



## What's Inside

Getting started with health insurance .....	3
A health plan that works for you.....	4
More coverage for you .....	5
Frequently asked questions (FAQs) .....	6



# A guide to choosing your Anthem Blue Cross health plan

MANPOWER TEMPORARY SERVICES  
(NON-CORE HMO)  
Effective January 1, 2016



## **An Anthem Blue Cross ID card means something**

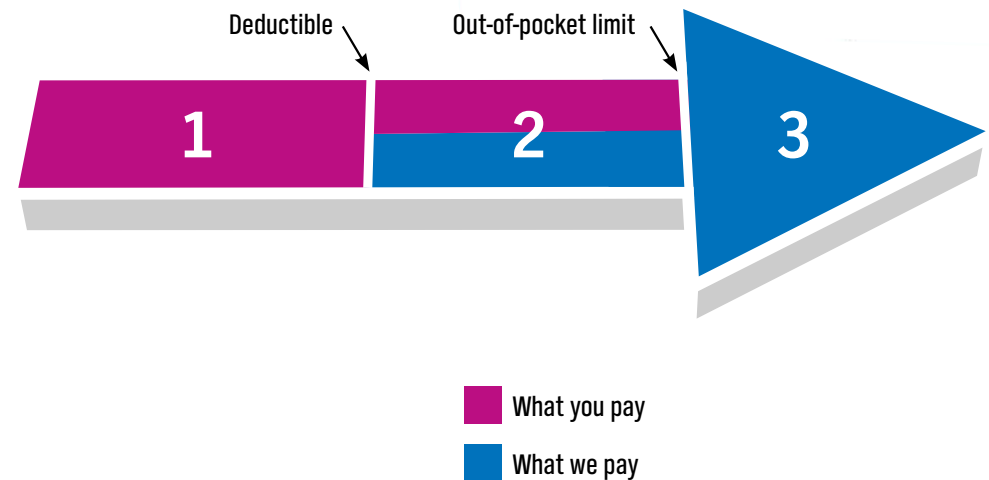
It means you have access to quality care from quality doctors. It means you can always get your questions answered. It means you have our support before you ever need health care. And that's what this guide is for. We want you to have everything you need to make a good decision.

# Getting started with health insurance

Let's start with how health insurance works in general

How most health plans work

- 1. If you pay your deductible.** This is a set amount that you pay before your plan starts paying for covered services. If your plan has **copays** (flat fees like \$30 for each visit) along with a deductible, you only need to pay the copay for most doctor visits.
- 2. After you meet your deductible, you and your plan share the cost of covered services.** You pay a copay or coinsurance (a percentage of the cost) each time you get care. Your insurance covers the rest.
- 3. You're protected by your plan's out-of-pocket limit.** That's the most you pay for covered health services each year. With some plans, you still have copays even after you reach your out-of-pocket limit.
  - What about the money for health insurance that gets deducted from your paycheck? That's your premium. Think of it like a membership fee. It's separate from what you pay when you get care.
  - Remember, this chart is only an example. Your actual costs will depend on the type of plan you choose, the service you get and the doctor. To see your actual costs, please refer to your plan information.



# A health plan that works for you

Invest in your health with the right health plan.

The doctors, hospitals and other health care providers in our network have agreed to charge lower rates for our members.

## HMO

This health plan only covers services from a network of doctors in your area. You'll need to choose a main doctor, also called a primary care doctor, from the **Health Maintenance Organization (HMO)** network. If you need a specialist, you'll most likely have to go through your primary care doctor to get a referral.

Some HMO plans may have different rules. So be sure to check your plan details.



Our Anthem ID card means I can choose my child's doctor.

# More coverage for you

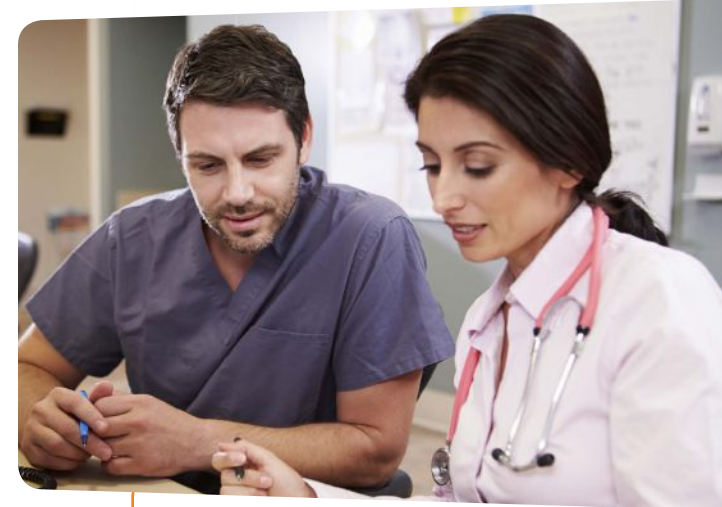
When you enroll, you'll probably need to opt-in for the coverage options in this section.

