This overview shows your share of costs (after any deductibles) In-Network Benefits (You'll pay more out-of-network)	SmartSense <sup>®</sup>	Basic PPO 1000/2500	3500 Deductible PPO	PPO 3500 (HSA-Compatible)	Lumenos HSA		RightPlan PPO 40	PPO Share 1500/2500/5000	Select HMO	HMO Saver	Individual HMO	This overview shows your share of costs (after any deductibles) In-Network Benefits (You'll pay more out-of-network)
Annual Calendar Year Deductible(s) Take advantage of participating provider discounts for covered benefits before and after meeting the deductible	\$500/\$1,500/\$2,500/\$5,000 per member \$1,000/\$3,000/\$5,000/\$10,000 maximum per family (The family deductible can be satisfied by 2 or	\$1,000/\$2,500 per member, Inpatient or surgical procedures only (Once 2 family members each reach the deductible, the deductible is satisfied for the entire family.)	\$3,500 per member (Once 2 family members each reach the deductible, the deductible is satisfied for the entire family.)	\$3,500 per member \$7,000 aggregate* per family (combined for medical and prescription drugs)	Plans without Maternity (Individual/Family aggregate*, combined for medical and prescription drugs)	\$1,500 / \$3,000 / 30% Coinsurance \$3,000 / \$6,000 / 30% Coinsurance \$5,000 / \$10,000 / 0% Coinsurance	No deductible	\$1,500/\$2,500/\$5,000 per member (Once 2 family members each reach the deductible, the deductible is satisfied for the entire family.)	No deductible	\$1,500 per member Inpatient/Outpatient Hospital Services and Ambulatory Surgical Centers	No deductible	Annual Calendar Year Deductible(s)  Take advantage of participating provider discounts before and after meeting the deductible
	more members.)				Plan with Maternity (Individual/Family aggregate*, combined for medical and prescription drugs)	\$5,000 / \$10,000 / 0% Coinsurance						
Annual Calendar Year Out-of-Pocket Limit (in addition to deductible)	\$2,500 per member \$5,000 maximum per family (The family out-of-pocket limit can be satisfied by 2 or more members.)		family members each reach the cocket limit, the limit is satisfied for the	\$1,500 per member \$3,000 aggregate* per family (combined for medical and prescription drugs)	Plans without Maternity (Individual/Family aggregate*, combined for medical and prescription drugs)	For \$1,500 Deductible - \$3,500 / \$7,000 For \$3,000 Deductible - \$2,000 / \$4,000 For \$5,000 Deductible - \$0 / \$0	\$7,500 per member		(Once 2 family members each reach the out-of-pocket limit, the limit is satisfied for	(Once 2 family members each reach the out-of-pocket limit, the limit is satisfied for	the entire family.)	Annual Calendar Year Out-of-Pocket Limit (in addition to deductible) Participating and non-participating
	by 2 of more members.				Plans with Maternity (Individual/Family) (combined for medical and prescription drugs)	\$0/\$0						services apply for PPO plans
Doctors' Office Visits	\$30 copay for first 3 visits, per member per year	No office visit benefits until out-of-pocket	\$0	\$0	30% Coinsurance 30%	0% Coinsurance 0%	\$40 copay	30% of negotiated fee/\$35 copay/\$40 copay	\$25 copay	\$10 copay	\$10 copay	Doctors' Office Visits
	(deductible waived); after 3 visits and once deductible is met, then 30% of negotiated fee	limit is met, then you pay 0% of negotiated fee	<b>40</b>	<b>40</b>	00/0	070	ф. го опрау	(deductible waived)	φευ συμαχ	wate solvey	φ20 συμας	I I
Preventive Care	Annual physical exam(s): 30% of negotiated fee OR HealthyCheck™ Centers: \$25/\$75 copay for basic/premium screening (deductible waived) Routine mammogram, Pap and PSA tests ordered by physician: 30% of negotiated fee Well Child: 30% of negotiated fee	HealthyCheck <sup>SM</sup> Centers: \$25/\$75 copay for basic/premium screening (deductible waived)  Routine mammogram, Pap and PSA tests ordered by physician: 20% of negotiated fee (deductible waived)		HealthyCheck <sup>3M</sup> Centers: \$25/\$75 copay for basic/premium screening (deductible waived)  Routine mammogram, Pap and PSA tests ordered by physician: \$0  Well Child (through age 6): \$0	0% (No cost to member <sup>1</sup> ; deductible waived)	0% (No cost to member <sup>3</sup> ; deductible waived)	HealthyCheck <sup>SM</sup> Centers: \$25/\$75 copay for basic/premium screening Routine mammogram, Pap and PSA tests ordered by physician: \$40 office visit plus 40% of negotiated fee Well Child (through age 6): \$40 office visit plus 40% of negotiated fee	Deductible waived for the following services:  Annual physical exam(s): 30% of negotiated fee  OR HealthyCheck™ Centers: \$25/\$75 copay for basic/premium screening  Routine mammogram, Pap and PSA tests ordered by physician: 30% of negotiated fee  Well Child (through age 6): 40% of negotiated fee	\$25 copay for specific health maintenance services	\$10 copay for specific health maintenance services	\$10 copay for specific health maintenance services	
Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	30% of negotiated fee	20% of negotiated fee for inpatient or surgical procedures only. No office visit benefits until out-of-pocket limit is met, then you pay 0% of negotiated fee	\$0	\$0	30%	0%	40% of negotiated fee	30% of negotiated fee	No charge for office-related services	No charge for office-related services	No charge for office-related services	Professional Services (X-ray, lab, anesthesia, surgeon, etc.)
Hospital Inpatient/ Outpatient	30% of negotiated fee	20% of negotiated fee <sup>1</sup>	\$01	\$01	30%	0%	40% of negotiated fee <sup>1</sup> plus: Inpatient: \$500 copay per day for first four days, per admission Outpatient: \$500 copay per surgical admission	30% of negotiated fee <sup>1</sup>	Inpatient: \$250 copay per day for first four days, then 0% of negotiated fee, per admission Outpatient: 20% of negotiated fee for services; \$250 per surgery	20% of negotiated fee (after deductible)	20% of negotiated fee	Hospital Inpatient/ Outpatient
Emergency Room Services (Additional \$100 copay applies; waived if admitted)	30% of negotiated fee	20% of negotiated fee	\$0	\$0	30%	0%	40% of negotiated fee	30% of negotiated fee	20% of negotiated fee	20% of negotiated fee (after deductible)	20% of negotiated fee	Emergency Room Services (Additional \$100 copay applies; waived if admitted)
Maternity	Not covered	Not covered	Not covered	Not covered	Not covered	0% after deductible, only with Maternity plan; otherwise not covered	Not covered	30% of negotiated fee	Office Visits: \$25 copay Inpatient: \$250 per day copay for first four days, then 0% of negotiated fee per admission Outpatient: 20% of negotiated fee	Office Visits: \$10 copay Inpatient/Outpatient: After deductible, 20% of negotiated fee	Office Visits: \$10 copay Inpatient: No charge Outpatient: 20% of negotiated fee	Maternity
Prescription Drugs	Generic Prescription Drug Coverage \$15 copay (or 40%, whichever is greater) Comprehensive Prescription Drug Coverage Generic: \$15 copay (or 40%, whichever is greater) Brand-name/specialty \$500 annual deductible (2-member max) applies before the following: Brand-name: \$15 copay (or 40%, whichever is greater, not to exceed \$500 per prescription) Specialty: 40% \$4,500 Annual Out-of Pocket Maximum (the most you will pay) In-network only and in addition to brand-name/specialty drug deductible	Not covered	\$15 generic (Tier 1); \$35 brand-name (Tier 2) copay after \$500 annual brand-name deductible (2-member maximum)	After annual deductible is met: \$15 generic (Tier 1); \$35 brand-name (Tier 2) copay	30%	0%	No Prescription Drug Coverage Not covered Generic Prescription Drug Coverage \$15 generic Comprehensive Prescription Drug Coverage \$15 generic; \$35 brand-name copay after \$500 brand-name deductible	\$10/\$10/\$15 generic (Tier 1); \$30/\$30/\$35 brand-name (Tier 2) copay after \$250/\$500/\$750 brand-name deductible (2-member maximum)	\$10 generic; \$30 brand-name copay after \$250 brand-name deductible (2-member maximum)	\$10 generic; \$30 brand-name copay after \$250 brand-name deductible (2-member maximum)	\$10 generic; \$30 brand-name copay after \$250 brand-name deductible (2-member maximum)	Prescription Drugs (Amounts shown are copays for each 30-day retail or in-network mail order supply)
Snapshot	Reliable, basic protection     Some of our lowest monthly rates     First three doctor visits covered before deductible     Fourth-quarter deductible carryover feature	Coverage primarily for hospitalization and emergency services     Some of our lowest monthly rates     No doctors' office visits are covered until you meet your out-of-pocket limit     No prescription drug benefits	Very simple plan design     One of our lowest out-of-pocket limits     Meet your medical deductible, then pay \$0 for most covered services in-network	Compatible with health savings account (HSA), which you fund yourself and keep even if you leave the plan     Meet your medical deductible, then pay \$0 for most covered services in-network     Combined medical/prescription drug deductible	Preventive care covered at no cost to member in ne     Choice of plans with or without maternity coverage		office visits  No medical deductible Choice of prescription drug benefits, including a lower-cost "no drug coverage" plan	Immediate benefits for doctors' office visits     Annual physical exam benefit     Maternity coverage	Exclusive network of nearly 17,000 doctors and more than 350 hospitals in over 20 California counties to help keep premiums lower     Immediate, no-deductible benefits     Maternity coverage	Network of more than 30,000 doctors and 375 hospitals     Medical deductible for hospital and emergency services to help keep premiums lower     Maternity coverage	Network of more than 30,000 doctors and 375 hospitals     Immediate, no-deductible benefits     Maternity coverage	Snapshot

