

Some definitions – so we’re all on the same page.

A **premium** is the amount of money you pay on a regular basis – once a month, four times a year, twice a year or once a year – to your insurance company to keep your health plan active. You can’t apply what you pay for your premium toward your deductible.

A **deductible** is the amount of out-of-pocket expenses you have to pay each year before your health plan kicks in and starts paying for services.

A **copayment** is a specified dollar amount or percentage of money you have to pay out of your own pocket for covered services.

A **coinsurance level** is the percentage of money you have to pay out of your own pocket for covered services. It’s the portion of the bill not paid by your health plan after the deductibles have been reached.

An **out-of-pocket limit** is the total amount of money (not counting your premiums) you have to pay each year for your healthcare coverage. Your deductible and coinsurance payments for covered services count toward your out-of-pocket limit.

A **discount** is the reduced out-of-pocket cost you enjoy when you obtain healthcare services from a network provider.

A **drug formulary** is a list of brand-name and generic medications that have been rigorously reviewed and selected by a committee of practicing doctors and clinical pharmacists for their quality and effectiveness. You may help control the amount you pay for prescriptions by encouraging your doctor to prescribe medications from the Anthem formulary on our website at www.anthem.com.



Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Life and disability products are underwritten by Anthem Life Insurance Company. Independent licensees of the Blue Cross and Blue Shield Association. ® Anthem is a registered trademark. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

I N D I A N A

Individual

Blue Access[®] Value

PLAN BENEFITS GUIDE

Si necesita asistencia en español, usted puede solicitarla sin costo adicional contactando a su corredor o agente de cuidados de la salud. También puede visitar www.anthem.com/espanol.

BLUE ACCESS VALUE

	NETWORK YOU PAY		NON-NETWORK YOU PAY	
	Individual	Family	Individual	Family
Calendar-year deductible	\$ 2,000 \$ 3,000 \$ 5,000 \$ 10,000	\$ 4,000 \$ 6,000 \$ 10,000 \$ 20,000	\$ 4,000 \$ 6,000 \$ 10,000 \$ 20,000	\$ 8,000 \$ 12,000 \$ 20,000 \$ 40,000
Out-of-Pocket Maximum <i>(including deductible)</i>	\$ 5,000 \$ 6,000 \$ 8,000 \$ 13,000	\$ 10,000 \$ 12,000 \$ 16,000 \$ 26,000	\$ 10,000 \$ 12,000 \$ 16,000 \$ 26,000	\$ 20,000 \$ 24,000 \$ 32,000 \$ 52,000
Physician Office Services <i>All medical office visits including office visits associated with a routine pap smear, annual mammogram, colorectal cancer screening or PSA screening.</i>	Visits 1 and 2, member pays \$30 copayment ^{2,3} The deductible does not apply to these office visits (copayment applies to office charge only). Other covered office services subject to deductible and 30% coinsurance. Visits 3+ are not covered.		Visits 1 and 2, member pays 40% coinsurance ³ The deductible does not apply to these office visits. Other covered office services subject to deductible and 40% coinsurance. Visits 3+ are not covered.	
Preventive Care <i>NOTE: Lab/X-Ray for routine Pap smear, annual mammogram, colorectal cancer screening or PSA screening ONLY. Other preventive care services are not covered.</i>	30% ¹		40% ¹	
Well Child Care	Not covered		Not covered	
Diagnostic Services <i>NOTE: \$300 maximum per member, per calendar-year, network and non-network combined (Includes lab work, X-rays, and Outpatient Diagnostic Services. Preventive services are excluded from the \$300 limit).</i>	30% (not subject to deductible)		40% (not subject to deductible)	
Inpatient Hospital Services	30% ¹		40% ¹	
Outpatient Services	30% ¹		40% ¹	
Emergency Room	30% ¹ (additional \$60 copayment if not admitted ²)		30% ¹ (additional \$60 copayment if not admitted ²)	
Urgent Care	30% ¹		30% ¹	
Ambulance (includes air)	30% ¹		30% ¹	
Maternity Services	Not Covered		Not Covered	
Outpatient Therapy Services	Not Covered		Not Covered	

BLUE ACCESS VALUE (CONTINUED)



	NETWORK YOU PAY	NON-NETWORK YOU PAY
Mental Health - Inpatient & Outpatient	30% ¹ Office visits 1 and 2, member pays \$30 copayment ^{2,3} The deductible does not apply to these office visits (copayment applies to office charge only). 30% for other covered services. Visits 3+ are not covered.	40% ¹ Office visits 1 and 2, member pays 40% coinsurance ³ The deductible does not apply to these office visits. 40% for other covered services. Visits 3+ are not covered.
Substance Abuse - Inpatient & Outpatient	30% ¹ Office visits 1 and 2, member pays \$30 copayment ^{2,3} The deductible does not apply to these office visits (copayment applies to office charge only). 30% for other covered services. Visits 3+ are not covered.	40% ¹ Office visits 1 and 2, member pays 40% coinsurance ³ The deductible does not apply to these office visits. 40% for other covered services. Visits 3+ are not covered.
Home Health Care <i>(Maximum visits per benefit period - 60 visits)</i>	30% ¹	40% ¹
Hospice	30% ¹	30% ¹
Durable Medical Equipment Prosthetic Devices <i>(\$4,000 maximum per benefit period)</i>	Not Covered 30% ¹	Not Covered 40% ¹
<i>The maximum listed above does not apply to Prosthetic limbs (artificial leg or arm). There is no limit on Prosthetic limbs (artificial leg or arm) or Orthotic Devices that are designed as a component of the prosthetic limb and are determined to be medically necessary. However, your policy's coinsurance and or deductible requirements are applicable.</i>		
Human Organ and Tissue Transplant Services	30% ¹	40% ¹ (coinsurance does not apply to out-of-pocket maximum)
Plan Lifetime Maximum	\$7,000,000 maximum per member for Network and Non-network services combined.	
Preexisting Waiting Period	12 months	12 months

¹ Services subject to calendar year deductible. Network and Non-network deductibles accumulate towards each other.

