



ANTHEM BLUE CROSS AND BLUE SHIELD JW PLAN

A Traditional Indemnity Healthcare Plan

COMPREHENSIVE COVERAGE

You are covered for preventive care, doctor visits, emergency room visits, prescriptions, hospitalization, and more.

EXTENSIVE COVERAGE FOR COMMON SERVICES

After you pay for the first two office visits, preventive care visits, or chiropractic care visits, the next 10 are covered at 100 percent, up to the maximum allowable benefit.

100 PERCENT COVERAGE FOR HOSPITALIZATION

Hospitalization and surgery are covered at 100 percent.

FREEDOM TO CHOOSE

In most cases, you choose which network doctor, hospital, or healthcare provider to visit.

OFFERED THROUGH ANTHEM BLUE CROSS AND BLUE SHIELD

Your coverage is with one of the most trusted names in the business.

New Hampshire Local Government Center

JW Plan

Designed to Meet All Your Healthcare Needs

The Anthem Blue Cross and Blue Shield (BCBS) JW Plan is a traditional medical plan that pays for covered medical services regardless of your choice of physician or hospital. You are covered for preventive care, routine doctor visits, hospitalization, surgery, and more — all without a deductible.

How the Plan Works

With the Anthem BCBS JW Plan, much of your care — such as lab fees, mammograms, Pap smears, and PSA screenings — is covered at 100 percent without a deductible, up to the maximum allowable benefit. (The maximum allowable benefit is the amount that the plan contract allows for a particular service in your geographical area.)

In addition, after you pay for the first two office visits, the next 10 are covered at 100 percent, up to the maximum allowable benefit. (Out-of-pocket costs for the first two office visits are applied to the calendar-year major medical deductible of \$100 per person/\$200 per family.) After 12 visits, the plan pays 80 percent. The visit limit includes preventive care, office visits, and chiropractic care.

Other types of care — such as physical, occupational, or speech therapy, or any office visits after the first 12 — require you or your family to first meet the deductible and then share in the cost of your care, with the plan paying 80 percent. Once you reach the calendar-year out-of-pocket maximum (\$500 per person/\$1,400 per family), the plan pays 100 percent, up to the maximum allowable benefit, of eligible expenses for the remainder of the calendar year.

Although the JW Plan does not require you to stay in the network, there are certain advantages to using an Anthem BCBS network provider. A directory of network providers is available by logging on to LGC's Web site at www.nhlgc.org and clicking on "HealthTrust Online," or by calling Anthem BCBS at 800.225.2666 or LGC at 800.852.3358.

Most types of care are covered according to the description above; however, there are some exceptions, including behavioral healthcare and substance abuse treatment. In addition, some covered expenses — such as prescription drugs, private-duty nursing, and ambulance services — are subject to the major medical deductible. In these cases, after you pay the first \$100 of covered charges, the plan will pay 80 percent of the next \$2,000 and 100 percent of any additional covered charges each calendar year, up to the maximum allowable benefit. Your maximum out-of-pocket expense each year for this type of covered service is \$500 per person/\$1,400 per family.

While most types of care fall under the unlimited maximum lifetime benefit, substance abuse treatment is limited to a \$10,000 maximum per person per calendar year and a \$20,000 maximum per lifetime, and the lifetime maximum benefit under major medical is \$1 million.

The Anthem BCBS Difference

The JW Plan offers certain advantages when you use providers from the extensive Anthem BCBS network. Because it's the largest network of its kind, there's a good chance your doctor is a member.

When you use an Anthem BCBS network provider, you enjoy:

- **No excess charges.** All indemnity plans pay healthcare claims based on your area's prevailing rates. Some doctors charge more than the prevailing rate. Anthem BCBS network providers agree to accept the plan's maximum allowable benefit. This means there aren't any excess charges that you are responsible for.
- **No claim forms or bills to submit.** Many providers usually ask you to pay up-front, then submit a claim for reimbursement. Anthem BCBS network providers agree to bill their services directly, which means you won't have to submit claim forms. Instead, you're billed only for your share of any covered expenses.
- **Coverage while you're traveling.** With this plan, you can receive care from any Anthem BCBS network provider in any state and receive the same benefits.

