



Medical Insurance

Peace of mind when you need it most

Anthem Blue Cross and Blue Shield

We help you protect what's important to you, because it also matters to us. Having coverage when you need it most is as important to us as it is to your family. That's why the CHEIBA Trust offers you four medical insurance plans to choose from.

Ensure you carefully review the summaries regarding the various medical insurance plan options to see if it is right for you and your family, before you make your selection.



To learn more about the medical plans, levels of coverage, Out-of-Network coverage, and the costs associated, go online to the BeneCenter.

mybensite.com/cheiba

Recommended preventive care routine for adults

100% coverage on all medical plans

	18-29	30-49	50-59	65+
Women	Pap Smear (yearly)	Mammogram (every 2 years after age 40) Cholesterol Test (regularly after age 45)		Bone Density Scan (regularly from age 65)
Men		Cholesterol Test (regularly after age 35)		Abdominal Ultrasound (once between ages 65-75)
Both	Body Mass Index (yearly) Blood Pressure Test (yearly) STD Screening (yearly, depending on sexual activity)	Blood Sugar Test (regularly, after age 45)	Colonoscopy (every 10 years, after age 50)	

What are my options?

This is a brief benefit outline, for more detail, including Out-of-Network benefits, please see the plan documents in the BeneCenter at mybensite.com/cheiba.

To find an In-Network physician, please visit anthem.com/find-doctor, then scroll down to Search by Selecting a Plan or Network, click continue. Fill out fields on the next page and enter the network name listed below for the plan you are enrolling in, and then click continue. Finally, add any filters on the physician type you're searching for and then click continue.

	Blue Advantage HMO/POS	PRIME Blue Priority PPO	Blue Priority HMO	2500 HDHP PPO
Plan Network Name	Blue Advantage HMO Network	Blue Priority PPO Network	Blue Priority HMO Network	Anthem PPO Network
Out-of-Network access?	✓	✓	Emergency services only	✓
Deductible Individual/Family	None	\$500/\$1,000	\$2,000/\$6,000	\$2,500/\$5,000
Coinsurance	0% (Copay-based)	15%	20%	15%
Out-of-Pocket Max Individual/Family	\$2,000/\$4,000	\$3,000/\$6,000	\$4,000/\$10,000	\$3,500/\$7,000
Preventive Care	100% covered	100% covered	100% covered	100% covered
Telemedicine Live Health Online	\$20 copayment per visit	\$10 copayment per visit	\$20 copayment per visit	\$59 prior to deductible being met, then 15% after deductible
Primary Office Copay	\$20 per visit \$0 at a Paladina facility*	\$10 per visit (designated provider) 15% after deductible (participating provider) \$0 at a Paladina facility*	\$20 per visit \$0 at a Paladina facility*	15% after deductible Significantly lower cost at a Paladina facility*
Specialist Office Copay	\$40 per visit	\$10 per visit (designated provider) 15% after deductible (participating provider)	\$60 per visit	15% after deductible
Inpatient Hospital	\$600 per admission	15% after deductible	\$250 per admission + 20% after deductible	15% after deductible
Outpatient Surgery	\$60 at a freestanding facility; \$125 at a hospital facility	10% at a freestanding facility; 15% after deductible at a hospital facility	\$250 at a freestanding facility; \$250 plus 20% after deductible at a hospital facility	15% after deductible
Advanced Imaging	\$60 at a freestanding facility; \$120 at a hospital facility	10% at a freestanding facility; 20% at a hospital facility	\$60 at a freestanding facility; \$250 plus 20% after deductible at a hospital facility	15% after deductible
Emergency Room	\$150 per visit	15% after deductible	\$250 per visit	15% after deductible
Urgent Care	\$50 copayment per visit	15% after deductible	\$60 copayment per visit	15% after deductible

* Must be enrolled in the Paladina program to visit a Paladina provider. See page 12 for more details.



