

HEALTH PLANS FOR COVERAGE ON YOUR OWN



Finally, an individual health plan that focuses on the important stuff... You!

Health plans for . . .

- Recent graduates
- Self-employed individuals
- Early retirees
- Individuals under age 65 without group coverage

What's Inside

Did you know that we've been committed to providing quality health care coverage for over 60 years? Experience, quality and commitment... that's a recipe for health benefits that can really work for you.

To begin learning about the health benefits available to you, just turn the page.

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Apply Now... It's Easy!

Apply today for health benefits you can count on.

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So, you're interested in an individual plan

Are you self-employed? A recent graduate? An early retiree? Or perhaps you work for a company without group coverage? Anthem Individual plans could be just what you're looking for.

Affordable rates. Excellent coverage.

Our Individual plans provide most of the bells and whistles you'll find in an employer-group plan, a choice of doctors, benefits for routine checkups and other preventive services, prescription drug coverage and much more but at a rate that's affordable.

No claims. No surprise bills. No hassles. No... really!

Our plans are easy to use. We've made special arrangements with participating providers so you won't have to hassle with claims forms. And because you know your copayments, coinsurance, and deductibles up-front, you won't be surprised by outstanding medical bills.

Sound good? Then what are you waiting for? Apply now!

Turn to the "How to Apply" section of this booklet for information on our easy application process.

- Completed paperwork must be received by the last day of the month to be considered for coverage beginning the following month (for example, by July 30 for an effective date of August 1).
- Incomplete paperwork could result in a delay of coverage, so make sure you've filled everything out.
- Your actual effective date will be confirmed by Anthem Blue Cross and Blue Shield.

Acceptance is based on a review of your completed health statement, so you might want to continue your other coverage until you receive official word from us of your acceptance.

Life happens. Why go another day without health insurance? Get a plan developed exclusively for individuals like you. To apply, contact your local insurance agent/producer today!

Questions?

If you have any questions, please contact your local insurance agent/producer at the number below. Our licensed producers are dedicated to serving you and your insurance needs and will be happy to assist you with a quote or with applying for the plan that's right for you and your family.

You can also call us at 1-800-382-4832.

**Life Happens.
Why go
another day
without health
insurance?**

Your Local Authorized Producer:

Benefits You Can Really Count On

We're totally committed to your good health. And throughout this booklet, we'll show you how. For example, with an Anthem Individual health plan you'll get:

1

Easy access to thousands of medical providers

You'll have a wide range of network physicians, hospitals and other health care providers to choose from when you receive covered medical services in New Hampshire.

2

"Just in case coverage . . ." for urgent and emergency care

Life happens, right? We've got you covered for serious and life-threatening situations –anywhere. Our relationships with other Blue Cross and Blue Shield plans means you'll have coverage for urgent health situations when and where they occur. It's peace of mind when you need it most.

An ounce of prevention (is worth a pound of cure)

We know you need preventive care to help you stay healthy. That's why we provide benefits for physical exams, health screenings, childhood immunizations, well-child care and routine gynecological visits. And our new Lumenos® plans offer 100% coverage for preventive care – no copays, no coinsurance necessary.

3

Any health insurance company can say it cares. How many can actually prove it?

Choosing the Right Health Plan is Easy

We make it as simple as 1, 2, 3:

Step One: Think carefully about your health care needs

Step Two: Consider your options

Step Three: Choose the Blue Direct or Lumenos plan that's right for you

How Blue DirectSM Plans Work

Each calendar year, you pay for your medical expenses as they arise (excluding prescription drugs and preventive care on some plans) until you meet the deductible you've selected (\$1,000, \$2,000 or \$5,000)

After that, your Blue Direct PPO plan begins paying a portion of your covered medical expenses, sharing the cost with you (i.e., your coinsurance). If you choose a plan with a copayment option, most of your cost sharing will be a predictable dollar amount.

Blue Direct is available in three deductible levels:

1. **Blue Direct \$1,000**
2. **Blue Direct \$2,000**
3. **Blue Direct \$5,000**

How Lumenos Plans Work

Lumenos consumer-driven health plans give you more control over your health care spending decisions, while helping you prepare for future medical expenses. There are three types of Lumenos plans:

1. **Lumenos Health Savings Account (HSA)**
2. **Lumenos Health Incentive Account (HIA)**
3. **Lumenos Health Incentive Account Plus (HIA Plus)**

While each of these types of accounts is different, they are also remarkably similar in that they provide a full range of consumer driven choices with these features:

- Account-based products that help you to make sound health care decisions based on the cost of medical services, while giving you convenient access to the care you need.
- Healthy Rewards incentives designed to reward your healthy behaviors with health account dollars (HIA and HIA Plus only).
- Preventive care coverage at 100% to support and encourage your healthy lifestyle.
- PPO network access and discounts that give you the most value for your health care dollar.
- The Health Toolkit, providing the online tools and resources you need to better plan for doctor visits by asking informed questions and participating in shared decision making with your physician.

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Automatic claim filing

When you use a network physician, hospital, pharmacy or other health provider, claims for your care will be submitted automatically to us. That means no paperwork for you to worry about.

Important Terminology

Even though we pay the majority of your health care expenses, the amount you pay depends on the plan you select and the deductible you choose. Your total out-of-pocket expenses include:

Deductible: The amount that you pay each calendar year for covered services before your health benefit plan begins paying for covered expenses. Choose a higher deductible and your monthly premiums will be lower. If you prefer, choose a lower deductible with higher monthly premiums.

Coinsurance: The percentage of covered expenses that you pay once you have met the deductible.

Copayment (copay): A fixed dollar amount you pay to the medical office when a covered service is provided.

Bridge amount: The amount you will be responsible for paying out of your pocket if you use up the funds in your Lumenos account for the year. Once you pay your bridge amount, your PPO coverage kicks in. (Applies only to Lumenos plans.)

Traditional PPO Plans – Blue DirectSM

Blue DirectSM is a preferred provider organization (PPO) plan. That means you can receive the highest level of benefits when you use any of the more than 4,500 physicians and other health care professionals in the Blue Direct network. You can also receive care from providers that are not part of the network, however your out-of-pocket costs will be greater.

Finding a doctor is easy at anthem.com

An online list of participating providers is available at anthem.com. You can search for a network provider by location, specialty – even languages spoken. The online directory is updated weekly.

No access to the Internet? No problem. Simply call your producer to see if your physician is part of the network.

Blue Direct (PPO) at-a-Glance

- No referral needed to see a specialist
- Extensive local and national provider network
- Coverage when away from home
- Benefits for care from non-network providers (higher out-of-pocket costs)
- No claim forms to submit when using network providers
- Coverage for a wide range of services, including:
 - Routine preventive care
 - Screenings and immunizations
 - Well-child care
 - Inpatient & outpatient care
 - Emergency care and urgent care
- Prescription drug coverage
- Access to discounts on health products & services through SpecialOffers@AnthemSM

Looking for choice from an extensive network of provider, with the freedom to use physicians outside the network?

Lumenos Consumer-Driven Health (CDH) Plans

What is CDH anyway?

Anthem's Lumenos consumer driven health plans (CDH) are the next generation of health coverage. Plan features are specially designed to improve and maintain your health and give you enhanced control over your health care dollars. We offer three Lumenos plans:

1. Lumenos Health Savings Account (HSA) at a glance

- You fund a health savings account by contributing pre-tax dollars, which are used for your qualified medical expenses.
- Account dollars can be used to pay for medical care and prescription drugs.
- If your HSA dollars are used before the deductible is met, you pay the remaining "bridge amount" out of pocket until the deductible is met.
- Unused HSA funds carry over from year to year and are portable.
- The HSA, provided through Mellon Bank, is integrated with your medical plan, giving you streamlined account set-up and service.
- The plan includes Blue Direct PPO coverage to cover expenses after the deductible is met.