The chart on the foldover panel lists many services that the JW Plan covers, as well as any deductible and coinsurance amounts. For details, call 800.225.2666 or refer to the Subscriber Certificate that you will receive after you enroll.

Online Member Services

You can get information about your health plan whenever you need it by registering with MyAnthem at www.anthem.com. After you register, you'll be able to use this secure site to access information about your claims and payment status, as well as to order additional ID cards.

With the JW Plan, traveling doesn't mean leaving your healthcare coverage behind. Because you can choose which hospital and provider to see, your care is covered as it would be at home, as long as you use one of the thousands of Anthem BCBS network providers nationwide.

What's Covered

The JW Plan provides coverage for a wide array of healthcare benefits. With its emphasis on preventive care benefits, the JW Plan provides you and your family with comprehensive coverage. Here are just a few of the benefits available with the plan.

Preventive Care

At LGC, we believe in the importance of preventive care — it's our front-line defense to prevent more serious illnesses and injuries later, and it helps us live healthier, happier lives today. That's why the JW Plan covers routine preventive care at 100 percent, up to the maximum allowable benefit, after you pay for the first two visits. (Out-of-pocket costs for the first two visits are applied to the calendar-year major medical deductible.) After a total of 12 visits — combined with office visits and chiropractic care — preventive care is covered at 80 percent.

You are encouraged to take advantage of this valuable feature with:

- Physical exams and PSA screenings,
- Annual gynecological exams, including mammograms and Pap tests, and
- Well-child care, including routine checkups and immunizations.

Office Visits

Common ailments — such as colds, infections, and minor injuries — are treatable and affordable. After you pay for the first two office visits, the next 10 are covered at 100 percent, up to the maximum allowable benefit. (Out-of-pocket costs for the first two office visits are applied to the calendar-year major medical deductible.) After a total of 12 visits — combined with preventive care and chiropractic care — office visits are covered at 80 percent.

Inpatient Hospitalization

Hospitalization in any licensed, short-term, general hospital in the United States is covered at 100 percent.

Emergency Room Care

Emergency care is an important feature to any health plan. The JW Plan provides comprehensive coverage in the event of an emergency. The emergency room charge is covered at 100 percent, if the emergency is deemed life- or limb-threatening. Examples of life- or limb-threatening emergencies include apparent heart attacks, broken bones, and convulsions. If the emergency is not determined to be life- or limb-threatening, the charge is covered at 80 percent after you satisfy the major medical deductible.

Emergency care delivered by a hospital that is not part of the Anthem BCBS network may involve charges beyond the maximum allowable benefit.

Managed Care

Many of the health plan options available to you include types of managed care. You are advised to check with your employer regarding any requirements for a particular plan.

If you choose an indemnity plan with managed care requirements, you take a more active role in participating in your healthcare. It is your responsibility to ensure that you abide by the required managed care guidelines when you receive certain services from a provider who does not participate in the Anthem BCBS network or from any provider outside of New Hampshire. For more information, refer to your *Subscriber Certificate* or call 800.225.2666.

Special Enrollment Opportunities

If you decline coverage for yourself or your eligible family members because of other health insurance coverage, you may be able to enroll yourself or your dependents in your employer's plan in the future, provided that you request enrollment within 31 days of when your other coverage ends.

This special enrollment right is available if the other coverage ends:

- *Because of the loss of eligibility through no fault of your own,*
- *Because an employer's contributions for the other coverage stop, or*
- *In the case of COBRA coverage, because the maximum COBRA period has expired.*

In addition, if you previously have declined coverage and you have a new dependent as the result of marriage, birth, adoption, or placement for adoption (a "qualified family status change"), you may be able to enroll yourself and your dependents, provided you request enrollment within 31 days of the change in family status.