## Dental

Dental coverage not only protects your teeth, but can support overall health, too. Some conditions like heart disease, for example, have warning signs in the mouth and gums. That's why quality dental coverage is an important part of your insurance package.

### Your dental plan offers

- Access to a large network of dentists.



My Anthem ID card means I have access to quality care from quality doctors

# Frequently asked questions (FAQs)

You can register at [anthem.com/ca](https://www.anthem.com/ca) – your simple and convenient solution to managing your health

## Can I keep my current doctor?

Yes, you can. But keep in mind that you get the most out of your plan if your doctor is part of the network. Some plans cover only services from network doctors, which means you pay for the full cost if you see a doctor outside the network. Other plans cover services from doctors outside the network – but your plan pays more of the cost when you see a network doctor. Be sure to check the details of your plan.

To find out if your doctor is in our network, or to find a new doctor or pharmacy in our network, go to our **Find a Doctor** tool on [anthem.com/ca](https://www.anthem.com/ca). You can search by specialty and check a doctor's training, certifications and member reviews. Be ready to enter your plan name to view the network that serves your plan. You can also use **Find a Doctor** on your smartphone.

## What prescription drugs are covered?

View the drugs we cover at [www.anthem.com/ca/national3tier](https://www.anthem.com/ca/national3tier).

And here's a tip: you'll often pay less for generic versions of higher-cost name brand drugs.

To learn more about pharmaceutical programs that may apply to your coverage, check out the Customer Support section on [anthem.com/ca](https://www.anthem.com/ca). Then go to FAQs > Pharmacy.

## How do I enroll?

You enroll by filling out a paper form.

## How do I use my health plan when I need care?

After you enroll, your member ID card will come in the mail. Be sure to bring it with you to the doctor.

## Is preventive care covered?

Yes, preventive care from a network provider is covered at 100%. It's very important to take care of your health with regular checkups even when you feel fine. So talk to your doctor about screenings and immunizations that you may need to protect your health.

## Can I manage my health care on the Web?

Yes. As soon as you become a member, you'll be able to register at [anthem.com/ca](https://www.anthem.com/ca). It's designed to help you manage your health care and your coverage simply and conveniently. Many of our members find these self-service tools helpful:

- Check on your claims.
- Find a doctor or pharmacy.
- Check the cost of a drug and refill a prescription.
- Track your health care spending

- Compare quality and costs at hospitals and other facilities.
- Go paperless.

Download the free [anthem.com/ca](https://www.anthem.com/ca) mobile app so you can manage your health care on the go!

[Watch a video to learn more about our website.](#)

## Do I have health and wellness benefits with my plan?

Yes. In fact, we have a set of tools and resources that can help you reach your health goals. They can also save you money on products and services for your health. Just go to [anthem.com/ca](https://www.anthem.com/ca) and click the **Health & Wellness** tab. Once you're a member, you can log in and see more.

Check out these health and wellness programs your employer is providing in addition to your health insurance benefits:

**24/7 NurseLine** – Our registered nurses can answer your health questions wherever you are – any time, day or night. [Watch a video to learn more about 24/7 NurseLine.](#)

**Future Moms** – Moms-to-be get personalized support and guidance from registered nurses to help them have a healthy pregnancy, a safe

# Frequently asked questions (FAQs)

You can register at [anthem.com/ca](https://www.anthem.com/ca) – your simple and convenient solution to managing your health

delivery and a healthy baby. [Watch a video to learn more about Future Moms.](#)

**ConditionCare** – Get the added support you may need if you have asthma, diabetes, heart disease, chronic obstructive pulmonary disease or heart failure. A nurse coach can answer questions about your health and help you reach your health goals based on your doctor’s care plan. You can work with dietitians, health educators, pharmacists and social workers to reach those goals and feel your best. [Watch a video to learn more about ConditionCare.](#)

**ComplexCare** – If you have a serious health condition or a number of health issues that need extra care, a nurse coach will help answer your questions, work to coordinate your care, and help you effectively use your health benefits.

