



# Benefits You Can Count On

University of Richmond  
Anthem Dental Complete Plan  
Effective January 1, 2014

**Choosing the  
right plan is a very  
personal thing.**

**Use this book to find one that's**

- Right for your lifestyle
- Right for your needs
- Right for your peace of mind





# Thanks for considering Anthem

Choosing your benefits is important. So please take a few minutes to look over this booklet. It can help make your choices more clear. It gives you a snapshot of your options, what you get with each plan, how each plan works, and the benefits of being an Anthem member. You may want to keep this booklet. It might come in handy later.

## Why choose us?

### Explore the Anthem membership advantage.

There are some perks to being an Anthem member that you can enjoy no matter which plan you choose.

- You're covered even when you're away from home. You can travel outside your area or country – and know you're covered.
- You get more than basic coverage. You get access to tools, resources and guidance to help you reach your personal, healthy best.
- You can find answers to your questions at [anthem.com](https://www.anthem.com).

### Remember to register at [anthem.com](https://www.anthem.com).

When you get your ID card, you can register for secure member access at [anthem.com](https://www.anthem.com). It's the easiest way to:

- Check claim status.
- Order a new ID card.
- Find a network provider.
- Compare prices for a procedure.
- Find health topics, resources, support and much more.

### It only takes five minutes to sign up.

- Go to [anthem.com](https://www.anthem.com).
- Click "Register" in the green box on the right.
- Enter your information and follow the steps to create a username and password.

We hope to count you among our many satisfied members. If you have questions during enrollment, your benefits manager will be happy to help.

# Table of Contents

	Page
Specialty Overview.....	5
Information You Should Know .....	13

## Helpful links

[anthem.com](http://anthem.com)

*While you're there check out the Health and Wellness tab*

[Facebook.com/HealthJoinIn](https://www.facebook.com/HealthJoinIn)

*While you're there check out the Health Personality Quiz*

[Twitter.com/HealthJoinIn](https://twitter.com/HealthJoinIn)

[YouTube.com/HealthJoinIn](https://www.youtube.com/HealthJoinIn)

[Healthy Footprint](#)

[Glossary](#)

[Member Online Tools](#)



# Specialty Overview

# Dental Complete

Everyone wants a nice smile. But did you know taking care of your teeth and seeing your dentist for regular checkups can actually help protect your overall health? More than 90% of all diseases that impact your body produce signs and symptoms in your mouth.<sup>1</sup> Dental Complete can help you keep your smile bright and healthy.

## Advantages of Dental Complete:

- **Your dentist is probably in the network.** In fact, you have access to more dentists and specialists than most other dental plans. To see if your dentist, orthodontist or periodontist is in our network, use the “Find Dental Providers” tool on [anthem.com/mydentalvision](http://anthem.com/mydentalvision).
- **Dental Complete covers a variety of services.** Whether you need a regular cleaning or filling, Dental Complete offers coverage. For details of what the plan covers, see the summary of benefits or talk to your benefits manager.
- **You get more for the money.** SpecialOffers@Anthem<sup>SM</sup> offers discounts on wellness products and services, like fitness club memberships and LASIK eye surgery.<sup>2</sup>
- **You have access to worldwide dental emergency care.** Members traveling outside the U.S. have coverage for emergency dental services through a worldwide network of English-speaking dentists.<sup>3</sup>
- **The support you need.**
  - Visit [anthem.com/mydentalvision](http://anthem.com/mydentalvision) for online services, forms, dental health tips and more.
  - Call our dedicated dental customer service line at the number on the back of your ID card.

## HOW TO FIND A DENTAL PROVIDER

1. Go to [anthem.com/mydentalvision](http://anthem.com/mydentalvision)
2. Use the “Find Dental Providers” tool to search for dental providers in your area.

<sup>1</sup> Academy of General Dentistry website: Importance of Oral Health to Overall Health (October 2008): <http://www.knowyourteeth.com/infobites/abc/article/?abc=0&id=320&aid=1289>.

<sup>2</sup> Vendors and offers are subject to change without prior notice. Anthem does not endorse and is not responsible for products, services, or information provided by these vendors.

<sup>3</sup> Arrangements and discounts were negotiated between each vendor and Anthem for the benefit of our members.

<sup>3</sup> The International Emergency Dental Program is managed by DeCare Dental. DeCare Dental is an independent company offering dental management services to Anthem Blue Cross and Blue Shield.

