

A photograph of a man and a young child on a playground. The man, on the left, has curly hair and is wearing a yellow and white striped t-shirt. He is smiling and looking at the child. The child, on the right, is wearing a blue and white plaid shirt and is laughing joyfully. They are standing near a black metal railing, possibly part of a play structure. The background shows green trees and a building with a green roof.

**Our plans
fit your
plans.**

Basic PPO

What makes Anthem Blue Cross plans a smart choice?

- 1. A choice of plans to fit your budget.** No matter where you are in life, we have a plan that will fit your health care needs, as well as your budget.
- 2. One of the largest networks in California.** With nearly 60,000 PPO doctors and more than 350 hospitals throughout the state, the chances are that your doctor is one of ours. And all our network providers have lower rates for our members, so your share of medical costs will be less.
- 3. Coverage that travels with you.** No matter where life takes you, your health care coverage goes with you. And the BlueCard® program makes it easy to access network providers across the country.
- 4. Dental and life insurance.** To enhance your health and your family's financial future, we also offer dental and term life coverage.
- 5. Peace of mind.** You can relax knowing that we have been providing health care coverage and security to Californians for more than 70 years. We're committed to simplifying your life and improving your health.

Basic PPO

What's a PPO plan?

With a PPO (preferred provider organization) health care plan, you'll pay a lower share of your medical expenses when you use doctors or hospitals that participate in our PPO network. Your share of expenses includes:

- **Deductible:** Typically this is the amount you have to pay each calendar year for services that your health care plan covers before the plan begins paying. Please note that some plans may not have a deductible or may cover certain services before the deductible is met.
- **Coinsurance:** After your annual deductible is met, this is the percentage of the cost for which you will be responsible for services that your plan covers.

The amount of your deductible and coinsurance depends on which PPO plan you choose. A PPO plan will also pay a portion of the cost for services you may receive from non-participating (non-network) providers, but your share of the cost can be significantly higher.

Plan highlights

Basic PPO

This low cost plan provides basic and catastrophic coverage plus emergency services.

Features:

- Some preventive screenings covered before the deductible
- Hospital coverage in the event of a catastrophic illness or injury

You should know:

- Doctors' office visits are covered once you meet your annual out-of-pocket limit
- Prescription drugs are not covered unless you're hospitalized
- Maternity benefits are not included with this plan

See the Plan Benefits on the next page for details.

Is your doctor in our network?

Go to anthem.com/ca > "Find a Doctor."

Plan Benefits		Basic PPO	
		Network	Non-Network
Annual Deductible Choices	Individual	\$1,000 / \$2,500 per member Inpatient or surgical procedures only	
	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 Maximum ¹ <i>(in addition to deductible)</i>	Individual	\$2,500 / \$2,500 per member	
	Family	Each family member has an individual out-of-pocket maximum. Once 2 members each reach their individual out-of-pocket maximum, the maximum is satisfied for the entire family.	
Lifetime Maximum		Plan pays up to \$5 Million per member	

Covered Services The amounts shown are your share of costs after any deductible	Network	Non-Network
	Doctors' Office Visits	No office visit benefit until out-of-pocket maximum is met, then you pay \$0 of negotiated fee.
Professional Services <i>(X-ray, lab, anesthesia, surgeon, etc.)</i>	20% of negotiated fee for inpatient or surgical procedures only.	50% of negotiated fee, plus all excess charges, for covered inpatient or surgical procedures only.
Hospital Inpatient <i>(overnight hospital stays)</i>	20% of negotiated fee	All charges except \$650 per day
Hospital Outpatient <i>(if you don't stay overnight)</i>	20% of negotiated fee	All charges except \$380 per day
Emergency Room Services <i>(\$100 copay applies for each visit; waived if admitted as inpatient)</i>	20% of negotiated fee	20% of customary and reasonable fees plus all excess charges
Maternity	Not Covered	
Preventive Care <i>(tests ordered by physician are covered, including appropriate screening for breast, cervical, ovarian, and prostate cancer)</i>	HealthyCheck SM Centers: \$25 / \$75 copay for basic/premium screening <i>(deductible waived)</i> Routine mammogram, Pap and PSA tests: 20% of negotiated fee <i>(deductible waived)</i>	Routine mammogram, Pap and PSA tests: 50% of negotiated fee plus all excess charges <i>(deductible waived)</i>
Chiropractic Services	Not covered unless during inpatient admission	
Prescription Drug Coverage	Network	Non-Network
Comprehensive Prescription Drug Coverage	Not Covered	
Generic Prescription Drug Coverage	Not Covered	

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 the annual calendar year out-of-pocket limit except where specifically noted in the policy.

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



Why dental coverage?

Dental care can play an important role in your overall health. Regular checkups and cleanings can help detect the early signs of oral health problems, reduce the risk of permanent damage to your teeth and gums, and prevent costly treatments down the road.

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.

Why 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

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

What Individual health care plans do not cover

The following Exclusions and Limitations will help you understand what the Basic PPO plan does not include before you enroll. These listings are an overview only. For a comprehensive list of the plans' exclusions and limitations, you can request a copy of a Policy/Combined Evidence of Coverage and Disclosure Form (EOC) booklet. Just ask your agent or contact Anthem Blue Cross.

Exclusions and Limitations

- Maternity or pregnancy care.
- Acupuncture/Acupressure
- Conditions covered by workers' compensation or similar law.
- Experimental or investigative services.
- Services provided by a local, state, federal or foreign government, unless you have to pay for them.
- 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.
- Hearing aids.
- Contraceptive drugs and/or certain contraceptive devices, except as specifically stated in the Policy/EOC.
- 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.
- Mental and nervous disorders and substance abuse, except as specifically stated in the Policy/EOC.
- Certain orthopedic shoes or shoe inserts, except as specifically stated in the Policy/EOC.
- Services or supplies related to a preexisting condition.
- Outdoor treatment programs.
- Telephone or facsimile machine consultations.
- Educational services except as specifically provided or arranged by Anthem Blue Cross.
- Nutritional counseling or 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.
- Certain genetic testing.
- Outpatient speech therapy, except as specifically stated in the Policy/EOC.
- Any amounts in excess of maximums stated in the Policy/EOC.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting.
- Services or supplies provided to any person not covered under the Agreement in connection with a surrogate pregnancy.
- Preventive benefits, except for Pap and PSA tests, and mammograms not specifically listed in the Policy.
- Physician office visits and associated costs, except as specifically described in the Policy.
- Physical or occupational therapy or chiropractic services, except those provided during an inpatient hospital confinement.

Incurred medical care ratio

As required by law, we are advising you that Anthem Blue Cross and its affiliated companies incurred medical care ratio for 2008 was 80.38 percent. This ratio was calculated after provider discounts were applied.

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 Blue Cross will credit the time you were enrolled on the previous plan. Consult with your Anthem Blue Cross agent or representative if you have a question about the underwriting process.

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.

Ready to Enroll?
Call your Anthem Blue Cross
Agent today!

No-obligation review period

After you enroll in a plan offered by Anthem Blue Cross, 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.

**This brochure provides a brief summary of benefits and services.
If there is any difference between this brochure and the Policy, the Policy will prevail.**

Dental SelectHMO plans are offered by Anthem Blue Cross. Basic PPO, Dental Blue PPO and Term Life are offered by Anthem Blue Cross Life and Health Insurance Company. 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 is a registered trademark of Anthem Insurance Companies, Inc. © The Blue Cross name and symbol are registered marks of the Blue Cross Association.

