



**May we assist you?**

Click here to have a Specialist call you.

**Call Me**



**CLICK HERE**  
for instant online quotes 

# Individual and Family Health Care Plans for California

## PPO Saver Plan

[anthem.com/ca](http://anthem.com/ca)

# PPO Saver Plan

These amounts show your share of costs after deductibles, if any



Benefit	In-Network	Out-of-Network
<b>Annual Deductible</b> (Combined for In-Network and Out-of-Network)	This plan features two separate medical deductibles: <b>\$500 per member for emergency and hospital inpatient/outpatient services; and \$5,000 per member for other covered services.</b> (Once 2 members each reach the deductibles, the deductibles are satisfied for the entire family.)	This plan features two separate medical deductibles: <b>\$500 per member for emergency and hospital inpatient/outpatient services; and \$5,000 per member for other covered services.</b> (Once 2 members each reach the deductibles, the deductibles are satisfied for the entire family.)
<b>Lifetime Maximum</b> (Combined for In-Network and Out-of-Network)	\$5,000,000 per member	\$5,000,000 per member
<b>Annual Out-of-Pocket Maximum<sup>1</sup></b> (Combined for In-Network and Out-of-Network)	Both the hospital and other services deductibles apply to satisfy a total of \$5,000 per member/2-member maximum	Both the hospital and other services deductibles apply to satisfy a total of \$5,000 per member/2-member maximum
<b>Doctors' Office Visits</b> (Number of office visits is combined for In-Network and Out-of-Network)	Children: 4 office visits per year at \$30 copay per visit; Adults: 2 office visits per year at \$30 copay per visit (deductible waived)	Children: 4 office visits per year; Adults: 2 office visits per year; 50% of negotiated fee plus all excess charges (deductible waived)
<b>Professional Services</b> (X-ray, lab, anesthesia, surgeon, etc.)	20% of negotiated fee for inpatient or surgical procedures only. You pay for other covered services until the out-of-pocket maximum is met, then plan pays 100% of negotiated fee.	50% of negotiated fee plus all excess charges for inpatient or surgical procedures only. You pay for other covered services until out-of-pocket maximum is met.
<b>Hospital Inpatient (Overnight Hospital Stays)</b>	20% of negotiated fee <sup>2</sup> after \$500 deductible	All charges except \$650 per day
<b>Hospital Outpatient (If You Don't Stay Overnight)</b>	20% of negotiated fee <sup>2</sup> after \$500 deductible	All charges except \$380 per day
<b>Emergency Room Services<sup>3</sup></b>	20% of negotiated fee after \$500 deductible	20% of customary and reasonable fees plus all excess charges
<b>Maternity</b>	<b>Not Covered</b>	<b>Not Covered</b>
<b>Preventive Care</b>	Routine mammogram, Pap and PSA tests <sup>4</sup> : 20% of negotiated fee (deductible waived) Well Baby and Well Child (through age 6): 50% of negotiated fee (deductible waived) HealthyCheck <sup>SM</sup> Centers <sup>5</sup> : \$25/\$75 copay for basic/premium screening (deductible waived)	Routine mammogram, Pap and PSA tests <sup>4</sup> : 50% of negotiated fee plus all excess charges (deductible waived) Well Baby and Well Child (through age 6): 50% of negotiated fee plus all excess charges (deductible waived)
<b>Ambulance</b>	20% of negotiated fee	50% of negotiated fee plus all charges in excess of negotiated fee and in excess of the plan's \$750 maximum payment per ground trip
<b>Chiropractic Services</b> (combined for In-Network and Out-of-Network)	20% of negotiated fee, up to 24 visits per year <sup>6</sup>	All charges except \$25 per visit, up to 24 visits per year <sup>6</sup>
<b>Acupuncture/Acupressure</b> (Combined for In-Network and Out-of-Network)	All charges except \$30 per visit, up to 24 visits per year	All charges except \$30 per visit, up to 24 visits per year
<b>Prescription Drugs (Blue Cross Formulary<sup>7</sup>)</b> Amounts shown are for each 30-day retail or in-network mail order supply	\$15 copay generic; Tier 1 \$35 copay brand-name <sup>8</sup> Tier 2 after \$500 brand-name prescription drug deductible (2-member maximum); 30% of negotiated fee for self-administered injectables, except insulin	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits; subject to the annual \$500 brand-name prescription drug deductible

<sup>1</sup> Excludes non-participating charges in excess of the Anthem Blue Cross negotiated fee and non-participating charges in excess of customary and reasonable fees for emergency care. Copays/coinsurance to participating and non-participating providers apply to out-of-pocket maximum except where specifically noted in the policy.

<sup>2</sup> Additional \$500 admission charge at participating hospitals (no additional charge for preferred participating) is for inpatient stays or outpatient surgery or infusion therapy. The charge is not required for ambulatory surgical centers or medical emergencies.

<sup>3</sup> Additional \$100 copay applies for each emergency room visit. Waived if admitted as inpatient.

<sup>4</sup> Tests ordered by a physician are covered, including appropriate screening for breast, cervical and ovarian cancer.

<sup>5</sup> One HealthyCheck visit at a HealthyCheck Center only allowed for each 12-month period. HealthyCheck applies only to adults and children age 7 and above.