**Your Summary of Benefits  
UNIVERSITY OF RICHMOND  
Anthem Dental Complete**



**WELCOME TO YOUR DENTAL PLAN!**

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

**Dental coverage you can count on**

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

**Savings beyond your dental plan benefits - you get more for your money.**

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		In-Network	Out-of-Network	
<b>Annual Benefit Maximum</b> ▪ Per insured person	Calendar Year	\$1,250	\$1,250	
<b>Annual Maximum Carryover</b>		No	No	
<b>Orthodontic Lifetime Benefit Maximum</b> ▪ Per eligible insured person		\$1,000	\$1,000	
<b>Annual Deductible (The Deductible does not apply to Orthodontic Services)</b> ▪ Per insured person ▪ Family maximum	Calendar Year	\$25 3X Individual	\$50 3X Individual	
<b>Deductible Waived for Diagnostic/Preventive Services</b>		Yes	Yes	
<b>Out-of-Network Reimbursement Options:</b>		80th percentile		
Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
<b>Diagnostic and Preventive Services</b> ▪ Periodic oral exam ▪ Teeth cleaning (prophylaxis) ▪ Bitewing X-rays: 1X per calendar year ▪ Intraoral X-rays		100% Coinsurance	70% Coinsurance	No Waiting Period
<b>Basic Services</b> ▪ Amalgam (silver-colored) Filling ▪ Front composite (tooth-colored) Filling ▪ Back composite Filling, Alternated to Amalgam Benefit ▪ Simple Extractions		80% Coinsurance	50% Coinsurance	No Waiting Period
<b>Endodontics</b> ▪ Root Canal		50% Coinsurance	50% Coinsurance	No Waiting Periods
<b>Periodontics</b> ▪ Scaling and root planing		50% Coinsurance	50% Coinsurance	No Waiting Periods
<b>Oral Surgery</b> ▪ Surgical Extractions		50% Coinsurance	50% Coinsurance	No Waiting Periods
<b>Major Services</b> ▪ Crowns		50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Prosthodontics</b> ▪ Dentures ▪ Bridges ▪ Dental implants Not Covered		50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Prosthetic Repairs/Adjustments</b>		50% Coinsurance	50% Coinsurance	No Waiting Periods
<b>Orthodontic Services</b> ·Dependent Children Only*		50% Coinsurance	50% Coinsurance	No Waiting Periods

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

\*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

VA\_PCLG\_FI-Custom

**Emergency dental treatment for the international traveler**

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.\*\* With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

\*\* The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem Blue Cross Life and Health Insurance Company.

**Finding a dentist is easy.**

To select a dentist by name or location, do one of the following:

- Go to [anthem.com/mydentalvision](http://anthem.com/mydentalvision)
- Call Customer Service at the toll-free number listed on the back of your ID card.

**TO CONTACT US:**

Call	Write
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.

**Limitations & Exclusions**

<p>Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.</p> <p><b>Diagnostic and Preventive Services</b></p> <p><b>Oral evaluations</b> (exam) Limited to two per Calendar Year</p> <p><b>Teeth cleaning</b> (prophylaxis) Limited to two per Calendar Year</p> <p><b>Intraoral X-rays, single film</b> Limited to four films per 12-month period</p> <p><b>Complete series X-rays</b> (panoramic or full-mouth) Coverage Every 3 Years</p> <p><b>Topical fluoride application</b> Limited to once every 12 months for members through age 18</p> <p><b>Sealants</b> Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.</p> <p><b>Basic and/or Major Services***</b></p> <p><b>Fillings</b> Limited to once per surface per tooth in any 24 months</p> <p><b>Space Maintainers</b> Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic and Preventive or Basic Services.</p> <p><b>Crowns</b> Limited to once per tooth in a five-year period</p> <p><b>Fixed or removable prosthodontics – dentures, partials, bridges</b></p> <p>Covered once in any five-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is five years old or older and cannot be made serviceable.</p> <p><b>Root canal therapy</b> Limited to once per lifetime per tooth; coverage is for permanent teeth only.</p> <p><b>Periodontal surgery</b> Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater</p> <p><b>Periodontal scaling and root planing</b> Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater</p> <p><b>Brushed Biopsy</b> Not Covered</p> <p>***<b>Waiting periods</b> for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.</p> <p>There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.</p> <p><b>ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES</b></p> <p><b>Orthodontia</b> Limited to one course of treatment per member per lifetime</p>	<p><b>Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.</b></p> <p><b>Services provided before or after the term of this coverage</b></p> <p><b>Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate</b></p> <p><b>Orthodontics (unless included as part of your dental plan benefits)</b> Orthodontic braces, appliances and all related services</p> <p><b>Cosmetic dentistry</b> Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist</p> <p><b>Drugs and medications</b> Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care</p> <p>Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.</p> <p><b>Extractions</b> - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member</p>
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The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem Blue Cross Life and Health Insurance Company.





