



# **IBEW Local 18 Benefits Brochure**

**Effective July 1, 2024 (7/1/24 - 6/30/25)**

**Active Members**

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# Open Enrollment Dates

## Monday 4/29/24 - Friday 5/10/24 for an effective date of 7/1/24

For Open Enrollment, the effective date is July 1, 2024 for the 2024-2025 plan year (July 1, 2024 to June 30, 2025). However the Health and Dental Plans are based on a calendar year.

For questions regarding Local 18's Anthem Blue Cross Medical or Guardian Dental benefits or for general questions (i.e. enrollment, claims, eligibility or ID cards), please contact:

### Local 18 Benefit Service Center

#### Address:

Local 18 Benefit Service Center  
9500 Topanga Canyon Blvd.  
Chatsworth, CA 91311

#### Email Address:

[Local18@mybenefitchoices.com](mailto:Local18@mybenefitchoices.com)

#### Phone Numbers:

800-842-6635 (toll-free)  
818-678-0040 (main)  
818-477-1476 (fax)  
Monday - Friday, 8:30am - 5:00pm  
(closed 12:00pm -12:45pm)

#### For more information, please visit:

[www.mybenefitchoices.com/local18](http://www.mybenefitchoices.com/local18)

*The IBEW Local 18-sponsored medical and dental plans are available to all eligible IBEW Local 18 members and their eligible dependents.*

*As an IBEW L18 member, you are eligible for an Anthem Blue Cross medical plan and Guardian dental plan. Although you may be enrolled in a LADWP-sponsored plan, Health Care Reform law and California's Senate Bill 1008 require that we send you information on how to obtain an IBEW Local 18 Summary of Benefits and Coverage (SBC) and Summary of Dental Benefits and Coverage (SDBC) for each plan in order to make an informed choice. The SBCs and SDBCs summarize important information about your health and dental coverage options in a standard format, to help you compare across options. SBCs and SDBCs are available on the web at: [www.mybenefitchoices.com/local18](http://www.mybenefitchoices.com/local18). Once on the site, scroll down to "Click here to view additional RESOURCES" Paper copies are also available, free of charge, by calling IBEW Local 18 Benefit Service Center at 1-800-842-6635.*

*Please note, this is only a brief summary of benefits.*



Photo by Armando Arorizo



# NEW For IBEW Local 18

## Effective 7/1/24



### Guardian PPO dental coverage enhancements:

- Includes coverage for Teeth Whitening up to \$500 annual maximum every 24 months per arch\*

*\*Treated separately from existing deductibles, annual benefit maximums, and coinsurance*



Photo by Armando Arorizo



Photo by Armando Arorizo

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# IBEW Local 18-Sponsored Plans:



- The IBEW Local 18-sponsored medical and dental plans are available to all IBEW Local 18 members and their eligible dependents.
- For more information on dependent eligibility, please refer to LADWP Guides available on our Resource page at [http://www.mybenefitchoices.com/Local18/benefit\\_resources](http://www.mybenefitchoices.com/Local18/benefit_resources)
- You must be enrolled as an active member in an IBEW Local 18 plan prior to retirement in order to participate in the IBEW Local 18 plan(s) as a retiree.

## How to enroll online

The Annual Open Enrollment for LADWP and Local 18 is Monday 4/29/24 through Friday 5/10/24, for a July 1, 2024 effective date. You will be able to make open enrollment changes online beginning Monday 4/29/24 until midnight Friday 5/10/24.

To review the benefits, rates, find in-network providers and links to our carriers go to [www.mybenefitchoices.com/local18](http://www.mybenefitchoices.com/local18), scroll down and click on “RESOURCES”.

If you would like to enroll/change plans or add/delete dependents, please use Local 18’s online portal [www.mybenefitchoices.com/local18](http://www.mybenefitchoices.com/local18)

1. You must register (if you haven’t already). You will need:
  - Employee Number (must be 6 digits)
  - Last 4 of your Social Security Number
  - Create a Username: \_\_\_\_\_
  - Create Password: \_\_\_\_\_
  - Email: \_\_\_\_\_ (you will need to have access to it in order to activate your account)
2. Confirm your registration- You will receive a system generated account activation email (to the email that you registered with). Click on the link to confirm your registration. The link will take you back to the “log in” screen.
3. Log in- Enter your user name and password (that you just registered with) and you will be logged into the secure Local 18 benefits web site.
4. You must have your dependent(s) social security number(s) available prior to using the online portal. Documentation will also be required to verify dependent eligibility.
5. Enrollment wizard – “launch open enrollment wizard” to enroll/change plans add/delete dependents. Using the NEXT button, you will need to review each wizard screen.
6. You MUST reach 100% to finish. After going through each wizard screen, you must digitally sign that you agree to the Terms and Conditions and then click FINISH. You will then be emailed your benefit summary showing you have reached 100%.

**IMPORTANT NOTE:** Once you have completed #6 you will be emailed a benefit summary showing your Local 18 elections. **If you have any “Pending Documents” due it will be noted in red on your benefit summary. Your enrollment/changes are not finalized until we receive and have accepted your Pending Documents.**

**REMEMBER:** Life event changes during the year must be made within 31 days of the qualifying life event (marriages, newborns, divorce, etc).

**PLEASE NOTE:** If you are changing from a LADWP plan to a Local 18 plan you MUST cancel the LADWP plan. You MUST submit your completed cancellation (“Active Enrollment/Change Form”), found here <https://eBenefits.ladwp.com>, to LADWP Health Plans office at [HealthPlans@LADWP.com](mailto:HealthPlans@LADWP.com). If you are changing from a Local 18 plan to a LADWP plan you MUST “decline” coverage using our online portal [www.mybenefitchoices.com/local18](http://www.mybenefitchoices.com/local18) or print, complete and submit a termination form to our office, found at the bottom of the RESOURCES page.

**PENDING DOCUMENTS:** Documentation is required to verify dependent eligibility, if dependent is not currently on a Local 18 sponsored plan.

# Pending Documents: Documentation is required to verify dependent eligibility.



Please provide the required document(s) using one of the following options below:

Scan/email: [Local18@mybenefitchoices.com](mailto:Local18@mybenefitchoices.com) or Upload: instructions below or  
Fax: (818) 477-1476 or mail to: L18-BSC 9500 Topanga Cyn Blvd Chatsworth, CA 91311

## How do I upload my documents through the website?

1. When logged in, click on the 'My Documents' tab on the top of the screen.
2. If you have any missing documents to submit, there will be a 'Pending/Missing Documents' section listing what you are missing.
3. In the 'Upload Document' section, click the dropdown menu and select which document you wish to submit.
  - If your document is not listed, select 'Unlisted Document'.
4. Select the file you are uploading from your computer.
  - Allowed files extensions: PDF, BMP, GIF, PNG, JPG.
  - File size limit: 20MB.
5. Click 'Upload' to submit the file.
6. If there are no problems, you will get a message saying the file was uploaded successfully and the document will be marked pending.
7. It may take at least 2 business days for a Benefit Specialist to review your submitted documents and accept/deny them.
8. If the document is denied, the pending status will go away and the file will remain in the 'Pending/Missing Documents' section.  
If the file is accepted, it will move to the 'Received Documents' section.

**For any questions or help with the online enrollment portal, please call the Local 18 Benefit Service Center at (800) 842-6635**



Photo by Armando Arorizo

# Rate and Subsidy Information

## IBEW Local 18 - Health & Welfare Medical & Dental Rates



### Active Members

Effective July 1, 2024

DWP Monthly Medical Subsidy \$2,457.36

Anthem Blue Cross HMO Medical	Monthly Premium	Monthly Full-time/Active Member Cost
Single	\$1,900.28	\$0.00
Two Party	\$2,224.57	\$0.00
Family	\$2,457.36	\$0.00

Anthem Blue Cross PPO Medical	Monthly Premium	Monthly Full-time/Active Member Cost
Single	\$2,131.08	\$0.00
Two Party	\$2,481.39	\$24.03
Family	\$3,077.99	\$620.63

DWP Monthly Dental Subsidy \$139.94

Guardian DHMO Dental	Monthly Premium	Monthly Full-time/Active Member Cost
Single	\$112.97	\$0.00
Two Party	\$112.97	\$0.00
Family	\$112.97	\$0.00

Guardian PPO Dental	Monthly Premium	Monthly Full-time/Active Member Cost
Single	\$135.86	\$0.00
Two Party	\$135.86	\$0.00
Family	\$135.86	\$0.00