How Lumenos HSA Works

Preventive care to maintain your health.

- You get 100% coverage for nationally recommended preventive care services with no deduction from your Health Savings Account and no out-of-pocket costs when you use network doctors.

Health Savings Account to pay for your medical care and prescriptions.

- Your contributions are tax deductible. Withdrawals are tax free when used for eligible medical expenses.
- The account balance earns interest. You can invest the funds to earn interest for future qualified medical expenses.
- Unused dollars roll over from year to year so your account can keep growing to help you meet future medical expenses.
- The money you spend from your Health Savings Account applies to your plan deductible, which must be satisfied before traditional Preferred Provider Organization (PPO) coverage begins.

Then, use a traditional PPO plan, if needed.

- If there is no money in your HSA, you pay any remaining deductible out-of-pocket. This payment is called the "bridge amount" because it bridges the HSA and traditional health coverage parts of the plan.
- Then, the PPO plan pays the majority of the costs for additional covered services. You're responsible for any applicable coinsurance.
- Once the out-of-pocket maximum is reached (which includes the plan deductible and any coinsurance), the plan pays 100% of covered expenses.

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2. Lumenos Health Incentive Account (HIA) at a glance

- An HIA is similar to a PPO plan, and has the added benefits of the Healthy Rewards financial incentives from Anthem.
- Incentives earned are used to pay for medical care and prescription drugs. And unused incentive funds roll over from year to year.
- After incentives dollars are used, the consumer pays the remaining “bridge amount” out of pocket until the deductible is met.
- Traditional Blue Direct PPO coverage applies once the deductible is met.

How Lumenos HIA Works

Preventive care to maintain your health.

- You get 100% coverage for nationally recommended preventive care services with no deduction from your health account and no out-of-pocket costs when you use network doctors.

Health Incentive Account to pay for your medical care and prescriptions.

- Earn Healthy Rewards into your account and use additional dollars to pay for covered health expenses. You can earn Healthy Rewards dollars by:
 - completing an online Health Assessment
 - graduating from a personal Health Coach program
 - completing our Smoking Cessation Program
 - completing our Weight Management Program
- Unused account dollars roll over from year to year. That way your account can keep growing to help meet future qualified medical expenses.
- The money you spend from your health account on covered expenses applies to your plan deductible, which must be satisfied before traditional coverage begins.

Then, use a traditional PPO plan, if needed.

- If there is no money in your health account, you pay any remaining deductible out-of-pocket. This payment is called the “bridge amount” because it bridges the health account and traditional health coverage components of the plan.
- Then, the Blue Direct PPO plan pays the majority of the costs for additional covered services. You are responsible for any applicable coinsurance.
- Once the out-of-pocket maximum is reached (which includes the plan deductible and any coinsurance), the plan pays 100% of covered expenses.

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3. Lumenos Health Incentive Account Plus (HIA Plus) at a glance

- You use dollars from a personal, Anthem-funded account to pay for medical care and prescriptions drugs.
- You can earn additional dollars for your account through Healthy Rewards incentives.
- Unused account funds roll over from year to year.
- If account dollars are used before the deductible is met, the consumer pays the remaining “bridge” out of pocket until the deductible is met.
- Traditional health coverage applies after the deductible is met.

How Lumenos HIA Plus Works

Preventive care to maintain your health.

- You get 100% coverage for nationally recommended preventive care services with no deduction from your health account and no out-of-pocket costs when you use network doctors.

Health Incentive Account to pay for your medical care and prescriptions.

- Use account dollars to pay for covered health expenses.
- Earn Healthy Rewards into your account and use additional dollars to pay for covered health expenses. You can earn Healthy Rewards dollars by:
 - completing an online Health Assessment
 - graduating from a personal Health Coach program
 - completing our Smoking Cessation Program
 - completing our Weight Management Program
- Unused account dollars roll over from year to year. That way your account can keep growing to help meet future qualified medical expenses.
- The money you spend from your health account on covered expenses applies to your plan deductible, which must be satisfied before traditional coverage begins.

Then, use a traditional PPO plan, if needed.

- If there is no money in your health account, you pay any remaining deductible out-of-pocket. This payment is called the “bridge amount” because it bridges the health account and traditional health coverage components of the plan.
- Then, the PPO plan pays the majority of the costs for additional covered services. You are responsible for any applicable coinsurance.
- Once the out-of-pocket maximum is reached (which includes the plan deductible and any coinsurance), the plan pays 100% of covered expenses.

**For information on
the PPO coverage
linked to the
Lumenos plans,
go to page 10**

Blue Direct Benefits Comparison

Traditional PPO Plans

SERVICES RECEIVED	Blue Direct \$1,000	Blue Direct \$2,000	Blue Direct \$5,000
Deductible (in-network)	\$1,000/member \$3,000/family	\$2,000/member \$6,000/family	\$5,000/member \$15,000/family
Deductible (out-of-network)	\$2,000/member \$6,000/family	\$3,000/member \$9,000/family	\$7,500/member \$22,500/family
Coinsurance (in-network)	20% to a max of \$3,000/member \$9,000/family	30% to a max of \$3,000/member \$9,000/family	20% to a max of \$1,000/member \$3,000/family
Coinsurance (out-of-network)	40% to a max of \$4,000/member \$12,000/family	50% to a max of \$4,000/member \$12,000/family	50% to a max of \$1,000/member \$3,000/family
Covered Services	In-Network You Pay	In-Network You Pay	In-Network You Pay
Preventive Care <i>Immunizations & Screenings Pap Smear, Mammogram, PSA Testing</i>	Covered at 100%	Covered at 100%	Covered at 100%
<i>Routine Physical Exams, Hearing and Vision Exams</i>	\$20 per visit	\$40 per visit	Deductible & Coinsurance
Other Outpatient Care <i>Medical Exams and Injections</i>	\$20 per visit	\$40 per visit	Deductible & Coinsurance
<i>Lab, X-ray, Ultrasound</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<i>CT & MRI scans</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<i>Physical, Occupational & Speech Therapy</i>	\$20 per visit	\$40 per visit	Deductible & Coinsurance
<i>Outpatient & Ambulatory Surgery</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Care <i>Semi-private Room & Board</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<i>Physician Services, Surgery, Anesthesia, Lab, X-ray, CT & MRI scans, supplies & medications, Physical, Occupational & Speech Therapy¹</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<i>Skilled Nursing & Physical Rehab Facility (Limited to 100 inpatient days per member/year for each facility)</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Services <i>ER Physician, CT & MRI scans, medical supplies, etc.</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<i>ER Charge</i>	\$100 per visit (waived if admitted)	\$100 per visit (waived if admitted)	Deductible & Coinsurance
Durable Medical Equipment <i>(Limited to \$3,000 per member/year)</i>	\$100 DME Deductible 30% Coinsurance	\$100 DME Deductible 30% Coinsurance	\$100 DME Deductible 30% Coinsurance
Mental Health & Substance Abuse² <i>Outpatient Visit</i>	\$20 per visit	\$40 per visit	Deductible & Coinsurance
<i>Inpatient Services</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs <i>\$100 Deductible per member per calendar year (Deductible does not apply to generic drugs.)</i>	\$10/\$25/\$40 copay	\$10/\$25/\$40 copay	\$10/\$25/\$40 copay
Prescription Drug Maximum³	\$2,000 max/member	\$2,000 max/member	\$2,000 max/member
Lifetime Maximum Benefit³	\$2 million/member	\$2 million/member	\$2 million/member

