



Finally, an individual health plan that focuses on the important stuff: you!

- Recent graduate
- Self-employed
- Early retiree
- No health coverage

What's Inside

Did you know that we've been committed to providing quality health care coverage for more than 70 years? Experience, quality and commitment... that's a recipe for health benefits that can really work for you.

To begin learning about the health benefits available to you, just start on the next page.

Say goodbye to health coverage that just doesn't cut it.

Are you self-employed? An early retiree? Or maybe you work for a company that doesn't offer group coverage? Then you're probably used to the idea of having to choose a basic individual health plan that doesn't meet your needs, costs big bucks and comes complete with hassles while everyone around you has the kind of coverage you want. Good news - it doesn't have to be that way any longer.

Say hello to BlueCare Direct and Century Preferred Direct.

BlueCare Direct and Century Preferred Direct are sensible, easy to use health plans that provide excellent coverage at an affordable price. Really! Plus, they're backed by the Connecticut health insurer that's been committed to providing quality health care coverage options to individuals like you for more than 70 years.

Sound too good to be true? Read on for more info and then ask yourself "Do I really want to go another day without health insurance?"

BlueCare Direct HMO vs. Century Preferred Direct PPO. What's the difference and which one is right for you?

BlueCare Direct (HMO)

BlueCare Direct is a health maintenance organization (HMO) plan. That means benefits for covered services are available when you use any of the nearly 4,000 doctors, hospitals and other health professionals that are part of the plan network in Connecticut.

BlueCare Direct at-a-glance

- Primary Care Physician (PCP) recommended but not required
- No referral needed to see a specialist
- Extensive local doctor and hospital network
- No claim forms to submit
- Benefits available for:
 - Routine preventive care
 - Well-child care
 - Immunizations
 - Inpatient and outpatient care
 - Emergency care
- Access to discounts on health products and services through SpecialOffers@AnthemSM
- Built-in vision coverage
- Built-in maternity coverage
- Two prescription drug options available (varies by plan selected)

Finding a doctor is easy at anthem.com

An online list of participating doctors and hospitals is available at anthem.com. You can search by location, specialty – even languages spoken. The online directory is updated weekly.

No Internet access? No problem. Simply call your authorized Anthem sales agent to see if your doctor is part of the network.

Century Preferred Direct (PPO)

Century Preferred Direct is a preferred provider (PPO) health plan. That means you can receive the highest level of benefits when you use any of the 5,000 doctors and other health care professionals in the plan's network. Benefits are also available for care from health providers that aren't part of the network, but benefits are often lower and your out-of-pocket costs will be greater.

Century Preferred Direct at-a-glance

- Multiple plan options available
- No referral needed to see a specialist
- Benefits available for care from non-network doctors and hospitals (higher out-of-pocket costs)
- Extensive local and nationwide doctor and hospital network
- Benefits available for covered services outside of Connecticut
- No claim forms to submit (when using network doctors)
- Benefits available for:
 - Routine preventive care
 - Well-child care
 - Immunizations
 - Inpatient and outpatient care
 - Emergency and urgent care worldwide
- Access to discounts on health products and services through SpecialOffers@AnthemSM
- Built-in vision coverage
- Prescription drug coverage available (optional)

Life happens.

Why go another day without the right health insurance?

5 reasons why you should pick BlueCare Direct or Century Preferred Direct

1. Excellent coverage at affordable rates.

Both plans give you most of the bells and whistles you usually find in those too-good-to-be-true health plans that you can only get from an employer. Like a choice of doctors, benefits for routine checkups and other preventive services, prescription drug coverage and much more. All at a rate we think you'll find very affordable.

2. No claim forms to fill out. No surprise bills. No hassles.

Our plans are easy to use. We've made special arrangements with doctors and hospitals that participate in our network so you won't have to deal with claims forms. And because you know your copayments, coinsurance and deductibles up-front, you won't get surprise medical bills in your mailbox.

3. Easy access to thousands of medical providers.

You'll have a wide range of network doctors, hospitals and other health care providers to choose from when you receive covered medical services in Connecticut.

4. "Just in case coverage..." for urgent and emergency care.

