### Instructions to set up an account on Anthem website

#### The Anthem website can be accessed at:

http://www.anthem.com/health-insurance/home/overview

#### Begin the registration process by clicking the "Register Now" option.



Downloading picture http://www.anthem.com/images/common/graphics/sitenav/5\_MyHealthAdvant\_rotation.ipg.



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							MEMBER LOG IN	Guided Tour
BlueCross BlueShield						Ġ.▶⊒	Username	
							Password	
New Account R	egistration						Register Now	
Over the age of 18? Then	n you must register for your own a	ccount.		Are you alrea	ady registered?	Log in now.	Forgot Username	or Password
Account Registrati	on							
Step 1:	Step 2:	s	tep 3:	Step 4:			USEFUL TOOLS	
Personal Information	Username & Pa	assword	mail Setup	Confirm	Registration		<ul> <li>FIND A DOCTO (Dentist, Pharma</li> </ul>	IR icy, or Hospital)
					* required infor	mation	PRESCRIPTION	N BENEFITS
Email is fast ar	ud easy						O CHECK CLAIM	STATUS
Email Address     Don't have an     Don't have an     don't a constraint of the second s	email address? Go to Gmail, Ho nformation about new products a very important to us. or share your email address. It w You can request a paper copy ar AVE & CONTINUE	imail, of Yahoo to sign up nd services, benefit upda vill only be used for sendi ytime. For more info, rea	o for an email address today. Ites, and notices that I am requing you email messages about d our Privacy Policy.	tyour	w to this email	addr	Once you register, that you could: - Access you - Check the : - Claim. - Find a doct - My our netw - "Go Greem" - convenienc - paper!	did you know r plan and mation. Istalus of a or or hospital vork. for 24/7 e with less
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SHOP FOR INSURANCE:	OTHER ANTHEM WEBSITES:	CUSTOMER SUPPORT:	comple	te the	regis	tratio	n	
Health Insurance > Medicare > Dental Insurance >	Providers > Employers > Agents/Brokers >	Contact Us > FAQs > Download Forms >	process	•				
Vision Insurance > Life Insurance >	State Sponsored > Federal Employee Program (FEP) >	Feedback 👍 🕏	Charity Guidelines > Site Legal >	Map >	한국어 > Tiếng Việt >			
©2005 - 2012 convright of A	nthem Insurance Companies, Inc. Ser	ving Colorado, Connecticut, (	Georgia, Indiana, Kentucky, Maine,	Missouri (excludii	ng 30 counties in	the Kansas City a	area), Nevada, New Han	npshire, Ohio,
Virginia (excluding the Northe	ern Virginia suburbs of Washington, D	.C.), and Wisconsin.						

This is your confirmation page. Make sure all of your information is correct before you click the confirm button.

	a			MEMBER LOG IN Guided Tour
lueCross BlueShield			Ġ. Þ	Username
				Password
ew Account Registr	ation			Register Now <b>R</b> LOG IN
er the age of 18? Then you mus	t register for your own account.		Are you already registered? Log in now	Learn more about Secure Log in V. Forgot Username, or Password
ccount Registration				
Stop 4:	Stop 2:	Stop 2:	Stop 4:	USEFUL TOOLS
Personal Information	Username & Password	Email Setup	Confirm Registration	<ul> <li>FIND A DOCTOR (Dentist, Pharmacy, or Hospital)</li> </ul>
				PRESCRIPTION BENEFITS
Step1: Personal Informa	ation Edit			CHECK CLAIM STATUS
Member ID Number: FirstName: Middle Initial Last Name: Date of Birth:				HELPFUL HINTS
Step?: Username & Pas	sword Edit			Once you register, did you know
Username: Password: Security Question #1: Security Answer:	What school did you atte	nd for the third grade?		<ul> <li>Access your plan and benefit information.</li> <li>Check the status of a claim.</li> <li>Find a doctor or hospital</li> </ul>
Step3: Email Setup Email Address: Email me information includir	Edit Byahoo	).com		"Go Green" for 24/7     convenience with less     paper!
required plan notices, special products, and offerings:	offers, new			
CANCEE CONFIRM	Verify th and mak	ne informat ke changes	ion you entered. by clicking the Edi	You can go back t button above
OP FOR INSURANCE: OTHER Al alth Insurance > Providers dicare > Employers ntal insurance > Agents/Bi sion Insurance > State Spo e Insurance > Federal E	The infoi Tokers > macred > macred > macred > button t	rmation you o finish the	registration.	Click the Confirm



Your Login page will look like the page below.

