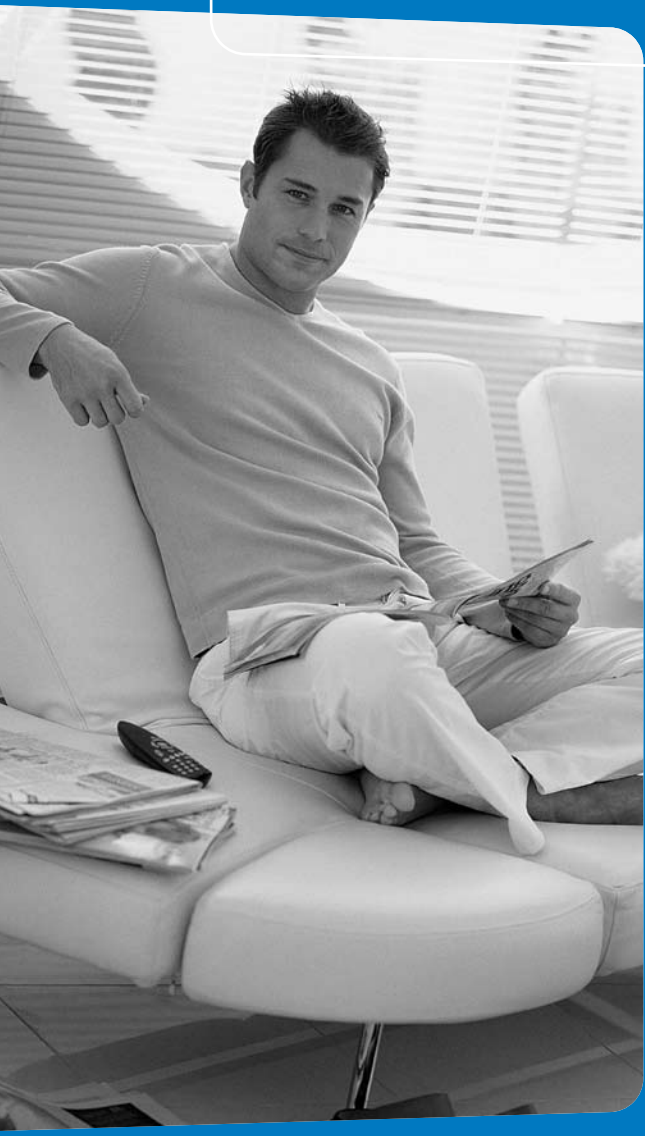
Anthem Blue Cross

Short-Term PPO Plans



Individual and Family
Health Care Plans for California

Could This Be You?

Our Short-Term Plans are Long on Benefits...for You!

- You can depend on our experience – we've been helping people get covered and stay covered for 70 years
- You get access to one of the largest provider networks in California
- You save money because we've negotiated lower fees with our network doctors and hospitals

At-a-Glance

- Coverage from 30 to 180 days
- Begin or end coverage any day of the month
- Deductibles from $250 to $2,000
- You don't need to fill out claim forms for in-network providers

To apply, contact your agent or go online to anthem.com/ca

- *Between jobs?*
- *Just graduated?*
- *Waiting for permanent coverage?*

Maximum Coverage Period

You decide the length of coverage of your Short-Term PPO Plan, from a minimum of 30 to a maximum of 180 days. This policy is non-renewable and designed to meet your health plan needs while you are between other coverage. After your Short-Term PPO Plan expires, you may complete a new application and reapply for a new plan. Note that after you have had two elections of a Short-Term Plan with less than a six-month lapse in-between, you must wait six months before you reapply for short-term coverage.

Enrollment Guidelines

To enroll, you and/or your dependents must be:

- Age 15 days to 64 years old;
- 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 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.

Pricing is based on a per-member, per-day rate. Please submit the entire premium with your application. For faster service, you may choose to pay by electronic check or credit card (VISA, MasterCard or Discover) and submit online or via fax to Anthem Blue Cross Life and Health Insurance Company at 800-327-9255. See application for details.

Here's the Coverage You Need.

What The Plan Covers

- Emergency care
- Hospitalization services
- Outpatient services
- Access to any doctor you want (you'll save money "in-network")
- Professional services including X-ray, lab and office visits
- Prescription drugs
- Ambulance ($1,000 benefit maximum)
- Accidental Death and Dismemberment coverage (AD&D) up to $50,000
- $3,000,000 per member maximum lifetime benefit for medical
- BlueCard® gives you access to participating doctors and medical facilities throughout the U.S.

These listings are an overview only. Refer to the policy booklet for a comprehensive list of benefits. For a sample copy of the policy booklet, ask your agent or contact Anthem Blue Cross.

Extra Value from Anthem Blue Cross to Keep You Healthy

Stay Healthy with HealthyCheck℠

Annual health care screenings are available to Anthem Blue Cross PPO members from age 7 to adult at a HealthyCheck Center. You do not have to meet your deductible first - simply pay $25 for a basic screening or $75 for a premium screening.

SpecialOffers provides information on discounts offered by independent vendors and practitioners on health related goods and services. Learn more online at anthem.com/ca - just click on "Healthy Living."

These programs are provided by Anthem Blue Cross Life and Health Insurance Company as a service to members. These services do not constitute benefits under Anthem Blue Cross Life and Health plans and are subject to change or cancellation without notice.

Short-Term PPO Plans Overview

These amounts show your share of costs after deductibles, if any.

