

# Meridian Industries 2020 Benefits Summary



## 2020 BENEFITS SUMMARY - KLEEN TEST PRODUCTS

Welcome to Kleen Test Products (KTP), a wholly owned subsidiary of Meridian Industries. At KTP, the first priority is the health, safety, and welfare of our employees. We are pleased to offer a comprehensive, high-quality benefit package and encourage you to review this information carefully so you make the best benefit choices for you and your family. Our benefits package is built around choice, options and personalization.

### ELIGIBLE EMPLOYEES

All full-time active employees regularly scheduled to work 30 or more hours per week are eligible to participate. Your benefit coverage eligibility date is the first of the month following 30 days of employment. Should you decide to leave the company, your benefits will cease on your last day of employment.

### ELIGIBLE DEPENDENTS

Dependents that are eligible to participate in benefit coverage are:

- Your lawful spouse
- Your biological child(ren), foster child(ren), step-child(ren), legally adopted child(ren), including any child(ren) placed in your home for adoption up to age 26.
- Child(ren) under legal guardianship of employee.

Proof of eligibility is required and will be requested by Human Resources at the time of enrollment (i.e. birth certificate, marriage license, adoption paperwork, etc.). **If proof of eligibility is not provided by your enrollment date, you may not be eligible to elect coverage for dependent(s) affected.**

### QUALIFYING LIFE EVENT CHANGES

Employees who initially waive coverage for themselves or any dependents may change their election only if they experience a **Qualifying Life Event** during that year. A Qualifying Life Event is generally defined by the IRS as birth, death, or ineligibility of a dependent; marriage or divorce; change of employment by you or your spouse; or loss of coverage. Involuntary loss of coverage is considered a Qualifying Life Event. Loss of coverage due to rescission does not count as a Qualifying Life Event.

You must notify Human Resources within **31 days** of any qualifying life event which will affect your benefit elections. If you fail to complete and return the required paperwork within 31 days, your requested changes cannot be made.

### OPEN ENROLLMENT

Employees are eligible for open enrollment in November of each year for January 1<sup>st</sup> enrollment.

### HIPAA (HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT OF 1996) PRIVACY ACT

Your privacy is very important to KTP. Our HIPAA Privacy Policy is available for you to view. If you'd like a copy of this policy, please contact Human Resources.

### WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (ALSO KNOWN AS "JANET'S LAW")

Your health plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services. These services include reconstruction and surgery to achieve symmetry between the breasts, prostheses, and treatment from complications resulting from a mastectomy (including lymphedema).

### SUMMARY OF BENEFITS AND COVERAGE AVAILABLE

The Summary Plan Description (SPD) provides a complete description regarding the terms of coverage, including legislated benefits exclusions and limitations. In compliance with the Affordable Care Act, the SPD is available for download on the KTP intranet or upon request from Human Resources. Each employee also received a copy of all plan SPDs and initial notices via ShareFile in the email sent to you at hire.

## 2020 BENEFITS SUMMARY - KLEEN TEST PRODUCTS

### YOUR BENEFIT CHOICES

KTP provides a wide variety of benefits. Some are provided automatically at no cost to you. Other benefits are available if you choose them.

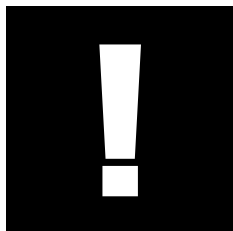
Benefit	When Coverage Begins (Pending Enrollment)	Who Pays the Cost
Medical Coverage	First of the month following 30-days of employment	Company and You
Dental Coverage	First of the month following 30-days of employment	Company and You
Vision Coverage	First of the month following 30-days of employment	Company and You
Prescription Coverage	First of the month following 30-days of employment	Company and You
Basic Life and AD&D	First of the month following 30-days of employment	Company
Voluntary Life and Disability	Following voluntary election opportunity	You
Health Savings Account (HSA) or Flexible Spending Account (FSA)	First of the month following 30-days of employment	You
401(k) Savings Plan	First of the month following a 60-day waiting period, working 1,000 hours and being 18 years of age or older	You
Disability Coverage	First of the month following 30-days of employment	Company

