We’re here to help

5 things you can do right now:
1. See why you need coverage
2. Find out if your plan is grandfathered
3. Explore your health plan options
4. Understand how changes in health care affect you
5. Get answers to your questions

Thank you for trusting Anthem Blue Cross and Blue Shield for your health coverage. We’re here to protect you from the high cost of health care — and give you access to quality health care from quality doctors. But you can also count on us to help you make sense of the latest changes in health care.

Go to anthem.com and click on Health Care Reform for You
Or call us anytime at the number listed on your ID card

Shopping for a health care plan can be confusing. Let us help.

The content of this reference guide complies with applicable provisions of federal health care reform laws and is subject to change as we receive additional guidance and clarification from federal sector state agencies. This guide is not intended to provide compliance, tax or legal advice or to be relied upon for these purposes. Readers are advised to consult legal and tax experts to understand how the law will affect their individual or business circumstances.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc., independent licensee 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.

03400INMENABS
1. See why you need to keep coverage

Protection from the unexpected
You can be careful every day and still have an accident or get sick. Health insurance protects you from the big medical bills. In the U.S., health care costs an average of $7,681 per person each year and these costs are expected to rise through 2018.

Being healthy is easier
Preventive care services are covered at no cost to you when received from an in-network doctor. These services include annual checkups, flu shots, routine vaccinations, mammograms, screenings and more.

IN ONE YEAR:

Average cost of care

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-day hospital stay</td>
<td>$1,910&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
<tr>
<td>5-day hospital stay</td>
<td>$9,550&lt;sup&gt;5&lt;/sup&gt;</td>
</tr>
<tr>
<td>Broken leg (no surgery)</td>
<td>$2,500 or more&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
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<sup>1</sup> Getting the most for our health care dollar. AMA.
<sup>3</sup> The Unsustainable Cost of Health Care. Social Security Advisory Board.
<sup>4</sup> StateHealthFacts.org, The Henry J. Kaiser Family Foundation.
<sup>5</sup> National Hospital Discharge Survey, Centers for Disease Control and Prevention.

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Being healthy is easier
Preventive care services are covered at no cost to you when received from an in-network doctor. These services include annual checkups, flu shots, routine vaccinations, mammograms, screenings and more.

With all the changes in health care, we know this can be a confusing time. We’re here to help.

When 2014 comes, and you’re required by law to have health coverage, we can help you feel confident you’ve got a health coverage plan that’s right for you.

IN ONE YEAR:

1 OUT OF 8 people seeks medical attention for accident injuries.1

Average cost of care

- 1-day hospital stay: $1,9104
- 5-day hospital stay: $9,5505 (Physician, drugs and treatment costs not included)
- Broken leg (no surgery): $2,500 or more6
- Broken leg (with surgery): $17,000-35,0006

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2. Find out if your plan is grandfathered

Your plan is grandfathered ...
If you bought your plan before March 23, 2010, and you haven’t made certain changes since.

What should you do?
Great news! You don’t have to do a thing if you don’t want to. There are some advantages to staying in your grandfathered plan.

- Your current plan may offer more flexibility for your specific needs since it doesn’t have to meet certain new health care law standards.
- It may cost less than a new plan — note, costs can go up in the future.
- Once you leave a grandfathered plan, you can’t go back to it.

Your plan is non-grandfathered ...
If you bought it after March 23, 2010. If you’re not sure if your plan has changed since March 23, 2010, you can check with us.

If your plan is non-grandfathered, you must make one of these choices by 2014:

- Move to a new plan. To make things easy for you, we can automatically move you right into a new plan that includes the requirements of the new laws.
  — OR —
- Choose a different health plan if your needs have changed. We have lots of plans to choose from and we can help you find one to fit your needs.

3. Explore your health plan options
You can use the helpful tool below to get a better understanding of your coverage options under the new health care laws.

Start here

Do you currently have a health plan?

Yes

Did you buy your plan after March 23, 2010?

No

Your plan is grandfathered ...
you don’t have to do a thing. Or you could see if you qualify for financial help with a new health care plan.

