



INDIVIDUAL BLUE ACCESS™  
INDIVIDUAL BLUE ACCESS™ CHOICE

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

Anthem Blue Cross and Blue Shield is the trade name RightCHOICE® Managed Care, Inc. (RIT) and Healthy Alliance® Life Insurance Company (HALIC) use to do business in most of Missouri. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC. RIT and HALIC are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



PMO-200 (08/06)



**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.

**Anthem** 



**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. 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® 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
- Child immunizations are covered at 100% through age 5 whether the provider is in our network or not
- 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.

## We look after your emotional needs too.

The stresses and strains of daily life can get the best of anybody. That's why Anthem has a comprehensive program of behavioral health services. Confidential management of any behavioral problem is available to you or a covered member of your family. An independent provider will assess your concern or problem promptly, address it effectively and help get you back to a productive life as soon as possible.





## 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'll have access to WebMD and Subimo. We've partnered with these award-winning websites because of their nationally acknowledged expertise in healthcare. Explore the latest medical technology and compare health care providers and options provided by Subimo. Visit the WebMD link to research relevant health topics and learn ways to implement a healthy lifestyle.

**Subimo's 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.

**Subimo's 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 nonnetwork costs.

**Subimo's 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®, powered by WebMD®**—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.



## ADD DENTAL BLUE AND BLUE PREFERRED TERM LIFE TO YOUR PLAN

### Healthy teeth help make a healthy you.

Regular dental checkups and cleanings are important to your overall health. They also help you feel better about yourself. That's why we make it easy for you and your family to get the dental care and treatment you need with Dental Blue.

To help keep your teeth healthy, Dental Blue covers preventive and diagnostic care at 100% when you see network dentists. And once you meet a \$50 annual deductible, it pays a set amount for basic and major dental services.

Adult 19 to 64 -

**\$21.58 per month,**

Children 18

and younger -

**\$15.09 per month**

#### National Average Prices for Dental Services

	MOST COMMON DENTAL SERVICES	NATIONAL RETAIL AVERAGE	NETWORK DISCOUNT AVERAGE	NATIONAL AVERAGE ANTHEM PAYS	NATIONAL AVERAGE MEMBER PAYS
DIAGNOSTIC AND PREVENTIVE CARE	Periodic Oral Exam	\$37.80	\$6.80	100%	\$0.00
	X-Rays – (Bitewings - two films)	\$33.40	\$5.40	100%	\$0.00
	Adult Teeth Cleaning	\$70.82	\$14.82	100%	\$0.00
	Child Teeth Cleaning	\$52.04	\$12.04	100%	\$0.00
BASIC DENTAL CARE**	Filling (Resin-based, one surface, posterior)	\$133.98	\$27.98	\$38.00	\$68.00
	Extraction (Erupted tooth or exposed root)	\$116.44	\$24.44	\$35.00	\$57.00
MAJOR DENTAL CARE**	Root Canal (Molar)	\$775.00	\$110.00	\$330.00	\$335.00
	Crown (Porcelain fused to high noble metal)	\$888.25	\$143.25	\$206.00	\$539.00
	Complete Denture – Top (Maxillary)	\$1131.74	\$231.74	\$225.00	\$675.00
	Complete Denture – Bottom (Mandibular)	\$1103.30	\$203.30	\$225.00	\$675.00

\*Prevailing Health Care Charges System®

\*\*Assumes \$50 deductible has been met

### 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

This brochure is only a summary of Blue Access' 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.

If you aren't satisfied with your Blue Access coverage, you can cancel 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. It's the portion of the bill not paid by your health plan after the deductibles have been reached.

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).

# Anthem


MAKING HEALTH CARE COVERAGE EASIER





At Anthem Blue Cross and Blue Shield, we're doing everything we can to make all kinds of health care coverage available to all kinds of people. In fact, we're ready to be a one-stop shop for all your insurance needs—from medical to dental to life.





**A comprehensive range of reliable and affordable products—along with a thriving regional network and contracted providers including over 94%\* of Missouri’s hospitals and 97% of its physicians—is what you’d expect from Anthem Blue Cross and Blue Shield, a company millions of people have entrusted their health care coverage to for over 60 years.**

**Day in and day out, our most important goal is treating you the way you deserve to be treated. Fairly.**

**We look forward to making your experience with us pleasant and rewarding.**

\*Anthem Blue Cross and Blue Shield data as of March 2006.

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

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

**Pre-authorization.** Some services require pre-authorization. What this means is you or your doctor must call Anthem before you receive certain services to ensure you get maximum coverage. This process can help you avoid unnecessary out-of-pocket costs later. Services including, but not limited to, transplants, substance abuse and mental health are subject to pre-certification.

**Non-participating provider.** If you receive covered services from a non-participating 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<sup>SM</sup> coverage for yourself or with your family. Family health coverage includes you, your spouse and any dependent children. Children are covered to the end of the calendar year in which they turn 19—or 24 if they qualify as full-time students. You must be a resident of the state in which you are applying, a legal resident of the U.S. and not currently pregnant.

#### **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 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 (see "What's a preexisting condition?"); 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. For more information on the grievance and external review rights, please review your contract or certificate of coverage.

**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 and describe the appeals process. You can appeal decisions that deny or reduce benefits. We encourage you to file appeals right away when you first get an initial decision from us, but we require that you file within six months of getting one. You should send additional information that supports your appeal and state all the reasons why you feel the appeal request should be granted. We will review your appeal and let you know our decision in writing within 30 days of receiving your first appeal. If you remain dissatisfied with the response to the first review, you may submit any additional information, including written comments, records or documents that you want us to consider in a second level appeal.

When you are denied coverage based on medical necessity or experimental/investigative exclusions, you can request that a board-eligible or board-certified specialist review your appeal. If we deny coverage for reasons other than medical necessity or experimental/investigative reasons, you can also appeal.

Please call customer service or check your contract or certificate for more information on our internal appeal and external review processes.

Unless our notice of decision includes a different address, send requests for a review of appeal to:

**Anthem Blue Cross and Blue Shield**  
**Appeals Coordinator**  
**P.O. Box 14882**  
**St. Louis, MO 63178-4882**

If we uphold our decision throughout the appeals process, you at any time can request a review by the Missouri Department of Insurance. In addition to the appeals processes we just described, Anthem has adopted a confidentiality policy in Missouri. This policy includes guidelines regarding the protection of confidential member information and a member's right to access and change information in

Anthem's possession. The policy clearly points out when a member needs to sign a release before Anthem can disclose information to a member's provider, spouse or other family members.

**We want you to be satisfied.**

If you aren't satisfied with your Blue Access 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.