Anthem Blue Cross
Health. Join In.

Individual and Family Health Care Plans
for California

Our plans fit your plans

CoreGuard

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Why do you need health care coverage?

These days, a single day in the hospital can cost thousands of dollars. The financial risk you take without health coverage just isn't worth it. Not only does health coverage help you stay healthy, it also gives you added security, because you know you're protected against the high cost of unexpected medical bills.

Our plans fit the way you live.

In a world that's constantly changing, one thing's for certain. You can benefit from the reliability and protection of health coverage. Whether you're self-employed, need coverage for your family, just left group coverage, or your job doesn't provide it, Anthem Blue Cross offers dependable individual health care plans that save you time and make sense for the way you live.

You're in charge of your health and budget, and our plans help keep it that way. Check out our wide range of benefit options and if you have any questions, we are here to help. Dependable, valuable protection that fits the way you live. Sounds like a plan.

Experience you can rely on

As one of the most trusted names in health coverage, Anthem Blue Cross has been providing health care coverage and security to Californians for over 70 years. We're committed to simplifying your life and improving your health. In addition, we offer:

- **One of the largest provider networks in California.** With more than 50,000 PPO doctors and nearly 400 hospitals throughout the state, chances are your doctor is one of ours.
- **A choice of plans to fit your budget and lifestyle.** No matter where you are in life, we've got a plan designed to fit your health coverage needs, as well as your budget.
- **Optional dental and term life insurance.** To enhance your health and financial future, we also offer dental and term life coverage and make it easy to enroll.
- **Coverage that travels with you.** No matter where life takes you, your health coverage goes with you. And the BlueCard® program makes it easy to access providers throughout the country.

Some definitions so we're all on the same page

Deductible is the amount you have to pay each calendar year (annually) for covered services before your health care plan starts paying. For some services, the plan will even begin to pay before the deductible is met. Usually, the higher a plan's deductible, the lower the premium. In some cases, you may also have a separate deductible for certain services such as Prescription Drugs.

Coinsurance is the percentage of the cost of covered services that you will be responsible for, after your annual deductible is met. With some plans, you have a choice of coinsurance levels. Much like your deductible, selecting a higher coinsurance typically lowers your monthly premium.

Copayment (or Copay) is a specific dollar amount you have to pay for certain covered services.

Out-Of-Pocket Maximum is the most that you would pay in a calendar year for deductibles and coinsurance for in-network covered services. Once you reach this maximum, the plan pays at 100% for most covered services for the rest of the calendar year.

Generic drugs are prescription drugs that typically have been in use for some time and can be manufactured and distributed by numerous companies, so their cost is usually much lower. Generic drugs must, by law, contain the same active ingredients as their brand-name equivalent and have the same clinical benefit.

Brand-name drugs are prescription drugs that are manufactured and marketed under a registered name. They are usually patented and may be exclusively offered by certain manufacturers.

Specialty drugs are typically high cost, scientifically engineered drugs used to treat complex, chronic conditions. They require special handling and usually must be shipped directly to the user.

Network coverage

With our extensive network of providers, chances are that your doctor is already part of our network. And all our network providers have lower rates for our members. You'll have access to these lower rates (discounts) before and after meeting your deductible.

Our plans also offer out-of-network coverage but you'll pay less when you choose an in-network provider. For a list of network providers, go to anthem.com/ca and click on "Find a Doctor."

CoreGuard Is this the right plan for you?

CoreGuard Plan highlights

This plan can be ideal for individuals who want affordable protection against significant medical expenses.

Features:

- A simple plan design with some of our lowest monthly rates
- Higher percentage of member cost-sharing in exchange for lower premiums
- Once the deductible is met, we'll share 50% of the costs at our negotiated rates up to $3,500, then we'll cover the rest
- Coverage for prescription drugs

You should know:

- This plan has its own Drug Formulary
- Maternity benefits are not included with this plan

Why CoreGuard makes sense

If you're looking for a simple plan design with some of our lowest rates, CoreGuard could be the plan that's right for you. CoreGuard offers a wide range of deductibles (from $750 – $10,000) and higher cost-sharing helps lower your monthly premiums. CoreGuard offers up to $4 million per member in lifetime benefits.

CoreGuard Preventive Care

With CoreGuard, certain basic preventive care screenings are covered after you meet your deductible. You also have the option of going to a HealthyCheck℠ Center for annual preventive screenings without first needing to meet your deductible.

Prescription Drug Coverage

The cost of prescription drugs can be staggering so CoreGuard includes prescription drug coverage to help you manage those costs.