Prescription Drug Coverage

Short-Term Prescriptions

Short-term prescription drugs are covered when purchased through Anthem Prescription Management. Just show your ID card at any network pharmacy and your prescription is covered at 80 percent, once you meet the calendar-year deductible.

Because your claim is transmitted electronically from the pharmacy, there aren't any claim forms. When appropriate, you will receive an *Explanation of Benefits* and reimbursement in the mail. For more information or to find a network pharmacy near you, call 800.225.2666.

Long-Term Prescriptions

Caremark Mail Service is designed for up to 90-day supplies of maintenance medications. Prescriptions and refills may be ordered through Caremark Mail Service for a low copayment per prescription.

To use this service, ask your doctor to write your prescription for up to a 90-day supply, plus refills. If you need to start taking the medication right away, request two prescriptions — one for a 14-day supply to be filled at a pharmacy in the Anthem Prescription Management network and another for the balance, up to a 90-day supply.

Complete the *Mail Service Order Form*, and send it with your copayment for each prescription to Caremark. Your medications will arrive via U.S. mail or UPS within 14 days. You can request a refill by linking to Caremark through LGC's Web site at www.nhlgc.org and clicking on "HealthTrust Online," or by calling 888.726.1631. For further information, refer to *Your Prescription Benefit* booklet, which you will receive after you enroll.

Behavioral Healthcare and Substance Abuse Treatment

The JW Plan provides comprehensive coverage for behavioral healthcare and substance abuse treatment. The plan provides coverage for inpatient and outpatient care with providers who are licensed or certified to practice independently in your state. See your *Subscriber Certificate* for details. For more information about how the plan covers behavioral healthcare and substance abuse treatment, as well as any limitations, refer to the foldover panel.

Other Valuable Benefits

In addition to providing medical coverage, the JW Plan provides:

- Discounts on routine vision care, including exams, eyeglasses, and contact lenses,
- Benefits for the services of a dentist or oral surgeon for the treatment of temporomandibular joint syndrome (TMJ), gingivectomy for up to four quadrants, and the removal of bone-impacted teeth,
- Annual routine hearing exams for children age 18 and younger,
- Personalized health information on a wealth of topics through MyHealth@Anthem,
- Savings on health-related products and services through SpecialOffers@Anthem, and
- Access to LGC's wide variety of health management programs.

You will receive more information about each of these benefits after you enroll.

Filing a Claim

In most cases, obtaining your care through the Anthem BCBS network means no paperwork. If you choose a non-network provider, you must pay up-front and file a claim for reimbursement. Mail a claim form and a copy of your receipt to: Anthem BCBS, Claims Department, PO Box 533, North Haven, CT 06473-0533. For details, refer to your *Subscriber Certificate*, which you will receive after you enroll.

If you have questions or need a claim form, call 800.225.2666.

