

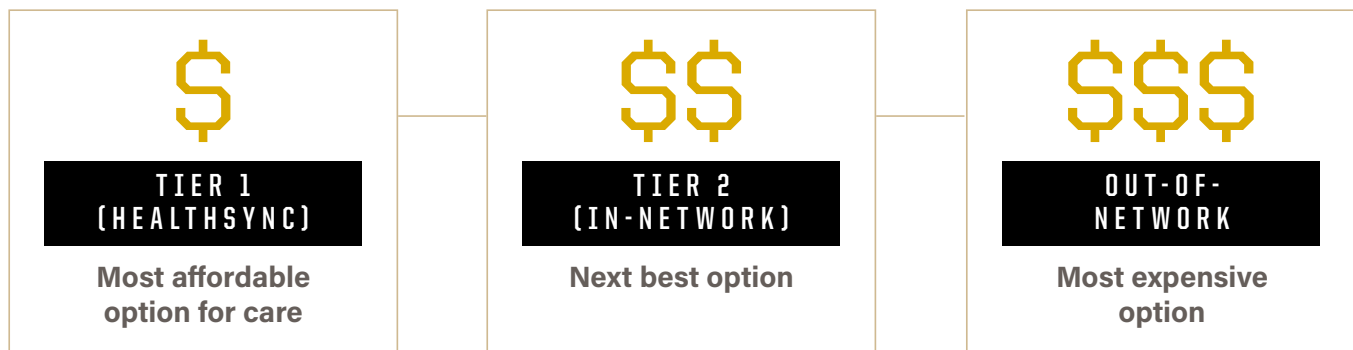
# TIER 1 (HEALTHSYNC)



## MANAGING YOUR HEALTH EXPENSES

### When you need care, you can see providers in one of three networks.

You have a choice of which network option you use. And some level of coverage is provided for each. However, you'll always receive the highest level of coverage—that means less out of **your** pocket—when you choose Tier 1 (HealthSync). So, if you're more cost-conscious, you'll want to consider the advantages of choosing a provider in the Tier 1 network.



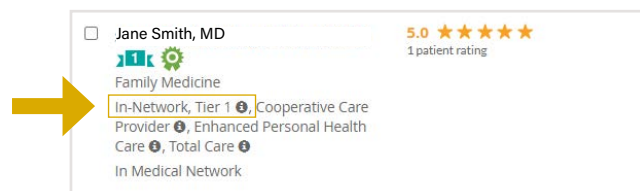
## HOW TO FIND A TIER 1 (HEALTHSYNC) PROVIDER

 [anthem.com](https://www.anthem.com)

You can find a Tier 1 provider by visiting the [Anthem website](https://www.anthem.com).

- Click the **Log In** button (*No account yet? Click the **Register Now** link.*)
- Click the **Find Care** button
- In search bar, enter your **zip code** and select the type of **care provider** (i.e., primary care, specialty care) or **procedure** (i.e., colonoscopy)

Next to the provider's name, it states the tier they are in.



IF YOU SET UP AN ONLINE ANTHEM ACCOUNT, THE SYSTEM WILL AUTOMATICALLY REGISTER YOUR ZIP CODE AND PROVIDE INFORMATION SPECIFIC TO YOUR MEDICAL PLAN – INCLUDING TIERS FOR PROVIDERS.

# HOW TIER 1 (HEALTHSYNC) MEDICAL EXPENSES WORK

1

## VISIT A TIER 1 (HEALTHSYNC) OR TIER 2 (IN-NETWORK) PROVIDER.

The majority of healthcare providers in Indiana are either in Tier 1 or Tier 2.



2

## THE EXPENSES COUNT TOWARD BOTH YOUR TIER 1 AND TIER 2 DEDUCTIBLES.

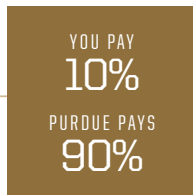
This includes charges from providers as well as prescriptions.



3

## ONCE YOU MEET YOUR TIER 1 DEDUCTIBLE, YOUR COINSURANCE IS 90/10 WITH TIER 1 PROVIDERS.

Tier 1 deductibles are **hundreds of dollars lower** than Tier 2 and Out-of-network.



4

## IF YOU MEET YOUR TIER 1 OUT-OF-POCKET MAXIMUM, ALL TIER 1 SERVICES ARE COVERED AT 100%.

Tier 1 out-of-pocket maximums can be **thousands of dollars less** than Tier 2. Your out-of-pocket max **includes** the amount of the deductible, regardless of tier.



5

## NOW, ANY COSTS APPLY TO YOUR TIER 2 DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM.

You continue to pay the full amount for prescriptions and Tier 2 services until you reach the Tier 2 deductible and out-of-pocket maximum.



## EXAMPLE

# HOW JOSÉ MAXIMIZED TIER 1 (HEALTHSYNC) TO HIS ADVANTAGE

1

José visits a **Tier 1 (HealthSync) provider** for a non-preventive service and pays \$100, which is applied toward both his **Tier 1 and Tier 2 (In-network) deductibles**. Next, he sees a **Tier 2 provider** which costs \$200—again applied toward both his **Tier 1 and Tier 2 deductibles**.

2

Throughout the year, José sees **Tier 1 or Tier 2 providers**. His expenses—including labs, prescriptions and PUSH X-rays—apply toward **both Tier 1 and Tier 2 deductibles**.

3

**José meets his Tier 1 deductible**. Now he only pays 10% when he visits a Tier 1 provider. The 10% José pays counts toward his Tier 1 out-of-pocket maximum **AND** his Tier 2 out-of-pocket maximum.

4

**José meets his Tier 1 out-of-pocket maximum, so he no longer pays anything when he sees a Tier 1 provider**. Any claims he has with prescriptions and Tier 2 providers/labs count toward his Tier 2 deductible. Once he meets his Tier 2 deductible, he only pays 20% when he visits a Tier 2 provider.

5

**If José meets the Tier 2 out-of-pocket maximum, then he'll pay \$0 for any additional care received from Tier 2 providers**. His prescription costs will also be covered in full at that point.