



A small price to pay for  
the coverage you need.

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P-481 (07/07)

Si necesita asistencia en español, usted puede solicitarla sin costo adicional contactando a su corredor o agente de cuidados de la salud. También puede visitar [www.anthem.com/espanol](http://www.anthem.com/espanol).

## Affordable health insurance to the rescue.

With the cost of medical emergencies and treatments going up all the time, you're putting yourself and your family at risk if you're trying to get by without healthcare coverage. It's a gamble that can have serious consequences should unexpected health situations occur.

The good news is that the Blue Access<sup>®</sup> Economy Plan is here. And it's designed to protect you and yours against costly healthcare expenses. At a price that's surprisingly affordable. So if you haven't had health coverage before or your main concern is medical emergencies and treatments, you can have it now – and enjoy some peace of mind in the process.





## Choose a deductible that works for you.

The Blue Access Economy Plan lets you choose from a range of deductibles starting at \$500 for an individual member. This way, you get to determine your comfort level and premium payments.

If you don't have any major health concerns, you could consider going with a higher deductible and paying lower premiums. Visit the doctor more often? Then maybe you'll want to go with a lower deductible. It could save you money in the long run.

## You're protected right away.

Another reason to breathe easier: You don't have to reach your deductible before the benefits of the Blue Access Economy Plan kick in. Since your first three office visits a year are covered by a copayment of just \$30 each and aren't subject to the deductible, the plan can start paying and protecting you whenever you need it to.

## Low-cost prescription drug coverage.

To give you even more breathing room, the Blue Access Economy Plan covers generic drugs with a copayment of just \$15. And Anthem pays up to \$500 a year in prescription medications for each member. If you generally need only an occasional prescription medication, this coverage can work well for you.

## A smart economic move.

A range of deductibles. Low premiums. \$30 copayments for the first three office visits. Prescription drug coverage. Considering all this and the Anthem Blue Cross and Blue Shield name behind it, the Blue Access Economy Plan is a smart economic move for anybody without health care coverage.

The Blue Access Economy Plan. Isn't it time you got the coverage you need at a price you can afford?

## Stretch your healthcare dollars.

The Blue Access Economy Plan is a preferred provider organization (PPO) product. That means, as a member, you get discounts from one of the largest provider networks in the region and in the country—a network of over 800,000 providers and 5,000 hospitals nationwide.<sup>1</sup>

Even when you're seeing a doctor and paying out of your own pocket, our discounts mean you're saving money.

To find your doctor or local hospital, visit [www.anthem.com](http://www.anthem.com) and select the "Find a Doctor" button for a complete list of providers within the network.

## Take our coverage along when you travel.

Are you a traveler? When you're on the go, The BlueCard<sup>®</sup> Program assures you of covered services when your deductible is met. Nationwide, more than 99 percent of hospitals and 89 percent of physicians contract directly with Blue Cross and Blue Shield Companies.<sup>1</sup> And since BlueCard has providers in more than 200 countries and territories, you'll also be covered internationally. Before you travel, call 1-800-810-BLUE for more information on the BlueCard Program.

## Save on your prescription medications.

Thanks to our 34 million members, our pharmacy benefits manager is able to negotiate significant discounts on prescription medications. When your doctor prescribes medications from our formulary—the technical name for the comprehensive list of prescription medications we cover—you save money. To check out Anthem's formulary, visit [www.anthem.com](http://www.anthem.com). Simply select **Visitors**, next select **Anthem Prescription Management**, followed by **Member Online Pharmacy Service**. Next, under **Forms and Documents**, select **More**, and finally, select **Download Anthem National Formulary**.

<sup>1</sup>Blue Cross Blue Shield Association. An Association of Independent Blue Cross Blue Shield Plans. May 2006.

## We have ways to help you stay healthy.

At Anthem, we believe the best healthcare coverage helps people stay healthy. Which is why we do more than provide coverage.

We also:

- Provide programs and information that help you manage chronic health conditions
- Enable you to add related services such as Dental and Life coverage

## A health manager of your very own.

Also helping to keep you healthy is WebMD's Personal Health Manager. Its online Health Assessment lets you figure out your unique health risks and how to manage them through customized, interactive improvement programs.

LEAP—the Lifetime Exercise Adherence Program created by an Olympic coach—lets you measure your fitness and manage it with the guidance of fitness and health experts.

