

# 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 nearly 315 hospitals and more than 37,000 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 over 20,000 SelectHMO doctors and nearly 315 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](https://anthem.com/ca) > "Find a Doctor."

## Plan highlights

| SelectHMO  | HMO Saver  | Individual HMO  |
|--|--|---|
| <p><b>Our lowest priced HMO with an exclusive HMO network.</b></p> <p><b>Features:</b></p> <ul style="list-style-type: none"> <li>· Broad coverage with lower monthly premiums</li> <li>· Immediate, no-deductible benefits</li> <li>· Preventive care benefits help focus on keeping you healthy</li> <li>· Maternity benefits</li> </ul> <p><b>You should know:</b></p> <ul style="list-style-type: none"> <li>· Exclusive HMO network includes over 20,000 doctors in 22 California counties</li> <li>· 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</li> </ul> | <p><b>A mid-priced HMO that includes access to our entire HMO network.</b></p> <p><b>Features:</b></p> <ul style="list-style-type: none"> <li>· Broad coverage</li> <li>· Preventive care benefits help focus on keeping you healthy</li> <li>· \$1,500 medical deductible for hospital and emergency services helps keep premiums lower</li> <li>· Maternity benefits</li> </ul> <p><b>You should know:</b></p> <ul style="list-style-type: none"> <li>· Includes access to our entire HMO network of more than 37,000 doctors</li> </ul> | <p><b>Our richest HMO with no medical deductible and access to our entire HMO network.</b></p> <p><b>Features:</b></p> <ul style="list-style-type: none"> <li>· Broad coverage</li> <li>· Immediate, no-deductible benefits</li> <li>· Preventive care benefits help focus on keeping you healthy</li> <li>· Maternity benefits</li> </ul> <p><b>You should know:</b></p> <ul style="list-style-type: none"> <li>· Includes access to our entire HMO network of more than 37,000 doctors</li> </ul> |

## 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 <sup>1</sup>   | In-Network   | In-Network   |
| Annual Deductible  |            | \$0  | \$1,500 per member<br>Inpatient/Outpatient Hospital Services<br>and Ambulatory Surgical Centers  | \$0  |
| Out of Pocket<br>Maximum<br>(in addition to deductible, if any)                    | 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<br>(the plan will pay up to this amount)                          |            | unlimited  | unlimited  | unlimited  |
| Covered Services<br>The amounts shown are your share of costs after any deductible |            | In-Select Network <sup>1</sup>   | In-Network   | In-Network   |
| Doctors' Office Visits   |            | \$25 copay   | \$10 copay   | \$10 copay   |
| Professional Services<br>(x-ray, lab, anesthesia, surgeon, etc.)                   |            | No charge for office visit-related services  | No charge for office visit-related services  | No charge for office visit-related services  |
| Hospital Inpatient<br>(overnight hospital stays)                                   |            | \$250 copay per day up to the first four days, then 0% Coinsurance per admission   | 20% Coinsurance (after deductible)   | 20% Coinsurance  |

