

## 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.

A **copayment** is a specific dollar amount of the maximum allowable amount for covered services which you pay. The copayment does not apply to any coinsurance that you are required to pay.

A **coinsurance level** is the percentage of money you have to pay out of your own pocket for covered services.

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 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 discussing with your doctor whether you can use medications from the Anthem formulary on our website at [anthem.com](http://anthem.com).

## Information about our Network Providers.

**Using our network.** To be eligible to receive benefits, you must use network providers. (Please refer to your provider directory, located on [anthem.com](http://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 entire charge, except for emergency care.

**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.

In most of Missouri: Anthem Blue Cross and Blue Shield is the trade name for RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. 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.

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](http://www.anthem.com/espanol).



### **Freedom to receive care without a referral.**

It's easy to receive care. While a primary care physician can be a valuable partner in coordinating care for you and your family members, selection of a primary care physician is optional and you do not need a referral to see Blue Preferred® HMO 90 network specialists.

To locate a provider near you, just go to [anthem.com](http://anthem.com) and select "Find a Doctor." Blue Preferred HMO 90 physicians will handle all pre-certification and managed care provisions for members.

### **Save on your prescription medications.**

Thanks to our 34 million members, our pharmacy benefits manager is able to negotiate significant discounts on prescription medications. When your doctor prescribes medications from our formulary—the technical name for the comprehensive list of prescription medications we cover—you save money. To check out Anthem's formulary, visit [anthem.com](http://anthem.com). Simply select **Visitors**, next select **Anthem Prescription Management**, followed by **Member Online Pharmacy Service**. Next, under **Forms and Documents**, select **More**, and finally, select **Download Anthem National Formulary**.

### **You'll have access to care throughout the United States.**

You can travel almost anywhere in the United States knowing that if you get sick or injured, help is available. Blue Preferred HMO 90 members have access to one of the largest provider networks in the United States – the BlueCard® Traditional network. This nationwide network is made up of hospitals and physicians that participate with Blue Cross and Blue Shield Plans across the country. BlueCard Traditional providers are located in every state.

### **Your membership is recognized across the United States.**

A special "suitcase" logo on your ID card will identify you as a BlueCard member. BlueCard providers can verify your eligibility and claims filing for you. You will pay the same copay you would if you received the care at home.

To locate a BlueCard provider outside the Anthem Blue Cross and Blue Shield Central Region\*, you simply call the toll-free BlueCard Access number on your ID card or visit the **BlueCard Hospital and Doctor Finder at [www.bcbs.com](http://www.bcbs.com)**. You should contact your HMO just as you would if you were at home. The HMO will provide a non-network referral and coordinate care with the out-of-area provider as appropriate.

### **You still have coverage when you are:**

- On the road and you or a family member needs urgent medical care before returning home.
- Away on business and require follow-up care for an ongoing medical condition. Members should schedule follow-up care before leaving town, by calling the BlueCard access number.
- Traveling for an extended time or an extended work assignment in another city. You may be eligible to apply for an Away From Home Care® guest membership in a local Blue Cross and Blue Shield HMO. A guest membership also covers spouses or dependent children who are away at school or temporarily living away from the family in another city.

\*NOTE: The Anthem Blue Cross and Blue Shield Central Region includes IN, OH, KY, MO and WI.

## You'll have lots of online support.

They say knowledge is power. And part of the power of successfully managing your health comes from having the right information. Which is exactly what we supply through MyAnthem<sup>SM</sup> at anthem.com. Through MyAnthem you can explore the latest medical technology, compare health care providers, research relevant health topics and learn ways to implement a healthy lifestyle.

**Healthcare Advisor<sup>SM</sup>**— helps you know what to expect when facing an illness, research treatment options, find the best hospital for your needs, prepare for surgery and determine hospitals that have met leading safety standards.

**Treatment Cost Advisor<sup>SM</sup>**— supplies costs for many common medical conditions and healthcare services; estimates for treatments adjusted to your age, gender and location; and comparisons of network and non-network costs.

**PharmaAdvisor<sup>®</sup>**— quickly identifies different drugs and how they work, their side effects, how they interact with other medications and questions you should ask your doctor about them. Also lets you compare the average wholesale prices of over 11,000 drugs.