Then there are WebMD's Condition Centers. They supply useful information about more than 35 health conditions like asthma and diabetes so you can manage them proactively.

## We look after your emotional needs too.

The stresses and strains of daily life can get the best of anybody. That's why Anthem has a comprehensive program of behavioral health services. Confidential management of any behavioral problem is available to you or a covered member of your family. An independent provider will assess your concern or problem promptly.

## You'll have lots of online support.

They say knowledge is power. And part of the power of successfully managing your health comes from having the right information. Which is exactly what we supply through MyAnthem™ at [www.anthem.com](http://www.anthem.com). Through MyAnthem you'll have access to WebMD and Subimo™. We've partnered with these award-winning websites because of their nationally acknowledged expertise in healthcare. Explore the latest medical technology and compare healthcare providers and options provided by Subimo. Visit the WebMD link to research relevant health topics and learn ways to implement a healthy lifestyle.

**Subimo's Healthcare Advisor™**—helps you know what to expect when facing an illness, research treatment options, find the best hospital for your needs, prepare for surgery and determine hospitals that have met leading safety standards.

**Subimo's Treatment Cost Advisor™**—supplies costs for many common medical conditions and healthcare services; estimates for treatments adjusted to your age, gender and location; and comparisons of network and non-network costs.

**Subimo's PharmaAdvisor®**—quickly identifies different drugs and how they work, their side effects, how they interact with other medications and questions you should ask your doctor about them. Also lets you compare the average wholesale prices of over 11,000 drugs.

**MyHealth@Anthem®, powered by WebMD®**—keep fit with LEAP, find prevention information and track pregnancies and early childhood development, check your health risks and better manage chronic and acute conditions.

**SpecialOffers@Anthem™**—saves you money on health-related products and services like health clubs, home fitness equipment, weight management programs, smoking cessation programs, prescription eyewear, laser vision correction, teeth whitening and veneers, acupuncture and massage therapy.

**Member Services**—you can find a doctor or hospital, order a new ID card, view your benefits, check the status of claims, change your address, see if your medication is on the Anthem formulary and more.

## It's easy to register for MyAnthem.

Just go to [www.anthem.com](http://www.anthem.com), select the **Members** tab and appropriate state, then click on the **Enter** button.

When the Member Welcome page comes up, click on the **Register** button and complete the registration form.

These tools are available to all Anthem members and can play a key role in helping you manage your healthcare needs.



### Be prepared for the unexpected.

Pennies a day. That's all it takes to ensure your family has financial protection—even if you're not there to provide for them. When you add the Anthem Blue Preferred® Term Life Plan to your individual medical coverage, you can enjoy the peace of mind that comes from knowing you'll help meet your family's financial obligations. Keep in mind that the death proceeds of a Life policy are almost never taxed.

Blue Preferred Term Life is available with most individual medical plans from Anthem. And it couldn't be easier to get. You won't have to undergo any medical exams or fill out any additional forms. And you'll receive only one bill for your health and life coverage. If you want, you can also get life insurance for all of your individual family members covered on your medical plan. Because there's no such thing as being too prepared.

Term Life Monthly Rates

AGE	\$15,000	\$25,000	\$50,000
Less than 1	\$N/A	\$N/A	\$N/A
1-18	\$1.50	\$2.50	\$N/A
19-29	\$2.85	\$4.75	\$9.50
30-39	\$3.30	\$5.50	\$11.00
40-49	\$7.50	\$12.50	\$25.00
50-59	\$20.85	\$34.75	\$69.50
60-64	\$29.40	\$49.00	\$98.00

## Information about our Network Providers.

### Using our network.

To be eligible to receive the maximum benefits available, you must use network providers. (Please refer to your provider directory, located on [www.anthem.com](http://www.anthem.com), for a list of network providers.)

### Notice of provider arrangements.

Your Participating Provider's agreement for providing covered services may include financial incentives or risk-sharing relationships which are based on utilization and quality of services. If you have any questions regarding such incentives or risk-sharing relationships, please contact Anthem or your provider.