¹ Physical, occupational and speech therapy limited to \$3,000 per member/year

² Inpatient and outpatient services subject to combined \$3,000 per member/year and \$10,000 per member/lifetime maximums

³ Stated maximums are applicable to in-network and out-of-network combined

Lumenos® Benefits Comparison

Consumer-Driven Health (CDH) PPO Plans

SERVICES RECEIVED	Lumenos HSA	Lumenos HIA	Lumenos HIA Plus
Deductible (in and out-of-network)	\$1,250/member; \$2,500/family; \$2,500/member, \$5,000/family; \$5,000/member, \$10,000/family	\$1,500/member; \$3,000/family; or \$2,500/member, \$5,000/family	\$2,500/member; \$5,000/family <i>HIA Plus also offers an amount of \$200 (\$400 Family) placed in your account to use first for covered services</i>
Coinsurance (in-network)	No cost share after Deductible*	80% coinsurance	80% coinsurance
Coinsurance (out-of-network)	30% coinsurance**	40% coinsurance	30% coinsurance
Covered Services	In-Network You Pay	In-Network You Pay	In-Network You Pay
Preventive Care			
<i>Immunizations & Screenings Pap Smear, Mammogram, PSA Testing</i>	Covered at 100%	Covered at 100%	Covered at 100%
<i>Routine Physical Exams, Hearing and Vision Exams†</i>	Covered at 100%	Covered at 100%	Covered at 100%
Other Outpatient Care			
<i>Medical Exams and Injections</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<i>Lab, X-ray, Ultrasound</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<i>CT & MRI scans</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<i>Physical, Occupational & Speech Therapy</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<i>Outpatient & Ambulatory Surgery</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Inpatient Care			
<i>Semi-private Room & Board</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<i>Physician Services, Surgery, Anesthesia, Lab, X-ray, CT & MRI scans, supplies & medications, Physical, Occupational & Speech Therapy¹</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<i>Skilled Nursing & Physical Rehab Facility (Limited to 100 inpatient days per member/year for each facility)</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Emergency Room Services			
<i>ER Physician, CT & MRI scans, medical supplies, etc.</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<i>ER Charge</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Durable Medical Equipment <i>(Limited to \$3,000 per member/year)</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Mental Health & Substance Abuse²			
<i>Outpatient Visit</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
<i>Inpatient Services</i>	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Prescription Drugs (per calendar year)	\$2,000	\$2,000	\$2,000
Prescription Drug Maximum	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Lifetime Maximum Benefit	Unlimited (in-network); \$1,000,000 (out-of-network)	Unlimited (in-network); \$1,000,000 (out-of-network)	Unlimited (in-network); \$1,000,000 (out-of-network)

¹ Physical, occupational and speech therapy limited to \$3,000 per member/year

² Inpatient and outpatient services subject to combined \$3,000 per member/year and \$10,000 per member/lifetime maximums

*There is an 80% in-network coinsurance option for the \$2,500 deductible plan. With this option, you pay 20% coinsurance for covered services after the deductible.

**The 80% in-network coinsurance option for the \$2,500 deductible plan has an out-of-network coinsurance of 60%. With this option, you pay 40% coinsurance for covered services after the deductible.

† Under the Lumenos plans, Vision exams are not a covered service for members over 18 under.

A Prescription Drug Program to Help Keep Costs Down

If you enroll in a Blue Direct plan* (Traditional PPO), you'll automatically get prescription drug coverage under a three-tier program. This means you'll have three different copayment levels, depending on the type of medication you purchase.

Tier 1 (lowest level copayment)...\$10 for most generic medications Your prescription cost share will usually be lowest when you purchase a generic drug.

Tier 2 (mid-level copayment)...\$25 for medications on the Anthem Formulary Your copayment is higher than for drugs on Tier 1, but less than medications not on the Anthem Formulary (Tier 3).

Tier 3 (highest level copayment)...\$40 for medications not included on the Anthem Formulary You have coverage for non-formulary prescription drugs, but your out-of-pocket costs will be higher than for medications on the formulary.

- A \$100 deductible per member per calendar year is required for brand name drugs only (does not apply to generic drugs).
- A \$2,000 maximum per member is also applicable for these plans.

*Blue Direct plans include the Blue Direct \$1,000, Blue Direct \$2,000 and Blue Direct \$5,000.

If you enroll in a Lumenos plan, the cost of medications will be applied toward your plan deductible. There is no charge for prescription drugs once the deductible is met, and includes coverage for both generic and brand name drugs. After the deductible is met, a \$2,000 maximum per member is also applicable for these plans. At all times, you can always save money by:

- Using pharmacies in the Anthem network
- Using generic medications (when they are available)
- Using the online mail order pharmacy

Your prescription drug benefits are designed to help you control costs by encouraging use of safe, effective generic medications. Generic drugs contain the same active ingredients as brand name drugs and meet U.S. Food and Drug Administration rules for performance and quality.

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What is the Anthem Formulary?

An important way that we contribute to the overall quality of your health coverage is by maintaining a drug list called a formulary. This list is created and managed by a committee of practicing physicians and pharmacists. The committee meets periodically to review and update the formulary based on findings in pharmaceutical research and the medical community. You and your doctor can search the Anthem Formulary at anthem.com.

The pharmacy down the street is probably in the network.

As part of your prescription drug benefits, you'll have access to more than 50,000 chain and independent pharmacies across the country.

Don't feel like driving to the pharmacy? Use the Rx Mail Service

If you choose, you can purchase your prescription drugs through Rx Direct Mail Service. Prescriptions are filled promptly, checked for safety and accuracy by registered pharmacists and delivered to your home in confidential, secure packaging. Depending on your drug benefits and the particular medication prescribed by the doctor, you may be able to order up to a 90-day supply of your medication at a reduced copayment. You can quickly order refills by calling a toll-free number or at anthem.com.

Check out the drug interaction checker

By searching our national Preferred Drug List at anthem.com, you'll also be able to check your medication for interactions with other prescription drugs, over-the-counter medications, herbal supplements and even foods.

Important Eligibility Information

To be eligible for membership as a policyholder under Blue Direct and Lumenos, the applicant must:

1. Be a resident of New Hampshire;
2. Be under the age of 65 and not eligible for any publicly funded health plan including Medicaid, CHAMPUS/TRICARE or Medicare Part A;
3. Not be eligible for an Anthem employer-sponsored plan including retirement plans or group plans that cover spouses and dependents. The dependents of an employee covered under an Anthem employer sponsored plan are eligible for Anthem Blue Direct and Lumenos if the employer does not provide coverage to dependents or does not contribute towards their coverage;
4. Not have any other type of health insurance. If the applicant has other insurance coverage in-force, he or she must replace that coverage. Please refer to the Replacing Coverage section of this guide;
5. Agree to pay for the cost of premium that Anthem requires; and
6. Satisfy the following requirements to guarantee renewability:
 - a) Eligibility criteria continues to be met;
 - b) There are no fraudulent or material misrepresentations on the application;
 - c) Membership has not been terminated by Anthem under the terms of this policy.

