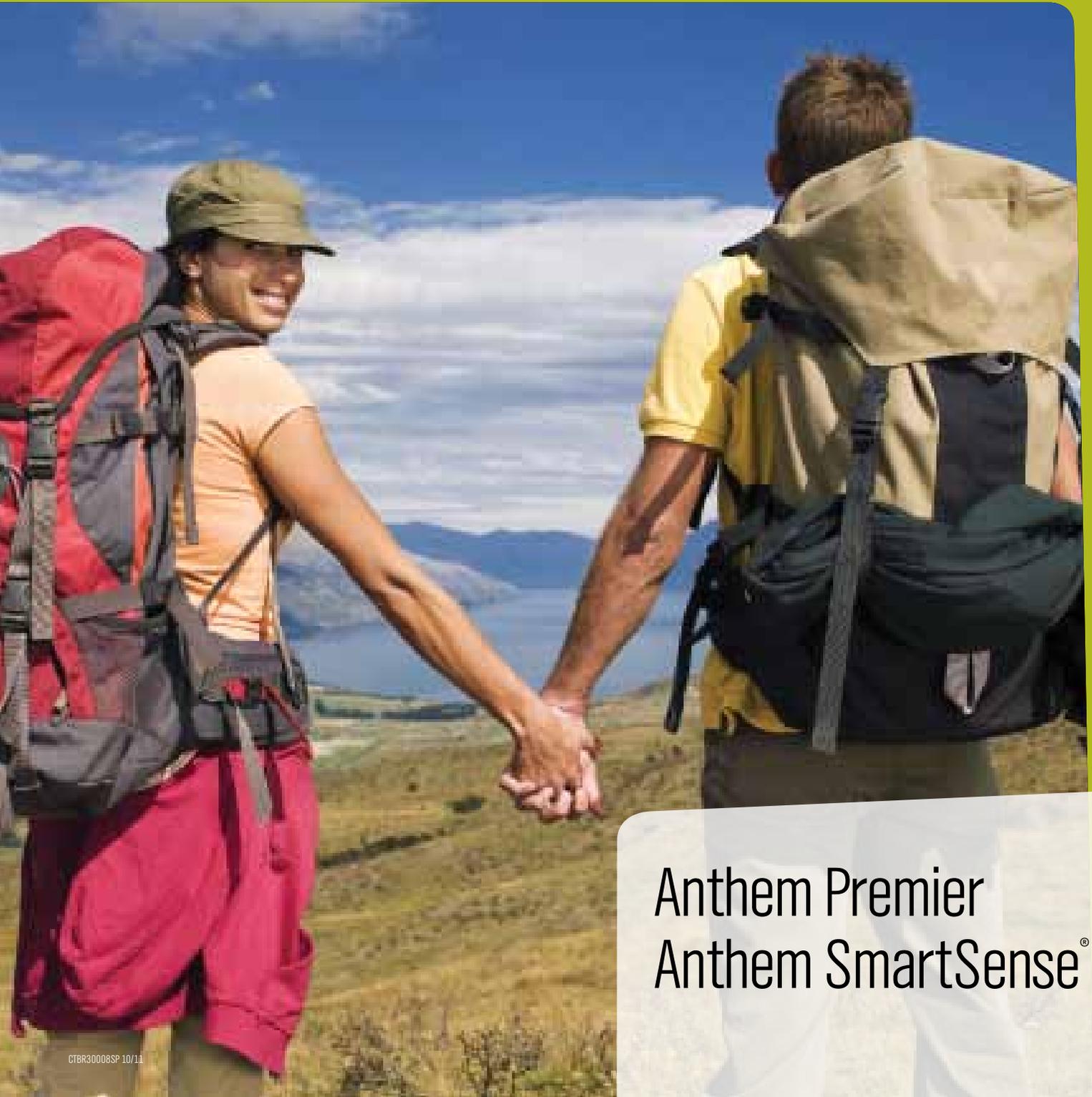


Our plans fit your plans



Anthem Premier
Anthem SmartSense[®]



Our plans help fit the way you live

In a world that's constantly changing, one thing's for certain: it's important to have health care coverage you can depend on — coverage designed to help fit your budget, and your way of life.

Since 1936, Anthem Blue Cross and Blue Shield has provided health care coverage and security to our Connecticut neighbors. And now, we're pleased to offer our Individual health care plans with added benefits and features of the Affordable Care Act.