Benefits	JW Plan ¹
Calendar-Year Deductible	\$ 100 per person (<i>major medical only</i>) \$ 200 per family (<i>major medical only</i>)
Calendar-Year Out-of-Pocket Maximum	\$ 500 per person (<i>major medical only</i>) \$1,400 per family (<i>major medical only</i>)
Preventive Care Routine physical exams for babies Routine physical exams for children and adults, one annual gynecological exam Immunizations for children and adults, mammograms, Pap smears, lead screenings, PSA screenings Nutrition counseling, up to three visits per person per calendar year Diabetes management program (through network providers)	You pay for the first two visits per person per calendar year. ² Next 10 visits per person per calendar year covered at 100%. All other visits covered at 80% (<i>combined with office visits and chiropractic care</i>) You pay for the first two visits per person per calendar year. ² Next 10 visits per person per calendar year covered at 100%. All other visits covered at 80% (<i>combined with office visits and chiropractic care</i>) Covered at 100% Covered at 100% Covered at 80% after deductible
Outpatient Care Office visits Surgery, laboratory and allergy tests, x-rays, ultrasounds, injections, allergy injections Maternity care CT scans, MRIs, chemotherapy	You pay for the first two visits per person per calendar year. ² Next 10 visits per person per calendar year covered at 100%. All other visits covered at 80% (<i>combined with preventive care and chiropractic care</i>) Covered at 100% Covered at 100% after you pay for the first office visit Covered at 100%
Inpatient Hospital Care	Covered at 100%
Chiropractic Care (through network providers)	You pay for the first two visits per person per calendar year. ² Next 10 visits per person per calendar year covered at 100%. All other visits covered at 80% (<i>combined with preventive care and office visits</i>)
Durable Medical Equipment	Covered at 80% after deductible
Physical, Occupational, and Speech Therapy	Covered at 80% after deductible
Hospice Care (through network providers)	Covered at 100%
Emergency Room Care	Covered at 100% if life- or limb-threatening, otherwise covered at 80% after deductible
Routine Vision Care Routine exams Frames and lenses	Discounts available Discounts available
Behavioral Healthcare and Substance Abuse Treatment³	<i>Outpatient:</i> You pay for each of the first two visits per person per calendar year. ² Next 15 visits per person per calendar year covered at 100%. All other visits covered at 80% <i>Inpatient:</i> Covered at 100%
Maximum Lifetime Benefit	\$1 million for major medical only
Prescription Drugs	<i>Short-term:</i> Covered at 80% after deductible through Anthem Prescription Management pharmacies <i>Long-term:</i> Up to a 90-day supply through Caremark Mail Service after a low copayment

¹ Benefits are limited to the maximum allowable benefit (MAB), which is the amount that the plan contract allows for a particular service in your geographical area. If a non-network healthcare provider charges more than the MAB, you are responsible for the difference, which does not apply to the calendar-year out-of-pocket maximum.

² Out-of-pocket costs for the first two visits are applied to the calendar-year major medical deductible.

³ Benefits for inpatient substance abuse treatment are limited to detoxification only. All substance abuse benefits combined are limited to a \$10,000 maximum per person per calendar year and a \$20,000 maximum per lifetime.

This chart is intended for summary purposes only. Details of coverage are set forth in separate documents, which govern this plan.

Contact Information

Provider	Services
Anthem BCBS Customer Service 800.225.2666 www.anthem.com	Provides answers to general questions, as well as plan and claim-status information
Caremark Mail Service 888.726.1631 www.caremark.com	Provides answers to general questions and mail-service refills
LifeResources — Member Assistance Program 800.759.8122	Provides counseling and resources for a variety of employee needs
EyeMed 866.939.3633 www.eyemedvisioncare.com	Provides discount vision care services
New Hampshire Local Government Center 800.852.3358 OUTSIDE NEW HAMPSHIRE 800.527.5001 www.nhlgc.org	Provides information on prescription drug coverage and the <i>Slice of Life</i> health management program. More information about all LGC benefits is available by logging on to www.nhlgc.org and clicking on “HealthTrust Online”

This guide provides an overview of benefits coverage with the JW Plan. While it is intended to describe your benefits as accurately as possible, the specific terms and conditions of eligibility and benefits are set forth in and governed by your Subscriber Certificate, Your Prescription Benefit booklet, and any other separate documents relating to features of the plan.

In the event of any discrepancy between this guide and your Subscriber Certificate, the terms of the Subscriber Certificate will govern. This guide does not constitute a contract, or an offer to form a contract, and is not binding on any party. The benefits described in this guide may be changed at any time without prior notice.

The JW Plan is offered through Anthem Blue Cross and Blue Shield.



NEW HAMPSHIRE

Local Government Center

**New Hampshire Municipal Association
Workers' Compensation Trust
Property-Liability Trust
HealthTrust**

New Hampshire Local Government Center
 25 Triangle Park Drive • PO Box 617 • Concord, NH 03302-0617
 Tel: 603.224.7447 • Fax: 603.224.5406 • NH Toll Free: 800.852.3358
 Outside NH: 800.527.5001

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