



**Our plans
fit your
plans.**

SelectHMO
HMO Saver
Individual HMO

What makes Anthem Blue Cross plans a smart choice?

1. **A choice of plans to fit your budget.** No matter where you are in life, we have a plan that will fit your health care needs, as well as your budget.
2. **Large California network.** Our HMO network has 375 hospitals and more than 35,000 HMO doctors throughout the state. So, chances are that *your* doctor is one of *ours*. As a lower priced option, we also offer an exclusive network with nearly 22,000 SelectHMO doctors and more than 350 hospitals in 22 counties.
3. **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 network providers across the country.
4. **Dental and life insurance.** To enhance your health and financial future, we also offer dental and term life coverage.
5. **Peace of mind.** You can relax knowing that we have been providing health care coverage and security to Californians for more than 70 years. We're committed to simplifying your life and improving your health.

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What's an HMO plan?

With an HMO (Health Maintenance Organization) health care plan, you'll choose a Primary Care Physician (PCP) from our HMO network. Your PCP will probably be the doctor you see the most—for routine visits and care. Your PCP will also coordinate any other health care services you may need. And if you need to see a specialist, your PCP will need to make a referral.

HMO plans are also simple to use. Features like set copays for doctor visits help make your out-of-pocket costs more predictable. And maternity benefits make these plans ideal for growing families.

Is your doctor in our network?

Go to anthem.com/ca > "Find a Doctor."

Plan highlights

SelectHMO	HMO Saver	Individual HMO
<p>Our lowest priced HMO with an exclusive HMO network.</p> <p>Features:</p> <ul style="list-style-type: none"> • Comprehensive coverage with lower monthly premiums • Immediate, no-deductible benefits • Maternity benefits <p>You should know:</p> <ul style="list-style-type: none"> • Exclusive HMO network includes nearly 22,000 doctors in 22 California counties • If the SelectHMO network doesn't include your doctor or is not available in your area, ask your agent about our other plans that feature larger networks 	<p>A mid-priced HMO that includes access to our entire HMO network.</p> <p>Features:</p> <ul style="list-style-type: none"> • Comprehensive coverage • Immediate benefits (deductible waived) for doctors' office visits and preventive care • \$1,500 medical deductible for hospital and emergency services helps keep premiums lower • Maternity benefits <p>You should know:</p> <ul style="list-style-type: none"> • Includes access to our entire HMO network of more than 35,000 doctors 	<p>Our richest HMO with no medical deductible and access to our entire HMO network.</p> <p>Features:</p> <ul style="list-style-type: none"> • Comprehensive coverage • Immediate, no-deductible benefits • Maternity benefits <p>You should know:</p> <ul style="list-style-type: none"> • Includes access to our entire HMO network of more than 35,000 doctors

Prescription drug coverage included

The cost of prescription drugs can be staggering and is one of the leading causes of rising health care costs. To help control your share of the costs, all our HMO plans include prescription drug coverage for both generic and brand-name drugs.

Even when you select a plan that covers both generics and brand-name drugs, it's still a good idea to consider using generic drugs for the best value. Generic drugs have the same active ingredients as their brand-name equivalents, but normally cost less.

Plan Benefits		SelectHMO	HMO Saver	Individual HMO
		In-Select Network ¹	In-Network	In-Network
Annual Deductible		\$0	\$1,500 per member Inpatient/Outpatient Hospital Services and Ambulatory Surgical Centers	\$0
Annual Out-Of-Pocket Limit <i>(in addition to deductible, if any)</i>	Individual	\$3,000 per member	\$1,500 per member	\$3,000 per member
	Family	Each family member has an individual out-of-pocket limit. Once 2 members each reach the limit, the limit is satisfied for the entire family.	Each family member has an individual out-of-pocket limit. Once 2 members each reach the limit, the limit is satisfied for the entire family.	Each family member has an individual out-of-pocket limit. Once 2 members each reach the limit, the limit is satisfied for the entire family.
Lifetime Maximum <i>(the plan will pay up to this amount)</i>		unlimited	unlimited	unlimited

Covered Services The amounts shown are your share of costs <i>after any deductible</i>		In-Select Network ¹	In-Network	In-Network
Doctors' Office Visits		\$25 copay	\$10 copay	\$10 copay
Professional Services <i>(x-ray, lab, anesthesia, surgeon, etc.)</i>		No charge for office visit-related services	No charge for office visit-related services	No charge for office visit-related services
Hospital Inpatient <i>(overnight hospital stays)</i>		\$250 copay per day up to the first four days, then 0% of negotiated fee per admission	20% of negotiated fee <i>(after deductible)</i>	20% of negotiated fee

