

# Our plans fit your plans

**IMPORTANT:** As a result of the Affordable Care Act ("ACA"), the health benefit plans referenced in this document are no longer available for sale. The information contained in this document, including, without limitation, benefit descriptions and exclusions, should not be used or relied upon for marketing purposes or soliciting new sales.

• SmartSense<sup>®</sup>  
• Premier

**Individual/Family Benefit Changes Effective January 1, 2012**  
**Policy Names Effective January 1, 2012**

To view the changes to your benefits:

1. find the new name of your policy referenced in the body of the enclosed letter; then
2. find the 4-digit “contract code” for your policy which is located in the top right of the enclosed letter; then
3. locate your new policy name and contract code in the chart below.

New Policy Name/Contract Codes	Current Benefit	New Benefit
<b>PPO Share</b> 1929, 06A3, Z829	Participating and Non-Participating Provider Deductible: <b>\$500</b>	Participating and Non-Participating Provider Deductible: <b>\$550</b>
	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$5000</b>	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$5850</b>
	Prescription Drug Deductible: <b>\$250</b>	Prescription Drug Deductible: <b>\$275</b>
	Tier 2 Prescription Drug Copay: <b>\$30</b>	Tier 2 Prescription Drug Copay: <b>\$35</b>
<b>PPO Share</b> 1930, 06AJ, Z830	Participating and Non-Participating Provider Deductible: <b>\$1000</b>	Participating and Non-Participating Provider Deductible: <b>\$1150</b>
	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$5000</b>	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$5850</b>
	Prescription Drug Deductible: <b>\$250</b>	Prescription Drug Deductible: <b>\$275</b>
	Tier 2 Prescription Drug Copay: <b>\$30</b>	Tier 2 Prescription Drug Copay: <b>\$35</b>
<b>PPO Share</b> H062, 06AK	Participating and Non-Participating Provider Deductible: <b>\$5000</b>	Participating and Non-Participating Provider Deductible: <b>\$5900</b>
	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$7500</b>	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$8850</b>
	Office Visit Copay <b>\$40</b>	Office Visit Copay <b>\$45</b>
	Prescription Drug Deductible: <b>\$750</b>	Prescription Drug Deductible: <b>\$875</b>
	Tier 2 Prescription Drug Copay: <b>\$35</b>	Tier 2 Prescription Drug Copay: <b>\$40</b>

New Policy Name/Contract Codes	Current Benefit	New Benefit
<b>PPO Share</b> 01LB, 06A4	Participating and Non-Participating Provider Deductible: <b>\$5000</b>	Participating and Non-Participating Provider Deductible: <b>\$5900</b>
	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$7500</b>	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$8850</b>
	Office Visit Copay <b>\$40</b>	Office Visit Copay <b>\$45</b>
	Prescription Drug Deductible: <b>\$750</b>	Prescription Drug Deductible: <b>\$875</b>
	Tier 2 Prescription Drug Copay: <b>\$35</b>	Tier 2 Prescription Drug Copay: <b>\$40</b>
<b>Tonik</b> DN13, 06AC	Participating and Non-Participating Provider Deductible: <b>\$1500</b>	Participating and Non-Participating Provider Deductible: <b>\$1750</b>
	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$10,000</b>	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$11,750</b>
	Office Visit Copay <b>\$40</b>	Office Visit Copay <b>\$45</b>
<b>Tonik</b> DN14, 06AD	Participating and Non-Participating Provider Deductible: <b>\$3000</b>	Participating and Non-Participating Provider Deductible: <b>\$3500</b>
	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$10000</b>	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$11750</b>
	Office Visit Copay <b>\$30</b>	Office Visit Copay <b>\$35</b>
<b>Tonik</b> DN15, 06AE	Participating and Non-Participating Provider Deductible: <b>\$5000</b>	Participating and Non-Participating Provider Deductible: <b>\$5900</b>
	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$10000</b>	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$11800</b>
	Office Visit Copay <b>\$20</b>	Office Visit Copay <b>\$25</b>

