

Affordability
Security
Protection

Individual Blue AccessSM

Blue Access Economy

*The protection you need
at a price you can afford.*



For Ohio residents

anthem.com

Are you protected?

You're healthy. You take care of yourself. You have bills to pay. For whatever reason, you may feel you don't need health care coverage. But, health situations can occur unexpectedly and medical bills can add up. In fact, medical bills play a factor in half of the individual bankruptcy filings in America.¹ This isn't hard to believe when you consider the cost of medical emergencies and treatments²:

Physician office visit	\$159
ER visit	\$330
Brain MRI	\$2,218
Appendectomy	\$11,360
Coronary bypass	\$54,236
Heart transplant	\$207,524

You can protect yourself with the affordable coverage of the Blue Access Economy Plan.

Individual Blue Access Economy Plan

Affordability in health care coverage. Security when you need it. Protection against severe financial loss. That's what you can expect from the Blue Access Economy Plan.

Affordable Coverage is within Your Reach

If you don't have health care coverage, you're not alone. More than 1 million people in Ohio don't have coverage.³ However, you can get reliable coverage that will help protect you and your family. With the Anthem Blue Access Economy Plan, you'll find the security you need at a price you can afford, especially since this plan offers:

- **A range of deductibles.** No major health concerns? Consider a higher deductible and pay a smaller premium. If you visit the doctor more often, think about a lower deductible. It may save you money in the long run.
- **Carryover deductible.** If the amounts applied to the deductible during the last three months of the calendar year do not satisfy the deductible for that benefit period, they will be applied toward the deductible for the following calendar year. (This does not apply to out-of-pocket limits.)
- **Office visit benefit.** You pay a \$30 copayment for the first three office visits. The deductible does not apply to these office visits.
- **Prescription drug coverage.** You'll save money when your doctor prescribes medications from Anthem's formulary.

Coverage You Need, When You Need It

Blue Access is a preferred provider organization (PPO) plan. With this type of plan, you pay less out of pocket and Anthem pays more if you obtain service from a provider in Anthem's network. But, you also have the freedom to choose a non-network health care professional at a lower benefit level. The choice is yours.



Network — saving you money, eliminating hassles

When you work with network providers, you can take advantage of:

- **Effective health care coordination** — it's often easier for providers within the same network to coordinate your care, if needed.
- **Potential cost savings** — copayments, deductibles and out-of-pocket limits are lower when using network providers.
- **Less paperwork hassle** — your network provider will do the paperwork for you.

Check out the Directory of Network Providers. Chances are, you'll find your current doctor or local hospital in the network. Go to anthem.com for the most up-to-date listing.

While it's more cost effective to see a network provider, you have the freedom to see any doctor you choose with the Blue Access Economy Plan. When you use a non-network provider, you may have to pay more for claims.

Coverage while traveling

With the Blue Access Economy Plan, you get great health coverage, even when you're on the go. Through the BlueCard® program, you have access to a nationwide network of hospitals and physicians. To receive the highest level of benefits, just call **(800) 810-BLUE** for the location of a participating provider. Of course, in case of an emergency, go to the nearest hospital immediately.



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You Get More from Anthem

Your life is busy enough. Managing your health benefits shouldn't get in the way. That's why you can visit **MyAnthem™**, accessed through **anthem.com**, any time, day or night, for quick and easy access to your health plan information.



With **MyAnthem**, you can:

- find a doctor or hospital
- order a new ID card
- view your benefits
- check a claim status
- change your address
- see if a medication is on the Anthem formulary
- save money on health-related products and services with **SpecialOffers@AnthemSM**
- find personalized health information, fun quizzes and handy calculators at **MyHealth@Anthem®**
- compare hospitals and check out treatment options when you register with **Subimo's Healthcare Advisor™**

Eligibility

You and your family can apply for the Blue Access Economy Plan. Family coverage includes you, your spouse, any dependent child to the end of the calendar month in which the child turns 19, or to age 25 if the child qualifies as a full-time student or qualifies as a federal income tax exemption.