If an individual is under 18 years of age and is covered either by his or her biological parents or guardians as defined by the State of New Hampshire, they are eligible for coverage provided they meet eligibility criteria specified in the Eligibility policy stated above. Anthem requires the parent/guardian to sign the applications as the applicant for the insured. Applicants under age 18 are eligible to apply, only requiring a parent or guardian signature on the application. Married couples and domestic partners that meet eligibility requirements may apply. Families with unmarried, dependent children under age 19 (under 25 if a full-time student) are eligible as well.

(Please note: For HSA-qualified health plans, note that while the health plan recognizes domestic partners, the IRS does not. Therefore, if you want to contribute to an HSA, you will need to enroll in two separate individual health plans.)

Those applying must complete a Health Statement and, if applicable, a Statement of Domestic Partnership. Acceptance into either plan is based on our review of your completed Health Statement, included in this book.

Limitations and exclusions

This is not a complete list of non-covered services. Please review your Subscriber Certificate (including any riders, endorsements or amendments) for a complete description of coverage, limitations and exclusions. The Subscriber Certificate will be mailed to you once you are a member. Anthem Blue Cross and Blue Shield's internal appeal process is also described in the Subscriber Certificate.

The following is a list of services that are not covered. Benefits are not available for:

- Any service that is not medically necessary
- Any service required by a third party (court ordered services are covered if all of the other terms of the plan are met)
- Artificial insemination, assisted reproductive technologies, and infertility drugs
- Biofeedback services
- Blood and blood products
- Care furnished by a family member

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- Claims for services received more than 12 months ago
- Chelating agents
- Chiropractic services
- Cosmetic surgery
- Custodial or convalescent care
- Disease or injury as a result of war, riot or civil disobedience
- Educational testing and therapy
- Experimental and/or investigational services
- Food or food supplements except as required by law
- Hospitalization or other services for conditions that are not covered
- Care required due to conditions or complications arising from non-covered services
- Human organ transplants other than those listed in the Subscriber Certificate as covered benefits
- Mental health services which do not usually result in favorable modification through short-term therapy
- Miscellaneous devices, materials, and supplies, including, but not limited to, breast pumps, routine hearing exams and hearing aids (except for children under 19), eyeglasses, contact lenses (except after cataract surgery), dentures and support devices for the feet and corrective shoes
- Permanent dental restoration, orthognathic and most oral surgery
- Personal comfort items
- Radial keratotomy or other surgery to correct vision
- Routine podiatry
- Sclerosing solutions
- Services covered by government programs to the extent permitted by law
- Services for work-related illness or injury that are covered by workers' compensation unless you have waived coverage in accordance with state law
- Sex changes
- Sterilization reversal
- Weight reduction management and control except diabetes education and nutritional counseling
- Wigs except as required by law

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Pre-existing conditions

There is an exclusion period for pre-existing conditions. A pre-existing condition means a condition, whether physical or mental, for which medical advice, diagnosis, care or treatment was recommended or received during the three months immediately preceding the effective date of coverage under your certificate. Examples of care or treatment include, but are not limited to health services such as: medication, office visits, tests, injections, therapies, hospitalization and use of medical equipment, supplies or devices.

No benefits are available for services that you receive in treatment of a pre-existing condition during the first nine months of coverage under your certificate. The nine-month exclusion period begin on your effective date and ends nine months after your effective date. Services that you receive after the nine-month exclusion period ends will be covered, subject to all of the terms and conditions of your certificate. Exception: If you were covered by a health plan before you enrolled in this plan, you may be entitled to receive proof of prior coverage from the prior plan. You should submit the proof to Anthem Blue Cross and Blue Shield with your enrollment form or with a request for prior coverage credit. Anthem Blue Cross and Blue Shield will credit any period of creditable coverage toward meeting the nine-month exclusion period described above. Coverage under most group health plans is creditable. Medicare, Medicaid and CHAMPUS are also examples of creditable coverage. Short-term, nonrenewable individual policies for medical, hospital or major medical coverage issued pursuant to RSA 415:5, III or other law are also considered creditable coverage. Certain coverage is not creditable, as defined in NH RSA 420-G and other applicable laws. Examples of non-creditable coverages are: Medicare supplemental policies, separate policies covering only accident, disability, liability, auto liability or workers' compensation plans, non-medical dental or vision benefits, long-term care policies or policies covering only specified diseases or illnesses. Please note that if you experienced a "break in coverage" equal to 63 or more consecutive days, the coverage you had before the break will not be credited. A "break in coverage" means a period of time when you were not covered under a public or private health insurance or health benefit plan (insured or self-insured) that is defined as "creditable coverage" under applicable laws, such as NH RSA 420-G.

Effective dates

Upon approval, the effective date of coverage will be the first day of the month following receipt of the completed application, health statement and initial premium, unless the applicant requests a future effective date.

Please note: Rates are guaranteed for 1 year from the effective date. The applicant may request a future effective date (first of the month) not to exceed 60 days from the normal effective date indicated above.

Renewal/termination of coverage

Membership will not be terminated solely due to medical risk factors such as health status, current or past medical conditions. We may not renew your coverage for the following reasons:

1. Nonpayment of required premiums
2. Fraud or intentional misrepresentation
3. Anthem Blue Cross and Blue Shield has notified the New Hampshire Insurance Department in accordance with all of the terms and conditions of NH RSA 420-G:6, VII, that it will cease to offer Blue Direct and Lumenos coverage in New Hampshire's Individual market.

Tools and Tips for Maximizing Your Benefits

Discover the Rewards of a Healthy Lifestyle

Sure, you meant to get started on regular workouts. But have you?

For most people, the answer is “no.” If that’s true for you, Anthem Rewards® can help you get moving.

Anthem Rewards is an easy-to-use online fitness and nutrition program at anthemrewards.com. It’s a fun way to stay active, eat right, boost your energy and feel better. And, staying motivated is easy as you earn points towards FREE gifts!

Staying Healthy is Easy, Fun and Rewarding

- **Easy.** You can earn:
 - 10 points each day you are active 30 or more minutes
 - 10 points each day for maintaining a personal nutrition log
 - 10 points each week for tracking your weight.
- **Fun.** Take the work out of workout. Earn points for fun activities like dancing, gardening, swimming and more.
- **Rewarding.** Redeem your points for FREE gifts at our online store. The more you earn, the better the rewards.



Online Tools to Tailor Your Program

Online tools make it easy to track your progress and tailor a program to fit your lifestyle.

- **Activity Log.** Let’s you track your progress and points daily.
- **Meal Plan.** Helps you plan healthy meals and snacks—even create a shopping list.
- **Nutrition Log.** Lets you monitor what you eat and your water intake.
- **Walking Programs.** Awesome Adventures let you take a virtual hike of the Appalachian Trail. Or enjoy a slower pace with Steps 2 Health.
- **Ask-the-Expert.** Got wellness questions? Our experts can help.
- **Diabetes Log.** Track glucose levels, medications, carbohydrates and more to help control your condition.

Let’s Get Started

It takes only minutes and a few simple steps to discover the rewards of a healthy lifestyle.

1. Logon to anthemrewards.com and click on **Register**.
2. Follow the easy registration steps.
3. Start earning points toward FREE gifts!

For complete program details and features, click on the Quick Glance link at anthemrewards.com.



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Discounts on Health Products & Services with SpecialOffers@AnthemSM

As an Anthem Blue Cross and Blue Shield member, you'll have access to SpecialOffers@Anthem, a program of special discounts on health-related products and services that help you stay healthy and fit.

