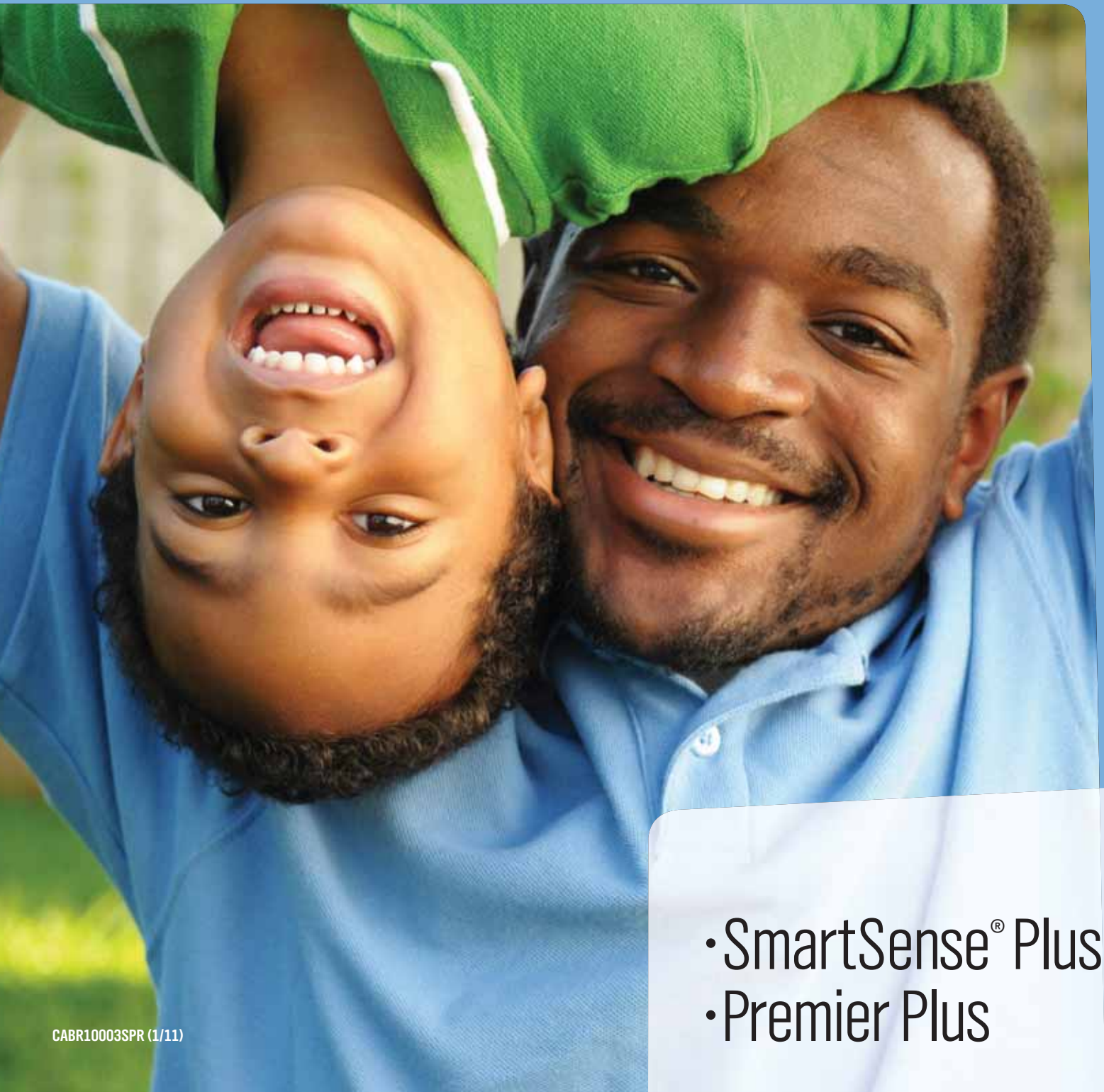


Our plans fit your plans



- SmartSense[®] Plus
- Premier Plus



Our plans fit the way you live.

In a world that's constantly changing, one thing's for certain: it's important to have health care coverage you can depend on – coverage designed to help fit your budget, and your way of life.

For over 70 years, Anthem has provided health care coverage and security to our California neighbors. And now, we're pleased to offer these same individual health care plans with added benefits and features of the Patient Protection and Affordable Health Care Act.

