

# Our plans fit your plans



- ClearProtection<sup>SM</sup>
- CoreGuard<sup>SM</sup>



## Why do you need health care coverage?

These days, a single day in the hospital can cost thousands of dollars. Not only does health 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.

# Our plans fit the way you live.

You've worked hard, and now you might be ready to spend more time on other priorities that you've been looking forward to for quite a while. If you're in your 50's or early 60's, changing jobs or leaving the workforce shouldn't mean giving up the assurance that comes with knowing your health is protected with the right health care plan.

Whether you're looking for a plan that covers the basics or one that offers a wide range of benefits that cover a larger share of the cost, Anthem Blue Cross offers plans designed to fit your needs and your budget. And, with our vast provider network, chances are your doctor is one of ours.

You're in charge of your health and budget, and our plans help keep it that way.

Reliable, secure protection that fits the way you live. Sounds like a plan.

## Experience you can rely on

As one of the most trusted names in health coverage, Anthem Blue Cross has been providing health care coverage and security to Californians for over 70 years. We're committed to simplifying your life and improving your health. In addition, we offer:

- **One of the largest provider networks in California.** With nearly 60,000 PPO doctors and more than 350 hospitals throughout the state, chances are your doctor is one of ours. For a complete listing of all doctors in our network, go to [anthem.com/ca](https://www.anthem.com/ca) and click on "Find a Doctor".
- **A choice of plans to fit your budget and lifestyle.** No matter where you are in life, we've got a plan designed to fit your health coverage needs, as well as your budget.
- **Optional dental and term life insurance.** To enhance your health and your family's financial future, 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 BlueCard® program makes it easy to access network providers across the country.

# Some definitions so we're all on the same page

**Network Discounts:** With Anthem Blue Cross 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 nearly 60,000 doctors and specialists and more than 350 hospitals and other facilities, chances are your provider already participates. Just visit a network provider to take advantage of the savings.

With our PPO plans, you can always choose to receive services outside the network, but your share of the cost will be greater.

**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 (annually) 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.

**Copayment** (or Copay) is a specific dollar amount you have to pay for certain covered services.

**Out-Of-Pocket Maximum** is the most that you would pay in a calendar year for deductible and coinsurance for network covered services. Once you reach this maximum, the plan pays at 100% for most services for the rest of the calendar year.

**Lifetime Maximum** is the lifetime benefit amount that will be paid under the policy for each member. This includes network and non-network covered services combined.

**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.

**Specialty Drugs** are typically high cost, scientifically engineered drugs used to treat complex, chronic conditions. They require special handling and usually must be shipped directly to the user.

**Formulary** is a list of prescription drugs our health care plans cover. They include generic, brand name, and specialty 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.

# ClearProtection<sup>SM</sup> Is this the right plan for you?

ClearProtection is one of our lower-priced plans with an innovative plan design that helps limit your share of the costs for major medical expenses, such as surgery and hospitalizations. In addition:

- You'll have immediate benefits for your first two doctors' office visits.
- There are two deductibles that work together to help you meet your out-of-pocket maximum.
- Once your out-of-pocket maximum is met, the plan pays 100% of the costs for most network covered services.

## ClearProtection Plan Highlights

This plan offers a valuable combination of affordable coverage with some immediate benefits, plus a broad range of benefits once the out-of-pocket maximum is met.

### Features:

- Some of our lowest monthly rates and immediate coverage for first two doctors' office visits.
- Access to discounts on ALL covered services from network providers while meeting your out-of-pocket maximum.
- 100% coverage for most network covered services once your out-of-pocket maximum is met.
- Coverage for prescription drugs.
- \$4 million per member in lifetime benefits.

### You should know:

- This plan features two deductibles that work together to help you meet your total out-of-pocket maximum.
- This plan has its own Drug Formulary.
- Maternity benefits are not included with this plan.

## ClearProtection Preventive Care

With ClearProtection, certain basic preventive care and immunizations for adults and children are covered (deductible waived), after you've been on the plan for six months. You also have the option of going to a HealthyCheck<sup>SM</sup> Center which provides immediate coverage for annual preventive screenings. For more information about HealthyCheck<sup>SM</sup>, go to [anthem.com/healthycheck](http://anthem.com/healthycheck).

