



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.

**Our plans
fit your
plans.**

PPO Share Plans
RightPlan PPO 40

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

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

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

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

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

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

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

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

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

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

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New Policy Name/Contract Codes	New Transplant Travel Expense Benefit
<p> PPO Share 1929, Z829, 06A3 PPO Share 1930, Z830, 06AJ PPO Share H062, 06AK PPO Share 01LB, 06A4 Tonik DN13, 06AC Tonik DN14, 06AD Tonik DN15, 06AE PPO HSA Compatible T160, 06AB RightPlan (no prescription drug coverage) P958, 06A6 RightPlan (generic prescription drug coverage) PE48, 06A7 RightPlan (prescription drug coverage) PE49, 06A8 SmartSense with Standard Rx Z153, Z154, 069N SmartSense with Standard Rx Z155, Z156, 069P SmartSense with Standard Rx Z157, Z158, 069Q SmartSense with Standard Rx Z159, Z160, 069R SmartSense with Upgrade Rx Z161, Z162, 069S SmartSense with Upgrade Rx Z163, Z164, 069T SmartSense with Upgrade Rx Z165, Z166, 069U SmartSense with Upgrade Rx Z167, Z168, 069V Lumenos HSA, HIA and HIA Plus Z126, Z127, Z128, 06AL, Z144, Z145, Z146, 07TL, Z135, Z136, Z137, 07TH Lumenos HSA, HIA and HIA Plus Z132, Z133, Z134, 07TP, Z150, Z151, Z152, 07TN, Z141, Z142, Z143, 07TK Lumenos HSA, HIA and HIA Plus Z129, Z130, Z131, 06AN, Z147, Z148, Z149, 07TM, Z138, Z139, Z140, 07TJ Lumenos HSA and HIA DX26, DX27, DX28, 0AE1, DX62, DX63, DX64, 0AE6 Lumenos HSA, HIA and HIA Plus DX32, DX33, DX34, 0AE2, DX68, DX69, DX70, 0AE7, DX47, DX48, DX49, 0AE4 Lumenos HSA, HIA and HIA Plus DX38, DX39, DX40, 0AE3, DX74, DX75, DX76, 0AE8, DX53, DX54, DX55, 0AE5 Lumenos HSA, HIA and HIA Plus DX44, DX45, DX46, 06AM, DX80, DX81, DX82, 06AG, DX59, DX60, DX61, 06AF Individual PPO R420, 06A5 </p>	<p> Transplant Travel Expense. 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"> ■ 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. ■ 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. ■ Lodging, limited to one room, double occupancy. Meals, tobacco, alcohol, drug expenses and other non-food items are excluded. <p> Note: When the member recipient is under 18 years of age, this benefit will apply to the recipient and two companions or caregivers. </p>



Individual/Family Benefit Changes Effective May 1, 2011

Please locate your plan below to view changes to your benefits. We'll send you new plan documents that reflect these changes in the near future.

Plan/Contract Codes	Current Benefit	New Benefit
PPO Share 7895, 1501, 1575, 1920, 7888, 7904, OADY	Participating and Non-Participating Provider Deductible: \$500	Participating and Non-Participating Provider Deductible: \$550
	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$5000	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$5850
	Prescription Drug Deductible: \$250	Prescription Drug Deductible: \$275
	Brand Prescription Drug Copay: \$30	Brand Prescription Drug Copay: \$35
PPO Share 1393, 1503, 7878, OADZ	Participating and Non-Participating Provider Deductible: \$1000	Participating and Non-Participating Provider Deductible: \$1150
	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$5000	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$5850
	Prescription Drug Deductible: \$250	Prescription Drug Deductible: \$275
	Brand Prescription Drug Copay: \$30	Brand Prescription Drug Copay: \$35
PPO Share 7889, 7890, 07TV	Participating and Non-Participating Provider Deductible: \$1500	Participating and Non-Participating Provider Deductible: \$1750
	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$6000	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$7050
	Prescription Drug Deductible: \$250	Prescription Drug Deductible: \$275
	Brand Prescription Drug Copay: \$30	Brand Prescription Drug Copay: \$35

