

Affordability Protection Security

Anthem  

Individual Blue AccessSM Value Plan

*The protection you need
at a price you can afford.*



For Kentucky residents

PKY-260 (3/06)

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 typical cost of medical emergencies and treatments:²

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 AccessSM Value Plan.



Individual Blue AccessSM Value Plan

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

Advantages of Being an Anthem Member

Your life is busy enough without having to manage your health benefits.

That's why you can visit **MyAnthemTM**, 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 status of a claim
- 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[®]** powered by **WebMD**, an award-winning resource dedicated to helping you make informed decisions about your health.

WebMD delivers the latest health care information and provides tools to help you make responsible decisions and reach your health goals.

- compare hospitals and check out treatment options when you register with **Subimo's Health Care AdvisorTM**

Provider Network Saving You Money, Eliminating Hassles

Because Anthem has one of the largest provider networks, we're able to offer you:

- **Effective health care coordination** – It's often easier for providers within the same network to coordinate your care, if needed.
- **Less paperwork hassle** – Your network provider will do the paperwork for you.

Coverage You Need, When You Need It

Blue Access Value Plan is a preferred provider organization (PPO) plan. With this type of plan, you pay less out-of-pocket if you obtain service from a provider in Anthem's network.

Blue Access Value Plan also gives you the freedom to choose a non-network health care professional at a lower benefit level. The choice is yours – while it's more cost-effective to see a network provider, you have the freedom to see any doctor you choose.

Because Anthem has one of the largest provider networks, we're able to offer you:

- **Office visit benefit** – You pay a \$30 copayment for your first two office visits. For 3+ visits, you will be responsible for full payment. The deductible does not apply to these office visits.

- **Coverage while traveling** – With the Blue Access Value 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 AccessSM Value Plan

Affordable Coverage Is Within Your Reach

If you do not have health care coverage, you're not alone. Nearly half a million people in Kentucky don't have coverage.³ But now there is an affordable option that lets you protect yourself and your family. With the Anthem Blue Access Value Plan, you can manage your own risk – balancing the security you need with a price you can afford. Plan offers:



- **A range of deductibles** – Anthem Blue Access Value Plan offers numerous affordable options with a range of deductibles so members enjoy higher benefit levels and numerous conveniences. And plan members will automatically receive a fourth-quarter deductible carryover, which means that any portion of the deductible met in the fourth quarter, as long as the calendar year deductible is not satisfied, carries over to the deductibles required for the next year.
- **Prescription drug coverage** – Our large network affords members significant discounts on prescriptions. You'll save money when your doctor prescribes medications from Anthem's comprehensive list of covered prescriptions (To view a listing of covered prescriptions, please visit www.anthem.com). The Blue Access Value Plan pays up to \$500.00 per person, per year, for prescribed medications. Members pay a \$10.00 copayment for generic prescriptions and a \$25.00

copayment for brand name formulary drugs (after a separate \$200.00 brand name drug deductible).

Eligibility

You and your family can apply for the Blue Access Value 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 Value Plan is the choice for you.

Applying only takes a moment.

- Complete the enclosed application using a black or blue ballpoint pen.
- Include your name and phone number.
- Make your plan selection.
- Sign and date the application where indicated or where applicable.
- Mail the application to your agent or Anthem representative.

Please contact your agent if you need help completing your application.

Upon approval, Anthem will send you an ID card and information on how to access your certificate of coverage.