### **Choice of dentists**

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

### **Here's why:**

In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

### **How Anthem dental decides on maximum allowed amounts**

For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

### **Here's an example of higher costs for out-of-network dental services**

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a crown from an out-of-network dentist, who charges \$1,200 for the service and bills Anthem for that amount.

Anthem's maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can "balance bill" Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800.

Here's the math:

- Dentist's charge: \$1,200
- Anthem's maximum allowed amount: \$800
- Anthem pays 50%: \$400
- Ted pays 50% (coinsurance): \$400
- Balance Ted owes the provider:  $\$1,200 - \$800 = \$400$
- Ted's total cost:  $\$400$  coinsurance +  $\$400$  provider balance =  $\$800$

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance because he would not have been "balance billed" the \$400 difference.

# How to Guide: To Find a Provider

<b>STEP 1:</b>	Go to <a href="http://www.anthem.com/mydentalvision">www.anthem.com/mydentalvision</a>
<b>STEP 2:</b>	Click on “Find Dental Providers” (middle of page)
<b>STEP 3:</b>	Click on either <b>Anthem Dental Prime</b> or <b>Anthem Dental Complete</b> (the plan name is located on your member ID card)
<b>STEP 4:</b>	Select a <b>Specialty</b> (if needed); Click “Next”
<b>STEP 5:</b>	Enter your criteria for the provider search and click on “View Results”
<b>STEP 6:</b>	To lookup a provider by name, click on “Lookup by Name” at the top of the page
<b>STEP 7:</b>	On the Search Results page, you can: <b>Download Results; Print a PDF of your results; and Start a new search</b>

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# How to Guide: Member Login

<b>STEP 1:</b>	Go to <a href="http://www.anthem.com/mydentalvision">http://www.anthem.com/mydentalvision</a>
<b>STEP 2:</b>	Click <b>Login</b> under Dental Member Services
<b>STEP 3:</b>	Under Member Services, <b>Select Anthem Dental Prime, Anthem Dental Complete and Anthem Dental Smart Access Member Services</b>
<b>STEP 4:</b>	For a new Member, click on the <b>Set up a new user account</b>
<b>STEP 5:</b>	<b>Enter Subscriber First Name, Last Name, Subscriber ID (SSN or Alt ID) and Date of Birth</b>
<b>STEP 6:</b>	<b>Create a username, password and challenge question/answer</b>
<b>STEP 7:</b>	<b>Registration is complete.</b> Access coverage, claims and eligibility information; order replacement ID cards

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**University of Richmond  
Dental Group#803139**



## **Call Anthem Dental Customer Service**

**1-866-956-8607 (Toll Free)  
Monday – Friday, 8 a.m. – 8 p.m. EST**

**Visit our Web site – [www.anthem.com/mydentalvision](http://www.anthem.com/mydentalvision)**

### **Features include:**

- Benefits and Claims Inquiry
- Dentist Directory Complete Contracted Network
- International Emergency Dental Care Information
- Oral Health Care Information

P.S. Be sure to show your new dental ID card to your dentist at your first visit. And, ask your dentist to record the new information (new group number, member ID, claims address and customer service phone number) in their files. The dentist office will need this information to file your claim.

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# Information You Should Know

# Important legal information you should take time to read

## Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act explains your rights for treatment under the health plans if you need a mastectomy. Plain and simple ... we're here for you.

If you ever need a benefit-covered mastectomy, we hope it will give you some peace of mind to know that your Anthem Blue Cross and Blue Shield benefits comply with the Women's Health and Cancer Rights Act of 1998, which provides for:

- Reconstruction of the breast(s) that underwent a covered mastectomy.
- Surgery and reconstruction of the other breast to restore a symmetrical appearance.
- Prosthesis and coverage for physical complications related to all stages of a covered mastectomy, including lymphedema.
- All applicable benefit provisions will apply, including existing deductibles, copayments and/or coinsurance.

## HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how health, vision and dental information about you may be used and disclosed, and how you can get access to this information with regard to your health benefits. Please review it carefully.

We keep the health and financial information of our current and former members private, as required by law, accreditation standards and our rules. This notice explains your rights. It also explains our legal duties and privacy practices. We are required by federal law to give you this notice.

### Your Protected Health Information

We may collect, use, and share your Protected Health Information (PHI) for the following reasons and others as allowed or required by law, including the HIPAA Privacy rule:

**For Payment:** We use and share PHI to manage your account or benefits; or to pay claims for health care you get through your plan. For example, we keep information about your premium and deductible payments. We may give information to a doctor's office to confirm your benefits.

**For Health Care Operations:** We use and share PHI for our health care operations. For example, we may use PHI to review the quality of care and services you get. We may also use PHI to provide you with case management or care coordination services for conditions like asthma, diabetes, or traumatic injury.

**For Treatment Activities:** We do not provide treatment. This is the role of a health care provider such as your doctor or a hospital. But, we may share PHI with your health care provider so that the provider may treat you.

**To You:** We must give you access to your own PHI. We may also contact you to let you know about treatment options or other health-related benefits and services. When you or your dependents reach a certain age, we may tell you about other products or programs for which

## Important legal information you should take time to read (continued)

you may be eligible. This may include individual coverage. We may also send you reminders about routine medical checkups and tests.

**To Others:** In most cases, if we use or disclose your PHI outside of treatment, payment, operations or research activities, we must get your OK in writing first. We must receive your written OK before we can use your PHI for certain marketing activities. We must get your written OK before we sell your PHI. If we have them, we must get your OK before we disclose your provider's psychotherapy notes. Other uses and disclosures of your PHI not mentioned in this notice may also require your written OK. You always have the right to revoke any written OK you provide. You may tell us in writing that it is OK for us to give your PHI to someone else for any reason. Also, if you are present and tell us it is OK, we may give your PHI to a family member, friend or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are not present, if it is an emergency, or you are not able to tell us it is OK, we may give your PHI to a family member, friend or other person if sharing your PHI is in your best interest.

**As Allowed or Required by Law:** We may also share your PHI, as allowed by federal law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared for judicial or administrative proceedings, with public health authorities, for law enforcement reasons, and to coroners, funeral directors or medical examiners (about decedents). PHI can also be shared for certain reasons with organ donation groups, for research, and to avoid a serious threat to health or safety. It can be shared for special government functions, for workers' compensation, to respond to requests from the U.S. Department of Health and Human Services and to alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes. PHI can also be shared as required by law.

If you are enrolled with us through an employer sponsored group health plan, we may share PHI with your group health plan. We and/or your group health plan may share PHI with the sponsor of the plan. Plan sponsors that receive PHI are required by law to have controls in place to keep it from being used for reasons that are not proper. If your employer pays your premium or part of your premium, but does not pay your health insurance claims, your employer is not allowed to receive your PHI – unless your employer promises to protect your PHI and makes sure the PHI will be used for legal reasons only.

**Authorization:** We will get an OK from you in writing before we use or share your PHI for any other purpose not stated in this notice. You may take away this OK at any time, in writing. We will then stop using your PHI for that purpose. But, if we have already used or shared your PHI based on your OK, we cannot undo any actions we took before you told us to stop.

**Genetic Information:** We cannot use or disclose PHI that is an individual's genetic information for underwriting.

### Your Rights

Under federal law, you have the right to:

- Send us a written request to see or get a copy of certain PHI or ask that we correct your PHI that you believe is missing or incorrect. If someone else (such as your doctor) gave us the PHI, we will let you know so you can ask them to correct it.

## Important legal information you should take time to read (continued)

- Send us a written request to ask us not to use your PHI for treatment, payment or health care operations activities. We are not required to agree to these requests.
- Give us a verbal or written request to ask us to send your PHI using other means that are reasonable. Also let us know if you want us to send your PHI to an address other than your home if sending it to your home could place you in danger.
- Send us a written request to ask us for a list of certain disclosures of your PHI.
- Right to a restriction for services you pay for out of your own pocket: If you pay in full for any medical services out of your own pocket, you have the right to ask for a restriction. The restriction would prevent the use or disclosure of that PHI for treatment, payment or operations reasons. If you or your provider submits a claim to Anthem, Anthem does not have to agree to a restriction (see Your Rights section above). If a law requires the disclosure, Anthem does not have to agree to your restriction.