You're in charge of your health and budget, and our Individual health care plans help keep it that way. We still offer a wide range of coverage options as unique as you are. And if you have any questions, we're here to help.

Sounds like a plan.

Experience you can rely on

Anthem is committed to helping simplify your life and improving your health. That's why we offer:

- **One of the largest provider networks in California.**
With nearly 80,000 PPO doctors and more than 315 hospitals throughout the state, chances are your doctor is one of ours.
- **A choice of plans to fit your budget and lifestyle.**
No matter where you are in life, we've got a plan designed to fit your health coverage needs, as well as your budget.
- **Optional dental and term life insurance.**
To enhance your health and your family's financial future, we also offer dental and term life coverage and make it easy to enroll.
- **Coverage that travels with you.**
No matter where life takes you, your health coverage goes with you. And the BlueCard® program makes it easy to access providers throughout the country.

Why do you need health care coverage?

These days, a single day in the hospital can cost thousands of dollars. Not only does health coverage help you stay healthy, it also gives you added security, because you know you're protected against the high cost of unexpected medical bills.

Some definitions so we're all on the same page

Network Discounts: With Anthem Blue Cross you have access to one of the largest provider networks in the state. These network (or participating) providers have agreed to accept lower costs for their covered services to Anthem members — similar to volume discounts. These negotiated costs help reduce the overall cost of covered medical services, including your share of those costs.

This is true whether you are paying the entire cost for covered services (such as while you are meeting your deductible), or whether we are sharing the cost. With over 80,000 PPO doctors and specialists and nearly 315 hospitals, chances are your provider already participates. Just visit a network provider to take advantage of the savings.

With our PPO plans, you can always choose to receive services outside the network, but your share of the cost will be greater.

Cost-Sharing: The costs of medical care today can be staggering. Health care coverage from Anthem can help protect you against these high costs. With most health care coverage, you pay a monthly premium, then you share some of the cost of covered medical care with the company that provides your health care coverage. The level of cost-sharing you choose directly impacts your premium amount. The more you are willing to share in the costs, the lower your premium. With Anthem, you can choose your level of protection and the level of cost-sharing that works best for your health care needs and budget.

Deductible is the amount you have to pay each calendar year (annually) for covered services before your health care plan starts paying. For some services, the plan will even begin to pay before the deductible is met. Usually, the higher a plan's deductible, the lower the premium. In some cases, you may also have a separate deductible for certain services such as prescription drugs.

Coinsurance is the percentage of the cost of covered services that you will be responsible for, after your annual deductible is met. With some plans, you have a choice of coinsurance levels. For some services, your coinsurance will be 0%. Much like your deductible, selecting a higher coinsurance typically lowers your monthly premium because it increases your share of the cost.

Copayment (or Copay) is a specific dollar amount you have to pay for certain covered services.

Out-Of-Pocket Maximum is the most that you would pay in a calendar year for deductible and coinsurance for network covered services. Once you reach this maximum, the plan pays at 100% for most services for the rest of the calendar year.

Prescription Drugs are medications that must be authorized for use by your doctor. Anthem offers varying levels of prescription drug coverage. Depending on the plan, you may have coverage for generic drugs or generic and brand name drugs.

Generic Drugs are prescription drugs that typically have been in use for some time and can be manufactured and distributed by numerous companies, so their cost is usually much lower. Generic drugs must, by law, contain the same active ingredients as their brand name equivalent and have the same clinical benefit.

Brand Name Drugs are prescription drugs that are manufactured and marketed under a registered name. They are usually patented and may be exclusively offered by certain manufacturers.

Specialty Drugs are typically high cost, scientifically engineered drugs used to treat complex, chronic conditions. They require special handling and usually must be shipped directly to the user.

Formulary is a list of prescription drugs our health care plans cover. They include generic, brand name, and specialty drugs that have been rigorously reviewed and selected by a committee of practicing doctors and clinical pharmacists for their quality and effectiveness. We've negotiated lower prices on these formulary drugs, so you'll save when your doctor prescribes medication from our formularies. There can be different formularies for different health care plans.

SmartSense[®] Plus Is this the right plan for you?

SmartSense Plus, from Anthem Blue Cross Life and Health Insurance Company, was designed to offer affordable, solid protection without a lot of bells and whistles that may not be important to you.