Your plan is not grandfathered. Is your income between $11,490 - $45,960 (individual) or $23,550 - $94,200 (family of four)?*

Yes

You may qualify for financial help and you’re guaranteed coverage when you buy your new plan.

No

You’re guaranteed coverage when you buy your new plan.

Your plan is not grandfathered. Is your income between $11,490 - $45,960 (individual) or $23,550 - $94,200 (family of four)?*

Yes

You may qualify for financial help if you switch to a new plan.

No

You can move to a new plan that will comply with the new health care law.

— OR —

You can switch to a different plan if your needs have changed — your coverage is guaranteed.

To be eligible for subsidies, household income must be between 100% - 400% of the federal poverty level in 2012: $11,490 to $45,960 for an individual and $23,550 to $94,200 for a family of four. U.S. Department of Health & Human Services, http://aspe.hhs.gov/poverty/12poverty.shtml

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Is your income between $11,490 - $45,960 (individual) or $23,550 - $94,200 (family of four)?*

If your income is...

Yes

No

You may qualify for financial help and you’re guaranteed coverage when you buy your new plan.

You can switch to a different plan if your needs have changed – your coverage is guaranteed.

Your plan is grandfathered ...

You don’t have to do a thing. Or you could see if you qualify for financial help with a new health care plan.

Your plan is not grandfathered.

Is your income between $11,490 - 45,960 (individual) or $23,550 - $94,200 (family of four)?*

Your plan is...

No

Start Here

Yes

You have a health plan.

If you plan to buy your plan after March 23, 2010...

Yes

No

You can move to a new plan that will comply with the new health care law.

You can switch to a different plan if your needs have changed. Your coverage is guaranteed.

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Helpful terms to know

We’ve included these common health insurance terms for your convenience. Some of the meanings have changed with the new health care law.

**Premium**
The amount that must be paid for your health insurance or plan. You usually pay it monthly, quarterly or yearly.

**Primary Care Physician (PCP)**
A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

**Pre-existing condition**
A health condition or illness that you have had before your first day of coverage on a new plan. Starting in 2014, pre-existing conditions don’t matter because you can’t be turned down for coverage, regardless of your medical history or health status. Plus, plans can’t charge different rates because of health status or gender.

**Co-payment**
A fixed fee that you may pay out-of-pocket for each visit to a health care provider. For example, if your co-payment is $20, your plan won’t pay anything until you’ve met your deductible. The deductible may not apply to all services.

**Out-of-pocket limit**
The most you pay for in-network deductibles, co-insurance and co-payments during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit does not include your premium, balance-billed charges, out-of-network charges or health care your insurance or plan doesn’t cover. If you have a grandfathered plan (a plan purchased before March 23, 2010), the definition of out-of-pocket limit may be different and your certificate of coverage would have those details.

**Making sense of health care costs**

Here’s how every $1.00 you pay in premiums is spent:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.3%</td>
<td>Medical services</td>
</tr>
<tr>
<td>4.5%</td>
<td>Profit</td>
</tr>
<tr>
<td>3.4%</td>
<td>Taxes</td>
</tr>
<tr>
<td>9.8%</td>
<td>Business costs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.3 cents pays for services like doctor visits and prescription drugs.</td>
</tr>
<tr>
<td>3.4 cents pays for federal and state taxes on the premiums you pay us.</td>
</tr>
<tr>
<td>9.8 cents goes toward the costs to operate our business.</td>
</tr>
<tr>
<td>4.5 cents is left for our profit.</td>
</tr>
</tbody>
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4. How changes in health care affect you

You can still buy your health insurance directly from an insurer, like Anthem Blue Cross and Blue Shield. Or you can buy it on a new state or federal Health Insurance Marketplace.

**Changes you’ll like in 2014**
- Your coverage is guaranteed, regardless of your health.
- There are no lifetime dollar limits on covered services.
- You get preventive care at no additional cost.

**Financial help is available**
Starting in 2014, the federal government will help some Americans pay for part, or in some cases, all of their health insurance premium. That’s called a subsidy. To be eligible, you cannot have affordable coverage through an employer or qualify for coverage through Medicare or Medicaid, and your household income must be below 400% of the federal poverty level.