## Prescription Drug Coverage

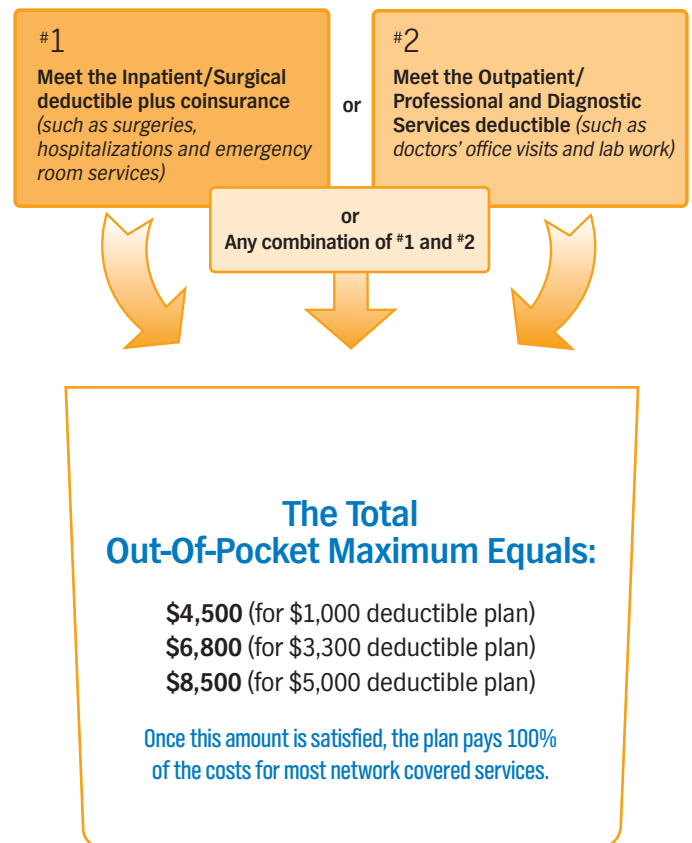
The ClearProtection plan covers both generic and brand-name prescription drugs. This plan also uses a special Formulary which is posted at [www.wellpointnextrx.com/Formulary1](http://www.wellpointnextrx.com/Formulary1).

## How ClearProtection Works

ClearProtection has two deductibles:

- 1. INPATIENT/SURGICAL SERVICES**  
This is the lower of the two deductibles to help you access benefits faster for these higher-cost services.
- 2. OUTPATIENT/PROFESSIONAL AND DIAGNOSTIC SERVICES**  
This deductible is equal to your out-of-pocket maximum. So even if you only use outpatient services, once you meet this deductible, you will have also met your out-of-pocket maximum.

These two deductibles work together to help you reach your total out-of-pocket maximum. Depending on your health care needs, you can satisfy your total out-of-pocket maximum in any of the following ways:



**Note: Deductibles and Out-of-Pocket Maximums are based on a calendar year (January 1 - December 31).**

## Benefits

### Calendar Year Deductible

Individual
Family
Network Coinsurance Options

## ClearProtection<sup>SM</sup>

ALL COVERED NETWORK AND NON-NETWORK SERVICES APPLY TOWARD THE DEDUCTIBLES BELOW\*

	\$1,000 or \$4,500	\$3,300 or \$6,800	\$5,000 or \$8,500	For Inpatient/Surgical and Emergency Room Services or For Outpatient/Professional and Diagnostic Services
	\$2,000 or \$9,000	\$6,600 or \$13,600	\$10,000 or \$17,000	For Inpatient/Surgical and Emergency Room Services or For Outpatient/Professional and Diagnostic Services
	40% 0%	40% 0%	40% 0%	For Inpatient/Surgical and Emergency Room Services or For Outpatient/Professional and Diagnostic Services

### Calendar Year Out-of-Pocket Maximum

ALL COVERED SERVICES, IN ANY COMBINATION, APPLY TOWARD YOUR OUT-OF-POCKET MAXIMUM BELOW\*  
This is the maximum you'll pay for most network covered services each calendar year; then the plan pays 100%