The LADWP Active Benefits Guide can also be found online on the IBEW Local 18 Benefit Service Center RESOURCE webpage in the following link: [http://www.mybenefitchoices.com/Local18/benefit\\_resources](http://www.mybenefitchoices.com/Local18/benefit_resources)

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# IBEW Local 18-Sponsored Plans Overview

## Your Coverage Options

The IBEW Local 18-sponsored medical and dental plans are available to all IBEW Local 18 members and their eligible dependents

### IBEW Local 18-sponsored medical plans

- Anthem Blue Cross HMO (member must live in California)
- Anthem Blue Cross PPO



### IBEW Local 18-sponsored dental plans

- Guardian DHMO (California only)
- Guardian PPO



Photo by Armando Arorizo



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# Exclusive Benefit Enhancements

This is a great opportunity to enroll in an IBEW Local 18-sponsored medical and dental plan! IBEW Local 18-sponsored medical and dental plans offer exclusive benefit enhancements, such as:



## Health

### Fertility Coverage

Up to \$5,000 lifetime benefit for infertility treatment

### Vision Benefits Through VSP

Benefits for exams, lenses, frames, and contact lenses

Use the frame allowance for non-prescription sunglasses or prescription sunglasses

### Access to a Doctor- Anytime, Anywhere!

Online doctor visits available 24/7/365 with LiveHealth Online

### Behavioral Health Through Optum

Tailored and specialized behavioral health and substance abuse treatment for IBEW Local 18 members and their families

#### Includes

Employee Assistance Program (EAP)!

### Comprehensive Screening with Body Scan

No cost to enrolled members and their enrolled spouse/domestic partner

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## Dental

Includes comprehensive orthodontia coverage for adults and children

- NEW** • PPO includes teeth whitening up to \$500 separate annual maximum every 24 months per arch\*
- PPO offers highest annual maximum to members at \$3,000 per individual
  - PPO includes implant coverage

*\*Treated separately from existing deductibles, annual benefit maximums, and coinsurance*

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## Benefit Support Specialists

Dedicated for Local 18 Members, simply call (800) 842-6635. The Benefit Service Center is there to assist you in the event you need enrollment assistance, experience claim issues and any other benefit related needs. Enroll online at:

[www.mybenefitchoices.com/local18](http://www.mybenefitchoices.com/local18)



Photo by Armando Arorizo

# IBEW Local 18-Sponsored Plans

## Important Resources

### Instructions to Find a Provider

To locate an in-network Anthem Blue Cross medical, Guardian dental, Optum behavioral health, or VSP vision provider please navigate online to the IBEW Local 18 Benefit Service Center [RESOURCE](#) webpage listed below. Scroll down to the “Provider Search” drop-down menu and select the appropriate “Find a Provider” instructions to locate an in-network provider.

If you are enrolling in an IBEW Local 18-sponsored plan, making plan or provider changes, or have questions on eligibility please refer to the resources on this page.

### Qualifying Life Event Changes

Certain Qualifying Life Event (QLE) changes, such as the birth or adoption of a new child, marriage, divorce, and others may permit you to add your new dependent, enroll in or make changes to your IBEW Local 18-sponsored plan. You have a 31-day window (from the date the QLE took place) to add your new dependent, enroll in or make changes to your coverage. For more information, please refer to the LADWP Active Benefits Guide.

### Covering Your Eligible Dependents

You will be required to provide additional documentation in order to enroll your eligible dependents in an IBEW Local 18-sponsored plan. For more information, please refer to the LADWP Active Benefits Guide.

### When Coverage Ends for Your Dependent

Please refer to the LADWP Active Benefits Guide.

### Accessing Anthem Blue Cross Services While Traveling

Depending on the medical plan elected (HMO or PPO) you and your dependents may have access to benefits and services while traveling outside California or out of the country. For more information, please navigate online to IBEW Local 18 Benefit Service Center [RESOURCE](#) webpage listed below. Scroll down to Health Benefits, Medical and select Anthem Blue Cross traveling resource most appropriate for your situation (e.g. Anthem Blue Cross HMO Guest Membership).

All of the information above can be found online on the IBEW Local 18 Benefit Service Center [RESOURCE](#) webpage in the following link: [http://www.mybenefitchoices.com/Local18/benefit\\_resources](http://www.mybenefitchoices.com/Local18/benefit_resources)



# IBEW Local 18 Anthem Blue Cross Medical Plans



## HMO vs. PPO

	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)
<b>Coverage</b>	<p>Provides comprehensive coverage based on the type of plan you elect, may include (but not limited to):</p> <ul style="list-style-type: none"> <li>• Preventive care</li> <li>• Routine medical</li> <li>• Major medical</li> </ul>	
<b>Seeking Care</b>	<ul style="list-style-type: none"> <li>• You must choose a primary care physician (PCP), or one will be assigned, who oversees your care and refers you to HMO specialists</li> <li>• You have a network of HMO providers in California to choose from</li> <li>• You must be treated by your PCP or receive a referral from your Medical Group (within their network) to receive benefits, except for emergency care.</li> </ul>	<ul style="list-style-type: none"> <li>• You can see any licensed doctor or specialist and are not required to designate a primary care physician (PCP)</li> <li>• Your out-of-pocket expenses will be lower when you use in-network PPO providers</li> </ul>
<b>Determining Costs for Services</b>	<ul style="list-style-type: none"> <li>• There are no deductibles</li> <li>• You pay a copay, if applicable, for services</li> <li>• Without the cost of a deductible and with generally lower copays, HMOs typically cost less than PPO plans</li> </ul>	<ul style="list-style-type: none"> <li>• You must meet the deductible before the plan pays benefits for most services</li> <li>• The plan pays 100% of preventive care when you use in-network PPO providers</li> <li>• Out-of-pocket expenses are lower when you use in-network PPO providers</li> </ul>



# Health and Wellness Programs Support You Along the Way



Your plan goes way beyond covering doctor visits

**Building Healthy Families** — Moms-to-be get one-on-one support from registered nurses to help them have a healthy pregnancy, a safe delivery and a healthy baby.

If you or a covered family member is pregnant you can call 866-664-5404 to enroll. You will receive coaching from a registered nurse to provide care and support for a healthy pregnancy and healthy child.

- **Anthem Blue Cross will send a \$25 gift card for enrolling in the program, and \$100 in gift cards for completing the program.**

As a member, you have easy access to tools and special offers on [www.anthem.com/ca/ibewlocal18/](http://www.anthem.com/ca/ibewlocal18/)

**Condition Care Program** — If you or a covered family member is suffering from diabetes or CAD, you can call 800-621-2232 to enroll. You will receive counseling and coaching on healthy lifestyles to meet your goals.

- **Anthem Blue Cross will send a \$25 gift card for enrolling in the program, and \$100 in gift cards for completing the program.**

**Staying Healthy Reminders** — This yearly reminder is sent to your home or through email to tell you about important preventive health screenings or treatments you may need, based on your age and gender. Once you're a member, you can choose how you'd like to receive this reminder on [www.anthem.com/ca](http://www.anthem.com/ca).



# IBEW Local 18 Anthem Blue Cross HMO



## Your Summary of Benefits

Your Plan: Anthem Custom Premier HMO 0/100% (RX \$5/\$10)

Your Network: California Care HMO

Anthem Blue Cross HMO benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association (IPA). (Members must live in California).

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$0	Not covered
Out-of-Pocket- Limit <sup>1</sup>	Individual \$500; Two- Party; \$1,000; Family \$1,500	Not covered
Preventive care/screening/immunization	No copay	Not covered
Preventive Care for Chronic Conditions <sup>2</sup>	No copay	Not covered
Virtual Care (Telemedicine / Telehealth Visits) <sup>3</sup>		
Primary Care (PCP)	No copay	Not covered
Mental Health and Substance Use Disorder care	Carved out to Optum Behavioral Health	Carved out to Optum Behavioral Health
Specialist	No Copay	Not covered
Doctor Home and Office Services		
Primary care visit to treat an injury or illness	No copay	Not covered
Specialist Care Visit	No copay	Not covered
Prenatal and Post-natal Care	No copay	Not covered
Other Practitioner Visits:		
LiveHealth Online Visit	No copay	Not covered

<sup>1</sup> When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.

<sup>2</sup> Per IRS guidelines.