SmartSense Plus Plan Highlights

SmartSense Plus offers affordable price options, solid protection that covers essentials and even some immediate benefits before the deductible.

Features:

- First three Doctors' Office Visits with predictable copays, per plan member, each calendar year before having to meet your deductible.
- Choice of two prescription drug coverage options.
- Preventive care benefits help focus on keeping you healthy.

You should know:

- After first three Doctors' Office Visits, all other visits are covered after the deductible.
- Maternity benefits are not included with this plan.

Preventive Care

In addition to the preventive care benefits described in the following Benefit Guide, you also have the option of going to a HealthyCheckSM Center. These centers provide fast, easy and convenient annual preventive screenings (for ages 7 and older) at no cost to you. For more information about HealthyCheck, go to anthem.com/healthycheck

Prescription Drug Coverage

The cost of prescription drugs can be overwhelming, so SmartSense Plus includes prescription drug coverage to help you manage those costs.

SmartSense Plus prescription drug coverage includes the following tiers which represent a cost level within the generic and brand name prescription drug categories.

- **Drug Formulary:** This is a special list of prescription drugs the SmartSense Plus plan covers. We've negotiated lower prices on these formulary drugs, so you'll save when your doctor prescribes from the Plan Formulary.
- **Tier 1:** These drugs have the lowest copay and include generic medications.
- **Tier 2:** These drugs have a higher copay than those in Tier 1 and include formulary brand name medications.
- **Tier 3:** These drugs have a higher copay than those in Tier 2 and include non-formulary brand name medications.
- **Specialty:** These are typically high-cost, scientifically engineered drugs and are paid at a coinsurance level instead of copay.

How to Customize your SmartSense Plus Plan

With SmartSense Plus, you have some choice and flexibility to change the plan to better meet your needs. SmartSense Plus offers a choice of:

Deductible: You can usually lower your premium by choosing a higher deductible. Simply choose the deductible and premium combination that works best for you.

Upgrade Drug Coverage: By choosing the Upgrade Drug Coverage option (for an additional cost) you can lower your prescription drug deductible to \$500, instead of the \$7,500 prescription drug deductible (for Tier 2, 3 and Specialty) included in the plan.

Other Optional Coverage: You can add more protection for you and your family by purchasing optional dental or life insurance. See the following pages for details.

Benefits

SmartSense® Plus

Calendar Year Deductible

Your Choices

Individual	NETWORK:	\$1,000	\$2,000	\$3,500	\$6,000
	NON-NETWORK:	\$1,000	\$2,000	\$3,500	\$6,000
Family	NETWORK:	\$2,000	\$4,000	\$7,000	\$12,000
	NON-NETWORK:	\$2,000	\$4,000	\$7,000	\$12,000
Network Coinsurance Options		30%	30%	30%	30%

Calendar Year Out-of-Pocket Maximum

Add Your Chosen Deductible to the Amount Below

Individual	NETWORK:	\$3,500	\$3,500	\$3,500	\$3,500
	NON-NETWORK:	\$7,500	\$7,500	\$7,500	\$7,500
Family	NETWORK:	\$7,000	\$7,000	\$7,000	\$7,000
	NON-NETWORK:	\$15,000	\$15,000	\$15,000	\$15,000

How family deductibles and family out-of-pocket maximums work

Once one family member reaches their individual deductible or out-of-pocket maximum, the remaining amount of the family deductible or out-of-pocket maximum needs to be met by one or more other family members. The family deductible or out-of-pocket maximum can be met by the family combined.

Lifetime Maximum

Unlimited

Covered Services

Your Share of Costs (after deductible, unless waived)

Doctors' Office Visits

NETWORK:
 · First 3 Office Visits (per member): **\$30 Copay**, deductible waived
 · Additional Office Visits: **30% Coinsurance**
NON-NETWORK: 50% Coinsurance

Professional and Diagnostic Services
(X-ray, lab, anesthesia, surgeon, etc.)