Individual	NETWORK: or NON-NETWORK:
Family	NETWORK: or NON-NETWORK:

	\$4,500	\$6,800	\$8,500	(these amounts include the deductibles)
	\$9,000	\$13,600	\$17,000	(these amounts include the deductibles)

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: \$4 million per member, network and non-network services combined

## Covered Services

### Your Share of Costs (after deductible, if applicable)

Doctors' Office Visits
Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)
Inpatient Services (overnight hospital/facility stays)
Outpatient Services (without overnight hospital/facility stays)
Emergency Room Services
Preventive Care Services
Maternity
Optional Coverage (at additional cost)

<b>NETWORK:</b>	First 2 Office Visits (per member): <b>\$40 copay</b> , deductible waived Additional Office Visits: <b>100% of negotiated fee</b> ; then <b>0% Coinsurance</b> after out-of-pocket maximum is met
<b>NON-NETWORK:</b>	<b>100% Coinsurance</b> ; then <b>50% Coinsurance</b> after out-of-pocket maximum is met
<b>NETWORK:</b>	Inpatient: <b>40% Coinsurance</b> Outpatient: <b>100% of negotiated fee</b> ; then <b>0% Coinsurance</b> after out-of-pocket maximum is met
<b>NON-NETWORK:</b>	Inpatient: <b>50% Coinsurance</b> Outpatient: <b>100% Coinsurance</b> ; then <b>50% Coinsurance</b> after out-of-pocket maximum is met
<b>NETWORK:</b>	<b>40% Coinsurance</b>
<b>NON-NETWORK:</b>	All charges except \$650 per day
<b>NETWORK:</b>	Surgery: <b>40% Coinsurance</b> Other Services: <b>100% of negotiated fee</b> ; then <b>0% Coinsurance</b> after out-of-pocket maximum is met
<b>NON-NETWORK:</b>	All charges except \$380 per day
<b>NETWORK:</b>	<b>40% Coinsurance</b> plus \$100 Emergency Room copay (copay waived if admitted)
<b>NON-NETWORK:</b>	<b>40% Coinsurance</b> plus \$100 Emergency Room copay (copay waived if admitted)
<b>NETWORK:</b>	<b>HealthyCheck<sup>SM</sup> Centers (deductible waived): \$25 or \$75 Copay</b> for basic or premium screening (for ages 7 and older) <b>For members covered more than 6 months<sup>1</sup> (deductible waived):</b> Routine mammogram, Pap and PSA tests: <b>40% Coinsurance</b> Childhood immunizations through age 6: <b>40% Coinsurance</b>
<b>NON-NETWORK:</b>	<b>For members covered more than 6 months<sup>1</sup> (deductible waived):</b> Routine mammogram, Pap and PSA tests: <b>50% Coinsurance</b> Childhood immunizations through age 6: <b>50% Coinsurance</b>
	Not Covered
	Dental, Life

## Prescription Drug Coverage

## ClearProtection<sup>2</sup>

Retail Drugs (and Mail Order Drugs when available)

**NETWORK:**  
Tier 1 (Generic drugs): **\$15 Copay**  
\$2,000 annual Prescription Drug deductible per member for Tier 2/Specialty drugs applies before the following:  
· Tier 2 (Formulary Brand name drugs): **\$35 Copay**  
· Specialty: **25% Coinsurance** up to a \$2,500 annual Prescription Drug out-of-pocket maximum (the most you'll have to pay), for network only and in addition to \$2,000 annual deductible.  
· For Drugs Not on Formulary: Not covered, discounts apply.  
**NON-NETWORK:** Not Covered

Optional Drug Coverage (when available)

Not Available

Other Covered Benefits include but are not limited to:

Ambulance, Home Health Care, Physical/Occupational 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 Policy. In the event of a conflict between the Policy and this Benefit Guide, the terms of the Policy will prevail.

\*Network and non-network deductible are combined and accumulate toward each other. Network and non-network out-of-pocket maximums are also combined and accumulate toward each other.

