Anthem
Health. **Join In.**

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

Our plans fit your plans

Lumenos® HSA Plus

KYBR60011XLS (5/11)

Our plans fit the way you live.

In a world that's constantly changing, one thing's for certain: it's important to have health care coverage you can depend on – coverage designed to help fit your budget, and your way of life.

For over 70 years, Anthem Blue Cross and Blue Shield has provided health care coverage and security to our Kentucky neighbors. And we're pleased to offer these same Individual health care plans with added benefits and features of the Patient Protection and Affordable Care Act.

You're in charge of your health and budget, and our Individual health care plans help keep it that way. We still offer a wide range of coverage options as unique as you are. And if you have any questions, we're here to help.

Experience you can rely on

Anthem is committed to helping simplify your life and improving your health. That's why we offer:

- One of the largest provider networks in Kentucky. With more than 7,500 doctors and specialists and over 100 hospitals* throughout the state, chances are your doctor is in one of our networks.
- A choice of plans to help fit your budget and lifestyle. No matter where you are in life, we've got a plan designed to help fit your health coverage needs, as well as your budget.
- Optional dental and life insurance. To enhance your health, 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 Blue Cross and Blue Shield Association's BlueCard® program makes it easy to access providers throughout the country.
- ConditionCare to provide one-on-one help from trained professionals in managing chronic conditions like asthma, diabetes, coronary artery disease, chronic obstructive pulmonary disease and heart failure.
- Future Moms, a program designed to help you have a healthy pregnancy. While not maternity coverage, Future Moms provides educational materials, certain screenings and 24/7 phone access to registered nurses.

*BCBSA Provider Data Counts, 2010.

**Based on 2008 weighted national estimates from HCUP Nationwide Inpatient Sample (NIS), Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual states and provided to AHRQ by the states. (Average stay of 3.8 days; average cost to uninsured of $22,512.)

Why do you need health care coverage?

These days, an average stay in the hospital can cost more than $20,000.** The financial risk you take without health coverage just isn't worth it. Not only does health care 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.

Some definitions so we're all on the same page

Network Discounts: With Anthem, you have access to one of the largest provider networks in the state. These network (or participating) providers have agreed to accept lower costs for their covered services to Anthem members — similar to volume discounts. These negotiated costs help reduce the overall cost of covered medical services, including your share of those costs.

This is true whether you are paying the entire cost for covered services (such as while you are meeting your deductible), or whether we are sharing the cost. With over 7,500 doctors and specialists and more than 100 hospitals and other facilites*, chances are your provider already participates. Just visit a network provider to take advantage of the savings. Your costs may be higher when using non-network providers and facilities.

Premiums are the amount of money you pay on a regular basis- once a month, four times a year, twice a year or once a year-to your health coverage company to keep your health benefit plan active. You can't apply what you pay for your premium toward your deductible. Premium amounts are guaranteed for one year and may be changed with 30 days advance written notice.

Cost-Sharing: The costs of medical care today can be staggering. Health care coverage from Anthem can help protect you against these high costs. With most health care coverage, you pay a monthly premium, then you share some of the cost of covered medical care with the company that provides your health care coverage. The level of cost-sharing you choose directly impacts your premium amount. The more you are willing to share in the costs, the lower your premium. With Anthem, you can choose your level of protection and the level of cost-sharing that works best for your health care needs and budget.

Deductible is the amount you have to pay each calendar year 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 because it increases your share of the cost. Coinsurance does not apply to your deductible.

Copayment is a specific dollar amount you have to pay for certain covered services. Copayments do not apply toward meeting your deductible or out-of-pocket maximum. You are responsible for copayments even after your out-of-pocket maximum is reached.

Out-Of-Pocket Maximum is the total amount of money (not counting your premiums) that you have to pay each year for your health care coverage. Your deductible and coinsurance, for covered services (except those for prescription drugs and non-network Human Organ and Tissue Transplant services) count toward your out-of-pocket maximum. Payments for non-network organ and tissue transplants do not apply toward the out-of-pocket maximum.