**MyHealth@Anthem<sup>®</sup>**— keep fit with LEAP, find prevention information and track pregnancies and early childhood development, check your health risks and better manage chronic and acute conditions.

**SpecialOffers@Anthem<sup>SM</sup>**— saves you money on health-related products and services like health clubs, home fitness equipment, weight management programs, smoking cessation programs, prescription eyewear, laser vision correction, teeth whitening and veneers, acupuncture and massage therapy.

**Member Services**—you can find a doctor or hospital, order a new ID card, view your benefits, check the status of claims, change your address, see if your medication is on the Anthem formulary and more.

## It's easy to register for MyAnthem.

Just go to anthem.com, select the **Members** tab and appropriate state, then click on the **Enter** button. When the Member Welcome page comes up, click on the **Register** button and complete the registration form. These tools are available to all Anthem members and can play a key role in helping you manage your healthcare needs.

## Blue Preferred HMO 90 managed care provisions help to maximize your benefits. And they're virtually invisible when you use network providers!

Blue Preferred HMO 90 Individual makes managed care easy for you. You don't have to remember to call our Certification Center before you receive care. Blue Preferred HMO 90 network providers will call for you. Our managed care professionals work closely with physicians and other providers to coordinate your use of your healthcare benefits. You may have extensive medical needs and would benefit from additional services. If so, a registered nurse case manager will work with you and your healthcare provider to help coordinate your care. We will also give you educational information about your condition. If appropriate, the case manager may be able to extend your benefits through the individual case management program.

## Network providers will call us.

Your primary care physician or network specialist will call the Certification Center for precertification before providing certain types of care. They will call for recertification if your care needs to continue longer than originally certified.

## Individual case management.

Blue Preferred HMO 90 has programs to help our members better manage certain health conditions. Whether a short-term condition such as pregnancy or a long-term condition such as asthma, case managers work closely with patients, their family members and physicians to develop treatment plans and alternatives to inpatient hospital care, if appropriate. We'll provide members with information about their health condition and show them how they can work with their doctor to manage their condition. Participation in our individual case management program is voluntary.

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

### Who can apply.

You can apply for Blue Preferred HMO 90 coverage for yourself or with your family. Family health coverage includes you, your spouse and any dependent children. Children are covered to the end of the month in which they turn 25. You must be a resident of the service area in which you are applying.

### The Blue Preferred HMO 90 Plan covers preexisting conditions.

### What we do not cover.

Blue Preferred HMO 90 plans don't provide benefits for non-network coverage; private duty nursing; experimental or investigative treatment; dental and vision, except as spelled out in your contract; charges greater than the maximum allowable amount (charges exceeding the amount Anthem recognizes for services); care provided by a member of your family; treatment that's 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 or sterilization reversal; sex transformation surgery; custodial care; artificial and mechanical hearts; workers' compensation; and services we determine aren't medically necessary. These are some of the exclusions contained in the plans. Check your contract or certificate of coverage for a complete listing of benefits, exclusions and maximum payment levels. For more information on the grievance and external review rights, please review your contract or certificate of coverage.

### 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 remain dissatisfied with the response to the first review, you may submit any additional information, including written comments, records or documents that you want us to consider in a second level 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  
Grievance and Appeals  
P.O. Box 14882  
St. Louis, MO 63178-4882**

If we uphold our decision throughout the appeals process, you at any time can request a review by the Missouri Department of Insurance. In addition to the appeals processes we just described, Anthem has adopted a Confidentiality Policy in Missouri. 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 Preferred HMO 90 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.

This brochure is only a summary of Blue Preferred HMO's benefits. It isn't part of the contract or certificate of coverage. The contract or certificate of coverage you will receive if you're approved for coverage includes all the details of the plan. In the event of a conflict between the information in this brochure and your contract or certificate of coverage, the terms of your contract or certificate of coverage will prevail. Read your contract or certificate of coverage carefully. Anthem has the right to rescind, cancel, terminate or reform your coverage based on provisions described in the contract or certificate of coverage.