



Individual Blue AccessSM

Anthem 

Blue Access Saver

You can have an affordable managed care plan with the freedom of choice and the security of Anthem Blue Cross and Blue Shield.

anthem.com

 **For Ohio residents**

P-235 Rev. 2/05

Individual Blue Access Saver

Freedom with affordability is a perfect combination for your health care coverage. We give you both.

You care about your health. That's why you are actively seeking health care coverage. At Anthem Blue Cross and Blue Shield, we understand this. We also know your needs are unique. With Individual Blue Access Saver plan, you can choose from either a 0, 20 or 30 percent copayment level depending on your individual or family health care coverage needs.

Plans that fit your needs. It's just what you'd expect from the company that has provided quality health care coverage to millions of people for more than 60 years.

About Blue Access Saver

Blue Access Saver qualifies as a High Deductible Health Plan (HDHP) for a Health Savings Account (HSA). HSAs are tax-favored IRA type trust accounts that "eligible individuals" who are covered by an HDHP can establish. This product qualifies as an HDHP so members may establish an HSA. The money in an HSA can then be withdrawn to cover qualified medical expenses tax-free. Individuals must contact an HSA trustee in order to set up his or her HSA account.

Blue Access is a preferred provider organization (PPO) product with a large network of physicians and hospitals. As a Blue Access member, you pay less out of pocket — and Anthem pays more — if you obtain care from Anthem network providers.



Working with network providers can offer you:

- effective health care coordination
- potential cost savings
- less paperwork hassle

Check our Directory of Network Providers on our web site at anthem.com. Chances are, you will find your doctor or local hospital in the network. However, you have the freedom to choose a non-network provider. If you do so, you may first be required to obtain precertification by calling the Anthem Precertification Center (the toll-free number is listed on the back of your ID card) for certain services (except for emergency care). Otherwise, you may have a greater financial responsibility for claims anytime you see a non-network provider.

An Ounce of Prevention

Good health care coverage does more than cover you when you're sick. It helps you stay healthy. That's why Blue Access Saver provides preventive care benefits for you and your covered dependents, including:

- well baby and well child care
- routine or periodic exams
- immunizations

Coverage While Traveling

With Blue Access, you get 24-hour-a day health care coverage — across the country and around the world. The BlueCard® program gives you access to a network of more than 80 percent of hospitals and nearly 90 percent of physicians nationwide.¹

- Receive the highest level of benefits for covered care and services when you call (800) 810-BLUE for the location of participating Blue Cross and Blue Shield providers.
- Call your physician for advice about appropriate treatment for urgent care.
- Go to the nearest health care facility for emergency care.
- Contact your physician within 24 hours or as soon as reasonably possible to coordinate follow-up care.

Anthem's Program for Behavioral Health

Information for our members

The stresses and strains of daily life can take their toll on you or a loved one at any time. *Statistics show that one of every six adults seeks help for behavioral health concerns, including substance abuse, each year.* When everyday issues at home or on the job get out of hand, you need a place to turn to that can put things into perspective.

That's why Anthem is pleased to offer you our comprehensive program of behavioral health services, including treatment for substance abuse. You'll receive **comprehensive and confidential** management of behavioral health problems. You or your covered family members will receive benefits for care that assesses the concern or problem quickly and carefully, addresses it thoroughly and effectively and helps you get back to a productive life as quickly as possible.

Why Anthem's approach is better

- **Easy, prompt access.** You and your covered family members have access to behavioral health and substance abuse services 24 hours a day, seven days a week, simply by calling the toll-free number listed on the back of your ID card.
- **Thoughtful, appropriate response.** Specially trained clinician care managers are skilled at determining necessary intervention. In an emergency, you will be put in touch immediately with a behavioral health expert.
- **An expert network.** Care is available through a carefully screened, statewide network of providers that includes physicians, psychologists, social workers, nurses, substance abuse specialists, and child and adolescent specialists. Providers are carefully chosen for their expertise in diagnosing and treating all types of behavioral health problems.
- **Strict confidentiality.** Anthem's behavioral health services are delivered in the strictest confidence. Staff and providers in our program follow strict confidentiality procedures. Our goal is full compliance with state and federal regulations regarding the release of patient information.

Anthem's commitment

At Anthem, we believe that your emotional well-being is just as important as your physical health. That's why our behavioral health program goes out of its way to make these services easily accessible for you and your loved ones. We do this by making available prompt, professional assessment and treatment for your behavioral health concerns, with a goal of complete and lasting recovery.