- **Drug Formulary:** This is a special list of prescription drugs the CoreGuard plan covers. We've negotiated lower prices on these formulary drugs, so you'll save when your doctor prescribes from the Plan Formulary posted at www.wellpointnextrx.com/Formulary1.
- **Tier 1:** These drugs have the lowest copay and include low-cost or preferred medications. This tier includes lower cost generic and brand-name drugs.
- **Tier 2:** These drugs have a higher copay than those in Tier 1 and include preferred medications that are generally moderate in cost. They include higher cost generic and brand-name drugs.
- **Specialty:** These are typically high-cost, scientifically engineered drugs and are paid at a coinsurance level instead of copay.

If you have questions or want more details about your options, call your Anthem Blue Cross Agent.

Anthem Blue Cross

CoreGuard Benefit Guide for California

Calendar Year Deductible		Your Choices						
Individual	In-Network	$750	$1,500	$2,500	$3,500	$5,000	$7,500	$10,000
	Out-of-Network	$750	$1,500	$2,500	$3,500	$5,000	$7,500	$10,000
Family	In-Network	$1,500	$3,000	$5,000	$7,000	$10,000	$15,000	$20,000
	Out-of-Network	$1,500	$3,000	$5,000	$7,000	$10,000	$15,000	$20,000
In-Network Coinsurance		50%	50%	50%	50%	50%	50%	0%
Calendar Year Out-of-Pocket Maximum		**Add Your Chosen Deductible to the Amount Below**						
Individual	In-Network	$3,500	$3,500	$3,500	$3,500	$3,500	$3,500	$0
	Out-of-Network	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500	$7,500
Family	In-Network	$7,000	$7,000	$7,000	$7,000	$7,000	$7,000	$0
	Out-of-Network	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000	$15,000
How family deductibles and family out-of-pocket maximums work		Each family member has an individual deductible and out-of-pocket maximum. Once one family member reaches their individual deductible or out-of-pocket maximum, the remaining amount of the family deductible or out-of-pocket maximum needs to be met by one or more other family members.						
Plan Lifetime Maximum		Plan pays up to $4 million per member for in-network and out-of-network services combined.						

Covered Services		Your Share of Costs (after deductible, unless waived)
Doctor's Office Visits	In-Network	50% Coinsurance (with $750, $1500, $2500, $3500, $5000, $7500) 0% Coinsurance (with $10000)
	Out-of-Network	70% Coinsurance (with $750, $1500, $2500, $3500, $5000, $7500) 30% Coinsurance (with $10000)
Professional/ Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)	In-Network	50% Coinsurance (with $750, $1500, $2500, $3500, $5000, $7500) 0% Coinsurance (with $10000)
	Out-of-Network	70% Coinsurance (with $750, $1500, $2500, $3500, $5000, $7500) 30% Coinsurance (with $10000)
Inpatient Services (overnight hospital/facility stays)	In-Network	50% Coinsurance PLUS $500 Facility Copay[1] per day up to the first 3 days (with $750, $1500, $2500) 50% Coinsurance (with $3500, $5000, $7500) 0% Coinsurance (with $10000)
	Out-of-Network	70% Coinsurance PLUS $500 Facility Copay[1] per day up to the first 3 days (with $750, $1500, $2500) 70% Coinsurance (with $3500, $5000, $7500) 30% Coinsurance (with $10000)
Outpatient Services (without overnight hospital/facility stays)	In-Network	50% Coinsurance PLUS $200 Facility Copay[1] per admission (with $750, $1500, $2500) 50% Coinsurance (with $3500, $5000, $7500) 0% Coinsurance (with $10000)
	Out-of-Network	70% Coinsurance PLUS $200 Facility Copay[1] per admission (with $750, $1500, $2500) 70% Coinsurance ($3500, $5000, $7500) 30% Coinsurance (with $10000)
Emergency Room Services		In-Network or Out-of-Network: 50% Coinsurance (with $750, $1500, $2500, $3500, $5000, $7500) or 0% Coinsurance (with $10000)
Preventive Care Services	In-Network	Adults and children ages 7-17: Routine Mammogram, PAP and PSA tests: 50% Coinsurance (or 0% Coinsurance with $10,000 plan) HealthyCheck℠ Centers: $25 Basic/$75 Premium, deductible waived
	Out-of-Network	Adults and children ages 7-17: Routine Mammogram, PAP and PSA tests: 70% Coinsurance (or 30% Coinsurance with $10,000 plan)
Maternity		Not covered
Additional Covered Benefits		Includes, but not limited to: Ambulance, Chiropractic Services, Home Health Care, Mental Health, Physical/Occupational Therapy, Urgent Care
Prescription Drug Coverage		
Retail and Mail Order Drugs on the Plan Formulary[2]	In-Network	Tier 1 (Lower cost Generic and Brand-name drugs): **$15 Copay** $2,000 annual deductible per member applies before the following: - Tier 2 (Higher cost Generic and Brand-name drugs): **$35 Copay** - Specialty: 25% Coinsurance up to a $2,500 Annual Out-of-Pocket Maximum (the most you'll have to pay), in-network only and in addition to $2,000 annual deductible Non-formulary drugs: Not covered, discounts apply
	Out-of-Network	Not covered

[1] Balance of charges subject to deductible and coinsurance. No additional Facility Copay if readmitted to the same facility within 72 hours of the initial admission. Facility Copay does not accumulate toward the deductible or out-of-pocket maximum. Facility Copay is still required even if out-of-pocket maximum has been met.