<sup>3</sup> Virtual Visits - Online visits with Doctors who also provide services in person.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Chiropractor Services (Self referred, within ASHP network) <sup>1</sup> Acupuncture (Self referred, within ASHP network) <sup>1</sup> Chiropractic Appliances (ordered by ASHP provider) <sup>1</sup>	\$10 copay per visit \$10 copay per visit \$50 per calendar year	Not covered Not covered Not covered
Other Services in an Office: Allergy testing Chemo/radiation therapy Hemodialysis Prescription drugs <sup>2</sup>	No copay No copay No copay No copay	Not covered Not covered Not covered Not covered
Diagnostic Services  Lab: Office Freestanding Lab Outpatient Hospital	No copay No copay No copay	Not covered Not covered Not covered
X-ray: Office Freestanding Radiology Center Outpatient Hospital	No copay No copay No copay	Not covered Not covered Not covered
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans):  Office <sup>3</sup> Freestanding Radiology Center <sup>3</sup> Outpatient Hospital <sup>3</sup>	No copay No copay No copay	Not covered Not covered Not covered

<sup>1</sup> An initial examination by an ASHP chiropractor and/or acupuncturist of disorders is required. Up to 30 visits combined during a calendar year if authorized as medically necessary by ASHP.

<sup>2</sup> For the drugs itself dispensed in the office through infusion/injection.

<sup>3</sup> Costs may vary by site of service.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency and Urgent Care		
Emergency Room Facility Services <sup>1</sup>	No copay	Covered as In-Network
Emergency Room Doctor and Other Services	No copay	Covered as In-Network
Ambulance (Air and Ground)	No copay	Covered as In-Network
Urgent Care (Office Setting) <sup>2</sup>	No copay	Covered as In-Network
Outpatient Mental/Behavioral Health and Substance Abuse		
Doctor Office Visit	Carved out to Optum Behavioral Health	Not covered
Facility-visit: Facility Fees	Carved out to Optum Behavioral Health	Not covered
Doctor Services	Carved out to Optum Behavioral Health	Not covered
Outpatient Surgery		
Facility Fees: Hospital	No copay	Not covered
Freestanding Surgical Center	No copay	Not covered
Doctor and Other Services	No copay	Not covered

<sup>1</sup> This is for the hospital/facility charge only. The ER physician charge may be separate.

<sup>2</sup> Costs may vary by site of service.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Hospital Stay (all inpatient stays including Maternity, Mental/Behavioral Health, and Substance Abuse)</p> <p>Facility Fees (for example, room &amp; board) Doctor and Other Services <sup>1</sup></p>	<p>No copay No copay</p>	<p>Not covered Not covered</p>
<p>Recovery &amp; Rehabilitation</p> <p>Home Health Care <sup>2</sup></p>	<p>No copay</p>	<p>Not covered</p>
<p>Rehabilitation Services (for example, physical/speech/occupational therapy):</p> <p>Office <sup>3</sup> Outpatient Hospital <sup>3</sup> Habilitation Services <sup>4</sup></p>	<p>No copay No copay No copay</p>	<p>Not covered Not covered Not covered</p>
<p>Cardiac rehabilitation</p> <p>Office <sup>5</sup> Outpatient Hospital <sup>5</sup></p>	<p>No copay No copay</p>	<p>Not covered Not covered</p>

<sup>1</sup> Mental / Behavioral health and substance abuse is carved out to Optum Behavioral Health.

<sup>2</sup> Coverage for In-Network Provider is limited to 100 visit limit per benefit period.

<sup>3</sup> Coverage for In-Network Provider is limited to 60 day limit per benefit period for Physical, Occupational and Speech Therapy combined. Costs may vary by site of service. Chiropractor visits count towards your physical and occupational therapy limit.

<sup>4</sup> Habilitation and Rehabilitation visits count towards your Rehabilitation limit.

<sup>5</sup> Coverage for In-Network Provider



Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Skilled Nursing Care (in a facility) <sup>1</sup>	No copay	Not covered
Hospice	No copay	Not covered
Durable Medical Equipment	No copay	Not covered
Prosthetic Devices	No copay	Not covered
Refractive Eye Surgeries (LASIK benefit) <sup>2</sup>	Plan pays up to \$1500 per eye, lifetime	Not covered

<sup>1</sup> Coverage for In-Network Provider is limited to 100 day limit per benefit period.

<sup>2</sup> Including astigmatic keratotomy, lamellar keratoplasty and laser procedure for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia), hyperopia (farsightedness) or astigmatism. Limited to a lifetime benefit of up to \$1,500/eye. Costs may vary by site of service.

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	\$0	\$0
Prescription Drug Coverage		
Preventive Pharmacy		
Preventive Immunization Female oral contraceptive <sup>1</sup>	No copay No copay	50% coinsurance (retail only) 50% coinsurance (retail only)
Tier1 - Typically Generic <sup>2</sup>	\$5 copay per prescription (retail only) and \$10 copay per prescription (home delivery only)	Member pays the retail participating pharmacies copay plus 50% coinsurance (retail only)
Tier2 - Typically Preferred / Brand <sup>2</sup>	\$10 copay per prescription (retail only) and \$20 copay per prescription (home delivery only)	Member pays the retail participating pharmacies copay plus 50% coinsurance (retail only)

<sup>1</sup> Generic and Single Source brand.

<sup>2</sup> Member pays the retail pharmacy copay plus 50% for out of network. Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program).

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Infertility	50% coinsurance	Not covered
Out-of-Pocket Limit	Infertility services do not apply toward Out-of-Pocket Limit.	
Infertility Benefit Maximum	Anthem payment of \$5,000 per lifetime per Member.	
<p>Additional Covered Services includes artificial insemination, in-vitro fertilization, GIFT (gamete intrafallopian transfer), ZIFT (Zygote intra-fallopian transfer), supplies, appliances, and Drugs administered in a Physician's office. These services are subject to Coinsurance stated above and the \$5,000 lifetime per Member maximum.</p> <p>Covered services also exist for diagnostic tests to find the cause of infertility, such as diagnostic laparoscopy, endometrial biopsy, and semen analysis, and services to treat the underlying medical conditions that cause Infertility (e.g., endometriosis, obstructed fallopian tubes, and hormone deficiency). These services are provided on the same basis, at the same cost shares, as any other medical condition and not subject to the above lifetime maximum.</p> <p>Not Covered: Reversals of elective sterilizations.</p>		

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

*Anthem Blue Cross HMO benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association (IPA); except OB/GYN services received within the member's medical group/IPA, and services for mental and nervous disorders and substance abuse. Benefits are subject to all terms, conditions, limitations, and exclusions of the EOC.*

**Notes:**

This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits. This Summary of Benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).

In addition to the benefits described in this summary, coverage may include additional benefits, depending upon the member's home state. The benefits provided in this summary are subject to federal and California laws. There are some states that require more generous benefits be provided to their residents, even if the master policy was not issued in their state. If the member's state has such requirements, we will adjust the benefits to meet the requirements.

Your plan requires a selection of a Primary Care Physician. Your plan requires a referral from your Primary Care Physician for select covered services.

Preventive Care Services includes physical exam, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunization, health education, intervention services, HIV testing) and additional preventive care for women provided for in the guidance supported by Health Resources and Service Administration.

Behavioral Health and Substance abuse is covered through Optum Behavioral Health.

If your plan includes an emergency room facility copay and you are directly admitted to a hospital, your emergency room facility copay is waived.

Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.

Additional visits maybe authorized if medically necessary. Pre-service review must be obtained prior to receiving the additional services.

Skilled Nursing Facility day limit does not apply to mental health and substance abuse.

Respite Care limited to 5 consecutive days per admission.

Freestanding Lab and Radiology Center is defined as services received in a non-hospital based facility.

Infertility services are not included in the out of pocket amount.

Coordination of Benefits: The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverage do not exceed 100% of the covered expense.

When using non-network pharmacy; members are responsible for in-network pharmacy copay plus 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount. Members will pay upfront and submit a claim form.

In Network and Non Network pharmacy deductibles are combined. Satisfying one helps satisfy the other. Pharmacy deductibles are included in the annual out-of-pocket maximums.

Certain drugs require pre-authorization approval to obtain coverage. Supply limits for certain drugs may be different, go to Anthem website or call customer service.

For additional information on limitations and exclusions and other disclosure items that apply to this plan, go to <https://www.anthem.com/ca/ibewlocal18/>.

For additional information on this plan, please visit [sbc.anthem.com](http://sbc.anthem.com) to obtain a Summary of Benefit Coverage.

Anthem Blue Cross

IBEW Local 18 - HMO

Your Plan: Anthem Custom Premier HMO 0/100% (RX \$5/\$10)

Your Network: California Care HMO

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Anthem Blue Cross HMO benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association (IPA); except OB/GYN services received within the member's medical group/IPA, and services for mental and nervous disorders and substance abuse. Benefits are subject to all terms, conditions, limitations, and exclusions of the EOC.