Prescription Drugs are medications that must be authorized for use by your doctor. Anthem offers varying levels of prescription drug coverage. Depending on the plan, you may have coverage for generic drugs or generic and brand name drugs.

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.

Tiers represent a cost level within the generic and brand name prescription drug categories. The prescription drug coverage under your health care plan will differ for each of these tiers. Not all products have this tiering.

- **Tier 1:** Generally includes generic drugs and a few lower cost brand name drugs.
- **Tier 2:** Generally includes higher cost generic and brand name drugs.
- **Tier 3 and 4:** Highest cost brand name drugs.

Formulary is a list of prescription drugs our health care plans cover. They include generic and preferred brand name drugs that have been rigorously reviewed and selected by a committee of practicing doctors and clinical pharmacists for their quality and effectiveness. We've negotiated lower prices on these formulary drugs, so you'll save when your doctor prescribes medication from our formularies. There can be different formularies for different health care plans. Formulary lists can be found at anthem.com.

Health Savings Account (HSA) is a special bank account that can be set up by a member enrolled in a qualified HSA-compatible high deductible health plan if they choose. Contributions to this account can be made with certain tax advantages and funds from the account can be used for qualified health care expenses. See the insert from our preferred banking partner for more details and consult your tax advisor.

*BCBSA Provider Data Counts, 2010.

Lumenos® HSA Plus Is this the right plan for you?

Lumenos HSA Plus health plans were designed to give you more control over your health care costs. They help you focus on getting healthy and staying that way.

Lumenos HSA Plus Plan Highlights

This plan offers traditional health coverage benefits that can be paired with a Health Savings Account (HSA) for more flexibility and potential tax advantages. Simple plan designs make using them that much easier.

Features:

Preventive care benefits that help you focus on staying healthy.

Anthem 360 Health®

- MyHealth@Anthem®: Health assessments, resource centers, and health calculators so you see progress and stay motivated.
- 24/7 NurseLine℠: Health information from a registered nurse whenever you need it.
- MyHealth Coach: Personal help with a wide range of health needs, primarily high blood pressure, high cholesterol, low back pain, musculoskeletal issues like arthritis, and certain types of cancer.
- Healthy Lifestyles Programs: Our proven "Tobacco-Free" and "Healthy Weight" programs help you adopt new habits for a healthy lifestyle with personalized support and educational resources.
- SpecialOffers@Anthem℠: Members-only discounts help you stretch your health account even further with savings on services and products that promote a healthy lifestyle.

You should know:

- Maternity benefits are not available with this plan.
- Your Lumenos HSA Plus plan has a policy-level deductible and out-of-pocket maximum. Once any combination of covered members on the policy meet these amounts, most options pay 100% of covered expenses. It's that simple.
- While Lumenos HSA Plus is compatible with a Health Savings Account, your health care plan works with or without it. You may set up the HSA now, later, or not at all. It's your choice.

Prescription Drug Coverage

Lumenos HSA Plus not only puts you in charge of your health care dollars, it can help you use those dollars for generic and brand name prescription drugs in the way that best suits you.

Once your deductible is met, there is a coinsurance, if applicable, for covered prescription drugs. But even while you are meeting your deductible, you benefit from lower negotiated rates on prescription drugs at network pharmacies across the country. There's no need to have a different deductible or copayment for prescriptions; it all works as one.

And since you decide how to spend it, your Health Savings Account dollars can be used to pay for prescription drugs – either while you are meeting your deductible, or afterward for those drugs not covered, like most over-the-counter medications.

How to Customize your Lumenos HSA Plus Plan

Choose your deductible: You can usually lower your premium by choosing a higher deductible. Remember, any covered member can contribute to some or all of the policy deductible and out-of-pocket maximum, whether the policy covers one member or a whole houseful.

Use your Health Savings Account the way you want: Your HSA, if you choose to open one, is funded by you. So, it is yours to use for qualified health care expenses covered by the plan, or those not covered at all, like contact lenses. Your HSA is also yours to keep if you ever leave the plan; you won't lose those dollars if they're not used. In fact, the carryover from year to year can help you save for future financial needs. See the enclosed insert from our preferred banking partner for more information.

