



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

Individual Blue AccessSM

anthem.com



For Kentucky residents

PKY-72 Rev. 03/06

Individual Blue Access

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. That's why we offer you choices. We can help you choose a plan to fit your specific needs and budget. With Blue Access, you can choose from:

- **Three levels of health care coverage** — Whether you're running a small business or racing to early retirement, you can choose the level of health coverage that is best for you.
- **A range of deductibles** — You can choose a deductible as small as \$250 or as large as \$10,000, depending on your individual or family health care coverage needs.
Note: If any amounts applied to the deductible during the last three months of the calendar year do not satisfy the deductible for that benefit period, they will be applied toward the deductible for the following calendar year. This will not apply to the out-of-pocket limits.
- **Prescription drug coverage** — If you rarely fill a prescription, you may opt for less coverage; but if you use maintenance medications, you may want more. Once again, it's up to you.

Options 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

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 out our Directory of Network Providers. 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 provides preventive care 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 hospitals and physicians nationwide.

- 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.

Prescription Drug Coverage that Really Delivers

The rising cost of prescription drugs is becoming harder to swallow. Blue Access has convenient prescription drug benefits that help you control your out-of-pocket costs. All available generic drugs are included in Anthem's Prescription formulary. Using generic drugs can help you manage your drug costs. Depending on the plan design you choose, Blue Access prescription benefits also include:

- affordable copays for brand medications — formulary and non-formulary 
- Anthem Rx Direct mail service

Around the corner or to your front door, you can have prescriptions filled at a fraction of most retail prices. Go to anthem.com for Anthem's Prescription formulary.

What is a formulary?

A 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. Look for the Anthem formulary on our Web site at anthem.com.

Brand-name

A brand-name drug is usually available only from one manufacturer and may have patent protection.

Generic

A generic drug has the same active ingredients as its brand-name counterpart. Normally, it is available only after the patent protection expires on a brand-name drug. Even though it may look different, the generic drug works the same as its corresponding brand-name medication.

Unless there is a clinical reason, all generic drugs are included on the Anthem formulary. So, by using generic versions whenever possible, you may save money.

Benefit specifics

Copayments

Prescription drug copayments do not count toward the calendar-year deductible or the out-of-pocket limit specified in the Schedule of Benefits. Your copayments assume the use of an Anthem Rx network pharmacy within your health plan's network.

Benefit information

Prescription drug coverage includes injectable insulin, syringes and drugs that under federal law may only be dispensed by written prescription, which are approved for general use for treatment of a given condition by the Food and Drug Administration (FDA), and which are adopted by the plan.

The drugs must be dispensed by a licensed pharmacy provider for the outpatient use of the covered person during the period a covered person is eligible to receive benefits under the plan.

Benefits for covered prescription drugs are limited to quantities, which can reasonably be expected to be consumed or used within one month, or as otherwise authorized by the plan.

Prescription Drug Exclusions information

The following exclusion applies to your prescription benefit and can be found in your contract. For more information, please refer to your contract.

Drugs, except insulin, which could be purchased without a written prescription, or are not FDA-approved for treatment for a specified category of medical conditions, unless such use is consistent with standard medical practice and has been demonstrated as effective in published peer review medical literature as to leading to improvement in health outcomes, or not included within the plan's formulary, if any. To receive maximum prescription drug benefits, ask your doctor to prescribe a medication on the formulary. Remember, if a drug from the formulary is prescribed, your copayment may be less than if a non-formulary drug (a drug not on the complete formulary list) is prescribed for you.



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 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 clinical 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 tending to your emotional well-being is just as important as caring for 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
- refill a mail order prescription
- save money on health-related products and services with **SpecialOffers@AnthemSM**
- 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 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:

- Kentucky 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 is the choice for you.

Applying only takes a moment.

- Complete the attached application using a black or blue ballpoint pen.
- Include your name and phone number.
- Indicate the plan desired.
- Indicate a deductible rate.
- Choose, if desired, the optional rider.
- 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 contract.

Whether you are your own boss or searching for that perfect job, Plan 1 may be right for you.