Life happens, right? That's why our health plans let you access urgent and emergency benefits whenever and wherever you need them — thanks to our relationships with other Blue Cross and Blue Shield plans across the country.

5. Prevention by the pound.

An ounce of prevention is a good thing – but often not enough to keep everyone in your family healthy. That's why we take things one step further. Our BlueCare Direct and Century Preferred Direct plans provide benefits for physical exams, health screenings, childhood immunizations, well-child care and routine gynecological visits.

Like what you've read? Then what are you waiting for?
Apply now! If you have any questions, please
contact your Anthem Authorized Sales Agent.

Prescription drug coverage helps keep costs down

If you enroll in **BlueCare Direct (HMO)**, you'll automatically get prescription drug coverage under a three-tier program. What's a three-tier program? Keep reading.

If you enroll in **Century Preferred Direct (PPO)**, you'll also have the option of purchasing the three-tier prescription drug program. If you decide not to purchase this coverage, you'll have access to the ScriptSave discount program. Read on for more about ScriptSave

The Three-tier drug program

How the three-tier drug program works

There are three levels (or tiers) of copayments for prescriptions. The type of drug and the amount of your copayment tells you which tier the drug falls under.

Tier 1: is for most generic drugs and has the lowest copayments—Your prescription cost share will usually be lowest when you purchase a generic drug.

Tier 2: is for drugs that are on Anthem's Formulary and have copays at the mid-level dollar amount—Your copayment is higher than it would be for drugs on Tier 1, but less than it would be for medications not on the Anthem Formulary (Tier 3).

Tier 3: is for drugs that are not included on Anthem's Formulary and they have the highest copay amount—You have coverage for non-formulary prescription drugs, but your out-of-pocket costs will be higher than they would be if you were getting medications on the formulary.

The pharmacy down the street is probably in the network.

As part of your prescription drug benefits, you'll have access to more than 50,000 chain and independent pharmacies across the country.

Don't feel like driving to the pharmacy? Use the WellPoint Next Rx Direct Mail Service

You can purchase your prescription drugs through WellPoint Next Rx Direct. Prescriptions are filled promptly, checked for safety and accuracy by registered pharmacists as with any retail pharmacy and delivered to your home in confidential, secure packaging. Depending on your drug benefits and the particular medication you're taking, you may be able to order up to a 90-day supply at a reduced copayment. You can quickly order refills by calling a toll-free number or at anthem.com.

ScriptSave (for Century Preferred Direct members)

All Century Preferred Direct members who do not elect to add prescription drug coverage are eligible to take advantage of our ScriptSave pharmacy discount program. The ScriptSave Prescription drug discount program is available without any enrollment or monthly fees. And there's no waiting period. That means you don't have to wait a certain amount of time before you can start using it. It provides discounts on prescriptions filled at any of ScriptSave's participating pharmacies. Please note that ScriptSave is not available to BlueCare Direct members.

This prescription drug program gives you access to the medications you need. To better understand it, you'll need to know these terms:

Copayment – A fixed dollar amount that you pay at the pharmacy when you pick up your prescription.

Anthem Formulary – A list of prescriptions that are both high in quality and cost effective. This list is created and managed by a committee of practicing doctors and pharmacists. The committee meets periodically to review and update the formulary based on findings in pharmaceutical research and the medical community. You and your doctor can search the Anthem Formulary at anthem.com.

Here's to your health...

Whether you choose BlueCare Direct or Century Preferred Direct, you'll have access to our most popular programs that focus on helping you live a healthy life.

Discounts on health products and services

As an Anthem Blue Cross and Blue Shield member, you'll have access to SpecialOffers@AnthemSM, a program of special discounts on health-related products and services that can help you stay healthy and fit. For a full listing of SpecialOffers@Anthem, visit anthem.com.

Improving your health

Our mission is to improve the health of the people we serve. That's why we offer a series of health programs and services with something for everyone. Whether you need customized care to help you because you're dealing with several conditions at once or you already feel your healthiest, you can count on us to give you the education, resources and guidance you specifically need so you can be as healthy as possible.