2						Last Visit: Tue, Oct 16, 2012 at
	Benefits & Claims	Health & Wel	ellness Customer Support		Support	11:24 EST
verview	Discounts Profile					Compose   0 Messages
						Commente Manuface
	Welcome, To get the most of your benefits:		Mess The set	age Center cure message center is now e	easier to use!	MEDICAL / PHARMACY / DENTAL / VISION
	View your Welcome Tutorial		<ul> <li>Send messages</li> <li>Check status and lask de attachme</li> </ul>	to our Customer Support Re d view responses to question	presentative s you've sent	Member ID:
	Complete your Profile		Go to Message Co	enter		Group Name: Indiana State Police
Ponofite	Harlin I. Daniel I. Maine I. St.				View All Benefite	Group:
Benefits	s Health   Dental   Vision   Pharm	acy			View Air Derients	
Active	Coverage		Who Else Is	s Covered?*		USEFUL TOOLS
Eligibility	Start Date: 5/1/2011		*Other adults on yo you permission in t In.	our plan may not be shown here the User Profile of their own secu	unless they give the Member Log	<ul> <li>FIND A DOCTOR (Dentist, Pharmacy, or Hospital)</li> </ul>
Member Group Na	ID:ame: Indiana State Police					<ul> <li>ESTIMATE YOUR COST (Procedure or Treatment)</li> </ul>
Group:						• PRESCRIPTION BENEFITS
Recent	Claims				View All Claims	O CHECK CLAIM STATUS
Number	Date For	Type Doctor/Facility Rate Doctor	Total Re	Member Status esponsilbility	EOB Form 🕝	ZAGAT. Health Survey
						Have something to say about your doctor?
						Share your thoughts on your
						doctor.
						doctor. View Demo > Rate Your Doctor >
						doctor. View Demo > Rate Your Doctor >
Your pharn Notice: Mer	macy claims data is available on the site of o imbers with termed Pharmacy Benefits will b	ur pharmacy plan administrator. e unable to access pharmacy b	. Click here to visit t enefit information a	their site fter clicking on the above lini	£	doctor. View Demo > Rate Your Doctor >
Your pharn Notice: Mei	macy claims data is available on the site of o imbers with termed Pharmacy Benefits will b	ur pharmacy plan administrator, e unable to access pharmacy b	: Click here to visit i enefit information a	their site fter clicking on the above lini	¢.	doctor. View Demo > Rate Your Doctor > Facility Cost & Quality
Your pharm Notice: Mer	macy claims data is available on the site of o imbers with termed Pharmacy Benefits will b <b>Resources</b>	ur pharmacy plan administrator. e unable to access pharmacy b	: Click here to visit ienefit information a Health	their site fter clicking on the above lini	ć	doctor. View Demo > Rate Your Doctor > Facility Cost & Quality Anthem Care Comparison View the cost and quality difference for procedures in your

## Instructions to set up mail order prescriptions.

Click on the Prescription Benefits option on the right side of the page.



The prescription option will access the Express Scripts web page.

EXPRESS	SCRIPTS* @@AquistFontSize
	Activate Your Account
	Notice of Privacy Practices
	Notice of Privacy Practices Effective Date: September 13, 2010
	THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
	Background When this holdce refers to the Express Scripts ACE. It is referring to Express Scripts, Inc., ("Express Scripts") and each of the following Express Scripts subsidiaries: CursScript, Inc.: Lonnifield Drug, Inc.: Linnifield Compounded of the Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.
	Each of the Express Scripts subsidiaries listed above is a covered entity under the Health neuronce Portability and Accountability. And 1996 and the equilations promulgated thresunder (collective), "HIPAA"). Each of the above listed subsidiaries is wholly-owned by Express Scripts, and therefore is under the common control and ownership of Express Scripts, Inc.
	Pursuant to 45 C.F.R. § 164.105(b), each of the above listed Express Scripts subsidiaries hereby designates itself as a single affiliated covered entity for purposes of compliance with HIPAA. The single affiliated covered entity shall be known as the Express Scripts Affiliated Covered Entity or the Express Scripts ACE." This designation may be v
	I Have Read Read Later
Trustwave Trusted Commerce	©2012 Express Scripts_Inc. All Rights Reserved_   Privacy Statement   Security Statement   Technical Help
Click to Validate	Click either I Have Read or Read Later

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To begin home delivery, click on Fill a New Prescription or Switch to Home Delivery in the first column.

