



**BLUE SHORT TERM<sup>SM</sup>**

**The affordable coverage  
you need. Just when  
you need it most.**

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensees of the Blue Cross and Blue Shield Association. © Anthem is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



PIN-215 Rev. 3/09

## **Anthem Blue Cross and Blue Shield: Making healthcare coverage easier.**

At Anthem Blue Cross and Blue Shield, we're doing everything we can to make all kinds of healthcare coverage available to all kinds of people.

A comprehensive range of reliable and affordable products is what you'd expect from Anthem Blue Cross and Blue Shield, a company millions of people have entrusted their healthcare coverage to for over 60 years.

Day in and day out, our most important goal is treating you the way you deserve to be treated. Fairly.

We look forward to making your experience with us pleasant and rewarding.

### **Who needs Short Term coverage?**

Recent college graduates, people between jobs, dependents, early retirees – anyone who needs temporary protection until they secure more permanent coverage. The Blue Short Term<sup>SM</sup> plan is designed to protect you for one to six months.

No matter how healthy you are or how well you take care of yourself, unexpected health issues can arise. You don't want to get caught without healthcare coverage. It's just not worth the risk.



## What's Covered?

Blue Short Term offers the same level of reliable healthcare coverage you'd expect from the company that's been protecting people for more than 60 years.

### Covered Services:

- Office visits
- Prescription drugs – up to \$500
- Diagnostic services (lab and x-ray)
- Inpatient hospital and outpatient services
- Emergency room and urgent care
- Ambulance - up to \$2,500
- Home healthcare – up to 40 visits
- Hospice
- Human organ and tissue transplant - up to \$1,000,000
- Durable medical equipment - plan pays 50% of covered services after deductible

Once your deductible has been reached, Blue Short Term plan pays 80% of covered services. You pay the remaining 20% until your total out-of-pocket expense for covered services is met. Once that limit is reached, the plan pays 100% for most covered services, up to the \$1 million maximum.

## Outline of Benefits

Deductible Single/Family	\$250 Single \$500 Family	\$500 Single \$1,000 Family	\$1,000 Single \$2,000 Family	\$2,500 Single \$5,000 Family
Out-of-Pocket Limit Single/Family Maximum	\$5,250 Single \$10,500 Family	\$5,500 Single \$11,000 Family	\$6,000 Single \$12,000 Family	\$7,500 Single \$15,000 Family
Covered Services Copayment	20%	20%	20%	20%
Rx	20% <sup>1</sup>	20% <sup>1</sup>	20% <sup>1</sup>	20% <sup>1</sup>
Office Visit	20%	20%	20%	20%
Lifetime Maximum	\$1 Million	\$1 Million	\$1 Million	\$1 Million

<sup>1</sup>Separate \$250 Rx deductible for prescription drugs. This does not go toward the out-of-pocket maximum. \$500 maximum per member per benefit period.

## Design the plan to fit your time frame and budget.

With Blue Short Term plan, you get choices. Decide for yourself what fits your needs. When do you want your coverage to start? How long will you need coverage – one, two, three, four, five, or six months? Select the deductible that's right for you, from as low as \$250 all the way up to \$2,500. And with that choice, you can influence what your coverage will cost.

### You even have a choice of payment options.

- Make your entire payment in advance by check or credit card.
- For a \$10 monthly administration fee, you can pay monthly in two different ways:
  - Pay the first month in advance by check/credit card, then be billed monthly and pay by check.
  - Pay the first month in advance by check, and allow monthly deductions from your bank account.

## Can I reapply for a short term plan?

If you still need temporary insurance when your first Blue Short Term plan expires and you are still able to answer “no” to the questions under Part E of the application, you may reapply as often as needed (within a maximum term of 360 days) by completing a new application and sending it in with the appropriate premium. After the 360-day limit, you must wait at least six (6) months before reapplying for another short term plan.

## Stretch your healthcare dollars.

With Blue Short Term, you can go to any doctor, specialist or hospital of your choice. Of course, this freedom comes with responsibility. If you seek care from a non-contracted provider, you may be responsible for submitting your own claims. However, providers who are contracted with us will normally submit claims on your behalf.

To find your doctor or local hospital, check our Directory of Network Providers at [anthem.com](http://anthem.com).

## 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 Visitor, enter your state, select Membership Features, and then select the Anthem National Drug List/Formulary.



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

### **Who can apply.**

You can apply for 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?**

Preexisting conditions are not covered under this plan. A preexisting condition is a condition for which medical advice, diagnosis, care or treatment was recommended or received during the 24 months right before you enrolled. Any condition that occurred in any earlier plan benefit period will be a preexisting condition under a subsequent plan benefit period.

