



Whether you're a recent college graduate or an early retiree, you don't want to get caught without affordable health care coverage.

Individual Blue Short Term

If you find yourself temporarily without health coverage, Anthem Blue Cross and Blue Shield has a plan for you. The Blue Short Term plan is designed to protect you for one to six months.

No matter how well you take care of yourself, unexpected health issues sometimes arise. That's why you don't want to get caught without health care coverage — even for a short period of time. Blue Short Term plan offers you:

- emergency and urgent care
- inpatient hospital and outpatient services
- diagnostic services (lab and X-ray)
- office visits
- prescription drug coverage
- choice of deductibles

It's just what you'd expect from the company that has been offering reliable health care coverage for more than 60 years.



You Get Choices

With Blue Short Term plan, you get choices. You can design the plan to fit your time frame and budget. You choose:

- the date you want coverage to begin
- the coverage period — one, two, three, four, five or six months
- the deductible plan — from \$250 to \$2,500

How Benefits are Paid

Following the deductible, the Short Term plan pays 80 percent of covered services. You pay the remaining 20 percent until your total out-of-pocket expense for covered services is met. Once that limit is reached, the plan pays 100 percent for most covered services, up to the \$2 million maximum.



Eligibility

To be eligible for Blue Short Term plan, you and your dependents must be:

- under age 65
- an Ohio resident
- a legal resident of the U.S.
- not currently pregnant
- not entitled to Medicare benefits
- not covered by any other individual or group coverage

Dependent children are eligible 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.

Simple Payment Options

- Make your entire payment in advance by check or credit card. Credit card payment is only accepted when paying total premium at the time of enrollment.
- Choose monthly billing by paying for the first month in advance and making monthly payments thereafter. You can be billed direct or have the premium deducted from your bank account. There is an additional \$10 monthly administration fee for monthly bills or automatic bank drafts.

Can Short Term Coverage Be Renewed?

Coverage is not renewable. However, you can purchase a new certificate one more time if you are still able to answer “NO” to questions under Part E on the application. You must complete a new application and send it in for approval with the appropriate premium. (At least six (6) months must elapse after the end of the second certificate term before you can purchase another short-term plan. Any condition that occurred during an earlier benefit period will be treated as a pre-existing condition under subsequent certificates.)

Money Back Guarantee

If you are not satisfied with your Blue Short Term plan, you may cancel it within 10 days after you receive your certificate. You will receive a full refund of the premium paid, less any claims paid.

The Choice for You

If you're looking for the security of a temporary health plan with the strength of Anthem Blue Cross and Blue Shield — Blue Short Term plan is the choice for you. Applying for coverage is easy.

- Use a blue or black pen to complete, sign and date the application.
- Use the premium worksheet to calculate your premium.
- Enclose a check for the premium payment, made payable to Anthem Blue Cross and Blue Shield.
- Detach and return the application with your premium payment to your agent.

Thank you for choosing Anthem Blue Cross and Blue Shield. We have an experienced team dedicated entirely to individuals like you — those responsible for their own health care coverage. If you have any questions, please call your agent.

Plan Exclusions

Anthem's Blue Short Term plans do not provide benefits for services, supplies or charges related to: pre-existing conditions (*see Pre-existing conditions section on page 6*); private duty nursing; maternity services; experimental or investigative treatment; mental health and substance abuse, preventive care services, well child care, treatment of teeth or gums, except as specified in your certificate; charges in excess of the maximum allowable amount; 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; care provided by a member of your family; artificial insemination, fertilization, infertility drugs, sterilization reversal; sex transformation surgery; artificial or mechanical hearts; custodial care; contraceptives; and services which we determine not medically necessary. This is a partial listing of exclusions contained in the plans. Consult your certificate and Schedule of Benefits for a complete list of benefits, exclusions and maximum payment levels.

Pre-existing conditions

Pre-existing conditions are not covered under this plan. A pre-existing condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received during the twenty-four (24) months immediately preceding the Member's Effective Date under this Certificate. A pregnancy that exists on the effective date of coverage is considered a pre-existing condition. Any condition that occurred in any earlier benefit period will be a pre-existing condition under a subsequent certificate.

This certificate is non-renewable. However, an additional certificate may be written for a second benefit period at our discretion. Based on the definitions in the certificate, any condition treated or diagnosed during the first benefit period will generally be excluded from coverage under the second benefit period as a pre-existing condition.

Please read the certificate carefully for details on coverage and exclusions.