Programs and services include:

- Education initiatives for people with chronic conditions such as:
 - Asthma
 - Cardiovascular disease
 - Depression
 - Diabetes
- Women's health and education programs
- Immunization and important health reminder programs
- Online MyHealth@Anthem[®] health information center
- Preventive care benefits
- Proactive Care Management

Our health management programs are voluntary and confidential. For more information, go to anthem.com and click on Connecticut.

Take a Virtual Tour

Log on to our website to see all of the helpful health tools we offer. [anthem.com > Members > Connecticut.](#)

Online tools at anthem.com

MyAnthemSM – available through [anthem.com](#) – is your personalized website to the world of health and benefit information. You'll be able to take advantage of online services like:

- Searching the Online Provider Directory for network physicians
- Viewing coverage and benefit information
- Examining current and past claims
- Changing primary care physicians (if applicable)
- Requesting new ID cards
- Changing passwords
- Checking eligibility information for you and covered dependents
- Updating your email address
- Asking questions about your benefits

MyAnthem uses the latest encryption standards to protect your personal information.

Health Decision Support Tools are designed to help you make smart choices about your health.

- Healthcare AdvisorTM provides access to performance data about specific hospitals and guidance on treatment options.
- If you have prescription benefits through Anthem Blue Cross and Blue Shield, PharmaAdvisorTM helps you get easy-to-understand information about more than 11,000 drugs, including medication comparisons, side effects and interactions.
- Coverage AdvisorTM helps you understand what health care services you might need and estimate the costs for those services.
- Treatment Cost AdvisorTM lets you view estimated costs for specific services, tests, doctor visits and medications.

LifeAfter50 is a website, accessible through [anthem.com](#), that provides online information and tools tailored to the unique health and wellness needs of baby boomers and seniors.

MyHealth@Anthem[®] gives you the information you need – in both English and Spanish – to make smart decisions about how to better evaluate and manage your health benefits and services. You'll be able to:

- Better manage chronic and acute conditions – Condition Centers[®] provide useful information about more than 35 health conditions like asthma, diabetes and more.
- Build a safe, online health profile – Keep all your important medical information safe, sound and in one place. Use your secure online tools to make a personal, private health record.
- Check your health risk level – An easy-to-complete health assessment helps you understand your health risks and identify ways to lower them.
- Find prevention information for men and women – Health centers promote disease prevention and provide gender-specific health information and tools.
- Enroll in the Lifetime Exercise Adherence Program (LEAP[®]). This online fitness and management program was created by an Olympic coach to help you measure and manage your fitness.
- Track pregnancies and early childhood development – Tools are available to let you monitor your pregnancy and the health of your children ages six and younger.
- Get information about health topics of interest to you – Use our secure message center to receive health news, drug alerts and tips based on your specific interests.
- Search a medical dictionary with more than 57,000 entries.

Apply for now... it's easy!

Because we're dedicated to making the application process simple, you can apply for BlueCare Direct or Century Preferred Direct through the mail or online.

Who can apply?

All individual plans are available to Connecticut residents.

- Applicants under age 18 are eligible to apply, but a parent or guardian must sign the application.
- Married couples and domestic partners that meet eligibility requirements may apply.
- Families with unmarried, dependent children under age 26 are eligible.

Those applying must complete:

- An Enrollment Application
- Health Statement
- A Statement of Domestic Partnership (if applicable)

These health plans are medically underwritten, and acceptance is based on a review of your completed Health Statement. The subscriber certificate will be mailed to you once you are a member.

To apply by mail:

Step 1: Complete the Enrollment/Change Application. Please sign and date the form.

Step 2: Complete the Health Statement and any additional health questionnaires, if applicable, and return to your Sales Agent.

To apply online:

Can't be bothered with paper forms?

Then talk to your Anthem Authorized Sales Agent about applying online.

Don't worry... we're fanatical about protecting your privacy. That's why our secure website has technical safeguards to help protect your information and keep it confidential.

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.

HIPAA notice of privacy practices

We keep the health and financial information of our current and former members private as required by law, accreditation standards, and our rules. This notice explains your rights. It also explains our legal duties and privacy practices. We are required by federal law to give you this notice.