- Laser vision correction
- Contact lenses and eyewear
- Fitness club memberships
- Allergy and asthma relief products
- Weight loss programs
- Vitamins and mineral supplements
- Acupuncture
- Baby care accessories and safety products
- Wellness books
- Massage therapy
- Health and beauty supplies
- Hearing aids and hearing products
- Medical ID bracelets
- Elder care products and services

For more information about SpecialOffers@Anthem, visit anthem.com.

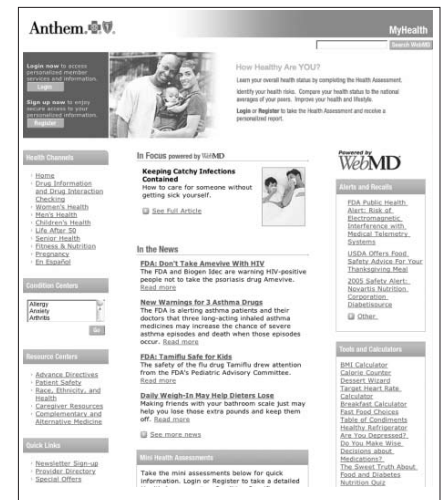
Improving Your Health

Our mission is to improve the health of the people we serve. We offer a series of health programs and services with something for everyone. Whether you need complex care to help you lead your life or already feel your healthiest, you can count on us to help you get well and be well.

Programs and services include:

- Education initiatives for people with chronic conditions such as:
 - Asthma
 - Cardiovascular disease
 - Depression
 - Diabetes
- Women's health and education programs
- Immunization and important health reminder programs
- Online MyHealth@Anthem[®] health information center (powered by WebMD[®])
- Preventive care benefits
- Proactive Care Management (for members coping with serious illness, injury or a chronic condition)

Our health management programs are voluntary and confidential. For more information, go to anthem.com and click on New Hampshire.



Online Tools at anthem.com

MyAnthem™ – available through anthem.com – is your personalized portal to the world of health and benefit information. You'll be able to take advantage of online services like:

- Searching the Online Provider Directory for network physicians
- Viewing coverage and benefit information
- Examining current and past claims
- Changing primary care physicians (if applicable)
- Requesting new ID cards
- Changing passwords
- Checking eligibility information for you and covered dependents
- Updating your email address
- Asking questions about your benefits

MyAnthem uses the latest encryption standards to protect your personal information.

Health Decision Support Tools

- Healthcare Advisor™ provides access to performance data about specific hospitals and guidance on treatment options.
- If you have prescription benefits through Anthem Blue Cross and Blue Shield, PharmaAdvisor™ helps you get easy-to-understand information about more than 11,000 drugs, including medication comparisons, side effects and interactions.
- Coverage Advisor™ helps you understand what health care services you might need and estimate the costs for those services.
- Treatment Cost Advisor™ lets you view estimated costs for specific services, tests, doctor visits and medications.

LifeAfter50 – This Web site, accessible through anthem.com, provides online information and tools tailored to the unique health and wellness needs of baby boomers and seniors.



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MyHealth@Anthem gives you the information you need – in both English and Spanish – to make smart decisions about how to better evaluate and manage your health benefits and services. You'll be able to:

- Better manage chronic and acute conditions – Condition Centers® provide useful information about more than 35 health conditions like asthma, diabetes and more.
- Build a safe, online health profile – Keep all your important medical information safe, sound and in one place. Use your secure online tools to make a personal, private health record.
- Check your health risk level – An easy-to-complete health assessment helps you understand your health risks and identify ways to lower them.
- Find prevention information for men and women – Health centers promote disease prevention and provide gender-specific health information and tools.
- Track pregnancies and early childhood development – Tools are available to let you monitor your pregnancy and the health of your children ages six and younger.
- Get information about health topics of interest to you – Use our secure message center to receive health news, drug alerts and tips based on your specific interests.
- Search a medical dictionary with more than 57,000 entries

Take Your Virtual Tour

Log on to our Web site to see all of the helpful health tools we offer.

anthem.com > [Members](#) > [New Hampshire](#).

Tips for Using Your Benefits

Know your benefits before receiving care.

And be ready to pay any copayment or coinsurance at the time you receive treatment.

Don't forget your health plan ID card(s).

Your member ID card contains all the important information the medical office staff will need to submit claims on your behalf.

Use network physicians, hospitals and other health professionals.

Because network providers accept our negotiated rates, you'll have lower out-of-pocket expenses. And most physicians' offices will submit claims on your behalf, saving you the hassle of paperwork. You can search for network providers at anthem.com.

We've come up with some tips and guidelines to help you squeeze the most out of your benefits and overall health care experience.

Use emergency services appropriately.

The emergency room is meant for an injury or illness that, in the judgment of a reasonable person, requires immediate treatment to avoid jeopardizing life or overall health.

Notify us of any change of address or coverage status.

This will help us to get important benefit information to you, when necessary.

Let us know about new family additions.

If your family grows due to a birth or adoption be sure to enroll your new daughter or son within 31 days for guaranteed acceptance. After 31 days, she or he will be subject to medical review. Call customer service to request a change form, or go online to anthem.com.

Let your children away at college know how to access covered benefits.

If your covered dependent children attend college out of state, they can still receive benefits through your health plan for urgent and emergency situations. (Additional benefits may also be available to them while away at school, depending of the health plan you choose.)

Get answers to your questions – toll-free or online.

Our goal is to make your health plan materials as simple and easy-to-understand as possible. But for those times when you need further explanation or have additional questions, just call the toll-free customer service number printed on your member ID card (sent to you after you enroll). Our dedicated service representatives are available with fast, accurate answers during normal business hours. You can also get many questions answered at the online member service section of anthem.com.

Enjoy peace of mind carrying health care's most recognized symbols.

We've been serving the people of New Hampshire for more than 60 years. No other insurer can match that stability... that commitment... that experience.

Know Your Rights and Responsibilities

You have the right to:

- Receive quality health care from your primary care provider in a timely manner and in a medically appropriate setting.
- Participate with your health care professionals and providers in making decisions about your health care.
- Select a participating primary care physician and change your selection at any time without the need for stating a reason.
- Receive all benefits for which you have coverage.
- Be treated with respect and recognition of your dignity and right to privacy, consistent with state and federal laws, and our policies.
- Receive information about our organization and services, our participating health care professionals and providers, and your rights and responsibilities.
- A candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- Make recommendations regarding the organization's members' rights and responsibilities policies.

New Hampshire members may voice complaints or appeals about our company, any decisions we (or our designated administrators) make, your coverage, or the quality of care provided.

You have the responsibility to:

- Understand your health problems and participate, along with your health care professionals and providers in developing mutually agreed upon treatment goals to the degree possible.
- Provide, to the extent possible, any information that we and/or our health care professionals and providers need so care can be provided to you.
- Follow the plans and instructions for care that you have agreed on with your health care professional and provider.
- Tell your health care professional and provider if you do not understand your treatment plan or what is expected of you.
- Refuse treatment and be informed by your health care professional and provider of the medical consequences.
- Know how and when to access care in routine, urgent and emergency situations.
- Follow all plan procedures.
- Let our Customer Service Department know if you have any changes to your name, address, or family members covered under your policy.
- Provide us with accurate and complete information needed to administer your benefit plan, including other health coverage and other insurance benefits you may have in addition to your coverage.

We are committed to providing quality service to our members and participating health care professionals. To further that goal, this Member Bill of Rights and Responsibilities will serve as an example of our commitment to you. Benefits and coverage for services provided under the benefit program are governed by the Subscriber Agreement and not by this statement.