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New Policy Name/Contract Codes	Current Benefit	New Benefit
<b>Individual PPO HSA Compatible</b> T160, 06AB	Participating and Non-Participating Provider Deductible: <b>\$3500 Single/\$7000 Family</b>	Participating and Non-Participating Provider Deductible: <b>\$4100 Single/\$8200 Family</b>
	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$5000 Single/\$10000 Family</b>	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$5850 Single/\$11700 Family</b>
	Tier 2 Prescription Drug Copay: <b>\$35</b>	Tier 2 Prescription Drug Copay: <b>\$40</b>
<b>RightPlan PPO (no prescription drug coverage)</b> P958, 06A6	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$7500</b>	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$8850</b>
	Office Visit Copay: <b>\$40</b>	Office Visit Copay: <b>\$45</b>
<b>RightPlan PPO (generic prescription drug coverage)</b> PE48, 06A7	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$7500</b>	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$8850</b>
	Office Visit Copay: <b>\$40</b>	Office Visit Copay: <b>\$45</b>
<b>RightPlan PPO (prescription drug coverage)</b> PE49, 06A8	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$7500</b>	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$8850</b>
	Office Visit Copay: <b>\$40</b>	Office Visit Copay: <b>\$45</b>
	Prescription Drug Deductible: <b>\$500</b>	Prescription Drug Deductible: <b>\$575</b>
	Brand Prescription Drug Copay: <b>\$35</b>	Brand Prescription Drug Copay: <b>\$40</b>

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<b>RightPlan (generic prescription drug coverage)</b> 01LE, 06AA	Participating and Non-Participating Provider Deductible: <b>\$500</b>	Participating and Non-Participating Provider Deductible: <b>\$550</b>
	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$7500</b>	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$8850</b>
	Office Visit Copay <b>\$40</b>	Office Visit Copay <b>\$45</b>
<b>RightPlan (prescription drug coverage)</b> 01LD, 06A9	Participating and Non-Participating Provider Deductible: <b>\$500</b>	Participating and Non-Participating Provider Deductible: <b>\$550</b>
	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$7500</b>	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$8850</b>
	Office Visit Copay <b>\$40</b>	Office Visit Copay <b>\$45</b>
	Prescription Drug Deductible: <b>\$500</b>	Prescription Drug Deductible: <b>\$575</b>
	Brand Prescription Drug Copay: <b>\$35</b>	Brand Prescription Drug Copay: <b>\$40</b>
<b>SmartSense with Standard Rx</b> Z153, Z154, 069N	Participating Provider Deductible: <b>\$500 Single/\$1000 Family</b>	Participating Provider Deductible: <b>\$550 Single/\$1100 Family</b>
	Non-Participating Provider Deductible: <b>\$5000 Single/\$10000 Family</b>	Non-Participating Provider Deductible: <b>\$5900 Single/\$11800 Family</b>
	Participating Provider Copayment/Coinsurance Maximum: <b>\$2500 Single/\$5000 Family</b>	Participating Provider Copayment/Coinsurance Maximum: <b>\$2950 Single/\$5900 Family</b>
	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$10000 Single/\$20000 Family</b>	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$11800 Single/\$23600 Family</b>
	Office Visit Copay: <b>\$30</b>	Office Visit Copay: <b>\$35</b>
	Prescription Drug Deductible: <b>\$7500</b>	Prescription Drug Deductible: <b>\$8850</b>
	Prescription Drug Copays: <b>Tier 2- \$40</b> <b>Tier 3- \$60</b>	Prescription Drug Copays: <b>Tier 2- \$45</b> <b>Tier 3- \$70</b>