If you don’t get a health plan in 2014 ... You may have to pay a penalty, unless you qualify for an exemption. In 2014 the penalty is the greater of $95 per adult and $47.50 per child (up to $285 per family) or 1% of your annual income. By 2016, the penalty increases to the greater of $695 or 2.5% of income.

FINANCIAL HELP

<table>
<thead>
<tr>
<th>Year</th>
<th>If you don’t have a health care plan by:</th>
<th>You may pay this penalty:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>Greater of $95 or 1% of taxable income</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>Greater of $325 or 2% of taxable income</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>Greater of $695 or 2.5% of taxable income</td>
<td></td>
</tr>
<tr>
<td>2017 and beyond</td>
<td>Yearly adjustments</td>
<td></td>
</tr>
</tbody>
</table>

1Less than 400% of the federal poverty level as of 2012.
2Less than 250% of the federal poverty level as of 2012.
3Less than 400% of the federal poverty level as of 2012.
4Unless you qualify for an exemption.
5Federal poverty level is $94,200 family of four.
6Federal poverty level is $45,960 individual.
7Federal poverty level is $28,725 individual.
8Federal poverty level is $58,875 family of four.
9Federal poverty level is $325 individual.
10Federal poverty level is $1,500.

If you don’t have health insurance, you may qualify for financial help if your annual income is less than:

- $695 or 1% of taxable income.
- $95 or 0.5% of taxable income.
- $325 or 1% of taxable income.
- $525 or 2% of taxable income.
- $95 or 1% of taxable income.

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A fixed fee that you may pay out-of-pocket for each visit to a health care provider. For example, if your co-payment is $20, you pay $20 when you see your doctor — health care service you receive.

**Co-insurance**
This is the percentage of the cost of covered services that is shared by you and your insurance company after you've met your deductible. So if your co-insurance is 20%, your insurance company pays 80% of the cost of in-network care and you pay the remaining 20%. For example, if a doctor's office visit costs $100, your co-insurance payment would be $20.

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- **9.8 cents**
  - business costs
- **3.4 cents**
  - taxes
- **4.5 cents**
  - profit

- **8.8 cents**
  - goes toward the costs to operate our business.
- **3.4 cents**
  - pays for federal and state taxes on the premiums you pay us.

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**FINANCIAL HELP**
You may qualify for financial help if your annual income is less than:

- **$45,960** individual
- **$94,200** family of four

You may qualify for even more financial help if you buy a Silver plan on your state’s marketplace and your income is:

- **$28,725** individual
- **$58,875** family of four

By 2016, a couple with an annual household income of $60,000 could pay a penalty of $1,500 if they don’t have health insurance.

- **TAX PENALTIES**
- **If you don’t have a health care plan by:**
- **You may pay this penalty:**
  - **2014**
    - Greater of $95 or 1% of taxable income
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5. Get answers to your questions

Q: What’s a provider network?
A: It’s a group of doctors, hospitals and other medical providers that agree to accept lower rates for covered services of a health plan. You save money by choosing providers in your plan’s network.

Q: Can I keep my doctor or hospital group?
A: If your doctor is in your new plan network you can keep them. Find out if your doctor is still covered by visiting changemycoverage.com.

Q: How are bronze, silver, gold and platinum plans different?
A: You get basic benefits and preventive care with all of these plans. Your benefit coverage and costs go up with each level:

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<thead>
<tr>
<th>Plan</th>
<th>Rates</th>
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<th>Cost Share</th>
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<td>Lowest rates</td>
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<td>Average rates</td>
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*Based on a standard population, the plan pays this percentage of health care expenses.

Get answers (cont.)

Q: Do I have to meet my deductible before my benefits start?
A: It depends on the type of plan you choose. Preventive care benefits start as soon as you enroll. Some plans also cover a specific number of office visits before the deductible is met, only requiring a co-payment.