### Accessing Covered Services.

Some services, or supplies, such as prescription drugs, require your doctor to receive an authorization from Anthem that defines and/or limits the conditions under which the service, or supply, will be covered to help you avoid any unnecessary out-of-pocket expenses. Other services, such as organ transplants, require your physician to certify, and for us to approve the service as medically necessary and the appropriate setting. Neither process is a guarantee of coverage.

### Non-network provider.

If you receive covered services from a non-network provider, you are responsible for the difference between the actual charge billed and the maximum allowable amount plus any deductible, copayments and non-covered charges.

# And now—some really important legal information you should take the time to read.

## **Who can apply.**

You can apply for Blue Access® Economy coverage for yourself or with your family. Family health coverage includes you, your spouse and any dependent children. Children are covered to the end of the month in which they turn 25. You must be a resident of the state in which you are applying, a legal resident of the U.S. and not currently pregnant.

## **What's a preexisting condition?**

Blue Access Economy covers preexisting conditions after you've been enrolled in the plan for 12 months. A preexisting condition is any medical or physical condition you had in the six months right before you enrolled. If you received medical advice, a diagnosis, care or treatment for the condition – or if it was recommended that you do so – that qualifies it as “preexisting”.

## **What we do not cover.**

Blue Access Economy plans don't provide benefits for services, supplies or charges having to do with preexisting conditions (see “What's a preexisting condition?”); private duty nursing; maternity; experimental or investigative treatment; preventive care, and treatment of the teeth or gums, except as specified in your certificate of coverage; 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; TMJ and Craniomandibular Joint Disorders; and services which we determine not medically necessary. These are some of the exclusions contained in the plans. Check your contract or certificate of coverage for a complete listing of benefits, exclusions and maximum payment levels.

## **Our appeal rights and confidentiality policy.**

If we deny a claim or request for benefits completely or partially, we will notify you in writing. The notice will explain why we denied the claim/request and describe the appeals process. You can appeal decisions that deny or reduce benefits. We encourage you to file appeals right away when you first get an initial decision from us, but we require that you file within six months of getting one. You should send additional information that supports your appeal and state all the reasons why you feel the appeal request should be granted. We will review your appeal and let you know our decision in writing within 30 days of receiving your first appeal.

If you are denied coverage based on medical necessity or experimental/investigative exclusions, you can request that a board-eligible or board-certified specialist review your appeal. If we deny coverage for reasons other than medical necessity or experimental/investigative reasons, you can also appeal.

Please call customer service or check your certificate of coverage for more information on our internal appeal and external review processes. Unless our notice of decision includes a different address, send requests for a review of appeal to:

**Anthem Blue Cross and Blue Shield  
Appeals Coordinator  
P.O. Box 33200  
Louisville, KY 40232-3200**

If we uphold our decision throughout the appeals process, you can request a review by the Ohio Department of Insurance. In addition to the appeals processes we just described, Anthem has adopted a Confidentiality Policy in Ohio. This policy includes guidelines regarding the protection of confidential member information and a member's right to access and change information in Anthem's possession. The policy clearly points out when a member needs to sign a release before Anthem can disclose information to a member's provider, spouse or other family members.

## **We want you to be satisfied.**

If you aren't satisfied with your Blue Access Economy coverage, you can cancel it within 30 days after you receive your contract or certificate of coverage or have access to it online, whichever is earlier. If you haven't submitted any claims, you'll get a full refund of the premium you paid when coverage is cancelled within the first 30 days. You can view your contract or certificate of coverage online or receive a paper copy of it upon request as outlined in your initial membership letter.

## Some definitions—so we're all on the same page.

A **premium** is the amount of money you pay on a regular basis—once a month, four times a year, twice a year or once a year—to your insurance company to keep your health plan active. You can't apply what you pay for your premium toward your deductible.

A **deductible** is the amount of out-of-pocket expenses you have to pay each year before your health plan kicks in and starts paying for services.

A **copayment** is a specified dollar amount or percentage of money you have to pay out of your own pocket for covered services.

A **coinsurance level** is the percentage of money you have to pay out of your own pocket for covered services. It's the portion of the bill not paid by your health plan after the deductibles have been reached.

An **out-of-pocket limit** is the total amount of money (not counting your premiums) you have to pay each year for your healthcare coverage. Your deductible and coinsurance payments for covered services count toward your out-of-pocket limit.

A **discount** is the reduced out-of-pocket cost you enjoy when you obtain healthcare services from a network provider.