<sup>6</sup> Visits to participating and non-participating providers combined. Additional visits may be authorized.

<sup>7</sup> Non-Formulary Drugs: You pay 50% for generic, 100% for brand-name up to the brand-name deductible, then either: 50% if no generic is available, or generic copay plus the difference between brand-name and available generic equivalent.

<sup>8</sup> If a member selects a brand-name drug when a generic equivalent drug is available, even if the physician writes a "dispense as written" or "do not substitute" prescription, the member will be responsible for the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.

# What the Medical Plan Does Not Cover

Please take a few moments to review the exclusions and limitations. We want you to understand what your coverage does not include before you enroll.

These listings are an overview only. The PPO Saver Policy booklet contains a comprehensive list of the plans' exclusions and limitations which you should review before you enroll. For a sample copy of the Policy booklet, ask your agent or contact Anthem Blue Cross Life and Health Insurance Company.

## Exclusions and Limitations

- Maternity or pregnancy care.
- Conditions covered by workers' compensation or similar law.
- Experimental or investigative services.
- Services provided by a local, state, federal or foreign government, unless you have to pay for them.
- Services or supplies not specifically listed as covered under the Policy.
- Services received before your effective date.
- Services received after coverage ends.
- Services you wouldn't have to pay for without insurance.
- Services from relatives.
- Any services received by Medicare benefits without payment of additional premium.
- Services or supplies that are not medically necessary.
- Routine physical exams, except for preventive care services (e.g., physical exams for insurance, employment, licenses or school are not covered).
- Any amounts in excess of the maximum amounts listed in the Policy.
- Sex changes.
- Cosmetic surgery.
- Services primarily for weight reduction except medically necessary treatment of morbid obesity.
- Dental care, dental implants or treatment to the teeth, except as specifically stated in the Policy.
- Hearing aids.
- Contraceptive drugs and/or certain contraceptive devices, except as specifically stated in the Policy.
- Infertility services.
- Private duty nursing.
- Eyeglasses or contact lenses, except as specifically stated in the Policy.
- Vision care including certain eye surgeries to replace glasses, except as specifically stated in the Policy.
- Mental and nervous disorders and substance abuse, except as specifically stated in the Policy.
- Certain orthopedic shoes or shoe inserts, except as specifically stated in the Policy.
- Services or supplies related to a preexisting condition.
- Outdoor treatment programs.
- Telephone or facsimile machine consultations.
- Educational services except as specifically provided or arranged by Anthem Blue Cross.
- Nutritional counseling.
- Food or dietary supplements, except for formulas and special food products to prevent complications of phenylketonuria (PKU).
- Care or treatment furnished in a non-contracting hospital, except as specifically stated in the Policy.
- Personal comfort items.
- Custodial care.
- Certain genetic testing.
- Outpatient speech therapy, except as specifically stated in the Policy.
- Any amounts in excess of maximums stated in the Policy.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting.
- Services or supplies supplied to any person not covered under the Agreement in connection with a surrogate pregnancy.

# Rights and Obligations

## No-Obligation Review Period

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

## Incurred Medical Care Ratio

As required by law, we are advising you that Anthem Blue Cross and its affiliated companies' incurred medical care ratio for 2008 was 83.38 percent. This ratio was calculated after provider discounts were applied.

# Enrollment Guidelines

## To enroll, you and/or your dependents must be:

- Age 64  $\frac{3}{4}$  or younger;
- A permanent legal resident of California;
- A U.S. resident for at least the last 3 months;
- The applicant's spouse or domestic partner, age 64  $\frac{3}{4}$  or younger;
- The applicant's children (under 19 years of age), or the children (under 19 years of age) of the applicant's enrolling spouse or qualified domestic partner;
- The applicant's unmarried dependent children between the ages of 19 through 22 ("dependent" as defined by the Internal Revenue Service)
- The applicant's child (of any age) who is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness or condition and is chiefly dependent upon the applicant for support and maintenance.

## Medical Underwriting Requirement

We believe that the cost of our plans should be consistent with a member's expected health care needs and risk factors. That's why Anthem Blue Cross offers various levels of coverage. To determine individual medical risk factors, all applications are subject to medical underwriting. Depending on the results of the underwriting review, a number of things may happen:

- You may be offered coverage at the standard premium charge, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plan listed in this brochure, or
- You may be offered an alternate plan

If you have a significant medical condition and do not qualify for the plans in this brochure, or if you have discontinued group coverage, please contact your Anthem Blue Cross representative for information regarding other Individual coverage options.

## Waiting Periods

There is a specific six-month waiting period for coverage of any condition, disease or ailment for which medical advice or treatment was recommended or received within six months preceding the effective date of coverage. If you apply for coverage within 63 days of terminating your membership with another "creditable" health care plan, then you can use your prior coverage for credit toward the six-month waiting period. Anthem Blue Cross will credit the time you were enrolled on the previous plan. Consult with your Anthem Blue Cross agent or representative if you have a question about the underwriting process.

**This brochure provides a brief summary of benefits and services.  
If there is any difference between this brochure and the Policy, the Policy will prevail.**