



Anthem 

*You can have an  
affordable managed care  
plan with the freedom of  
choice and the security of  
Anthem Blue Cross and  
Blue Shield — Blue Access.*

**Individual Blue Access<sup>SM</sup>**

[anthem.com](https://www.anthem.com)

 **For Ohio residents**

P-207 Rev. 5/03

# Individual Blue Access

*Freedom with affordability is a perfect combination for your health care coverage. We give you both.*

You care about your health. That's why you are actively seeking health care coverage. At Anthem Blue Cross and Blue Shield, we understand this. We also know your needs are unique. That's why we offer you choices. We can help you choose a plan to fit your specific needs and budget. With Blue Access, you can choose from:

- **Three levels of health care coverage** —

Whether you're running a small business or racing to early retirement, you can choose the level of health coverage that is best for you.

- **A range of deductibles** —

You can choose a deductible as small as \$250 or as large as \$5,000, depending on your individual or family health care coverage needs.

*Note: If any 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 will not apply to the out-of-pocket limits.*

- **Prescription drug coverage** —

If you rarely fill a prescription, you may opt for less coverage; but if you use maintenance medications, you may want more. Once again, it's up to you.

Options that fit your needs. It's just what you'd expect from the company that has provided quality health care coverage to millions of people for nearly 70 years.

## About Blue Access

Blue Access is a preferred provider organization (PPO) product with a large network of physicians and hospitals. As a Blue Access member, you pay less out of pocket — and Anthem pays more — if you obtain care from Anthem network providers.



Working with network providers can offer you:

- effective health care coordination
- potential cost savings
- less paperwork hassle

Check out our Directory of Network Providers. Chances are, you will find your doctor or local hospital in the network. However, you have the freedom to choose a non-network provider. If you do so, you may first be required to obtain precertification by calling the Anthem Precertification Center (the toll-free number is listed on the back of your ID card) for certain services (except for emergency care). Otherwise, you may have a greater financial responsibility for claims anytime you see a non-network provider.

## An Ounce of Prevention

Good health care coverage does more than cover you when you're sick. It helps you stay healthy. That's why Blue Access provides preventive care for you and your covered dependents, including:

- well baby and well child care
- routine or periodic exams
- immunizations


## Coverage While Traveling

With Blue Access, you get 24 hour a day health care coverage — across the country and around the world. The BlueCard® program gives you access to a network of more than 85 percent of all hospitals and physicians nationwide.

- Receive the highest level of benefits for covered care and services when you call (800) 810-BLUE for the location of participating Blue Cross and Blue Shield providers.
- Call your physician for advice about appropriate treatment for urgent care.
- Go to the nearest health care facility for emergency care.
- Contact your physician within 24 hours or as soon as reasonably possible to coordinate follow-up care.

## Prescription Drug Coverage that Really Delivers

The rising cost of prescription drugs is becoming harder to swallow. Blue Access has convenient prescription drug benefits that help you control your out-of-pocket costs. All available generic drugs are included in Anthem's prescription formulary. Using generic drugs can help you manage your drug costs. Depending on the plan design you choose, Blue Access prescription benefits also include:

- affordable copays for brand medications — formulary and non-formulary 
- Anthem Rx Direct mail service

Around the corner or to your front door, you can have prescriptions filled at a fraction of most retail prices. Go to [anthem.com](http://anthem.com) for Anthem's prescription formulary.

### What is a formulary?

A formulary is a list of brand-name and generic medications that have been rigorously reviewed and selected by a committee of practicing doctors and clinical pharmacists for their quality and effectiveness.

You may help control the amount you pay for prescriptions by encouraging your doctor to prescribe medications from the Anthem formulary.

### Brand-name

A brand-name drug is usually available only from one manufacturer and may have patent protection.

### Generic

A generic drug has the same active ingredients as its brand-name counterpart. Normally, it is available only after the patent protection expires on a brand-name drug. Even though it may look different, the generic drug works the same as its corresponding brand-name medication.

Unless there is a clinical reason, all generic drugs are included on the Anthem formulary. So, by using generic versions whenever possible, you may save money.