You're in charge of your health and budget, and our Individual health care plans help keep it that way. We still offer a wide range of coverage options as unique as you are. And if you have any questions, we're here to help.

Experience you can rely on

Anthem is committed to helping simplify your life and improving your health. That's why we offer:

- **One of the largest provider networks in Connecticut.**
With over 10,000 PPO doctors and over 50 hospitals* throughout the state, chances are your doctor is one of ours.
- **Coverage that travels with you.**
No matter where life takes you, your health coverage goes with you. And the BlueCard® program makes it easy to access providers throughout the country.
- **A choice of plans to help fit your budget and lifestyle.**
No matter where you are in life, we've got a plan designed to help fit your health coverage needs, as well as your budget.

Why do you need health care coverage?

These days, an average stay in the hospital can cost more than \$20,000.** The financial risk you take without health coverage just isn't worth it. Not only does health care coverage help you stay healthy, it also gives you added security, because you know you have help to protect against the high cost of unexpected medical bills.

*BCBSA Provider Data Counts, 2011.

**Based on 2008 weighted national estimates from HCUP Nationwide Inpatient Sample (NIS), Agency for Healthcare Research and Quality (AHRQ), based on data collected by individual states and provided to AHRQ by the states. (Average stay of 3.8 days; average cost to uninsured of \$22,512.)

Some definitions so we're all on the same page

Network Discounts: With Anthem, you have access to one of the largest provider networks in the state. These network (or participating) providers have agreed to accept lower costs for their covered services to Anthem members — similar to volume discounts. These negotiated costs help reduce the overall cost of covered medical services, including your share of those costs.

This is true whether you are paying the entire cost for covered services (such as while you are meeting your deductible), or whether we are sharing the cost. With over 10,000 PPO doctors and over 50 hospitals,* chances are your provider already participates. Just visit a network provider to take advantage of the savings.

With our PPO plans, you can always choose to receive services outside the network, but your share of the cost will be greater.

Cost Sharing: The costs of medical care today can be staggering. Health care coverage from Anthem can help protect you against these high costs. With most health care coverage, you pay a monthly premium, then you share some of the cost of covered medical care with the company that provides your health care coverage. The level of cost sharing you choose directly impacts your premium amount. The more you are willing to share in the cost, the lower your premium. With Anthem, you can choose your level of protection and the level of cost sharing that works best for your health care needs and budget.

Deductible is the amount you have to pay each calendar year for covered services before your health care plan starts paying. Amounts met toward the deductible do not carry over from year to year. For some services, the plan will even begin to pay before the deductible is met. Usually, the higher a plan's deductible, the lower the premium. In some cases, you may also have a separate deductible for certain services such as prescription drugs. Network and non-network deductibles are separate and do not accumulate toward each other.

Coinsurance is the percentage of the cost of covered services that you will be responsible for, after your annual deductible is met. With some plans, you have a choice of

coinsurance levels. Much like your deductible, selecting a higher coinsurance typically lowers your monthly premium because it increases your share of the cost.

Copayment is a specific dollar amount you have to pay for certain covered services.

Out-Of-Pocket Maximum is the most that you would pay in a calendar year for deductible and coinsurance for in-network covered services. Once you reach this maximum, the plan pays at 100% for most network services for the rest of the calendar year. There is a separate out-of-pocket maximum for non-network services. Network and non-network out-of-pocket maximums are separate and do not accumulate toward each other.

Prescription Drugs are medications that must be authorized for use by your doctor. Anthem offers varying levels of prescription drug coverage. Depending on the plan, you may have coverage for generic drugs or generic and brand-name drugs.

Generic Drugs are prescription drugs that typically have been in use for some time and can be manufactured and distributed by numerous companies, so their cost is usually much lower. Generic drugs must, by law, contain the same active ingredients as their brand-name equivalent and have the same clinical benefit.

Brand-Name Drugs are prescription drugs that are manufactured and marketed under a registered name. They are usually patented and may be exclusively offered by certain manufacturers.

Tiers represent a cost level within the generic and brand-name prescription drug categories. The prescription drug coverage under your health care plan will differ for each of these tiers. Not all products have this tiering.

- **Tier 1:** Generally includes generic drugs and a few lower cost brand-name drugs.
- **Tier 2:** Generally includes generic and higher cost brand-name drugs.
- **Tier 3:** Includes the highest cost brand-name drugs.