In Network Benefits	Option 1 Base PPO Plan Single / Family	Option 2 HDHP Single / Family
Annual Medical Deductible	\$900 / \$1800	\$2250 / \$4500
Coinsurance	20%	20%
Maximum Out-of-Pocket **	\$3700 / \$7400	\$4500 / \$9000
Annual Prescription Deductible	No Longer Applies	Included Above
Annual Prescription Out-of-Pocket	Included Above	Included Above
Prescription Drugs (PPO copays apply to Maximum Out-of-Pocket)	\$15 Generic \$50 Brand Formulary \$75 Brand Non-Formulary \$120 Specialty	Included in Medical Deductible and OOP Maximum
Provider Network	Anthem Blue Cross	Anthem Blue Cross
<p><i>*Tobacco Free Incentive included. Loss of incentive adds \$ 66.92 to bi-weekly premiums.</i></p> <p><i>*Spousal Surcharge remains at \$46.15 bi-weekly and is not included.</i></p> <p><i>**Includes Deductible and Prescription Copays if applicable. Out-of-network benefits are 2 times in-network levels</i></p>		
<b>2020 Bi-Weekly Paycheck Deductions* (Pre-tax)</b>		
	<b>Base PPO Plan</b>	<b>HDHP Plan</b>
Single Coverage	\$ 63.38	Single Coverage \$ 49.97
Employee + Spouse	\$191.46	Employee + Spouse \$153.33
Employee + Child(ren)	\$156.87	Employee + Child(ren) \$124.93
Family Coverage	\$249.56	Family Coverage \$198.76

Meridian continues to support you in helping improve your health. If you fail to meet the requirements of the Tobacco-Free Incentive Plan we will work with you to find a reasonable alternative standard (RAS) as required by the ACA. Employees will be notified in a separate mailing if you failed to meet any of the requirements of the 2019 program.

### MEDICAL BENEFITS

Medical insurance is provided to you through Anthem and KTP offers two plan options - a Preferred Provider Organization (PPO), and a High Deductible Health Plan (HDHP). The Blue Preferred Plus network is used in Wisconsin. The Blue Cross and Blue Shield (Blue Card) network is used outside of Wisconsin. To identify a provider in your area, contact Anthem Member Services at 877-223-9914 or check online at [www.anthem.com](http://www.anthem.com).



### PRE-CERTIFICATION REQUIREMENTS

Pre-certification is designed to help ensure that you are receiving medically necessary and appropriate health care. Therefore, you need to understand which services require pre-certification and work with your physician/medical provider to be sure that you pre-certify care prior to receiving services. All non-urgent hospital admissions must be pre-certified prior to admission. For urgent care admissions, a call must be made within the first business day following the admission. See the back of your Anthem ID card for the number to call.

If pre-certification is not received, claims may be denied. Please see your Summary Plan Description for further details. Pre-certification is also an opportunity to verify your plan benefits, including what is and isn't covered, deductibles, coinsurance levels, etc.

### SPOUSAL SURCHARGE

While many employers are beginning to exclude spouses who have other coverage available, KTP will allow spouses with full-time jobs elsewhere to stay on our plan by paying an additional surcharge. Each employee that has a spouse covered on their medical plan will sign an affidavit and indicate their spouse's access to other health insurance coverage to determine whether or not the surcharge is applicable.

### LIVEHEALTH ONLINE®

Sometimes you just need a doctor – whether you're at home in the middle of the night or in the middle of a road trip. Now you can talk to a doctor any time of day, wherever you are. LiveHealth Online lets you have face-to-face conversations with a doctor on your computer or mobile device. It's medical advice at the moment you need it. No appointments. No waiting. So simple.

How it Works: LiveHealth Online uses two-way video to connect you with U.S.-based board-certified doctors. Since it's an online experience, it's quick, easy, and always on your terms. Doctors using LiveHealth Online can answer your questions, assess your condition, and even provide prescriptions if needed.



It's Affordable: A typical LiveHealth Online visit costs **\$59**, a significant savings from an average office visit. This amount accumulates towards your annual out-of-pocket expenses.

### 24/7 NURSE LINE – (866) 647-6120

The 24/7 NurseLine has registered nurses available around the clock to speak with you. When you aren't sure what to do about your child's cough or your bout with the flu, nurses are always available to help – even when you're on vacation. They can even answer your questions about preventive care or help you decide where you need to go if your doctor isn't available.

