

**Choose the coverage that meets  
your needs. And fits your budget.**

Blue Cross Blue Shield of Wisconsin ("BCBSWi") underwrites or administers the PPO and indemnity policies; Compcare Health Services Insurance Corporation ("Compcare") underwrites or administers the HMO policies; and Compcare and BCBSWi collectively underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ©ANTHEM is a registered trademark. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



PWI-200 Rev. (9/07)

**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).**



**With health care coverage, it's great to have choices.**

**You care about your health. And your family's health. If you didn't, you wouldn't be looking for health care coverage. At Anthem Blue Cross and Blue Shield, we know your needs are unique. And important. So we give you choices. And help you decide on a plan that meets your needs without disrupting your budget.**



**Blue Access®**  
from Anthem Blue Cross  
and Blue Shield.  
The choices are yours.

## Choose from a wide range of deductibles.

Blue Access lets you choose from a range of deductibles. They start at \$250 and go up to \$10,000 for an individual member. This way, you get to determine your comfort level and premium payments.

## Choose from three levels of coverage.

Different stages and situations in life require different types of health care coverage. Which is why Blue Access gives you a choice of:

- ③ Range of Deductibles
- ③ 3 Coinsurance Levels
- ③ 3 Prescription Drug Coverage Options

Different levels of coverage to meet your health care needs. Whatever they may be. So go ahead. Take your pick. It's as easy as one, two, three.

## Choose the right type of prescription drug coverage.

The rising cost of prescription drugs is becoming harder to swallow. Once again, Blue Access gives you the ability to decide what kind of prescription drug coverage works best for you. If you rarely fill a prescription medication, you may opt for less coverage; but if you use maintenance medications, you may want more.

All generic drugs are included in Anthem's formulary. Using generic drugs can help you manage your drug costs. Depending on the plan design you choose, Blue Access prescription medication benefits also include:

- Affordable copays for brand medications – formulary and non-formulary
- Prescription mail service

Once again, it's up to you.

## Choose a trusted name in health care coverage.

Three options for coverage. A range of deductibles. Prescription drug coverage options. With all this—and a name you can trust backing it up—Blue Access is the smart choice to meet your health care coverage needs.

## Stretch your health care dollars.

Blue Access Plans 80, 90 and 100 are preferred provider organization (PPO) products. That means, as a member, you get discounts from a network of more than 800,000 physicians and 5,000 hospitals nationwide.

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 [anthem.com](http://anthem.com). Simply select **Visitor**, next select **Anthem Prescription Manager**, followed by **Member Online Pharmacy Services**. Next, select **Forms & Documents**, and finally, select **Anthem National Drug List 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 health care coverage helps people stay healthy.

Which is why we:

- Cover well-child care visits and routine/periodic exams once you've met your deductible
- When you use our network, child immunizations are covered at 100% up to the age of 6. If you don't use our network services then services will be subject to the deductible and coinsurance."
- 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.

## 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 anthem.com. Through MyAnthem you can explore the latest medical technology, compare health care providers, research relevant health topics and learn ways to implement a healthy lifestyle.

**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.

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

**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®**— 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 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 health care 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 [anthem.com](http://anthem.com), for a list of network providers.)

### Notice of provider arrangements.

Your Network 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.

### Customary waiting times.

The standard waiting time for routine care is two weeks and urgent care is 48 hours. These waiting times are standard only and may not be indicative of the amount of time you wait for routine or urgent care.

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

## **Who can apply.**

You can apply for Blue Access® coverage for yourself or with your family. Family health coverage includes you, your spouse or domestic partner and any dependent children. Children are covered to the end of the month in which they turn 25. You must be under age 65, be a legal resident of Wisconsin, not be covered by any other group or individual health plan and meet our underwriting guidelines.

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

Blue Access covers preexisting conditions after you've been enrolled in the plan for 12 months. A preexisting condition is any undisclosed condition that was diagnosed, treated, or produced symptoms within the 12 months right before you enrolled that would have caused an ordinarily prudent person to seek medical diagnosis or treatment.