NETWORK: 30% Coinsurance
NON-NETWORK: 50% Coinsurance

Inpatient Services
(overnight hospital/facility stays)

NETWORK: 30% Coinsurance
NON-NETWORK: All charges except \$650 per day

Outpatient Services
(without overnight hospital/facility stays)

NETWORK: 30% Coinsurance
NON-NETWORK: All charges except \$380 per day

Emergency Room Services

NETWORK: 30% Coinsurance plus \$100 Emergency Room copay (copay waived if admitted)
NON-NETWORK: 30% Coinsurance plus \$100 Emergency Room copay (copay waived if admitted)

Preventive Care Services

Includes all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.
NETWORK: 0% Coinsurance, not subject to deductible
NON-NETWORK: 50% Coinsurance

Maternity

Not Covered

Optional Coverage
(at additional cost)

Dental, Life

Prescription Drug Coverage

SmartSense Plus

Retail Drugs (and Mail Order Drugs when available)

Standard Drug Coverage:
Tier 1 (Generic drugs): \$15 Copay
 \$7,500 annual Prescription Drug deductible per member applies before the following:
 · **Tier 2 (Formulary Brand name drugs): \$40 Copay**
 · **Tier 3 (Non-Formulary Brand name drugs): \$60 Copay**
 · **Specialty: 25% Coinsurance** up to a \$2,500 annual Prescription Drug out-of-pocket maximum (the most you'll have to pay), network only and in addition to \$7,500 annual deductible.
NON-NETWORK: Not Covered

Optional Drug Coverage
(when available)

Upgrade Drug Coverage:
Tier 1 (Generic drugs): \$15 Copay
 \$500 annual Prescription Drug deductible per member applies before the following:
 · **Tier 2 (Formulary Brand name drugs): \$40 Copay**
 · **Tier 3 (Non-Formulary Brand name drugs): \$60 Copay**
 · **Specialty: 25% Coinsurance** up to a \$2,500 annual Prescription Drug out-of-pocket maximum (the most you'll have to pay), network only and in addition to \$500 annual deductible.
NON-NETWORK: Not Covered

Other Covered Benefits include but are not limited to:

Ambulance, Chiropractic Services, Home Health Care, Mental Health, Physical/Occupational Therapy, Urgent Care

IMPORTANT: This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the Policy/EOC. In the event of a conflict between the Policy/EOC and this Benefit Guide, the terms of the Policy/EOC will prevail.

NOTES:
 - Discounted rates apply for network covered services.
 - Network and non-network deductibles are separate and do not accumulate toward each other. Network and non-network out-of-pocket maximums are also separate and do not accumulate toward each other.
 - For non-network services, member is responsible for the coinsurance plus charges in excess of the allowable amount.
 - Copays/coinsurance to network and non-network providers apply to annual out-of-pocket maximum except where specifically noted in the policy.

Premier Plus Is this the right plan for you?

Premier Plus, from Anthem Blue Cross Life and Health Insurance Company, is a great choice for families or for individuals looking for robust benefits for both routine and unexpected medical care.

Premier Plus Plan Highlights

Premier Plus offers many benefits before the deductible and coverage as well for prescription drugs. The lowest levels of coinsurance across all deductibles gives Premier Plus added value over other plans we offer.

Features:

- Unlimited doctor office visits with predictable copays, before the deductible.
- Preventive care benefits help focus on keeping you healthy.
- Annual routine eye exam.

You should know:

- Premier Plus offers one of our highest levels of benefits, so the premiums are typically more than our other plans.
- Maternity benefits are not included with this plan.

Preventive Care

In addition to the preventive care benefits described in the following Benefit Guide, you also have the option of going to a HealthyCheckSM Center. These centers provide fast, easy and convenient annual preventive screenings (for ages 7 and older) at no cost to you. For more information about HealthyCheck, go to anthem.com/healthycheck

Prescription Drug Coverage

The cost of prescription drugs can be overwhelming so Premier Plus includes prescription drug coverage to help you manage those costs.

Premier Plus prescription drug coverage includes the following tiers which represent a cost level within the generic and brand name prescription drug categories.

- **Tier 1:** These drugs have the lowest copay and include generic medications.
- **Tier 2:** These drugs have a higher copay than those in Tier 1 and include formulary brand name medications.
- **Tier 3:** These drugs have a higher copay than those in Tier 2 and include non-formulary brand name medications.
- **Specialty:** These are typically high-cost, scientifically engineered drugs and are paid at a coinsurance level instead of copay.

How to Customize your Premier Plus Plan

With Premier Plus, you have some choice and flexibility to change the plan to better meet your needs. Premier Plus offers a choice of:

Deductible: You can usually lower your premium by choosing a higher deductible. Simply choose the deductible and premium combination that works best for you.