In addition, you and your dependents must be:

- Ohio residents
- a legal resident of the U.S.
- not currently pregnant or an expectant parent

You Choose the Best Payment Options

You have the choice of the following payment options:

- **Automatic bank draft** — Authorize your bank to transfer funds directly to Anthem on a monthly, quarterly, semi-annual or annual basis. If you choose this option, submit your first month's premium and a **blank** voided check along with your application.
- **Direct billing** — Anthem can bill you on a monthly, quarterly, semi-annual or annual basis.

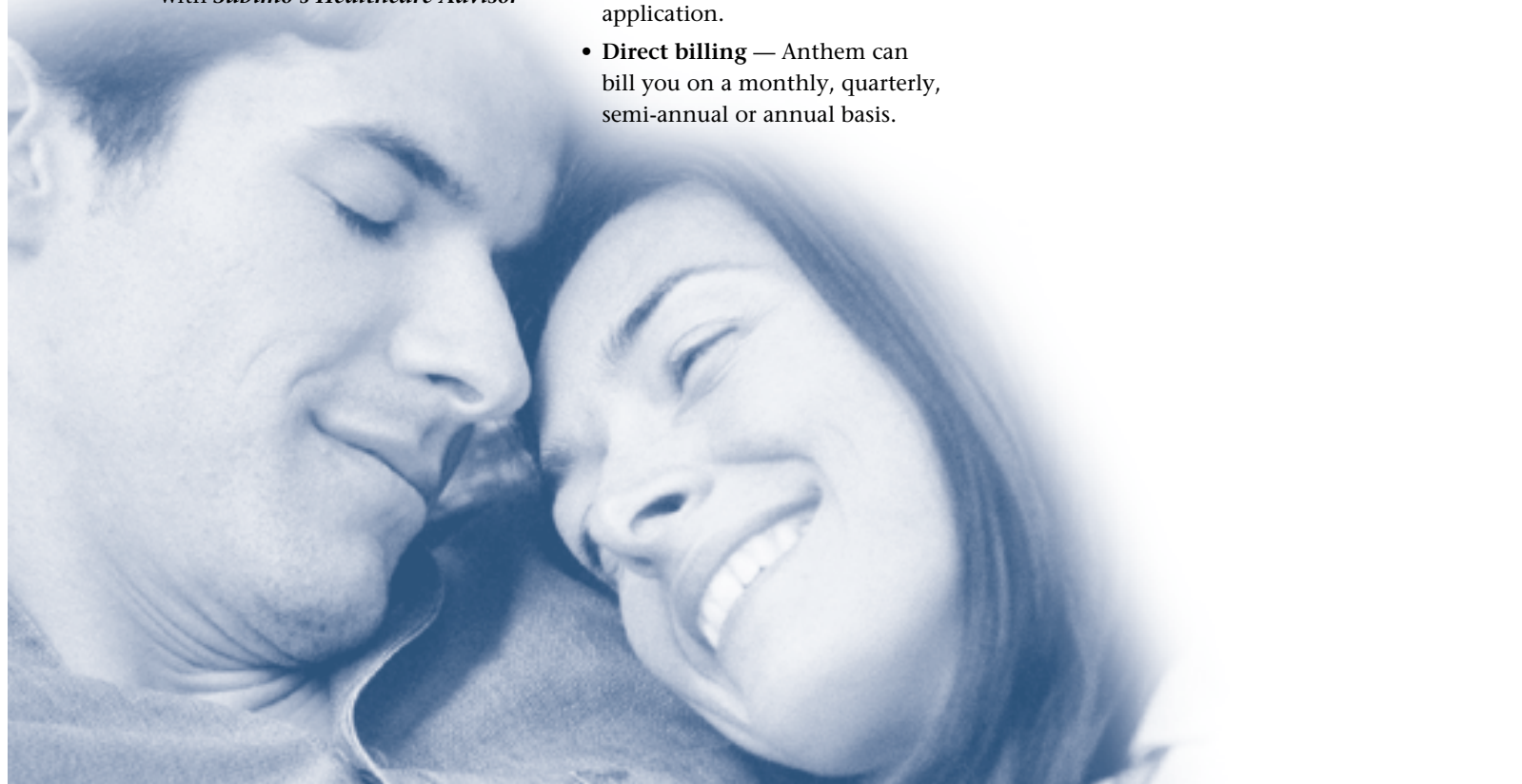
It's Easy to Apply

If you're looking for a flexible plan with the security of Anthem Blue Cross and Blue Shield, Blue Access Economy Plan is the choice for you.