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@Anthem™**
- 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 can apply for Blue Access Saver coverage for yourself or with your family. Family health care coverage includes you, your spouse, and 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.

You and your dependents must be:

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

You Choose the Best Payment Option

You have the choice of the following premium 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 method, submit 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 Saver is the choice for you.

Applying only takes a moment.

- Complete the application using a black or blue ballpoint pen.
- Include your name and phone number.
- Indicate the plan desired.
- Answer all medical questions and provide details including 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 your ID card and certificate.

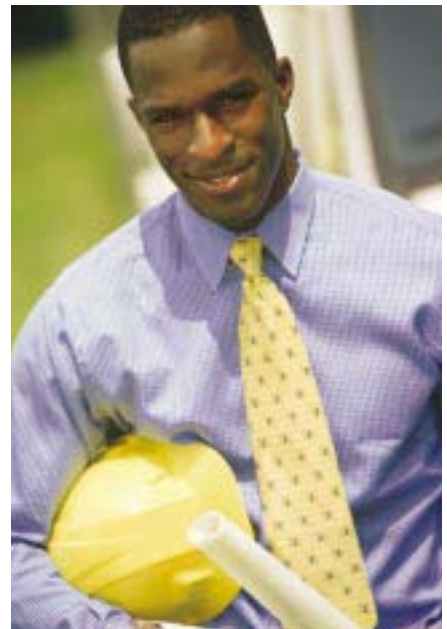
To Ensure Your Satisfaction

If you are not satisfied with your Blue Access Saver 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

Anthem Blue Cross and Blue Shield is proud to offer you value, freedom, quality service and peace of mind when you need it most.

We have an experienced team dedicated entirely to individuals like you — those responsible for their own health care coverage. We look forward to serving you.



Individual Blue Access Saver Benefit Summary - Plan 1

Covered Benefits	Network - You Pay	Non-network - You Pay
Calendar-year deductible	\$2,400 single/\$4,800 family ¹	\$4,800 single/\$9,600 family ¹
Out-of-pocket Limit (includes deductible)	\$3,025 single/\$6,050 family ²	\$6,050 single/\$12,100 family ²
Lifetime Maximum	\$5,000,000 maximum per member for Network and Non-network services combined	
Non-network Penalty	Not applicable	50% ³
Prescription Drugs	20% ³ (30-day supply)	50% ³ (30-day supply)
Preventive Care and Well Child Care	20% ³	50% ³
Physician Office Services	20% ³	50% ³
Inpatient Hospital Services	20% ³	50% ³
Outpatient Services	20% ³	50% ³
Diagnostic Services	20% ³	50% ³
Emergency Room for Emergency Care	20% ³	20% ³
Urgent Care (in Urgent Care Center)	20% ³	20% ³
Mental Health Conditions Inpatient mental health services Outpatient mental health services Physician office services Inpatient and outpatient substance abuse rehabilitation programs are limited to two per lifetime. Inpatient mental health and 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 mental health and 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)	20% ³ 20% ³ 20% ³ 20% ³ 20% ³	50% ³ 50% ³ 50% ³ 50% ³ 50% ³
Outpatient Therapy Services Maximum visits per benefit period for: • Physical therapy • Speech therapy • Occupational therapy • Spinal manipulations	20% ³ 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 12 visits maximum for Network and Non-network combined	50% ³ 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 12 visits maximum for Network and Non-network combined
Home Health Care Services Maximum visits per benefit period - 60 visits	20% ³	50% ³
Hospice Services	20% ³	20% ³
Human Organ and Tissue Transplant Services (for kidney and cornea transplants, services covered same as any other illness under Medical.) Transplant Services Maximum (lifetime maximum per member) \$1,000,000 lifetime combined network and non-network transplant provider services. Separate from medical lifetime of \$5,000,000. Transportation, Lodging and Meals	20% ³ (network transplant facility) 20% ³	50% ³ (non-network transplant facility) 50% ³
Medical Supplies, Durable Medical Equipment and Appliances	20% ³	50% ³
Maternity Services	Not covered	Not covered

1 The family deductible must be satisfied by either one member or all members collectively before any covered services will be paid by the plan.

2 Once the family out-of-pocket limit is satisfied by either one member or all members collectively, no additional copayments will be required for the family for the remainder of the benefit period.

