



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 covered services during the waiting periods, after the annual maximum has been met or if you exceed frequency limitations allowed for a covered service. 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. 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.

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 all plans except Lumenos HSA Plus:

1. Prescription drug expenses do not apply toward this plan deductible or out-of-pocket maximum; they will apply toward the separate out-of-pocket maximums shown under the Prescription Drug benefits.

For ClearProtection Plus:

2. The Outpatient, Professional and Diagnostic Services deductible is satisfied once you meet the out-of-pocket maximum.

For CoreGuard Plus plans with \$750/\$1,500/\$2,500 Individual deductibles:

3. 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 charges subject to deductible and coinsurance.

Note: Anthem plans cover preventive services that are recommended by such agencies as the U.S. Preventive Services Task Force, the American Cancer Society®, the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, the American Academy of Family Physicians and the Health Resources and Services Administration (HRSA).

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 each day you're 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.

It's complicated and confusing, isn't it? This is where your Anthem 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 agent. Rest assured, you're not in this alone.

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.

Ready to enroll?

Call your Anthem Blue Cross agent today!

Anthem Blue Cross
Health. Join In.

This is intended to be a brief overview of benefits and services 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.

This summary of benefits complies with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

PPO Share is offered by Anthem Blue Cross. ClearProtection Plus, CoreGuard Plus, SmartSense Plus, Premier Plus, Lumenos HSA Plus, 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 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.

Anthem Blue Cross
Health. Join In.

You Choose



Individual and Family Health Care Coverage Plans for California

CABR10015YC (3/11)



Take advantage of network discounts for covered benefits both before and after meeting the deductible.

