

This overview shows your share of costs (after any deductibles) In-Network Benefits (You'll pay more out-of-network)	SmartSense (Z153-168)	Basic PPO 1000/2500 (7900/R418)	3500 Deductible PPO (R420)	PPO 3500 (HSA-Compatible) (T160)	Lumenos HSA		RightPlan PPO 40 (P958, PE48, PE49)	PPO Share 1500/2500/5000 (7889, 7891, H062)	Select HMO (PE43)	HMO Saver (7896)	Individual HMO (7898)	This overview shows your share of costs (after any deductibles) In-Network Benefits (You'll pay more out-of-network)
Annual Calendar Year Deductible(s) Take advantage of participating provider discounts for covered benefits before and after meeting the deductible	\$500/\$1,500/\$2,500/\$5,000 per member \$1,000/\$3,000/\$5,000/\$10,000 per family Family Deductible: After one family member's single deductible is satisfied, the remainder of the family deductible can be met by one or more other members	\$1,000/\$2,500 per member, inpatient or surgical procedures only (Once 2 family members each reach the deductible, the deductible is satisfied for the entire family.)	\$3,500 per member (Once 2 family members each reach the deductible, the deductible is satisfied for the entire family.)	\$3,500 per member \$7,000 aggregate* per family (combined for medical and prescription drugs)	Plans without Maternity (Individual/Family aggregate*) (combined for medical and prescription drugs) Plans with Maternity (Individual/Family aggregate*) (combined for medical and prescription drugs)	\$1,500 / \$3,000 / 30% Coinsurance \$3,000 / \$6,000 / 30% Coinsurance \$5,000 / \$10,000 / 0% Coinsurance \$1,500 / \$3,000 / 0% Coinsurance \$3,000 / \$6,000 / 0% Coinsurance \$5,000 / \$10,000 / 0% Coinsurance	No deductible	\$1,500/\$2,500/\$5,000 per member (Once 2 family members each reach the deductible, the deductible is satisfied for the entire family.)	No deductible	\$1,500 per member Inpatient/Outpatient Hospital Services and Ambulatory Surgical Centers	No deductible	Annual Calendar Year Deductible(s) Take advantage of participating provider discounts before an after meeting the deductible
Annual Calendar Year Out-of-Pocket Maximum (in addition to deductible)	\$2,500 per member \$5,000 aggregate* per family (Family maximum can be met by one or any number of family members.)	\$2,500 per member (Once 2 family members each reach the maximum, the maximum is satisfied for the entire 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)	Plans without Maternity (Individual/Family aggregate*) (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	\$7,500 per member	\$4,500/\$5,000/\$2,500 per member (Once 2 family members each reach the maximum, the maximum is satisfied for the entire family.)	\$3,000 per member (Once 2 family members each reach the maximum, the maximum is satisfied for the entire family.)	\$1,500 per member (Once 2 family members each reach the maximum, the maximum is satisfied for the entire family.)	\$3,000 per member (Once 2 family members each reach the maximum, the maximum is satisfied for the entire family.)	Annual Calendar Year Out-of-Pocket Maximum (in addition to deductible) Participating and non-participating services apply for PPO plans
					30% Coinsurance	0% Coinsurance						
Doctors' Office Visits	\$30 copay for first 3 visits, per member per year (deductible waived); after 3 visits and once deductible is met, then 30% of negotiated fee	No office visit benefits until out-of-pocket maximum is met, then you pay 0% of negotiated fee	\$0	\$0	30%	0%	\$40 copay	30% of negotiated fee/\$35 copay/\$40 copay (deductible waived)	\$25 copay	\$10 copay	\$10 copay	Doctors' Office Visits
Preventive Care	Annual physical exam(s): 30% of negotiated fee Routine mammogram, Pap and PSA tests ordered by physician: 30% of negotiated fee Well Child: 30% of negotiated fee	HealthyCheck SM Centers: \$25/\$75 copay for basic/premium screening (deductible waived) Routine mammogram, Pap and PSA tests ordered by physician: 20% of negotiated fee (deductible waived)	HealthyCheck SM Centers: \$25/\$75 copay for basic/premium screening (deductible waived) Routine mammogram, Pap and PSA tests ordered by physician: \$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 ordered by physician: \$0 Well Child (through age 6): \$0	0% (No cost to member ¹ ; deductible waived)	0% (No cost to member ¹ ; deductible waived)	HealthyCheck SM Centers: \$25/\$75 copay for basic/premium screening Routine mammogram, Pap and PSA tests ordered by physician: \$40 office visit plus 40% of negotiated fee Well Child (through age 6): \$40 office visit plus 40% of negotiated fee	Deductible waived for Preventive Care services Annual physical exam(s): 30% of negotiated fee OR HealthyCheck SM Centers: \$25/\$75 copay for basic/premium screening Routine mammogram, Pap and PSA tests ordered by physician: 30% of negotiated fee Well Child (through age 6): 40% of negotiated fee	\$25 copay for specific health maintenance services	\$10 copay for specific health maintenance services	\$10 copay for specific health maintenance services	Preventive Care
