



Give yourself every advantage... good health, a bright smile and financial support

Dental Coverage

We offer two Dental Blue® PPO plans to choose from. Both plans provide coverage for services such as cleanings, exams and X-rays with no waiting period and coverage for fillings with a six-month waiting period. You'll have access to discounts for non-covered services, during the waiting periods and after the annual maximum has been met. 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.

Dental Blue® Basic offers:

- Low premiums
- Annual benefit maximum up to \$500

Dental Blue® Enhanced offers:

- Coverage for certain major services like root canals and crowns
- Orthodontic coverage for children after a 12-month waiting period
- Annual benefit maximum up to \$1,250

We also offer Dental SelectHMO in certain areas. Ask your agent for details.

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. Plus, there are no medical exams or additional enrollment forms to worry about. And you're guaranteed coverage if you're approved for one of our health care plans.

It's that simple.

For more information on our dental plans or term life insurance, ask your Anthem Blue Cross agent today!

Age	Term Life Monthly Rates				
	\$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

The following footnotes correspond to the plans listed on the reverse side of this brochure.

For ClearProtection:

*Your Outpatient/Professional and Diagnostic Services deductible is satisfied once you meet the out-of-pocket maximum.

1 Members covered less than 6 months will pay 100% of negotiated fee for network covered preventive care services; then 0% Coinsurance after out-of-pocket maximum is met.

For CoreGuard:

2 Balance of charges subject to deductible and coinsurance. 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.

For Lumenos:

3 In-network, for nationally recommended preventive care services.

For PPO Share:

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

For Premier:

5 For members covered less than 6 months, preventive care services are covered after the deductible.

6 \$200 annual maximum benefit for preventive lab work, network and not-network services combined. Routine mammogram, Pap and PSA tests are not subject to this maximum.

For detailed benefits, exclusions and limitations, ask your agent for plan-specific sales brochures or a policy booklet before you enroll.

Why do I need health coverage?

Because things happen. Even if you're healthy right this minute, you could be caught off-guard by an unexpected illness or injury.

Because it helps protect your \$\$\$. Did you know that without health coverage, you could easily pay thousands of dollars a day in the hospital? Health coverage can help protect you against the high cost of unexpected medical bills.

Because it can give you peace of mind. Health coverage not only helps you stay healthy. It can also give you added security and peace of mind because you know you're covered if you get sick or hurt, or in case you need prescription drugs, surgery or emergency care.

We know what you're probably thinking...

I can't really afford it, can I? Plans from Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company can be more affordable than you may think. With a wide range of plans and options to choose from, you can select what works best for you.

I don't need it if I'm healthy, do I? Actually, the best time to purchase health coverage is when you're healthy. If you do become ill or injured later on, you may not qualify for coverage, or you may be charged a much higher premium. It's kind of like car insurance in that respect. The time to do it is now.

So if you don't have health coverage at work or you're self-employed, between jobs or no longer covered under your parents' policy, one of our health plans for Individuals and Families might be just right for you.

It's complicated and confusing, isn't it? This is where your Anthem Blue Cross agent comes in. He or she will help narrow things down, so you can easily find the right plan for you and your lifestyle. And there is no additional cost to you when you are assisted by an Anthem Blue Cross agent. Rest assured, you're not in this alone.

Ready to enroll?

Call your Anthem Blue Cross agent today!

Anthem Health. Join In.

This provides an overview of plans available. Before enrolling, be sure to ask your agent for plan-specific brochures for detailed benefits, exclusions and limitations.