<sup>1</sup> Members covered less than 6 months will pay 100% of negotiated fee for network covered services; then 0% coinsurance after out-of-pocket maximum is met (plus all charges in excess of allowable amount if non-network).

<sup>2</sup> ClearProtection has its own Plan Formulary.

NOTES: Discounted network rates apply for network covered services. 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.

# CoreGuard<sup>SM</sup> Is this the right plan for you?

If you're looking for a simple plan design with some of our lowest rates, CoreGuard, from Anthem Blue Cross Life and Health Insurance Company, could be the plan that's right for you. CoreGuard offers a wide range of deductibles (from \$750 – \$10,000) and higher cost-sharing helps lower your monthly premiums.

## CoreGuard Plan Highlights

This plan can be ideal for individuals who want affordable protection against significant medical expenses.

### Features:

- A simple plan design with some of our lowest monthly rates.
- Higher percentage of member cost-sharing in exchange for lower premiums.
- For plans with deductibles up to \$7,500, once the deductible is met we'll share 50% of the costs at our negotiated rates up to \$3,500, then we'll cover the rest for most covered services.
- For the \$10,000 deductible plan, once the deductible is met we'll pay 100% of the costs for most covered services.
- Coverage for prescription drugs.
- \$4 million per member in lifetime benefits.

### You should know:

- The \$750, \$1,500 and \$2,500 deductible plans have a facility copay that continues to apply, even after the deductible or out-of-pocket maximum has been met.
- This plan has its own Drug Formulary.
- Maternity benefits are not included with this plan.

## CoreGuard Preventive Care

With CoreGuard, certain basic preventive care screenings are covered after you meet your deductible. You also have the option of going to a HealthyCheck<sup>SM</sup> Center for annual preventive screenings without first needing to meet your deductible. For more information about HealthyCheck<sup>SM</sup>, go to [anthem.com/healthycheck](http://anthem.com/healthycheck).

## Prescription Drug Coverage

The CoreGuard plan covers both generic and brand name prescription drugs. This plan also uses a special Formulary which is posted at [www.wellpointnextrx.com/Formulary1](http://www.wellpointnextrx.com/Formulary1).

## How to Customize your CoreGuard Plan

With CoreGuard, you have some choice and flexibility to change the plan to better meet your needs. CoreGuard offers a choice of:

**Deductible:** CoreGuard plan deductibles range from \$750 to \$10,000. You can usually lower your premium by choosing a higher deductible. Simply choose the deductible and premium combination that works best for you.

**Coinsurance:** CoreGuard offers a choice of coinsurance levels, depending on the deductible you choose. Choosing the \$10,000 deductible can take your coinsurance for covered services to zero if you'd like to pay more toward your calendar year deductible first.

**Other Optional Coverage:** You can add more protection for you and your family by purchasing optional dental or life insurance. See the following pages for details.

## Benefits

### Calendar Year Deductible

Individual	NETWORK:	
	NON-NETWORK:	
Family	NETWORK:	
	NON-NETWORK:	

Network Coinsurance Options

### Calendar Year Out-of-Pocket Maximum

Individual	NETWORK:	
	NON-NETWORK:	
Family	NETWORK:	
	NON-NETWORK:	

How family deductibles and family out-of-pocket maximums work

Plan Lifetime Maximum

### Covered Services

Doctors' Office Visits

Professional and Diagnostic Services  
(X-ray, lab, anesthesia, surgeon, etc.)

Inpatient Services  
(overnight hospital/facility stays)

Outpatient Services  
(without overnight hospital/facility stays)

Emergency Room Services

Preventive Care Services

Maternity

Optional Coverage  
(at additional cost)

### Prescription Drug Coverage

Retail Drugs (and Mail Order Drugs when available)

Optional Drug Coverage  
(when available)

Other Covered Benefits include but are not limited to:

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

## CoreGuard<sup>SM</sup>

### Your Choices

	\$750	\$1,500	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000
Individual	\$750	\$1,500	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000
Family	\$1,500	\$3,000	\$5,000	\$7,000	\$10,000	\$15,000	\$20,000
	\$1,500	\$3,000	\$5,000	\$7,000	\$10,000	\$15,000	\$20,000