Other optional coverage: Includes dental, life insurance, and extended mental health benefits. See your Benefit Guide and the dental and life information in the back of this brochure.

Benefits	Lumenos® HSA Plus					
Calendar Year Deductible	**Your Choices**					
Individual — NETWORK:	$1,500	$1,500	$1,750	$2,500	$3,500	$5,500
Individual — NON-NETWORK:	$1,500	$1,500	$1,750	$2,500	$3,500	$5,500
Family — NETWORK:	$3,000	$3,000	$3,500	$5,000	$7,000	$11,000
Family — NON-NETWORK:	$3,000	$3,000	$3,500	$5,000	$7,000	$11,000
Network Coinsurance Options	0%	50%	20%	0%	0%	0%
Calendar Year Out-of-Pocket Maximum	**Add Your Chosen Deductible to the Amount Below**					
Individual — NETWORK:	$0	$2,500	$3,250	$0	$0	$0
Individual — NON-NETWORK:	$1,500	$6,500	$8,250	$2,500	$3,500	$5,500
Family — NETWORK:	$0	$5,000	$6,500	$0	$0	$0
Family — NON-NETWORK:	$3,000	$13,000	$16,500	$5,000	$7,000	$11,000
How family deductibles and family out-of-pocket maximums work	For family coverage, either one or more members must meet the family deductible before any covered services that are subject to deductible will be paid by the plan. The family out-of-pocket maximum can be met by either one or more members. Once the maximum is met, no additional coinsurance will be required for the family for the remainder of the calendar year.					
Plan Lifetime Maximum	Unlimited					
Covered Services	**Your Share of Costs** (after deductible, unless waived or not subject to deductible)					
Doctors' Office Visits	NETWORK: **50%, 20% or 0% Coinsurance**[1] NON-NETWORK: **70%, 40% or 40% Coinsurance**[1]					
Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)	NETWORK: **50%, 20% or 0% Coinsurance**[1] NON-NETWORK: **70%, 40% or 40% Coinsurance**[1]					
Inpatient Services (overnight hospital/facility stays)	NETWORK: **50%, 20% or 0% Coinsurance**[1] NON-NETWORK: **70%, 40% or 40% Coinsurance**[1]					
Outpatient Services (without overnight hospital/facility stays)	NETWORK: **50%, 20% or 0% Coinsurance**[1] NON-NETWORK: **70%, 40% or 40% Coinsurance**[1]					
Emergency Room Services	NETWORK: **50%, 20% or 0% Coinsurance**[1] NON-NETWORK: **50%, 20% or 0% Coinsurance**[1]					
Preventive Care Services	Covers all nationally recommended preventive care services, including well-child care, immunizations, PSA screenings, Pap tests, mammograms, and more. NETWORK: **0% Coinsurance,** not subject to deductible NON-NETWORK: **70%, 40% or 40% Coinsurance**[1]					
Maternity	Not Covered					
Optional Coverage (at additional cost)	Dental, Life, Extended Mental Health Rider[2]					
Prescription Drug Coverage	**Lumenos HSA Plus**					
Retail Drugs (and Mail Order Drugs when available)	NETWORK: **50%, 20% or 0% Coinsurance**[1] NON-NETWORK: **70%, 40% or 40% Coinsurance**[1] Note: Lumenos HSA Plus plans feature a combined medical/pharmacy deductible so your payments for prescription drug also apply toward your plan deductible and out-of-pocket maximum.					
Optional Drug Coverage (when available)	Not Available					
Other Covered Benefits include but are not limited to:	Ambulance, Chiropractic, Durable Medical Equipment, Home Health Care, Hospice Care, Mental Health, Organ Transplants, Rehabilitation Facilities, Skilled Nursing Care, Substance Abuse, Physical Therapy, Occupational Therapy, Speech Therapy, Manipulation Therapy, Urgent Care					

IMPORTANT: This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the Contract/Certificate of Coverage. In the event of a conflict between the Contract/Certificate of Coverage and this Benefit Guide, the terms of the Contract/Certificate of Coverage will prevail.