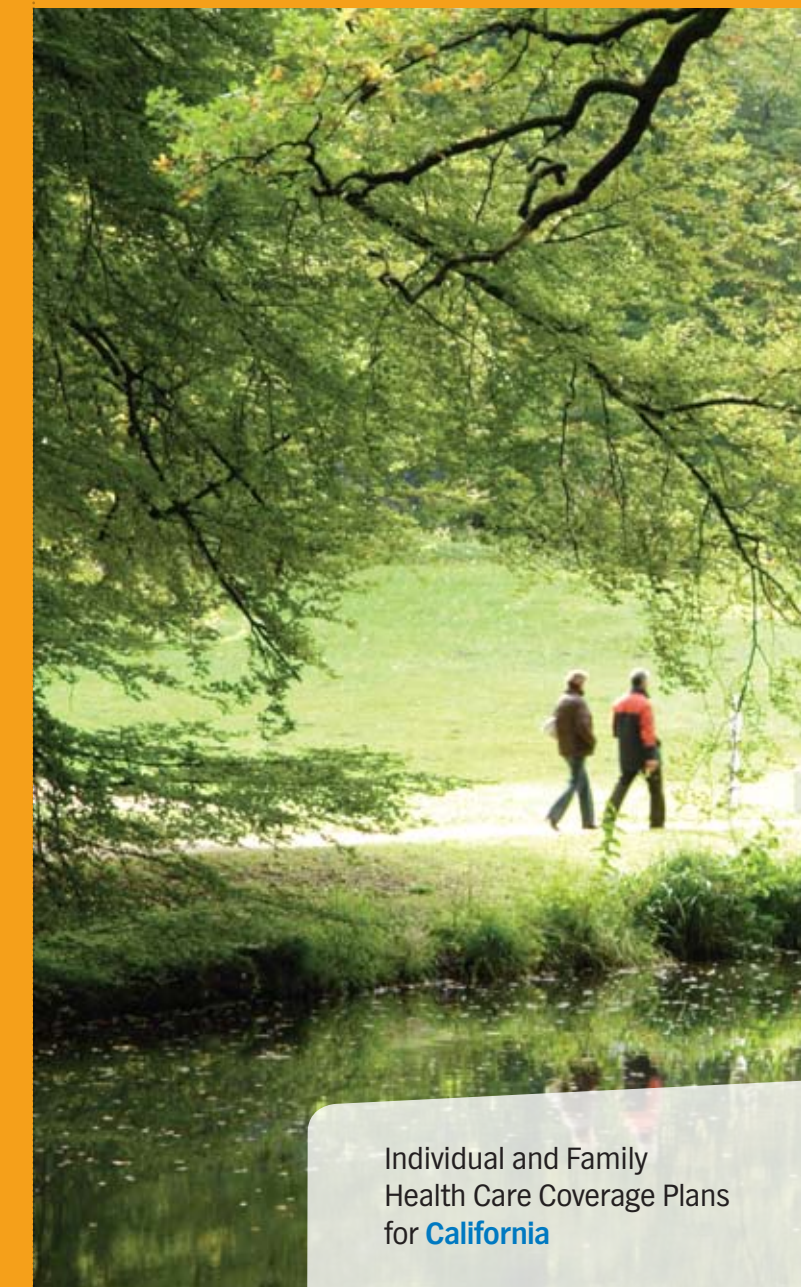
Offered by Anthem Blue Cross: PPO Share 3500/7500. Offered by Anthem Blue Cross Life and Health Insurance Company: ClearProtection, SmartSense, Premier, CoreGuard, Basic PPO, PPO Share 5000, RightPlan PPO 40, 3500 Deductible PPO, PPO 3500 (HSA-Compatible) and Lumenos HSA.

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Anthem Health. Join In.

You Choose



Individual and Family Health Care Coverage Plans for California

This overview shows your share of the costs with network providers *after any deductibles are met*, unless otherwise noted. Non-network providers' costs are generally higher. Be sure to ask your agent for plan specific brochures with detailed benefits, exclusions and limitations for you to review before enrolling.

This is intended to be a brief overview of benefits and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions can be found in the Policy. In the event of a conflict between the Policy and this overview, the terms of the Policy will prevail.