Formulary is a list of prescription drugs our health care plans cover. They may include generic, preferred brand-name and specialty drugs that have been rigorously reviewed and selected by a committee of practicing doctors and clinical pharmacists for their quality and effectiveness. We've negotiated lower prices on these formulary drugs, so you'll save when your doctor prescribes medication from our formularies. There can be different formularies for different health care plans.

*BCBSA Provider Data Counts, 2011.

Anthem Premier

Is this the right plan for you?

Anthem Premier health care plans offer our highest level of benefits for a variety of services. Great for families or for individuals looking for richer benefits, Anthem Premier provides a number of benefits before the deductible, and strong coverage for prescription drugs.

Anthem Premier Plan Highlights

Anthem Premier offers robust benefits for both routine and unexpected medical care. Compared to our other plans, Anthem Premier has lower coinsurance levels across all deductibles offered. This added value helps lower your share of the cost once you satisfy your deductible.

Features:

- Coverage for doctors' office visits, with predictable copayment, before the deductible.
- Pays the first \$50 toward network annual routine vision screening, per member.
- Preventive care benefits that help you focus on staying healthy.

You should know:

- Maternity benefits are not available with this plan.
- Anthem Premier has our highest level of benefits available, so the premiums are typically more than our other plans.
- Network and non-network deductibles are separate and do not accumulate toward each other. Network and non-network out-of-pocket maximums are separate and do not accumulate toward each other.

Prescription drug coverage

Anthem Premier offers broad prescription drug coverage including benefits for generic and brand-name drugs. There is a separate deductible for Tier 2 and 3 drugs.

You will receive the highest level of benefits by asking your physician to prescribe a generic drug whenever possible. If you choose to purchase a brand-name drug when a generic drug is available, you will be responsible for the difference in the cost between brand-name and generic, plus your copayment or coinsurance.

See your Benefit Guide for more details.

How to customize your Anthem Premier Plan

With Anthem Premier, you have choice and flexibility to change the plan to better meet your needs. Anthem Premier offers a choice of:

Deductible: Anthem Premier deductibles range from \$500 to \$10,000. You can usually lower your premium by choosing a higher deductible. Simply choose the deductible and premium combination that works best for you.

Coinsurance: Anthem Premier offers a choice of coinsurance options, including one with no coinsurance at all for most care, depending on the deductible you choose. The zero coinsurance options typically have higher deductibles, which can lower your premium in most cases.