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	Premier Plus	PPO Share	Lumenos [®] HSA Plus			SmartSense [®] Plus	ClearProtection [™] Plus	CoreGuard [™] Plus
			Single Policy Coverage	Family Policy Coverage	Family Policy Coverage			
Calendar Year Deductible¹	\$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	\$3,500/\$5,000/\$7,500 per member	\$3,000/\$4,500/\$5,950	\$3,500/\$5,500 per family	\$7,500/\$11,900 per family	\$1,000/\$2,000/\$3,500/\$6,000 per member \$2,000/\$4,000/\$7,000/\$12,000 maximum per family	#1 Deductible for Inpatient, Outpatient 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 ² : \$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
Coinsurance	25%	30%	0%	0%	0%	30%	40% for Inpatient, Outpatient Surgical and Emergency Room Services 0% for Outpatient, Professional and Diagnostic Services	50% (or 0% with \$10,000 ¹ plan)
Calendar Year Out-of-Pocket Maximum¹ (in addition to deductible, unless otherwise noted)	\$4,500 per member \$9,000 maximum per family	\$4,000/\$2,500/\$0 per member	\$0 (This is satisfied once deductible is met)	\$0 per family (This is satisfied once deductible is met)	\$0 per family (This is satisfied once deductible is met)	\$3,500 per member \$7,000 maximum per family	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 ¹ plan)
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.	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.	Not applicable	This plan features an aggregate deductible. Either one or more members must meet the family deductible.	This plan features an embedded deductible. Once one family member reaches half the family deductible, the remaining amount of the family deductible needs to be met by one or more other family members.	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.
Doctors' Office Visits	\$30 copay for primary care physicians (deductible waived) \$50 copay for specialists (deductible waived)	\$40 copay (deductible waived)	0%	0%	0%	First 3 office visits (per member): \$30 copay (deductible waived) Additional office visits: 30% once deductible is met	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 ¹ plan)
Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)	25%	30% (or 0% with \$7,500 plan)	0%	0%	0%	30%	Inpatient: 40% Outpatient: 100% of negotiated fee, then 0% after out-of-pocket maximum is met.	50% (or 0% with \$10,000 ¹ plan)
Hospital / Facility Inpatient and Outpatient Services	25%	30% (or 0% with \$7,500 plan)	0%	0%	0%	30%	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 ¹ /\$2,500 plans: Inpatient: 50%, plus \$500 facility copay ³ per day up to the first three days Outpatient: 50%, plus \$200 facility copay ³ per admission With \$3,500/\$5,000 ¹ /\$7,500/\$10,000 ¹ plans: Inpatient and Outpatient: 50% (or 0% with \$10,000 ¹ plan)
Emergency Room Services (Additional \$100 copay applies; waived if admitted)	Additional \$100 copay is not applicable for Premier Plus	Covered - 30% (or 0% with \$7,500 plan)	0%	0%	0%	30%	40%	50% (or 0% with \$10,000 ¹ plan) Additional \$100 copay is not applicable for CoreGuard Plus
Preventive Care	Includes all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more. 0%, not subject to deductible	Includes all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more. 0%, not subject to deductible	Includes all nationally recommended preventive services including well-child, immunizations, PSA screenings, Pap tests, mammograms and more. 0%, not subject to deductible	Includes all nationally recommended preventive services including well-child, immunizations, PSA screenings, Pap tests, mammograms and more. 0%, not subject to deductible	Includes all nationally recommended preventive services including well-child, immunizations, PSA screenings, Pap tests, mammograms and more. 0%, not subject to deductible	Includes all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more. 0%, not subject to deductible	Includes all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more. 0%, not subject to deductible	Includes all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more. 0%, not subject to deductible
Maternity	Not Covered	30% (or 0% with \$7,500 plan)	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Prescription Drugs	- 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.	With \$5,000 plan: Tier 1 (Generic drugs): \$15 copay Tier 2 (Brand name drugs): \$35 copay after \$750 annual Brand name deductible (2 member maximum) With \$3,500/\$7,500 plans: Tier 1 (Generic drugs) : \$15 copay or 40%, whichever is greater Tier 2 (Brand name drugs) : \$15 copay or 40%, whichever is greater after \$750 annual Brand name deductible (2 member maximum)	0%	0%	0%	Standard Drug Coverage: - Tier 1 (Generic drugs): \$15 copay \$7,500 annual Prescription 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 Prescription 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 Prescription Drug deductible per member (instead of \$7,500)	- Tier 1 (Generic drugs): \$15 copay \$7,500 annual Prescription 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 Prescription Drug out-of-pocket maximum, in addition to \$7,500 annual deductible	- Tier 1 (Generic drugs): \$15 copay \$7,500 annual Prescription 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 Prescription Drug out-of-pocket maximum, in addition to \$7,500 annual deductible
Snapshot	<ul style="list-style-type: none"> Features one of our lowest coinsurance options Unlimited doctors' office visits with predictable copays before the deductible Annual routine eye exam 	<ul style="list-style-type: none"> Broad range of benefits ideal for young families Unlimited doctors' office visits with predictable copays, before the deductible Maternity coverage 	<ul style="list-style-type: none"> 100% coverage for network covered services once you meet the deductible Compatible with a Health Savings Account (HSA) which you fund yourself and keep even if you leave the plan Features a combined medical/pharmacy deductible so your payments for prescription drugs also apply toward the plan deductible 	<ul style="list-style-type: none"> 100% coverage for network covered services once you meet the deductible Compatible with a Health Savings Account (HSA) which you fund yourself and keep even if you leave the plan Features a combined medical/pharmacy deductible so your payments for prescription drugs also apply toward the plan deductible 	<ul style="list-style-type: none"> 100% coverage for network covered services once you meet the deductible Compatible with a Health Savings Account (HSA) which you fund yourself and keep even if you leave the plan Features a combined medical/pharmacy deductible so your payments for prescription drugs also apply toward the plan deductible 	<ul style="list-style-type: none"> Solid protection that covers the essentials Predictable copays for first three doctor visits before the deductible Choice of two Prescription Drug coverage options 	<ul style="list-style-type: none"> Some of our lowest premiums plus a broad range of coverage once the out-of-pocket maximum is met Predictable copays for first two doctor visits before the deductible Features two deductibles that work together to help you reach the total out-of-pocket maximum 	<ul style="list-style-type: none"> Higher percentage of member cost-sharing allows some of our lowest premiums Simple plan design Features a wide range of deductibles ↑ These deductibles refer to the individual member deductible amounts