### Benefit specifics

#### Copayments

Prescription payments made by the covered person for services do not count toward satisfying the calendar-year deductible or the out-of-pocket limit specified in the Schedule of Benefits. Your copayments assume the use of an Anthem Rx network pharmacy within your health plan's network.

#### Benefit information

Prescription drug coverage includes injectable insulin, syringes and drugs that under federal law may only be dispensed by written prescription, which are approved for general use for treatment of a given condition by the Food and Drug Administration (FDA), and which are adopted by the plan. The drugs must be dispensed by a licensed pharmacy provider for the outpatient use of the covered person during the period a covered person is eligible to receive benefits under the plan.

Benefits for covered prescription drugs are limited to quantities, which can reasonably be expected to be consumed or used within one month, or as otherwise authorized by the plan.

### Exclusions information

The following exclusion applies to your prescription benefit and can be found in your Contract. For more information, please refer to your Contract.

Drugs, except insulin, which could be purchased without a written prescription, or are not FDA-approved for treatment for a specified category of medical conditions, unless such use is consistent with standard medical practice and has been demonstrated as effective in published peer review medical literature as leading to improvement in health outcomes, or not included within the plan's formulary, if any. To receive maximum prescription drug benefits, ask your doctor to prescribe a medication on the formulary. Remember, if a drug from the formulary is prescribed, your copayment may be less than if a non-formulary drug (a drug not on the complete formulary list) is prescribed for you.

Look for the Anthem formulary on our web site at [anthem.com](http://anthem.com).





## ***Anthem's Program for Behavioral Health***

### **Information for our members**

The stresses and strains of daily life can take their toll on you or a loved one at any time. *Statistics show that one of every six adults seeks help for behavioral health concerns, including substance abuse, each year.* When everyday issues at home or on the job get out of hand, you need a place to turn to that can put things into perspective.

That's why Anthem is pleased to offer you our comprehensive program of behavioral health services, including treatment for substance abuse. Our program is administered by Magellan Behavioral Health, one of the nation's foremost providers of managed behavioral health care services. With one call to (800) 788-4003, you'll receive **comprehensive and confidential** management of behavioral health problems. You or your covered family members will receive care that assesses the concern or problem quickly and carefully, addresses it thoroughly and effectively and helps you get back to a productive life as quickly as possible.

### **Why Anthem's approach is better**

- **Easy, prompt access.** You and your covered family members have access to behavioral health and substance abuse services 24 hours a day, seven days a week, simply by calling (800) 788-4003.
- **Thoughtful, appropriate response.** Specially trained clinician care managers are skilled at determining necessary intervention. In an emergency, you will be put in touch immediately with a behavioral health expert.
- **An expert network.** Care is available through a carefully screened, statewide network of providers that includes physicians, psychologists, social workers, nurses, substance abuse specialists, and child and adolescent specialists. Providers are carefully chosen for their expertise in diagnosing and treating all types of behavioral health problems.
- **Strict confidentiality.** Anthem's behavioral health services are delivered in the strictest confidence. Staff and providers in our program follow strict confidentiality procedures. Our goal is full compliance with state and federal regulations regarding the release of patient information.

### **Anthem's commitment**

At Anthem, we believe that tending to your emotional well-being is just as important as caring for your physical health. That's why our behavioral health program goes out of its way to make these services easily accessible for you and your loved ones. We do this by making available prompt, professional assessment and treatment for your behavioral health concerns, with a goal of complete and lasting recovery.

**For behavioral health services, including treatment for substance abuse, call Magellan Behavioral Health at (800) 788-4003.**

## You Get More from Anthem

With Anthem, you get more than dependable health care coverage.

### Member discount programs

Just for being an Anthem member, you can receive discounts on health-related products and services with *Special Offers@Anthem*.

- Explore alternative paths to wellness with discounts on herbal supplements, visits to massage therapists and more.
- Shape up, slim down and save money.
- Receive discounts on vision products, Lasik vision correction, maternity essentials and much more.