Call Customer Service at the phone number printed on your identification (ID) card to use any of these rights. They can give you the address to send the request. They can also give you any forms we have that may help you with this process.

### How we protect information

We are dedicated to protecting your PHI. We set up a number of policies and practices to help make sure your PHI is kept secure. We have to keep your PHI private. If we believe your PHI has been breached, we must let you know.

We keep your oral, written, and electronic PHI safe using physical, electronic, and procedural means. These safeguards follow federal and state laws. Some of the ways we keep your PHI safe include offices that are kept secure, computers that need passwords, and locked storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. The policies limit access to PHI to only those employees who need the data to do their job. Employees are also required to wear ID badges to help keep people, who do not belong, out of areas where sensitive data is kept. Also, where required by law, our affiliates and non-affiliates must protect the privacy of data we share in the normal course of business. They are not allowed to give PHI to others without your written OK, except as allowed by law.

### Potential Impact of Other Applicable Laws

HIPAA (the federal privacy law) generally does not preempt, or override other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to provide you with more privacy protections, then we must also follow that law in addition to HIPAA.

### Complaints

If you think we have not protected your privacy, you can file a complaint with us. You may also file a complaint with the Office for Civil Rights in the U.S. Department of Health and Human Services. We will not take action against you for filing a complaint.



# Important legal information you should take time to read

## Contact Information

Please call Customer Service at the phone number printed on your ID card. They can help you apply your rights, file a complaint, or talk with you about privacy issues.

## Copies and Changes

You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you as well as any PHI we may get in the future. We are required by law to follow the privacy notice that is in effect at this time. We may tell you about any changes to our notice in a number of ways. We may tell you about the changes in a member newsletter or post them on our website. We may also mail you a letter that tells you about any changes.

## Effective Date of this Notice

The original effective date of this Notice was April 14, 2003. The most recent revision date is indicated in the footer of this Notice.

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

This Notice is provided by the following company: **Anthem Blue Cross and Blue Shield**

## STATE NOTICE OF PRIVACY PRACTICES

As we told you in our HIPAA notice, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

### Your Personal Information

We may collect, use and share your nonpublic personal information (PI) as described in this notice.

We may collect PI about you from other persons or entities such as doctors, hospitals, or other carriers.

We may share PI with persons or entities outside of our company without your OK in some cases.

If we take part in an activity that would require us to give you a chance to opt-out, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity.

You have the right to access and correct your PI.

## Important legal information you should take time to read (continued)

Because PI is defined as any information that can be used to make judgements about your health, finances, character, habits, hobbies, reputation, career and credit, we take reasonable safety measures to protect the PI we have about you.

A more detailed state notice is available upon request. Please call the phone number printed on your ID card.

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.



**Once you're a member, it's easy to get answers to any questions about your plan.**

**Just call the number on the back of your member identification (ID) card after you get it.**



The most detailed description of benefits, exclusions and restrictions can be found in the following publications which are issued upon initial enrollment or at renewal for Anthem HealthKeepers plans. If you have questions, please contact your agent, Group Administrator, or member services: H-INTRO-HK (3/12), H-TOC (1/10), H-SB-POS (3/12), H-SB LUM (3/12), H-WORKS-HK (8/12), H-COVERED-HK (8/12), H-EXCL (3/12), H-CLAIMS-HK (1/12), H-COB (7/10), H-ENR (7/11), H-ENDS (7/10), H-RIGHTS (7/09), H-DEF-HK (3/12), H-EXH-A (10/10), H-INDEX (7/10) Enrollment applications used for Anthem HealthKeepers: 490760 (1/12), 490773 (1/12) This is not a contract or policy. This brochure is not a contract with Anthem HealthKeepers offered by HealthKeepers, Inc. If there is any difference between this brochure and the Evidence of Coverage, Summaries of Benefits, and related Amendments, the provisions of the Evidence of Coverage, Summaries of Benefits and related Amendments will govern. For more information, please call Member Services at 800-421-1880. Member Services may also be contacted at PO Box 26623 Richmond, VA 23261-0031 Life and Disability products underwritten by Anthem Life Insurance. HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

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