Whether you are spending your day in the classroom or in the boardroom, Plan 2 will fit your needs.



If your working days are behind you, Plan 3 may be the right choice for you.



The following benefit summaries are not contracts. They are partial listings of benefits and services. Please refer to your contract for more specific information.

To be eligible to receive the maximum benefits available, you must use network providers. (Please refer to your provider directory for a list of network providers.)

This benefit summary applies to all enrolled members and their spouses, and unmarried dependent children to age 19, and unmarried dependent children who are full-time students to age 25. Refer to your contract for any pre-existing conditions that may apply, or amounts that apply to your out-of-pocket limits. Pre-existing conditions are limited to 12 months after enrollment for conditions in existence within six months immediately prior to enrollment. Credit will be given for previous qualifying coverage if that coverage was continuous to a date not more than 63 days prior to the effective date of coverage under this plan.

Blue Access Benefit Summary Standard Plan

Covered Benefits	Network - You Pay	Non-network -You Pay
Annual deductible	\$400 single/\$800 family	\$700 single/\$1,400 family
Maximum out-of-pocket for covered expenses (after deductible)	\$1,500 single/\$3,000 family	\$2,500 single/\$5,000 family
In-hospital services <ul style="list-style-type: none"> Provider services, authorized inpatient care in semi-private room, miscellaneous hospital services, intensive/cardiac/neonatal care, ancillary services, surgical services, pre-admission testing, use of operating, recovery and delivery rooms, ancillary services, surgical services, pre-admission testing, blood and blood plasma, and routine nursery care for newborns Transplants — limited to kidney, cornea, bone marrow, heart, liver, lung, heart/lung, small bowel and pancreas* Maternity care (including dependents) 	15% of the eligible expense, not subject to deductible	35% ¹
Lifetime maximum benefits	Unlimited	Unlimited
Office visits Provider office visits (includes well child, well adult, immunizations, office diagnostic testing, allergy testing, diabetes education and therapy, and other office visits) <ul style="list-style-type: none"> Preventive care and well child care Allergy serum and injections Radiation Dialysis Chemotherapy 	\$10 copayment per visit, not subject to the deductible (No copayment applies when allergy injection/serum is the only charge)	40% ¹ Well child care, well adult, immunizations and early detection services are not covered out of network. (No copayment applies when allergy injection/serum is the only charge)
Outpatient services <ul style="list-style-type: none"> Diagnostic tests Ambulatory/hospital outpatient surgery 	20% ¹	40% ¹
Emergency services (if not an emergency medical condition, all services will be denied) <ul style="list-style-type: none"> Hospital emergency room Ambulance (ground only) 	20% ¹ (emergency room co-insurance waived if admitted)	20% ¹
Urgent care (in urgent care center)	\$25 copayment	\$25 copayment
Mental health and substance abuse services* Substance abuse <ul style="list-style-type: none"> Inpatient services (maximum 21 days per calendar year) one admission per six months. Intensive outpatient day treatment can be substituted for inpatient days on a two-for-one basis. Outpatient services (20 visits per calendar year) Mental health <ul style="list-style-type: none"> Inpatient services (maximum 21 days per calendar year) one admission per six months. Intensive outpatient day treatment can be substituted for inpatient days on a two-for-one basis. Outpatient services (20 visits per calendar year) Autism — therapeutic, respite and rehabilitative care (\$500 per month for children ages 2 through 21) 	20% ¹ Co-insurance/copayment applicable to service provided	40% ¹ Benefits applicable to service provided
Other services <ul style="list-style-type: none"> Prescription drugs (including contraceptives) — one-month supply Skilled nursing facility — 30 days per calendar year Physical/occupational therapy/cardiac rehabilitation — 26 weeks per calendar year Speech therapy — 26 weeks per calendar year Durable medical equipment, prosthetic appliances, hearing aids and orthotic devices Home health care — 100 maximum visits per calendar year Hospice services 	20% ¹ 0% ¹ 0% (not subject to deductible)	40% ¹ 20% ¹ 0% (not subject to deductible)
Optional Benefits	Network - You Pay	Non-network - You Pay
Mental Health Rider	Removes day limits	Removes day limits
\$15 Prescription Drug Rider	\$15 copayment per prescription	Not covered, must use network pharmacy

*Services, including, but not limited to, transplants, substance abuse and mental health are subject to precertification.

