



BLUE SHORT TERMSM

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

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Anthem Blue Cross and Blue Shield: Making health care coverage easier.

At Anthem Blue Cross and Blue Shield, we're doing everything we can to make all kinds of health care 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 health care 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 TermSM plan is designed to protect you for 30 to 180 days (and up to 360 days if you are eligible for another Short Term plan).

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 health care coverage. It's just not worth the risk.

Anthem 



What's Covered?

Blue Short Term offers the same level of reliable health care 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
- Home health care – up to 40 visits
- Hospice
- Human organ and tissue transplant
- Durable medical equipment - up to \$2,000
- Mammograms
- Lead poison testing

Once your deductible has been reached, Blue Short Term 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 \$2 million maximum.

Outline of Benefits

Deductible	\$250 individual/\$750 family \$500 individual/\$1,500 family \$1,000 individual/\$3,000 family \$2,500 individual/\$7,500 family \$5,000 individual/\$15,000 family
Out-of-Pocket Limit (including deductible)	\$5,250 individual/\$10,500 family \$5,500 individual/\$11,000 family \$6,000 individual/\$12,000 family \$7,500 individual/\$15,000 family \$10,000 individual/\$20,000 family
Covered Services Coinsurance	20%
Physician Office Visits	20%
Prescription Drugs	20% ¹ after a separate \$250 drug deductible
Plan Lifetime Maximum	\$2,000,000
Benefit Period	30 to 180 days

¹Drug coinsurance does not go towards out-of-pocket limit. \$500 drug maximum per member per benefit period.

Mail order and prescription drug benefits administered by WellPoint NextRx.

Design the plan to fit your time frame and budget.

With Blue Short Term, you get choices. Decide for yourself what fits your needs. When do you want your coverage to start? How long will you need coverage – 30, 78 days? Select the deductible that's right for you, from as low as \$250 all the way up to \$5,000. 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 health care 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](https://www.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](https://www.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.

Family health coverage includes you, your spouse or domestic partner and any dependent children. You must be under the age of 65, reside in the Missouri service area, be a legal resident of the U.S. and not currently pregnant. Children are covered to the end of the month in which they turn 25.

What's a preexisting condition?

Preexisting conditions are not covered under this plan. A preexisting condition is any condition that was diagnosed, treated or produced symptoms within the 24 months right before you enrolled that would have caused an ordinarily prudent person to seek medical diagnosis or treatment.

What we do not cover.

Blue Short Term plans don't provide benefits for services, supplies or charges having to do with preexisting conditions (see "What's a preexisting condition?"); preventive care (except mammograms and lead poison testing); physical therapy; occupational therapy; spinal manipulations; mental health services; substance abuse; 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; maternity care (except for complications of pregnancy); 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.

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 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 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.