If you are a New Hampshire member, contact:

State of New Hampshire
Insurance Department
21 South Fruit Street, Suite 14
Concord, NH 03301-2430
Phone: 1-800-852-3416

We promise to:

- Recognize and respect your needs
- Encourage your open discussions with all health care professionals and providers
- Help you become an informed health care consumer
- Assist you in receiving appropriate health care services
- Share our expectations of your responsibilities

And we stand by our promises.

HIPAA notice of privacy practices

We keep the health and financial information of our current and former members private as required by law, accreditation standards, and our rules. This notice explains your rights. It also explains our legal duties and privacy practices. We are required by federal law to give you this notice.

Your Protected Health Information

We may collect, use, and share your Protected Health Information (PHI) for the following reasons and others as allowed or required by law, including the HIPAA Privacy rule:

For Payment: We use and share PHI to manage your account or benefits; or to pay claims for health care you get through your plan. For example, we keep information about your premium and deductible payments. We may give information to a doctor's office to confirm your benefits.

For Health Care Operations: We use and share PHI for our health care operations. For example, we may use PHI to review the quality of care and services you get. We may also use PHI to provide you with case management or care coordination services for conditions like asthma, diabetes, or traumatic injury.

For Treatment Activities: We do not provide treatment. This is the role of a health care provider such as your doctor or a hospital. But, we may share PHI with your health care provider so that the provider may treat you.

To You: We must give you access to your own PHI. We may also contact you to let you know about treatment options or other health-related benefits and services. When you or your dependents reach a certain age, we may tell you about other products or programs for which you may be eligible. This may include individual coverage. We may also send you reminders about routine medical checkups and tests.

To Others: You may tell us in writing that it is OK for us to give your PHI to someone else for any reason. Also, if you are present, and tell us it is OK, we may give your PHI to a family member, friend or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are not present, if it is an emergency, or you are not able to tell us it is OK, we may give your PHI to a family member, friend or other person if sharing your PHI is in your best interest.

As Allowed or Required by Law: We may also share your PHI, as allowed by federal law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared for judicial or administrative proceedings, with public health authorities, for law enforcement reasons, and to coroners, funeral directors or medical examiners (about decedents). PHI can also be shared for certain reasons with organ donation groups, for research, and to avoid a serious threat to health or safety. It can be shared for special government functions, for workers' compensation, to respond to requests from the U.S. Department of Health and Human Services and to alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes. PHI can also be shared as required by law.

If you are enrolled with us through an employer sponsored group health plan, we may share PHI with your group health plan. We and/or your group health plan may share PHI with the sponsor of the plan. Plan sponsors that receive PHI are required by law to have controls in place to keep it from being used for reasons that are not proper.

Authorization: We will get an OK from you in writing before we use or share your PHI for any other purpose not stated in this notice. You may take away this OK at any time, in writing. We will then stop using your PHI for that purpose. But, if we have already used or shared your PHI based on your OK, we cannot undo any actions we took before you told us to stop.

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Your Rights

Under federal law, you have the right to:

- Send us a written request to see or get a copy of certain PHI or ask that we correct your PHI that you believe is missing or incorrect. If someone else (such as your doctor) gave us the PHI, we will let you know so you can ask them to correct it.
- Send us a written request to ask us not to use your PHI for treatment, payment or health care operations activities. We are not required to agree to these requests.
- Give us a verbal or written request to ask us to send your PHI using other means that are reasonable. Also let us know if you want us to send your PHI to an address other than your home if sending it to your home could place you in danger.
- Send us a written request to ask us for a list of certain disclosures of your PHI.

Call Customer Service at the phone number printed on your identification (ID) card to use any of these rights. They can give you the address to send the request. They can also give you any forms we have that may help you with this process.

How We Protect Information

We are dedicated to protecting your PHI. We set up a number of policies and practices to help make sure your PHI is kept secure.

We keep your oral, written, and electronic PHI safe using physical, electronic, and procedural means. These safeguards follow federal and state laws. Some of the ways we keep your PHI safe include offices that are kept secure, computers that need passwords, and locked storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. The policies limit access to PHI to only those employees who need the data to do their job. Employees are also required to wear ID badges to help keep people who do not belong, out of areas where sensitive data is kept. Also, where required by law, our affiliates and non-affiliates must protect the privacy of data we share in the normal course of business. They are not allowed to give PHI to others without your written OK, except as allowed by law.

Potential Impact of Other Applicable Laws

HIPAA (the federal privacy law) generally does not preempt, or override other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to provide you with more privacy protections, then we must also follow that law in addition to HIPAA.

Complaints

If you think we have not protected your privacy, you can file a complaint with us. You may also file a complaint with the Office for Civil Rights in the U.S. Department of Health and Human Services. We will not take action against you for filing a complaint.

Contact Information

Please call Customer Service at the phone number printed on your ID card. They can help you apply your rights, file a complaint, or talk with you about privacy issues.

Copies and Changes

You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you as well as any PHI we may get in the future. We are required by law to follow the privacy notice that is in effect at this time. We may tell you about any changes to our notice in a number of ways. We may tell you about the changes in a member newsletter or post them on our web site. We may also mail you a letter that tells you about any changes.

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State Notice Of Privacy Practices

As we told you in our HIPAA notice, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

Your Personal Information

- We may collect, use and share your non-public personal information (PI) as described in this notice. PI identifies a person and is often gathered in an insurance matter. PI could also be used to make judgments about your health, finances, character, habits, hobbies, reputation, career, and credit.
- We may collect PI about you from other persons or entities such as doctors, hospitals, or other carriers.
- We may share PI with persons or entities outside of our company without your OK in some cases.
- If we take part in an activity that would require us to give you a chance to opt-out, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity.
- You have the right to access and correct your PI.
- We take reasonable safety measures to protect the PI we have about you.

A more detailed state notice is available upon request. Please call the phone number printed on your ID card.

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

Apply Now... It's Easy!

Applying for Blue Direct and Lumenos couldn't be simpler. Your insurance agent/producer will help you complete the application and mail the completed forms to us on your behalf.

Applying Through the Mail

Step 1: Complete and return the Enrollment Application.

Step 2: Complete and return the Health Statement and any additional health questionnaires, if applicable. A Domestic Partner form is also included, if applicable. Please note that domestic partnership is not available for Lumenos applicants.

Completed paperwork must be received by the last day of the month to be considered for coverage beginning the following month (for example, by July 31 for an effective date of August 1). Incomplete paperwork could delay your coverage, so make sure you've filled everything out.

A few words about premium rates for Blue Direct and Lumenos plans:

- No deposit is required when you apply. If you are accepted, you'll be billed either the Preferred or Standard rate for your plan of choice.
- Preferred and standard rates are included in this packet to give you an idea of the costs of the plans.
- When estimating your monthly premium, select the preferred rate. If the preferred rate is not applicable but all eligibility requirements are met, Anthem Blue Cross and Blue Shield will offer you, or any member to be covered under this policy, a standard rate.
- If our underwriting department determines that you qualify for a standard rate, or if one or more of the individuals listed on the application do not meet the basic eligibility criteria, indicate how you would like us to proceed by completing section 8 of the application (i.e., the "Statement of Preferred/Standard Rate Acknowledgement").
- To determine the primary subscriber, use the youngest of either spouse
For example, if John is 40 years old and Mary is 30, she is considered the primary subscriber. Your monthly premium amount will be based on Mary's age so that you can have the lowest possible premium. If we receive your application with the older of the couple listed as the primary subscriber, we will automatically switch to make the younger person the primary (unless you specifically tell us not to).