### **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/ domestic partner or other family members.

## **We want you to be satisfied.**

If you aren't satisfied with your Blue Short Term coverage, you can cancel it within 10 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 10 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 Blue Short Term Brochure 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 Short Term Brochure, the terms of the contract or certificate of coverage will prevail.**

## Premium Worksheet

Use the premium worksheet to determine your total premium. For questions regarding premium calculation, contact your agent.

1. Applicant's Base Premium (the amount corresponding to your age, sex, and deductible from the table below)	\$
2. Spouse/Domestic Partner's Base Premium (if to be covered) (the amount corresponding to your spouse/domestic partner's age, sex, and deductible from the table below)	\$
3. Children's Base Premium (the amount corresponding to your number of children to be covered and deductible from the table at right)	\$
4. Subtotal (add lines 1 through 3)	\$
5. Area Factor (enter the area factor that corresponds with your county from the table at right)	X
6. Total Monthly Premium (multiply line 4 by line 5)	\$
7. Number of Months in Contract Term (enter 1, 2, 3, 4, 5 or 6)	X
8. Total Premium Due with Application (multiply line 6 by line 7)*	\$

For child(ren) only policies: Use the <30 adult premium corresponding to the child's gender and deductible. Then use the Dependent Children premium table for each additional child.

## Adult Monthly Rate\*

AGE	\$250 Deductible		\$500 Deductible		\$1,000 Deductible		\$2,500 Deductible	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
<30	\$96.16	\$125.25	\$77.73	\$101.25	\$62.04	\$80.81	\$42.81	\$57.76
30-34	\$119.40	\$160.74	\$96.52	\$129.94	\$77.03	\$103.70	\$53.15	\$71.55
35-39	\$143.53	\$186.99	\$116.03	\$151.16	\$92.60	\$120.64	\$63.89	\$83.24
40-44	\$174.04	\$216.98	\$140.69	\$175.40	\$112.29	\$139.98	\$77.48	\$96.59
45-49	\$214.49	\$250.33	\$173.39	\$202.36	\$138.38	\$161.50	\$95.48	\$111.44
50-54	\$274.28	\$294.51	\$221.72	\$238.07	\$176.96	\$190.00	\$122.10	\$131.10
55-59	\$367.42	\$360.33	\$297.02	\$291.28	\$237.05	\$232.47	\$163.56	\$160.40
60+	\$500.48	\$448.85	\$404.58	\$362.85	\$322.89	\$289.58	\$222.80	\$199.81

Rates are effective April 1, 2009.

\* Rates are for illustrative purposes only and subject to change. Some areas or age groups may have higher or lower rates. Actual rates are also based on underwriting classification. Refer to the plan for a complete list of coverage, conditions, restrictions, limitations and exclusions.

## Dependent Children Monthly Rate\*

NUMBER OF CHILDREN	Deductible			
	\$ 250	\$ 500	\$ 1,000	\$ 2,500
1 Child	\$82.85	\$66.98	\$53.45	\$36.88
2 Children	\$165.70	\$133.96	\$106.90	\$73.76
3 Children	\$248.55	\$200.94	\$160.35	\$110.64

Rates are effective April 1, 2009.

NOTE: If you need help with applying or obtaining a quote, please contact your agent.

Check the counties listed below. If your county is not included, you may need a brochure for a different area.

AREA FACTOR	COUNTY
0.850	Brown, Lawrence, Monroe, Orange, Owen
0.887	Dearborn, Franklin, Ohio, Ripley, Switzerland, Union
0.849	Bartholomew, Decatur, Jackson, Jennings
0.851	Elkhart, Fulton, Marshall, St. Joseph, Starke
0.915	Crawford, Daviess, Dubois, Gibson, Knox, Martin, Perry, Pike, Posey, Spencer, Vanderburgh, Warrick
0.832	Adams, Allen, DeKalb, Huntington, Kosciusko, Lagrange, Noble, Steuben, Wabash, Wells, Whitley
1.059	Jasper, LaPorte, Lake, Porter, Pulaski
0.950	Boone, Fayette, Hamilton, Hancock, Hendricks, Johnson, Madison, Marion, Montgomery, Morgan, Putnam, Rush, Shelby, Wayne
0.878	Cass, Howard, Miami, Tipton
0.895	Benton, Carroll, Clinton, Newton, Tippecanoe, White
0.745	Clark, Floyd, Harrison, Jefferson, Scott, Washington
0.856	Blackford, Delaware, Grant, Henry, Jay, Randolph
0.844	Clay, Fountain, Greene, Parke, Sullivan, Vermillion, Vigo, Warren

\* Rates are for illustrative purposes only and subject to change. Some areas or age groups may have higher or lower rates. Actual rates are also based on underwriting classification. Refer to the plan for a complete list of coverage, conditions, restrictions, limitations and exclusions.