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

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

Individual Blue Access Saver Benefit Summary - Plan 2

Covered Benefits	Network - You Pay	Non-network -You Pay
Calendar-year deductible	\$2,400 single/\$4,800 family ¹	\$4,800 single/\$9,600 family ¹
Out-of-pocket Limit (includes deductible)	\$3,025 single/\$6,050 family ²	\$6,050 single/\$12,100 family ²
Lifetime Maximum	\$5,000,000 maximum per member for Network and Non-network services combined	
Non-network Penalty	Not applicable	50% ³
Prescription Drugs	30% ³ (30-day supply)	50% ³ (30-day supply)
Preventive Care and Well Child Care	30% ³	50% ³
Physician Office Services	30% ³	50% ³
Inpatient Hospital Services	30% ³	50% ³
Outpatient Services	30% ³	50% ³
Diagnostic Services	30% ³	50% ³
Emergency Room for Emergency Care	30% ³	30% ³
Urgent Care (in Urgent Care Center)	30% ³	30% ³
Mental Health Conditions Inpatient mental health services Outpatient mental health services Physician office services Inpatient and outpatient substance abuse rehabilitation programs are limited to two per lifetime. Inpatient mental health and substance abuse services Benefit period maximums - 10 days per benefit period (Network and Non-network combined per benefit period; \$550 combined maximum for inpatient and outpatient substance abuse) Outpatient mental health and substance abuse services Benefit period maximums - 10 visits per benefit period (Network and Non-network combined per benefit period; \$550 combined maximum for inpatient and outpatient substance abuse)	30% ³ 30% ³ 30% ³ 30% ³ 30% ³	50% ³ 50% ³ 50% ³ 50% ³ 50% ³
Outpatient Therapy Services Maximum visits per benefit period for: • Physical therapy • Speech therapy • Occupational therapy • Spinal manipulations	30% ³ 20 visits, maximum for Network and Non-network combined 20 visits, maximum for Network and Non-network combined 20 visits, maximum for Network and Non-network combined 12 visits maximum for Network and Non-network combined	50% ³ 20 visits, maximum for Network and Non-network combined 20 visits, maximum for Network and Non-network combined 20 visits, maximum for Network and Non-network combined 12 visits, maximum for Network and Non-network combined
Home Health Care Services Maximum visits per benefit period - 60 visits	30% ³	50% ³
Hospice Services	30% ³	30% ³
Human Organ and Tissue Transplant Services (for kidney and cornea transplants, services covered same as any other illness under Medical.) Transplant Services Maximum (lifetime maximum per Member) \$1,000,000 lifetime combined network and non-network transplant provider services. Separate from medical lifetime of \$5,000,000. Transportation, Lodging and Meals	30% ³ (network transplant facility) 30% ³	50% ³ (non-network transplant facility)
Medical Supplies, Durable Medical Equipment and Appliances	30% ³	50% ³
Maternity Services	Not covered	Not covered

¹ The family deductible must be satisfied by either one member or all members collectively before any covered services will be paid by the plan.

² Once the family out-of-pocket limit is satisfied by either one member or all members collectively, no additional copayments will be required for the family for the remainder of the benefit period.

³ Services subject to calendar-year deductible. Network and Non-network deductibles are separate and do not accumulate towards each other.