Plan/Contract Codes	Current Benefit	New Benefit
PPO Share 7891, 1871, 07TU	Participating and Non-Participating Provider Deductible: \$2500	Participating and Non-Participating Provider Deductible: \$2950
	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$7500	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$8850
	Office Visit Copay \$35	Office Visit Copay \$40
	Prescription Drug Deductible: \$500	Prescription Drug Deductible: \$575
	Brand Prescription Drug Copay: \$30	Brand Prescription Drug Copay: \$35
PPO Share 00Y3, 06AV	Participating and Non-Participating Provider Deductible: \$3500	Participating and Non-Participating Provider Deductible: \$4100
	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$7500	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$8800
	Office Visit Copay \$40	Office Visit Copay \$45
	Prescription Drug Deductible: \$750	Prescription Drug Deductible: \$875
	Brand Prescription Drug Copay: \$15	Brand Prescription Drug Copay: \$20
PPO Share 01LA, 06AH	Participating and Non-Participating Provider Deductible: \$3500	Participating and Non-Participating Provider Deductible: \$4100
	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$7500	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$8800
	Office Visit Copay \$40	Office Visit Copay \$45
	Prescription Drug Deductible: \$750	Prescription Drug Deductible: \$875
	Brand Prescription Drug Copay: \$15	Brand Prescription Drug Copay: \$20

Plan/Contract Codes	Current Benefit	New Benefit
PPO Share 01LC, 06AX	Participating and Non-Participating Provider Deductible: \$5000	Participating and Non-Participating Provider Deductible: \$5900
	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$7500	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$8850
	Office Visit Copay \$40	Office Visit Copay \$45
	Prescription Drug Deductible: \$750	Prescription Drug Deductible: \$875
	Brand Prescription Drug Copay: \$15	Brand Prescription Drug Copay: \$20
PPO Share 00Y4, 06AW	Participating and Non-Participating Provider Deductible: \$7500	Participating and Non-Participating Provider Deductible: \$8850
	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$7500	Participating and Non-Participating Provider Copayment/Coinsurance Maximum: \$8850
	Office Visit Copay \$40	Office Visit Copay \$45
	Prescription Drug Deductible: \$750	Prescription Drug Deductible: \$875
	Brand Prescription Drug Copay: \$15	Brand Prescription Drug Copay: \$20
Individual HMO 7898, 7906, 7897, NM02, 1913, 07TQ	Copayment/Coinsurance Maximum: \$3000	Copayment/Coinsurance Maximum: \$3500
	Office Visit Copay \$10	Office Visit Copay \$15
	Prescription Drug Deductible: \$250	Prescription Drug Deductible: \$275
	Brand Prescription Drug Copay: \$30	Brand Prescription Drug Copay: \$35

Plan/Contract Codes	Current Benefit	New Benefit
Individual Select HMO PE43, 06AZ	Copayment/Coinsurance Maximum: \$3000	Copayment/Coinsurance Maximum: \$3500
	Office Visit Copay \$25	Office Visit Copay \$30
	Prescription Drug Deductible: \$250	Prescription Drug Deductible: \$275
	Brand Prescription Drug Copay: \$30	Brand Prescription Drug Copay: \$35
Individual HMO Saver 7896, 7879, 7894, 7905, NM03, 06AY	Deductible: \$1500	Deductible: \$1750
	Copayment/Coinsurance Maximum: \$3000	Copayment/Coinsurance Maximum: \$3500
	Office Visit Copay \$10	Office Visit Copay \$15
	Prescription Drug Deductible: \$250	Prescription Drug Deductible: \$275
	Brand Prescription Drug Copay: \$30	Brand Prescription Drug Copay: \$35

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Plan Benefits		PPO Share Plans			RightPlan PPO 40	
		Network	Non-Network		Network	Non-Network
Annual Deductible Choices	Individual	\$3,500	\$5,000	\$7,500	\$0	
	Family	Each family member has an individual deductible. Once 2 members each reach their individual deductible, the deductible is satisfied for the entire family.				
Annual Out-of-Pocket Limit ¹ <i>(in addition to deductible, if any)</i>	Individual	\$4,000	\$2,500	\$0	\$7,500	
	Family	Each family member has an individual out-of-pocket limit. Once 2 members each reach their individual out-of-pocket limit, the limit is satisfied for the entire family.			Not Applicable	
Lifetime Maximum		Plan pays up to \$5 Million per member			Plan pays up to \$5 Million per member	