**PRESCRIPTION DRUG BENEFITS**

Prescription Drug coverage is provided in conjunction with the medical plan and is administered by Express Scripts. For prescription drug coverage questions, Express Scripts can be reached at (800) 879-9911. Learn more about generic drugs, obtain further information about a specific drug, place a mail order refill request, or locate an in-network pharmacy online at [www.express-scripts.com](http://www.express-scripts.com).

This benefit summary highlights plan benefits. Benefits are subject to change without notice.

2020 Prescription Drug Plan	
Deductible per calendar year	Included with Medical Plan
<i>Generic Drugs</i>	\$15
<i>Formulary Brand Drugs</i>	\$50
<i>Non-Formulary Brand Drugs</i>	\$75
<i>Specialty Drugs</i>	\$120
Maximum Out-of-Pocket per calendar year	Included with Medical Plan

**ACCREDITO SPECIALTY MEDICATION MANAGEMENT PROGRAM**

Administered through Express Scripts, Accredo provides convenient tools to help manage specialty medications for long-term conditions. Through this one-of-a-kind clinical model, Accredo connects patients with specialist pharmacists, nurses and other pharmacy experts who have extensive training and experience in specific disease states and medications. *\*Not available for all specialty medications.*

**RETAILER DISCOUNTED PRESCRIPTION DRUG PROGRAMS**

Walmart and Target are just a couple of retailers that offer Discounted Retailer Drug Programs. Costs are generally \$4 for a 30-day supply or \$10 for a 90-day supply. Visit their websites for more details on the program and to review a list of eligible prescriptions.



### DENTAL BENEFITS

The Kleen Test Products voluntary dental plan is administered through Anthem. Employees that elect the dental benefit are covered for the 12 month plan year (January-December) and are not impacted by the Spousal Surcharge.

2020 Bi-Weekly Paycheck Deductions (Pre-tax)	Dental Plan Provisions	Benefit In-Network
Single Coverage \$ 3.01	Individual Deductible	\$75 per year
Employee + Spouse \$ 7.52	Calendar Year Maximum	\$1,250 per person
Employee + Child(ren) \$ 6.62	Preventative and Diagnostic Services	No deductible/80%
Family Coverage \$10.53	Basic Services	Deductible/80%
	Endodontic, Periodontal & Major Services	Deductible/50%

### VOLUNTARY VISION BENEFITS

The Kleen Test Products voluntary vision plan is administered through National Vision Administrators (NVA). Their ever-growing vision provider network consists of tens of thousands of highly qualified, licensed eye care professionals. The network includes ophthalmologists, optometrists, and opticians, independent practitioners as well as optical retailers in all 50 states and Puerto Rico. Employees that elect the vision benefit are covered for the 12 month plan year (January – December) and are not impacted by the Spousal Surcharge.

2020 Bi-Weekly Paycheck Deductions (Pre-tax)	Vision Plan Provisions	Benefit In-Network
Single Coverage \$1.79	Examination ( <i>once per plan year</i> )	100% after \$10 copay
Employee + Spouse \$3.59	Lenses ( <i>once per plan year</i> )	100% after \$25 copay
Employee + Child(ren) \$5.73	Frames ( <i>once every two plan years</i> )	Up to \$150 Allowance
Family Coverage \$6.63	Contact Lenses ( <i>once per plan year</i> )	Up to \$150 Allowance (in lieu of glasses)

### HEALTH SAVINGS ACCOUNT (HSA)

With a HDHP you'll pay a lower employee contribution but incur a higher deductible if you have medical expenses. Employees enrolling in the HDHP are eligible to open up an individual HSA through PNC Bank. HSA accounts allow you to contribute pre-tax money through payroll deduction to pay for your out-of-pocket expenses. Your HSA funds can grow tax-free and you are able to withdraw funds tax-free for qualified medical expenses.

HSA	2020 IRS Contribution Limit
Self-Only (Single) Coverage	\$3550
Family Coverage	\$7100
Age 55+ Catch-up Contribution	\$1000
Annual Roll Over Limit	NONE – Unused dollars roll over year after year

Note: HSAs are not covered by ERISA

### FLEXIBLE SPENDING ACCOUNTS (FSA)

Set aside up to \$2,750 in a Health FSA or \$5,000 for dependent care expenses. Employees enrolling in the HDHP are not eligible for FSA. New election forms are required to participate each calendar year.

