

Are you protected?

You're healthy. You take care of yourself. You have bills to pay. For whatever reason, you may feel you don't need health care coverage. But, health situations can occur unexpectedly and medical bills can add up.

In fact, medical bills play a factor in half of the individual bankruptcy filings in America.¹ This isn't hard to believe when you consider the cost of medical emergencies and treatments²:

Physician office visit	\$159
ER visit	\$330
Brain MRI	\$2,218
Appendectomy	\$11,360
Coronary bypass	\$54,236
Heart transplant	\$207,524

You can protect yourself with the affordable coverage of the Blue Access Economy Plan.

Individual Blue Access Economy Plan

Affordability in health care coverage. Security when you need it. Protection against severe financial loss. That's what you can expect from the Blue Access Economy Plan.

Affordable Coverage is within Your Reach

If you don't have health care coverage, you're not alone. Nearly half a million people in Kentucky don't have coverage.³ However, you can get reliable coverage that will help protect you and your family. With the Anthem Blue Access Economy Plan, you'll find the security you need at a price you can afford, especially since this plan offers:

- **A range of deductibles.** No major health concerns? Consider a higher deductible and pay a smaller premium. If you visit the doctor more often, think about a lower deductible. It may save you money in the long run.
- **Carryover deductible.** If the amounts applied to the deductible during the last three months of the calendar year do not satisfy the deductible for that benefit period, they will be applied toward the deductible for the following calendar year. (This does not apply to out-of-pocket limits.)
- **Office visit benefit.** You pay a \$30 copayment for the first three office visits. The deductible does not apply to these office visits.
- **Prescription drug coverage.** You'll save money when your doctor prescribes medications from Anthem's formulary.

Coverage You Need, When You Need It

Blue Access is a preferred provider organization (PPO) plan. With this type of plan, you pay less out of pocket and Anthem pays more if you obtain service from a provider in Anthem's network. But, you also have the freedom to choose a non-network health care professional at a lower benefit level. The choice is yours.



Network — saving you money, eliminating hassles

When you work with network providers, you can take advantage of:

- **Effective health care coordination** — it's often easier for providers within the same network to coordinate your care, if needed.
- **Potential cost savings** — copayments, deductibles and out-of-pocket limits are lower when using network providers.
- **Less paperwork hassle** — your network provider will do the paperwork for you.

Check out the Directory of Network Providers. Chances are, you'll find your current doctor or local hospital in the network. Go to anthem.com for the most up-to-date listing.

While it's more cost effective to see a network provider, you have the freedom to see any doctor you choose with the Blue Access Economy Plan. When you use a non-network provider, you may have to pay more for claims.

Coverage while traveling

With the Blue Access Economy Plan, you get great health coverage, even when you're on the go. Through the BlueCard® program, you have access to a nationwide network of hospitals and physicians. To receive the highest level of benefits, just call **(800) 810-BLUE** for the location of a participating provider. Of course, in case of an emergency, go to the nearest hospital immediately.



Individual Blue Access Economy Plan

You Get More from Anthem

Your life is busy enough. Managing your health benefits shouldn't get in the way. That's why you can visit **MyAnthem™**, accessed through **anthem.com**, any time, day or night, for quick and easy access to your health plan information.



With **MyAnthem**, you can:

- find a doctor or hospital
- order a new ID card
- view your benefits
- check a claim status
- change your address
- see if a medication is on the Anthem formulary
- save money on health-related products and services with **SpecialOffers@AnthemSM**
- find personalized health information, fun quizzes and handy calculators at **MyHealth@Anthem®**
- compare hospitals and check out treatment options when you register with **Subimo's Healthcare Advisor™**

Eligibility

You and your family can apply for the Blue Access Economy Plan. Family coverage includes you, your spouse, any dependent child to the end of the calendar month in which the child turns 19, or to age 25 if the child qualifies as a full-time student or qualifies as a federal income tax exemption.