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New Policy Name/Contract Codes	Current Benefit	New Benefit
<b>SmartSense with Standard Rx</b> Z155, Z156, 069P	Participating Provider Deductible: <b>\$1500 Single/\$3000 Family</b>	Participating Provider Deductible: <b>\$1750 Single/\$3500 Family</b>
	Non-Participating Provider Deductible: <b>\$5000 Single/\$10000 Family</b>	Non-Participating Provider Deductible: <b>\$5900 Single/\$11800 Family</b>
	Participating Provider Copayment/Coinsurance Maximum: <b>\$2500 Single/\$5000 Family</b>	Participating Provider Copayment/Coinsurance Maximum: <b>\$2950 Single/\$5900 Family</b>
	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$10000 Single/\$20000 Family</b>	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$11800 Single/\$23600 Family</b>
	Office Visit Copay: <b>\$30</b>	Office Visit Copay: <b>\$35</b>
	Prescription Drug Deductible: <b>\$7500</b>	Prescription Drug Deductible: <b>\$8850</b>
	Prescription Drug Copays: <b>Tier 2- \$40</b> <b>Tier 3- \$60</b>	Prescription Drug Copays: <b>Tier 2- \$45</b> <b>Tier 3- \$70</b>
<b>SmartSense with Standard Rx</b> Z157, Z158, 069Q	Participating Provider Deductible: <b>\$2500 Single/\$5000 Family</b>	Participating Provider Deductible: <b>\$2950 Single/\$5900 Family</b>
	Non-Participating Provider Deductible: <b>\$5000 Single/\$10000 Family</b>	Non-Participating Provider Deductible: <b>\$5900 Single/\$11800 Family</b>
	Participating Provider Copayment/Coinsurance Maximum: <b>\$2500 Single/\$5000 Family</b>	Participating Provider Copayment/Coinsurance Maximum: <b>\$2950 Single/\$5900 Family</b>
	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$10000 Single/\$20000 Family</b>	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$11800 Single/\$23600 Family</b>
	Office Visit Copay: <b>\$30</b>	Office Visit Copay: <b>\$35</b>
	Prescription Drug Deductible: <b>\$7500</b>	Prescription Drug Deductible: <b>\$8850</b>
	Prescription Drug Copays: <b>Tier 2- \$40</b> <b>Tier 3- \$60</b>	Prescription Drug Copays: <b>Tier 2- \$45</b> <b>Tier 3- \$70</b>

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New Policy Name/Contract Codes	Current Benefit	New Benefit
<b>SmartSense with Standard Rx</b> Z159, Z160, 069R	Participating Provider Deductible: <b>\$5000 Single/\$10000 Family</b>	Participating Provider Deductible: <b>\$5900 Single/\$11800 Family</b>
	Non-Participating Provider Deductible: <b>\$5000 Single/\$10000 Family</b>	Non-Participating Provider Deductible: <b>\$5900 Single/\$11800 Family</b>
	Participating Provider Copayment/Coinsurance Maximum: <b>\$2500 Single/\$5000 Family</b>	Participating Provider Copayment/Coinsurance Maximum: <b>\$2950 Single/\$5900 Family</b>
	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$10000 Single/\$20000 Family</b>	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$11800 Single/\$23600 Family</b>
	Office Visit Copay: <b>\$30</b>	Office Visit Copay: <b>\$35</b>
	Prescription Drug Deductible: <b>\$7500</b>	Prescription Drug Deductible: <b>\$8850</b>
	Prescription Drug Copays: <b>Tier 2- \$40</b> <b>Tier 3- \$60</b>	Prescription Drug Copays: <b>Tier 2- \$45</b> <b>Tier 3- \$70</b>
<b>SmartSense with Upgrade Rx</b> Z161, Z162, 069S	Participating Provider Deductible: <b>\$500 Single/\$1000 Family</b>	Participating Provider Deductible: <b>\$550 Single/\$1100 Family</b>
	Non-Participating Provider Deductible: <b>\$5000 Single/\$10000 Family</b>	Non-Participating Provider Deductible: <b>\$5900 Single/\$11800 Family</b>
	Participating Provider Copayment/Coinsurance Maximum: <b>\$2500 Single/\$5000 Family</b>	Participating Provider Copayment/Coinsurance Maximum: <b>\$2950 Single/\$5900 Family</b>
	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$10000 Single/\$20000 Family</b>	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$11800 Single/\$23600 Family</b>
	Office Visit Copay: <b>\$30</b>	Office Visit Copay: <b>\$35</b>
	Prescription Drug Deductible: <b>\$500</b>	Prescription Drug Deductible: <b>\$575</b>
	Prescription Drug Copays: <b>Tier 2- \$40</b> <b>Tier 3- \$60</b>	Prescription Drug Copays: <b>Tier 2- \$45</b> <b>Tier 3- \$70</b>