Network Benefits	Basic PPO	ClearProtection SM	CoreGuard SM	SmartSense [®]	3500 Deductible PPO	PPO 3500 (HSA-Compatible)	Lumenos [®] HSA (without Maternity)	Lumenos [®] HSA (with Maternity)	RightPlan PPO 40	PPO Share	Premier
Calendar Year Deductible	\$1,000/\$2,500 per member Inpatient or surgical procedures only	#1 Deductible for Inpatient/Surgical and Emergency Room Services: \$1,000/\$3,300/\$5,000 per member \$2,000/\$6,600/\$10,000 maximum per family #2 Deductible for Outpatient/Professional and Diagnostic Services*: \$4,500/\$6,800/\$8,500 per member \$9,000/\$13,600/\$17,000 maximum per family	\$750/\$1,500/\$2,500/\$3,500/\$5,000/\$7,500/\$10,000 per member \$1,500/\$3,000/\$5,000/\$7,000/\$10,000/\$15,000/\$20,000 maximum per family	\$500/\$1,500/\$2,500/\$5,000 per member \$1,000/\$3,000/\$5,000/\$10,000 maximum per family	\$3,500 per member	\$3,500 per member \$7,000 aggregate per family (combined for medical and prescription drugs)	\$1,500 / \$3,000 / 30% Coinsurance \$3,000 / \$6,000 / 30% Coinsurance \$5,000 / \$10,000 / 0% Coinsurance (Individual/Family aggregate, combined for medical and prescription drugs)	\$5,000 / \$10,000 / 0% Coinsurance (Individual/Family aggregate, combined for medical and prescription drugs)	No Deductible	\$3,500/\$5,000/\$7,500 per member	\$1,000/\$1,500/\$2,500/\$3,500/\$5,000/\$6,000 per member \$2,000/\$3,000/\$5,000/\$7,000/\$10,000/\$12,000 maximum per family
Coinsurance	20%	40% for Inpatient/Surgical and Emergency Room Services 0% for Outpatient/Professional and Diagnostic Services	50% (or 0% with \$10,000 plan)	30%	0%	0%	30% (or 0% with \$5,000 plan)	0%	40%	30%	25%
Calendar Year Out-of-Pocket Maximum (in addition to deductible, unless otherwise noted)	\$2,500 per member	These following amounts INCLUDE the deductibles above: \$4,500/\$6,800/\$8,500 per member \$9,000/\$13,600/\$17,000 maximum per family (All covered services, in any combination, apply toward the out-of-pocket maximum.)	\$3,500 per member/\$7,000 maximum per family (or \$0 with \$10,000 plan)	\$2,500 per member \$5,000 maximum per family	This is satisfied for participating providers once the annual deductible above is met.	\$1,500 per member \$3,000 aggregate per family (combined for medical and prescription drugs)	For \$1,500 Deductible - \$3,500 / \$7,000 For \$3,000 Deductible - \$2,000 / \$4,000 For \$5,000 Deductible - \$0 / \$0 (Individual/Family aggregate, combined for medical and prescription drugs)	This is satisfied for participating providers once the annual medical and prescription drug deductible above is met.	\$7,500	\$4,000/\$2,500/\$0 per member	\$4,500 per member \$9,000 maximum per family
How Family Deductibles and Family Out-of-Pocket Maximums Work	Once 2 family members each reach their individual deductible or out-of-pocket maximum, the deductible or out-of-pocket maximum is satisfied for the entire family.	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.	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.	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.	Once 2 family members each reach their individual deductible or out-of-pocket maximum, the deductible or out-of-pocket maximum is satisfied for the entire family.	For families, one or more members must satisfy the family deductible before any covered services will be paid by the plan. The family out-of-pocket maximum can be satisfied by one or more members.	For families, one or more members must satisfy the family deductible before any covered services will be paid by the plan. The family out-of-pocket maximum can be satisfied by one or more members.	For families, one or more members must satisfy the family deductible before any covered services will be paid by the plan. The family out-of-pocket maximum can be satisfied by one or more members.	Not Applicable	Once 2 family members each reach their individual deductible or out-of-pocket maximum, the deductible or out-of-pocket maximum is satisfied for the entire family.	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.
Doctors' Office Visits	No office visit benefits until out-of-pocket maximum is met, then you pay 0%	First 2 office visits (per member): \$40 copay (deductible waived) Additional office visits: 100% of negotiated fee, then 0% after out-of-pocket maximum is met.	50% (or 0% with \$10,000 plan)	First 3 office visits (per member): \$30 copay (deductible waived) Additional office visits: 30%	0%	0%	30% (or 0% with \$5,000 plan)	0%	\$40 copay	\$40 copay (deductible waived)	\$30 copay for primary care physician; \$50 copay for specialist (deductible waived for both)
Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)	20% for inpatient or surgical procedures only.	Inpatient: 40% Outpatient: 100% of negotiated fee, then 0% after out-of-pocket maximum is met.	50% (or 0% with \$10,000 plan)	30%	0%	0%	30% (or 0% with \$5,000 plan)	0%	40%	30% (or 0% with \$7,500 plan)	25%
Hospital / Facility Inpatient and Outpatient Services	20%	Inpatient: 40% Outpatient Surgery: 40% Other Outpatient Services: 100% of negotiated fee, then 0% after out-of-pocket maximum is met.	With \$750/\$1,500/\$2,500 plans: Inpatient: 50%, plus \$500 facility copay ² per day up to the first three days Outpatient: 50%, plus \$200 facility copay ² per admission With \$3,500/\$5,000/\$7,500/\$10,000 plans: Inpatient and Outpatient: 50% (or 0% with \$10,000 plan)	30%	0%	0%	30% (or 0% with \$5,000 plan)	0%	40% plus: Inpatient: \$500 copay per day for first four days, per admission Outpatient: \$500 copay per surgical admission	30% (or 0% with \$7,500 plan)	25%
Emergency Room Services (Additional \$100 copay applies; waived if admitted)	20%	40%	50% (or 0% with \$10,000 plan) (Additional \$100 copay is not applicable)	30%	0%	0%	30% (or 0% with \$5,000 plan)	0%	40%	Covered - 30% (or 0% with \$7,500 plan)	25%
Preventive Care	Routine mammogram, Pap and PSA tests: 20% (deductible waived) HealthyCheck SM Centers: \$25/\$75 copay for basic/premium screening (deductible waived)	For members covered more than 6 months ² (deductible waived): - Routine mammogram, Pap and PSA tests: 40% - Childhood immunizations through age 6: 40% HealthyCheck SM Centers: \$25/\$75 copay for basic/premium screening (deductible waived)	Routine mammogram, Pap and PSA tests: 50% (or 0% with \$10,000 plan) HealthyCheck SM Centers: \$25/\$75 copay for basic/premium screening (deductible waived)	Annual physical exam: 30% Routine mammogram, Pap and PSA tests: 30% Well-Child (through age 6): 30% HealthyCheck SM Centers: \$25/\$75 copay for basic/premium screening (deductible waived)	Routine mammogram, Pap and PSA tests: 0% Well-Child (through age 6): 0% HealthyCheck SM Centers: \$25/\$75 copay for basic/premium screening (deductible waived)	Routine mammogram, Pap and PSA tests: 0% Well-Child (through age 6): 0% HealthyCheck SM Centers: \$25/\$75 copay for basic/premium screening (deductible waived)	Children and Adults: 0% (No cost to member ² ; deductible waived)	Children and Adults: 0% (No cost to member ² ; deductible waived)	Routine mammogram, Pap and PSA tests: \$40 office visit plus 40% Well-Child (through age 6): \$40 office visit plus 40% HealthyCheck SM Centers: \$25/\$75 copay for basic/premium screening	Deductible waived for the following services: Annual physical exam ¹ : 30% or HealthyCheck SM Centers: \$25/\$75 copay for basic/premium screening Routine mammogram, Pap and PSA tests: 30% Well-Child (through age 6): 40%	For members covered more than 6 months ^{1, 2} (deductible waived for the following): - Annual physical exam: \$30 copay - Routine mammogram, Pap and PSA tests: \$30 copay - Well-Child (through age 6): \$30 copay HealthyCheck SM Centers: \$25/\$75 copay for basic/premium screening (deductible waived)
Maternity	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Covered - 0%	Not Covered	Covered - 30% (or 0% with \$7,500 plan)	Not Covered
Prescription Drugs	Not Covered	- Tier 1 (Generic drugs): \$15 copay \$2,000 annual drug deductible per member applies before the following: - Tier 2 (Formulary Brand name drugs): \$35 copay - Specialty: 25% up to a \$2,500 annual drug out-of-pocket maximum, in addition to \$2,000 annual deductible NOTE: ClearProtection and CoreGuard have their own Drug Formulary	- Tier 1 (Generic drugs): \$15 copay \$2,000 annual drug deductible per member applies before the following: - Tier 2 (Formulary Brand name drugs): \$35 copay - Specialty: 25% up to a \$2,500 annual drug out-of-pocket maximum, in addition to \$2,000 annual deductible NOTE: ClearProtection and CoreGuard have their own Drug Formulary	Standard Drug Coverage: - Tier 1 (Generic drugs): \$15 copay \$7,500 annual drug deductible