Other Optional Coverage: You can add more protection for you and your family by purchasing optional dental or life insurance. See the following pages for details.

Benefits

Premier Plus

Calendar Year Deductible

Your Choices

Individual	NETWORK:	\$1,000	\$1,500	\$2,500	\$3,500	\$5,000	\$6,000
	NON-NETWORK:	\$1,000	\$1,500	\$2,500	\$3,500	\$5,000	\$6,000
Family	NETWORK:	\$2,000	\$3,000	\$5,000	\$7,000	\$10,000	\$12,000
	NON-NETWORK:	\$2,000	\$3,000	\$5,000	\$7,000	\$10,000	\$12,000
Network Coinsurance Options		25%	25%	25%	25%	25%	25%

Calendar Year Out-of-Pocket Maximum

Add Your Chosen Deductible to the Amount Below

Individual	NETWORK:	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500
	NON-NETWORK:	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500
Family	NETWORK:	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000
	NON-NETWORK:	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000

How family deductibles and family out-of-pocket maximums work

Once one family member reaches their individual deductible or out-of-pocket maximum, the remaining amount of the family deductible or out-of-pocket maximum needs to be met by one or more other family members. The family deductible or out-of-pocket maximum can be met by the family combined.

Lifetime Maximum

Unlimited

Covered Services

Your Share of Costs (after deductible, unless waived)

Doctors' Office Visits

NETWORK: Office Visit **\$30 Copay** for primary care physician; **\$50 Copay** for specialist (deductible waived for both)
NON-NETWORK: **50% Coinsurance**

Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)

NETWORK: **25% Coinsurance**
NON-NETWORK: **50% Coinsurance**

Inpatient Services (overnight hospital/facility stays)

NETWORK: **25% Coinsurance**
NON-NETWORK: **50% Coinsurance**

Outpatient Services (without overnight hospital/facility stays)

NETWORK: **25% Coinsurance**
NON-NETWORK: **50% Coinsurance**

Emergency Room Services

NETWORK: **25% Coinsurance**
NON-NETWORK: **25% Coinsurance**

Preventive Care Services

Includes all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.
NETWORK: **0% Coinsurance, not subject to deductible**
NON-NETWORK: **50% Coinsurance**

Maternity

Not Covered

Optional Coverage (at additional cost)

Dental, Life

Prescription Drug Coverage

Premier Plus

Retail Drugs (and Mail Order Drugs when available)

Tier 1 (Generic drugs): \$15 Copay
 \$500 annual Prescription Drug deductible per member applies before the following:
 · **Tier 2 (Formulary Brand name drugs): \$40 Copay**
 · **Tier 3 (Non-Formulary Brand name drugs): \$60 Copay**
 · **Specialty: 25% Coinsurance** up to a \$2,500 annual Prescription Drug out-of-pocket maximum (the most you'll have to pay), network only and in addition to \$500 annual deductible.
NON-NETWORK: Not Covered

Optional Drug Coverage (when available)

Not Applicable

Other Covered Benefits include but are not limited to:

Ambulance, Chiropractic Services, Home Health Care, Mental Health, Physical/Occupational Therapy, Urgent Care, Vision Exam

IMPORTANT: This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the Policy/EOC. In the event of a conflict between the Policy/EOC and this Benefit Guide, the terms of the Policy/EOC will prevail.

NOTES:
 - Discounted rates apply for network covered services.
 - Network and non-network deductibles are separate and do not accumulate toward each other. Network and non-network out-of-pocket maximums are also separate and do not accumulate toward each other.
 - For non-network services, member is responsible for the coinsurance plus charges in excess of the allowable amount.
 - Copays/coinsurance to network and non-network providers apply to annual out-of-pocket maximum except where specifically noted in the policy.

Premier Plus is offered by Anthem Blue Cross Life and Health Insurance Company.