Professional Services (X-ray, lab, anesthesia, surgeon, etc.)	30% of negotiated fee	20% of negotiated fee for inpatient or surgical procedures only. No office visit benefits until out-of-pocket maximum is met, then you pay 0% of negotiated fee	\$0	\$0	30%	0%	40% of negotiated fee	30% of negotiated fee	No charge for office-related services	No charge for office-related services	No charge for office-related services	Professional Services (X-ray, lab, anesthesia, surgeon, etc.)
Hospital Inpatient/ Outpatient	30% of negotiated fee	20% of negotiated fee ¹	\$0 ¹	\$0 ¹	30%	0%	40% of negotiated fee ¹ plus: Inpatient: \$500 copay per day for first four days, per admission Outpatient: \$500 copay per surgical admission	30% of negotiated fee ¹	Inpatient: \$250 copay per day for first four days, then 0% of negotiated fee, per admission Outpatient: 20% of negotiated fee for services; \$250 per surgery	20% of negotiated fee (subject to deductible)	20% of negotiated fee	Hospital Inpatient/ Outpatient
Emergency Room Services (Additional \$100 copay applies; waived if admitted)	30% of negotiated fee	20% of negotiated fee	\$0	\$0	30%	0%	40% of negotiated fee	30% of negotiated fee	20% of negotiated fee	20% of negotiated fee (subject to deductible)	20% of negotiated fee	Emergency Room Services (Additional \$100 copay applies; waived if admitted)
Maternity	Not covered	Not covered	Not covered	Not covered	Not covered	0% after deductible, only with Maternity plan; otherwise not covered	Not covered	30% of negotiated fee	Office Visits: \$25 copay Inpatient: \$250 per day copay for first four days, then 0% of negotiated fee per admission	Office Visits: \$10 copay Inpatient/Outpatient: After deductible, 20% of negotiated fee	Office Visits: \$10 copay Inpatient/Outpatient: 20% of negotiated fee	Maternity
Prescription Drugs (Amounts shown are copays for each 30-day retail or in-network mail order supply)	Generic Prescription Drug Coverage \$15 copay (or 40%, whichever is greater) Comprehensive Prescription Drug Coverage Generic: \$15 copay (or 40%, whichever is greater) Brand-name/specialty: \$500 annual deductible (2-member max) applies to the following: Brand-name: \$15 copay (or 40%, whichever is greater; not to exceed \$500 per prescription) Specialty: 40% \$4,500 Annual Out-of-Pocket Maximum (the most you will pay) In-network only; in addition to brand-name/specialty drug deductible	Not covered	\$10 generic; \$30 brand-name copay after \$500 annual brand-name deductible (2-member maximum)	\$10 generic; \$30 brand-name copay after annual deductible	30%	0%	No Prescription Drug Coverage Not covered Generic Prescription Drug Coverage \$10 generic Comprehensive Prescription Drug Coverage \$10 generic; \$30 brand-name copay after \$500 brand-name deductible	\$10 generic; \$30/\$30/\$35 brand-name copay after \$250/\$500/\$750 brand-name deductible (2-member maximum)	\$10 generic; \$30 brand-name copay after \$250 brand-name deductible (2-member maximum)	\$10 generic; \$30 brand-name copay after \$250 brand-name deductible (2-member maximum)	\$10 generic; \$30 brand-name copay after \$250 brand-name deductible (2-member maximum)	Prescription Drugs (Amounts shown are copays for each 30-day retail or in-network mail order supply)
Snapshot	<ul style="list-style-type: none"> Reliable, basic protection Some of our lowest monthly rates First three doctor visits covered before deductible Fourth-quarter deductible carryover feature 	<ul style="list-style-type: none"> Coverage primarily for hospitalization and emergency services Some of our lowest monthly rates No doctors' office visits are covered until you meet your out-of-pocket maximum No prescription drug benefits 	<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 	<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 Combined medical/prescription drug deductible 	<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 Choice of plans with or without maternity coverage Combined medical/prescription drug deductible 	<ul style="list-style-type: none"> Simple, immediate benefits including doctors' office visits No medical deductible Choice of prescription drug benefits, including a lower-cost "no drug coverage" plan 	<ul style="list-style-type: none"> Immediate benefits for doctors' office visits Annual physical exam benefit Maternity coverage 	<ul style="list-style-type: none"> Exclusive network of nearly 17,000 doctors and more than 350 hospitals in 22 California counties to help keep premiums lower Immediate, no-deductible benefits Maternity coverage 	<ul style="list-style-type: none"> Network of more than 30,000 doctors and 375 hospitals Medical deductible for hospital and emergency services to help keep premiums lower Maternity coverage 	<ul style="list-style-type: none"> Network of more than 30,000 doctors and 375 hospitals Immediate, no-deductible benefits Maternity coverage 	Snapshot	