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

³ Physician office visits and mental health office visits are combined for a maximum of 2 visits per person, per calendar year. Subsequent office visits are not covered.

Information about our Network Providers.

PRESCRIPTION DRUG BENEFITS

NETWORK YOU PAY

Retail (30-day supply):

- Generic Formulary - \$10 per prescription²
- Brand-name Formulary - \$200 deductible per member, per calendar year, then \$25 copay per prescription.²
- Generic Non-formulary - \$10 per prescription²
- Brand-name Non-formulary - Not covered

Mail Service (90-day supply):

- Generic Formulary - \$20 per prescription²
- Brand-name Formulary - \$200 deductible per member, per calendar year, then \$50 copay per prescription.²
- Generic Non-formulary - Not covered
- Brand-name Non-formulary - Not covered

NOTE: Anthem pays \$500 maximum per person, per calendar year, for both retail and mail service combined.

Generic prescription drug benefits are not subject to deductible.

Specialty Drugs - Specialty Drugs are high cost, scientifically engineered drugs. They are usually injected or infused and require special storage and handling that make them difficult for a typical pharmacy to dispense. Specialty Drugs must be obtained through our Specialty Pharmacy network in order to receive network level benefits.

Mail order and prescription drug benefits administered by WellPoint NextRx.

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

This Blue Access Value Plan Benefits Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the contract or certificate of coverage. In the event of a conflict between the contract or certificate of coverage and this Blue Access Value Plan Benefits Guide, the terms of the contract or certificate of coverage will prevail.

NON-NETWORK YOU PAY

Retail (30-day supply):

- Generic Formulary - Not covered
- Brand-name Formulary - Not covered
- Generic Non-formulary - Not covered
- Brand-name Non-formulary - Not covered

Mail Service (90-day supply):

- Generic Formulary - Not covered
- Brand-name Formulary - Not covered
- Generic Non-formulary - Not covered
- Brand-name Non-formulary - Not covered

Using our network.

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

Notice of provider arrangements.

Your Participating Provider's agreement for providing covered services may include financial incentives or risk-sharing relationships which are based on utilization and quality of services. If you have any questions regarding such incentives or risk-sharing relationships, please contact Anthem or your provider.

Accessing Covered Services.

Some services, or supplies, such as prescription drugs, require your doctor to receive an authorization from Anthem that defines and/or limits the conditions under which the service, or supply, will be covered to help you avoid any unnecessary out-of-pocket expenses. Other services, such as organ transplants, require your physician to certify, and for us to approve the service as medically necessary and the appropriate setting. Neither process is a guarantee of coverage.

Non-network provider.

If you receive covered services from a non-network provider, you are responsible for the difference between the actual charge billed and the maximum allowable amount plus any deductible, copayments and non-covered charges.

And now – some really important legal information you should take the time to read.

Who can apply.

You can apply for Blue Access® Value coverage for yourself or with your family. You must be a resident of the state in which you are applying, a legal resident of the U.S. and not currently pregnant. Family health coverage includes you, your spouse or domestic partner and any dependent children. Children are covered to the end of the month in which they turn 25.

The following dependent children are eligible for coverage; no minimum support is required from you: Unmarried or married son or daughter; unmarried stepchild; unmarried child for whom you or your spouse is the legal guardian.

For the following dependent children to be eligible for coverage, you must provide at least 50% of their support: Married stepchild; married child for whom you or your spouse is the legal guardian, married or unmarried grandchild or other blood relative. Completion of an affidavit form will be required to add these children.

What's a preexisting condition?

Blue Access® Value covers preexisting conditions after you've been enrolled in the plan for 12 months. A preexisting condition is any medical or physical condition you had in the 12 months right before you enrolled. If you received medical advice, a diagnosis, care or treatment for the condition - or if it was recommended that you do so - that qualifies it as "preexisting".

Our appeal rights and confidentiality policy.

If we deny a claim or request for benefits completely or partially, we will notify you in writing. The notice will explain why we denied the claim/request and describe the appeals process. You can appeal decisions that deny or reduce benefits. We encourage you to file appeals right away when you first get an initial decision from us, but we require that you file within six months of getting one. You should send additional information that supports your appeal and state all the reasons why you feel the appeal request should be granted. We will review your appeal and let you know our decision in writing within 30 days of receiving your first appeal.

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

Please call customer service or check your contract or certificate of coverage for more information on our internal appeal and external review processes. Unless our notice of decision includes a different address, send requests for a review of appeal to:

**Anthem Blue Cross and Blue Shield
Appeals Coordinator
P.O. Box 33200
Louisville, KY 40232-3200**

If we uphold our decision throughout the appeals process, you can request a review by the Indiana Department of Insurance. In addition to the appeals processes we just described, Anthem has adopted a Confidentiality Policy in Indiana. This policy includes guidelines regarding the protection of confidential member information and a member's right to access and change information in Anthem's possession. The policy clearly points out when a member needs to sign a release before Anthem can disclose information to a member's provider, spouse or other family members.

We want you to be satisfied.

If you aren't satisfied with your Blue Access Value coverage, you can cancel it within 30 days after you receive your contract or certificate of coverage or have access to it online, whichever is earlier. If you haven't submitted any claims, you'll get a full refund of the premium you paid when coverage is cancelled within the first 30 days. You can view your contract or certificate of coverage online or receive a paper copy of it upon request as outlined in your initial membership letter.