¹ Services subject to calendar-year deductible. Network and Non-network deductibles are separate and do not accumulate towards each other.

² Copayment does not apply to deductible or out-of-pocket maximums.

Exclusions: infertility services, dental services and vision services. Also subject to applicable exclusions, limitations and provisions of your Health Benefits contract.

Cost containment

Services or supplies eligible for coverage must meet our criteria for medical necessity on the date the service is rendered. Covered persons must follow cost containment guidelines or benefits may be reduced as indicated in your Health Benefits contract. (Refer to your contract for a procedures list.) Components of the program include:

- pre-admission certification and admission review
- ambulatory surgery
- continued stay review
- outpatient precertification

Exceptions to out-of-network utilization benefit reduction:

- emergency services
- covered services for eligible dependent children residing out of the service area due to such children attending an out-of-area educational institution, or residing with a member's former spouse

Provider directories are available by visiting our Web site at anthem.com. You may also obtain a directory by calling customer service at (800) 288-9724 or by contacting your agent.

Individual Blue Access PPO Benefit Summary — Plan 1

Covered Benefits	Network - You Pay	Non-network -You Pay
Calendar-year deductible	\$500 individual/\$1,000 family \$1,000 individual/\$2,000 family \$2,500 individual/\$5,000 family \$5,000 individual/\$10,000 family	\$1,000 individual/\$2,000 family \$2,000 individual/\$4,000 family \$5,000 individual/\$10,000 family \$10,000 individual/\$20,000 family
Out-of-pocket Limit (includes deductible)	\$2,500 individual/\$5,000 family \$3,000 individual/\$6,000 family \$4,500 individual/\$9,000 family \$7,000 individual/\$14,000 family	\$5,000 individual/\$10,000 family \$6,000 individual/\$12,000 family \$9,000 individual/\$18,000 family \$14,000 individual/\$28,000 family
Lifetime Maximum	\$5,000,000 maximum per member for Network and Non-network services combined	
Non-network Penalty	Not applicable	50% ¹
Prescription Drugs Generic Formulary Drugs Brand-name Formulary Drugs Generic Non-formulary Drugs Brand Non-formulary Drugs Mail Service Generic Formulary Drugs Mail Service Brand-name Formulary Drugs Mail Service Generic or Brand Non-formulary Drugs	\$15 per prescription ² (30-day supply, not subject to deductible) Not covered \$15 per prescription ² (30-day supply, not subject to deductible) Brand is not covered Not covered Not covered Not covered	Not covered Not covered Not covered Not covered Not covered Not covered Not covered
Preventive Care and Well Child Care	20% ¹	50% ¹
Physician Office Services	20% ¹	50% ¹
Inpatient Hospital Services	20% ¹	50% ¹
Outpatient Services	20% ¹	50% ¹
Diagnostic Services	20% ¹	50% ¹
Emergency Room for Emergency Care	20% ¹	20% ¹
Ambulance Our payment is limited to a maximum per Benefit Period of \$300. You are responsible for any amounts in excess of our payment.	20% coinsurance after deductible	20% coinsurance after deductible
Urgent Care (in Urgent Care Center)	20% ¹	20% ¹
Mental Health Conditions 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) Autism-therapeutic, respite and rehabilitation care (\$500) per month for children ages 2 through 21)	20% ¹ 20% ¹ 20% ¹	50% ¹ 50% ¹ 50% ¹
Outpatient Therapy Services Maximum Visits per benefit period for: • Physical therapy • Speech therapy • Occupational therapy • Spinal manipulations	20% ¹ 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% ¹ 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% ¹	50% ¹
Hospice Services	0% (not subject to deductible)	0% (not subject to deductible)
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% (network transplant facility, not subject to deductible) 0% (not subject to deductible)	50% ^{1,2} (non-network transplant facility) 50% ^{1,2}
Medical Supplies, Durable Medical Equipment and Appliances	50% ¹	50% ¹
Maternity Services	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.	20% ¹	50% ¹

¹ Services subject to calendar-year deductible. Network and Non-network deductibles are separate and do not accumulate towards each other.

