The CHEIBA Trust is pleased to continue to offer you three 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, Colorado, MyAnthem™ login. Use MyAnthem™ to:

- Visit MyHealth@Anthem®, powered by WebMD®, for personalized health information, surveys and calculators
- See if your medication is on the Anthem formulary
- Find a doctor or hospital
- View your benefits or check on a claim
- Estimate the cost of treatment and procedures
- Get help making medical choices with decision-support tools.
- Save money on health-related products & services with SpecialOffers®

Included in the medical plans is Anthem Blue Cross and Blue Shield’s program: 360°Health

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 our 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 and select Health & Wellness. Various conditions are listed for your information.
**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*

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**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 1-800-828-5891 or go to [www.anthem.com](http://www.anthem.com) and select Health & Wellness.*

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**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*
The CHEIBA Trust and the CHEIBA Trust Members offer you three medical insurance plans from which to select (one is closed to new enrollment). Two of these choices are open to all benefit-eligible Employees and their Dependents. 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 Phone Reference Page at the beginning of this book.

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

Your choices include:

- **BlueAdvantage** Point of Service Plan
- **PRIME** Health Plan
- **Custom Plus** Health Plan
  - Closed to new enrollment effective January 1, 2010.

**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”. 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.
# BlueAdvantage Prime Health Plan

## 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.

**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. You do not need prior authorization from Anthem Blue Cross and Blue Shield or from any other person (including a primary care provider) in order to obtain specialty care including obstetrical or gynecological care (OB/Gyn). The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan.

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/.

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.

## Prime Health Plan PPO

This choice is the Preferred Provider Organization (PPO) plan which includes in and out-of-network coverage. To obtain a higher level of benefits you can select a PPO provider within the network of PPO doctors or you can choose to go outside the network and see any doctor of your choice.

**Additional Notes:** 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 can select PPO physicians who have entered into an agreement with Anthem Blue Cross and Blue Shield to provide care at negotiated rates, which saves you money on coinsurance charges, or you can 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.

**Prescription Drug Benefit**

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. 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/.

Diabetic supplies/prescriptions and asthma inhalers/prescriptions will be covered under Tier 1.

To get started in the mail order program, simply call the Express Scripts Mail Order team at 1-866-297-1011 Monday through Friday 8:00 a.m. to 8:30 p.m. Eastern Time, TDD is 1-800-899-2114.

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

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.

**NOTE:** Always ask for a Tier 1 drug, if available, to ensure your highest possible benefit. When there is no Tier 1 drug available, the member will pay the higher tier copayment. If the member chooses a Tier 2 or Tier 3 drug when a Tier 1 drug is available, the copayment of $30 or $45 (if mail order the copayment is $60 or $90) plus the difference in price between the Tier 1 and Tier 2 or Tier 3 drug will apply.

**Services, supplies and prescriptions for the treatment of sexual dysfunction are not covered.**

For questions, call Customer Service: 1-800-542-9402

Website: www.anthem.com
CUSTOM PLUS HEALTH PLAN

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

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

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

For questions, call Customer Service: ................................................................. 1-800-542-9402

Website ................................................................. www.anthem.com
## Medical Insurance

### Medical Choices Comparison

<table>
<thead>
<tr>
<th>Description</th>
<th>BlueAdvantage (HMO)</th>
<th>Out of Network (POS)</th>
<th>PRIME PPO In Network</th>
<th>Custom Plus No Defined Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td>None</td>
<td>$500 Individual</td>
<td>PPO</td>
<td>$600 Individual</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,000 Family</td>
<td>Individual deductible plus $2,500</td>
<td>$1,200 Family</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family deductible plus $5,000</td>
<td>Individual deductible plus $750</td>
<td></td>
</tr>
<tr>
<td><strong>Annual Maximum Out-of-Pocket</strong></td>
<td>Individual $2,000</td>
<td>Individual deductible plus $2,500</td>
<td>PPO</td>
<td>Individual deductible plus $2,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family deductible plus $5,000</td>
<td>Non-PPO</td>
<td>Family deductible plus $4,000</td>
</tr>
<tr>
<td><strong>Physician Selection</strong></td>
<td>PCP required</td>
<td>Unrestricted</td>
<td>Unrestricted</td>
<td>Unrestricted; greater benefits with PPO provider</td>
</tr>
<tr>
<td><strong>Physician Services</strong></td>
<td>$20 copayment per visit</td>
<td>70% after deductible</td>
<td>85% PPO; 65% Non-PPO reimbursement after deductible (for Non-PPO, based on the maximum benefit allowance)</td>
<td>80% after deductible (based on the maximum benefit allowance)</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>$85 copayment per procedure at a hospital-based facility or $60 copayment per procedure at a free-standing, non-hospital-based facility</td>
<td>70% after deductible</td>
<td>PPO: 85% after deductible at a hospital-based facility; 90% after deductible per procedure at free-standing, non-hospital-based facility; Non-PPO: 65% after deductible</td>
<td>80% after deductible (based on the maximum benefit allowance)</td>
</tr>
<tr>
<td><strong>Outpatient Lab</strong></td>
<td>Lab &amp; x-ray: 100% covered MRI/MRA/CT/PET scans: $100 copayment per procedure at a hospital-based facility; $80 copayment per procedure at a free-standing, non-hospital-based facility</td>
<td>70% after deductible</td>
<td>PPO: Lab &amp; x-ray - 85% after deductible at a hospital-based facility; 90% after deductible per procedure at free-standing, non-hospital-based facility; MR/MRA/CT/PET scans: 85% after deductible at a hospital-based facility; 90% after deductible per procedure at free-standing, non-hospital-based facility; not subject to deductible and coinsurance; Non-PPO: 65% after deductible</td>
<td>80% after deductible (based on the maximum benefit allowance)</td>
</tr>
<tr>
<td><strong>Prescriptions</strong></td>
<td>Not Covered</td>
<td></td>
<td>Anthem’s Pharmacy Benefits Manager (PBM)</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>(mail order available)</td>
<td></td>
<td></td>
<td>Tier 1-$15 Tier 2-$30 Tier 3-$45 Tier 4-The lesser of 30% or $125 copayment per prescription drug</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-PPO after deductible for Non-PPO, based on the maximum benefit allowance</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital</strong></td>
<td>$400 copayment per admission</td>
<td>70% after deductible</td>
<td>85% PPO; 65% Non-PPO after deductible for Non-PPO, based on the maximum benefit allowance</td>
<td>80% after deductible (based on the maximum benefit allowance)</td>
</tr>
</tbody>
</table>
# Medical Insurance

**Anthem Blue Cross and Blue Shield**  
Medical Plan Website Name References

<table>
<thead>
<tr>
<th>Name of Plan on Enrollment Form</th>
<th>Name of Plan on <a href="http://www.anthem.com">www.anthem.com</a> Website When Searching Networks</th>
</tr>
</thead>
<tbody>
<tr>
<td>BlueAdvantage Point-of-Service (HMO/POS) Plan</td>
<td>HMO In Network – search for HMO providers</td>
</tr>
<tr>
<td>PRIME HealthPlan (PPO)</td>
<td>PPO</td>
</tr>
<tr>
<td>Custom Plus</td>
<td>Major Medical/Traditional Provider Network</td>
</tr>
</tbody>
</table>

**NOTE**: This 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.**

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