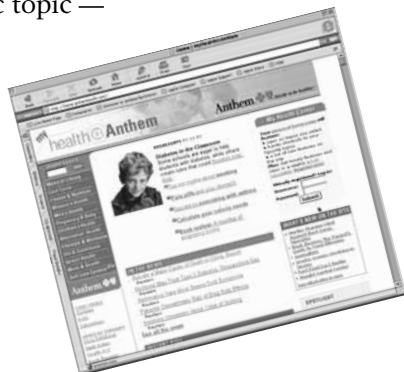
To learn more log on to **anthem.com** or contact your sales representative for a brochure.

### MyHealth@Anthem

From the benefits of strength training to the warning signs of diabetes, *MyHealth@Anthem* is your source for health-related information. With *MyHealth@Anthem*, you can:

- calculate your ideal weight.
- discover which foods fight cancer.
- register for a weekly newsletter.
- search for a specific topic — from acne to zinc.

Just log on to **anthem.com** and look for *MyHealth@Anthem*.



## Eligibility

You can apply for Blue Access coverage for yourself or with your family. Family health care coverage includes you, your spouse, and any dependent children through age 19, or to age 25 if child(ren) qualifies as a full-time student or qualifies as a federal income tax exemption.

You and your dependents must be:

- Ohio residents
- U.S. citizens (if not, green card or visa required)
- not currently pregnant or an expectant parent

## You Choose the Best Payment Option

You have the choice of the following premium 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 method, submit one month's premium with your application along with a voided check or a savings account deposit slip.
- **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 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 the plan desired.
- Indicate a deductible rate.
- Choose, if desired, the optional rider(s).
- Answer all medical questions and provide details including your physician's name and phone number.
- Sign and date the application where necessary.
- Mail the application and the premium to your agent or Anthem representative.

Upon approval, Anthem will send you ID card and Contract.

*Whether you are your own boss or searching for that perfect job, Plan 1 may be right for you.*



*Whether you are spending your day in the classroom or in the boardroom, Plan 2 will fit your needs.*



*If your working days are behind you, Plan 3 may be the right choice for you.*



## Individual Blue Access PPO Benefit Summary – Plan 1

Covered Benefits	Network - You Pay	Non-network -You Pay
<b>Calendar-year deductible</b>	\$500 individual/\$1,000 family \$1,000 individual/\$2,000 family \$2,500 individual/\$5,000 family \$5,000 individual/\$10,000 family	\$1,000 individual/\$2,000 family \$2,000 individual/\$4,000 family \$5,000 individual/\$10,000 family \$10,000 individual/\$20,000 family
<b>Out-of-pocket Limit (includes deductible)</b>	\$2,500 individual/\$5,000 family \$3,000 individual/\$6,000 family \$4,500 individual/\$9,000 family \$7,000 individual/\$14,000 family	\$5,000 individual/\$10,000 family \$6,000 individual/\$12,000 family \$9,000 individual/\$18,000 family \$14,000 individual/\$28,000 family