[2] CoreGuard has its own Plan Formulary.

Notes:

- *Discounted network rates apply for in-network covered services.*
- *In-network and out-of-network deductibles are separate and do not accumulate towards each other. In-network and out-of-network out-of-pocket maximums are also separate and do not accumulate towards each other.*
- *For out-of-network services, member is responsible for the coinsurance plus charges in excess of the allowable amount.*
- *Copays/Coinsurance to in-network and out-of-network providers apply to annual out-of-pocket maximum except where specifically noted in the policy.*

Give yourself every advantage...

Good health, a bright smile and financial support.

Dental coverage

Dental care can play an important role in your overall health. Regular checkups and cleanings can help detect the early signs of oral health problems, reduce the risk of permanent damage to your teeth and gums, and prevent costly treatments down the road.

Dental Blue® PPO Plans feature:

- One of the largest Dental PPO networks in the state (more than 21,000 dental locations)
- No deductibles for cleanings, exams and x-rays
- Savings on non-covered services like veneers, dental implants and braces
- Negotiated discounts on services during any waiting periods and after you reach your annual maximum

The Dental Blue PPO plans give you the flexibility to see any dentist, although your costs will usually be less when you see a dentist in the network.

Dental SelectHMO Plans feature:

- A network of more than 4,800 dentists to choose from
- No deductibles and a low $5 copay for exams, cleanings and x-rays
- Coverage for orthodontic services
- No annual maximums and no waiting periods for most services

The Dental SelectHMO network is not available in all counties so ask your agent for more details.

Term Life Insurance

Losing a loved one is painful enough without having to worry about finances. Give your family extra support with term life insurance from Anthem Blue Cross Life and Health Insurance Company.

If you're accepted for coverage on one of our health care plans, you'll automatically be approved for our term life insurance. Plus, there are no medical exams or additional enrollment forms to worry about. It's that simple.

Term life monthly rates

Age	$15,000 Benefit	$30,000 Benefit	$50,000 Benefit	$75,000 Benefit	$100,000 Benefit
1-18	$1.50	$3.00	N/A	N/A	N/A
19-29	$2.80	$5.60	$9.30	$11.25	$13.00
30-39	$3.25	$6.50	$10.80	$13.50	$16.00
40-49	$7.50	$15.00	$25.00	$33.75	$42.00
50-59	$20.90	$41.80	$69.60	$97.50	$125.00
60-64	$29.40	$58.80	$98.00	$142.50	$185.00

Additional information

Save time with automatic premium payment

Hate writing checks? After your initial payment, our Electronic Fund Transfer (EFT) program will automatically withdraw funds from your bank account each month to pay for your health care plan premium. You'll not only save on postage, you won't have to worry about a lapse in coverage because you forgot to mail in your payment. To sign up, just fill out the billing section of the enrollment application.

Make sure you have all the facts

This brochure is only one piece of your plan information. Please make sure you have all the facts about the benefits offered by the plan(s) described — including what's covered, and what isn't. For additional information about exclusions, limitations, and terms of this coverage, please see the enclosed Disclosures Document. This document should be included with your information kit, or if you have printed this from your computer, it should be at the end of this document. If you don't have this document, be sure to contact your Anthem Blue Cross agent.

This brochure is intended as a brief summary of benefits and services; it is not your Policy. If there is any difference between this brochure and your Policy, the provisions of the Policy will prevail. Benefits and premiums are subject to change.

It's That Simple...

Anthem Blue Cross

Health. **Join In.**

Individual health coverage. Your plans. Your choices.

CoreGuard is available effective January 1, 2010.

"No Obligation" review period

After you enroll in a plan offered by Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company, you will receive a Policy/EOC booklet that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You will have 10 days to examine your plan's features. During that time, if you are not fully satisfied, you may decline by returning your Policy/EOC booklet along with a letter notifying us that you wish to discontinue coverage. Policy/EOC booklets are available for you to examine prior to enrolling. Ask your agent or Anthem Blue Cross.

Ready to enroll?

Call your Anthem Blue Cross Agent today!