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

Individual Blue Access Saver Benefit Summary - Plan 3

Covered Benefits	Network - You Pay	Non-network - You Pay
Calendar-year deductible	\$1,200 single/\$2,400 family ¹ \$2,500 single/\$5,000 family ¹	\$2,400 single/\$4,800 family ¹ \$5,000 single/\$10,000 family ¹
Out-of-pocket Limit (includes deductible)	\$3,200 single/\$6,400 family ² \$4,500 single/\$9,000 family ²	\$6,400 single/\$12,800 family ² \$9,000 single/\$18,000 family ²
Lifetime Maximum	\$5,000,000 maximum per member for Network and Non-network services combined	
Non-network Penalty	Not applicable	50% ³
Prescription Drugs	20% ³ (30-day supply)	50% ³ (30-day supply)
Preventive Care and Well Child Care	20% ³	50% ³
Physician Office Services	20% ³	50% ³
Inpatient Hospital Services	20% ³	50% ³
Outpatient Services	20% ³	50% ³
Diagnostic Services	20% ³	50% ³
Emergency Room for Emergency Care	20% ³	20% ³
Urgent Care (in Urgent Care Center)	20% ³	20% ³
Mental Health Conditions Inpatient mental health services Outpatient mental health services Physician office services Inpatient and outpatient substance abuse rehabilitation programs are limited to two per lifetime. Inpatient mental health and 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 mental health and 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)	20% ³ 20% ³ 20% ³ 20% ³ 20% ³	50% ³ 50% ³ 50% ³ 50% ³ 50% ³
Outpatient Therapy Services Maximum visits per benefit period for: • Physical therapy • Speech therapy • Occupational therapy • Spinal manipulations	20% ³ 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 12 visits maximum for Network and Non-network combined	50% ³ 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 12 visits maximum for Network and Non-network combined
Home Health Care Services Maximum visits per benefit period - 60 visits	20% ³	50% ³
Hospice Services	20% ³	20% ³
Human Organ and Tissue Transplant Services (for kidney and cornea transplants, services covered same as any other illness under Medical.) Transplant Services Maximum (lifetime maximum per member) \$1,000,000 lifetime combined network and non-network transplant provider services. Separate from medical lifetime of \$5,000,000. Transportation, Lodging and Meals	20% ³ (network transplant facility) 20% ³	50% ³ (non-network transplant facility) 50% ³
Medical Supplies, Durable Medical Equipment and Appliances	20% ³	50% ³
Maternity Services	Not covered	Not covered

1 The family deductible must be satisfied by either one member or all members collectively before any covered services will be paid by the plan.

2 Once the family out-of-pocket limit is satisfied by either one member or all members collectively, no additional copayments will be required for the family for the remainder of the benefit period.

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

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

Individual Blue Access Saver Benefit Summary - Plan 4

Covered Benefits	Network - You Pay	Non-network - You Pay
Calendar-year deductible	\$4,000 single/\$8,000 family ¹ \$5,000 single/\$10,000 family ¹	\$8,000 single/\$16,000 family ¹ \$10,000 single/\$20,000 family ¹
Out-of-pocket Limit (includes deductible)	\$4,000 single/\$8,000 family ² \$5,000 single/\$10,000 family ²	\$12,000 single/\$24,000 family ² \$14,000 single/\$28,000 family ²
Lifetime Maximum	\$5,000,000 maximum per member for Network and Non-network services combined	
Non-network Penalty	Not applicable	50% ³
Prescription Drugs	0% ³ (30-day supply)	50% ³ (30-day supply)
Preventive Care and Well Child Care	0% ³	50% ³
Physician Office Services	0% ³	50% ³
Inpatient Hospital Services	0% ³	50% ³
Outpatient Services	0% ³	50% ³
Diagnostic Services	0% ³	50% ³
Emergency Room for Emergency Care	0% ³	0% ³
Urgent Care (in Urgent Care Center)	0% ³	0% ³
Mental Health Conditions Inpatient mental health services Outpatient mental health services Physician office services Inpatient and outpatient substance abuse rehabilitation programs are limited to two per lifetime. Inpatient mental health and 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 mental health and 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)	0% ³ 0% ³ 0% ³ 0% ³ 0% ³	50% ³ 50% ³ 50% ³ 50% ³ 50% ³
Outpatient Therapy Services Maximum visits per benefit period for: • Physical therapy • Speech therapy • Occupational therapy • Spinal manipulations	0% ³ 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 12 visits maximum for Network and Non-network combined	50% ³ 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 20 visits maximum for Network and Non-network combined 12 visits maximum for Network and Non-network combined
Home Health Care Services Maximum visits per benefit period - 60 visits	0% ³	50% ³
Hospice Services	0% ³	0% ³
Human Organ and Tissue Transplant Services (for kidney and cornea transplants, services covered same as any other illness under Medical.) Transplant Services Maximum (lifetime maximum per member) \$1,000,000 lifetime combined network and non-network transplant provider services. Separate from medical lifetime of \$5,000,000. Transportation, Lodging and Meals	0% ³ (network transplant facility) 0% ³	50% ³ (non-network transplant facility) 50% ³
Medical Supplies, Durable Medical Equipment and Appliances	0% ³	50% ³
Maternity Services	Not covered	Not covered

1 The family deductible must be satisfied by either one member or all members collectively before any covered services will be paid by the plan.

2 Once the family out-of-pocket limit is satisfied by either one member or all members collectively, no additional copayments will be required for the family for the remainder of the benefit period.

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

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