|  |  |   |  |
|--|--|---|--|
| <b>Hospital Outpatient</b><br><i>(if you don't stay overnight)</i>   | 20% Coinsurance for services;<br>\$250 per surgery   | 20% Coinsurance<br><i>(after deductible)</i>  | 20% Coinsurance  |
|  | 20% Coinsurance  | 20% Coinsurance<br><i>(after deductible)</i>  | 20% Coinsurance  |
| <b>Emergency Room Services</b><br>(\$100 copay applies for each visit;<br>waived if admitted as inpatient)   | Office Visits: \$25 copay<br>Hospital Inpatient: \$250 copay<br>per day up to the first four days,<br>then 0% Coinsurance per admission<br>Outpatient Services:<br>20% Coinsurance | Office visits: \$10 copay<br>Inpatient/Outpatient:<br>20% Coinsurance (after deductible)  | Office visits: \$10 copay<br>Inpatient/Outpatient:<br>20% Coinsurance  |
| <b>Maternity</b>   | Includes all nationally recommended<br>preventive services including well-child<br>care, immunizations, PSA screenings,<br>Pap tests, mammograms and more.<br>0% Coinsurance       | Includes all nationally recommended<br>preventive services including well-child<br>care, immunizations, PSA screenings,<br>Pap tests, mammograms and more.<br>0% Coinsurance, not subject to deductible | Includes all nationally recommended<br>preventive services including well-child<br>care, immunizations, PSA screenings,<br>Pap tests, mammograms and more.<br>0% Coinsurance |
| <b>Preventive Care</b>   |  |   |  |
| <b>Ambulance</b>   | \$50 copay<br><i>(waived if admitted to hospital)</i>  | \$50 copay<br><i>(waived if admitted to hospital)</i>   | \$50 copay<br><i>(waived if admitted to hospital)</i>  |
| <b>Physical Therapy,<br/>Occupational Therapy,<br/>and/or Speech Therapy</b><br><i>(up to 60 consecutive days<br/>following an illness or injury;<br/>provided with medical group<br/>referral only)</i> | Inpatient  | \$0   | \$0  |
|  | Outpatient   | \$25 copay per visit  | \$10 copay per visit   |
| <b>Prescription Drug Benefits</b>  | Generic: \$10 copay<br>Brand-name: \$30 copay after<br>\$250 Brand-name prescription drug<br>deductible <sup>2</sup> (2 member maximum)  | Generic: \$10 copay<br>Brand-name: \$30 copay after<br>\$250 Brand-name prescription drug<br>deductible <sup>2</sup> (2 member maximum)   | Generic: \$10 copay<br>Brand-name: \$30 copay after<br>\$250 Brand-name prescription drug<br>deductible <sup>2</sup> (2 member maximum)                                      |

**Note: The HMO plans do not cover services by non-participating providers except for emergency services and prescription drugs.**

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.



# Affordable Dental Blue® PPO solutions designed to meet your dental needs

## 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

## Save money by using our dental network

As a Dental Blue member, you can see *any* dentist you want; however, you do have the potential for lower costs when you choose a dentist in the Dental Blue 100 network. This is because network dentists have agreed to accept our negotiated rates for services they provide to you. If you choose to go to a provider outside of the Dental Blue 100 network, you can be billed the difference between our network negotiated rates and what your chosen dentist wishes to charge. But, with more than 18,000 California dentists in our Dental Blue 100 network, it's likely your dentist is part of our network!

Plus, network dentists have agreed to pass along our negotiated rates to you during waiting periods, if you exceed your annual maximum benefit – and even for certain non-covered services such as veneers, dental implants and TMJ!

You will also have access to emergency dental care from our worldwide listing of credentialed dentists while traveling or working nearly anywhere in the world.

## Prefer a Dental HMO?

If so, our Dental SelectHMO plan may be the right choice for you. For more information about the Dental SelectHMO plan – or our Dental Blue plans – ask your agent.

Amounts shown below are paid by the plan, after the deductible.

| Dental Care Coverage               | Dental Blue Basic   |             | Dental Blue Enhanced   |             |
|------------------------------------|---|-------------|--|-------------|
| Benefits                           | Network   | Non-Network | Network  | Non-Network |
| Annual Deductible                  | \$25 per member   |             | \$50 per member; \$150 maximum per family  |             |
| Waived for Diagnostic & Preventive | Yes   | No          | Yes  | No          |
| Annual Maximum                     | \$500   |             | \$1,250  |             |
| Diagnostic and Preventive          | Network   | Non-Network | Network  | Non-Network |
| Cleanings, exams and X-rays        | 100%  | 80%         | 100%   | 80%         |
| Basic Services                     | Network   | Non-Network | Network  | Non-Network |
| Fillings                           | 80%   | 60%         | 80%  | 60%         |
| Other Minor Restorative            | Not covered   |             |  |             |
| Major Services                     | Network   | Non-Network | Network  | Non-Network |
| Oral Surgery                       | Not covered   |             | 50%  |             |
| Endodontics                        | 50%; pulpotomies on primary teeth only  |             | 50%  |             |
| Periodontics                       | Not covered   |             | 50%  |             |
| Prosthodontics                     | 50%; stainless steel crowns on primary teeth only                             |             | 50%  |             |
| Orthodontics                       | Not covered   |             | Children only: 50%; \$100 deductible; \$500 per year; \$1,000 lifetime maximum                               |             |
| Waiting Periods                    | None for cleanings, exams and X-rays; 6 months for all other covered services |             | None for cleanings, exams and X-rays; 6 months for basic services; 12 months for major services/orthodontics |             |

Dental Blue PPO is offered by Anthem Blue Cross Life and Health Insurance Company and Dental SelectHMO is offered by Anthem Blue Cross.