Individual Blue AccessSM Value Plan Benefit Summary

Covered Benefits	Network - You Pay	Non-Network - You Pay
Calendar-year Deductible <i>(The network and non-network deductibles accumulate toward each other.)</i> NOTE: The deductible applies to all covered services except Office Visits, Hospice, certain Outpatient Diagnostic Services and Prescription Drugs.	\$2,000 Single / \$4,000 Family \$3,000 Single / \$6,000 Family \$5,000 Single / \$10,000 Family \$10,000 Single / \$20,000 Family	\$4,000 Single / \$8,000 Family \$6,000 Single / \$12,000 Family \$10,000 Single / \$20,000 Family \$20,000 Single / \$40,000 Family
Out-of-pocket Limit <i>(includes deductible)</i> NOTE: The Out-of-pocket Limit does not include flat dollar copayments, prescription drug copayments and deductibles or coinsurance for non-network Human Organ and Tissue Transplant.	\$5,000 Single / \$10,000 Family \$6,000 Single / \$12,000 Family \$8,000 Single / \$16,000 Family \$13,000 Single / \$26,000 Family	\$10,000 Single / \$20,000 Family \$12,000 Single / \$24,000 Family \$16,000 Single / \$32,000 Family \$26,000 Single / \$52,000 Family
Lifetime Maximum	\$5 million maximum per member for network and non-network services combined	
Prescription Drugs NOTE: Anthem pays \$500 maximum per person, per calendar year, for both retail and mail service combined. Generic Formulary Drugs Brand-name Formulary Drugs Generic Non-Formulary Drugs Brand-name Non-Formulary Drugs Mail Service Generic Formulary Drugs Mail Service Brand-name Formulary Drugs Mail Service Brand-name Non-Formulary Drugs	\$10 per prescription. ¹ (30-day supply not subject to deductible) \$200 deductible per calendar year, ¹ then \$25 per prescription for 30-day supply ¹ \$10 per prescription. ¹ (30-day supply, not subject to deductible) Not Covered \$20 per prescription ¹ (90-day supply, not subject to deductible) \$200 deductible per calendar year ¹ , then \$50 per prescription for 90-day supply ¹ Not Covered	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered
Physicians Office Visits All medical office visits including office visits associated with a routine pap smear, annual mammogram, colorectal cancer screening or PSA screening.	Visits 1 and 2, member pays \$30 copayment. ^{1,2} The deductible does not apply to these office visits (copayment applies to office charge only). Other covered office services subject to deductible and 30% coinsurance. Visits 3+ - Not Covered	Visits 1 and 2, member pays 40% coinsurance. ² The deductible does not apply to these office visits. Other covered office services subject to deductible and 40% coinsurance. Visits 3+ - Not Covered
Inpatient Hospital Services	30% coinsurance after deductible	40% coinsurance after deductible
Outpatient Services	30% coinsurance after deductible	40% coinsurance after deductible
Diagnostic Services NOTE: \$300 maximum per member, per calendar year, network and non-network combined. (Includes lab work and X-rays and Outpatient Diagnostic Services. Preventive services excluded from the \$300 limit)	30% coinsurance (not subject to deductible)	40% coinsurance (not subject to deductible)
Adult Preventive Care NOTE: Lab/X-Ray for routine Pap smear, annual mammogram, colorectal cancer screening or PSA screening ONLY. Other preventive care services are not covered.	30% coinsurance after deductible	40% coinsurance after deductible
Well Child Care and Immunizations; other routine services not outlined above, such as flu shots or routine physical exams/tests.	Not Covered	Not Covered

Individual Blue AccessSM Value Plan Benefit Summary (continued)