	50%	50%	50%	50%	50%	50%	0%
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### Add Your Chosen Deductible to the Amount Below<sup>1</sup>

Individual	NETWORK:	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$0
	NON-NETWORK:	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500
Family	NETWORK:	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$0
	NON-NETWORK:	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000

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 pays up to: \$4 million per member, network and non-network services combined

### Your Share of Costs (after deductible)

NETWORK: **50% Coinsurance** (or **0% Coinsurance** with \$10,000 plan)  
NON-NETWORK: **70% Coinsurance** (or **30% Coinsurance** with \$10,000 plan)

NETWORK: **50% Coinsurance** (or **0% Coinsurance** with \$10,000 plan)  
NON-NETWORK: **70% Coinsurance** (or **30% Coinsurance** with \$10,000 plan)

NETWORK: **50% Coinsurance** PLUS \$500 Facility Copay<sup>1</sup> per day up to the first 3 days (with \$750, \$1,500, \$2,500)  
**50% Coinsurance** (with \$3,500, \$5,000, \$7,500)  
**0% Coinsurance** (with \$10,000)  
NON-NETWORK: **70% Coinsurance** PLUS \$500 Facility Copay<sup>1</sup> per day up to the first 3 days (with \$750, \$1,500, \$2,500)  
**70% Coinsurance** (with \$3,500, \$5,000, \$7,500)  
**30% Coinsurance** (with \$10,000)

NETWORK: **50% Coinsurance** PLUS \$200 Facility Copay<sup>1</sup> per admission (with \$750, \$1,500, \$2,500)  
**50% Coinsurance** (with \$3,500, \$5,000, \$7,500)  
**0% Coinsurance** (with \$10,000)  
NON-NETWORK: **70% Coinsurance** PLUS \$200 Facility Copay<sup>1</sup> per admission (with \$750, \$1,500, \$2,500)  
**70% Coinsurance** (with \$3,500, \$5,000, \$7,500)  
**30% Coinsurance** (with \$10,000)

NETWORK: **50% Coinsurance** (or **0% Coinsurance** with \$10,000 plan)  
NON-NETWORK: **50% Coinsurance** (or **0% Coinsurance** with \$10,000 plan)

NETWORK: Routine mammogram, Pap and PSA tests: **50% Coinsurance** (or **0% Coinsurance** with \$10,000 plan)  
**HealthyCheck<sup>SM</sup> Centers: \$25 or \$75 Copay** for basic or premium screening, deductible waived (for ages 7 and older)  
NON-NETWORK: Routine mammogram, Pap and PSA tests: **70% Coinsurance** (or **30% Coinsurance** with \$10,000 plan)

Not Covered

Dental, Life

### CoreGuard<sup>2</sup>

NETWORK:  
Tier 1 (Generic drugs): **\$15 Copay**  
\$2,000 annual Prescription Drug deductible per member for Tier 2/Specialty drugs applies before the following:  
· **Tier 2** (Formulary Brand name drugs): **\$35 Copay**  
· **Specialty: 25% Coinsurance** up to a \$2,500 annual Prescription Drug out-of-pocket maximum (the most you'll have to pay), for network only and in addition to \$2,000 annual deductible.  
· **For Drugs Not on Formulary:** Not covered, discounts apply.  
NON-NETWORK: Not Covered

Not Available

Ambulance, Chiropractic Services, Home Health Care, Mental Health, Physical/Occupational Therapy, Urgent Care

<sup>1</sup> Facility Copay only applies to \$750, \$1,500 and \$2,500 deductible plans. Facility Copay **does not** accumulate toward the deductible or out-of-pocket maximum. Facility Copay is still required even if out-of-pocket maximum has been met. Balance of covered charges subject to deductible and coinsurance. No additional Facility Copay if readmitted to the same facility within 72 hours of the initial admission.

<sup>2</sup> CoreGuard has its own Plan Formulary.

NOTES: Discounted network 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.