[1] Coinsurance is designated by the plan you choose.
[2] If Extended Mental Health Rider is purchased, Mental Health is covered the same as any other condition. For more information about Mental Health coverage, please see the Coverage Details you should have received with this brochure.

NOTE: Network and non-network deductibles are separate and do not accumulate toward each other. Network and non-network out-of-pocket maximums are also separate and do not accumulate toward each other.

Give yourself every advantage...

Good health and a bright smile.

Dental Blue® Plans

Regular dental check-ups and cleanings are important to your overall health. That's why we give you the option of adding one of these Dental Blue plans to your health coverage:

1. **Dental Blue Basic 100:** Gives you coverage for the basics, like routine check-ups and fillings. If your dental needs are simple, this may be the right plan for you.
2. **Dental Blue Essential 100:** Includes coverage for the basics, plus services like crowns, bridges, root canals and dentures. If you think you may need major dental work, this is the right plan for you.
3. **Dental Blue Essential 200:** Has basically the same coverage as Essential 100, but this plan also gives you wider choice of network dentists in exchange for a slightly higher cost. If your favorite dentist is in our larger network, this plan may be the best choice for you.

How dental networks help you save

While all three Dental Blue plans allow you to go to any dentist, you'll save the most money when you choose a dentist from your plan's network. There are two Dental Blue networks:

- **Dental Blue 100 network:** This is the value network for our Dental Blue 100 plans. Dental Blue Basic 100 and Essential 100 members can save the most on dental care when they choose a dentist from this network.
- **Dental Blue 200 network:** Includes the entire 100 network plus even more choices of dentists and specialists. Dental Blue Essential 200 members can save the most on dental care when they choose a dentist from this network.

How to choose the dental plan that works best for you.

Use the chart below to compare dental plan benefits side by side.

Plan Names	Dental Blue Basic 100	Dental Blue Essential 100	Dental Blue Essential 200	All Plans*
Networks	Dental Blue 100	Dental Blue 100	Dental Blue 200 (which includes all Dental Blue 100 dentists)	Benefit from negotiated rates at Dental Blue providers.
Preventive and Diagnostic care	100% covered within plan network. Includes routine checkups, X-rays and fluoride applications for children.	100% covered within plan network. Includes Basic 100 services plus space maintainers.		No waiting period; no deductible in or out-of-network; covers two routine cleanings and oral exams per year; molar/bicuspid X-rays; full mouth X-rays covered once every five years.
Minor restorative dental care	80% covered within plan network and pays set amount out-of-network after $50 deductible.* Includes fillings and space maintainers. Extractions not covered.	Pays set amount within plan network and out-of-network after $50 deductible.* Includes fillings and extractions. Space maintainers are considered preventive/diagnostic care.		No waiting period.
Major restorative dental care	Not covered	Pays set amount within plan network and out-of-network after $50 deductible.* Includes crowns, bridges, root canals and dentures.		12-month waiting period with Dental Blue Essential plan options.

*Per member, per calendar year
All plans include discounts on non-covered services like teeth whitening and orthodontia. This is only a summary of Dental Blue benefits. For complete benefit details, please refer to your Individual Dental Contract.

