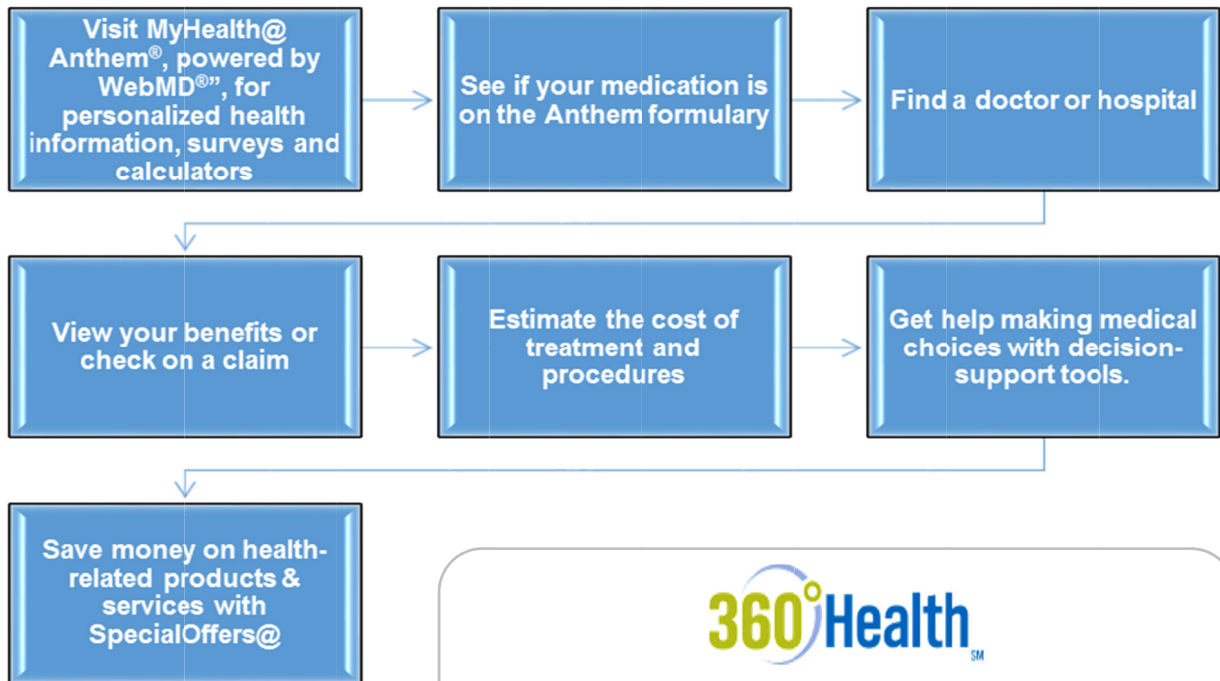
# MEDICAL INSURANCE

The CHEIBA Trust is pleased to offer you four medical insurance plans with **Anthem Blue Cross and Blue Shield**. Part of Anthem's mission is to provide useful tools that help improve the lives of their members and assist them in making informed decisions about their health and are included with your medical coverage.



## MyAnthem™

Tired of paperwork and phone calls? **MyAnthem™** takes the hassle out of your health care. Get your information when you need it. Access your health plan services online through the secure **MyAnthem™** site at [www.anthem.com](http://www.anthem.com), Colorado, **MyAnthem™** login. Use **MyAnthem™** to:



Included in the medical plans is Anthem Blue Cross and Blue Shield's 360 Health program. Listed below are some of the key resources:

## ConditionCare

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.

- 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
- Specially designed condition-specific care diaries, self-monitoring charts, self-care tips and other easy-to-use empowerment materials.

**For information about Anthem's ConditionCare programs, call toll-free 1-877-236-7486 or go to [www.anthem.com](http://www.anthem.com) and select Health & Wellness. Various conditions are listed for your information.**

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## LIVEHEALTH ONLINE



### 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](http://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 [LiveHealthOnline.com](http://LiveHealthOnline.com)

*or*

Download the LiveHealth Online mobile app for free on your mobile device by visiting the App Store<sup>SM</sup> or Google Play<sup>TM</sup>.

### 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](mailto: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.

# MEDICAL INSURANCE

## Future Moms

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:

- ☞ Maternity care materials including *Your Pregnancy Week By Week*, which is a helpful prenatal care book, free for just enrolling in the plan
- ☞ A confidential questionnaire to evaluate your risk for premature delivery
- ☞ Useful tools to help you, your doctor and your **Future Moms** nurse track your pregnancy and identify possible risks

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.

**To reach *Future Moms*, call toll-free 1-800-828-5891 or go to [www.anthem.com](http://www.anthem.com) and select Health & Wellness**

## 24/7 NurseLine

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!

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 & 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.