Denents a c	laims	Health & Wellness	Customer Support	08:32 EST
Overview Health Pharmacy [	Dental Vision			Compose   0 Messages
C EXPRESS SCRIPTS* Anthe of you Expres	em Blue Cross Blue Shield v ur prescription drug plan. So ess Scripts website.	vorks with Express Scripts to admi me of the links below will redirect :	inister some parts you to pages on the	Currently Viewing: MEDICAL / PHARMACY / DENTAL VISION
Pharmacy Self Service	Pharmacy Benefit	s Other Pharma	acy Resources	Member ID:
Place an Order	Coverage & Copayments	Printable Drug Lis	sts	Group Name: Indiana State Police
Order a Refill Renew a Prescription	Price a Drug Find a Pharmacy	Request Prior Aut	horization Authorization	Group:
Fill a New Prescription	Prescription History	Drug Alerts		<b>_</b>
Switch to Home Deliver	Additional Pharmacy Ser	vices Drug Interaction C	hecker	USEFUL TOOLS
Check Status Check Order Status		Specialty Drugs		<ul> <li>FIND A DOCTOR (Dentist, Pharmacy, or Hospital</li> </ul>
Check on Renewal Request		Specialty Drug Lis Specialty Pharma	cy Resources	<ul> <li>ESTIMATE YOUR COST (Procedure or Treatment)</li> </ul>
				PRESCRIPTION BENEFITS
	Click F or Swi	ill a New Pro	escription e Delivery	I Need Additional Information Submit a New Prescription Save With Home Delivery Member Education Center
CUSTOMER SUPPORT: Contact Us > About Us > FAGs > Looptions > View Copy > Charry Guic View Deductble > Download Forms > Feodback (GB)	INKS: My Account > Benefite & Claims > Health & Wellness > Profile >	ALTERNATE LANGUAGES: F Espanol > 미文 > 변국의 > Tideg Viet > Tagelog >	IOLLOW US ON:	

Click Fill a New Prescription. You can then click prescription order form to get a blank order form or complete a web prescription order form.

<ul> <li>My Prescriptions</li> <li>Order Defiling</li> </ul>	Fill a Now Properintion
Auto Refill Settings Auto Refill Settings Renew Prescriptions Fill a New Prescription Check Order Status Request Center Save on My Prescription Plan > Drug & Health Guide > My Profile & Settings My Notifications (0) Save on My Prescription	The a new prescription from the Express Scripts Pharmacy is simple.         9. Printa a prescription or der form.         9. Mail or fax it to us with your new rescription.         To Mail Your Prescription         Send your written prescription or der form to:         Pypress Gripts         P.O. Box 56584         St. Louis. MO 63168-6584         Onter we receive your order, well fill and ship your prescription in 3 - 5 business tays, plus time for delivery.         Note Y you have a credit or check card on file with us, that card will be used for payment.
Your privacy is important to us?     Review our Security Statement	Click Fill a New Prescription, then click prescription order form

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Select either Option 1 or Option 2 on this screen.



Complete the information on this page and click Create Order Form.

Order Refills	Fill a New Prescription	
Auto Refill Settings		
Renew Prescriptions	To help us process this patients orders, please provide the information below.	
Fill a New Prescription	* Required	
Check Order Status	Name, Date of Birth & Gender	
Request Center		
Save on My Prescriptions	Patient Name:	
Prescription History		
> My Prescription Plan	Date of Birth:	
> Drug & Health Guide	Gender *	
> My Profile & Settings	C Male	
My Notifications (0)	Female	
	Home Address	
Save on My Prescriptions	This is where we will ship future orders. To verify or change your billing address, call us.	
	Away from home for awhile? Set up a temporary change of address	
Price a Drug Compare and save.	Address Line 1 *	
	Address Line 2	
	City 5 State 5 ZIP Code 5	
	Contact Information	
	Be sure to provide your correct phone number in case we need to contact you about your prescriptions.	
	Daytime Phone (Area code and number)	
	Preferred	
	Evening Phone (Area code and number)	
	O Preferred	
	Cell Phone (Area code and number)	
	O Preferred	
	Create Order Form Back	[+] Feedback
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When you select option #2 above and select a patient, the order form will automatically be filled with your personal information. Click the Print your form to see the form. Please note that you will need to set up a payment method before you submit the new prescription.