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New Policy Name/Contract Codes	Current Benefit	New Benefit
<b>SmartSense with Upgrade Rx</b> Z163, Z164, 069T	Participating Provider Deductible: <b>\$1500 Single/\$3000 Family</b>	Participating Provider Deductible: <b>\$1750 Single/\$3500 Family</b>
	Non-Participating Provider Deductible: <b>\$5000 Single/\$10000 Family</b>	Non-Participating Provider Deductible: <b>\$5900 Single/\$11800 Family</b>
	Participating Provider Copayment/Coinsurance Maximum: <b>\$2500 Single/\$5000 Family</b>	Participating Provider Copayment/Coinsurance Maximum: <b>\$2950 Single/\$5900 Family</b>
	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$10000 Single/\$20000 Family</b>	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$11800 Single/\$23600 Family</b>
	Office Visit Copay: <b>\$30</b>	Office Visit Copay: <b>\$35</b>
	Prescription Drug Deductible: <b>\$500</b>	Prescription Drug Deductible: <b>\$575</b>
	Prescription Drug Copays: <b>Tier 2- \$40</b> <b>Tier 3- \$60</b>	Prescription Drug Copays: <b>Tier 2- \$45</b> <b>Tier 3- \$70</b>
<b>SmartSense with Upgrade Rx</b> Z165, Z166, 069U	Participating Provider Deductible: <b>\$2500 Single/\$5000 Family</b>	Participating Provider Deductible: <b>\$2950 Single/\$5900 Family</b>
	Non-Participating Provider Deductible: <b>\$5000 Single/\$10000 Family</b>	Non-Participating Provider Deductible: <b>\$5900 Single/\$11800 Family</b>
	Participating Provider Copayment/Coinsurance Maximum: <b>\$2500 Single/\$5000 Family</b>	Participating Provider Copayment/Coinsurance Maximum: <b>\$2950 Single/\$5900 Family</b>
	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$10000 Single/\$20000 Family</b>	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$11800 Single/\$23600 Family</b>
	Office Visit Copay: <b>\$30</b>	Office Visit Copay: <b>\$35</b>
	Prescription Drug Deductible: <b>\$500</b>	Prescription Drug Deductible: <b>\$575</b>
	Prescription Drug Copays: <b>Tier 2- \$40</b> <b>Tier 3- \$60</b>	Prescription Drug Copays: <b>Tier 2- \$45</b> <b>Tier 3- \$70</b>