Hospital Outpatient <i>(if you don't stay overnight)</i>		20% of negotiated fee for services; \$250 per surgery	20% of negotiated fee <i>(after deductible)</i>	20% of negotiated fee
Emergency Room Services <i>(\$100 copay applies for each visit; waived if admitted as inpatient)</i>		20% of negotiated fee	20% of negotiated fee <i>(after deductible)</i>	20% of negotiated fee
Maternity		Office Visits: \$25 copay Hospital Inpatient: \$250 copay per day up to the first four days, then 0% of negotiated fee per admission Outpatient Services: 20% of negotiated fee	Office visits: \$10 copay Inpatient/Outpatient: 20% of negotiated fee <i>(after deductible)</i>	Office visits: \$10 copay Inpatient/Outpatient: 20% of negotiated fee
Preventive Care		\$25 copay for specific health maintenance services	\$10 copay for specific health maintenance services	\$10 copay for specific health maintenance services
Ambulance		\$50 copay <i>(waived if admitted to hospital)</i>	\$50 copay <i>(waived if admitted to hospital)</i>	\$50 copay <i>(waived if admitted to hospital)</i>
Chiropractic Services <i>(up to 60 consecutive days following an illness or injury; provided with medical group referral only)</i>	Inpatient	\$0	\$0	\$0
	Outpatient	\$25 copay per visit	\$10 copay per visit	\$10 copay per visit
Prescription Drug Benefits		Generic: \$10 copay Brand-name: \$30 copay after \$250 Brand-name prescription drug deductible ² (2 member maximum)	Generic: \$10 copay Brand-name: \$30 copay after \$250 Brand-name prescription drug deductible ² (2 member maximum)	Generic: \$10 copay Brand-name: \$30 copay after \$250 Brand-name prescription drug deductible ² (2 member maximum)

1 The SelectHMO uses a smaller network of doctors and hospitals than the HMO Saver and Individual HMO.

2 The brand-name drug deductible does not apply to the out-of-pocket limit.

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

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® Basic offers:

- Low plan premiums
- Coverage for many diagnostic services and preventive care such as cleanings, exams and X-rays with no waiting period
- Coverage for certain basic services (fillings) with a six-month waiting period
- An annual maximum benefit of \$500

Dental Blue® Enhanced offers:

- Coverage for many diagnostic services and preventive care such as cleanings, exams and X-rays with no waiting period
- Coverage for certain basic services (fillings) with a six-month waiting period
- Coverage for certain major services like root canals, periodontal procedures and crowns after a 12-month waiting period
- An annual maximum benefit of \$1,250
- Orthodontic coverage for children after a 12-month waiting period

Why 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

What the HMO 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 Blue Cross.

Exclusions and Limitations

- Care not authorized by your Primary Medical Group or Independent Practice Association.
- Amounts in excess of customary and reasonable charges for care rendered by a non-participating provider without a referral from your PMG or IPA.
- Conditions covered by workers' compensation or similar law.
- Experimental or investigative services.
- Services provided by a local, state, federal or foreign government, unless you have to pay for them.
- Services or supplies not specifically listed as covered under the plan agreement.
- Services received before your effective date.
- Services received 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.
- 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) as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Any amounts in excess of the maximum amounts listed in the Evidence of Coverage and Disclosure Form/Certificate.
- 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 Evidence of Coverage and Disclosure Form/Certificate.
- Hearing aids.
- Contraceptive drugs and/or certain contraceptive devices, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Infertility services.
- Private duty nursing.
- Eyeglasses or contact lenses, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Vision care including certain eye surgeries to replace glasses, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Mental and nervous disorders and substance abuse, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Certain orthopedic shoes or shoe inserts, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- 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 Blue Cross.
- Nutritional counseling.
- 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 Evidence of Coverage and Disclosure Form/Certificate.
- Personal comfort items.
- Custodial care.
- Certain genetic testing.
- Outpatient speech therapy, except as specifically stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Any amounts in excess of maximums stated in the Evidence of Coverage and Disclosure Form/Certificate.
- Services or supplies supplied to any person not covered under the Agreement in connection with a surrogate pregnancy.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting.
- Growth hormone treatment.
- Acupuncture/Acupressure.
- Chiropractic services.
- Immunizations for foreign travel.
- Treatment for chronic alcoholism or other substance abuse except as specifically stated in the Evidence of Coverage and Disclosure Form.
- Inpatient mental care, including acute alcoholism and drug addiction benefits, except detoxification.
- Treatment of mental and nervous disorders, except as specifically stated in the Evidence of Coverage and Disclosure Form.
- Rehabilitative care specifically stated in the Evidence of Coverage and Disclosure Form.
- Reconstructive surgery, purchase or replacement of artificial limbs or prosthesis except as specifically stated in the Evidence of Coverage and Disclosure Form.
- Medical, surgical and/or psychological treatment of a sexual dysfunction, except when a sexual dysfunction is a result of a physical abnormality, defect or disease.
- Medical, surgical services, supplies or treatment to the joint of the jaw (temporomandibular joint), upper jaw (maxilla) or lower jaw (mandible), unless related to a tumor or accident occurring while covered.
- Routine physical examinations or tests that do not directly treat an acute illness, injury or condition unless authorized by your Primary Care Physician, except in no event will any physical examination or test required by employment or government authority, or at the request of a third party, such as a school, camp or sports affiliated organization, be covered unless Medically Necessary.
- Care or treatment of a pregnancy, or any condition related to pregnancy (except treatment of complications of pregnancy or Cesarean-section deliveries) when conception has occurred before the effective date of the plan agreement. However, if you were covered under Creditable Coverage within 63 days of becoming covered, the time spent under Creditable Coverage will be used to satisfy, or partially satisfy, the six (6) month period.

Incurred medical care ratio

As required by law, we are advising you that Anthem Blue Cross and its affiliated companies incurred medical care ratio for 2008 was 83.38 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 Blue Cross will credit the time you were enrolled on the previous plan. Consult with your Anthem Blue Cross agent or representative if you have a question about the underwriting process.

Ready to Enroll?

Call your Anthem Blue Cross Agent today!

To enroll, you and your dependents must be:

- Age 64 $\frac{3}{4}$ 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 $\frac{3}{4}$ 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 Blue Cross 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 Blue Cross representative for information regarding other Individual coverage options.

No-obligation review period

After you enroll in a plan offered by Anthem Blue Cross, 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.