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Questions:(855) 333-5730 or visit [www.anthem.com/ca](http://www.anthem.com/ca)

# IBEW Local 18 Anthem Blue Cross PPO



## Your Summary of Benefits

Your Plan: Anthem Custom Incentive PPO 250/35/20 (Rx \$5/\$10)

Your Network: Prudent Buyer PPO

Non-Network- When using out-of-network providers, members are responsible for any difference between the covered expense and actual charges, as well as any deductible and percentage co-pay.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible <sup>1</sup>	\$250/member; maximum of three separate deductibles/family	\$1,000/member; maximum of three separate deductibles/family
Out-of-Pocket Limit <sup>2</sup>	\$2,000 person / \$4,000 family	\$6,000 person / \$12,000 family
Preventive care/screening/immunization <sup>3</sup>	No copay	40% coinsurance
Preventive Care for Chronic Conditions <sup>4</sup>	No copay	40% coinsurance after deductible is met
Virtual Care (Telemedicine / Telehealth Visits) <sup>5</sup>		
Primary Care (PCP) <sup>6</sup>	No copay	40% coinsurance after deductible is met
Mental Health and Substance Use Disorder care <sup>6</sup>	Carved out to Optum Behavioral Health	Carved out to Optum Behavioral Health
Specialist <sup>6</sup>	\$35 copay per visit	40% coinsurance after deductible is met
Doctor Home and Office Services		
Primary care visit to treat an injury or illness <sup>6</sup>	No copay	40% coinsurance
Specialist care visit <sup>6</sup>	\$35/visit	40% coinsurance
Prenatal and Post-natal Care <sup>6</sup>	No copay	40% coinsurance

<sup>1</sup> See notes section to understand how your deductible works.

<sup>2</sup> When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of the calendar year. See notes section for additional information regarding your out of pocket maximum.

<sup>3</sup> In-network preventive care is not subject to deductible.

<sup>4</sup> Per IRS guidelines.

<sup>5</sup> Virtual Visits - Online visits with Doctors who also provide services in person.

<sup>6</sup> Deductible does not apply to In-Network providers.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Other Practitioner Visits:</b> Retail Health Clinic <sup>1</sup> LiveHealth Online Visit <sup>1</sup> Chiropractor Services <sup>2</sup> Acupuncture <sup>3</sup>	No copay No copay No copay No copay	40% coinsurance Not covered 40% coinsurance 40% coinsurance
<b>Other Services in an Office:</b> Allergy Testing Chemo/Radiation Therapy Hemodialysis Prescription Drugs <sup>4</sup>	20% coinsurance 20% coinsurance 20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance 40% coinsurance
<b>Diagnostic Services</b>  <b>Lab:</b> Office Freestanding Lab Outpatient Hospital	20% coinsurance 20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance
<b>X-ray:</b> Office Freestanding Radiology Center Outpatient Hospital	20% coinsurance 20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance

<sup>1</sup> Deductible does not apply to In-Network providers.

<sup>2</sup> Coverage for In-Network Provider and Non-Network Provider combined is limited to 30 visit limit per benefit period. Deductible does not apply to In- Network providers.

<sup>3</sup> Coverage for In-Network Provider and Non-Network Provider combined is limited to 20 visit limit per benefit period. Deductible does not apply to In-Network providers.

<sup>4</sup> For the drugs itself dispensed in the office thru infusion/injection.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans):</b> Office Freestanding Radiology Center Outpatient Hospital	20% coinsurance 20% coinsurance 20% coinsurance	40% coinsurance 40% coinsurance 40% coinsurance
<b>Emergency and Urgent Care</b> Emergency Room Facility Services <sup>1</sup> Emergency Room Doctor and Other Services	20% coinsurance (copayment waived if admitted) 20% coinsurance	20% coinsurance (copayment waived if admitted) 20% coinsurance
Ambulance (Air and Ground)	30% coinsurance	30% coinsurance
Urgent Care (Office Setting) <sup>2</sup>	\$25/visit (deductible waived)	40% coinsurance
<b>Outpatient Mental/Behavioral Health and Substance Abuse</b> Doctor Office Visit <sup>2</sup> Facility Visit: Facility Fees	Carved out to Optum Behavioral Health Carved out to Optum Behavioral Health	Carved out to Optum Behavioral Health Carved out to Optum Behavioral Health
<b>Outpatient Surgery</b> Facility Fees: Hospital	20% coinsurance	40% coinsurance

<sup>1</sup> Emergency Room \$100 copayment per visit. This is for the hospital/facility charge only. The ER physician charge may be separate.

<sup>2</sup> Deductible does not apply to In-Network providers.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Freestanding Surgical Center <sup>1</sup>	20% coinsurance	40% coinsurance
Doctor and Other Services	20% coinsurance	40% coinsurance
Hospital Stay (all inpatient stays including maternity, Mental/Behavioral Health, and Substance Abuse)  Mental/Behavioral health and substance abuse is carved out to Optum Behavioral Health  Facility fees (for example, room & board) <sup>2</sup> Doctor and other services	20% coinsurance  20% coinsurance	40% coinsurance  40% coinsurance
Recovery & Rehabilitation  Home Health Care <sup>3</sup>	20% coinsurance	40% coinsurance
Rehabilitation Habilitation Services (for example, Physical/Speech/Occupational Therapy):  Office <sup>4</sup> Outpatient Hospital	20% coinsurance  20% coinsurance	40% coinsurance  40% coinsurance
Cardiac rehabilitation  Office Outpatient Hospital	20% coinsurance  20% coinsurance	40% coinsurance  40% coinsurance
Skilled Nursing Care (in a facility) <sup>3</sup>	20% coinsurance	40% coinsurance
Hospice	20% coinsurance (deductible waived)	30% coinsurance

<sup>1</sup> Coverage for Out-of-Network Provider is limited to \$350 maximum per visit.

<sup>2</sup> Co-pay \$500 if you do not receive preauthorization. Apply to Out-of-Network Provider. Apply to non-emergency admission.

<sup>3</sup> Coverage is limited to 100 visits per benefit period. Limit is combined In-Network and Non-Network.

<sup>4</sup> Costs may vary by site of service.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Durable Medical Equipment	20% coinsurance	40% coinsurance
Prosthetic Devices	20% coinsurance	40% coinsurance
Refractive Eye Surgeries (LASIK benefit) <sup>1</sup>	Plan pays up to \$1500 per eye, lifetime	

<sup>1</sup> Including astigmatic keratotomy, lamellar keratoplasty and laser procedure for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia), hyperopia (farsightedness) or astigmatism. Limited to a lifetime benefit of up to \$1,500/eye. Costs may vary by site of service.

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	\$0	\$0
Prescription Drug Coverage		
Preventive Pharmacy		
Preventive Immunization Female oral contraceptive <sup>1</sup>	No copay No copay	50% coinsurance (retail only) 50% coinsurance (retail only)
Tier1 - Typically Generic <sup>2</sup>	\$5 copay per prescription (retail only) and \$10 copay per prescription (home delivery only)	Member pays the retail participating pharmacies copay plus 50% coinsurance (retail only)
Tier2 - Typically Preferred / Brand <sup>2</sup>	\$10 copay per prescription (retail only) and \$20 copay per prescription (home delivery only)	Member pays the retail participating pharmacies copay plus 50% coinsurance (retail only)

<sup>1</sup> Generic and Single Source brand.

<sup>2</sup> Member pays the retail pharmacy copay plus 50% for out of network. Covers up to a 30 day supply (retail pharmacy) Covers up to a 90 day supply (home delivery program).



Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Infertility <sup>1</sup>	50% coinsurance	50% coinsurance
Out-of-Pocket Limit	Infertility services do not apply toward Out-of-Pocket Limit.	
Infertility Benefit Maximum	Anthem payment of \$5,000 per lifetime per Member.	
<p>Additional Covered Services includes artificial insemination, in-vitro fertilization, GIFT (gamete intrafallopian transfer), ZIFT (Zygote intra-fallopian transfer), supplies, appliances, and Drugs administered in a Physician's office. These services are subject to Coinsurance stated above and the \$5,000 lifetime per Member maximum.</p> <p>Covered services also exist for diagnostic tests to find the cause of infertility, such as diagnostic laparoscopy, endometrial biopsy, and semen analysis, and services to treat the underlying medical conditions that cause Infertility (e.g., endometriosis, obstructed fallopian tubes, and hormone deficiency). These services are provided on the same basis, at the same cost shares, as any other medical condition and not subject to the above lifetime maximum.</p> <p>Not Covered: Reversals of elective sterilizations.</p>		

<sup>1</sup> Deductible does not apply to In-Network and Non-Network providers.