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New Policy Name/Contract Codes	Current Benefit	New Benefit
<b>SmartSense with Upgrade Rx</b> Z167, Z168, 069V	Participating Provider Deductible: <b>\$5000 Single/\$10000 Family</b>	Participating Provider Deductible: <b>\$5900 Single/\$11800 Family</b>
	Non-Participating Provider Deductible: <b>\$5000 Single/\$10000 Family</b>	Non-Participating Provider Deductible: <b>\$5900 Single/\$11800 Family</b>
	Participating Provider Copayment/Coinsurance Maximum: <b>\$2500 Single/\$5000 Family</b>	Participating Provider Copayment/Coinsurance Maximum: <b>\$2950 Single/\$5900 Family</b>
	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$10000 Single/\$20000 Family</b>	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$11800 Single/\$23600 Family</b>
	Office Visit Copay: <b>\$30</b>	Office Visit Copay: <b>\$35</b>
	Prescription Drug Deductible: <b>\$500</b>	Prescription Drug Deductible: <b>\$575</b>
	Prescription Drug Copays: <b>Tier 2- \$40</b> <b>Tier 3- \$60</b>	Prescription Drug Copays: <b>Tier 2- \$45</b> <b>Tier 3- \$70</b>
<b>Lumenos HSA, HIA and HIA Plus</b> Z126, Z127, Z128, 06AL, Z144, Z145, Z146, 07TL, Z135, Z136, Z137, 07TH	Participating and Non-Participating Provider Deductible: <b>\$1500 Single/\$3000 Family</b>	Participating and Non-Participating Provider Deductible: <b>\$1750 Single/\$3500 Family</b>
	Participating Provider Out of Pocket Maximum: <b>\$5000 Single/\$10000 Family</b>	Participating Provider Out of Pocket Maximum: <b>\$5850 Single/\$11700 Family</b>
	Non-Participating Provider Out of Pocket Maximum: <b>\$10000 Single/\$20000 Family</b>	Non-Participating Provider Out of Pocket Maximum: <b>\$11750 Single/\$23500 Family</b>
<b>Lumenos HSA, HIA and HIA Plus</b> Z132, Z133, Z134, 07TP, Z150, Z151, Z152, 07TN, Z141, Z142, Z143, 07TK	Participating and Non-Participating Provider Deductible: <b>\$3000 Single/\$6000 Family</b>	Participating and Non-Participating Provider Deductible: <b>\$3500 Single/\$7000 Family</b>
	Participating Provider Out of Pocket Maximum: <b>\$5000 Single/\$10000 Family</b>	Participating Provider Out of Pocket Maximum: <b>\$5850 Single/\$11700 Family</b>
	Non-Participating Provider Out of Pocket Maximum: <b>\$10000 Single/\$20000 Family</b>	Non-Participating Provider Out of Pocket Maximum: <b>\$11750 Single/\$23500 Family</b>
<b>Lumenos HSA, HIA and HIA Plus</b> Z129, Z130, Z131, 06AN, Z147, Z148, Z149, 07TM, Z138, Z139, Z140, 07TJ	Participating and Non-Participating Provider Deductible: <b>\$5000 Single/\$10000 Family</b>	Participating and Non-Participating Provider Deductible: <b>\$5900 Single/\$11800 Family</b>
	Participating Provider Out of Pocket Maximum: <b>\$5000 Single/\$10000 Family</b>	Participating Provider Out of Pocket Maximum: <b>\$5900 Single/\$11800 Family</b>
	Non-Participating Provider Out of Pocket Maximum: 	Non-Participating Provider Out of Pocket Maximum: 

