

# Find the answers here

## Frequently asked questions (FAQs) about your CDHP with HRA plan

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### The consumer-driven health plan (CDHP) with Health Reimbursement Account (HRA) plan overview

The CDHP with HRA plan is a health reimbursement account your employer funds to help you pay for covered health care costs. It's part of our family of plans designed to help you learn more about your health care options and take greater control of your health care spending. That's why these plans are also called consumer-driven health plans.

Your CDHP with HRA includes traditional health coverage that helps protect you against further health care expenses. You also get personalized health services and online tools to help you manage your health, health decisions and health care dollars.

### Health reimbursement account (HRA)

#### Q. How is my HRA funded?

- A. Your employer makes an annual, upfront deposit to your HRA. This amount depends on your employer, and whether you have individual or family coverage.

If you joined the plan after your company's benefits became effective, your HRA allocation may be prorated. You will still need to meet the plan's full deductible before your traditional health coverage begins. Check your plan summary for information about your annual HRA allocation.

#### Q. When can I use my HRA funds?

- A. Your HRA funds are available on your first day of coverage.

#### Q. What type of services may I pay for with my HRA funds?

- A. Our HRA will automatically be used to pay your share of the cost of health care services covered by the CDHP plan. This includes things like doctor's office visits and lab tests. Check your plan summary for more information on covered services.



**Q. What is traditional health coverage?**

- A. Once you meet your CDHP with HRA plan's deductible, the plan works like a preferred provider organization (PPO) plan.

You pay coinsurance (a percentage of what the provider can charge) when you go to a network provider. You'll pay more if you go to a provider who is not in the network. Check your plan summary to find out more about coinsurance.

**Q. How do I check my health account balance?**

- A. It's easy. First, you register at [anthem.com/ca](http://anthem.com/ca) and then log in. You can keep track of your account balance and get details on your medical claims. You'll also get a quarterly statement with your account balance, account activity and medical claim history. It also will have important messages about how you could improve your health or save money.

**Q. Can I roll over all the money in my HRA at the end of each plan year?**

- A. Yes. Whatever you don't spend on covered services will roll over to the next year, as long as you stay enrolled in the HRA. You can use rollover funds to help pay future out-of-pocket costs.

**Q. If I leave my employer, what happens to my HRA funds?**

- A. You'll lose any funds if you leave your employer or are no longer enrolled in the CDHP with HRA plan; you can't take the funds with you.

**Services covered by your medical plan**

**Q. What about preventive care services like mammograms and checkups?**

- A. The CDHP plan covers preventive care services like checkups, vaccines and mammograms at 100% when you see a network provider. No funds are deducted from your HRA and you don't have to pay anything out of your own pocket when you get care from a network provider.

**Q. How do I know what is considered preventive care?**

- A. Our medical plans cover preventive care services like checkups, vaccines and mammograms at 100% when you see a network provider. Your Summary Benefit Description shows which services are covered under your plan. In addition, this brochure gives you a general understanding of what is covered under preventive services.

**Q. How does my HRA affect my annual deductible?**

- A. Funds in your HRA will automatically be used for your medical claims. If you spend all the money from your HRA and have not met your deductible, you will pay out of pocket until you meet the deductible and traditional health coverage begins.

**Q. What happens if my medical expenses are more than the maximum contribution to my HRA (like a hospital stay)?**

- A. You would pay the rest of your deductible. Then, you would pay your coinsurance until you reached the out-of-pocket maximum. At that point, the plan would pay 100% for covered expenses. If you use out-of-network providers, they can bill you for the amount above what the plan allows and this will be your responsibility to pay.

**Q. What counts toward my out-of-pocket maximum?**

- A. The out-of-pocket maximum adds together your deductible and the percentage you shared in the cost for covered expenses (your coinsurance or portion of the cost). Once you reach the maximum out-of-pocket, the plan pays covered expenses such as office visits at 100% for the rest of the year.

It's very important to understand if the provider is outside the network and charges more than our maximum allowed for services, you will be responsible for paying the difference. Out-of-network providers can bill you for the amount above what your plan pays — even if you've paid your out-of-pocket maximum.

**Q. Are deductibles included in the out-of-pocket maximum?**

- A. Yes, deductibles and coinsurance are included in the out-of-pocket maximum.

## Choosing health care providers

### Q. What is the difference between in-network and out-of-network providers?

- A. Network providers are doctors, hospitals, facilities and other health care providers who are part of the network. That means they have a contract with us and will accept the amount we allow as payment in full for certain covered services. Our large network includes many providers and specialists so you can find the care you need.

You can even find network care when you travel across the country with the BlueCard® PPO program, which is included with your plan. Just call 1-800-810-BLUE if you need care away from home.

Out-of-network providers do not have a contract with us and have not agreed to accept the amount we allow as payment in full for specific covered services. This means out-of-network providers may charge more for services than what our network providers agree to accept. If you see an out-of-network provider, you'll pay a higher coinsurance, plus any provider charges above what we allow.

### Q. How do I know if my doctor is in the network?

- A. You can search the provider network by going to [anthem.com/ca](http://anthem.com/ca) and selecting Find a Doctor. Follow the steps and select your plan. If you need help, call the Member Services number on your member ID card.