# Give yourself every advantage... good health, a bright smile and financial security.

# **Why 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 California (more than 21,000 dental locations)
- No deductibles for cleanings, exams and x-rays
- Savings on popular services like veneers, dental implants and braces

#### **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

Note: The Dental SelectHMO network is not available in all counties.

# Why Term Life Insurance?

Losing a loved one is hard enough without having to worry about financial obligations. Families are often unprepared for this sudden loss, and term life insurance can provide financial support and peace of mind at a difficult time. Here are just a couple reasons why you'll want to purchase term life insurance from Anthem Blue Cross Life and Health Insurance Company:

- It's inexpensive just pennies a day
- It's easy no additional forms are required to enroll

# For more information on our dental plans or life insurance, ask your Anthem Blue Cross agent today!

	Term Life Monthly Rates								
Age	<b>\$15,000</b> benefit	<b>\$30,000</b> benefit	<b>\$50,000</b> benefit	<b>\$75,000</b> benefit	<b>\$100,000</b> 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				



#### PPO 3500 (HSA-Compatible) and Lumenos HSA Plans

\*When one or more family members' eligible covered expenses (combined) meet the aggregate amount, the requirement is satisfied for all covered family

# For Basic PPO 1000/2500, 3500 Deductible PPO, PPO 3500 (HSA-Compatible), RightPlan PPO 40 and PPO Share Plans

1 Additional \$500 admission charge at participating hospitals (no additional charge for preferred participating) is for inpatient stays or outpatient surgery or infusion therapy. The charge is not required for ambulatory surgical centers or medical emergencies.

#### For Lumenos Plans

1 In-network, for nationally recommended preventive care services.

#### or All HMO Plans

- These plans do not cover services by non-participating providers except for emergency services and prescription drugs.
- In order to receive HMO benefits, you must choose a provider within a 30-mile radius of your home or work.

Two year anniversary date rate guarantees are available with certain plans!

Ask your agent for details.

For detailed benefits exclusions and limitations, ask your agent for plan-specific sales brochures or a policy booklet before you enroll.

## Why Do I Need Health Coverage?

You probably know why. But here goes.

#### Because things happen.

Even if you're healthy right this minute, you could be caught off-guard by an unexpected illness or injury. Why take that chance?

#### Because it helps protect your \$\$\$.

Did you know that without health coverage, you could pay an average cost of \$9,989 a day in the hospital? The financial risk you take without health coverage just isn't worth it.

#### Because it can give you peace of mind.

Health coverage gives you added security and peace of mind because you know you're covered if you get sick or hurt, or in case you need prescription drugs, surgery or emergency care. How priceless is that?

## We know what you're probably thinking...

#### I can't really afford it, can !?

Oh yes, you can! Plans from Anthem Blue Cross can easily fit your budget, no matter where you are in your life right now. You can choose what works for you.

#### I don't need it if I'm healthy, do I?

Actually, the best time to purchase health coverage is when you're healthy! Why? If you do become ill or injured later on, you may not qualify for coverage, or you may be charged a much higher premium. It's kind of like car insurance in that respect. The time to do it is now.

So if you don't have health coverage at work or you're self-employed, between jobs or no longer covered under your parents' policy, one of our health plans for Individuals and Families might be just right for you.

### It's complicated and confusing, isn't it?

This is where your Anthem Blue Cross agent comes in. He or she will help narrow things down, so you can easily find the right plan for you and your lifestyle. Rest assured, you're not in this alone.



# **You Choose**



Ready to Enroll? Call Your

Anthem Blue Cross Agent Today!

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Offered by Anthem Blue Cross: PPO Share 2500/1500, Individual HMO, HMO Saver and Select HMO. Offered by Anthem Blue Cross Life and Health insurance Company: SmartSense, Basic PPO 1000/2500, PPO Share 5000, RightPlan PPO 40, 3500 Deductible PPO, PPO 3500 (HSA-Compatible) and Lumenos HSA.

anthem.com/ca Benefits effective 3/1/09 BCABR1489C Rev. 2/09



**Individual and Family**Health Care Plans for California