In addition, you and your dependents must be:

- Kentucky residents
- a legal resident of the U.S.
- not currently pregnant or an expectant parent

You Choose the Best Payment Options

You have the choice of the following payment options:

- **Automatic bank draft** — Authorize your bank to transfer funds directly to Anthem on a monthly, quarterly, semi-annual or annual basis. If you choose this option, submit your first month's premium and a **blank** voided check along with your application.
- **Direct billing** — Anthem can bill you on a monthly, quarterly, semi-annual or annual basis.

It's Easy to Apply

If you're looking for a flexible plan with the security of Anthem Blue Cross and Blue Shield, Blue Access Economy Plan is the choice for you.

Applying only takes a moment.

- Complete the attached application using a black or blue ballpoint pen.
- Include your name and phone number.
- Indicate a deductible rate.
- Choose the optional rider, if desired.
- Answer all medical questions and include your physician's name and phone number.
- Sign and date the application, where necessary.
- Mail the application to your agent or Anthem representative.

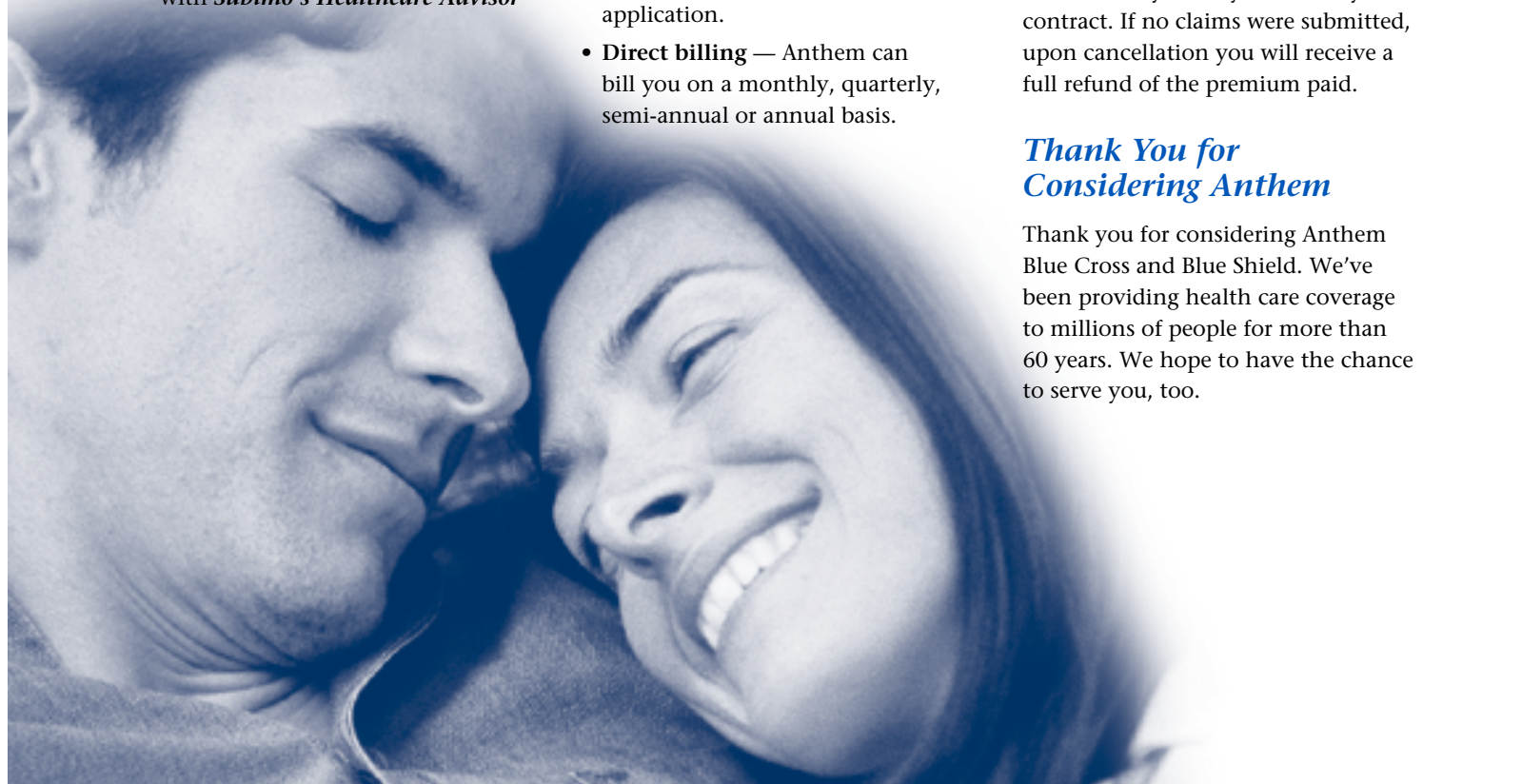
Upon approval, Anthem will send you an ID card and contract.