<b>Lifetime Maximum</b>	\$5,000,000 maximum for Network and Non-network services combined	
<b>Non-network Penalty</b>	Not applicable	50% <sup>1</sup>
<b>Prescription Drugs</b> Generic Formulary Drugs Brand-name Formulary Drugs Generic Non-formulary Drugs  Brand Non-formulary Drugs Mail Service Generic Formulary Drugs Mail Service Brand-name Formulary Drugs Mail Service Generic or Brand Non-formulary Drugs	\$15 per prescription <sup>2</sup> (30-day supply, not subject to deductible) Not covered \$15 per prescription <sup>2</sup> (30-day supply, not subject to deductible) Brand is not covered Not covered Not covered Not covered	50% <sup>2</sup> (30-day supply, not subject to deductible) Not covered 50% <sup>2</sup> (30-day supply, not subject to deductible)  Not covered Not covered Not covered Not covered
<b>Preventive Care and Well Child Care</b>	20% <sup>1</sup>	50% <sup>1</sup>
<b>Physician Office Services</b>	20% <sup>1</sup>	50% <sup>1</sup>
<b>Inpatient Hospital Services</b>	20% <sup>1</sup>	50% <sup>1</sup>
<b>Outpatient Services</b>	20% <sup>1</sup>	50% <sup>1</sup>
<b>Diagnostic Services</b>	20% <sup>1</sup>	50% <sup>1</sup>
<b>Emergency Room for Emergency Care</b>	20% <sup>1</sup>	20% <sup>1</sup>
<b>Urgent Care (in Urgent Care Center)</b>	20% <sup>1</sup>	20% <sup>1</sup>
<b>Mental Health Conditions</b> Benefits are provided only if authorized in advance. 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)	20% <sup>1</sup>  20% <sup>1</sup>	50% <sup>1</sup>  50% <sup>1</sup>
<b>Outpatient Therapy Services</b> Maximum Visits per benefit period for: • Physical therapy • Speech therapy • Occupational therapy • Spinal manipulations	20% <sup>1</sup>  20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 12 visits maximum for Network and Non-network combined	50% <sup>1</sup>  20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 12 visits maximum for Network and Non-network combined
<b>Home Health Care Services</b> Maximum visits per benefit period - 60 visits	20% <sup>1</sup>	50% <sup>1</sup>
<b>Hospice Services</b>	0% (not subject to deductible)	0% (not subject to deductible)
<b>Human Organ and Tissue Transplant Services</b> (for kidney and cornea transplants, services covered same as any other illness under Medical.) <b>Transplant Services Maximum</b> (lifetime maximum per member) \$1,000,000 lifetime combined network and non-network transplant provider services. Separate from medical lifetime of \$5,000,000. <b>Transportation, Lodging and Meals</b>	0% (network transplant facility, not subject to deductible)  0% (not subject to deductible)	50% <sup>1,2</sup> (non-network transplant facility)  50% <sup>1,2</sup>
<b>Medical Supplies, Durable Medical Equipment and Appliances</b>	50% <sup>1</sup>	50% <sup>1</sup>
<b>Maternity Services</b>	Not covered	Not covered