## How can my plan help me save money?

You'll save money every time you go to a doctor in network – they've agreed to charge lower rates for Anthem members. But we'll also help save you money before you go to the doctor.

At [anthem.com/ca](https://www.anthem.com/ca), you can compare how much a medical procedure will cost at different locations. Plus, all members get discounts on health-related products.

**Home Delivery Pharmacy** – You can save money and time by having your prescriptions delivered to your home. Learn how to get started with Home Delivery.



# How we protect our members

As a member, you have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. And 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 [www.anthem.com/ca/memberrights](http://www.anthem.com/ca/memberrights).

## How we help manage your care

To decide if we'll cover a treatment, procedure or hospital stay, we use a process called Utilization Management (UM). UM is a program that lets us make sure you're getting the right care at the right time. Licensed health care professionals review information your doctor has sent us to see if the requested care is medically needed. These reviews can be done before, during or after a member's treatment. UM also helps us decide if the services will be covered by your health plan.

We also use case managers. They're licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

To learn more about how we help manage your care, visit [www.anthem.com/ca/memberrights](http://www.anthem.com/ca/memberrights).

## Special Enrollment Rights

There are certain situations when you can enroll in a plan outside the open enrollment period. Open enrollment usually happens only once a year. That's the time you can enroll in a plan or make changes to it. If you choose not to enroll during open enrollment, there are special cases when you're allowed to enroll yourself and your dependents. Special enrollment is allowed:

- **If you had another health plan that was canceled.** If you, your dependents or your spouse are no longer eligible for other coverage (or if the employer stops contributing to your health plan), you may be able to enroll with us. You must enroll within 31 days after the other coverage ends (or after the employer stops paying for it).
- For example: You and your family are enrolled through your spouse's coverage at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in a plan.
- **If you have a new dependent.** This could mean a life event like marriage, birth, adoption or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after

the event. For example: If you got married, your new spouse and any new children may be able to enroll in a plan.

- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
  - You (or your eligible dependents) lose Medicaid or SCHIP coverage because you're no longer eligible.
  - You (or eligible dependents) become eligible to get help from Medicaid or SCHIP for paying part of the cost.





## Carry an ID card that means something. Enroll now.

如果您是非會員並需要中文協助，請聯絡您的銷售代表或小組管理員。如果您已參保，則請使用您 ID 卡上的號碼聯絡客戶服務人員。

Doo bee a'tah ni'liigoo eí dooda'í, shikáa adootwoł íínízínigo t'áá diné k'éjíggo, t'áá shoodí ba na'ałníhí ya sidáhí bich'í naabídíłkiid. Eí doo biigha daago ni ba'nija'go ho'aalagí bich'í hodiilní. Hai'daq iini'taago eíya, t'áá shoodí diné ya atáh halne'ígíí ní béesh bee hane'í wólta' bí'ki si'niilígíí bí'kéhgo bich'í hodiilní.

Si no es miembro todavía y necesita ayuda en idioma español, le suplicamos que se ponga en contacto con su agente de ventas o con el administrador de su grupo. Si ya está inscrito, le rogamos que llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación.

Kung hindi ka pa miyembro at kailangan ng tulong sa wikang Tagalog, mangyaring makipag-ugnayan sa iyong sales representative o administrator ng iyong pangkat. Kung naka-enroll ka na, mangyaring makipag-ugnayan sa serbisyo para sa customer gamit ang numero sa iyong ID card.

아직 가입하지 않았거나 한국어로 된 도움말이 필요한 경우 영업 관리자나 그룹 관리자에게 문의하시기 바랍니다. 이미 가입한 경우 ID 카드에 있는 번호를 사용하여 고객 서비스에 문의하시기 바랍니다.

Nếu quý vị chưa phải là một hội viên và cần được giúp đỡ bằng Tiếng Việt, xin liên lạc với đại diện thương mại của quý vị hoặc quản trị viên nhóm. Nếu quý vị đã ghi danh, xin liên lạc với dịch vụ khách hàng qua việc dùng số điện thoại ghi trên thẻ ID của quý vị.

Life products underwritten by Anthem Blue Cross Life and Health Insurance Company. Disability products underwritten by Anthem Life Insurance Company.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross, Anthem Life Insurance Company and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Express Scripts, Inc. is a separate company that provides pharmacy services and pharmacy benefit management services on behalf of health plan members.

The Healthy Lifestyles programs are administered by Healthways, Inc., an independent company.