Applying only takes a moment.

- Complete the attached application using a black or blue ballpoint pen.
- Include your name and phone number.
- Indicate a deductible rate.
- Answer all medical questions and include your physician's name and phone number.
- Sign and date the application, where necessary.
- Mail the application to your agent or Anthem representative.

Upon approval, Anthem will send you an ID card and certificate.



Individual Blue Access Economy Plan Benefit Summary

Covered Benefits	Network - You Pay	Non-network - You Pay
Calendar-year deductible	\$500 individual/\$1,000 family \$1,000 individual/\$2,000 family \$1,500 individual/\$3,000 family \$2,500 individual/\$5,000 family	\$1,500 individual/\$3,000 family \$2,000 individual/\$4,000 family \$2,500 individual/\$5,000 family \$3,500 individual/\$7,000 family
Out-of-pocket Limit (includes deductible)	\$3,500 individual/\$7,000 family \$4,000 individual/\$8,000 family \$4,500 individual/\$9,000 family \$5,500 individual/\$11,000 family	\$7,500 individual/\$15,000 family \$8,000 individual/\$16,000 family \$8,500 individual/\$17,000 family \$9,500 individual/\$19,000 family
Lifetime Maximum	\$5,000,000 maximum per member for Network and Non-network services combined	
Non-network Penalty	Not applicable	50% ¹
Prescription Drugs Generic Formulary Drugs	\$15 per prescription ² ; \$500 maximum per person per calendar year for Network and Non-network combined (30-day supply, not subject to deductible)	50% ² ; \$500 maximum per person per calendar year for Network and Non-network combined (30-day supply, not subject to deductible)
Brand-name Formulary Drugs	Not covered	Not covered
Generic Non-formulary Drugs	\$15 per prescription ² ; \$500 maximum per person per calendar year (30-day supply, not subject to deductible).	50% ² ; \$500 maximum per calendar year for Network and Non-network combined (30-day supply, not subject to deductible)
Brand Non-formulary Drugs	Not covered	Not covered
Mail Service Generic Formulary Drugs	Not covered	Not covered
Mail Service Brand-name Formulary Drugs	Not covered	Not covered
Mail Service Generic or Brand Non-formulary Drugs	Not covered	Not covered
Preventive Care	Not covered, except Mammography and Pap Test, \$85 maximum per year on Mammography Services, 30% ¹	Not covered, except Mammography and Pap Test, \$85 maximum per year on Mammography Services, 50% ¹
Well Child Care	From birth to 12 months; \$500 maximum, 30% ¹ From age 1 to 9; \$150 maximum per year, 30% ¹	From birth to 12 months; \$500 maximum, 50% ¹ From age 1 to 9; \$150 maximum per year, 50% ¹
Physician Office Services	\$30 copayment for the first 3 office visits per person per calendar year. The deductible does not apply to these office visits. ^{2,3} 4+ office visits 30% ¹ , 30% ¹ for other office services	50% ¹
Inpatient Hospital Services	30% ¹	50% ¹
Outpatient Services	30% ¹	50% ¹
Diagnostic Services	30% ¹	50% ¹
Emergency Room for Emergency Care	30% ¹	30% ^{1,4}
Urgent Care (in Urgent Care Center)	30% ¹	30% ¹
Mental Health Conditions Inpatient and outpatient substance abuse rehabilitation programs are limited to two per lifetime. Inpatient mental health and substance abuse services Benefit period maximums - 10 days per benefit period (Network and Non-network combined per benefit period; \$550 combined maximum for Non-network inpatient and outpatient substance abuse) Outpatient mental health and substance abuse services Benefit period maximums - 10 visits per benefit period (Network and Non-network combined per benefit period; \$550 combined maximum for Non-network inpatient and outpatient substance abuse)	30% ¹ \$30 copayment for the first 3 office visits per person per calendar year. The deductible does not apply to these office visits. ^{2,3} 4+ office visits 30% ¹ , 30% ¹ for other services	50% ¹ 50% ¹
Outpatient Therapy Services Maximum visits per benefit period for: • Physical therapy • Speech therapy • Occupational therapy • Spinal manipulations	\$30 copayment for the first 3 office visits per person per calendar year. The deductible does not apply to these office visits. ^{2,3} 4+ office visits 30% ¹ , 30% ¹ for other office services 10 visits maximum for Network and Non-network combined 10 visits maximum for Network and Non-network combined 10 visits maximum for Network and Non-network combined 6 visits maximum for Network and Non-network combined	50% ¹ 10 visits maximum for Network and Non-network combined 10 visits maximum for Network and Non-network combined 10 visits maximum for Network and Non-network combined 6 visits maximum for Network and Non-network combined
Home Health Care Services Maximum visits per benefit period - 60 visits	30% ¹	50% ¹
Hospice Services	0% (not subject to deductible)	0% (not subject to deductible)
Human Organ and Tissue Transplant Services (for kidney and cornea transplants, services covered same as any other illness under Medical.)	30% (network transplant facility) ¹	50% ¹ (non-network transplant facility), copayment does not apply to out-of-pocket maximums
Transportation, Lodging and Meals	30% ¹	50% ¹
Medical Supplies, Durable Medical Equipment and Appliances	50% ¹	50% ¹
Maternity Services	Not covered	Not covered