A **drug 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 on our website at [www.anthem.com](http://www.anthem.com).

This brochure is only a summary of Blue Access Economy's benefits. It isn't part of the contract or certificate of coverage. The contract or certificate of coverage you will receive if you're approved for coverage includes all the details of the plan. In the event of a conflict between the information in this brochure and your contract or certificate of coverage, the terms of your contract or certificate of coverage will prevail. Read your contract or certificate of coverage carefully. Anthem has the right to rescind, cancel, terminate or reform your coverage based on provisions described in the contract or certificate of coverage.

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O H I O

Individual

# Blue Access<sup>®</sup> Economy

PLAN BENEFITS GUIDE

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	NETWORK YOU PAY		NON-NETWORK YOU PAY	
	Individual	Family	Individual	Family
<b>Calendar-year deductible</b>	\$ 500 \$ 1,000 \$ 1,500 \$ 2,500	\$ 1,000 \$ 2,000 \$ 3,000 \$ 5,000	\$ 1,500 \$ 2,000 \$ 2,500 \$ 3,500	\$ 3,000 \$ 4,000 \$ 5,000 \$ 7,000
<b>Out-of-Pocket Maximum</b> <i>(including deductible)</i>	\$ 3,500 \$ 4,000 \$ 4,500 \$ 5,500	\$ 7,000 \$ 8,000 \$ 9,000 \$11,000	\$ 7,500 \$ 8,000 \$ 8,500 \$ 9,500	\$ 15,000 \$ 16,000 \$ 17,000 \$ 19,000
<b>Physician Office Services</b>	\$30 copayment for first 3 office visits per person per calendar year. The deductible does not apply to these office visits. <sup>2,3</sup> 30% <sup>1</sup> for 4+ office visits 30% <sup>1</sup> for other office services		50% <sup>1</sup>	
<b>Preventive Care</b>	Not covered, except Mammography and Pap Test, \$85 maximum per year on Mammography Services, 30% <sup>1</sup>		Not covered, except Mammography and Pap Test, \$85 maximum per year on Mammography Services, 50% <sup>1</sup>	
<b>Well Child Care</b>	From birth to 12 months; \$500 maximum, 30% <sup>1</sup> From age 1 to 9; \$150 maximum per year, 30% <sup>1</sup>		From birth to 12 months; \$500 maximum, 50% <sup>1</sup> From age 1 to 9; \$150 maximum per year, 50% <sup>1</sup>	
<b>Diagnostic Services</b>	30% <sup>1</sup>		50% <sup>1</sup>	
<b>Inpatient Hospital Services</b>	30% <sup>1</sup>		50% <sup>1</sup>	
<b>Outpatient Services</b>	30% <sup>1</sup>		50% <sup>1</sup>	
<b>Emergency Room</b>	30% <sup>1</sup>		30% <sup>1,4</sup>	
<b>Urgent Care</b>	30% <sup>1</sup>		30% <sup>1</sup>	
<b>Ambulance (includes air)</b>	30% <sup>1</sup>		30% <sup>1</sup>	
<b>Maternity Services</b>	Not Covered		Not Covered	
<b>Outpatient Therapy Services</b> Maximum visits per benefit period for Network and Non-network combined: · Physical Therapy and Manipulation Therapy - 10 visits maximum · Speech Therapy - 10 visits maximum · Occupational Therapy - 10 visits maximum	\$30 copayment for first 3 office visits per person per calendar year. The deductible does not apply to these office visits. <sup>2,3</sup> 30% <sup>1</sup> for 4+ office visits 30% <sup>1</sup> for other services		50% <sup>1</sup>	