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

<sup>2</sup> Copayment does not apply to deductible or out-of-pocket maximums.

## Individual Blue Access PPO Benefit Summary - Plan 2

Covered Benefits	Network - You Pay	Non-network - You Pay
<b>Calendar-year deductible</b>	\$250 individual/\$500 family \$500 individual/\$1,000 family \$1,000 individual/\$2,000 family \$2,500 individual/\$5,000 family	\$500 individual/\$1,000 family \$1,000 individual/\$2,000 family \$2,000 individual/\$4,000 family \$5,000 individual/\$10,000 family
<b>Out-of-pocket Limit</b> (includes deductible)	\$2,250 individual/\$4,500 family \$2,500 individual/\$5,000 family \$3,000 individual/\$6,000 family \$4,500 individual/\$9,000 family	\$4,500 individual/\$9,000 family \$5,000 individual/\$10,000 family \$6,000 individual/\$12,000 family \$9,000 individual/\$18,000 family
<b>Lifetime Maximum</b>	\$5,000,000 maximum for Network and Non-network services combined	
<b>Non-network Penalty</b>	Not applicable	50% <sup>1</sup>
<b>Prescription Drugs</b> Generic Formulary Drugs Brand-name Formulary Drugs Generic or Brand Non-formulary Drugs  Mail Service Generic Formulary Drugs Mail Service Brand-name Formulary Drugs Mail Service Generic or Brand Non-formulary Drugs	\$15 per prescription <sup>2</sup> (30-day supply, not subject to deductible) \$30 per prescription <sup>2</sup> (30-day supply, not subject to deductible) 50% with a minimum of \$45 and a maximum of \$90 per prescription <sup>2</sup> (30-day supply, not subject to deductible) \$30 per prescription <sup>2</sup> (90-day supply, not subject to deductible) \$60 per prescription <sup>2</sup> (90-day supply, not subject to deductible) \$90 per prescription <sup>2</sup> (90-day supply, not subject to deductible)	50% <sup>2</sup> (30-day supply, not subject to deductible) 50% <sup>2</sup> (30-day supply, not subject to deductible) 50% with a minimum of \$45 <sup>2</sup> , no maximum (30-day supply, not subject to deductible) Not covered Not covered Not covered
<b>Preventive Care and Well Child Care</b>	\$25 copayment for office visit charge <sup>2</sup> 20% for other services <sup>1</sup>	50% <sup>1</sup>
<b>Physician Office Services</b>	\$25 copayment for office visit charge <sup>2</sup> 20% for other services <sup>1</sup>	50% <sup>1</sup>
<b>Inpatient Hospital Services</b>	20% <sup>1</sup>	50% <sup>1</sup>
<b>Outpatient Services</b>	20% <sup>1</sup>	50% <sup>1</sup>
<b>Diagnostic Services</b>	20% <sup>1</sup>	50% <sup>1</sup>
<b>Emergency Room for Emergency Care</b>	20% <sup>1</sup>	20% <sup>1</sup>
<b>Urgent Care (in Urgent Care Center)</b>	\$50 copayment per visit charge <sup>2</sup> , 20% for other services <sup>1</sup>	\$50 copayment per visit charge <sup>2</sup> , 20% for other services <sup>1</sup>
<b>Mental Health Conditions</b> 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)	20% <sup>1</sup>  \$25 copayment for office visit charge <sup>2</sup> 20% for other services <sup>1</sup>	50% <sup>1</sup>  50% <sup>1</sup>
<b>Outpatient Therapy Services</b>  Maximum visits per benefit period for: • Physical therapy • Speech therapy • Occupational therapy • Spinal manipulations	\$25 copayment for office visit charge <sup>2</sup> 20% for other services <sup>1</sup>  20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 12 visits maximum for Network and Non-network combined	50% <sup>1</sup>  20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 12 visits maximum for Network and Non-network combined
<b>Home Health Care Services</b> Maximum visits per benefit period - 60 visits	20% <sup>1</sup>	50% <sup>1</sup>
<b>Hospice Services</b>	0% (not subject to deductible)	0% (not subject to deductible)
<b>Human Organ and Tissue Transplant Services</b> (for kidney and cornea transplants, services covered same as any other illness under Medical.) <b>Transplant Services Maximum</b> (lifetime maximum per member) \$1,000,000 lifetime combined network and non-network transplant provider services. Separate from medical lifetime of \$5,000,000. <b>Transplant, Lodging and Meals</b>	0% (network transplant facility, not subject to deductible)  0% (not subject to deductible)	50% <sup>1,2</sup> (non-network transplant facility)  50% <sup>1,2</sup>
<b>Medical Supplies, Durable Medical Equipment and Appliances</b>	50% <sup>1</sup>	50% <sup>1</sup>
<b>Optional Benefits</b>	<b>Network - You Pay</b>	<b>Non-network - You Pay</b>
<b>Optional Maternity Rider</b> Delivery charges are subject to a separate \$1,500 deductible payable after 270 days	20%	50%

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

<sup>2</sup> Copayment does not apply to deductible or out-of-pocket maximums.