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### LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

As a full-time employee of KTP, you're eligible for a variety of company-sponsored benefit plans. KTP pays 100% of the cost for your Basic Life and Accidental Death & Dismemberment Insurance (AD&D). Additional life coverage may be elected through the Voluntary Life & Disability Program.

Coverage	Company Paid Benefit
Basic Life Insurance	1x your annual earnings*
Basic AD&D Insurance	1x your annual earnings*

\*Hourly employees are subject to a \$100,000 maximum. Office and Salaried employees are subject to a \$200,000 maximum.

### DISABILITY INSURANCE

KTP pays 100% of the cost for Short-Term and Long-Term Disability as detailed below. Additional disability coverage may be elected through the Voluntary Life & Disability Program.

Employee Group	Short-Term Disability	Long-Term Disability
Hourly Employees	7 day elimination period Weekly Benefit: \$250 13 week duration maximum	Offered through KTP's Voluntary Program
Salaried & Office Employees	7 day elimination period Weekly Benefit: \$400 13 week duration maximum	90 day elimination period 60% of monthly pay up to \$7,000

### VOLUNTARY LIFE, DISABILITY, & ACCIDENT PROGRAMS

Kleen Test Products' Voluntary Benefits Program is offered through UNUM. Life, Accident and Disability products can be purchased at your expense for you and your dependents. You will receive group rates and the premium is conveniently deducted from your payroll as a post-tax deduction. In some instances, evidence of insurability may be required.

An annual enrollment period is held each winter and coverage is effective in early 2020. Watch for additional information regarding specific enrollment days and times. Available products are:

UNUM Voluntary Products
Short-Term Disability
Long-Term Disability
Employee Term Life
Employee Whole Life
Spouse/Child Whole Life
Accident Protection



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KTP offers the following additional benefits to all eligible employees. Please contact your Human Resources for eligibility requirements or assistance with any of these offerings.

### 401(k) RETIREMENT PLAN

KTP has established a 401(k) plan to help you prepare for your financial future. This voluntary benefit allows you to defer a portion of your eligible compensation and put it into a retirement account. New employees will automatically be enrolled in the plan with a 4% contribution. Anyone that defers less than 6% will have their savings deferral rate increased by 1% on an annual basis until they reach 6%.

Your retirement plan offers an additional way to contribute, with a Roth contribution. With the Roth option, contributions are made with after-tax dollars, which means you are taxed before your contribution is deducted. Your earnings accumulate tax-free and, in general, distributions are tax free when you retire. If you wish, you can also make both traditional and Roth contributions in the same year. The two contribution types must be kept in separate accounts, and your total retirement plan contributions (traditional and Roth) cannot exceed your plan's annual contribution limit.

Matching contributions may be made at the discretion of the Company. You must make 401(k) contributions and be actively employed on the last day of the plan year to be eligible for the matching contributions. Any Company contributions are subject to a vesting schedule; however your personal contributions are immediately vested.

### PAID VACATION AND HOLIDAY TIME

Please contact Human Resources for eligibility requirements, accrual schedules and effective dates.

### WORK-LIFE EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your work-life balance employee assistance program – provided at no additional charge through Kleen Test's insurance benefit plan – can help you find solutions for the everyday challenges of work and home, as well as for more serious issues involving emotional and physical well-being.

**Phone:** 1-800-854-1446

**Website:** [healthadvocate.personaladvantage.com](http://healthadvocate.personaladvantage.com)

*(user ID and password: lifebalance)*

### PREVENTIVE SERVICES – NO PAY NO POINT PERK

Getting regular checkups and exams can help you stay well and catch problems early. The No Point No Pay Perk is intended for KTP employees (and any eligible dependents under 18) to get preventive exams or physicals at their doctor. Documentation must be submitted to Human Resources for review and approval before the appointment(s). Up to eight hours is available each calendar year, to be used in four hour increments. Please contact Human Resources if you have any questions.