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.*

# Anthem Blue Cross PPO Cont.



## Notes:

This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits. This Summary of Benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).

In addition to the benefits described in this summary, coverage may include additional benefits, depending upon the member's home state. The benefits provided in this summary are subject to federal and California laws. There are some states that require more generous benefits be provided to their residents, even if the master policy was not issued in their state. If the member's state has such requirements, we will adjust the benefits to meet the requirements.

The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to the individual deductible and individual out-of-pocket maximum; in addition, amounts for all family members apply to the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.

All medical services subject to a coinsurance are also subject to the annual medical deductible.

Annual Out-of-Pocket Maximums includes deductible, copays, coinsurance and prescription drug.

In network and out of network deductible and out of pocket maximum are exclusive of each other.

For plans with an office visit copay, the copay applies to the actual office visit and additional cost shares may apply for any other service performed in the office (i.e., X-ray, lab, surgery), after any applicable deductible.

Preventive Care Services includes physical exam, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunization, health education, intervention services, HIV testing) and additional preventive care for women provided for in the guidance supported by Health Resources and Service Administration.

Behavioral Health and Substance Abuse is covered by Optum Behavioral Health.

If your plan includes an emergency room facility copay and you are directly admitted to a hospital, your emergency room facility copay is waived.

If your plan includes out of network benefit and you use a non-network provider, you are responsible for any difference between the covered expense and the actual non-participating providers charge.

Non-emergency, out-of-network air ambulance services are limited to Anthem maximum payment of \$50,000 per trip.

Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.

Certain types of physicians may not be represented in the PPO network in the state where the member receives services. If such physician is not available in the service area, the member's copay is the same as for PPO (with and without pre-notification, if applicable). Member is responsible for applicable copays, deductibles and charges which exceed covered expense.

Additional visits maybe authorized if medically necessary. Pre-service review must be obtained prior to receiving the additional services.

If your plan includes out of network benefits, all services with calendar/plan year limits are combined both in and out of network.

Transplants covered only when performed at Centers of Medical Excellence or Blue Distinction Centers.

Bariatric Surgery covered only when performed at Blue Distinction Center for Specialty Care for Bariatric Surgery.

Skilled Nursing Facility day limit does not apply to mental health and substance abuse.

Respite Care limited to 5 consecutive days per admission.

Freestanding Lab and Radiology Center is defined as services received in a non-hospital based facility.

Coordination of Benefits: The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverage do not exceed 100% of the covered expense.

When using non-network pharmacy; members are responsible for 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount. Members will pay upfront and submit a claim form.

Supply limits for certain drugs may be different, go to Anthem website or call customer service.

Certain drugs require pre-authorization approval to obtain coverage.

For additional information on limitations and exclusions and other disclosure items that apply to this plan, go to <https://www.anthem.com/ca/ibewlocal18/>.

For additional information on this plan, please visit [sbc.anthem.com](http://sbc.anthem.com) to obtain a Summary of Benefit Coverage.

Anthem Blue Cross

IBEW Local 18-PPO

Your Plan: Anthem Custom Incentive PPO 250/35/20 (Rx \$5/\$10)

Your Network: Prudent Buyer PPO

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

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# Anthem Blue Cross

## LiveHealth Online



When you or your family are facing an immediate medical situation, the emergency room may be the first choice that comes to mind for treatment. Although emergency rooms are equipped for nearly any type of medical emergency, and most are open 24/7/365, LiveHealth Online may prove to be a more convenient option.

LiveHealth Online is available to all IBEW Local 18 members and dependents enrolled in an Anthem Blue Cross Medical Plan. LiveHealth Online allows you to have a face-to-face consultation with a board-certified doctor, **which now includes dermatologists**, via smartphone, tablet, or computer webcam. Doctors are available 24/7/365 and are available even if you are traveling out-of-state. You may want to consider using LiveHealth Online for some of the following common illnesses: **Flu and cold, Pink eye, Sinus infections, Skin rash/infections, and Mild allergies.**

**Best of all a visit to a LiveHealth Online doctor is available at \$0 copay for all IBEW Local 18 members and dependents enrolled in an Anthem Blue Cross Medical Plan!**

*Please note, you will be required to enter a credit card upon registration due to system requirements. However, members and dependents enrolled in an IBEW Local 18-sponsored Anthem Blue Cross medical plan will not be required to pay.*

You can register for LiveHealth Online on your computer or mobile device via the LiveHealth Online app or on the web at <https://www.livehealthonline.com/>. Alternatively, you can access LiveHealth Online on the IBEW Local 18 Sydney Health app; simply tap the Care button and navigate to Video Visit.

If you have any questions you can email, [support@americanwell.com](mailto:support@americanwell.com) or call toll free at 1-855-603-7985. In your email please be sure to include: your name, your email address, and a phone number where you can be contacted. This is not medical advice, in the event of a life-threatening emergency, please visit an Emergency Room or call 911.

*This is not medical advice, in the event of a life-threatening emergency, please visit an Emergency Room or call 911.*

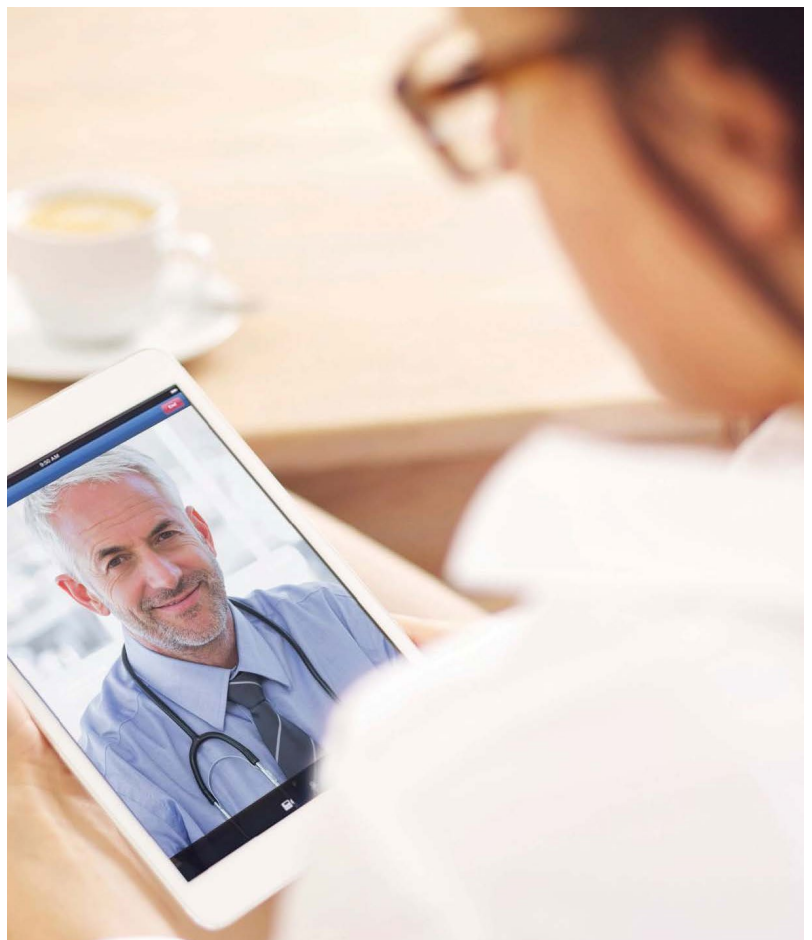
Sign up for LiveHealth Online today!

It's quick and easy to sign up just go to [livehealthonline.com](https://www.livehealthonline.com) or download the mobile app.

[apple.com](https://apple.com)



[play.google.com/store](https://play.google.com/store)



# IBEW Local 18-Sponsored Anthem Blue Cross LASIK Benefits



## What is LASIK?

Covered services for refractive eye surgeries (LASIK) can be used to correct vision defects like nearsightedness, farsightedness and astigmatism.