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	<b>\$10000 Single/\$20000 Family</b>	<b>\$11750 Single/\$23500 Family</b>
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New Policy Name/Contract Codes	Current Benefit	New Benefit
<b>Lumenos HSA and HIA</b> DX26, DX27, DX28, 0AE1, DX62, DX63, DX64, 0AE6	Participating and Non-Participating Provider Deductible: <b>\$1500 Single/\$3000 Family</b>	Participating and Non-Participating Provider Deductible: <b>\$1750 Single/\$3500 Family</b>
	Participating Provider Out of Pocket Maximum: <b>\$1500 Single/\$3000 Family</b>	Participating Provider Out of Pocket Maximum: <b>\$1750 Single/\$3500 Family</b>
	Non-Participating Provider Out of Pocket Maximum: <b>\$3000 Single/\$6000 Family</b>	Non-Participating Provider Out of Pocket Maximum: <b>\$3500 Single/\$7000 Family</b>
<b>Lumenos HSA, HIA and HIA Plus</b> DX32, DX33, DX34, 0AE2, DX68, DX69, DX70, 0AE7, DX47, DX48, DX49, 0AE4	Participating and Non-Participating Provider Deductible: <b>\$2500 Single/\$5000 Family</b>	Participating and Non-Participating Provider Deductible: <b>\$2950 Single/\$5900 Family</b>
	Participating Provider Out of Pocket Maximum: <b>\$2500 Single/\$5000 Family</b>	Participating Provider Out of Pocket Maximum: <b>\$2950 Single/\$5900 Family</b>
	Non-Participating Provider Out of Pocket Maximum: <b>\$5000 Single/\$10000 Family</b>	Non-Participating Provider Out of Pocket Maximum: <b>\$5900 Single/\$11800 Family</b>
<b>Lumenos HSA, HIA and HIA Plus</b> DX38, DX39, DX40, 0AE3, DX74, DX75, DX76, 0AE8, DX53, DX54, DX55, 0AE5	Participating and Non-Participating Provider Deductible: <b>\$3000 Single/\$6000 Family</b>	Participating and Non-Participating Provider Deductible: <b>\$3500 Single/\$7000 Family</b>
	Participating Provider Out of Pocket Maximum: <b>\$3000 Single/\$6000 Family</b>	Participating Provider Out of Pocket Maximum: <b>\$3500 Single/\$7000 Family</b>
	Non-Participating Provider Out of Pocket Maximum: <b>\$6000 Single/\$12000 Family</b>	Non-Participating Provider Out of Pocket Maximum: <b>\$7000 Single/\$14000 Family</b>
<b>Lumenos HSA, HIA and HIA Plus</b> DX44, DX45, DX46, 06AM, DX80, DX81, DX82, 06AG, DX59, DX60, DX61, 06AF	Participating and Non-Participating Provider Deductible: <b>\$5000 Single/\$10000 Family</b>	Participating and Non-Participating Provider Deductible: <b>\$5900 Single/\$11800 Family</b>
	Participating Provider Out of Pocket Maximum: <b>\$5000 Single/\$10000 Family</b>	Participating Provider Out of Pocket Maximum: <b>\$5900 Single/\$11800 Family</b>
	Non-Participating Provider Out of Pocket Maximum: <b>\$10000 Single/\$20000 Family</b>	Non-Participating Provider Out of Pocket Maximum: <b>\$11800 Single/\$23600 Family</b>

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New Policy Name/Contract Codes	Current Benefit	New Benefit
<b>Individual PPO</b> R420, 06A5	Participating and Non-Participating Provider Deductible: <b>\$3500</b>	Participating and Non-Participating Provider Deductible: <b>\$4100</b>
	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$10000</b>	Non-Participating Provider Copayment/Coinsurance Maximum: <b>\$11800</b>
	Tier 2 Prescription Drug Deductible: <b>\$500</b>	Tier 2 Prescription Drug Deductible: <b>\$575</b>
	Tier 2 Prescription Drug Copay: <b>\$35</b>	Tier 2 Prescription Drug Copay: <b>\$40</b>