Benefits		Anthem Premier							
Calendar Year Deductible		Your Choices							
Individual Policy	NETWORK:	\$500	\$1,500	\$2,500	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000
	NON-NETWORK:	\$500	\$1,500	\$2,500	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000
Family Policy	NETWORK:	\$1,000	\$3,000	\$5,000	\$5,000	\$7,000	\$10,000	\$15,000	\$20,000
	NON-NETWORK:	\$1,000	\$3,000	\$5,000	\$5,000	\$7,000	\$10,000	\$15,000	\$20,000
Network Coinsurance Options		20%*	20%*	20%*	0%*	0%*	0%*	0%*	0%*
Calendar Year Out-of-Pocket Maximum		Add Your Chosen Deductible to the Amount Below							
Individual Policy	NETWORK:	\$3,000	\$3,000	\$3,000	\$0	\$0	\$0	\$0	\$0
	NON-NETWORK:	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500
Family Policy	NETWORK:	\$6,000	\$6,000	\$6,000	\$0	\$0	\$0	\$0	\$0
	NON-NETWORK:	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000
How family deductibles and family out-of-pocket maximums work		For family plans (with two or more members) any combination of family members can meet or contribute toward the family deductible or family out-of-pocket maximum. However, no individual member can contribute more than their individual deductible or out-of-pocket maximum.							
Lifetime Maximum		None							
Covered Services		Your Share of Costs (after deductible, unless waived or not subject to deductible)							
Doctors' Office Visits		NETWORK (deductible waived): \$30 Copay for primary care physician; \$40 Copay for specialist. NON-NETWORK: 30% Coinsurance							
Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)		NETWORK: 20% or 0% Coinsurance¹ NON-NETWORK: 30% Coinsurance							
Inpatient Services (overnight hospital/facility stays)		NETWORK: 20% or 0% Coinsurance¹ NON-NETWORK: 30% Coinsurance							
Outpatient Services (without overnight hospital/facility stays)		NETWORK: 20% or 0% Coinsurance¹ NON-NETWORK: 30% Coinsurance							
Emergency Room Services		NETWORK: 20% or 0% Coinsurance¹ NON-NETWORK: 20% or 0% Coinsurance¹							
Preventive Care Services		Covers nationally recommended preventive care for adults and children including immunizations, PSA screenings, Pap tests, mammograms and more. NETWORK: 0% Coinsurance , not subject to deductible NON-NETWORK: 30% Coinsurance							
Maternity		Not Covered							
Optional Coverage (at additional cost)		None							
Prescription Drug Coverage		Anthem Premier							
Retail Drugs (and Mail Order Drugs when available)		Separate \$200 deductible per member. NETWORK: • Tier 1 Drugs (deductible waived): Retail (30 day supply): \$15 Copay ; Mail Order (90 day supply): \$30 Copay • Tiers 2 and 3: 40% Coinsurance for either Retail (30 day supply) or Mail Order (90 day supply). Up to \$10,000 annual Prescription Drug out-of-pocket maximum per member. NON-NETWORK: • 50% Coinsurance up to the maximum allowable amount. Member is responsible for difference between Anthem allowable charge and actual cost of drug.							
Optional Drug Coverage (when available)		Not applicable; Anthem Premier already includes enhanced drug coverage.							
Other Covered Benefits include but are not limited to:		Ambulance, Chiropractic Care, Durable Medical Equipment, Home Health and Hospice Care, Mental Health, Physical/Occupational Therapy, Substance Abuse, Speech Therapy, Urgent Care, Routine Vision Exam							
IMPORTANT: 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, limitations and exclusions are contained in the Contract/Certificate. In the event of a conflict between the Contract/Certificate and this Benefit Guide, the terms of the Contract/Certificate will prevail.		*Your coinsurance will be higher with a non-network provider. ¹ Coinsurance is designated by the plan you choose. NOTE: Network and non-network deductibles are separate and do not accumulate toward each other. Network and non-network out-of-pocket maximums are separate and do not accumulate toward each other.							

Anthem SmartSense[®]

Is this the right plan for you?

Anthem SmartSense was designed to offer affordable, solid protection without a lot of bells and whistles that may not be important to you.

Anthem SmartSense Plan Highlights

Anthem SmartSense offers affordable price options, solid protection that covers many essentials, and even some immediate benefits before the deductible.

Features:

- Coverage for the first three doctors' office visits with predictable copayment.
- Preventive care benefits that help you focus on staying healthy.
- Choice of prescription drug coverage options.

You should know:

- Maternity benefits are not available with this plan.
- After the first three doctors' office visits, all other visits are covered after your deductible and/or coinsurance.
- Generic drugs are available before the deductible, with a copayment or coinsurance.
- Network and non-network deductibles are separate and do not accumulate toward each other. Network and non-network out-of-pocket maximums are separate and do not accumulate toward each other.

Prescription drug coverage

Anthem SmartSense includes coverage for generic and preferred drugs. For non-preferred and specialty drugs, the Anthem negotiated discount applies.

For an additional cost, you can upgrade the Anthem SmartSense prescription benefit and extend coverage for non-preferred and specialty drugs.

You will receive the highest level of benefits by asking your physician to prescribe a generic drug whenever possible. If you choose to purchase a brand-name drug on the formulary, when a generic drug is available, you will be responsible for the difference in the cost between brand-name and generic, plus your copayment or coinsurance.

See your Benefit Guide for more details.

How to customize your Anthem SmartSense Plan

With Anthem SmartSense, you have some choice and flexibility to change the plan to better meet your needs. Anthem SmartSense offers a choice of:

Deductible: Anthem SmartSense deductibles range from \$750 to \$12,000. You can usually lower your premium by choosing a higher deductible. Simply choose the deductible and premium combination that works best for you.

Coinsurance: Anthem SmartSense offers a choice of coinsurance levels depending on the deductible you choose. Choosing a higher deductible can take your coinsurance for covered services to zero if you'd like to pay more toward your calendar year deductible first.

Prescription Drug Benefit: You can customize your plan by selecting the Optional Enhanced Prescription Drug coverage, as described in your Benefit Guide.