Short Term Rates*

AGE	\$250 Deductible 20% Coinsurance		\$500 Deductible 20% Coinsurance		\$1,000 Deductible 20% Coinsurance		\$2,500 Deductible 20% Coinsurance		\$5,000 Deductible 20% Coinsurance		
	30 DAYS	DAILY RATE	30 DAYS	DAILY RATE	30 DAYS	DAILY RATE	30 DAYS	DAILY RATE	30 DAYS	DAILY RATE	
< 30	Male	\$ 67.96	\$ 2.27	\$ 54.94	\$ 1.83	\$ 43.85	\$ 1.46	\$ 30.25	\$ 1.01	\$ 25.43	\$ 0.85
	Female	\$ 88.53	\$ 2.95	\$ 71.57	\$ 2.39	\$ 57.12	\$ 1.90	\$ 39.41	\$ 1.31	\$ 33.13	\$ 1.10
30-34	Male	\$ 84.39	\$ 2.81	\$ 68.22	\$ 2.27	\$ 54.45	\$ 1.82	\$ 37.57	\$ 1.25	\$ 31.58	\$ 1.05
	Female	\$ 113.61	\$ 3.79	\$ 91.84	\$ 3.06	\$ 73.30	\$ 2.44	\$ 50.57	\$ 1.69	\$ 42.51	\$ 1.42
35-39	Male	\$ 101.44	\$ 3.38	\$ 82.01	\$ 2.73	\$ 65.45	\$ 2.18	\$ 45.16	\$ 1.51	\$ 37.96	\$ 1.27
	Female	\$ 132.17	\$ 4.41	\$ 106.84	\$ 3.56	\$ 85.27	\$ 2.84	\$ 58.84	\$ 1.96	\$ 49.46	\$ 1.65
40-44	Male	\$ 123.01	\$ 4.10	\$ 99.44	\$ 3.31	\$ 79.36	\$ 2.65	\$ 54.76	\$ 1.83	\$ 46.03	\$ 1.53
	Female	\$ 153.36	\$ 5.11	\$ 123.97	\$ 4.13	\$ 98.94	\$ 3.30	\$ 68.27	\$ 2.28	\$ 57.39	\$ 1.91
45-49	Male	\$ 151.60	\$ 5.05	\$ 122.55	\$ 4.09	\$ 97.81	\$ 3.26	\$ 67.49	\$ 2.25	\$ 56.73	\$ 1.89
	Female	\$ 176.93	\$ 5.90	\$ 143.03	\$ 4.77	\$ 114.15	\$ 3.81	\$ 78.76	\$ 2.63	\$ 66.21	\$ 2.21
50-54	Male	\$ 193.86	\$ 6.46	\$ 156.71	\$ 5.22	\$ 125.07	\$ 4.17	\$ 86.30	\$ 2.88	\$ 72.54	\$ 2.42
	Female	\$ 208.16	\$ 6.94	\$ 168.27	\$ 5.61	\$ 134.29	\$ 4.48	\$ 92.66	\$ 3.09	\$ 77.89	\$ 2.60
55-59	Male	\$ 259.69	\$ 8.66	\$ 209.93	\$ 7.00	\$ 167.54	\$ 5.58	\$ 115.61	\$ 3.85	\$ 97.18	\$ 3.24
	Female	\$ 254.68	\$ 8.49	\$ 205.88	\$ 6.86	\$ 164.31	\$ 5.48	\$ 113.37	\$ 3.78	\$ 95.30	\$ 3.18
60-64	Male	\$ 353.74	\$ 11.79	\$ 285.96	\$ 9.53	\$ 228.22	\$ 7.61	\$ 157.47	\$ 5.25	\$ 132.37	\$ 4.41
	Female	\$ 317.25	\$ 10.58	\$ 256.46	\$ 8.55	\$ 204.68	\$ 6.82	\$ 141.23	\$ 4.71	\$ 118.71	\$ 3.96
1 Dependent Child		\$ 58.56	\$ 1.95	\$ 47.34	\$ 1.58	\$ 37.78	\$ 1.26	\$ 26.07	\$ 0.87	\$ 21.91	\$ 0.73
2 Dependent Children		\$ 117.12	\$ 3.90	\$ 94.68	\$ 3.16	\$ 75.56	\$ 2.52	\$ 52.14	\$ 1.74	\$ 43.82	\$ 1.46
3+ Dependent Children		\$ 175.68	\$ 5.86	\$ 142.02	\$ 4.73	\$ 113.34	\$ 3.78	\$ 78.21	\$ 2.61	\$ 65.73	\$ 2.19

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.

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

How to Determine Your Rate

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

MISSOURI AREA FACTORS (SHORT TERM)

County	Area Factor
Audrain, Boone, Callaway, Camden, Camden, Chariton, Cole, Cooper, Gasconade, Howard, Maries, Miller, Moniteau, Montgomery, Morgan, Osage, Randolph	0.9738
Barton, Crawford, Jasper, Lawrence, Newton	0.9800
Adair, Clark, Franklin, Jefferson, Knox, Lewis, Lincoln, Linn, Macon, Marion, McDonald, Monroe, Pike, Putnam, Ralls, St. Charles, St. Louis City, St. Louis County, Schuyler, Scotland, Shelby, Sullivan, Warren, Wayne	1.0000
Barry, Cedar, Christian, Dade, Dallas, Dent, Douglas, Hickory, Howell, Laclede, Ozark, Phelps, Polk, Pulaski, Stone, Taney, Texas, Webster, Wright	1.0100
Bollinger, Butler, Cape Girardeau, Carter, Dunklin, Greene, Iron, Madison, Mississippi, New Madrid, Oregon, Pemiscot, Perry, Reynolds, Ripley, St. Francois, Ste. Genevieve, Scott, Shannon, Stoddard, Washington	1.0200

PREMIUM WORKSHEET

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

1. Applicant's Base Premium for the first 30 days (the amount corresponding to your age, sex, and deductible from the short term rate table)	\$
2. Daily rate for primary person times the additional days coverage desired beyond the first 30 day minimum.	\$
3. Spouse/Domestic Partner's Base Premium, if to be covered, (the amount corresponding to your spouse/domestic partners's age, sex, and deductible from the short term rate table)	\$
4. Daily rate for Spouse/Domestic Partner, if to be covered, times the additional days coverage desired beyond the first 30 day minimum.	\$
5. Child(ren)'s Base Premium if to be covered, (the amount corresponding to your number of children to be covered and deductible from the short term table)	\$
6. Daily rate for Child(ren), if to be covered, times the additional days coverage desired beyond the first 30 day minimum.	\$
7. Subtotal (add lines 1 through 6)	\$
8. Area Factor (enter the area factor that corresponds with your county from the table on previous page)	\$
9. Total Monthly Premium Due with Application (multiply line 7 by line 8)*	\$

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.

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