## Individual Blue Access PPO Benefit Summary - Plan 3

Covered Benefits	Network - You Pay	Non-network -You Pay
<b>Calendar-year deductible</b>	\$2,500 individual/\$5,000 family \$5,000 individual/\$10,000 family	\$5,000 individual/\$10,000 family \$10,000 individual/\$20,000 family
<b>Out-of-pocket Limit</b> (includes deductible)	\$2,500 individual/\$5,000 family \$5,000 individual/\$10,000 family	\$9,000 individual/\$18,000 family \$14,000 individual/\$28,000 family
<b>Lifetime Maximum</b>	\$5,000,000 maximum for Network and Non-network services combined	
<b>Non-network Penalty</b>	Not applicable	50% <sup>1</sup>
<b>Prescription Drugs</b> Generic Formulary Drugs Brand-name Formulary Drugs Generic or Brand Non-formulary Drugs  Mail Service Generic Formulary Drugs Mail Service Brand-name Formulary Drugs Mail Service Generic or Brand Non-formulary Drugs	\$15 per prescription <sup>2</sup> (30-day supply, not subject to deductible) \$30 per prescription <sup>2</sup> (30-day supply, not subject to deductible) 50% with a minimum of \$45 and a maximum of \$90 per prescription <sup>2</sup> (30-day supply, not subject to deductible) \$30 per prescription <sup>2</sup> (90-day supply, not subject to deductible) \$60 per prescription <sup>2</sup> (90-day supply, not subject to deductible) \$90 per prescription <sup>2</sup> (90-day supply, not subject to deductible)	50% <sup>2</sup> (30-day supply, not subject to deductible) 50% <sup>2</sup> (30-day supply, not subject to deductible) 50% with a minimum of \$45 <sup>2</sup> , no maximum (30-day supply, not subject to deductible) Not covered Not covered Not covered
<b>Preventive Care and Well Child Care</b>	0% <sup>1</sup>	50% <sup>1</sup>
<b>Physician Office Services</b>	0% <sup>1</sup>	50% <sup>1</sup>
<b>Inpatient Hospital Services</b>	0% <sup>1</sup>	50% <sup>1</sup>
<b>Outpatient Services</b>	0% <sup>1</sup>	50% <sup>1</sup>
<b>Diagnostic Services</b>	0% <sup>1</sup>	50% <sup>1</sup>
<b>Emergency Room for Emergency Care</b>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Urgent Care (in Urgent Care Center)</b>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Mental Health Conditions</b> 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 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 inpatient and outpatient substance abuse)	0% <sup>1</sup>  0% <sup>1</sup>	50% <sup>1</sup>  50% <sup>1</sup>
<b>Outpatient Therapy Services</b> Maximum visits per benefit period for: • Physical therapy • Speech therapy • Occupational therapy • Spinal manipulations	0% <sup>1</sup>  20 visits, maximum for Network and Non-network combined 20 visits, maximum for Network and Non-network combined 20 visits, maximum for Network and Non-network combined 12 visits, maximum for Network and Non-network combined	50% <sup>1</sup>  20 visits, maximum for Network and Non-network combined 20 visits, maximum for Network and Non-network combined 20 visits, maximum for Network and Non-network combined 12 visits, maximum for Network and Non-network combined
<b>Home Health Care Services</b> Maximum visits per benefit period - 60 visits	0% <sup>1</sup>	50% <sup>1</sup>
<b>Hospice Services</b>	0% (not subject to deductible)	0% (not subject to deductible)
<b>Human Organ and Tissue Transplant Services</b> (for kidney and cornea transplants, services covered same as any other illness under Medical.) <b>Transplant Services Maximum</b> (lifetime maximum per Member) \$1,000,000 lifetime combined network and non-network transplant provider services. Separate from medical lifetime of \$5,000,000. <b>Transplant Lodging and Meals</b>	0% (network transplant facility, not subject to deductible)  0% (not subject to deductible)	50% <sup>1,2</sup> (non-network transplant facility)  50% <sup>2</sup>
<b>Medical Supplies, Durable Medical Equipment and Appliances</b>	0% <sup>1</sup>	50% <sup>1</sup>
<b>Maternity Services</b>	Not covered	Not covered

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

<sup>2</sup> Copayment does not apply to deductible or out-of-pocket maximums.

## ***For Your Information***

Anthem's Blue Access plans do not provide benefits for services, supplies or charges related to:

- pre-existing conditions during the 12-month waiting period. 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 of the period ending on your enrollment date.
- Private Duty Nursing
- maternity services, unless optional maternity rider is purchased
- experimental or investigative treatment
- charges in excess of the maximum allowable amount
- care provided by a member of your immediate family
- 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 refractive keratectomy
- artificial insemination, fertilization, infertility drugs, sterilization reversal
- sex transformation surgery
- artificial or mechanical hearts
- custodial care
- contraceptives
- services which we determine are not medically necessary

This is a partial listing of exclusions contained in the plans. Consult your Contract and Schedule of Benefits for a complete list of benefits, exclusions and maximum payment levels.

