



What You Need to Know About Case Management

What is Case Management?

Coping with a complex medical condition, major surgery or injury can be both overwhelming and confusing. Fortunately, HealthLink Case Management is part of your plan benefits; they are here to help. The Case Managers are Registered Nurses that team up with you, and/or your family and your health care team to assist in your recovery.

HealthLink's Case Managers help you navigate through the health care system and offer added support when you need it. The role of your Case Manager is to:

- Help you make the best use of your benefits to control your health
- To be your advocate in managing your health
- Assist you in understanding your medical condition, surgery or injury, treatment plan and medications
- Help you access special health care providers ordered by your doctor such as Home Care Services, Rehab, Dialysis or Infusion Centers, and/or Wound Care Specialists based on your specific needs
- Provide available Community Resources specific to your condition
- Help support your treatment and recovery plan

How can a case manager help you get the care you need?

A Case Manager can:

- Work with you, your doctor and your other medical providers to achieve well-coordinated care
- Teach you about your complex condition
- Help you understand your treatment plan
- Provide information about your medications and side effect

There are three ways to begin participating:

- A Case Manager may contact you directly by phone or by mail
- You can request a Case Manager by calling HealthLink Case Management at 877-284-0102
- You can ask your Fund office to contact HealthLink Case Management on your behalf at 877-284-0102

You must agree to part of the program in order to participate.

Start Building Your Support Plan Today

Once you are assigned a case manager, he or she will work with you to gain an understanding of your condition and personal wellness goals – and then, create a support plan with you and your health care team.



LiveHealth Online

What you need to know about video visits with a doctor, 24/7

What is LiveHealth Online?

LiveHealth Online lets you have a video visit with a board-certified doctor using your smartphone, tablet or computer with a webcam. No appointments, no driving and no waiting at an urgent care center. Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy.*

Use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, rashes, infections, allergies or another common health condition. It's faster, easier and more convenient than a visit to an urgent care center.

Why would I use LiveHealth Online instead of going to visit my doctor in person?

LiveHealth Online isn't meant to replace your primary care doctor. It's a convenient option for care when your doctor isn't available. LiveHealth Online connects you with a doctor in minutes. Plus, you can get a LiveHealth Online visit summary from the *MyHealth* tab at livehealthonline.com to print, email or fax to your primary care doctor.

LiveHealth Online should not be used for emergency care. If you have a medical emergency, call 911 right away.

When is LiveHealth Online available?

Doctors are available 24/7, 365 days a year.

How does LiveHealth Online work?

When you need to see a doctor, simply go to livehealthonline.com or use the LiveHealth Online mobile app. Pick the state you're in and answer a few questions.

Setting up an account allows you to securely store your personal and health information. Plus, you can easily connect with doctors in the future, share your health history and set up online visits at times that fit your schedule.

Once connected, you can talk with the doctor as if you were in a private exam room.



How much does it cost to use LiveHealth Online?

Your Anthem plan includes benefits for video visits using LiveHealth Online, your cost share will be \$0.

Will I be charged more if I use LiveHealth Online on weekends, holidays or at night?

No, the cost is the same.

Is there a LiveHealth Online app that I can download to my smartphone?

Yes, search for "LiveHealth Online" in the App Store® or on Google Play™. To learn what mobile devices are supported and get instructions, go to livehealthonline.com and select **Frequently asked questions** under the *How it works* tab.

What type of computer do I need to use LiveHealth Online?

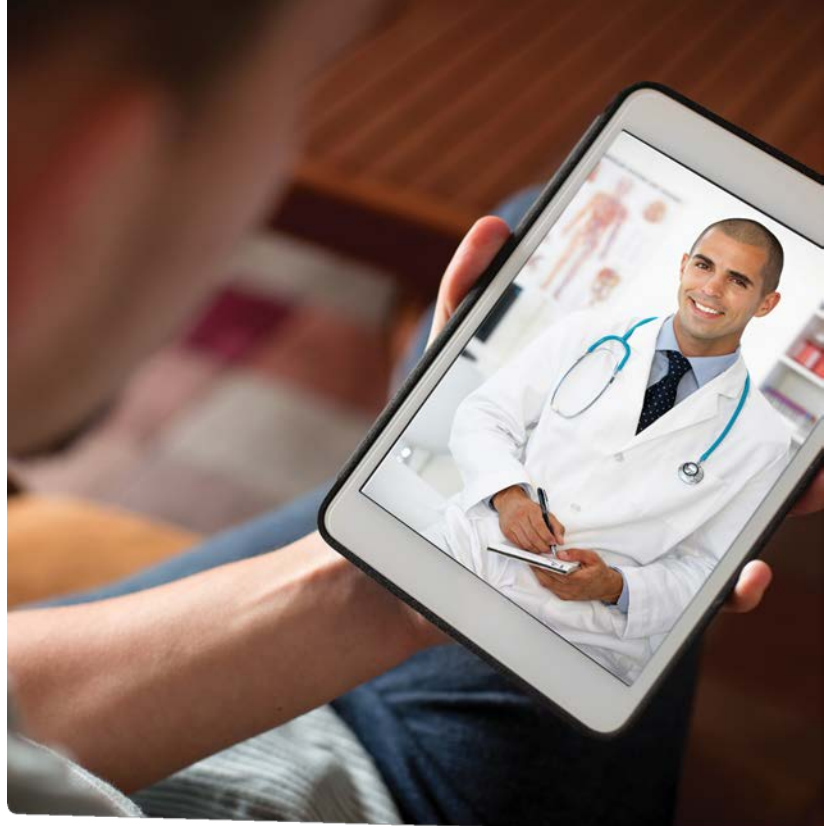
You'll need high-speed Internet access, a webcam or built-in camera with audio. To learn what computer hardware and software you need, go to livehealthonline.com and select **Frequently asked questions** under the *How it works* tab.