Covered Benefits	Network - You Pay	Non-Network - You Pay
Emergency Room	30% coinsurance after deductible (additional \$60 copayment if not admitted ¹)	30% coinsurance after deductible (additional \$60 copayment if not admitted ¹)
Urgent Care	30% coinsurance after deductible	30% coinsurance after deductible
Ambulance Our payment is limited to a maximum per Benefit Period of \$2,500. You are responsible for any amounts in excess of our payment.	30% coinsurance after deductible	30% coinsurance after deductible
Mental Health / Substance Abuse Inpatient	30% coinsurance after deductible	40% coinsurance after deductible
	Inpatient Mental Health Services - Limited to 10 days per Calendar Year (Includes both Network and Non-Network combined. Also includes Network Substance Abuse)	
	Inpatient Substance Abuse Services - Limited to 10 days per Calendar Year (Includes Mental Health Services)	Limited to \$550 combined maximum for Non-Network Inpatient and Outpatient Substance Abuse Services
Mental Health / Substance Abuse Outpatient	30% coinsurance after deductible	40% coinsurance after deductible
	Outpatient Mental Health Services - Limited to 10 days per Calendar Year (Includes both Network and Non-Network combined. Also includes Network Substance Abuse)	
	Outpatient Substance Abuse Services - Limited to 10 visits per Calendar Year (Includes Mental Health Services)	Limited to \$550 combined maximum for Non-Network Inpatient and Outpatient Substance Abuse Services
	Inpatient and Outpatient Substance Abuse Rehabilitation Programs are limited to 2 per lifetime. (Includes both Network and Non-Network)	
Mental Health / Substance Abuse Physician Office Visit & Examination (Limit 2 visits per calendar year, combined with physician office visit limit for medical services)	Visits 1 and 2, member pays \$30 copayment, no deductible. Visits 3+ - NOT COVERED	Visits 1 and 2, member pays 40% coinsurance, no deductible. Visits 3+, member pays 100% of billed charges. The 2 office visits are combined for participating and non-participating providers. Coverage is limited to 2 office visits per calendar year
Home Health Care (Maximum of 60 visits per calendar year)	30% coinsurance after deductible	40% coinsurance after deductible
Hospice	0% (not subject to deductible)	0% (not subject to deductible)
Skilled Nursing (Limit of 100 days per Calendar year)	30% coinsurance after deductible	40% coinsurance after deductible
Human Organ & Tissue Transplant	30% coinsurance after deductible	40% coinsurance after deductible (Coinsurance does not apply to out-of-pocket maximum)
Durable Medical Equipment	Not Covered	Not Covered
Outpatient Therapy Services Physical Therapy Speech Therapy Occupational Therapy Spinal Manipulation	Not Covered Not Covered Not Covered Not Covered	Not Covered Not Covered 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 (Limit 2 visits per calendar year, combined with physician office visit limit for medical services)	Office Visit - Visits 1 and 2, member pays \$30 copayment, no deductible. Visits 3+ - Not Covered. Other Services - 30% coinsurance after deductible	Office Visit - Visits 1 and 2, member pays 40% coinsurance, no deductible. Visits 3+ - member pays 100% of billed charges. The 2 office visits are combined for participating and non-participating providers. Coverage is limited to 2 office visits per calendar year. Other Services - 40% coinsurance after deductible

FOOTNOTES:

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

2 Physician office visits and mental health office visits are combined for a maximum of 2 visits per person, per calendar year. Subsequent office visits are not covered.

Exclusions and limitations apply to the Plan. Please see contract or certificate for details.

For Your Information

Anthem's Individual Blue Access Value Plans do not provide benefits for services, supplies or charges related to:

- Private duty nursing
- Maternity services
- Experimental or investigative treatment
- Charges in excess of the maximum allowable amount
- Care provided by a member of your immediate family
- Treatment that is primarily intended to improve your appearance
- Weight loss or treatment of obesity
- Hearing aids

- Eyeglasses or contact lenses
- Radial keratotomy or keratomileusis or excimer laser photo refractive keratectomy
- Artificial insemination, fertilization, infertility drugs, sterilization reversal
- Sex transformation surgery
- Artificial or mechanical hearts
- Custodial care
- Contraceptives
- Services which we determine are not medically necessary

This is a partial listing of exclusions contained in the plan. Consult your Contract and Schedule of Benefits for a complete list of benefits, exclusions and maximum payment levels.

The contract associated with the Blue Access Value Plan is a basic health benefit plan, as defined by Kentucky law, that provides limited coverage to the persons issued coverage under such contract. The contract excludes chiropractic services, food for metabolic disorders and PKU disorders, TMJ and craniomandibular joint disorder services, cochlear implants, autism and hearing aids, which are state-mandated benefits. Please note that the benefits for diabetes and hospice, as required by Kentucky law, are not excluded from the Blue Access Value Plan contract and the contract also includes all federally mandated benefits.

Individual Blue AccessSM Value Plan

Preexisting Conditions

Preexisting Conditions are limited to 12 months after enrollment. A preexisting condition is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within 6 months immediately prior to your enrollment date.

To Ensure Your Satisfaction

If you are not satisfied with your Blue Access Value Plan coverage, you may cancel it within 10 days after you receive your certificate. 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.





**For more information,
visit our Web site at
anthem.com.**

This brochure is for informational purposes only and it is not intended to serve as a legal interpretation of benefits. Reasonable effort is made to have this brochure represent the intent of the contract or certificate language. However, the contract or certificate stands alone and is not considered as supplemented or amended in any way by the explanations or examples included in this brochure. Also, the certificate may contain additional benefits or exclusions which are not set out in this brochure.

¹ New York University Law Review, 2001.

² Anthem billed charges report, 2003

³ U.S. Census Bureau, 2002; BlueCross BlueShield Association analysis.

In Indiana, Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc.
In Kentucky, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc.
In Ohio, Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
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