² Copayment does not apply to deductible or out-of-pocket maximums.

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

Individual Blue Access PPO Benefit Summary — Plan 2

Covered Benefits	Network - You Pay	Non-network -You Pay
Calendar-year deductible	\$250 individual/\$500 family \$500 individual/\$1,000 family \$1,000 individual/\$2,000 family \$2,500 individual/\$5,000 family	\$500 individual/\$1,000 family \$1,000 individual/\$2,000 family \$2,000 individual/\$4,000 family \$5,000 individual/\$10,000 family
Out-of-pocket Limit (includes deductible)	\$2,250 individual/\$4,500 family \$2,500 individual/\$5,000 family \$3,000 individual/\$6,000 family \$4,500 individual/\$9,000 family	\$4,500 individual/\$9,000 family \$5,000 individual/\$10,000 family \$6,000 individual/\$12,000 family \$9,000 individual/\$18,000 family
Lifetime Maximum	\$5,000,000 maximum per member for Network and Non-network services combined	
Non-network Penalty	Not applicable	50% ¹
Prescription Drugs Generic Formulary Drugs	\$15 per prescription ² (30-day supply, not subject to deductible)	50% ² (30-day supply, not subject to deductible)
Brand-name Formulary Drugs	\$30 per prescription ² (30-day supply, not subject to deductible)	50% ² (30-day supply, not subject to deductible)
Generic or Brand Non-formulary Drugs	50% with a minimum of \$45 and a maximum of \$90 per prescription ² (30-day supply, not subject to deductible)	50% with a minimum of \$45 ² (30-day supply, not subject to deductible)
Mail Service Generic Formulary Drugs	\$30 per prescription ² (90-day supply, not subject to deductible)	Not covered
Mail Service Brand-name Formulary Drugs	\$60 per prescription ² (90-day supply, not subject to deductible)	Not covered
Mail Service Generic or Brand Non-formulary Drugs	\$90 per prescription ² (90-day supply, not subject to deductible)	Not covered
Preventive Care and Well Child Care	\$25 copayment for office visit charge ² 20% for other services ¹	50% ¹
Physician Office Services	\$25 copayment for office visit charge ² 20% for other services ¹	50% ¹
Inpatient Hospital Services	20% ¹	50% ¹
Outpatient Services	20% ¹	50% ¹
Diagnostic Services	20% ¹	50% ¹
Emergency Room for Emergency Care	20% ¹	20% ¹
Ambulance Our payment is limited to a maximum per Benefit Period of \$300. You are responsible for any amounts in excess of our payment.	20% coinsurance after deductible	20% coinsurance after deductible
Urgent Care (in Urgent Care Center)	\$50 copayment per visit charge ² , 20% for other services ¹	\$50 copayment per visit charge ² , 20% for other services ¹
Mental Health Conditions 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) Autism-therapeutic, respite and rehabilitation care (\$500) per month for children ages 2 through 21)	20% ¹ \$25 copayment for office visit charge ² 20% for all other services ¹ 20% ¹	50% ¹ 50% ¹ 50% ¹
Outpatient Therapy Services Maximum visits per benefit period for: • Physical therapy • Speech therapy • Occupational therapy • Spinal manipulations	\$25 copayment for office visit charge ² 20% for other services ¹ 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% ¹ 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% ¹	50% ¹
Hospice Services	0% (not subject to deductible)	0% (not subject to deductible)
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% (network transplant facility, not subject to deductible) 0%	50% ^{1,2} (non-network transplant facility) 50% ^{1,2}
Medical Supplies, Durable Medical Equipment and Appliances	50% ¹	50% ¹
Maternity Services	20% ¹ Not covered on single contracts	50% ¹ Not covered on single contracts
Optional Benefits	Network - You Pay	Non-network - You Pay
Extended Mental Health Rider Mental health treated same as any other medical condition.	\$25 copayment for office visit charge ² 20% for other services ¹	50% ¹

¹ Services subject to calendar-year deductible. Network and Non-network deductibles are separate and do not accumulate towards each other.