Outline of Benefits

Deductible Single/Family	\$250 Single \$500 Family	\$500 Single \$1,000 Family	\$1,000 Single \$2,000 Family	\$2,500 Single \$5,000 Family
Out-of-pocket Limit Single/Family Maximum*	\$5,250 Single \$10,500 Family	\$5,500 Single \$11,000 Family	\$6,000 Single \$12,000 Family	\$7,500 Single \$15,000 Family
Covered Services Copayment	20%	20%	20%	20%
Rx	20% ¹	20% ¹	20% ¹	20% ¹
Office Visit	20%	20%	20%	20%
Lifetime Maximum	\$2 million	\$2 million	\$2 million	\$2 million

¹Separate \$250 Rx deductible for prescription drugs. This does not go toward the out-of-pocket maximum. \$500 maximum per member per benefit period.
*Out-of-pocket maximum does not include prescription drugs.

Premium worksheet

Use the premium worksheet to determine your total premium. For questions regarding premium calculation, contact your agent.

Premium Worksheet	
1. Applicant's Base Premium (the amount corresponding to your age, sex and deductible from the table at right)	\$
2. Spouse's Base Premium (if to be covered) (the amount corresponding to your spouse's age, sex and deductible from the table at right)	\$
3. Children's Base Premium* (the amount corresponding to your number of children to be covered and deductible from the table at right)	\$
4. Subtotal (add lines 1 through 3)	\$
5. Area Factor (enter the area factor that corresponds with your county from the table on the back flap of this brochure)	X
6. Total Monthly Premium (multiply line 4 by line 5)	\$
7. Number of Months in Contract Term (enter 1, 2, 3, 4, 5 or 6)	X
8. Total Premium Due with Application (multiply line 6 by line 7)	\$

*For child(ren) only policies: Use the <30 adult premium corresponding to the sex and deductible of child. Then use the Dependent Children premium table for each additional child.

Adult 30-day Rate								
Age	\$250 Deductible		\$500 Deductible		\$1,000 Deductible		\$2,500 Deductible	
	Male	Female	Male	Female	Male	Female	Male	Female
<30	\$57.35	\$74.71	\$46.37	\$60.39	\$37.00	\$48.21	\$25.53	\$33.26
30-34	71.21	95.87	57.56	77.50	45.94	61.85	31.70	42.68
35-39	85.60	111.55	69.20	90.16	55.24	71.96	38.11	49.65
40-44	103.81	129.42	83.91	104.62	66.97	83.49	46.21	57.61
45-49	127.94	149.31	103.42	120.71	82.54	96.33	56.95	66.47
50-54	163.60	175.66	132.24	142.00	105.55	113.33	72.83	78.21
55-59	219.15	214.92	177.15	173.74	141.38	138.66	97.55	95.67
60+	298.52	267.73	241.32	216.42	192.58	172.73	132.89	119.18

Dependent Children 30-day Rate				
Number of Children	Deductible			
	\$250	\$500	\$1,000	\$2,500
1 child	\$49.43	\$39.95	\$31.89	\$22.00
2 children	98.86	79.90	63.78	44.00
3 children	148.29	119.85	95.67	66.00

Rates are effective January 1, 2005. These rates may be subject to change.

Check the counties listed on the back of this brochure. If your county is not included, you may need a brochure for a different area.

This brochure only outlines some important features of the Blue Short Term plan. The certificate and Schedule of Benefits fully describe the benefits and exclusions. In the event of a conflict between the information in this brochure and the certificate, the terms of your certificate will prevail. Read your certificate carefully. Anthem has the right to rescind, cancel and/or terminate your coverage based on provisions described in the certificate and Schedule of Benefits.

- Area Factor:** 1.062 **Counties:** Ashland, Carroll, Holmes, Medina, Portage, Stark, Summit, Tuscarawas and Wayne
- Area Factor:** 1.000 **Counties:** Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren
- Area Factor:** 1.225 **Counties:** Ashtabula, Cuyahoga, Geauga, Lake and Lorain
- Area Factor:** 0.999 **Counties:** Crawford, Delaware, Fairfield, Franklin, Knox, Licking, Madison, Marion, Morrow, Pickaway, Richland and Union
- Area Factor:** 0.993 **Counties:** Champaign, Clark, Darke, Greene, Logan, Miami, Montgomery, Preble and Shelby
- Area Factor:** 0.997 **Counties:** Coshocton, Fayette, Guernsey, Hocking, Muskingum, Noble, Perry, Pike, Ross and Vinton
- Area Factor:** 1.128 **Counties:** Allen, Auglaize, Defiance, Erie, Hancock, Hardin, Henry, Huron, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Williams and Wyandot
- Area Factor:** 0.998 **Counties:** Athens, Gallia, Jackson, Lawrence, Meigs, Monroe, Morgan, Scioto and Washington
- Area Factor:** 1.121 **Counties:** Fulton, Lucas and Wood
- Area Factor:** 1.022 **Counties:** Belmont, Columbiana, Harrison, Jefferson, Mahoning and Trumbull