Your insurance agent/producer should mail completed forms to:

Anthem Blue Cross and Blue Shield
3000 Goffs Falls Road
Manchester, NH 03111-0001

**What's easiest
for you?**

**Apply through the
mail or online at
anthem.com.**

Sign Up for Our Easy, NO Hassle Payment Option.

No matter which plan option you choose, we'll make it easy for you to make your monthly premium payments.

Through our Electronic Fund Transfer (EFT) program, we automatically withdraw funds from your bank account each month for the required premium amount. No check writing. No postage costs. No coverage lapse because you forgot to mail the payment. See... we said we made it easy.

Sound good? Then complete the billing section of the Enrollment Application. If applying online, sign up for EFT while completing the online application.

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Applying Online

Can't be bothered with paper forms? Then talk to your insurance agent/producer about applying online.

Don't worry... we're fanatical about protecting your privacy. That's why our secure Web site has technical safeguards to help protect your information and keep it confidential.

Application Process Questions?

Call your insurance agent/producer, or call us at 1-800-382-4832.

Easy payment option

We make it easy for you to make your premium payments. Let us know which option you prefer:

By Mail

If you choose this option, we'll send paper invoices in the mail on either a monthly or quarterly basis. You'll have 30 days to mail us a check.

By Automatic Withdrawal

Through our Electronic Fund Transfer (EFT) program, we'll automatically draw funds from your bank account each month for the required premium amount. No check writing. No postage costs. No need to be concerned about coverage lapsing because you forgot to mail the payment or slow mail service. To take advantage of EFT, complete the appropriate section of the enrollment application.



Anthem Individual Enrollment/Change Application

3000 Goffs Falls Road
Manchester, NH 03111-0001
www.anthem.com

New Enrollment : 1-800-382-4832
Current Members : 1-800-225-2666

To Be Completed By Producer	
Producer Name	_____
Vendor Code #	____ ____ ____ ____ ____
Producer Signature	_____
Producer Phone #	_____
For Office Use Only	
Effective Date	____/____/____
Firm Division No.	_____
U/W Rate Decision	_____

Remember to Complete All Sections of this Application

PLEASE USE BLACK OR BLUE INK ONLY

1. Applicant Information	Please check appropriate item:
	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change <input type="checkbox"/> Add/Remove Dependent

Effective Date _____ If Anthem approves my application, please assign an effective date of ____/____/____. The effective date must be no earlier than the signature date and no greater than 60 days from the receipt of this application. **NOTE: REQUESTING AN EFFECTIVE DATE DOES NOT GUARANTEE COVERAGE OR ENROLLMENT AS OF THE DATE REQUESTED. Effective date will ultimately be assigned by Anthem Blue Cross and Blue Shield and communicated to you.**

NAME (LAST/FIRST/MIDDLE INITIAL)		HOME ADDRESS (NUMBER AND STREET)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH MO. DAY YR.	SOCIAL SECURITY NUMBER	CITY/STATE/ZIP CODE
TELEPHONE NUMBERS HOME: _____ WORK: _____		BILLING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)	
EMAIL ADDRESS		CITY/STATE/ZIP CODE	

2. Membership Choice	CHOOSE ONE MEMBERSHIP TYPE:	<input type="checkbox"/> SINGLE	<input type="checkbox"/> TWO PERSON	<input type="checkbox"/> FAMILY	<input type="checkbox"/> PARENT/CHILD(REN)
NOTE: FOR DOMESTIC PARTNERS INCLUDE "STATEMENT OF DOMESTIC PARTNERSHIP"					

3. Plan Choice (Please select one deductible option. The Two Person/Family Deductibles are greater than the Individual Deductible. Blue Direct deductibles are for in-network. There are additional deductibles for out-of-network.)

Blue Direct (PPO)	OR	Anthem Lumenos Health Savings Account (H.S.A.)	Anthem Consumer-Driven Plan	Anthem Lumenos Health Incentive Account Plus (H.I.A.)	
<input type="checkbox"/> Blue Direct \$1,000/3,000		<input type="checkbox"/> \$1,250/\$2,500 deductible (100% In network)	For Health Savings Accounts, complete the following: <input type="checkbox"/> Yes, I would like to establish an H.S.A. with Anthem's banking partner. SSN required see Section 1. <input type="checkbox"/> No, I do not want to establish an H.S.A. with Anthem's banking partner.	<input type="checkbox"/> \$2,500/\$5,000 deductible (80% In network)	
<input type="checkbox"/> Blue Direct \$2,000/6,000		<input type="checkbox"/> \$2,500/\$5,000 deductible (100% In network)		\$200/\$400 Funding (Individual/Family)	<input type="checkbox"/> \$1,500/\$3,000 deductible (80% In network)
<input type="checkbox"/> Blue Direct \$5,000/15,000		<input type="checkbox"/> \$2,500/\$5,000 deductible (80% In network)		Anthem Lumenos Health Incentive Account (H.I.A.)	<input type="checkbox"/> \$2,500/\$5,000 deductible (80% In network)
		<input type="checkbox"/> \$5,000/\$10,000 deductible (100% In network)			

Would you like to add Maternity Coverage? Yes No

4. Dependent Information	Add	Delete	Social Security Number	Sex	Date of Birth (mm/dd/yy)	Relationship to Applicant	BELOW PLEASE INDICATE NAME OF ACCREDITED SCHOOL FOR FULL TIME STUDENTS (AGE 19-25)
Spouse			_____	<input type="checkbox"/> M <input type="checkbox"/> F			
Dependent 1			_____	<input type="checkbox"/> M <input type="checkbox"/> F			
Dependent 2			_____	<input type="checkbox"/> M <input type="checkbox"/> F			
Dependent 3			_____	<input type="checkbox"/> M <input type="checkbox"/> F			

5. Prior and Other Insurance Information — Please answer ALL of the following questions.

(1) Anthem Blue Cross and Blue Shield (Anthem) credits prior coverage toward the preexisting period of applicants who apply within 63 days after termination of qualifying prior coverage as required by law. In order to ensure that appropriate credit toward the preexisting period is obtained, please complete the following:

(a) Have you had coverage within 63 days of the date of application? Yes No
If yes, Name and address of Insurer _____
Policy Number _____ Name of insured _____ Date of Birth _____ Single Two Person Family

(b) Will medical coverage you are now electing replace another health insurance? Yes No
If yes, Name and address of Insurer _____
Group No. _____ Effective Date of Policy _____ End Date of Policy _____

(2) Are you or any of your dependents eligible for Medicare or Medicaid? Yes No

(3) (a) Are you or any family member on this application eligible for Anthem group coverage? Yes No
(b) If yes, does employer contribute towards premium of dependent coverage? Yes No

Please note: If you currently have coverage, do not cancel prior to your acceptance into our plan.

6. Billing Choice (Please Check One)	<input type="checkbox"/> Quarterly Paper Bill	<input type="checkbox"/> Electronic Fund Transfer - complete section 7 and attach a voided check or savings account deposit slip.
	<input type="checkbox"/> Monthly Paper Bill	

7. Electronic Fund Transfer Authorization (EFT) (Complete if you want your payments deducted directly from your checking or savings account.)

I hereby authorize Anthem to initiate a withdrawal (on or about the 5th business day of each month) from my bank account for payment of my premium. The bank account is with the bank named below, which is hereby authorized to withdraw this amount from my account each month.