## What is Covered?

- Lifetime benefit of up to \$1,500 per eye for refractive eye surgeries
- Covered refractive eye surgeries include: LASIK, LASEK, LTK, PRK, PARK OR PRK-A
- No referral required from your Primary Care Provider (PCP)
- HMO members must visit an Anthem contracted provider (HMO or PPO) in order for services to be covered
- PPO members have both in-network and out-of-network coverage

## How to Find an In-Network Provider?

To locate an in-network Ophthalmologist for the IBEW Local 18-sponsored Anthem Blue Cross plans:

1. Visit our Resource link: [https://www.mybenefitchoices.com/local18/benefit\\_resources](https://www.mybenefitchoices.com/local18/benefit_resources)
2. Under the Provider Search section, choose "Find a Medical Provider"
3. Select Find Care, twice
4. Select your plan
  - **HMO members may visit an Anthem contracted HMO or PPO provider**
  - **PPO members may visit an Anthem contracted PPO or HMO provider**
    - PPO members may also visit non-contracted/out-of-network providers
5. Enter your zip code
6. In the search bar, enter "Ophthalmology"
7. **Call to confirm the selected Ophthalmologist provides LASIK services**

Included in your Anthem Blue Cross Medical Plan

For assistance with using your benefits, call the Benefit Service Center at (800) 842-6635

## How to File a Claim?

- On Anthem's claim form list and describe the services you received (diagnosis, procedure code, and taxpayer ID) claim form is under LASIK benefits at: [https://www.mybenefitchoices.com/Local18/benefit\\_resources](https://www.mybenefitchoices.com/Local18/benefit_resources)
- Include a detailed receipt of services from the provider
- Submit the claim form and detailed receipt via email to [Elise.Huston@anthem.com](mailto:Elise.Huston@anthem.com) within 90 days of the date you received the service
  - If you prefer mailing, please contact the IBEW Local 18 Benefit Service Center for mailing instructions



## Your Employee Assistance Program (EAP)

Find out what this benefit can do for you. Optum can help you and your family members with day-to-day challenges, major life changes, and anything in between.

Call 1-877-449-6710 to access a wide range of assistance:

- Anxiety and stress
- Coping with grief and loss
- Parenting and family problems
- Alcohol and drug abuse

As part of this benefit, some services are available at no extra cost. This includes referrals, seeing a network clinician and initial consultations.

**24-hour online access is also available at [liveandworkwell.com](https://liveandworkwell.com)**

Access to the tools and resources on [liveandworkwell.com](https://liveandworkwell.com) is always free. For more information, please refer to your benefit information. All records are kept confidential in accordance with federal and state laws.

Losing a job, going through a divorce, getting into a car accident. We expect to be stressed by big, negative events. But sometimes everyday hassles build up to the point that they wear you down. Whether you're constantly worrying about work, relationship or money issues, your EAP and Behavioral Health Benefit offers confidential help and support for managing:

- Stress, anxiety and depression
- Relationship problems
- Parenting and family issues
- Child and eldercare support
- Dealing with domestic violence
- Substance use
- Eating disorders

### What's a clinician?

A clinician may be a psychologist, psychiatrist or master's-level specialist trained in social work, nursing, professional counseling, or family and marriage therapy.

### How much does this cost?

As part of your benefits, EAP services are available at no extra cost to you. This includes referrals, seeing in-network clinicians, access to [liveandworkwell.com](https://liveandworkwell.com) and initial consultations with experts. All enrolled members (and their household members too) have eight (8) confidential sessions with a behavioral health counselor available, per incident.

### What other resources are available?

You and your family also have 24-hour private access to [liveandworkwell.com](https://liveandworkwell.com). This interactive website offers tools and resources to help you enhance your work, health and life. On the site, you can:

- Check your benefit information
- Submit online service requests
- Search the online clinician directory
- Use our virtual help centers to find information and resources for hundreds of everyday work and life issues
- Search our databases for childcare, nursing homes and other local resources
- Participate in interactive, customizable self-improvement programs

Any member of your household can use [liveandworkwell.com](https://liveandworkwell.com), even children living away from home.

### Is EAP confidential?

Yes. All records are kept confidential in accordance with federal and state laws. Optum never shares your personal records with your employer or anyone else without your permission.

# Your Behavioral Health Benefit

With so many things to do and plan, day-to-day living can feel challenging. At times, you may even feel overwhelmed. Specialists can provide support, information and resources to help address issues affecting your personal life, work and well-being.

Behavioral Solutions of California

## Optum can help

Contact 1-877-449-6710 for assistance with:

- Stress or anxiety
- Substance use concerns
- Counseling support
- Feeling down or depressed
- Medication questions
- Virtual visits

## Is my benefit confidential?

Optum will never share your personal information with your employer without your permission. All records, including medical information, referrals and evaluations, are kept strictly confidential in accordance with federal and state laws.

# Liveandworkwell.com

At [liveandworkwell.com](https://liveandworkwell.com), you can find the resources and tools to help you handle the challenging or stressful situations you may face. The site is available 24/7, from the convenience of your desk or the comfort of your home. You'll find confidential access to professional care, self-help programs and lots of helpful information. You can access this information securely from your desktop, mobile device or smartphone.

## Explore how you can:

- Get personalized assistance for the big events in your life.
- Request information, resources and referrals to help balance work and your personal life.
- Find answers to questions about behavioral health, and medical concerns to help you deal with stress, depression, anxiety and other conditions.

## Easy online provider search

[Liveandworkwell.com](https://liveandworkwell.com) has many search tools to assist you. The provider search offers a searchable list of our Behavioral Health clinicians, facilities and provider groups. Narrow your selection by clinician name, location, specialty, medical group, ethnicity, language, gender or area of expertise.

## Personalized claims and coverage

Free up time spent on the phone. The secure claims and coverage section lets members view eligibility and benefits, track claim status and much more. Self-service options that take the hassle out of managing your claims and updating personal information, notifications and more.

## Unique feature

At [liveandworkwell.com](https://liveandworkwell.com) you can find assessments and tools. You can also participate in a variety of interactive, customizable self-improvement programs.



Easy access 24 hours a day to confidential help. There's no cost to call.

Log on to [Liveandworkwell.com](https://liveandworkwell.com)  
Access code: IBEW18

Or call us at: 877- 449 - 6710  
Specialists are available 24/7

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change.

# Schedule of Benefits



## Behavioral Health for IBEW Local 18 Members Enrolled in Anthem's HMO Plan

Behavioral Solutions of California

Effective Date of this Plan July 1, 2024

Covered Services	Member Cost-share for In-Network Providers <sup>1</sup>	Member Cost-share for Non-Network Providers
Overall Deductible	\$0	Not covered
Out-of-Pocket Limit <sup>2</sup>	Individual \$500 Two-Party \$1,000 Family \$1,500	Not covered
Routine Outpatient Services <sup>3</sup>	No copay	Not covered
Non-Routine Outpatient Services <sup>4</sup> Outpatient Electro-Convulsive Treatment, Psychological Testing and Applied Behavior Analysis (ABA)	No copay	Not covered
Structured/Intensive outpatient program treatment	No copay	
Partial Hospitalization/Day treatment	No copay	
Inpatient Treatment <sup>5</sup>	No copay	Not covered
Residential Treatment	No copay	Not covered
Emergency Services & Care <sup>6</sup> Outpatient Hospital Emergency Room Services	No copay	No copay
Ambulance	No copay	No copay

<sup>1</sup> To be covered at the in-network benefit, services must be clinically necessary and provided by an Optum in-network clinician/facility. Covered services other than Routine Outpatient Services and Emergency Services must be preauthorized (see "Preauthorization Requirement and Utilization Review" section in the Certificate for further information) in order to be covered. If treatment requiring preauthorization is not preauthorized, it will not be covered.

<sup>2</sup> Anthem members may use covered in-network Mental Health, Substance Use, Medical, and Pharmacy expenses to satisfy the in-network out-of-pocket maximums.

<sup>3</sup> Outpatient includes Routine Outpatient Services including: individual, family, and group counseling sessions and medication management visits with a mental health and substance abuse professional.

<sup>4</sup> Outpatient also includes Non-Routine Services including: psychological testing, outpatient electro-convulsive therapy (ECT), behavioral health treatment for pervasive developmental disorders and autism, Structured/Intensive Outpatient Program treatment and Partial Hospitalization/Day treatment. These services require preauthorization in order to be covered.

<sup>5</sup> Inpatient Treatment includes Hospital/Facility-based treatment such as Acute Inpatient, Detoxification services, Residential treatment, or Recovery Home treatment. These services require preauthorization in order to be covered. The copayment for an Inpatient admission includes any related Inpatient Professional Services.