### REFERRAL REWARDS BONUS

KTP accepts and encourages the referral of applicants for employment by current employees. Those that refer a friend, family member, or professional acquaintance to KTP can earn up to \$1,500 and eight hours of paid time off. All employment decisions are based on requisite skills, abilities and experience and will be made in accordance with the spirit and laws of equal employment opportunity. For more details, please speak with any member of the Human Resources team.



## REFERRALS THEY REALLY ADD UP

Refer a friend, family member, or professional acquaintance to Kleen Test Products and you will earn up to **\$1,500** and **8 hours** of paid time off!

Let's do the math:

\$500 (after 60 days of employment)  
+ \$1,000 (after 6 months of employment)  
\$1,500 total reward and 8 hours PTO



**CARRIER CONTACT INFORMATION**

Kleen Test Products, in partnership with the following carriers, strives to meet your benefit needs. If you have any questions regarding your benefits, please contact the corresponding carrier listed below or your KTP Human Resources Representative.

Carrier	Phone	Web Address
Anthem (Medical)	877-223-9914	<a href="http://www.anthem.com">www.anthem.com</a>
Express Scripts (Prescription Drugs)	800-879-9911	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
Anthem (Dental)	866-641-7762	<a href="http://www.anthem.com">www.anthem.com</a>
National Vision Administrators (Vision)	1-800-672-7723	<a href="http://www.e-nva.com">www.e-nva.com</a>
Anthem (Flexible Spending Account)	877-223-9914	<a href="http://www.anthem.com">www.anthem.com</a>
PNC BeneFit Plus (Health Savings Account)	844-356-9993	<a href="http://www.pnc.com/benefitplus">www.pnc.com/benefitplus</a>
Anthem Life (Life Insurance)	800-552-2137	<a href="http://www.anthem.com">www.anthem.com</a>
Anthem Life (Disability Insurance)	866-287-9566	<a href="http://www.anthem.com">www.anthem.com</a>
One America Retirement Services (401(k))	800-858-3829	<a href="http://www.mybmoreirement.com">www.mybmoreirement.com</a>
UNUM Voluntary Programs	800-635-5597	<a href="http://www.unum.com">www.unum.com</a>
24/7 NurseLine	866-647-6120	--
UNUM Employee Assistance Program (EAP)	800-854-1446	<a href="http://www.healthadvocate.personaladvantage.com">www.healthadvocate.personaladvantage.com</a>
LiveHealth Online	855-603-7985	<a href="http://www.livehealthonline.com">www.livehealthonline.com</a>
Blue Prairie Group Financial Help Desk	866-813-5495	<a href="http://www.blueprairiegroup.com">www.blueprairiegroup.com</a>

### DEFINITIONS

To help you understand and compare coverage options, here are definitions of some key terms:

**Co-insurance** is the percentage you are responsible for paying after your deductible is met, but before you have reached your plan maximum.

**Co-pay** is the amount you pay for a specified medical service, whether or not you've reached your plan's annual deductible. Co-pays do not apply toward the annual deductibles.

**Deductible** is the part of eligible expenses you must pay before the plan begins to pay a percentage of your eligible expenses. After the deductible is met, the Plan pays the benefit percentage of covered expenses incurred during the balance of the calendar year for each individual up to the out-of-pocket maximum. Office visit co-pays and prescription drug deductible co-pays do not apply to the medical deductible.

An **Embedded Deductible** is a system that combines individual and family deductibles in a family health insurance policy. When a health plan has embedded deductibles, it just means that a single member of a family doesn't have to meet the full family deductible for after-deductible benefits to kick in.

Under a **Non-Embedded Deductible** plan, the total family deductible must be paid out-of-pocket before the insurer starts paying for healthcare services for any individual member.

**Formulary** is the list of prescription drugs covered under your plan. It is created, reviewed, and updated regularly by a team of qualified doctors and pharmacists. Your plan's formulary contains a wide range of generic and brand-name drugs that have been approved by the U.S. Food and Drug Administration (FDA) because the drugs are safe, effective, and less expensive.

**Maximum Out-of-Pocket** is the maximum amount you have to pay each year for most covered expenses, including your deductible, medical co-pays, and co-insurance, but not including co-pays for prescriptions. Your out-of-pocket limit does not cover amounts over "approved" or "reasonable and customary." After you reach this amount, the plan will pay 100 percent of most covered expenses for the remainder of the plan year.