Dental Insurance

Smile, you're covered

Anthem Blue Cross and Blue Shield

Strong teeth and healthy gums are a big part of your overall health. We give you coverage when it comes to your teeth and gums for a reason. Aside from routine check-ups and cleanings, knowing that you're covered should you need to see a dentist or a specialist for a big-ticket procedure, such as fillings, root canals, and crowns, is added peace of mind.

The Anthem Dental Essential Choice PPO network offers you a broad provider network and comprehensive dental benefits.

The Anthem Dental Essential Choice PPO also allows access to powerful member tools, including Ask a Hygienist, risk assessments, cost estimators, as well as network information and on-the-go claims info via Anthem Anywhere. **Look for a provider listing in the Anthem "Complete" Network on anthem.com.**



To learn more about the upgraded dental plan, Out-of-Network coverage, and the costs associated, go online to the BeneCenter.

mybensite.com/cheiba

Anthem Dental Essential Choice PPO Prices

Benefit	Description	In-Network	Out-of-Network
Deductible	Individual/Family	\$0/\$0	\$50/\$150
Preventive/Diagnostic	<ul style="list-style-type: none"> • Oral Exam • X-rays • Cleanings (3x annual for adults) 	100% Deductible waived	80%
Basic	<ul style="list-style-type: none"> • General anesthesia • Endodontics • Periodontal • Oral surgery • Tooth extractions • Root canals • Specified space maintainers 	80%	60%
Prosthodontic	<ul style="list-style-type: none"> • Crowns/onlays • Removable/fixed partials or dentures • Implants 	50%	40%
Orthodontics	Realignment of teeth (adults and children)	50%	40%
Orthodontics Maximum	Per eligible person	\$1,500	\$1,500
Annual Maximum per person	Per insured person. Preventive/diagnostic costs do not apply.	\$2,000	\$2,000



Vision Insurance

Your vision, our coverage

Anthem Blue View Vision

We understand how important vision is in everyday life, and how expensive it can be if you aren't insured. That's why we give you coverage that will help your eye health and your wallet at the same time. For 2020, employees can elect the voluntary full-service vision coverage, comprising of a yearly vision exam, eyewear materials, and lens treatments (LASIK discounts are also included in this plan) add through the Blue View Vision network.



To learn more about your vision benefit, levels of coverage, Out-of-Network coverage, and the costs associated, go online to the BeneCenter.

mybensite.com/cheiba

Plan Prices

Benefit	Description	Copay	Frequency
Vision Exam		\$15 copay, then 100% covered	12 months (from last day of service)
Materials		\$15 copay	12 months (from last day of service)
Frames		\$130 allowance, then 20% off remaining balance	12 months (from last day of service)
Lenses	<ul style="list-style-type: none"> Plastic Single Vision Plastic lined Bifocals Plastic lined Trifocals 	\$15 copay, then 100% covered	12 months (from last day of service)
Lens Enhancements materials copay applies	<ul style="list-style-type: none"> Transitions Lenses (Adult) Polycarbonate (Adult) UV Coating Progressive Lenses <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Premium Tier 3 Anti-Reflective Coating <ul style="list-style-type: none"> Standard Premium Tier 1 Premium Tier 2 Other Add-ons and Services 	\$75 \$40 \$15 \$65 \$85 \$95 \$110 \$45 \$57 \$68 20% off retail price	Included as part of the Lenses Benefits
Contacts	<ul style="list-style-type: none"> Medical Necessary Elective Conventional Elective Disposable Exam & Fitting 	Covered in full \$130 allowance, 15% off balance \$130 allowance Up to \$55	12 months (from last day of service)
Low Vision Benefit Those with severe visual problems that are not correctable with regular lenses	Maximum Supplementary Testing Supplementary Care Aids	\$1,000 Covered in full 25% copay	24 months
Additional Glasses Benefit	Additional sets of glasses can be obtained on the same day as an exam by the same provider	40% discount	

Lasik VisionCare Program

Anthem BVV partners with TruVision & Premier Lasik to offer multiple discount options for Lasik surgery candidates. Log in at anthem.com, select discounts, then Vision, Hearing & Dental.