Benefits	In-Network	Out-of-Network
Lifetime Maximum	$3,000,000	
Deductible (Waived for emergency treatment of accidental injuries)	$250, $500, $1,000, $2,000 per member, depending on plan chosen	
Out-of-Pocket Maximum	$1,000 per member, participating and non-participating combined (plus deductible)	
Professional Services Including X-ray, lab and office visits	20% of negotiated fee	20% of negotiated fee plus any excess charges
Hospital Inpatient/ Outpatient	**Preferred Participating Providers and Participating Providers:** 20% of negotiated fee	You pay all charges except $650 per day inpatient, $380 per day outpatient
Ambulatory Surgical Centers	20% of negotiated fee	You pay all charges except $380 per day
Emergency Services (Deductible waived for emergency treatment of accidental injuries) $50 copay for each visit; waived for accidents or if admitted	20% of negotiated fee	**Physician:** 20% of customary and reasonable charges plus any excess charges **Hospital:** 20% of customary and reasonable charges for the first 48 hours plus any excess charges
Ambulance Up to $1,000 maximum	20% of negotiated fee	20% of negotiated fee plus any excess charges
Prescription Drugs[1] 30-day supply; retail only; no mail-order benefits	$10 generic; $30 brand-name; brand-name drug maximum of $500 per member	**In California:** you pay all charges except 50% of drug limited fee schedule; **Outside California:** you pay drug limited fee schedule amount less copay as stated for participating pharmacies
Maternity Care	No benefits	No benefits
Physical Therapy, Occupational Therapy, Chiropractic Care $1,000 per member maximum	20% of negotiated fee	20% of negotiated fee

[1]If you request brand-name drugs, you pay the difference in cost between brand-name and generic, in addition to the brand-name copay. Generic drugs are based upon our *Generic Rx Formulary*.

What The Plan Does Not Cover

Every health plan has exclusions and limitations. These listings are an overview only. A comprehensive description of what is covered and what is not covered under the plan can be found in the policy booklet.

- No payment will be made for services or supplies for the treatment of a pre-existing condition during a period of six (6) months following your effective date. However, if you were covered under qualifying prior coverage within 63 days of becoming covered under this policy, the time spent under the qualifying prior coverage will be used to satisfy, or partially satisfy, the six-month period.
- Services or supplies that are not medically necessary, as determined by Anthem Blue Cross Life and Health.
- Experimental or investigative care or therapy.
- Services received before your effective date or during an inpatient stay that began before your effective date.
- Services received after coverage ends.
- Services or supplies for which no charge is made or for which no charge would be made if you had no insurance coverage or services for which you are not legally obligated to pay.
- Conditions covered by Workers' Compensation or similar laws.
- Conditions arising from any act of war, invasion, armed aggression or release of nuclear energy.
- Any services provided by a local, state, county or federal government agency including any foreign government.
- Any services to the extent that you are entitled to receive Medicare benefits for those services, whether or not Medicare benefits are actually paid.
- Services provided by relatives and professional services received from a person who lives in your home or who is related to you by blood, marriage or adoption.
- Private duty nursing, including inpatient or outpatient services of a private duty nurse.
- Custodial care.
- Services provided in a facility that provides continuous skilled nursing care.
- Diagnostic admissions.

What The Plan Does Not Cover (continued)

- Dental care and treatment or treatment on or to the teeth and gums – unless covered under accidental injury. Dental implants.
- Orthodontic services, braces and other orthodontic appliances.
- Hearing aids and routine hearing tests.
- Eyeglasses and eye examinations. Certain eye surgeries including those solely for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and astigmatism.
- Cosmetic surgery[1].
- Sex change operations or related treatment and study.
- Maternity care.
- Well Baby and Well Child Care.
- All services related to the evaluation or treatment of infertility, including reversal of sterilization.
- Services primarily for weight reduction or treatment of obesity or any care which involves weight reduction as the main method of treatment.
- Orthopedic shoes (except when joined to braces) or shoe inserts.
- Items which are furnished primarily for your personal comfort or convenience.
- Consultations provided by telephone or facsimile machines.
- Nutritional counseling and food supplements except as stated in your policy agreement.
- Educational services except as specifically provided or arranged by Anthem Blue Cross Life and Health.
- Treatment furnished in a non-contracting California hospital except for a medical emergency as defined in the policy booklet.
- Routine physical exams.
- Smoking cessation.
- Durable Medical Equipment (DME).
- Outpatient drugs and medications except as stated in your policy booklet under prescription drug benefits.
- Outpatient speech therapy.
- Treatment of sexual dysfunction.
- Organ and tissue transplants.

[1]Does not apply to reconstructive surgery to restore a bodily function or to correct a deformity caused by injury or to medically necessary reconstructive surgery performed to restore symmetry incident to mastectomy.

Terms of Coverage

You must qualify for coverage under guidelines established by Anthem Blue Cross Life and Health Insurance Company. A brief review of health and claims history will be completed.

Important Note: To be eligible for a guarantee issue plan under the Health Insurance Portability and Accountability Act (HIPAA), a person must, among other things, have been most recently covered under an employer plan. A Short-Term plan is not an employer plan. Therefore, most recent coverage under a Short-Term plan will make a person ineligible for HIPAA guarantee issue plans. Please contact your agent for information about other individual coverage options.

Approved and enrolled members will receive an Anthem Blue Cross Life and Health subscriber identification (ID) card and a policy booklet. The policy gives a comprehensive description of what is covered and what is not covered under the plan and may be requested in advance by calling Customer Service at 800-333-0912.

Effective Date of Coverage

If you are approved, coverage begins at 12:01 a.m. on the date following the postmark date on the envelope, if mailed, or the day after the application is received if faxed or submitted online or on the future effective date you request.