Your Protected Health Information

We may collect, use, and share your Protected Health Information (PHI) for the following reasons and others as allowed or required by law, including the HIPAA Privacy rule:

For Payment: We use and share PHI to manage your account or benefits; or to pay claims for health care you get through your plan. For example, we keep information about your premium and deductible payments. We may give information to a doctor's office to confirm your benefits.

For Health Care Operations: We use and share PHI for our health care operations. For example, we may use PHI to review the quality of care and services you get. We may also use PHI to provide you with case management or care coordination services for conditions like asthma, diabetes, or traumatic injury.

For Treatment Activities: We do not provide treatment. This is the role of a health care provider such as your doctor or a hospital. But, we may share PHI with your health care provider so that the provider may treat you.

To You: We must give you access to your own PHI. We may also contact you to let you know about treatment options or other health-related benefits and services. When you or your dependents reach a certain age, we may tell you about other products or programs for which you may be eligible. This may include individual coverage. We may also send you reminders about routine medical checkups and tests.

To Others: You may tell us in writing that it is OK for us to give your PHI to someone else for any reason. Also, if you are present, and tell us it is OK, we may give your PHI to a family member, friend or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are not present, if it is an emergency, or you are not able to tell us it is OK, we may give your PHI to a family member, friend or other person if sharing your PHI is in your best interest.

As Allowed or Required by Law: We may also share your PHI, as allowed by federal law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared for judicial or administrative proceedings, with public health authorities, for law enforcement reasons, and to coroners, funeral directors or medical examiners (about decedents). PHI can also be shared for certain reasons with organ donation groups, for research, and to avoid a serious threat to health or safety. It can be shared for special government functions, for workers' compensation, to respond to requests from the U.S. Department of Health and Human Services and to alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes. PHI can also be shared as required by law.

If you are enrolled with us through an employer sponsored group health plan, we may share PHI with your group health plan. We and/or your group health plan may share PHI with the sponsor of the plan. Plan sponsors that receive PHI are required by law to have controls in place to keep it from being used for reasons that are not proper.

Authorization: We will get an OK from you in writing before we use or share your PHI for any other purpose not stated in this notice. You may take away this OK at any time, in writing. We will then stop using your PHI for that purpose. But, if we have already used or shared your PHI based on your OK, we cannot undo any actions we took before you told us to stop.

Your Rights

Under federal law, you have the right to:

- Send us a written request to see or get a copy of certain PHI or ask that we correct your PHI that you believe is missing or incorrect. If someone else (such as your doctor) gave us the PHI, we will let you know so you can ask them to correct it.
- Send us a written request to ask us not to use your PHI for treatment, payment or health care operations activities. We are not required to agree to these requests.
- Give us a verbal or written request to ask us to send your PHI using other means that are reasonable. Also let us know if you want us to send your PHI to an address other than your home if sending it to your home could place you in danger.
- Send us a written request to ask us for a list of certain disclosures of your PHI.

Call Customer Service at the phone number printed on your identification (ID) card to use any of these rights. They can give you the address to send the request. They can also give you any forms we have that may help you with this process.

How We Protect Information

We are dedicated to protecting your PHI. We set up a number of policies and practices to help make sure your PHI is kept secure.

We keep your oral, written, and electronic PHI safe using physical, electronic, and procedural means. These safeguards follow federal and state laws. Some of the ways we keep your PHI safe include offices that are kept secure, computers that need passwords, and locked storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. The policies limit access to PHI to only those employees who need the data to do their job. Employees are also required to wear ID badges to help keep people who do not belong, out of areas where sensitive data is kept. Also, where required by law, our affiliates and non-affiliates must protect the privacy of data we share in the normal course of business. They are not allowed to give PHI to others without your written OK, except as allowed by law.

Potential Impact of Other Applicable Laws

HIPAA (the federal privacy law) generally does not preempt, or override other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to provide you with more privacy protections, then we must also follow that law in addition to HIPAA.

Complaints

If you think we have not protected your privacy, you can file a complaint with us. You may also file a complaint with the Office for Civil Rights in the U.S. Department of Health and Human Services. We will not take action against you for filing a complaint.

Contact Information

Please call Customer Service at the phone number printed on your ID card. They can help you apply your rights, file a complaint, or talk with you about privacy issues.