Benefits

Calendar Year Deductible

Individual Policy	NETWORK:	
	NON-NETWORK:	
Family Policy	NETWORK:	
	NON-NETWORK:	

Network Coinsurance Options

Calendar Year Out-of-Pocket Maximum

Individual Policy	NETWORK:	
	NON-NETWORK:	
Family Policy	NETWORK:	
	NON-NETWORK:	

How family deductibles and family out-of-pocket maximums work

Lifetime Maximum

Covered Services

Doctors' Office Visits

Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)

Inpatient Services (overnight hospital/facility stays)

Outpatient Services (without overnight hospital/facility stays)

Emergency Room Services

Preventive Care Services

Maternity

Optional Coverage (at additional cost)

Optional Drug Coverage (when available)

Anthem SmartSense®

Your Choices

	\$750	\$1,500	\$2,500	\$2,500	\$3,500	\$3,500	\$5,000	\$7,500	\$10,000	\$12,000	
Individual Policy	NETWORK:	\$750	\$1,500	\$2,500	\$2,500	\$3,500	\$3,500	\$5,000	\$7,500	\$10,000	\$12,000
Family Policy	NETWORK:	\$1,500	\$3,000	\$5,000	\$5,000	\$7,000	\$7,000	\$10,000	\$15,000	\$20,000	\$24,000
	NON-NETWORK:	\$1,500	\$3,000	\$5,000	\$5,000	\$7,000	\$7,000	\$10,000	\$15,000	\$20,000	\$24,000

30%* 30%* 30%* 50%* 30%* 50%* 30%* 30%* 0%* 0%*

Add Your Chosen Deductible to the Amount Below

	\$4,000	\$4,000	\$3,000	\$4,000	\$3,000	\$4,000	\$3,000	\$3,000	\$0	\$0	
Individual Policy	NETWORK:	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	
Family Policy	NETWORK:	\$8,000	\$8,000	\$6,000	\$8,000	\$6,000	\$8,000	\$6,000	\$6,000	\$0	\$0
	NON-NETWORK:	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000

For family plans (with two or more members) any combination of family members can meet or contribute toward the family deductible or family out-of-pocket maximum. However, no individual member can contribute more than their individual deductible or out-of-pocket maximum.

None

Your Share of Costs (after deductible, unless waived or not subject to deductible)

NETWORK:
 • Office Visit Copay for first 3 yearly visits: \$30 Copay, deductible waived, for primary care physician or specialist visits.
 • Office Visit Coinsurance for remaining visits: 30% or 50% or 0% Coinsurance¹
 NON-NETWORK: 50% or 30% Coinsurance¹

NETWORK: 30%, 50% or 0% Coinsurance¹
 NON-NETWORK: 50% or 30% Coinsurance¹

NETWORK: 30%, 50% or 0% Coinsurance¹
 NON-NETWORK: 50% or 30% Coinsurance¹

NETWORK: 30%, 50% or 0% Coinsurance¹
 NON-NETWORK: 50% or 30% Coinsurance¹

NETWORK: 30%, 50% or 0% Coinsurance¹
 NON-NETWORK: 50%, 30% or 0% Coinsurance¹

Covers nationally recommended preventive care for adults and children including immunizations, PSA screenings, Pap tests, mammograms and more.
 NETWORK: 0% Coinsurance, not subject to deductible
 NON-NETWORK: 50% or 30% Coinsurance¹

Not Covered

Enhanced Drug Coverage

Anthem SmartSense

Standard Drug Coverage:

Separate \$250 per person deductible for Tier 2 preferred brand drugs.
 NETWORK:
 • Tier 1 Drugs: \$15 Copay; deductible waived.
 • Tier 2 Drugs: 40% or 50% Coinsurance¹
 • Tier 3 Drugs: Member is responsible for entire cost after Anthem negotiated discount.

NON-NETWORK:
 • 50% Coinsurance up to the maximum allowable amount. Member is responsible for difference between Anthem allowable charge and actual cost of the drug.

Enhanced Drug Coverage:

Separate \$200 per person deductible.
 NETWORK:
 • Tier 1 Drugs (deductible waived): Retail (30 day supply): \$15 Copay; Mail Order (90 day supply): \$30 Copay.
 • Tiers 2 and 3: 40% Coinsurance or 50% Coinsurance (with \$2500/50% or \$3,500/50%) for either Retail (30 day supply) or Mail Order (90 day supply).
 Up to \$10,000 annual Prescription Drug out-of-pocket maximum per member.