1 Services subject to calendar-year deductible. Network and Non-network deductibles are separate and do not accumulate towards each other.

2 Copayment does not apply to deductible or out-of-pocket maximums.

3 **\$30 copayment for the first 3 office visits includes Physician office visits, Mental Health office visits and Outpatient Therapy office visits combined. Subsequent office visits subject to deductible and 30% coinsurance.**

4 Emergency Care rendered by a Non-network Provider will be covered as a Network service, however, the member may be responsible for the difference between the Non-network Provider's charge and the amount that Anthem determines is the maximum amount payable for covered services the member receives, in addition to any applicable copayment or deductible.

Exclusions and limitations apply to the plan. Please see certificate for details,

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Plan Exclusions

Anthem's Blue Access Economy plan does not provide benefits for services, supplies or charges related to: pre-existing conditions (see Pre-existing conditions section); private duty nursing; maternity; experimental or investigative treatment; preventive care, and treatment of the teeth or gums, except as specified in your Certificate; charges in excess of the maximum allowable amount; treatment that is primarily intended to improve your appearance; weight loss or treatment of obesity; hearing aids; eyeglasses or contact lenses; radial keratotomy or keratomileusis or excimer laser photo; care provided by a member of your family; artificial insemination, fertilization, infertility drugs, sterilization reversal; sex transformation surgery; artificial or mechanical hearts; custodial care; contraceptives; and services which we determine not medically necessary. This is a partial listing of exclusions contained in the plans. Consult your Certificate and Schedule of Benefits for a complete list of benefits, exclusions and maximum payment levels.