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New Policy Name/Contract Codes	New Transplant Travel Expense Benefit
<p> <b>PPO Share</b> 1929, Z829, 06A3  <b>PPO Share</b> 1930, Z830, 06AJ  <b>PPO Share</b> H062, 06AK  <b>PPO Share</b> 01LB, 06A4  <b>Tonik</b> DN13, 06AC  <b>Tonik</b> DN14, 06AD  <b>Tonik</b> DN15, 06AE  <b>PPO HSA Compatible</b> T160, 06AB  <b>RightPlan (no prescription drug coverage)</b> P958, 06A6  <b>RightPlan (generic prescription drug coverage)</b> PE48, 06A7  <b>RightPlan (prescription drug coverage)</b> PE49, 06A8  <b>SmartSense with Standard Rx</b> Z153, Z154, 069N  <b>SmartSense with Standard Rx</b> Z155, Z156, 069P  <b>SmartSense with Standard Rx</b> Z157, Z158, 069Q  <b>SmartSense with Standard Rx</b> Z159, Z160, 069R  <b>SmartSense with Upgrade Rx</b> Z161, Z162, 069S  <b>SmartSense with Upgrade Rx</b> Z163, Z164, 069T  <b>SmartSense with Upgrade Rx</b> Z165, Z166, 069U  <b>SmartSense with Upgrade Rx</b> Z167, Z168, 069V  <b>Lumenos HSA, HIA and HIA Plus</b> Z126, Z127, Z128, 06AL, Z144, Z145, Z146, 07TL, Z135, Z136, Z137, 07TH  <b>Lumenos HSA, HIA and HIA Plus</b> Z132, Z133, Z134, 07TP, Z150, Z151, Z152, 07TN, Z141, Z142, Z143, 07TK  <b>Lumenos HSA, HIA and HIA Plus</b> Z129, Z130, Z131, 06AN, Z147, Z148, Z149, 07TM, Z138, Z139, Z140, 07TJ  <b>Lumenos HSA and HIA</b> DX26, DX27, DX28, 0AE1, DX62, DX63, DX64, 0AE6  <b>Lumenos HSA, HIA and HIA Plus</b> DX32, DX33, DX34, 0AE2, DX68, DX69, DX70, 0AE7, DX47, DX48, DX49, 0AE4  <b>Lumenos HSA, HIA and HIA Plus</b> DX38, DX39, DX40, 0AE3, DX74, DX75, DX76, 0AE8, DX53, DX54, DX55, 0AE5  <b>Lumenos HSA, HIA and HIA Plus</b> DX44, DX45, DX46, 06AM, DX80, DX81, DX82, 06AG, DX59, DX60, DX61, 06AF  <b>Individual PPO</b> R420, 06A5         </p>	<p> <b>Transplant Travel Expense.</b> Certain travel expenses incurred by the Insured, up to a maximum \$10,000 Anthem payment per transplant will be covered for the recipient or donor in connection with an approved, specified transplant (heart, liver, lung, combination heart-lung, kidney, pancreas, simultaneous pancreas-kidney, or bone marrow/stem cell and similar procedures) performed at a designated CME qualified to provide services, provided the expenses are authorized by us in advance. All travel expenses are limited up to the maximum set forth in Internal Revenue Code at the time services are rendered and must be approved by Anthem in advance. Travel expenses include the following for the recipient (and one companion) or the donor:         </p> <ul style="list-style-type: none"> <li>■ Ground transportation to and from the CME when the designated CME is 75 miles or more from the recipient's or donor's place of residence.</li> <li>■ Coach airfare to and from the CME when the designated CME is 300 miles or more from the recipient's or donor's place of residence.</li> <li>■ Lodging, limited to one room, double occupancy. Meals, tobacco, alcohol, drug expenses and other non-food items are excluded.</li> </ul> <p> <b>Note:</b> When the member recipient is under 18 years of age, this benefit will apply to the recipient and two companions or caregivers.         </p>

## Benefits Premier

Calendar Year Deductible		Your Choices					
Individual	NETWORK:	\$1,000	\$1,500	\$2,500	\$3,500	\$5,000	\$6,000
	NON-NETWORK:	\$1,000	\$1,500	\$2,500	\$3,500	\$5,000	\$6,000
Family	NETWORK:	\$2,000	\$3,000	\$5,000	\$7,000	\$10,000	\$12,000
	NON-NETWORK:	\$2,000	\$3,000	\$5,000	\$7,000	\$10,000	\$12,000
Network Coinsurance Options		25%	25%	25%	25%	25%	25%

Calendar Year Out-of-Pocket Maximum		Add Your Chosen Deductible to the Amount Below					
Individual	NETWORK:	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500
	NON-NETWORK:	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500
Family	NETWORK:	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000
	NON-NETWORK:	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000

How family deductibles and family out-of-pocket maximums work: Once one family member reaches their individual deductible or out-of-pocket maximum, the remaining amount of the family deductible or out-of-pocket maximum needs to be met by one or more other family members. The family deductible or out-of-pocket maximum can be met by the family combined.