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

Blue Access plans don't provide benefits for services, supplies or charges having to do with preexisting conditions not disclosed in response to a question on your application (see "What's a preexisting condition?"); mental health services; substance abuse services; private duty nursing; experimental or investigative treatment; dental and vision, except as spelled out in your contract; charges greater than the maximum allowable amount (charges exceeding the amount Anthem recognizes for services); care provided by a member of your family; treatment that's primarily intended to improve your appearance; weight loss programs or treatment of obesity; hearing aids; eyeglasses or contact lenses; radial keratotomy or keratomileusis or excimer laser photo; artificial insemination, fertilization, infertility drugs or sterilization reversal; sex transformation surgery; custodial care; artificial and mechanical hearts; workers' compensation; and services we determine aren't medically necessary. These are some of the exclusions contained in the plans. Check your contract or certificate and schedule of benefits 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. You may contact Customer Service if you have questions concerning the denial. You may also file a grievance by sending a letter to us. You should send any additional information that supports your grievance and state all the reasons why you feel the grievance request should be granted. We will review your grievance and let you know our decision in writing, usually within 30-60 days of receiving your grievance. You may also have the right to request an external review. For more information on the grievance and external review of other rights, please review your contract or certificate of coverage.

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

If you aren't satisfied with your Blue Access or Blue Preferred Plus 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 **coinsurance level** is the percentage of money you have to pay out of your own pocket for covered services..

A **copayment** is a specific dollar amount that you have to pay out of your own pocket for covered services.

An **out-of-pocket limit** is the total amount of money (not counting your premiums) you have to pay each year for your health care 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 health care 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 [anthem.com](http://anthem.com).

This brochure is only a summary of Blue Access' and Blue Preferred Plus' 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.

Blue Preferred<sup>®</sup> Plus 80 and 100  
Blue Access<sup>®</sup> 80, 90, 100

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).

# PLAN BENEFITS GUIDE

Calendar-year deductible

Out-of-Pocket Maximum (including deductible)

Physician Office Services

Preventive Care

Well Child Care

NOTE: routine immunizations are covered at 100% up to age 6 (Network Only)

Diagnostic Services

Inpatient Hospital Services

Outpatient Services

Emergency Room

Urgent Care

Ambulance (includes air)

Maternity Services

Optional Maternity Rider

(Subject to a 12 month waiting period.)

Outpatient Therapy Services

Maximum visits per benefit period for Network and Non-network combined:

- Physical Therapy - 20 visits maximum
- Speech Therapy - 20 visits maximum
- Occupational Therapy - 20 visits maximum
- Spinal Manipulation - no maximum

Mental Health

- Inpatient
- Outpatient

Substance Abuse

- Inpatient
- Outpatient

Home Health Care (Maximum visits per benefit period - 40 visits)

Hospice

Durable Medical Equipment (Maximum per benefit period - \$4,000)

Human Organ and Tissue Transplant Services

NOTE: Kidney Disease covered up to \$30,000 per person per calendar year

Plan Lifetime Maximum

Preexisting Waiting Period

## PLAN 80

## PLAN 90

NETWORK YOU PAY	NON-NETWORK YOU PAY	NETWORK YOU PAY	NON-NETWORK YOU PAY
\$500 individual / \$1,500 family \$1,000 individual / \$3,000 family \$2,500 individual / \$7,500 family \$5,000 individual / \$15,000 family \$7,500 individual / \$22,500 family	\$1,000 individual / \$3,000 family \$2,000 individual / \$6,000 family \$5,000 individual / \$15,000 family \$10,000 individual / \$30,000 family \$15,000 individual / \$45,000 family	\$250 individual / \$750 family \$500 individual / \$1,500 family \$1,000 individual / \$3,000 family \$2,500 individual / \$7,500 family	\$500 individual / \$1,500 family \$1,000 individual / \$3,000 family \$2,000 individual / \$6,000 family \$5,000 individual / \$15,000 family
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\$35 copay for office visit charge <sup>2</sup> 20% for other services <sup>1</sup>	40% <sup>1</sup>	\$35 copay for office visit charge <sup>2</sup> 10% for other services <sup>1</sup>	40% <sup>1</sup>
Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered
Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered	Not Covered Not Covered
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20% <sup>1</sup>	40% <sup>1</sup>	10% <sup>1</sup>	40% <sup>1</sup>
20% <sup>1</sup>	40% <sup>1</sup> (Non-network transplant facility), deductible and coinsurance does not apply to out-of-pocket maximums	10% <sup>1</sup>	40% <sup>1</sup> (Non-network transplant facility), deductible and coinsurance does not apply to out-of-pocket maximums
Unlimited	Unlimited	Unlimited	Unlimited
12 months	12 months	12 months	12 months