## 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<br>Benefit | \$30,000<br>Benefit | \$50,000<br>Benefit | \$75,000<br>Benefit | \$100,000<br>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             |

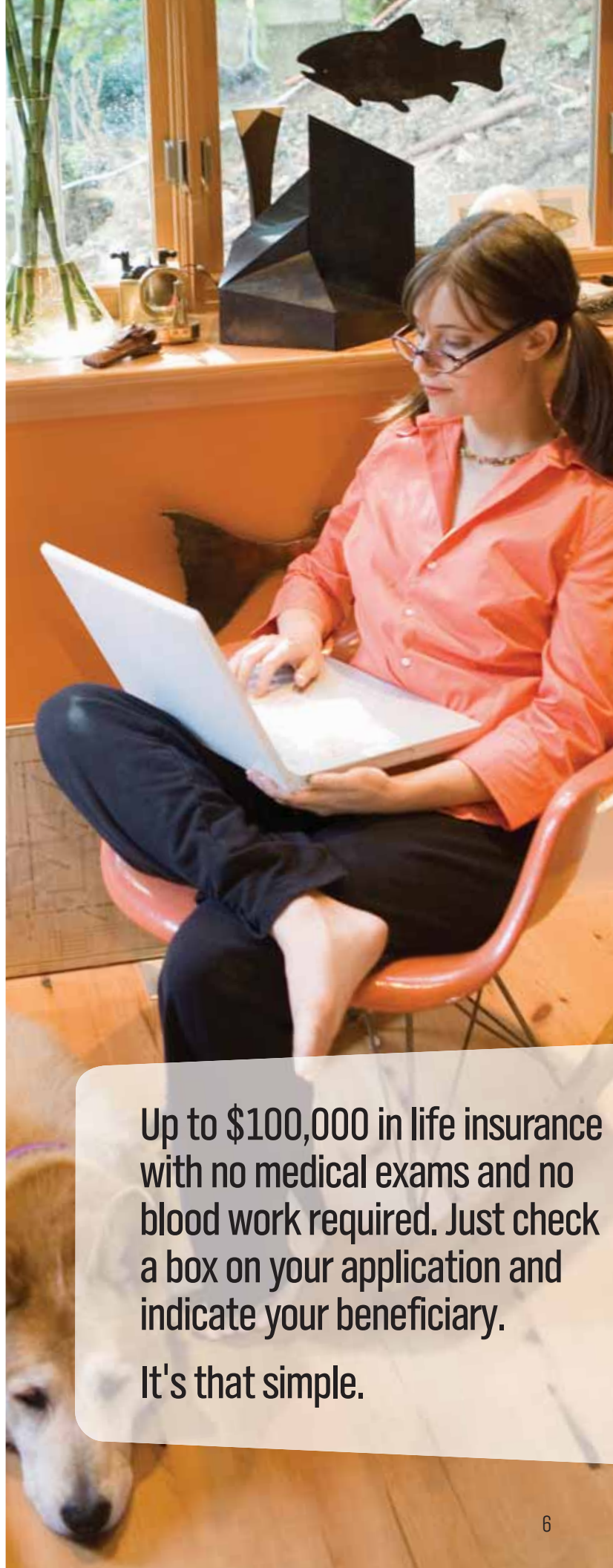
## Additional information

### "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.

**Up to \$100,000 in life insurance with no medical exams and no blood work required. Just check a box on your application and indicate your beneficiary.**

**It's that simple.**



# Individual health coverage. Your plans. Your choices.

## 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 Coverage Details. 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.**

This summary of benefits complies 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.

## Ready to enroll?

**Call your Anthem Blue Cross agent today!**