Affordable Dental Blue® PPO solutions designed to meet your dental needs

Dental Blue Basic offers:

- Low plan premiums
- Coverage for many diagnostic services and preventive care such as cleanings, exams and X-rays with no waiting period
- Coverage for certain basic services (fillings) with a six-month waiting period
- An annual maximum benefit of \$500

Dental Blue Enhanced offers:

- Coverage for many diagnostic services and preventive care such as cleanings, exams and X-rays with no waiting period
- Coverage for certain basic services (fillings) with a six-month waiting period
- Coverage for certain major services like root canals, periodontal procedures and crowns after a 12-month waiting period
- An annual maximum benefit of \$1,250
- Orthodontic coverage for children after a 12-month waiting period

Save money by using our dental network

As a Dental Blue member, you can see *any* dentist you want; however, you do have the potential for lower costs when you choose a dentist in the Dental Blue 100 network. This is because network dentists have agreed to accept our negotiated rates for services they provide to you. If you choose to go to a provider outside of the Dental Blue 100 network, you can be billed the difference between our network negotiated rates and what your chosen dentist wishes to charge. But, with more than 19,000 California providers and provider locations in our Dental Blue 100 network, it's likely your dentist is part of our network!

Plus, network dentists have agreed to pass along our negotiated rates on covered services to you during waiting periods or if you exceed your annual maximum benefit.

Prefer a Dental HMO?

If so, our Dental SelectHMO plan may be the right choice for you. For more information about the Dental SelectHMO plan — or our Dental Blue plans — ask your agent.

Amounts shown below are paid by the plan, after the deductible.

Dental Care Coverage	Dental Blue Basic		Dental Blue Enhanced	
	Network	Non-Network	Network	Non-Network
Annual Deductible	\$25 per member		\$50 per member; \$150 maximum per family	
Waived for Diagnostic & Preventive	Yes	No	Yes	No
Annual Maximum	\$500		\$1,250	
Diagnostic and Preventive	Network	Non-Network	Network	Non-Network
Cleanings, exams and X-rays	100%	80%	100%	80%
Basic Services	Network	Non-Network	Network	Non-Network
Fillings	80%	60%	80%	60%
Other Minor Restorative	Not covered			
Major Services	Network	Non-Network	Network	Non-Network
Oral Surgery	Not covered		50%	
Endodontics	50%; pulpotomies on primary teeth only		50%	
Periodontics	Not covered		50%	
Prosthodontics	50%; stainless steel crowns on primary teeth only		50%	
Orthodontics	Not covered		Children only: 50%; \$100 deductible; \$500 per year; \$1,000 lifetime maximum	
Waiting Periods	None for cleanings, exams and X-rays; 6 months for all other covered services		None for cleanings, exams and X-rays; 6 months for basic services; 12 months for major services/orthodontics	

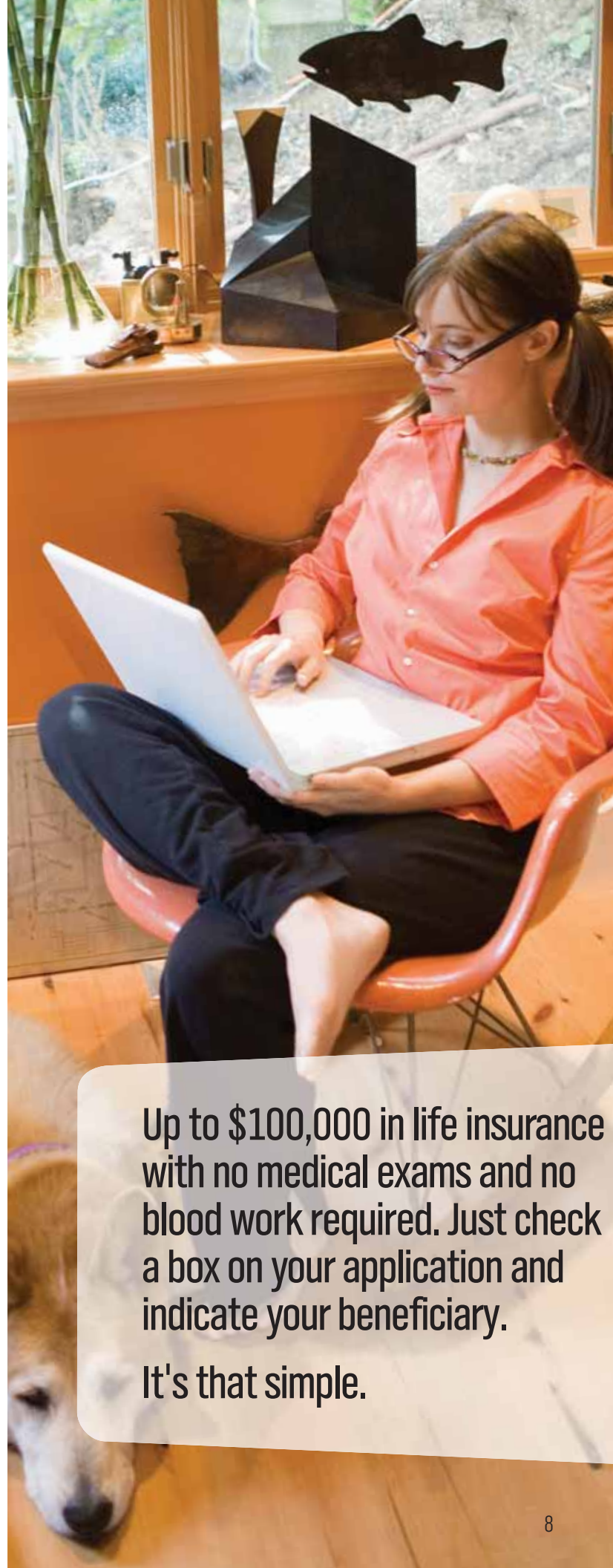
Dental Blue PPO is offered by Anthem Blue Cross Life and Health Insurance Company and Dental SelectHMO is offered by Anthem Blue Cross.