NON-NETWORK:
 • 50% Coinsurance up to the maximum allowable amount. Member is responsible for difference between Anthem allowable charge and actual cost of the drug.

Ambulance, Chiropractic Care, Durable Medical Equipment, Home Health and Hospice Care, Mental Health, Physical/Occupational Therapy, Substance Abuse, Speech Therapy, Urgent Care

*Your coinsurance will be higher with a non-network provider.

¹Coinsurance is designated by the plan you choose.

NOTE: Network and non-network deductibles are separate and do not accumulate toward each other. Network and non-network out-of-pocket maximums are separate and do not accumulate toward each other.

Other Covered Benefits include but are not limited to:

IMPORTANT: 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, limitations and exclusions are contained in the Contract/Certificate. In the event of a conflict between the Contract/Certificate and this Benefit Guide, the terms of the Contract/Certificate will prevail.



Your health resources

Remember to use our website as part of your overall health and wellness plan. You can even take an online health assessment and set up a private, secure page to help you keep track of your health goals.

On **anthem.com**, it's also easy to:

- Find a doctor or pharmacy
- Refill a prescription
- Check the status of a claim
- Get answers about your health benefits

And be sure to visit the Preventive Health Guidelines section. You can find out which screenings and immunizations are recommended, and you can easily search by age group and by category.

Here are just some of the many fun and interesting ways our website can help you focus on staying healthy:

- Calculate your Health Footprint and see how your healthy choices influence those around you
- Discover your spectrum of support through 360° Health®
- Check out the latest health news from online articles, videos and podcasts

So what's the word?

Healthy.

If you have questions or want more details about your options, call your Anthem Sales Representative or Agent today!

A woman with long dark hair, wearing a brown blazer over a patterned top, is sitting on a chair with a white and gold circular pattern. She is looking towards the camera with a slight smile. A white gift bag with a gold circular pattern is next to her. The background is a blurred outdoor setting with trees and a stone wall.

Get a free look with a money-back guarantee!

After you enroll in a plan offered by Anthem, you will receive a Certificate that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You will have 10 days to examine your plan's features. During that time, if you are not fully satisfied, you may cancel your policy and your premiums will be refunded, less any claims that were already paid.

Additional information

Because we're dedicated to making the application process simple, you can apply through the mail, online or over the phone.

Who can apply?

All Individual plans are available to:

- Connecticut residents
- Applicants who are between 19 and 64 years of age.
- Married couples and domestic partners that meet eligibility requirements may apply.
- Families with dependent children under age 26 are eligible.

Those applying must submit:

- An Enrollment Application
- Health Statement
- Your first month's premium

These health plans are medically underwritten. This means your premium and acceptance is based on a review of your medical history. The Subscriber Certificate will be mailed to you once you are a member.

Sign up for our easy, no hassle payment option.

No matter which plan option you choose, we'll make it easy for you to make your monthly premium payments.

Through our Electronic Fund Transfer (EFT) program, we automatically withdraw funds from your bank account each month for the required premium amount. No check writing. No postage costs. No coverage lapse because you forgot to mail the payment. See ... we said we make it easy.

Sound good? Then complete the billing section of the Enrollment Application. If applying online, sign up for EFT while completing the online application.

**If you have questions
or want more details about
your options, call your
Anthem Sales Representative
or Agent today!**



Individual health coverage. Your plans. Your choices.

Make sure you have all the facts.

This brochure is only one piece of your plan information. Please make sure you have all the facts about the benefits offered by the plans described — including what's covered, and what isn't. This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent, Anthem, or visit us on the web. You may also see the enclosed Coverage Details. This document should be included with your information kit, or if you have printed this from your computer, it should be at the end of this document. If you don't have this document, be sure to contact your Anthem Sales Representative or Agent.

This brochure is intended as a brief summary of benefits and services; it is not your Contract/Certificate. If there is any difference between this brochure and your Contract/Certificate, the provisions of the Contract/Certificate will prevail. Benefits and premiums are subject to change.

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

Ready to enroll?

Call your Anthem Sales Representative or Agent today!



Health. Join In.

Individual and Family Health Care Plans for **Connecticut**