To Ensure Your Satisfaction

If you are not satisfied with your Blue Access coverage, you may cancel it within 10 days after you receive your contract. If no claims were submitted, upon cancellation you will receive a full refund of the premium paid.

Thank You for Considering Anthem

Thank you for considering Anthem Blue Cross and Blue Shield. We've been providing health care coverage to millions of people for more than 60 years. We hope to have the chance to serve you, too.



Individual Blue Access Economy Plan Benefit Summary

Covered Benefits	Network - You Pay	Non-network - You Pay
Calendar-year deductible	\$500 individual/\$1,000 family \$1,000 individual/\$2,000 family \$1,500 individual/\$3,000 family	\$1,500 individual/\$3,000 family \$2,000 individual/\$4,000 family \$2,500 individual/\$5,000 family
Out-of-pocket Limit (includes deductible)	\$3,500 individual/\$7,000 family \$4,000 individual/\$8,000 family \$4,500 individual/\$9,000 family	\$7,500 individual/\$15,000 family \$8,000 individual/\$16,000 family \$8,500 individual/\$17,000 family
Lifetime Maximum	\$5,000,000 maximum per member for Network and Non-network services combined	
Non-network Penalty	Not applicable	50% ¹
Prescription Drugs Generic Formulary Drugs	\$15 per prescription ² ; \$500 maximum per person per calendar year (30-day supply, not subject to deductible) Not covered	Not covered
Brand-name Formulary Drugs	Not covered	Not covered
Generic Non-formulary Drugs	\$15 per prescription ² ; \$500 maximum per person per calendar year (30-day supply, not subject to deductible). Not covered	Not covered
Brand Non-formulary Drugs	Not covered	Not covered
Mail Service Generic Formulary Drugs	Not covered	Not covered
Mail Service Brand-name Formulary Drugs	Not covered	Not covered
Mail Service Generic or Brand Non-formulary Drugs	Not covered	Not covered
Preventive Care	Not covered	Not covered
Physician Office Services	\$30 copayment for the first 3 office visits per person per calendar year. The deductible does not apply to these office visits ^{2,3} , 4+ office visits 30%, 30% ¹ for other office services	50% ¹
Inpatient Hospital Services	30% ¹	50% ¹
Outpatient Services	30% ¹	50% ¹
Diagnostic Services	30% ¹	50% ¹
Emergency Room for Emergency Care	30% ¹	30% ¹
Urgent Care (in Urgent Care Center)	30% ¹	30% ¹
Mental Health Conditions Inpatient mental health services Outpatient mental health services Physician office services Office Examination All other services Inpatient and outpatient substance abuse rehabilitation programs are limited to two per lifetime. Inpatient substance abuse services Benefit period maximums - 10 days per benefit period (Network and Non-network combined per benefit period; \$550 combined maximum for Non-network inpatient and outpatient substance abuse) Outpatient substance abuse services Benefit period maximums - 10 visits per benefit period (Network and Non-network combined per benefit period; \$550 combined maximum for Non-network inpatient and outpatient substance abuse) Autism-therapeutic, respite and rehabilitation care (\$500 per month for children ages 2 through 21)	30% ¹ 30% ¹ \$30 copayment for the first 3 office visits per person per calendar year. The deductible does not apply to these office visits ^{2,3} , 4+ office visits 30%, 30% ¹ for other office services 30% ¹ 30% ¹ 30% ¹ 30% ¹	50% ¹ 50% ¹ 50% ¹ 50% ¹ 50% ¹ 50% ¹ 50% ¹
Outpatient Therapy Services Maximum visits per benefit period for: • Physical therapy • Speech therapy • Occupational therapy • Spinal manipulations	\$30 copayment for the first 3 office visits per person per calendar year. The deductible does not apply to these office visits ^{2,3} , 4+ office visits 30%, 30% ¹ for other office services 10 visits maximum for Network and Non-network combined 10 visits maximum for Network and Non-network combined 10 visits maximum for Network and Non-network combined 6 visits maximum for Network and Non-network combined	50% ¹ 10 visits maximum for Network and Non-network combined 10 visits maximum for Network and Non-network combined 10 visits maximum for Network and Non-network combined 6 visits maximum for Network and Non-network combined
Home Health Care Services Maximum visits per benefit period - 60 visits	30% ¹	50% ¹
Hospice Services	0% (not subject to deductible)	0% (not subject to deductible)
Human Organ and Tissue Transplant Services (for kidney and cornea transplants, services covered same as any other illness under Medical.)	30% (network transplant facility) ¹	50% ¹ (non-network transplant facility), copayment does not apply to out-of-pocket maximums
Transportation, Lodging and Meals	30% ¹	50% ¹
Medical Supplies, Durable Medical Equipment and Appliances	50% ¹	50% ¹
Maternity Services	Not covered	Not covered
Optional Benefits	Network - You Pay	Non-network - You Pay
Extended Mental Health Rider Mental health treated same as any other medical condition.	30% ¹	50% ¹