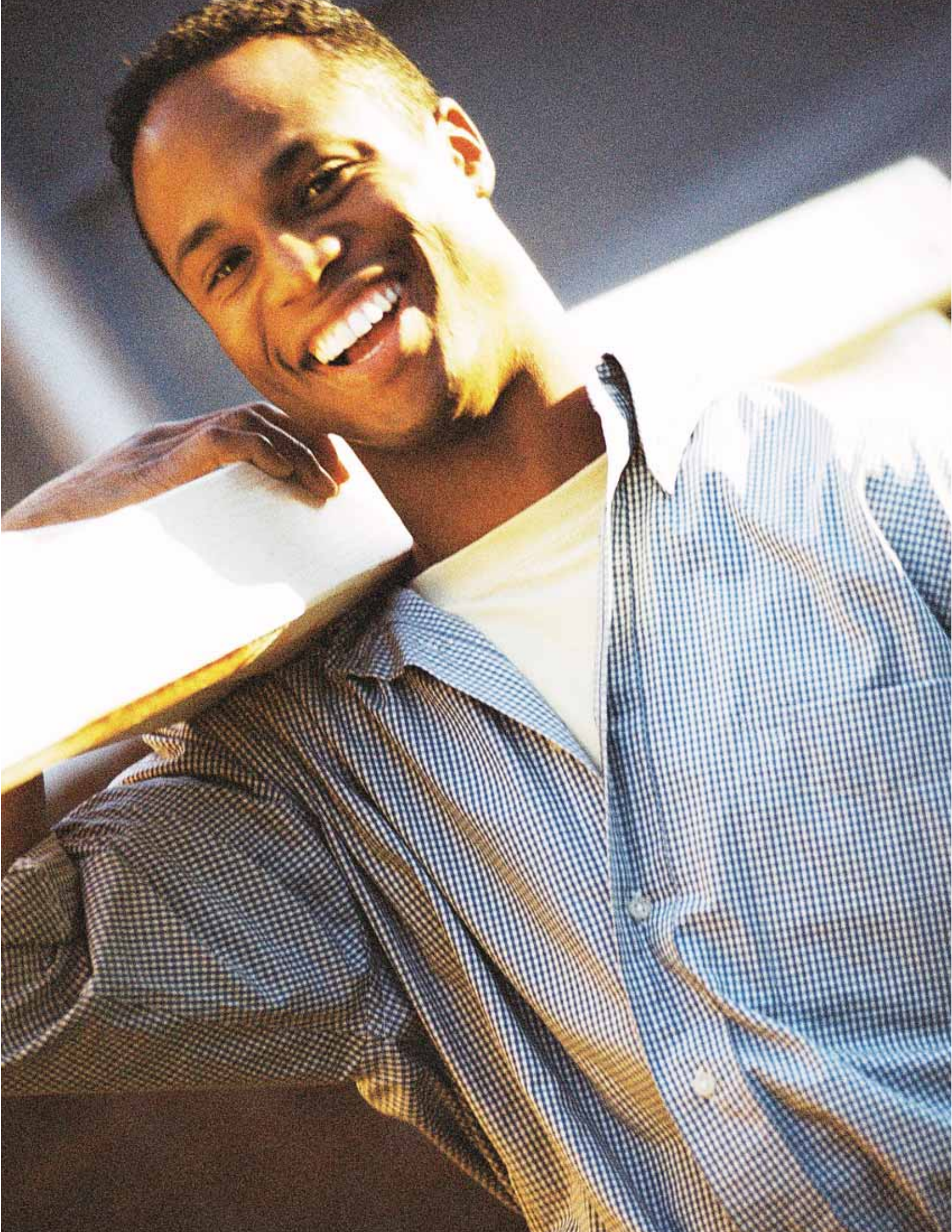
## ***To Ensure Your Satisfaction***

If you are not satisfied with your Blue Access coverage, you may cancel after you receive the contract. Please refer to the contract for any day limitations. If no claims were submitted, you will receive a full refund of the premium paid.

## ***Thank You for Considering Anthem***

Anthem Blue Cross and Blue Shield is proud to offer you value, freedom, quality service and peace of mind when you need it most.

We have an experienced team dedicated entirely to individuals like you — those responsible for their own health care coverage. We look forward to serving you.





**For more information,  
visit our web site at  
[anthem.com](http://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 Contract language. However, the Contract stands alone and is not considered as supplemented or amended in any way by the explanations or examples included in this brochure. Also, the contract may contain additional benefits or exclusions which are not set out in this brochure.*

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