# 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.

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

Dental Care Coverage	Dental Blue Basic		Dental Blue Enhanced	
	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	
<b>Diagnostic and Preventive</b>	<b>Network</b>	<b>Non-Network</b>	<b>Network</b>	<b>Non-Network</b>
Cleanings, exams and X-rays	100%	80%	100%	80%
<b>Basic Services</b>	<b>Network</b>	<b>Non-Network</b>	<b>Network</b>	<b>Non-Network</b>
Fillings	80%	60%	80%	60%
Other Minor Restorative	Not covered			
<b>Major Services</b>	<b>Network</b>	<b>Non-Network</b>	<b>Network</b>	<b>Non-Network</b>
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 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



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

**It's that simple.**



## Additional information

### Save time with automatic premium payment

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 care 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.

### “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.

A woman with long dark hair, wearing a brown blazer over a patterned top, is sitting outdoors. She is holding a gift bag with a white and gold circular pattern. The background is a blurred outdoor setting with trees and a stone wall. A white text box with a blue border is overlaid on the right side of the image.

## Ready to choose a plan?

- After reviewing all the materials included with this brochure, contact your Anthem Blue Cross agent.
- Ask questions. If you aren't sure about how a plan works or have additional questions, your agent will help you.
- Fill out an application. The quickest and easiest way to complete an application is online and your agent can assist you. Or your agent can provide you with instructions for mailing or faxing your application.

**If you have questions or want more details about your options, call your Anthem Blue Cross agent today!**

# 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.**

## Ready to enroll?

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

# California Coverage Details

Things you need to know before you buy...



CoreGuard<sup>SM</sup>, ClearProtection<sup>SM</sup>, Premier, SmartSense<sup>®</sup>, Basic PPO, 3500 Deductible PPO, PPO 3500 HSA Compatible, Lumenos<sup>®</sup> HSA, RightPlan PPO 40, PPO Share, Select HMO, HMO Saver, Individual HMO\*

**Before choosing a health care plan, please review the following information, along with the other materials enclosed.**

## To Enroll, You And Your Dependents Must Be:

- Age 64¾ 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 64¾ 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 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
- You may be offered the plan you selected at a higher rate
- You may not qualify for the plan listed in this brochure
- You may be offered an alternate plan

If you have a significant medical condition and do not qualify for the plan you've chosen or if you have discontinued group coverage, please contact your Anthem representative for information regarding other Individual coverage options.

## Incurred Medical Care Ratio

As required by law, we are advising you that Anthem Blue Cross' incurred medical care ratio for 2009 was 83.44 percent. The 2009 medical care ratio for Anthem Blue Cross Life and Health Insurance Company was 78.4 percent. These ratios were calculated after provider discounts were applied and based on regulatory rules and regulations.

## 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 will credit the time you were enrolled on the previous plan.

## Access To The Medical Information Bureau (MIB)

Information regarding your insurability will be treated as confidential. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company or its reinsurers may, however, make a brief report thereon to the MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act.

The address of MIB's Information Office is  
50 Braintree Hill Park, Suite 400  
Braintree, MA 02184-8734.

Information for consumers about MIB may be obtained on its website at [www.mib.com](http://www.mib.com).

Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

## What Individual Health Care Plans Do Not Cover

The following overview will help you understand what your health care plan does not include before you enroll. For a comprehensive list of the plans' exclusions and limitations, you can request a copy of the Policy/Evidence of Coverage (EOC).

## Medical Exclusions And Limitations

- Maternity or pregnancy care, unless the plan selected specifically includes maternity care (not applicable to HMO plans)
- Conditions covered by workers' compensation or similar law
- Experimental or investigative services
- Services provided by a local, state or federal government, unless you have to pay for them
- Durable Medical Equipment, except as specifically stated in the policy