² Copayment does not apply to deductible or out-of-pocket maximums.

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

Individual Blue Access PPO Benefit Summary — Plan 3

Covered Benefits	Network - You Pay	Non-network - You Pay
Calendar-year deductible	\$2,500 individual/\$5,000 family \$5,000 individual/\$10,000 family \$10,000 individual/\$20,000 family	\$5,000 individual/\$10,000 family \$10,000 individual/\$20,000 family \$20,000 individual/\$40,000 family
Out-of-pocket Limit (includes deductible)	\$2,500 individual/\$5,000 family \$5,000 individual/\$10,000 family \$10,000 individual/\$20,000 family	\$9,000 individual/\$18,000 family \$14,000 individual/\$28,000 family \$24,000 individual/\$48,000 family
Lifetime Maximum	\$5,000,000 maximum per member for Network and Non-network services combined	
Non-network Penalty	Not applicable	50% ¹
Prescription Drugs Generic Formulary Drugs Brand-name Formulary Drugs Generic or Brand Non-formulary Drugs Mail Service Generic Formulary Drugs Mail Service Brand-name Formulary Drugs Mail Service Generic or Brand Non-formulary Drugs	\$15 per prescription ² (30-day supply, not subject to deductible) \$30 per prescription ² (30-day supply, not subject to deductible) 50% with a minimum of \$45 and a maximum of \$90 per prescription ² (30-day supply, not subject to deductible) \$30 per prescription ² (90-day supply, not subject to deductible) \$60 per prescription ² (90-day supply, not subject to deductible) \$90 per prescription ² (90-day supply, not subject to deductible)	50% ² (30-day supply, not subject to deductible) 50% ² (30-day supply, not subject to deductible) 50% with a minimum of \$45 ² (30-day supply, not subject to deductible) Not covered Not covered Not covered
Preventive Care and Well Child Care	0% ¹	50% ¹
Physician Office Services	0% ¹	50% ¹
Inpatient Hospital Services	0% ¹	50% ¹
Outpatient Services	0% ¹	50% ¹
Diagnostic Services	0% ¹	50% ¹
Emergency Room for Emergency Care	0% ¹	0% ¹
Ambulance Our payment is limited to a maximum per Benefit Period of \$300. You are responsible for any amounts in excess of our payment.	0% coinsurance after deductible	0% coinsurance after deductible
Urgent Care (in Urgent Care Center)	0% ¹	0% ¹
Mental Health Conditions 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) Autism-therapeutic, respite and rehabilitation care (\$500) per month for children ages 2 through 21)	0% ¹ 0% ¹ 0% ¹	50% ¹ 50% ¹ 50% ¹
Outpatient Therapy Services Maximum visits per benefit period for: • Physical therapy • Speech therapy • Occupational therapy • Spinal manipulations	0% ¹ 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% ¹ 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% ¹	50% ¹
Hospice Services	0% (not subject to deductible)	0% (not subject to deductible)
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% (network transplant facility, not subject to deductible) 0% (not subject to deductible)	50% ^{1,2} (non-network transplant facility) 50% ²
Medical Supplies, Durable Medical Equipment and Appliances	0% ¹	50% ¹
Maternity Services	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.	20% ¹	50% ¹

¹ Services subject to calendar-year deductible. Network and Non-network deductibles are separate and do not accumulate towards each other.

² Copayment does not apply to deductible or out-of-pocket maximums.