For internal purposes only:
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Disclosure Document

Before choosing a health care plan, please review the following information, along with the other materials enclosed.

To Enroll, You And Your Dependents Must Be:

- Age 64 3/4 or younger;
- A permanent legal resident of California;
- A U.S. resident for at least the last 3 months;
- The applicant's spouse or domestic partner, age 64 3/4 or younger;
- The applicant's children (under 19 years of age), or the children (under 19 years of age) of the applicant's enrolling spouse or qualified domestic partner;
- The applicant's unmarried dependent children between the ages of 19 through 22 ("dependent" as defined by the Internal Revenue Service);
- The applicant's child (of any age) who is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness or condition and is chiefly dependent upon the applicant for support and maintenance.

Medical Underwriting Requirement

We believe that the cost of our plans should be consistent with your expected health care needs and risk factors. That's why Anthem offers various levels of coverage. To determine individual medical risk factors, all applications are subject to medical underwriting. Depending on the results of the underwriting review, a number of things may happen:

- You may be offered coverage at the standard premium charge, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plan listed in this brochure, or
- You may be offered an alternate plan.

If you have a significant medical condition and do not qualify for the plan you've chosen from this brochure or if you have discontinued group coverage, please contact your Anthem representative for information regarding other Individual coverage options.

Incurred Medical Care Ratio

As required by law, we are advising you that Anthem and its affiliated companies incurred medical care ratio for 2008 was 80.38 percent. This ratio was calculated after provider discounts were applied.

Waiting Periods

There is a specific six-month waiting period for coverage of any condition, disease or ailment for which medical advice or treatment was recommended or received within six months preceding the effective date of coverage. If you apply for coverage within 63 days of terminating your membership with another "creditable" health care plan, then you can use your prior coverage for credit toward the six-month waiting period. Anthem will credit the time you were enrolled on the previous plan. Consult with your Anthem agent or representative if you have a question about the underwriting process.

What Individual Health Care Plans Do Not Cover

The following Exclusions and Limitations will help you understand what your health care plan does not include before you enroll. These listings are an overview only. For a comprehensive list of the plans' exclusions and limitations, you can request a copy of a Policy/Combined Evidence of Coverage and Disclosure Form (EOC) booklet. Just ask your agent or contact Anthem.

CoreGuard Medical Exclusions And Limitations

- Maternity or pregnancy care
- Acupuncture/Acupressure
- Conditions covered by workers' compensation or similar law
- Experimental or investigative services
- Services provided by a local, state or federal government, unless you have to pay for them
- Services or supplies not specifically listed as covered under the Policy/EOC
- Services received before your effective date or after coverage ends
- Services you wouldn't have to pay for without insurance
- Services from relatives
- Any services received by Medicare benefits without payment of additional premium

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CoreGuard Medical Exclusions And Limitations (continued)

- Services or supplies that are not medically necessary
- Routine physical exams, except for preventive care services (e.g., physical exams for insurance, employment, licenses or school are not covered), except as specifically stated in the Policy/EOC
- Any amounts in excess of the maximum amounts listed in the Policy/EOC
- Sex changes
- Cosmetic surgery
- Services primarily for weight reduction except medically necessary treatment of morbid obesity
- Dental care, dental implants or treatment to the teeth, except as specifically stated in the Policy/EOC
- Hearing aids
- Infertility services
- Private duty nursing
- Eyeglasses or contact lenses, except as specifically stated in the Policy/EOC
- Vision care including certain eye surgeries to replace glasses, except as specifically stated in the Policy/EOC
- Specialty drugs from a pharmacy other than our Specialty drug provider
- Certain orthopedic shoes or shoe inserts, except as specifically stated in the Policy/EOC
- Services or supplies related to a preexisting condition
- Outdoor treatment programs
- Telephone or facsimile machine consultations
- Educational services except as specifically provided or arranged by Anthem
- Nutritional counseling or food or dietary supplements, except for formulas and special food products to prevent complications of phenylketonuria (PKU)
- Care or treatment furnished in a non-contracting hospital, except as specifically stated in the Policy/EOC
- Personal comfort items
- Custodial care
- Outpatient speech therapy, except as specifically stated in the Policy/EOC
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting
- Services or supplies provided to any person not covered under the Agreement in connection with a surrogate pregnancy

This document provides a brief summary of provisions, exclusions and limitations. If there is any difference between this document and the Policy, the Policy will prevail.

Selecting health coverage is an important decision.

To assist you, we supply the following for the plan(s) under consideration: Brochure, Benefit Guide, Disclosure Document and Enrollment Application. If you did not receive one or more of these materials, please contact your Anthem Blue Cross agent to request them.

For more information, visit our website at **anthem.com**

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