Pre-existing conditions

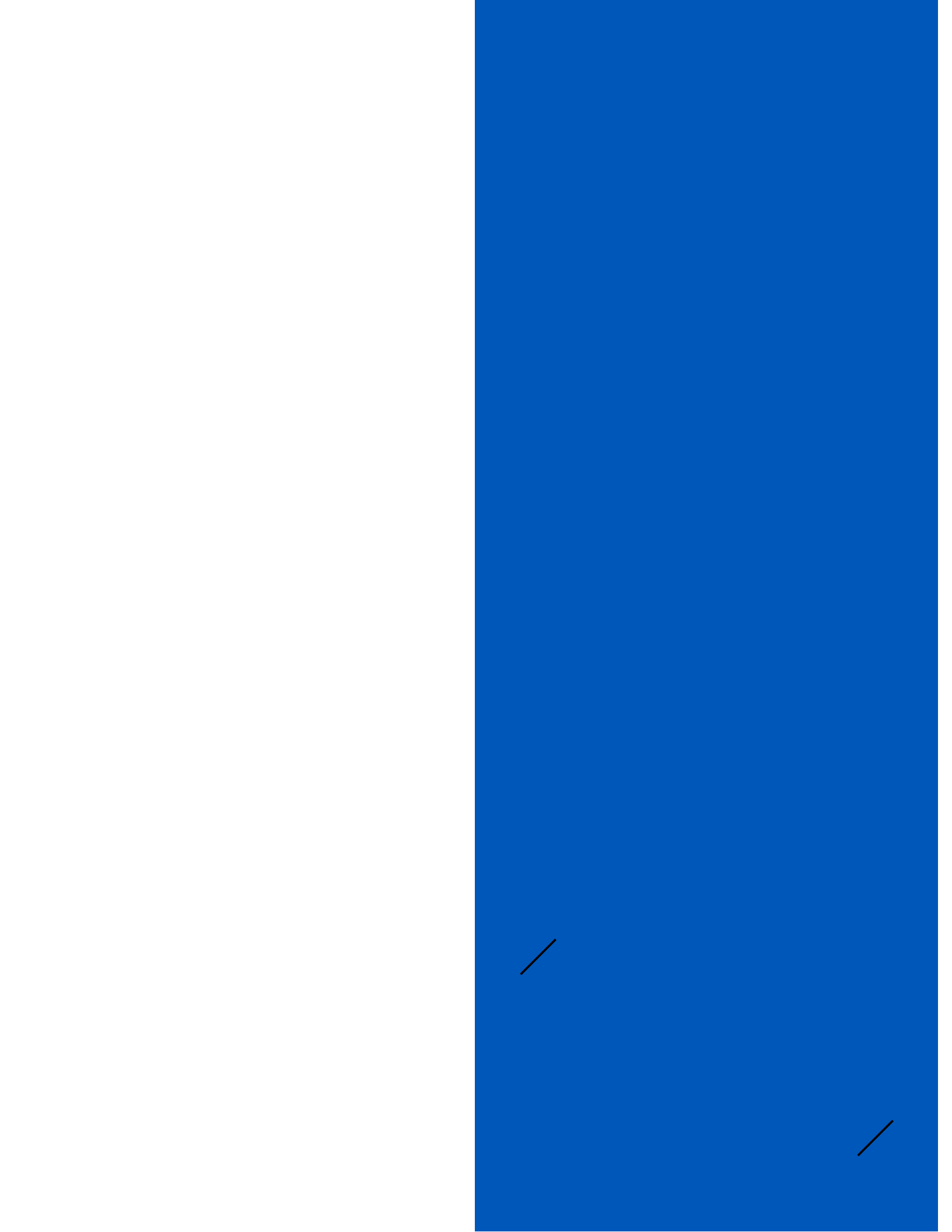
Pre-existing conditions are limited to 12 months after enrollment. A pre-existing condition is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within six months immediately prior to your enrollment date.

To Ensure Your Satisfaction

If you are not satisfied with your Blue Access coverage, you may cancel it within 10 days after you receive your certificate. If no claims were submitted, upon cancellation you will receive a full refund of the premium paid.

Thank You for Considering Anthem

Thank you for considering Anthem Blue Cross and Blue Shield. We've been providing health care coverage to millions of people for more than 60 years. We hope to have the chance to serve you, too.





**For more information,
visit our Web site at
anthem.com.**

This brochure is for informational purposes only and it is not intended to serve as a legal interpretation of benefits. Reasonable effort is made to have this brochure represent the intent of the certificate language. However, the certificate stands alone and is not considered as supplemented or amended in any way by the explanations or examples included in this brochure. Also, the certificate may contain additional benefits or exclusions which are not set out in this brochure.

¹ New York University Law Review, 2001.

² Anthem billed charges report, 2003

³ U.S. Census Bureau, 2002; BlueCross BlueShield Association analysis.

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