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

\$15 Prescription Drug Rider

(Only available with Standard Plan)

The Rider shall be issued to you in connection with your contract in consideration of the premiums paid. The rider amends and supplements the contract policy as follows:

- The services provided by this rider are subject to a \$15 copayment per prescription at network pharmacies.
- Payments made by the covered person for services provided by this rider will not count toward satisfying the out-of-pocket limit specified in the Schedule of Benefits.
- Prescription drug coverage is limited to injectable insulin, including syringes and diabetic supplies, contraceptives for which a prescription is required, and drugs that under federal law may only be dispensed by written prescription, which are approved for general use for treatment of a given condition by the Food and Drug Administration and which are adopted by the Plan. The drugs must be dispensed during the period a covered person is eligible to receive benefits under the plan by a licensed pharmacy provider for the outpatient use of the Covered Person.
- Benefits for covered prescription drugs are limited to quantities that can reasonably be expected to be consumed or used within one month, or as otherwise authorized by the Plan.

Refer to your Plan's health delivery system rules regarding generic drugs and any use of formularies and mail order programs. If a covered person specifically requests a brand-name drug, the covered person shall be responsible for any cost difference between the brand-name drug and the generic drug.

Adding the following hereby amends the Exclusions Section:

- **Drugs** — Drugs, except insulin, which could be purchased without a written prescription, or are not FDA approved for treatment for a specified category of medical conditions, unless use is consistent with standard medical practice and has been demonstrated as effective in published peer review medical literature as leading to improvement in health outcomes, or not included within the Plan's formulary, if any. If a covered person specifically requests a brand-name drug, the covered person shall be responsible for any cost difference between the brand-name drug and the generic drug.

Notice of Appeal Rights and Confidentiality Policy

You will be notified in writing if a claim or request for benefits is denied in whole or in part. The notice will explain why the claim/request was denied and describe the appeals procedure. You may appeal decisions that deny or reduce benefits. We encourage you to file appeals within 60 days of your receipt of an initial decision, but we require that you file within six months from that time. You should send additional information that supports the appeal and state all the reasons why the appeal request should be granted. Your appeal will be reviewed and you will be notified in writing of the appeal decision within 30 days of receipt of the first request for appeal. For denials of coverage based on medical necessity or experimental/investigational exclusions, you may request that a board-eligible or board-certified specialist review your appeal. If Anthem denies coverage for reasons other than medical necessity or experimental/investigational, you may also appeal. With these appeals, if Anthem upholds its decision throughout the appeals process, then you may request a review by the Kentucky Department of Insurance. Please call customer service or refer to your contract for more guidance on our internal appeal and external review processes.

Send requests for review of appeals to:

Anthem Blue Cross and Blue Shield
Appeals Coordinator
P.O. Box 37780
Louisville, KY 40233-7780

unless Anthem's notice of decision provides a different address for appeal requests.

In addition to the appeals procedures previously described, Anthem, Inc. has adopted a Confidentiality Policy in Kentucky. This policy sets forth guidelines regarding the protection of confidential member information, and guidelines regarding a member's right to access and amend information in Anthem's possession. The policy specifically addresses when a release, signed by a member, is required before information may be disclosed by Anthem to parties such as a member's provider, spouse or other family members.

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

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.

Plan Exclusions

Anthem's Blue Access plans do not provide benefits for services, supplies or charges related to: pre-existing conditions (see Pre-existing conditions section); private duty nursing; experimental or investigative treatment; dental and vision, except as specified in your contract; charges in excess of the maximum allowable amount; care provided by a member of your family; treatment that is 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, sterilization reversal; sex transformation surgery; custodial care; contraceptives; private duty nursing; artificial and mechanical hearts, workers' compensation, and services which we determine not medically necessary. This is a partial listing of exclusions contained in the plans. Consult your Contract and Schedule of Benefits for a complete list of benefits, exclusions and maximum payment levels.

Pre-existing

Pre-existing conditions are limited to 12 months after enrollment. A pre-existing condition is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within six months immediately prior to your enrollment date.

To Ensure Your Satisfaction

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





**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 language. However, the contract stands alone and is not considered as supplemented or amended in any way by the explanations or examples included in this brochure. Also, the contract may contain additional benefits or exclusions which are not set out in this brochure.

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