### Q. If my doctor isn't in the network, can I still see him or her?

- A. You can go to any doctor you choose. And you don't need a referral to see a specialist (if you are enrolled in the CDHP with HRA). You'll save money, though, when you go to a network doctor. Also, if you see an out-of-network doctor, you may have to file a claim yourself. You can download a claim form at [anthem.com/ca](http://anthem.com/ca).

### Q. Can I go to any doctor or hospital when I'm away from home?

- A. Yes, you can go to any doctor or hospital. Many providers throughout the country are part of the BlueCard PPO® program. To find a network doctor or hospital when you travel, call 1-800-810-BLUE. However, if you see an out-of-network provider, you may end up paying more out-of-pocket.

### Q. If I need to file a claim, how do I get reimbursed?

- A. In most cases, you won't need to file a claim if you go to a network provider. If you go to an out-of-network provider, you might have to file the claim. If so, send your claim to us for reimbursement. You can download a claim form at [anthem.com/ca](http://anthem.com/ca).

## Prescription drug coverage

### Q. Does the CDHP with HRA plan cover prescription drugs?

- A. Yes, show your ID card when you go to your pharmacy. If you have funds in your HRA, your prescription drugs are first paid from your HRA funds. If you have used all of your HRA funds, then you will pay for prescriptions out of pocket until you meet your annual deductible and your traditional health coverage begins. Then, you will pay any copay or coinsurance for any of your prescription drugs under your plan. Check your plan summary to find out more about your prescription drug benefits.

### Q. Is there a preferred drug list for the CDHP with HRA plan?

- A. No, you don't have to use medications from a preferred drug list.

### Q. Do I need to get preauthorization for any drugs?

- A. Some medications are not covered unless you first get approval through a coverage review process. To save you time and help avoid any confusion, you can check to see if your medication needs coverage review (prior authorization) by calling Member Services at the number on your medical plan ID card.

Some medications may be covered, but they may have limits (like only for a certain amount or for certain uses and lengths of time) unless you get approval through a coverage review. Before the medication may be covered under your plan, we will ask your doctor for more information to make a decision.

### Q. Do my prescription costs apply to my out-of-pocket maximum or my medical deductible?

- A. Yes, prescription drug costs apply to your annual deductible and the medical annual out-of-pocket maximum. Once you meet your deductible, you begin to pay the copay or coinsurance.

**Q. Will I get a discount for using home delivery pharmacy?**

- A. You'll pay the amount the home delivery pharmacy charges for the drug, which may be less than what you'd pay at a retail pharmacy. You also may be able to get a larger supply through home delivery pharmacy.

**Q. Do I need to use a particular pharmacy for specialty drugs?**

- A. Please contact Member Services to find out more about specialty drug coverage.

**Q. How do I get the most out of my pharmacy benefits?**

- A. There are a few key steps to take to get the most out of your pharmacy benefits:
- Show your ID card when you drop off your prescriptions.
  - Have your prescriptions filled at a participating pharmacy.
  - Ask for generic drugs to lower your out-of-pocket cost.
  - When possible, use the home delivery pharmacy for your prescriptions.

## Health and wellness programs

**Q. What are health and wellness programs?**

- A. Our health and wellness programs provide you with resources, tools, guidance and support to help you manage your health and make more informed health care decisions. Just a few of the tools and health coaching programs are described below. Register and log in at [anthem.com/ca](http://anthem.com/ca) for more details.

**Q. What is the Online Wellness Toolkit?**

- A. The Online Wellness Toolkit gives you the tools you need to set and achieve your unique health goals. It includes a Health Assessment for identifying health risks, guidance for lowering those risks, personalized trackers to monitor progress and fun activities that promote healthier decision-making.

The toolkit focuses on smoking cessation, eating better, feeling happier, losing weight, managing stress, being more active and other areas that are a struggle for many of us. With the toolkit, you have access to online lifestyle improvement coaching, digital health records, wellness challenges and educational materials.

**Q. How does the Online Wellness Toolkit help me earn incentives?**

- A. The first year you and your covered spouse or partner join, once you reach the 100-, 200- and 300-point levels, you'll get \$50 at each of those levels. So you can earn up to \$150. After you redeem an award, your points will start again from zero. You'll earn 75 points just by completing the health assessment.

Subscribers and their covered spouses or partners must be 18 or older to earn reward

**Q. Will my employer know if I am enrolled in a health coaching program?**

- A. No, the only way your employer will know is if you tell your employer. Information shared by you or your doctor will not be released unless you have given written permission.

**Q. What is the 24/7 NurseLine?**

- A. 24/7 NurseLine is a service you can call to get answers to your immediate health care questions. Registered nurses are on hand to answer your calls 24 hours a day, seven days a week.

## What if I have questions?

**Q. Who should I contact if I have questions about my benefits?**

- A. Please contact us with any questions you have about your plan. You can reach Member Services by calling the number on the back of your ID card or visiting [anthem.com/ca](http://anthem.com/ca). You and your family members should receive your ID cards by your effective date of coverage. If you don't receive them, or if you lose one, please contact us. You can also use the Anthem mobile app as an ID card. Download our app from your smartphone's app store.

## Your privacy

**Q. Is your website secure?**

- A. Yes. Our customer-only website is secure and password-protected. Your personal information is kept safe using the highest encryption level available.

**Q. What is your privacy policy?**

- A. You can read the Privacy Policy anytime at [anthem.com/ca](http://anthem.com/ca).