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

² Copayment does not apply to deductible or out-of-pocket maximums.

³ \$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 deductible and 30% coinsurance.

Exclusions and limitations apply to the plan. Please see contract for details,

Individual Blue Access Economy Plan

Notice of Appeal Rights and Confidentiality Policy

You will be notified in writing if a claim or request for benefits is denied in whole or in part. The notice will explain why the claim/request was denied and describe the appeals procedure. You may appeal decisions that deny or reduce benefits. We encourage you to file appeals within 60 days of your receipt of an initial decision, but we require that you file within six months from that time. You should send additional information that supports the appeal and state all the reasons why the appeal request should be granted. Your appeal will be reviewed and you will be notified in writing of the appeal decision within 30 days of receipt of the first request for appeal. For denials of coverage based on medical necessity or experimental/investigational exclusions, you may request that a board-eligible or board-certified specialist review your appeal. If Anthem denies coverage for reasons other than medical necessity or experimental/investigational, you may also appeal. With these appeals, if Anthem upholds its decision throughout the appeals process, then you may request a review by the Kentucky Department of Insurance. Please call customer service or refer to your contract for more guidance on our internal appeal and external review processes.

Send requests for review of appeals to:

Anthem Blue Cross and Blue Shield
Appeals Coordinator
P.O. Box 37780
Louisville, KY 40233-7780

unless Anthem's notice of decision provides a different address for appeal requests.

In addition to the appeals procedures previously described, Anthem, Inc. has adopted a Confidentiality Policy in Kentucky. This policy sets forth guidelines regarding the protection of confidential member information, and guidelines regarding a member's right to access and amend information in Anthem's possession. The policy specifically addresses when a release, signed by a member, is required before information may be disclosed by Anthem to parties such as a member's provider, spouse or other family members.

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 questions regarding such incentives or risk-sharing relationships, please contact Anthem or your provider.

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.

Plan Exclusions

Anthem's Blue Access Economy plans do not provide benefits for services, supplies or charges related to: pre-existing conditions (see Pre-existing conditions section); private duty nursing; maternity; experimental or investigative treatment; routine preventive care; dental and vision, except as specified in your contract; charges in excess of the maximum allowable amount; care provided by a member of your family; treatment that is 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, sterilization reversal; sex transformation surgery; custodial care; contraceptives; private duty nursing; artificial and mechanical hearts, workers' compensation, and services which we determine not medically necessary. This is a partial listing of exclusions contained in the plans. Consult your contract and Schedule of Benefits for a complete list of benefits, exclusions and maximum payment levels.

Pre-existing Conditions

Pre-existing conditions are limited to 12 months after enrollment. A pre-existing condition is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within six months immediately prior to your enrollment date.