**For confidential health information from a registered nurse 24-hours a day, 365 days a year, call 1-800-337-4770 or go to [www.anthem.com](http://www.anthem.com) and select Health & Wellness.**

**24/7 NurseLine** is not an emergency response system. In a medical emergency, call 911 or your local emergency service number.

**To reach *24/7 NurseLine*, call toll-free 1-800-337-4770 or go to [www.anthem.com](http://www.anthem.com) and select Health & Wellness.**

## Colorado QuitLine

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:

- ☞ Personally tailored quit program
- ☞ Nicotine replacement therapy
- ☞ Support network
- ☞ Telephone coaching
- ☞ Tools and tips based on the latest research

**Website:** ..... [www.coquitline.org](http://www.coquitline.org)

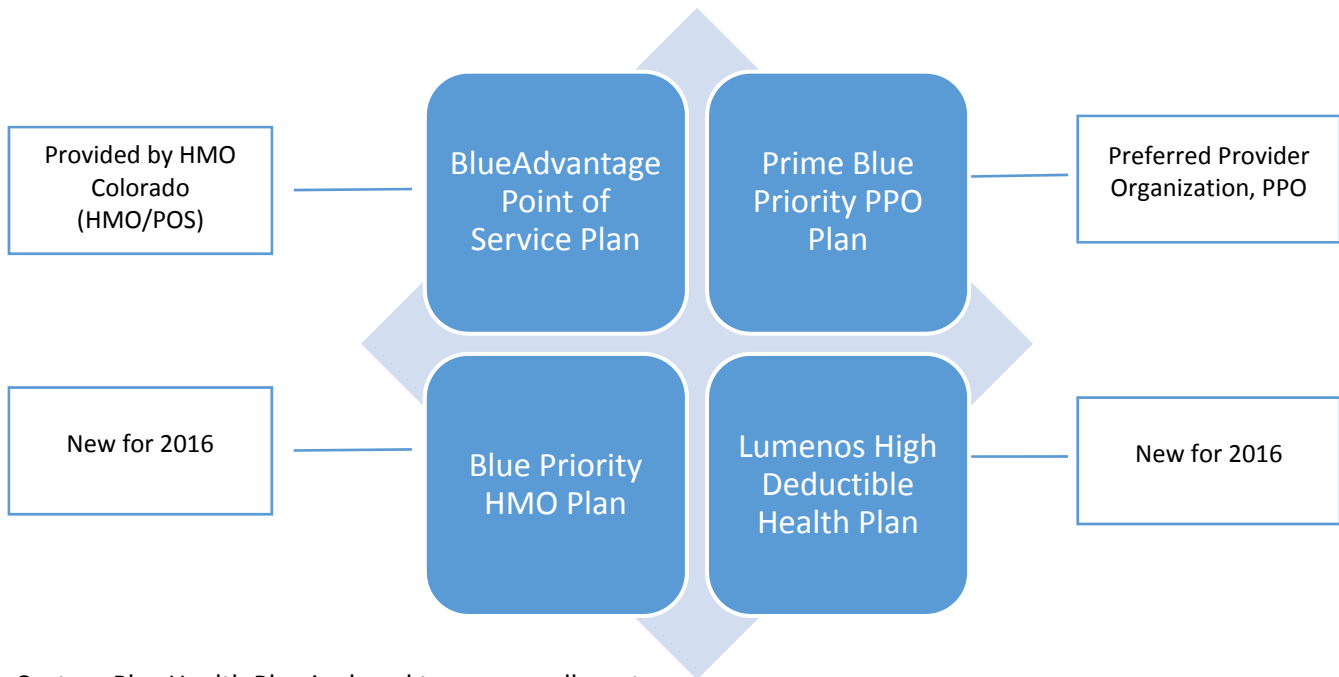
**Phone:** ..... 1-855-891-9988

# MEDICAL INSURANCE

*The CHEIBA Trust and the CHEIBA Trust Members offer you four medical insurance plans from which to select. There is a fifth plan (Custom Plus), but it is closed to new enrollment. 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:



Custom Plus Health Plan is closed to new enrollment.

### Premium Payments

To assist in reducing your insurance premium costs, your share of medical insurance premiums can be paid with pre-tax dollars under the CHEIBA Trust Pre-Tax Insurance Premium Payments Account under the Flexible Benefit Plan. If you and your spouse both work within the CHEIBA Trust system and choose the Dependent coverage option, you may choose to have one spouse pay for all premiums. If you and your spouse both work within the CHEIBA Trust system and Dependent coverage is not selected, you should enroll separately to maximize premium savings.

For Premium Payments involving Domestic Partners and the children of Domestic Partners, please review the document titled, "Important Tax Information for Domestic Partners - Medical and Dental Benefits". See summary of Domestic Partner Benefits on page 5 for further information.