Covered Services <small>The amounts shown are your share of costs after any deductible</small>	Network	Non-Network	Network	Non-Network
Doctors' Office Visits	\$40 copay <i>(deductible waived)</i>	50% of negotiated fee plus all excess charges <i>(deductible waived)</i>	\$40 copay	50% of negotiated fee plus all excess charges
Professional Services <i>(X-ray, lab, anesthesia, surgeon, etc.)</i>	30% of negotiated fee (with \$3,500 and \$5,000 deductible plans) OR 0% (with \$7,500 deductible plan)	50% of negotiated fee plus all excess charges (with \$3,500 and \$5,000 deductible plans) OR 0% of customary and reasonable fees plus all excess charges (with \$7,500 deductible plan)	40% of negotiated fee	50% of negotiated fee plus all excess charges
Hospital Inpatient <i>(overnight hospital stays)</i>		All charges except \$650 per day	40% of negotiated fee plus \$500 copay per day for first four days, per admission	All charges except \$650 per day
Hospital Outpatient <i>(if you don't stay overnight)</i>		All charges except \$380 per day	40% of negotiated fee plus \$500 copay per surgical admission	All charges except \$380 per day
Emergency Room Services <i>(\$100 copay applies for each visit; waived if admitted as inpatient)</i>		30% of customary and reasonable fees plus all excess charges (with \$3,500 and \$5,000 deductible plans) OR 0% of customary and reasonable fees plus all excess charges (with \$7,500 deductible plan)	40% of negotiated fee	40% of customary and reasonable fees plus all excess charges

Maternity			50% of negotiated fee plus all excess charges (with \$3,500 and \$5,000 deductible plans) OR 0% of customary and reasonable fees plus all excess charges (with \$7,500 deductible plan)	Not Covered	
Preventive Care <i>(tests ordered by physician are covered, including appropriate screening for breast, cervical, ovarian, and prostate cancer)</i>	Adult Services	Annual Physical exam(s) ² : 30% of negotiated fee <i>(deductible waived)</i> OR HealthyCheck SM Centers: \$25 / \$75 copay for basic/premium screening <i>(deductible waived)</i> Routine mammogram, Pap and PSA tests: 30% of negotiated fee <i>(deductible waived)</i>	50% of negotiated fee plus all excess charges <i>(deductible waived)</i>	HealthyCheck SM Centers: \$25/\$75 copay for basic/premium screening Routine mammogram, Pap and PSA tests: \$40 office visit plus 40% of negotiated fee	50% of negotiated fee plus all excess charges
	Children's Services	Well-Child (through age 6): 40% of negotiated fee <i>(deductible waived)</i>		Well-Child (through age 6) \$40 office visit plus 40% of negotiated fee	
Acupuncture / Acupressure		100% of negotiated fee, except \$30 per visit <i>(deductible waived)</i>	All charges except \$30 per visit <i>(deductible waived)</i>	100% of negotiated fee, except \$30 per visit	All charges except \$30 per visit
		Plan covers up to 24 visits per year		Plan covers up to 24 visits per year	
Chiropractic Services		30% of negotiated fee (with \$3,500 and \$5,000 deductible plans) OR \$0 (with \$7,500 deductible plan)	All charges except \$25 per visit	40% of negotiated fee	All charges except \$25 per visit
		Plan covers up to 24 visits per year		Plan covers up to 24 visits per year	
Prescription Drug Coverage Options <i>(Anthem Blue Cross Formulary)</i>		Network	Non-Network	Network	Non-Network
Comprehensive Prescription Drug Coverage		For \$5,000 deductible plan: Generic (Tier 1): \$15 copay Brand name (Tier 2): \$35 copay after \$750 annual brand name deductible <i>(2 member max)</i>	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for network benefits; subject to the \$750 annual brand name prescription drug deductible	Generic: \$15 copay Brand name: \$35 copay after \$500 annual brand name deductible	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for network benefits; subject to the \$500 annual brand name prescription drug deductible
		For \$3,500 and \$7,500 deductible plans: Generic (Tier 1): \$15 copay or 40%, whichever is greater Brand name (Tier 2): \$15 copay or 40%, whichever is greater after \$750 annual brand name deductible <i>(2 member max)</i>			
Generic Only Prescription Drug Coverage		Not Applicable		\$15 copay	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for network benefits.
No Prescription Drug Coverage		Not Applicable		This option is only available with RightPlan PPO 40	

1 Excludes non-participating charges in excess of the Anthem Blue Cross negotiated fee and non-participating charges in excess of customary and reasonable fees for emergency care. Copays/coinsurance to participating and non-participating providers apply to annual calendar year out-of-pocket limit except where specifically noted in the policy.

2 Maximum annual physical exam benefit is \$200 for members covered more than 6 months; \$100 for members covered less than 6 months.

Ready to Enroll?

Call your Anthem Blue Cross Agent today!

To enroll, you and your dependents must be:

- Age 64 $\frac{3}{4}$ 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 64 $\frac{3}{4}$ 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 Blue Cross 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, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plan listed in this brochure, or
- You may be offered an alternate plan.

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

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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.

For internal purposes only:
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