Optional Term Life Insurance

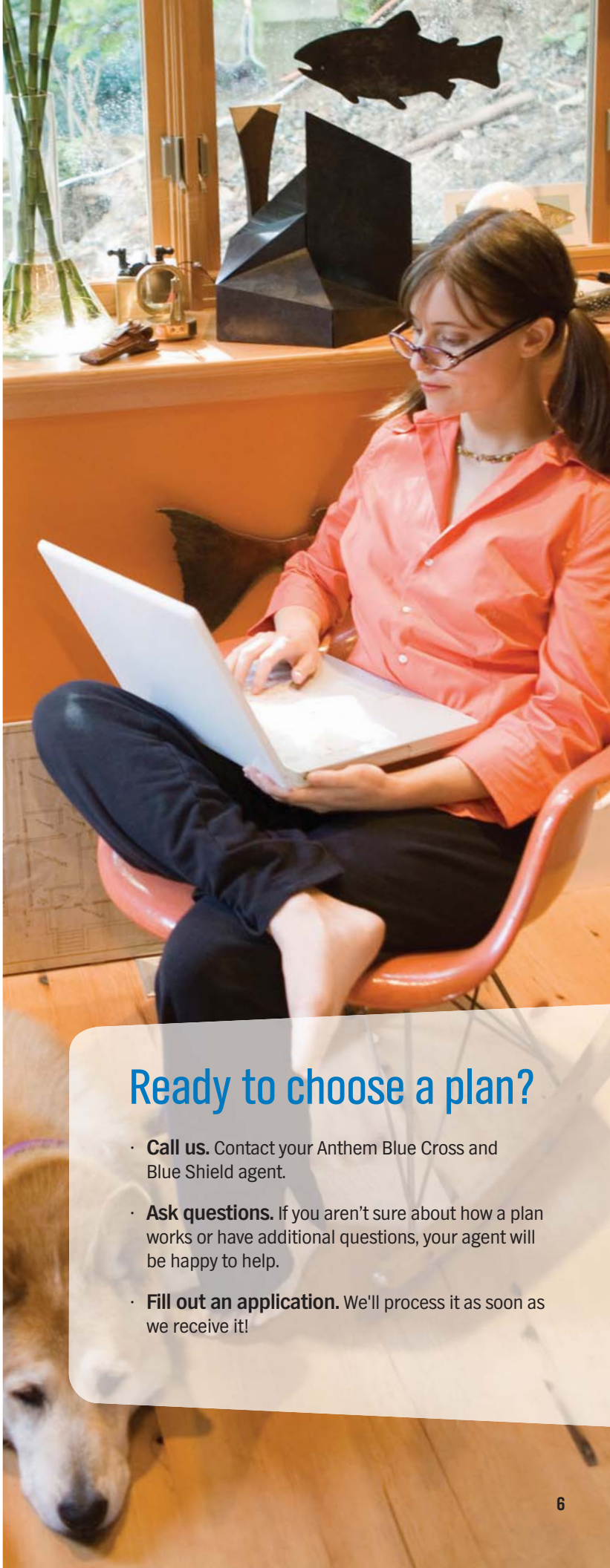
You can add Anthem Blue Preferred® Term Life Insurance to your health coverage. It's easy. There are no medical exams or extra forms to fill out. Simply use your application to apply for coverage.

Term Life Monthly Rates			
Age	**$15,000**	**$25,000**	**$50,000**
1-18	$1.50	$2.50	N/A
19-29	$2.85	$4.75	$9.50
30-39	$3.30	$5.50	$11.00
40-49	$7.50	$12.50	$25.00
50-59	$20.85	$34.75	$69.50
60-64	$29.40	$49.00	$98.00

Additional information

Save time with automatic premium payments

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 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.



Ready to choose a plan?

- **Call us.** Contact your Anthem Blue Cross and Blue Shield agent.
- **Ask questions.** If you aren't sure about how a plan works or have additional questions, your agent will be happy to help.
- **Fill out an application.** We'll process it as soon as we receive it!

Anthem
Health. **Join In.**

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

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. This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent, Anthem, or visit us on the web. You may also 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 Sales Representative or Agent.

This brochure is intended as a brief summary of benefits and services; it is not your Contract/Certificate of Coverage. If there is any difference between this brochure and your Contract/Certificate of Coverage, the provisions of the Contract/Certificate of Coverage 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.

We want you to be satisfied.

If you aren't satisfied with your coverage, you can cancel it within 30 days after you receive your Contract or Certificate of Coverage or have access to it online, whichever is earlier. If you haven't submitted any claims, you'll get a full refund of the premium you paid when coverage is cancelled within the first 30 days. You can view your Contract or Certificate of Coverage online or receive a paper copy of it upon request as outlined in your initial membership letter.

Ready to enroll?

Call your Anthem agent today!