For Premium Payments involving Civil Union Partners and the children of Civil Union Partners, please review the document titled, "Important Tax Information for Partners in a Civil Union – Medical, Dental and Term Life Benefits".

**NOTE:** If you are a Participant in PERA and are within three years of retirement, you may want to elect to pay your premiums with after-tax dollars to ensure your highest possible PERA benefit in retirement. PERA retirement benefits are based on your highest average salary. Please contact your Human Resources/Benefits Office for additional information.

# MEDICAL INSURANCE

## BLUEADVANTAGE HMO/POS

This choice is the Point-of-Service (HMO/POS) Plan which 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.

## PRIME BLUE PRIORITY PPO

This choice is 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. **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, but with higher out-of-pocket costs to you because they are not Designated providers.
- **Level 3:** Nonparticipating providers are at the highest out-of-pocket costs.

**NOTE:** If you live in a rural area and there are no PPO providers within a reasonable distance from you, you may request authorization to see an out-of-network provider and benefits will be applied at the in-network level. Call customer service to request the authorization.

**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.

For information on how to select a primary care provider and for a list of the participating primary care providers and participating health care professionals, who specialize in obstetrics or gynecology, contact Anthem Blue Cross Blue Shield at 1-800-542-9402 or [www.anthem.com/](http://www.anthem.com/).

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.

## How to find a PCP or other providers

Go to [www.anthem.com](http://www.anthem.com) and select **Find A Doctor:**

- Select a state:
- Select a plan/network: **HMO**
- Choose **Select** and **Continue**
- Complete fields for *provider type, specialty and location*
- Select: **Search**

Go to [www.anthem.com](http://www.anthem.com) and select **Find A Doctor:**

- Select a state:
- Select a plan/network: **PPO\***
- Choose **Select** and **Continue**
- Complete fields for *provider type, specialty and location*
- Select: **Search**

\* To search for a **Designated Blue Priority Tier 1** provider, please use the **Blue Priority PPO network**.

# MEDICAL INSURANCE

## BLUE PRIORITY HMO

This choice is the Blue Priority HMO Plan which 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.

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.**

## LUMENOS HIGH DEDUCTIBLE HEALTH PLAN

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

Members must pay their annual deductible\* 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.

**Example:** If you go to the 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. However, if you see an out-of-network doctor, your out-of-pocket expenses may be greater.

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.**

\* 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 must select a Blue Priority 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 Blue Priority 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 required to obtain a referral from their PCP to see an in-network specialist.

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.

## How to find a PCP or other providers

Go to [www.anthem.com](http://www.anthem.com) and select **Find A Doctor:**

- Select a state:
- Select a plan/network: **Blue Priority HMO**
- Choose **Select** and **Continue**
- Complete fields for *provider type, specialty and location*
- Select: **Search**

Go to [www.anthem.com](http://www.anthem.com) and select **Find A Doctor:**

- Select a state:
- Select a plan/network: **Lumenos PPO**
- Choose **Select** and **Continue**
- Complete fields for *provider type, specialty and location*
- Select: **Search**

# MEDICAL INSURANCE

## PRESCRIPTION DRUG BENEFIT

Blue Advantage HMO/POS, Prime Blue Priority PPO, Blue Priority HMO and Lumenos HDHP

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/).

**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.**

*If you have questions*

Call Customer Service at: ..... 1-800-542-9402

or

Go to the website: ..... [www.anthem.com](http://www.anthem.com)

# MEDICAL INSURANCE

## 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](http://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

Description	Custom Plus No Defined Network
<b>Annual Deductible</b>	\$600 Individual \$1,200 Family
<b>Annual Maximum Out-of-Pocket</b>	Individual deductible plus \$2,000 Family deductible plus \$4,000
<b>Physician Selection</b>	Unrestricted; greater benefits with Traditional Participating Network provider
<b>Physician Services</b>	80% after deductible (based on the maximum benefit allowance)
<b>Hospital</b>	80% after deductible (based on the maximum benefit allowance)
<b>Outpatient Surgery</b>	80% after deductible (based on the maximum benefit allowance)
<b>Outpatient Lab</b>	80% after deductible (based on the maximum benefit allowance)
<b>Prescriptions</b>	80% after deductible
Retail & Mail Order	

<i>If you want to complete your enrollment forms, review the Multi-Option Plan Summary or review this Benefit Booklet, reference this plan name:</i>	Custom Plus
<i>If you want to search for information (like searching for a doctor) on the <a href="http://www.anthem.com">anthem.com</a> website, reference this plan name:</i>	Major Medical/ Traditional Provider Network
<i>If you have questions</i>	Call Customer Service at: ..... 1-800-542-9402 or Go to the website: ..... <a href="http://www.anthem.com">www.anthem.com</a>