See the Anthem Blue Cross Lumenos Consumer-Driven Health Plans brochure for more Lumenos plan options

You Choose



Individual and Family Health Care Plans for California



Ready to Enroll?

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Offered by Anthem Blue Cross: PPO Share 2500/1500, Individual HMO, HMO Saver and Select HMO. Offered by Anthem Blue Cross Life and Health Insurance Company: SmartSense, Basic PPO 1000/2500, PPO Share 5000, RightPlan PPO 40, 3500 Deductible PPO, PPO 3500 (HSA-Compatible) and Lumenos HSA.

Benefits effective 3/1/08 BCABR1489C (5/08)

Why Do I Need Health Coverage?

You probably know why. But here goes.

Because things happen.

Even if you're healthy right this minute, you could be caught off-guard by an unexpected illness or injury. Why take that chance?

Because it helps protect your \$\$\$.

Did you know that without health coverage, you could pay an average of \$9,989 a day in the hospital? The financial risk you take without health coverage just isn't worth it.

Because it can give you peace of mind.

Health coverage gives 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. How priceless is that?

We know what you're probably thinking ...

I can't really afford it, can I?

Oh yes, you can! Plans from Anthem Blue Cross can easily fit your budget, no matter where you are in your life right now. You can choose what works 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! Why? 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. Rest assured, you're not in this alone.

For SmartSense, PPO 3500 (HSA-Compatible) and Lumenos HSA Plans

*When one or more family members' eligible covered expenses (combined) meet the aggregate amount, the requirement is satisfied for all covered family members.

For Basic PPO 1000/2500, 3500 Deductible PPO, PPO 3500 (HSA-Compatible), RightPlan PPO 40 and PPO Share Plans

1 Additional \$500 admission charge at participating hospitals (no additional charge for preferred participating) is for inpatient stays or outpatient surgery or infusion therapy. The charge is not required for ambulatory surgical centers or medical emergencies.

For Lumenos Plans

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

For All HMO Plans

• These plans do not cover services by non-participating providers except for emergency services and prescription drugs.
• In order to receive HMO benefits, you must choose a provider within a 30-mile radius of your home or work.

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

Why Term Life Insurance?

Losing a loved one is hard enough without having to worry about financial obligations. Families are often unprepared for this sudden loss, and term life insurance can provide financial support and peace of mind at a difficult time. Here are just a few reasons why you'll want to purchase term life insurance from Anthem Blue Cross Life and Health Insurance Company:

- It's inexpensive – just pennies a day
- It's easy – no additional forms are required to enroll
- It's convenient – your life and health plan premiums will be on the same bill

For more information on our dental plans or life insurance,

	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

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

Why Dental Coverage?

We believe that a good dental plan should:

- Provide quality coverage at affordable rates
- Help minimize the cost of expensive dental care
- Contribute to your overall health

Improve your quality of life, self-confidence and appearance by making good oral health a part of your daily routine and by taking advantage of the benefits offered through our dental plans. Whether you choose the rich benefits and flexibility of our Dental Blue® PPO plans from Anthem Blue Cross Life and Health Insurance Company or comprehensive coverage at a lower cost with our Dental SelectHMO™ plans from Anthem Blue Cross, you'll get the benefits you need from a company you can trust.

Our Dental rates start as low as \$16 a month (depending on where you live) for our Dental Blue plans and \$11 a month for our Dental SelectHMO Plan.