Q: What exactly is preventive care?
A: It’s the care that helps you stay healthy. You get it in every bronze, silver, gold and platinum plan — as well as many grandfathered plans — at no additional cost.¹

- Annual checkups
- Routine vaccinations
- Screenings, like cholesterol tests
- Flu shots
- Mammograms
- Vision exams for kids

Q: Can I get prescription drug benefits?
A: All health plans include some prescription drug coverage, but specific benefits vary. See if the plan covers medications you take regularly and review all types of medications covered.

Q: What if I want specific benefits like dental coverage that aren’t part of a medical plan?
A: As part of the new health care laws, dental and vision benefits for kids will be either included in your health plan or available as a separate policy. We also offer dental and vision plans for adults.

Helpful tools at your fingertips

These tools will make it easier to understand health care changes and how they may affect you. Check anthem.com for our latest tools to help guide you through the changes in health care.

- **Health Care Reform Hub**
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- **Step-by-Step Checklist**
  Use the checklist on the next page to get ready for changes in health care.

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☐ Review basic health insurance terms and their meanings. See page 6 of this guide.
   This will help you understand benefits and compare plans.

☐ See if you qualify for financial help for your health insurance costs.
   Start gathering basic information about your household income. If you qualify to get a
   break on costs, you’ll need income information to find out how much you’re eligible for.
   You can use our Subsidy Estimator starting in fall 2013.

☐ Decide if you want to add adult dental and vision coverage.

☐ Review your budget to figure out how much you can pay for a plan.

☐ Make a list of questions to ask before buying a plan, including:
   • Can I keep my current doctor?
   • Does the plan cover health coverage in another state or country when I’m traveling?
   • Does the plan work with a health savings account (HSA)?
   • How will the plan cover my pre-existing condition?

   Write your pre-existing condition(s) here: ____________________________________________

   • What kind of prescription drug coverage does it offer? Does it cover my prescriptions?

   Write any additional questions here:
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

☐ Know your options and watch for more information.
   Starting in October 2013, you can find out more about all the plans available to you.
   In the meantime, continue to visit anthem.com for more information.

Go to anthem.com and click on Health Care Reform for You

We’re here to help

Generations have depended on Anthem Blue Cross and Blue Shield to help them stay healthy and protect them from the high cost of health care. And we look forward to continuing to serve you now and in the future.

If you have questions or need help, simply call us anytime at the number listed on your ID card. Or visit anthem.com and click on Health Care Reform for You.
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Start gathering basic information about your household income. If you qualify to get a break on costs, you’ll need income information to find out how much you’re eligible for.
You can use our Subsidy Estimator starting in fall 2013.

☐ Decide if you want to add adult dental and vision coverage.

☐ Review your budget to figure out how much you can pay for a plan.

☐ Make a list of questions to ask before buying a plan, including:
  • Can I keep my current doctor?
  • Does the plan cover health coverage in another state or country when I’m traveling?
  • Does the plan work with a health savings account (HSA)?
  • How will the plan cover my pre-existing condition?
  Write your pre-existing condition(s) here:__________________________
  • What kind of prescription drug coverage does it offer? Does it cover my prescriptions?
  Write any additional questions here:
  ________________________________________________________________
  ________________________________________________________________
  ________________________________________________________________

☐ Know your options and watch for more information.
Starting in October 2013, you can find out more about all the plans available to you.
In the meantime, continue to visit anthem.com for more information.

We’re here to help

Generations have depended on Anthem Blue Cross and Blue Shield to help them stay healthy and protect them from the high cost of health care.
And we look forward to continuing to serve you now and in the future.

If you have questions or need help, simply call us anytime at the number listed on your ID card. Or visit anthem.com and click on Health Care Reform for You.
Shopping for a health care plan can be confusing. Let us help.

Thank you for trusting Anthem Blue Cross and Blue Shield for your health coverage. We’re here to protect you from the high cost of health care — and give you access to quality health care from quality doctors. But you can also count on us to help you make sense of the latest changes in health care.

Go to anthem.com and click on Health Care Reform for You
Or call us anytime at the number listed on your ID card

5 things you can do right now:
1. See why you need coverage
2. Find out if your plan is grandfathered
3. Explore your health plan options
4. Understand how changes in health care affect you
5. Get answers to your questions