✓ My Prescriptions			
Order Refills	Fill a New Prescription		
Auto Refill Settings			
Renew Prescriptions	Your personalized order for	rm is ready.	
Fill a New Prescription			
Check Order Status		Click Print vour fo	orm
Request Center			
Save on My Prescriptions	How to Mail or Fax Us Your	Prescription	
Prescription History	The instructions below are also on your orde	er form.	
> My Prescription Plan	To Mail Your Prescription	To Fax Your Prescription	
> Drug & Health Guide	Send your written prescription for up to a 90-day supply of medication (or the maximum allowed by your plan)	After you've completed the patient sections of the order form, ask your decter to fill out the rest and fav it to:	
» My Profile & Settings	and your completed order form to:	1-800-875-6356	
My Notifications	Express Scripts P.O. Box 66584 St. Louis, MO 63166-6584	Note: Faxes must be sent from a doctor's office, not your home or work. We cannot accept prescriptions for	
Save on My Prescriptions	Once we receive your order, we'll fill and ship	p your prescription in 3-5 business days, plus time for delivery.	
	Note: If you have a credit or check card on file	e with us, that card will be used for payment.	
Price a Drug Compare and save.	Print another order form     Home     Sign Out		
	DPF files require <u>Adobe Acrobat Reader</u>		
Your privacy is important to us! Review our <u>Security Statement</u> and <u>Privacy Promise</u> for details.	<b>NOTE:</b> If you have us, that card will be	a credit or check card on file wit e used for payment.	h

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Below is an example of a Web Prescription Order Form. There are two ways to submit a new prescription. Have your Doctor write a prescription and send your new prescription along with the form to Express Scripts via US mail. You can have your Doctor fill out the bottom portion of the form and have your Doctor fax the form to Express Scripts.

EXPRESS SCRIPTS" WEB PF	RESCRI	PTION	ORDER FOR	M
To MAIL your prescription: 1. Have your Doctor write a prescription. 2. Send your new prescription along with this for Express Scripts P.O. Box 66584 St. Louis, MO 63166-6584	m to:	o FAX your p 1.Have your I 2.Doctor can Class II me Faxed pres submitted I	rescription: Doctor fill out the bottom portion fax to: 800-875-6356 edications cannot be faxed. scription can only be processed by a Doctor.	of this form.
PATIENT	L	DC	OCTOR/PRESCRIBER	
Member ID:		DEA: Name: Address: Phone: Fax:		
		Р	ATIENT OPTIONS	
Email: Allergies: Health Conditions:		<ul> <li>I want non</li> <li>I want a co sheet of pa</li> <li>Check hen filled, will b</li> </ul>	-child resistant caps for all future py of my bottle label in large print or sper. e for rush shipment. Your order onc le shipped overnight for \$21	n a separate e received and
Over-the-Counter (OTC) Medications:				
RX FORM     Patient Name:			Date:/	
Drug Name/Form	Strength	Qty	Directions for Use	Refills
		-		
x	x	1	1	
Doctor/Prescriber Signature - Substitution	<u>^</u>	ctor/Prescri	ber Signature - Dispense	as Written
IMPORTANT CONFIDENTIALITY NOTICE: This and any documents a intended only for the use of the individual or entity named above. The a by law or regulation. If you are not the intended recipient, you are herein prohibited. If you have received this information in error, please notify the Expression of the second se	ccompanying this transmis- uthorized recipient of this in y notified that any disclosu e-sender immediately and s Scripts Inc.	tion may contain con formation is prohibit re, copying, distribut arrange for the retur STL WEB FA	Information that is legally privile ed from disclosing this information to any other ion, or action taken in reliance on the contents on or destruction of these documents, X FRM Rev 11/21/2008	ed. This information is party unless required to do s if these documents is strictly