Plan Lifetime Maximum: Plan pays up to: \$7 million per member, network and non-network services combined

Covered Services	Your Share of Costs (after deductible, unless waived)
Doctors' Office Visits	<b>NETWORK:</b> Office Visit \$30 Copay for primary care physician; \$50 Copay for specialist (deductible waived for both) <b>NON-NETWORK:</b> 50% Coinsurance
Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)	<b>NETWORK:</b> 25% Coinsurance <b>NON-NETWORK:</b> 50% Coinsurance
Inpatient Services (overnight hospital/facility stays)	<b>NETWORK:</b> 25% Coinsurance <b>NON-NETWORK:</b> 50% Coinsurance
Outpatient Services (without overnight hospital/facility stays)	<b>NETWORK:</b> 25% Coinsurance <b>NON-NETWORK:</b> 50% Coinsurance
Emergency Room Services	<b>NETWORK:</b> 25% Coinsurance <b>NON-NETWORK:</b> 25% Coinsurance
Preventive Care Services	<b>NETWORK:</b> HealthyCheck <sup>SM</sup> Centers (deductible waived): \$25 or \$75 Copay for basic or premium screening (for ages 7 and older) <b>For members covered more than 6 months<sup>1,2</sup> (deductible waived for the following):</b> - Annual physical exam: \$30 Copay - Routine mammogram, Pap and PSA tests: \$30 Copay - Well-Child (through age 6): \$30 Copay <b>NON-NETWORK:</b> 50% Coinsurance

Maternity: Not Covered

Optional Coverage (at additional cost): Dental, Life

Prescription Drug Coverage	Premier
Retail Drugs (and Mail Order Drugs when available)	<b>Tier 1 (Generic drugs):</b> \$15 Copay \$500 annual Prescription Drug deductible per member applies before the following: · <b>Tier 2 (Formulary Brand name drugs):</b> \$40 Copay · <b>Tier 3 (Non-Formulary Brand name drugs):</b> \$60 Copay · <b>Specialty:</b> 25% Coinsurance up to a \$2,500 annual Prescription Drug out-of-pocket maximum (the most you'll have to pay), network only and in addition to \$500 annual deductible. <b>NON-NETWORK:</b> Not Covered

Optional Drug Coverage (when available): Not Applicable

Other Covered Benefits include but are not limited to: Ambulance, Chiropractic Services, Home Health Care, Mental Health, Physical/Occupational Therapy, Urgent Care, Vision Exam

**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 Policy/EOC. In the event of a conflict between the Policy/EOC and this Benefit Guide, the terms of the Policy/EOC will prevail.

<sup>1</sup>For members covered less than 6 months, services are covered after the deductible.  
<sup>2</sup>\$200 annual maximum benefit for preventive care lab work, network and non-network combined. Mammogram, Pap and PSA tests are not subject to this maximum.

**NOTES:**  
- Discounted rates apply for network covered services.  
- 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.  
- For non-network services, member is responsible for the coinsurance plus charges in excess of the allowable amount.  
- Copays/coinsurance to network and non-network providers apply to annual out-of-pocket maximum except where specifically noted in the policy.

# Individual health coverage. Your plans. Your choices.

Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections of the Affordable Care Act apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company at the telephone number printed on the back of your member identification card. You may also contact the U.S. Department of Health and Human Services at [www.healthcare.gov](http://www.healthcare.gov).

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