**NOTE:** The following chart is only an overview of your insurance plan choices. Review the Multi-Option Plan Summary (back pocket of this book) and the specific certificate booklets pertaining to each plan for further details and explanations. **If discrepancies are found, depend upon the certificate of coverage itself for accuracy.**



# MEDICAL INSURANCE

Description	BlueAdvantage		PRIME Blue Priority PPO		Blue Priority HMO	Lumenos PPO	
	In Network (HMO)	Out of Network (POS)	PPO In Network	Non-PPO Out of Network	HMO In Network Only	PPO In Network	Non PPO Out of Network
Annual Deductible	None	\$500 Individual \$1,000 Family	\$400 Individual \$800 Family	\$960 Individual \$1,920 Family	\$2,000 Individual \$6,000 Family Plus \$200 Deductible per individual or \$400 per family for outpatient tier 2 & tier 3 Prescription Drugs	\$2,500 Individual \$5,000 Family	\$2,500 Individual \$5,000 Family
Out-of-Pocket Annual Maximum	\$2,000 Individual \$4,000 Family	Individual deductible plus \$2,500 Family deductible plus \$5,000	Individual deductible plus \$750 Family deductible plus \$1,500	Individual deductible plus \$2,000 Family deductible plus \$4,000	\$4,000 Individual \$10,000 Family	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
Out of Pocket Annual Maximum Includes	Copayments for inpatient hospital, outpatient surgery & other outpatient services except emergency room copayments. All other copayments are still required after the out-of-pocket annual maximum is met.	Deductible is NOT included.	Individual-Coinsurance. Family (Non-Single)-Copayments, Deductible and Coinsurance.	Individual-Copayments, Deductible and Coinsurance. Family (Non-Single)-Copayments, Deductible and Coinsurance.	Copayments, Deductible, Coinsurance	Individual- Deductible & Coinsurance Family (Non-single)- Deductible & Coinsurance	Individual- Deductible, Coinsurance & Copayments. Family (Non-single)- Deductible, Coinsurance & Copayments.
Physician Selection	PCP required	Unrestricted	PCP required	Unrestricted	PCP required	Unrestricted	Unrestricted
Physician Services	\$20 copayment per visit	70% after deductible	Designated Participating Providers: \$10 copayment per visit. Participating Providers: 15% after deductible per visit	65% after deductible	\$20 copayment per visit	100% after deductible	70% after deductible
Inpatient Hospital	\$400 copayment	70% after deductible	85% PPO	65% after deductible	\$250 copayment, then 20% after deductible	100% after deductible	70% after deductible
Outpatient Surgery	\$85 copayment at a hospital-based facility or \$60 copayment at a free-standing, non-hospital-based facility	70% after deductible	PPO: 85% after deductible at a hospital-based facility; 90% after deductible at non-hospital-based facility	65% after deductible	\$250 Copayment at an ambulatory surgery center. \$250 Copayment, then 20% after Deductible at a Hospital.	100% after deductible	70% after deductible
Outpatient Lab	Lab & x-ray - 100% covered MRI/MRA/CT/PET scans - \$100 copayment at a hospital-based facility; \$80 copayment at a non-hospital-based facility	70% after deductible	Lab & x-ray - 85% after deductible at a hospital-based facility; 90% after deductible at a non-hospital-based facility. MRI/MRA/ CT/PET scans: 85% after deductible at a hospital-based facility; 90% after deductible at non-hospital-based facility; not subject to deductible and coinsurance	65% after deductible	Lab - 100% covered except those services received from either a Hospital or Hospital-based Provider. X-ray - \$60 Copayment except those services received from either a Hospital or Hospital-based Provider. MRI/MRA/ CT/PET scans - \$250 Copayment except for services received from either a Hospital or Hospital-based Provider. \$250 Copayment then 20% after Deductible for services received from either a Hospital or Hospital-based Provider.	100% after deductible	70% after deductible
Prescriptions Retail (30-day supply)	Tier 1-\$15 Tier 2-\$30 Tier 3-\$45	Not Covered	Tier 1-\$15 Tier 2-\$30 Tier 3-\$45	Not Covered	Tier 1 \$15 Tier 2 \$40 Tier 3 \$60	100% after deductible	70% after deductible
Mail Order (90-day supply)	Tier 1-\$15 Tier 2-\$30 Tier 3-\$45.	Not Covered	Tier 1-\$15 Tier 2-\$30 Tier 3-\$45.	Not Covered	Tier 1 \$15 Tier 2 \$80 Tier 3 \$120	100% after deductible	Not covered
Specialty Drugs * (30-day supply)	30% coinsurance to max \$125	Not Covered	30% coinsurance to max \$250	Not Covered	30% coinsurance to max \$500	100% after deductible	Not covered

\* Not all specialty drugs on Tier 4 are subject to the Tier 4 coinsurance. Certain specialty drugs may be subject to the Tier 1, 2 or 3 copayment.