<sup>6</sup> Emergency Services and Care are covered regardless of the Provider's contract status with the Optum. The plan will reimburse these covered expenses to ensure the member's liability is limited to the cost-share (e.g. copayment or coinsurance) of the in-network benefit level. Emergency Services and Care is defined as an additional screening, examination, and evaluation by a physician, or other personnel to the extent permitted by applicable law and within the scope of their licensure and clinical privileges, to determine if a Psychiatric Emergency Medical Condition exists, and the care and treatment necessary to relieve or eliminate the Psychiatric Emergency Medical Condition, within the capability of the facility. The care and treatment necessary to relieve or eliminate a psychiatric emergency medical condition may include admission or transfer to a psychiatric unit within a general acute care hospital or to an acute psychiatric hospital.

### Note

- "No copay" means a covered service is paid in full by the plan, with zero dollar responsibility by the member.
- Mental health/substance abuse claims for Emergency Services and Care with out-of-network providers should be submitted online at [www.liveandworkwell.com](http://www.liveandworkwell.com); if that is not possible, claims can be submitted on paper to: Optum Claims, P.O. Box 30760, Salt Lake City, UT 84130-0760.

# Schedule of Benefits



## Behavioral Health for IBEW Local 18 Members Enrolled in Anthem's PPO Plan

Behavioral Solutions of California

Effective Date of this Plan July 1, 2024

Covered Services	Member Cost-share for In-Network Providers <sup>1</sup>	Member Cost-share for Non-Network Providers
Overall Deductible <sup>2</sup>	Individual \$250 Two-Party \$500 Family \$750	Individual \$1,000 Two-Party \$2,000 Family \$3,000
Out-of-Pocket Limit <sup>3</sup>	Individual \$2,000 Family \$4,000	Individual \$6,000 Family \$12,000
Routine Outpatient Services <sup>4</sup>	No copay	40% coinsurance after deductible <sup>8</sup>
Non-Routine Outpatient Services <sup>5</sup> Psychological Testing and Applied Behavior Analysis (ABA)	No copay	40% coinsurance after deductible <sup>8</sup>
Partial Hospitalization/Day treatment, Outpatient Electro-Convulsive Treatment	20% coinsurance after deductible	
Structured/Intensive outpatient program treatment	20% coinsurance after deductible	
Inpatient Treatment <sup>6</sup>	20% coinsurance after deductible	\$500 copay per admit (waived if emergency) and 40% coinsurance after deductible <sup>8</sup>
Emergency Services & Care <sup>7</sup> Outpatient Hospital Emergency Room Services	\$100 copay (waived if admitted), and 20% coinsurance	\$100 copay (waived if admitted), and 20% coinsurance
Ambulance	30% coinsurance after deductible	30% coinsurance after deductible

<sup>1</sup> Other than Routine Outpatient Services and Emergency Services, in-network and out-of-network services must be clinically necessary and preauthorized (see "Preauthorization Requirement and Utilization Review" section in the Certificate for further information) in order to be covered. If treatment requiring preauthorization is not preauthorized, it will not be covered.

<sup>2</sup> Anthem members may use covered in-network Mental Health, Substance Use, Medical, and Pharmacy expenses to satisfy the in-network deductible. Anthem members may use covered out-of-network Mental Health, Substance Use, Medical, and Pharmacy expenses to satisfy the out-of-network deductible.

<sup>3</sup> Anthem members may use covered in-network Mental Health, Substance Use, Medical, and Pharmacy expenses to satisfy the in-network out-of-pocket Maximums. Anthem members may use covered out-of-network Mental Health, Substance Use, Medical, and Pharmacy expenses to satisfy the out-of-network out-of-pocket maximums.

<sup>4</sup> Outpatient includes Routine Outpatient Services including: individual, family, and group counseling sessions and medication management visits with a mental health and substance abuse professional.

<sup>5</sup> Outpatient also includes Non-Routine Services including: psychological testing, outpatient electro-convulsive therapy (ECT), behavioral health treatment for pervasive developmental disorders and autism, Structured/Intensive Outpatient Program treatment and Partial Hospitalization/Day. These services require preauthorization in order to be covered.

<sup>6</sup> Inpatient Treatment includes Hospital/Facility-based treatment such as Acute Inpatient, Detoxification services, Residential treatment, or Recovery Home treatment. These services require preauthorization in order to be covered. The copayment for an Inpatient admission includes any related Inpatient Professional Services.

<sup>7</sup> Emergency Services and Care are covered regardless of the Provider's contract status with the Optum. The plan will reimburse these covered expenses to ensure the member's liability is limited to the cost-share (e.g. copayment or coinsurance) of the in-network benefit level. Emergency Services and Care is defined as an additional screening, examination, and evaluation by a physician, or other personnel to the extent permitted by applicable law and within the scope of their licensure and clinical privileges, to determine if a Psychiatric Emergency Medical Condition exists, and the care and treatment necessary to relieve or eliminate the Psychiatric Emergency Medical Condition, within the capability of the facility. The care and treatment necessary to relieve or eliminate a psychiatric emergency medical condition may include admission or transfer to a psychiatric unit within a general acute care hospital or to an acute psychiatric hospital.

<sup>8</sup> Services received from an out-of-network provider will be subject to a usual and customary reimbursement rate.



# IBEW Local 18 VSP Vision



As a member, you'll get access to savings and personalized vision care from a VSP network doctor for you and your family.

### Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

### Provider choices you want.



Maximize your benefits at a Premier Program location, which is part of our incredible network of doctors.

### Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

### Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

### Using your benefit is easy!

Create an account on [vsp.com](http://vsp.com) to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.

More Ways to Save

Extra \$20 to spend on Featured Brands†

bebe CALVIN KLEIN  
COLE HAAN DRAGON  
FLEXON LACOSTE  
and more

See all brands and offers at [vsp.com/offers](http://vsp.com/offers).

+

Up to 40% Savings on lens enhancements‡

## A Look at Your VSP Vision Coverage

With VSP and IBEW LOCAL 18 HEALTH & WELFARE TRUST, your health comes first.



Your VSP Vision Benefits Summary  
 IBEW LOCAL 18 HEALTH & WELFARE TRUST and VSP  
 provide you with an affordable vision plan.  
**THIS COVERAGE IS INCLUDED WITH IBEW LOCAL 18  
 ANTHEM BLUE CROSS PLANS.**

**PROVIDER NETWORK:**  
 VSP Signature  
**EFFECTIVE DATE:**  
 07/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
<b>Your Coverage with a VSP Provider</b>			
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$0	Every 12 months
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal screening for members with diabetes</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP doctor for details.</li> </ul>	\$0 per screening \$20 per exam	Available as needed
<b>PRESCRIPTION GLASSES</b>			
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$220 featured frame brands allowance</li> <li>\$200 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Costco® frame allowance</li> </ul>	\$0	Every 12 months
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> </ul>	\$0	Every 12 months
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Progressive lenses</li> <li>Anti-glare Coating</li> <li>Tints/Light Reactive Lenses</li> <li>Impact-resistant Lenses</li> <li>Scratch-resistant Coating</li> <li>Polarized Lenses</li> <li>UV Protection</li> <li>Average savings of 40% on other lens enhancements</li> </ul>	\$0 \$0 \$0 \$0 \$0 \$0 \$0	Every 12 months
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$200 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>LIGHTCARE™*</b>	<ul style="list-style-type: none"> <li>\$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts</li> </ul>	\$0	Every 12 months
<b>RETINAL SCREENING</b>	<ul style="list-style-type: none"> <li>Takes a picture of the back of your eyes and helps your VSP doctor find possible signs of eye disease.</li> </ul>	\$0	Every 12 months

<b>EXTRA SAVINGS</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider</li> <li>on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>
	<b>Featured Frame Brands</b> <ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="https://vsp.com/offers">vsp.com/offers</a> for details.</li> </ul>
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>

**YOUR COVERAGE GOES FURTHER IN-NETWORK**

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](https://vsp.com) to find an in-network provider. Your plan provides the following out-of-network reimbursements:

Exam .....	up to \$50	Lined Bifocal Lenses .....	up to \$75	Contacts .....	up to \$120
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$100	Tints .....	up to \$5.
Single Vision Lenses .....	up to \$50	Progressive Lenses .....	up to \$85		

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.  
 †Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.  
 +Coverage with a retail chain may be different or not apply.  
 VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.  
 To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](https://vsp.com).  
 ©2023 Vision Service Plan. All rights reserved.  
 VSP, Eyeconic, and WellVision Exam are registered trademarks of Vision Service Plan and VSP LightCare is a trademark of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM

# IBEW LOCAL 18 Body Scan Program

Included in your Anthem Blue Cross Medical Plan

## What is the Body Scan Program?

The Body Scan is a comprehensive preventive screening which consists of two main components – the scan, and the comprehensive physician consultation/scan review. The scan takes place on the BSI Mobile Telemedicine Van, which travels to numerous locations (please see “Scan Locations” below), and the physician consultation can take place virtually anywhere with our WebEx video teleconferencing portal. Specific components of the BSI program include:

- Screening CT scan of the torso from the top of the cervical spine through the pelvis, including a cardiac gated scan of the heart, and calcium scoring of the Coronary Arteries (aka “The Heart Scan”), Carotid Arteries, and Aorta.
- Routine virtual laryngoscopy, virtual bronchoscopy, and virtual gastroscopy.
- Routine inclusion of 3-Dimensional reconstruction of the above, as well as 3-D imaging of the spine, important for physician diagnosis and patient education.
- Evaluation of the lungs for cancer, emphysema, and other lung diseases, including routine macroscopic primary air lobule imaging showing the earliest changes of smoke damage.
- Screening for over 20 additional types of cancer, including renal (kidney), thyroid, stomach and lymphoma.
- Screening for anatomic findings indicative of diabetes/prediabetes.
- Bone Mineral Density measurement using Quantitative Computerized Tomography (QCT) to assess for osteopenia/ osteoporosis.
- A minimum 45-minute comprehensive patient consultation with personal scan visualization conducted by a Board-Certified Radiologist (Physician), who is a graduate of an American medical school and highly experienced in body CT imaging utilizing the above techniques, with additional training in patient education and motivation.
- Comprehensive 7-8 page patient report, covering each area scanned with individualized recommendations.
- Pre-physician consultation video education enabling patients to fully grasp the concepts and gain the most from their experience.

## How much does the Body Scan Program cost and who is eligible?

The Body Scan program is no cost to IBEW Local 18 members and spouses/domestic partners enrolled in an IBEW Local 18-sponsored Anthem Blue Cross medical plan (a \$2,495 value). Enrolled IBEW Local 18 members and their enrolled spouses/domestic partners have access to a fully-covered Body Scan every 12 months.

It is available when the primary insured (and/or spouse/domestic partner) has the L18 Anthem plan as their primary insurance (they can be “early retired - before 65 - and have a covered Body Scan, or work past 65 and have the Body scan covered, **as long as they do not have Medicare as their primary insurance**).

## What isn't the Body Scan Program?

- A replacement for an annual physical
- A replacement for a mammogram
- A replacement for a PSA test
- A follow-up for individuals with metastatic disease
- A Measurement of Blood Flow
- A visualization of the colon and small intestine
- A visualization of gallstones without calcification
- A visualization of the ovaries (dependent on the individual anatomy of the patient)
- A resource for the detection for very early prostate abnormalities

A scan location calendar is also available on the scheduling page:  
[www.bodyscanintl.com](http://www.bodyscanintl.com)

## How can I make an appointment?

Simply call (877) BSI-5577 or visit [www.bodyscanintl.com](http://www.bodyscanintl.com) to schedule an appointment. Body Scan International provides service at the IBEW Local 18 headquarters routinely. Body Scan International also regularly provides service in other locations, including Monterey Park, Commerce, San Fernando, Newport Beach, with annual visits to Central and Northern California.

# IBEW LOCAL 18 Guardian Dental

## Your Dental Benefit Summary

**Option 1:** With your DHMO plan, you select a primary care dentist, and enjoy negotiated discounts from our network dentists. You pay a fixed copay for each covered service. Out-of-network visits are not covered.

**Option 2:** With your PPO plan, you can visit any dentist; but you pay less out-of-pocket when you choose an in-network dentist. Out-of-network benefits are based on usual, reasonable and customary rates for a procedure code in a given area.

Your Dental Plan	Option 1: DHMO	Option 2: PPO	
<b>Your Network is</b>	<b>Managed DentalGuard</b>	<b>DentalGuard Preferred</b>	
<b>Calendar year deductible</b> Individual Family limit Waived for	No deductible	<b>In-Network</b> \$0	<b>Out-of-Network</b> \$25 3 per family Preventive
<b>Charges covered for you (co-insurance)</b> Preventive Care Basic Care Major Care Orthodontia	<b>Network Only</b> You pay a copay for each covered procedure. See "Plan Details", for more information.	<b>In-Network</b> 100% 90% 60% 80%	<b>Out-of-Network</b> 100% 80% 60% 80%
Annual Maximum Benefit	Unlimited	\$3,000	\$3,000
Lifetime Orthodontia Maximum	Not Applicable	\$2,000	
Office visit copay	\$0	None	
Dependent Age Limits	26	26	

A Sample of Services Covered by Your Plan:		Option 1: DHMO You Pay	Option 2: PPO Plan pays (on average)	
Preventive Care	Cleaning (prophylaxis) Frequency:	\$0 2 times in 12 months <sup>^</sup>	<b>In-Network</b> 100%	<b>Out-of-Network</b> 100%
	Fluoride Treatments Limits:	\$0 No Age Limits	2 Per Calendar Year 100%	100%
	Oral Exams	\$0	2 Per Calendar Year to Age 19 100%	100%
	Periodontal Maintenance Frequency:	\$15 2 times in 12 months <sup>^</sup> (Standard)	100%	100%
	X-rays	\$0	2 Per Calendar Year 100%	100%
	Basic Care	Anesthesia*	Restrictions Apply	90%
Fillings‡		\$0	90%	80%
Perio Surgery		\$60-155	90%	80%
Root Canal		\$70-140	90%	80%
Scaling & Root Planing (per quadrant)		\$15-25	90%	80%
Sealants (per tooth)		\$0	90%	80%
Simple Extractions		\$10	90%	80%
Surgical Extractions		\$35-85	90%	80%
Major Care	Bridges and Dentures	\$90-140	60%	60%
	Inlays, Onlays, Veneers**	\$40-80	60%	60%
	Repair & Maintenance of Crowns, Bridges & Dentures	\$0	60%	60%
	Single Crowns	\$95	60%	60%
	Implants	Not Covered	60%	60%
Orthodontia	Orthodontia Limits:	\$1,500-2,800 Adults & Child(ren)	80%	80%
Cosmetic Care	Bleaching	\$165	\$500 annual benefit maximum, covered once every 24 months per arch*	

\* Please note, this benefit is part of a Cosmetic Rider and treated separately from existing deductibles, annual benefit maximums, and coinsurance; member cost-shares vary based on Cosmetic Rider plan design.

This is only a partial list of dental services. Your certificate of benefits will show exactly what is covered and excluded. \*\*For PPO and or Indemnity members, Crowns, Inlays, Onlays and Labial Veneers are covered only when needed because of decay or injury or other pathology when the tooth cannot be restored with amalgam or composite filling material. When Orthodontia coverage is for "Child(ren)" only, the orthodontic appliance must be placed prior to the age limit set by your plan; If full-time status is required by your plan in order to remain insured after a certain age; then orthodontic maintenance may continue as long as full-time student status is maintained. If Orthodontia coverage is for "Adults and Child(ren)" this limitation does not apply. \*General Anesthesia – restrictions apply. ‡For PPO and or Indemnity members, Fillings – restrictions may apply to composite fillings. (\*Additional cleanings are available for an additional co-pay).







# Contact Information

IBEW Local 18-Sponsored Benefits		
	Phone	Website
IBEW Local 18 Benefit Service Center 9500 Topanga Canyon Boulevard Chatsworth, CA 91311	(800) 842-6635 (818) 678-0040 local18@mybenefitchoices.com	<a href="http://www.mybenefitchoices.com/local18">www.mybenefitchoices.com/local18</a> (RESOURCES for all L18-sponsored benefits)
Anthem Blue Cross HMO and PPO	(800) 227-3771	<a href="http://www.anthem.com/ca/ibewlocal18">www.anthem.com/ca/ibewlocal18</a>
Optum Behavioral Health and EAP	(877) 449-6710	<a href="http://www.liveandworkwell.com">www.liveandworkwell.com</a> Access Code: IBEW18
Guardian Dental	PPO: (800) 541-7846 DHMO: (800) 273-3330	<a href="http://www.guardianlife.com">www.guardianlife.com</a>
Body Scan International	(877) 274-5577	<a href="http://www.bodyscanintl.com">www.bodyscanintl.com</a>
Vision Service Plan (VSP)	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Live Health Online	(855) 603-7985	<a href="http://www.livehealthonline.com">www.livehealthonline.com</a>
24/7 Nurseline	(800) 977-0027	N/A
CarelonRx	(833) 261-2466	N/A