# PLAN 100

NETWORK YOU PAY	NON-NETWORK YOU PAY
\$500 individual / \$1,500 family \$1,000 individual / \$3,000 family \$2,500 individual / \$7,500 family \$5,000 individual / \$15,000 family \$7,500 individual / \$22,500 family \$10,000 individual / \$30,000 family	\$1,000 individual / \$3,000 family \$2,000 individual / \$6,000 family \$5,000 individual / \$15,000 family \$10,000 individual / \$30,000 family \$15,000 individual / \$45,000 family \$20,000 individual / \$60,000 family
\$500 individual / \$1,500 family \$1,000 individual / \$3,000 family \$2,500 individual / \$7,500 family \$5,000 individual / \$15,000 family \$7,500 individual / \$22,500 family \$10,000 individual / \$30,000 family	\$7,000 individual / \$14,000 family \$8,000 individual / \$16,000 family \$11,000 individual / \$22,000 family \$16,000 individual / \$32,000 family \$21,000 individual / \$45,000 family \$26,000 individual / \$60,000 family
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\$35 copay for office visit charge <sup>2</sup> 0% for other services <sup>1</sup>	40% <sup>1</sup>
Not Covered	Not Covered
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Not Covered	Not Covered
Not Covered	Not Covered
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0% <sup>1</sup>	0% <sup>1</sup>
0% <sup>1</sup>	40% <sup>1</sup>
0% <sup>1</sup>	40% <sup>1</sup> (Non-network transplant facility), deductible and coinsurance does not apply to out-of-pocket maximums
Unlimited	Unlimited
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.

**\* Plans 80, 100 are available with the Blue Access<sup>®</sup> network and the Blue Preferred<sup>®</sup> Plus network.**

**\* Plan 90 is available with the Blue Access<sup>®</sup> network.**

This Benefit 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 Benefit Guide, the terms of the contract or certificate of coverage will prevail.

# PRESCRIPTION DRUG BENEFITS

You can choose from three prescription benefit options as shown below.

## PRESCRIPTION DRUG BENEFIT OPTION: \$15/\$30/\$60/25%

### NETWORK YOU PAY

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

- Tier 1 - \$15 per prescription
- Tier 2 - \$30 per prescription
- Tier 3 - \$60 per prescription
- Tier 4 - 25% per prescription (\$2,500 out-of-pocket maximum)

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

- Tier 1 - \$30 per prescription
- Tier 2 - \$75 per prescription
- Tier 3 - \$150 per prescription
- Tier 4 - 25% per prescription (\$2,500 out-of-pocket maximum)

### NON-NETWORK YOU PAY

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

- Tier 1 - 50% with a minimum of \$60, no maximum
- Tier 2 - 50% with a minimum of \$60, no maximum
- Tier 3 - 50% with a minimum of \$60, no maximum
- Tier 4 - 50% with a minimum of \$60, no maximum

#### Mail Service - Not covered

## PRESCRIPTION DRUG BENEFIT OPTION: \$500 DEDUCTIBLE \$15/\$30/\$60/25%

### NETWORK YOU PAY

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

- Tier 1 - \$15 per prescription
- Tier 2 - \$30 per prescription (subject to a \$500 drug deductible)
- Tier 3 - \$60 per prescription (subject to a \$500 drug deductible)
- Tier 4 - 25% per prescription (\$2,500 out-of-pocket maximum)

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

- Tier 1 - \$30 per prescription
- Tier 2 - \$75 per prescription (subject to a \$500 drug deductible)
- Tier 3 - \$150 per prescription (subject to a \$500 drug deductible)
- Tier 4 - 25% per prescription (\$2,500 out-of-pocket maximum)

### NON-NETWORK YOU PAY

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

- Tier 1 - 50% with a minimum of \$60
- Tier 2 - 50% with a minimum of \$60 (subject to a \$500 drug deductible)
- Tier 3 - 50% with a minimum of \$60 (subject to a \$500 drug deductible)
- Tier 4 - 50% with a minimum of \$60 (no maximum)

#### Mail Service - Not covered

## PRESCRIPTION DRUG BENEFIT OPTION: \$15 GENERIC ONLY

### NETWORK YOU PAY

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

- Generic Prescription Drugs - \$15 per prescription. Brand-name prescription drugs are not covered. However, you can get discounts on brand-name drugs with your Anthem Blue Cross and Blue Shield ID card.

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

- Generic Prescription Drugs - \$30 per prescription. Brand-name prescription drugs are not covered.