Do doctors have access to my health information?

It depends on whether or not you set up an account. With a LiveHealth Online account, you can allow doctors to access and review your health information from past visits. Also, to help keep track of your own health information, you can record it at livehealthonline.com. Once you sign in, go to the *MyHealth* tab and then select **Health Record**.

How long is a LiveHealth Online visit?

A typical LiveHealth Online visit with a doctor lasts about 10 minutes.



Can I get online care from a doctor if I'm traveling or in another state?

Yes, just select the state you're in under **My Location** on livehealthonline.com or with the app, and you'll only see doctors licensed to treat you in that state. Don't forget to change the state back when you get home.

What if I still have questions about using LiveHealth Online?

Send an email to customersupport@livehealthonline.com or call toll free at **1-855-603-7985**.



* Prescription availability is defined by physician judgment and state regulations. Visit the home page of livehealthonline.com to view the service map by state. LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem.

If you're a retiree or have coverage that complements your Medicare benefits, your employer sponsored health plan may not include coverage for online visits using LiveHealth Online. Check your plan documents for details. You can still use LiveHealth Online, but you may have to pay the full cost of a visit. Online visits using LiveHealth Online may not be a covered benefit for HRA and HIA+ members.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT). Healthy Alliance® Life Insurance Company (HALIC) and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc.; HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees 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.



New England Electrical
Workers Benefit Fund



What You Need to Know About Utilization Management

What is Utilization Management?

Utilization Management (UM) is a program that is part of your health plan. Our UM review team, made up of licensed health care professionals such as nurses and doctors, works with hospitals, doctors and other health care providers to help make sure that you're getting the right level of care at the right time. The UM team performs medical reviews and uses the information your doctor or other provider has sent us to see if the requested surgery, treatment or other type of care meets standards for being medically necessary. These standards are based upon expert medical opinions and published evidence about what is generally accepted care. The UM review team checks to make sure the treatment they review meets these standards, that have been agreed to by your health plan. After reviewing the medical information provided, the UM team will approve or deny the medical necessity of the treatment. The UM review team will let you and your doctor know as soon as possible.

What is Pre-authorization?

Pre-authorization is the process of getting approval from your health care plan before you get services. Working with your health plan, we provide you and your network providers with a list of those services that need to be "pre-authorized".

Pre-authorization Advantages

Saving Time

Pre-authorizing services can save a step since you will know if you are eligible and what your benefits are before you get the service. The doctors in our network ask for pre-authorization for our members.

Saving Money

Paying only for medically necessary services helps everyone save. Choosing a doctor who's in our network can help you get the most for your health care dollar.

For example, we request that your doctor lets us know if you are going to have a planned admission to a hospital. The services on this list require review by our UM team prior to your receiving them. We approve services that meet our standards for medical necessity and appropriate treatment. Pre-authorization is also called “pre-certification,” prior authorization,” or “pre-approval.” The process of reviewing services that require pre-authorization lets you know ahead of time if we consider the services meet our standards for medical necessity. If they do not, your plan may not cover the costs of those services.

What Can You Do?

Choose an in-network doctor. Talk to your doctor about your conditions and treatment options. If you choose an out-of-network provider, be sure to call us to see if you need pre-authorization. Non-network providers may not do that for you. If you ever have a question about whether you need pre-authorization, just call the **HealthLink Medical Management call center at 877-284-0102, option #2. The call center is open Monday – Friday from 8:00 a.m. to 5:00 p.m., Central Standard Time (CST).** For your convenience, enclosed is a list of medical services requiring pre-authorization, provided by your plan administrator.



Utilization Management is Here For You

The UM program from HealthLink gives you peace-of-mind knowing you will be receiving services that are medically necessary. Our UM review team will make sure you are using your health care plan to its fullest potential and help get you on your way to a healthier you.

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