Copies and Changes

You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you as well as any PHI we may get in the future. We are required by law to follow the privacy notice that is in effect at this time. We may tell you about any changes to our notice in a number of ways. We may tell you about the changes in a member newsletter or post them on our web site. We may also mail you a letter that tells you about any changes.

Eligibility

To become eligible for membership as a Subscriber under this Benefit Program the applicant must:

1. Be a resident of the State of Connecticut
2. Be under age 65.

Renewability of Coverage

We will renew your Policy each time you send us the premium. Payment must be made on or before the due date or during the month that follows. Your Policy stays in force during this time. We can refuse to renew your Policy only when we refuse to renew all form number N1369 and N736 Policies in our state. Nonrenewal will not affect an existing claim.

Pre-Existing Conditions

Century Preferred Direct does not cover Pre-Existing Conditions diagnosed or treated during the 6 months immediately preceding your Effective Date. The Pre-Existing Condition Limitation Period may last up to 12 months from your Enrollment Date. Credit from prior Creditable Coverage will be applied if applicable to reduce your specific Pre-Existing Condition Limitation Period. If applicable, you will be notified in writing by Anthem Blue Cross and Blue Shield exactly how many months you will be subject to this exclusion. This does not affect BlueCare Direct HMO.

Premium Rates

The amount, time and manner of payment of Premiums shall be determined by Anthem BCBS and shall be subject to the approval of the State of Connecticut Insurance Department.

In the event of any change in Premium, the Subscriber will be given notice of at least 30 days prior to such change. Payment of the Premium by the Subscriber or contributions shall serve as notice of the Subscriber's acceptance of the change.

State Notice Of Privacy Practices

As we told you in our HIPAA notice, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

Your Personal Information

- We may collect, use and share your non-public personal information (PI) as described in this notice. PI identifies a person and is often gathered in an insurance matter. PI could also be used to make judgments about your health, finances, character, habits, hobbies, reputation, career, and credit.
- We may collect PI about you from other persons or entities such as doctors, hospitals, or other carriers.
- We may share PI with persons or entities outside of our company without your OK in some cases.
- If we take part in an activity that would require us to give you a chance to opt-out, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity.
- You have the right to access and correct your PI.
- We take reasonable safety measures to protect the PI we have about you.

A more detailed state notice is available upon request. Please call the phone number printed on your ID card.

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

Isn't it time for an individual health plan that focuses on you?

We think so, too.

If you're a recent graduate, self-employed, an early retiree or under age 65 but without employer-sponsored coverage, we have the plan you're looking for.

To find out more, contact your Anthem Authorized Sales Agent.

If you're not completely satisfied...

With our Free Look period, if within 10 days of receiving your policy you are not satisfied for any reason, you may cancel it. It will then be deemed void from the beginning, and any and all claims paid would be retraced and your premiums paid would be refunded.



The content of this brochure is not a legal policy or contract. It is intended as a quick reference to inform you about the health plans, programs and services available to individuals from Anthem Blue Cross and Blue Shield in Connecticut. Please refer to your contract documents to determine your rights to benefits and coverage, as well as your obligations under the health plan you purchase.

*MyHealth@Anthem is a registered mark of Anthem Insurance Companies, Inc. SM "SpecialOffers@Anthem" and "MyAnthem" are service marks of Anthem Insurance Companies, Inc. All of the offerings in the SpecialOffers@Anthem program are continually being evaluated and expanded so the offerings may change. Any additions or changes will be communicated on our website, anthem.com. These arrangements have been made to add value for our members. Value-added services and products are not covered by your health plan benefit. Available discount percentages may change or be discontinued from time to time without notice. Discount is applicable to the items referenced. All other trademarks are the property of their respective owners. For more information, visit our website at anthem.com

ScriptSave, administered by The Medical Security Card Company, Inc. of Tucson, Arizona, is a value added service for certain Anthem Blue Cross and Blue Shield health plans that do not have a prescription drug benefit. The ScriptSave Prescription Drug Discount Card is not an insurance policy or benefit, and does not provide insurance coverage. The ScriptSave program may be discontinued at any time. BlueCare Direct members are not eligible for the ScriptSave program.

Anthem Blue Cross and Blue Shield is the trade name for Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.