### NON-NETWORK YOU PAY

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

- Generic Prescription Drugs - 50% with a minimum of \$15, no maximum. Brand-name prescription drugs are not covered. Prescription discounts are not applicable if the provider is non-network.

#### Mail Service - Not covered

- Tier 1** - Nearly all Tier 1 drugs are Preferred Generic Prescription Drugs, but tier 1 may also include some lower cost brand-name drugs with the greatest therapeutic value.
- Tier 2** - Preferred Brand-Name and/or Generic Drugs that are lower-cost and provide greater therapeutic value than comparable brand-name drugs.
- Tier 3** - Nearly all Tier 3 drugs are Brand-Name drugs that cost more or are less efficient than comparable drugs on lower tiers, but Tier 3 may also include some high-cost generic drugs.
- Tier 4** - Generally includes self-injectable drugs. The list of Tier 4 Drugs can be found at [www.anthem.com](http://www.anthem.com) or by calling the number on the back of your ID card.

#### Specialty Drugs

Specialty Drugs are high cost, scientifically engineered drugs. They are usually injected or infused and require special storage and handling that make them difficult for a typical pharmacy to dispense. Specialty Drugs must be obtained through our Specialty Pharmacy network in order to receive network level benefits.

**NOTE:** If a brand-name drug is purchased when a generic equivalent is available, you are responsible for the difference between the allowed charges for the generic and the brand-name drug, in addition to the generic copay.

**Note:** You will be responsible for only one Copayment/Coinsurance for a covered Prescription Drug if the required single dosage is unavailable and/or a combination of dosage amounts is needed to fill the Prescription Order.

Mail order and prescription drug benefits administered by WellPoint NextRx.

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

### **Who can apply.**

You can apply for Blue Access<sup>®</sup> and Blue Preferred<sup>®</sup> coverage for yourself or with your family. Family health coverage includes you, your spouse or domestic partner and any dependent children. Children are covered to the end of the month in which they turn 25. You must be under age 65, be a legal resident of Wisconsin, not be covered by any other group or individual health plan and meet our underwriting guidelines.

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

Blue Access and Blue Preferred plans don't provide benefits for services, supplies or charges having to do with preexisting conditions not disclosed in response to a question on your application (see "What's a preexisting condition?"); mental health services; substance abuse services; private duty nursing; experimental or investigative treatment; dental and vision, except as spelled out in your contract; charges greater than the maximum allowable amount (charges exceeding the amount Anthem recognizes for services); care provided by a member of your family; treatment that's primarily intended to improve your appearance; weight loss programs or treatment of obesity; hearing aids; eyeglasses or contact lenses; radial keratotomy or keratomileusis or excimer laser photo; artificial insemination, fertilization, infertility drugs or sterilization reversal; sex transformation surgery; custodial care; artificial and mechanical hearts; workers' compensation; and services we determine aren't medically necessary.

These are some of the exclusions contained in the plans. Check your contract or certificate and schedule of benefits 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. You may contact Customer Service if you have questions concerning the denial. You may also file a grievance by sending a letter to us. You should send any additional information that supports your grievance and state all the reasons why you feel the grievance request should be granted. We will review your grievance and let you know our decision in writing, usually within 30-60 days of receiving your grievance. You may also have the right to request an external review. For more information on the grievance and external review of other rights, please review your contract or certificate of coverage.

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

If you aren't satisfied with your Blue Access or Blue Preferred 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.

## **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 [anthem.com](http://anthem.com), for a list of network providers.)

### **Notice of provider arrangements.**

Your Network 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.

Customary waiting times. The standard waiting time for routine care is two weeks and urgent care is 48 hours. These waiting times are standard only and may not be indicative of the amount of time you wait for routine or urgent care.

## 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 **coinsurance level** is the percentage of money you have to pay out of your own pocket for covered services..

A **copayment** is a specific dollar amount that you have to pay out of your own pocket for covered services.

An **out-of-pocket limit** is the total amount of money (not counting your premiums) you have to pay each year for your health care 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 health care 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 [anthem.com](https://www.anthem.com).

Blue Cross Blue Shield of Wisconsin ("BCBSWi") underwrites or administers the PPO and indemnity policies; Compcare Health Services Insurance Corporation ("Compcare") underwrites or administers the HMO policies; and Compcare and BCBSWi collectively underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ©ANTHEM is a registered trademark. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.