# To set up a payment method, click on My Profile & Settings. Click Payment Method.

	Hello
> My Prescriptions	My Drofile & Cottingo
My Prescription Plan	My Prome & Settings
> Drug & Health Guide	We know how things change, and it's important to keep us informed when they do. This way you're sure to get the reliable service way depend on. Here you can keep your account up to date by modifying your personal information and
✓ My Profile & Settings	preferences.
Patient Information	Patient Information Manage your personal or shared household information needed to process your orders.
Payment Method	Payment Method
Change E-Mail Address	S Provide payment in the mation for Home Delivery prescription orders.
Security Settings	Update the e-mail address you up to receive e-mail from Express Scripts.
My Notifications (0)	Security Settings Specify who has access to your prescription information.
Save on My Prescriptions	
R Price a Drug	
Compare and save.	
	Click on My Profile & Settings,
	then alial Daymant Mathad
	then click Payment Wethod
Your privacy is important to u Review our <u>Security Stateme</u> and Privacy Provise for data	al <u>Site Map   User Agreement</u>   © 2012 Express Scripts, Inc. All Rights Reserved, Int In

Click Add a preferred payment method.

EXPRESSION     EXPRESSION     Address     Address     Address     Address     Address     Address     Bernin Method     Change E-Mail Address     Bernin Security Settings     My Notifications (0)      Security Settings     Address     Security Settings     Security Settings     Address     Security Settings     Address     Security Settings     Security Settings     Address     Security Settings     Se	Biopoind Carl V Helio Payment Method No payment method on file. Mode a preferred payment method Note: If you don't privide a payment method Rote: If you don't privide a payment method	Home EAQ Contact Us Skin.Out	Adjust Fort Size
Your privacy in important to unit Review our family intermediate and and Privacy Processing for details	Site Mag   User Agree	nent   © 2012 Express Scripts, Inc. All Rights R	eserved.

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Make a selection of Bill Me Later or Credit and Debit Cards. Complete the requested information. Click Save Preferred Payment Method.

(2)	EXPRESS SCRIPTS*	Shopping Cart	Home FAQ ContactUs Sign	Out 🎯 🤤	Adjust Font Size	
> My Prescri	iptions					
> My Prescri	iption Plan Payr	nent Method	ar Hama Daliyan ardan balay. Ha	win a professed enument m	athed used?	
> Drug & Hea	alth Guide	so I at a v	or nome beinely orders below. Ind	wis a preferred payment in	eniod daedr	
✓ My Profile	& Settings BIII W					
Patient In	formation C	with BillMeLater See term	<u>s</u>			
Payment	Method	When using Bill Me Later® for o	rders over \$150, I'd like 6 Months N	Io Payments + No Interest if	paid in full.	
Change E	-Mail Address					
Security S	ettings Credi	it and Debit Cards				
My Notifica	tions (0)	it and Debit Galas				
S Save	con My criptions	with a credit or debit card Detai	is about when Your card is charged		Tructure	
R Pric	e a Drug pare and save.	visa 😂 🔤 📷		9	Trusted Commerce Click to Validate afe Shopping With Express Scripts	
	Ca	ard Number		Click eithe	er Bill Me I	Later or
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C Your privacy Review cur 5 and <u>Privacy 1</u>	is important to us' assume Statement Promise for details.	Site Man I User Agreems	nt   © 2012 Express Scripts, Inc.	All Rights Reserved.		
						[+] Feedback
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Once you have completed the Payment Method process, you can return to the My Prescriptions option at the top left column. From there you can view your order status, order refills of another prescription, or view your prescription history.

<ul> <li>My Prescriptions</li> </ul>		
Order Refills	Check Order Status	
Auto Refill Settings		
Renew Prescriptions	Recent Orders (0) Past Orders (0)	
Fill a New Prescription		
Check Order Status	we didn't find any Express Scripts Pharmacy orders.	
Request Center		
Save on My Prescriptions		
Prescription History	Can't Find an Order You Submitted?	
> My Prescription Plan > Drug & Health Guide > My Profile & Settings	<ul> <li>If your doctor faxed your order, allow 2 business days before checking status online.</li> <li>If you mailed your order, allow 3 to 5 business days before checking status online.</li> <li>If you've waited 2 to 5 business days and still don't see your order, we may need more information to process your order. We will contact you or your doctor for this information, then continue to process your order once we receive all necessary information.</li> </ul>	
	Cours on Max	
	Prescriptions	
R Price a Drug		

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