Term Life Insurance

Losing a loved one is painful enough without having to worry about finances. Give your family extra support with term life insurance from Anthem Blue Cross Life and Health Insurance Company.

If you're accepted for coverage on one of our health care plans, you'll automatically be approved for our term life insurance. Plus, there are no medical exams or additional enrollment forms to worry about. It's that simple.

Term life monthly rates					
Age	\$15,000 Benefit	\$30,000 Benefit	\$50,000 Benefit	\$75,000 Benefit	\$100,000 Benefit
1-18	\$1.50	\$3.00	N/A	N/A	N/A
19-29	\$2.80	\$5.60	\$9.30	\$11.25	\$13.00
30-39	\$3.25	\$6.50	\$10.80	\$13.50	\$16.00
40-49	\$7.50	\$15.00	\$25.00	\$33.75	\$42.00
50-59	\$20.90	\$41.80	\$69.60	\$97.50	\$125.00
60-64	\$29.40	\$58.80	\$98.00	\$142.50	\$185.00



Up to \$100,000 in life insurance with no medical exams and no blood work required. Just check a box on your application and indicate your beneficiary. It's that simple.

Additional information

"No Obligation" review period

After you enroll in a plan offered by Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company, you will receive a Policy/EOC booklet that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You will have 10 days to examine your plan's features. During that time, if you are not fully satisfied, you may decline by returning your Policy/EOC booklet along with a letter notifying us that you wish to discontinue coverage. Policy/EOC booklets are available for you to examine prior to enrolling. Ask your agent or Anthem Blue Cross.

Save time with automatic premium payment

Hate writing checks? After your initial payment, our Electronic Fund Transfer (EFT) program will automatically withdraw funds from your bank account each month to pay for your health care plan premium. You'll not only save on postage, you won't have to worry about a lapse in coverage because you forgot to mail in your payment. To sign up, just fill out the billing section of the enrollment application.



Ready to choose a plan?

- After reviewing all the materials included with this brochure, contact your Anthem Blue Cross agent.
- Ask questions. If you aren't sure about how a plan works or have additional questions, your agent will help you.
- Fill out an application. The quickest and easiest way to complete an application is online and your agent can assist you. Or your agent can provide you with instructions for mailing or faxing your application.

If you have questions or want more details about your options, call your Anthem Blue Cross agent today!



Individual health coverage. Your plans. Your choices.

Make sure you have all the facts.

This brochure is only one piece of your plan information. Please make sure you have all the facts about the benefits offered by the plan(s) described — including what's covered, and what isn't. For additional information about exclusions, limitations, and terms of this coverage, please see the enclosed Coverage Details. This document should be included with your information kit, or if you have printed this from your computer, it should be at the end of this document. If you don't have this document, be sure to contact your Anthem Blue Cross agent.

This brochure is intended as a brief summary of benefits and services; it is not your Policy. If there is any difference between this brochure and your Policy, the provisions of the Policy will prevail. Benefits and premiums are subject to change.

This summary of benefits complies with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Ready to enroll?

Call your Anthem agent today!