**In-Network Provider** is a physician, hospital, facility or other medical provider that participates with a preferred provider network, also called a Preferred Provider Organization (PPO). Preferred providers agree to accept your co-pay plus your medical plan payment as payment in full; you are responsible for your plan co-insurance payments, deductibles, and payment toward your annual out-of-pocket maximum. Preferred providers will never pass on to you any amounts over "approved" or "reasonable and customary."

**Out-of-Network Provider** is a physician, hospital, facility, or other provider that does not participate with a PPO; you are responsible for any balance not covered by the medical plan. Because of this, you should talk to providers before you receive services from them to see if they participate with your medical plan's network, and if they don't, whether you will be billed for the balance.

**PPO** is a Preferred Provider Organization that has contracted with a network of physicians and hospitals, providing access to healthcare services at a discounted rate. Every time you seek medical services, you choose whether you want to use an "in-network" or "out-of-network" provider. Using an "in-network" provider results in lower costs for you and the plan due to agreed upon discounts for medical services and lower deductibles and co-insurance levels.

**High Deductible Health Plan (HDHP)** is a health plan that provides significant benefits and satisfies requirements for minimum deductibles and out-of-pocket maximums. HDHPs can provide family coverage or self-only coverage. Except for preventive care, no benefits can be paid until annual deductible is met. Prescription drugs must be subject to deductible and coinsurance.

**Health Savings Account (HSA)** is an employee-owned account that may be used to pay your health insurance deductible along with other qualified medical expenses such as dental or vision services. HSAs must be used in conjunction with a HDHP.

### Frequently Asked Questions

#### When can I make changes to my coverage?

Open Enrollment (every November) and qualifying life events are the only time that changes can be made to your coverage. Qualifying life events include, but are not limited to, the following:

- Birth or adoption of a child
- Marriage/Divorce/Legal Separation
- Death of spouse or dependent
- Dependent child reaching age 26
- Change in employment status or benefit eligibility of a dependent.

*If a qualifying event occurs and you need to change your elections, you MUST notify HR within 31 days of the qualifying event.*

#### How long will a dependent child be covered?

Under Health Care Reform, your child will be covered until the end of the month that your child reaches the age of 26, regardless of eligibility of other coverage.

#### How does an HDHP/HSA Work?

You contribute money to the HSA (either a lump sum payment or monthly through payroll deductions). You can use HSA dollars to pay your health insurance deductible, along with other qualified medical expenses such as dental or vision services. Once you meet your deductible, your insurance pays additional covered expenses in accordance with our plan.

#### What are qualified medical expenses?

Qualified medical expenses include:

- Most medical care expenses (deductibles, coinsurance, doctors visits, etc.)
- Prescription drugs
- Over-the-counter drugs, with prescription
- Insulin
- Dental or vision care
- Some insurance premiums
  - \* Health insurance premiums while receiving unemployment benefits
  - \* Qualified long-term care premiums
  - \* Any health insurance premiums paid (other than for a Medicare supplement policy) by individuals age 65 and over

#### Are there any medical expenses that can not be paid with my HSA?

The following medical expenses cannot be reimbursed from HSA tax-free:

- Most insurance premiums
- Over-the-counter drugs without a prescription (except insulin)
- General health items (example: hand sanitizer, toiletries)
- Most cosmetic surgery or cosmetic procedures
- Expenses covered by another health plan
- Expenses incurred before HSA was established



#### Are there limits to my HSA contributions?

You can contribute up to \$3,550 to an HSA if you have single coverage or up to \$7,100 for family coverage in 2020, which is slightly more than the 2019 limits. If you're 55 or older anytime in 2019, you'll continue to be able to contribute an additional \$1,000 catch-up contribution.

#### What is Anthem Care Comparison?

Anthem Care Comparison is an innovative tool designed to help take some of the mystery out of health care and maximize the value of your health insurance plan.

Having a clear understanding of cost and quality can help you make more informed decisions which can lead to better health. With the Care Comparison tool you can see real price ranges for common services at different places in your area. You can also compare quality factors to help you evaluate experience and expertise.

Learn more about this helpful tool at [www.anthem.com](http://www.anthem.com) or call the customer service number on the back of your health plan ID card.