	NETWORK YOU PAY	NON-NETWORK YOU PAY
<b>Behavioral Health and Substance Abuse</b> <i>Benefits are provided only if authorized in advance.</i>	30% <sup>1</sup> \$30 copayment for first 3 office visits per person per calendar year. The deductible does not apply to these office visits. <sup>2,3</sup> 30% <sup>1</sup> for 4+ office visits 30% <sup>1</sup> for other services	50% <sup>1</sup>
<b>Non-Biologically Based Mental Illness and Substance Abuse limits apply.</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). Outpatient mental health and substance abuse services Benefit period maximums - 10 visits (Network and Non-network combined); \$550 combined maximum for Non-network inpatient and outpatient substance abuse). <b>Biologically based Mental Illnesses are covered the same as any other illness and limits do not apply.</b>		
<b>Home Health Care</b> <i>(Maximum visits per benefit period - 60 visits)</i>	30% <sup>1</sup>	50% <sup>1</sup>
<b>Hospice</b>	30% <sup>1</sup>	30% <sup>1</sup>
<b>Durable Medical Equipment</b> <i>(\$4,000 maximum per benefit period)</i>	30% <sup>1</sup>	50% <sup>1</sup>
<b>Prosthetic Devices</b> <i>(\$4,000 maximum per benefit period)</i>		
<b>Human Organ and Tissue Transplant Services</b> <i>(for kidney and cornea transplants, services covered same as any other illness under Medical)</i>	30% <sup>1</sup> (network transplant facility)	50% <sup>1</sup> (Non-network transplant facility), copayment does not apply to out-of-pocket maximums
<b>Transportation, Lodging and Meals</b>	30% <sup>1</sup>	50% <sup>1</sup>
<b>Plan Lifetime Maximum</b>	\$7,000,000 maximum per member for Network and Non-network services combined.	
<b>Preexisting Waiting Period</b>	12 months	12 months

<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.

<sup>3</sup> \$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 the deductible and 30% coinsurance.

<sup>4</sup> 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.

## Information about our Network Providers.

### PRESCRIPTION DRUG BENEFITS

#### NETWORK YOU PAY

##### Retail (30-day supply):

- Generic Formulary - \$15 per prescription<sup>2</sup>, \$500 maximum per person, per calendar year for Network and Non-network combined
- Brand-name Formulary - Not covered
- Generic Non-formulary - \$15 per prescription<sup>2</sup>, \$500 maximum per person, per calendar year for Network and Non-network combined
- Brand-name Non-formulary - Not covered

##### Mail Service (90-day supply):

- Generic Formulary - Not covered
- Brand-name Formulary - Not covered
- Generic Non-formulary - Not covered
- Brand-name Non-formulary - Not covered

#### NON-NETWORK YOU PAY

##### Retail (30-day supply):

- Generic Formulary - 50%<sup>2</sup>, \$500 maximum per person, per calendar year for Network and Non-network combined
- Brand-name Formulary - Not covered
- Generic Non-formulary - 50%<sup>2</sup>, \$500 maximum per person, per calendar year for Network and Non-network combined
- Brand-name Non-formulary - Not covered

##### Mail Service (90-day supply):

- Generic Formulary - Not covered
- Brand-name Formulary - Not covered
- Generic Non-formulary - Not covered
- Brand-name Non-formulary - Not covered

Prescription drug benefits are not subject to deductible.

Prescription drug benefits administered by WellPoint NextRx.

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

**This Blue Access Economy Plan Benefits Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the contract or certificate of coverage. In the event of a conflict between the contract or certificate of coverage and this Blue Access Economy Plan Benefits Guide, the terms of the contract or certificate of coverage will prevail.**

#### Using our network.

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#### Non-network provider.

If you receive covered services from a non-network provider, you are responsible for the difference between the actual charge billed and the maximum allowable amount plus any deductible, copayments and non-covered charges.

## And now – some really important legal information you should take the time to read.

### Who can apply.

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### What's a preexisting condition?

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### What we do not cover.

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If you are denied coverage based on medical necessity or experimental/investigative exclusions, you can request that a board-eligible or board-certified specialist review your appeal. If we deny coverage for reasons other than medical necessity or experimental/investigative reasons, you can also appeal.

Please call customer service or check your certificate of coverage for more information on our internal appeal and external review processes. Unless our notice of decision includes a different address, send requests for a review of appeal to:

**Anthem Blue Cross and Blue Shield  
Appeals Coordinator  
P.O. Box 33200  
Louisville, KY 40232-3200**

If we uphold our decision throughout the appeals process, you can request a review by the Ohio Department of Insurance. In addition to the appeals processes we just described, Anthem has adopted a confidentiality policy in Ohio. This policy includes guidelines regarding the protection of confidential member information and a member's right to access and change information in Anthem's possession. The policy clearly points out when a member needs to sign a release before Anthem can disclose information to a member's provider, spouse or other family members.

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