- Services or supplies not specifically listed as covered under the Policy/EOC
- Services received before your effective date or 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), except as specifically stated in the Policy/EOC
- Any amounts in excess of the maximum amounts listed in the Policy/EOC
- 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 Policy/EOC
- Orthodontic services, braces, and other orthodontic appliances
- Hearing aids
- Infertility services
- Private duty nursing
- Eyeglasses or contact lenses, except as specifically stated in the Policy/EOC
- Vision care including certain eye surgeries to replace glasses, except as specifically stated in the Policy/EOC
- Specialty drugs from a pharmacy other than our specialty drug provider
- Certain orthopedic shoes or shoe inserts, except as specifically stated in the Policy/EOC
- Services or supplies related to a pre-existing condition
- Outdoor treatment programs
- Telephone or facsimile machine consultations
- Educational services except as specifically provided or arranged by Anthem
- 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 Policy/EOC
- Personal comfort items
- Custodial care
- Outpatient speech therapy, except as specifically stated in the Policy/EOC
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting
- Certain genetic testing
- Services or supplies provided to any person not covered under the Agreement in connection with a surrogate pregnancy

**ClearProtection** also does not cover:

- Mental and nervous disorders and substance abuse except as specifically stated in the Policy/EOC. Except severe mental illnesses and serious emotional disturbances of a child
- Chiropractic care

In addition the **Select HMO, HMO Saver** and **Individual HMO** plans do not cover:

- 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
- Chiropractic services
- Immunizations for foreign travel
- Treatment for chronic alcoholism or other substance abuse except as specifically stated in the Evidence of Coverage
- 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
- Rehabilitative care specifically stated in the Evidence of Coverage
- Reconstructive surgery, purchase or replacement of artificial limbs or prosthesis except as specifically stated in the Evidence of Coverage
- 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 pregnant, the time spent under Creditable Coverage will be used to satisfy, or partially satisfy, the six (6) month period

## Dental Blue<sup>®</sup> PPO Limitations And Exclusions

### Limitations

This is a partial list of plan limitations. Please see the Individual Dental Plan Contract for a complete list.

- Oral Evaluations: Limited to two per calendar year
- Routine Cleaning or Periodontal Cleaning: Limited to two treatments per calendar year
- Fluoride: Fluoride treatment limited to two per calendar year for children up to age 19

- X-rays: Limited to one set of full-mouth X-rays or its equivalent in a five-year period
- Periapical X-rays: Limited to four films per year
- Bitewing X-rays: Limited to one set of up to four films twice per calendar year
- Sealants: Limited to children under 16 years of age for permanent unrestored first and second molars
- Treatment is limited to one application per tooth per lifetime
- Space Maintainers: Limited to once per quadrant per lifetime for children up to age 16. Includes all adjustments within six months of placement
- Restorations: Limited to once per surface per tooth every 24 months
- Periodontal Scaling: Limited to once per quadrant every 24 months
- Periodontal Surgery: Limited to one time per quadrant in a 36-month period
- Root Canal Therapy: Limited to one treatment per tooth for initial treatment and one retreatment per tooth – for permanent teeth only
- Stainless Steel Crowns: Limited to baby teeth only. Once per tooth in any five years
- Crowns: Limited to once per tooth in any five years
- Removable, Partial and Complete Dentures: Limited to once in five years. Benefits are payable for either complete or immediate dentures, but not both
- General Anesthesia: Covered only when used in conjunction with covered oral surgical procedures

### Exclusions

This is a partial listing of plan exclusions. Please see the Individual Dental Plan Contract for a complete list.

- Prescribed drugs, pre-medication or analgesia including charges for nitrous oxide or any similar local anesthetic when the charge is made separately
- Occlusal guards
- Bleaching of non-vital discolored teeth
- Crown buildups on the same tooth as an amalgam or composite restoration that was done within the same calendar year
- Procedures to alter, restore or maintain occlusion, change vertical dimension, and replace or stabilize tooth structure lost by attrition, abrasion, erosion or bruxism
- Harmful habit appliances
- Services related to diagnosis or treatment related to the temporomandibular joint (TMJ)
- Dental implants and all adjunctive services performed in conjunction with the placement or removal of implants including but not limited to surgery, cleanings, maintenance and prosthetics placed on implants
- Infection control procedures, if billed separately
- Precision attachments
- Prefabricated resin crown or stainless steel crown with resin window
- Pulpotomy on permanent teeth
- Replacement of a prosthodontic appliance (fixed or removable) more often than once in any five-year period, whether under this contract or under any prior dental coverage
- Root canal therapy on baby teeth
- Sealants on restored teeth (occlusal surface)
- Temporary/interim prosthodontia or appliances (temporary crowns, bridges, partials, dentures, etc.)
- Biopsies
- Services or supplies not specifically listed in the covered services section of the Individual Dental Plan Contract

### Dental SelectHMO Limitations And Exclusions

This is a partial listing of plan limitations and exclusions. Please see the Contract for a complete list.