per member applies before the following: - Tier 2 (Formulary Brand name drugs): \$40 copay - Tier 3 (Non-Formulary Brand name drugs): \$60 copay - Specialty: 25% up to a \$2,500 annual drug out-of-pocket maximum, in addition to \$7,500 annual deductible Upgrade Drug Coverage: Same drug benefits as above but with a \$500 annual drug deductible per member (instead of \$7,500)	Generic (Tier 1): \$15 copay Brand name (Tier 2): \$35 copay after \$500 annual Brand name deductible (2 member maximum)	After annual medical and drug deductible is met: Generic (Tier 1): \$15 copay Brand name (Tier 2): \$35 copay	After annual medical and drug deductible is met: 30% (or 0% with \$5,000 plan)	After annual medical and drug deductible is met: 0%	No Prescription Drug Coverage: Not Covered Generic Prescription Drug Coverage: Generic: \$15 copay Comprehensive Prescription Drug Coverage: Generic: \$15 copay Brand name: \$35 copay after \$500 annual Brand name deductible	With \$5,000 plan: Generic (Tier 1): \$15 copay Brand name (Tier 2): \$35 copay after \$750 annual Brand name deductible (2 member maximum) With \$3,500/\$7,500 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 (2 member maximum)	- Tier 1 (Generic drugs): \$15 copay \$500 annual drug deductible per member applies before the following: - Tier 2 (Formulary Brand name drugs): \$40 copay - Tier 3 (Non-Formulary Brand name drugs): \$60 copay - Specialty: 25% up to a \$2,500 annual drug out-of-pocket maximum, in addition to \$500 annual deductible.
Snapshot	<ul style="list-style-type: none"> Coverage primarily for hospitalization and emergency services allows some of our lowest premiums No doctors' office visits are covered until you meet your out-of-pocket maximum No Prescription Drug benefits Plan pays up to \$5 million per member 	<ul style="list-style-type: none"> Provides immediate coverage for first two office visits Outpatient deductible waived for basic preventive services and childhood immunizations after 6 months on the plan Some of our lowest premiums plus a broad range of coverage once the out-of-pocket maximum is met Includes Generic and Brand name drugs Plan pays up to \$4 million per member 	<ul style="list-style-type: none"> Simple plan design with a wide range of deductibles Higher cost-sharing allows lower premiums Includes Generic and Brand name drugs Plan pays up to \$4 million per member 	<ul style="list-style-type: none"> Solid protection that covers the essentials Annual physical exam benefit Higher cost-sharing allows lower premiums First three doctor visits covered before deductible Choice of two Prescription Drug coverages Plan pays up to \$7 million per member 	<ul style="list-style-type: none"> Very simple plan design One of our lowest out-of-pocket maximums Meet your medical deductible, then pay \$0 for most covered services in network Plan pays up to \$5 million per member 	<ul style="list-style-type: none"> Compatible with Health Savings Account (HSA), which you fund yourself and keep even if you leave the plan Meet your medical deductible, then pay \$0 for most covered services in network Plan pays up to \$5 million per member 	<ul style="list-style-type: none"> Compatible with Health Savings Account (HSA), which you fund yourself and keep even if you leave the plan Preventive care covered at no cost to member in network Plan pays up to \$7 million per member 	<ul style="list-style-type: none"> Compatible with Health Savings Account (HSA), which you fund yourself and keep even if you leave the plan Preventive care covered at no cost to member in network Maternity coverage Plan pays up to \$5 million per member 	<ul style="list-style-type: none"> Immediate benefits (no medical deductible) Single policy coverage (each family member gets their own policy) Choice of three different drug coverage options Plan pays up to \$5 million per member 	<ul style="list-style-type: none"> Unlimited doctors' office visits with predictable copays, before the deductible Annual physical exam benefit Maternity coverage Plan pays up to \$5 million per member 	<ul style="list-style-type: none"> Unlimited doctors' office visits with predictable copays, before the deductible Annual physical exam and preventive benefits with predictable copays Annual routine eye exam Plan pays up to \$7 million per member