- Experimental or investigative care or therapy
- Any condition for which benefits of any nature are recovered or found to be recoverable, whether by adjudication, settlement or otherwise, under any workers' compensation or occupational disease law, even if you do not claim these benefits. If there is a dispute or substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to workers' compensation, Anthem Blue Cross Life and Health Insurance Company will provide the plan benefits for such conditions subject to its right of recovery and reimbursement under California Labor Code Section 4903
- Any services for which you are entitled to receive Medicare benefits, whether or not Medicare benefits are actually paid
- Any services provided by a local, state, county or federal government agency, including any foreign government, except when payment under the plan is expressly required by federal or state law
- 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
- Services received before your effective date or during an inpatient stay that began before your effective date
- Services rendered before coverage begins or after coverage ends
- Prescribed drugs, pre-medication or analgesia (including nitrous oxide)
- No benefits are provided for hospital or associated physician charges for any dental treatment that cannot be performed in the dentist's office because of your general health, mental, emotional, behavioral or physical limitations
- Unless an exception is specifically authorized by Anthem Blue Cross in writing, dental services must be received from your participating dentist or participating specialty dentist
- A dental treatment plan, which in the opinion of the participating dentist and/or Anthem Blue Cross is not dentally necessary for dental health or will not produce beneficial results

## Dental SelectHMO Limitations And Exclusions (continued)

- Conditions caused by the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy
- Treatment of fractures or dislocations
- Any treatment to correct a dental condition that resulted from dental services performed by a non-participating dentist while coverage is in effect and any dental services started by a non-participating dentist will not be the responsibility of the participating dentist or Anthem Blue Cross for completion
- Histopathological exams and/or the removal of tumors, cysts, neoplasms and foreign bodies not covered under the medical plan
- Teeth with questionable, guarded or poor prognosis are not covered for endodontic treatment, periodontal surgery or crown and bridge. Plan will allow for observation or extraction and prosthetic replacement
- Services received after the benefit limit under this agreement is reached
- Orthodontic services must be received from a participating orthodontist. In the event of loss of coverage for any reason, and at the time of loss of coverage you are still receiving orthodontic treatment, you will be responsible for the remainder of the cost for that treatment
- Replacement of lost or stolen orthodontic appliances or repair of orthodontic appliances that were broken due to negligence
- Myofunctional therapy and related services

- Surgical procedures incidental to orthodontic treatment, including but not limited to extraction of teeth solely for orthodontic reasons, exposure of impacted teeth, correction of micrognathia or macrognathia, or repair of cleft palate
- Changes in treatment necessitated by an accident of any kind
- Treatment related to the joint of the jaw (temporomandibular joint, TMJ) and/or hormonal imbalance

This document provides a brief summary of provisions, exclusions and limitations. If there is any difference between this document and the Policy, the Policy will prevail.

### Selecting health coverage is an important decision.

To assist you, we are also providing you with the Brochure and Enrollment Application. If you did not receive one or more of these materials, please contact your Anthem Blue Cross agent to request them.

**The Policy/Evidence of Coverage booklets are also available for you to examine before enrolling. Ask your agent or Anthem Blue Cross.**

\*The following plans are offered by Anthem Blue Cross: PPO Share 3500/7500, Select HMO, HMO Saver, Individual HMO and Dental Blue PPO. The following plans are offered by Anthem Blue Cross Life and Health Insurance Company: ClearProtection, CoreGuard, SmartSense, Premier, Basic PPO, PPO Share 5000, RightPlan PPO 40, 3500 Deductible PPO, PPO 3500 (HSA-Compatible) and Lumenos HSA. Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. © ANTHEM and LUMENOS are registered trademarks of Anthem Insurance Companies, Inc. © Dental Blue, SmartSense and the Blue Cross name and symbol are registered marks of the Blue Cross Association.