BANK NAME	PHONE NUMBER
BANK ADDRESS	CITY/STATE/ZIP CODE
BANK INFORMATION: Routing #	Account #

TYPE OF ACCOUNT: (Check Only One) Checking Account (must attach voided check)
 Savings Account (must attach savings account deposit slip)

This authorization is to remain in effect until Anthem has received at least 30 days prior written notification from me of a termination date.

8. Statement Of Preferred / Standard Rate Acknowledgement

If preferred rates are not applicable but all eligibility requirements are met, Anthem will offer me, or any member to be covered under this policy a standard rate. If a standard rate is determined by underwriting, or if one or more of the individuals listed on my application do not meet the basic eligibility criteria, please indicate below how you would like us to proceed.

Please continue with the enrollment process, subject to rate classification and eligible applicants. I understand that a lower rate may be available from the state's high-risk pool. If a lower rate is available, my producer or a representative from Anthem will contact me to discuss my options. Upon acceptance of the standard rate, I understand that I will receive a premium invoice from Anthem for the additional amount due.

If Anthem's standard rate is lower than the state's high-risk pool, I authorize Anthem to proceed with my enrollment and forward my membership materials to me.

Before continuing the enrollment process, please contact me either through my producer or directly for authorization to continue at the standard rate.

Do not continue the enrollment process at the standard rate.

9. Statement Of Premium Payment Acknowledgement

I understand that coverage most often becomes effective for eligible members on the first day of the month after submission of enrollment forms, provided that the Enrollment and Change Form and Health Statement form are completed accurately and in full, signed, dated and received by Anthem by the last day of the month prior to the effective date (unless the applicant requests a future effective date).

I understand that the submission of my enrollment forms are not a guarantee of coverage. Anthem will make the final determination about eligibility and rate classification by reviewing the information I submit.

Anthem may request further information about eligibility. If Anthem determines that I am not eligible for membership, I will be notified of the finding, coverage will not become effective.

If Anthem requests further information about eligibility and/or health status, my effective date of coverage may be delayed until Anthem receives all of the information requested. I will be notified of the effective date and any changes in premium offerings that may have occurred during the period of delay. If I do not respond to Anthem's request for further information within 24 days, coverage will not become effective.

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND HEALTH INSURANCE

(Only applies if this is a replacement policy)

According to the information furnished by you, you intend to lapse or otherwise terminate your present policy and replace it with a policy to be issued by Anthem. For your own information and protection, certain facts should be pointed out to you, which could affect your rights to coverage under the new policy.

- (a) Health conditions which you may presently have, (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in a claim for benefits being denied or reduced under the new policy, whereas the same claim might have been payable under your present policy. Or, even though some of your present health conditions may be covered under the new policy, these conditions may be subject to certain waiting periods under the new policy before coverage is effective.
- (b) You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
- (c) If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, re-read it carefully to be certain that all information has been properly recorded.
- (d) Finally, before you terminate your present policy, be certain that your application for the new policy has been accepted by the replacing company.

Important: Please attach copies of any certification or other documentation of prior creditable coverage furnished by previous carriers or employers, if available. This will help us process your application.

I hereby authorize Anthem to institute the action indicated above. I understand that my Health Statement form is part of this application. To the best of my knowledge and belief, all of the information I provide is accurate and true. I will submit documentation of such to Anthem upon request. I understand that any significant misrepresentation or omission may cause Anthem to terminate or void my coverage, in accordance with New Hampshire law.

10. Applicant's Signature (If applicant is under 18, parent or guardian signature required.) _____	Date / /
Spouse's Signature _____	Date / /



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NEW HAMPSHIRE INDIVIDUAL MARKETS HEALTH STATEMENT

APPLICANT AND FAMILY INFORMATION

PLEASE USE BLACK OR BLUE INK ONLY

PART A
COMPLETE FOR ALL FAMILY MEMBERS APPLYING FOR COVERAGE:

FIRST NAME	INITIAL	LAST NAME	HEIGHT	WEIGHT	DATE OF BIRTH	SEX M/F
			APPLICANT	/	/ /	
			SPOUSE	/	/ /	
			/		/ /	
			/		/ /	
			/		/ /	
			/		/ /	

PART B YES NO
 HAS ANYONE HAD HEALTH OR LIFE INSURANCE MODIFIED, POSTPONED OR RATED?
 IF YES, PLEASE SUBMIT DETAILS _____

PART C Are you or any person to be insured – YES NO

1. currently disabled or unable to perform their normal activities?
2. been hospitalized, had surgery or been advised to have surgery within the past five years for any reason?
3. currently pregnant or an expectant parent?
4. currently taking any medication? If yes, please specify medication and condition for which it is used: _____
5. have any conditions or symptoms for which a physician or other medical care provider has not been consulted?
6. had medical expenses in excess of \$5,000 in the last 12 months?
7. been convicted of driving under the influence of drugs or alcohol within the last 36 months?
8. smoked or used tobacco products in the last 12 months?

PART D YES NO
 Have you or any person to be insured ever had or been told they had, or been medically counseled, consulted or treated for any of the following? (Check **yes** or **no** and **circle the disorder**)

1. Chest pain, heart attack, heart murmur, heart trouble, rapid, slow or irregular heart beat, other diseases of the heart, circulatory system or blood vessels, varicose veins, phlebitis, anemia or other disorder of the blood?
2. Cancer, tumor or lymph node enlargement? (Indicate type of cancer and location _____)
3. Sexually transmitted disease?
4. Mental, emotional, behavioral or nervous condition or disorder of any kind?
5. Brain disorder, neurologic problems, seizure disorder, any disorder of the central nervous system, stroke or paralysis?
6. Alcohol or drug use, abuse and/or dependency?
7. Medical diagnosis of AIDS (Acquired Immuno Deficiency Syndrome) or ARC (AIDS Related Complex)?
8. Any disorder of the male/female reproductive organs including infertility and complications of pregnancy?
9. Back, neck, bone, joint problems, Lupus, arthritis or autoimmune disorder?
10. Diabetes? If so, specify date of diagnosis, type of treatment, amount of medications (if any): _____
11. Any disorder of the stomach, intestines, gallbladder or esophagus?
12. Any disorder of the lungs or respiratory system or Tuberculosis?
13. Any disorder of the kidneys, bladder or urinary tract?
14. Any disorder of the liver or pancreas?
15. Any disorder of the endocrine system or glands?

PART E

Within the last two years, have you or any person to be insured ever had, been told they had, consulted or treated for any of the following:

- | | | | | | | | | |
|----------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| | YES | NO | | YES | NO | | YES | NO |
| 1. Asthma | <input type="checkbox"/> | <input type="checkbox"/> | 4. Ear problems | <input type="checkbox"/> | <input type="checkbox"/> | 7. Lyme Disease | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Bronchitis | <input type="checkbox"/> | <input type="checkbox"/> | 5. Eye problems | <input type="checkbox"/> | <input type="checkbox"/> | 8. Nose/Throat/Sinus problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Chiropractic Care | <input type="checkbox"/> | <input type="checkbox"/> | 6. Headaches/Migraines | <input type="checkbox"/> | <input type="checkbox"/> | 9. Skin problems/Allergies | <input type="checkbox"/> | <input type="checkbox"/> |

PART F Have you or any person to be insured –

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 1. had an examination or treatment for any illness or injury other than those stated above? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. engaged in or contemplated engaging in sports or hobbies such as racing, aviation, scuba diving, skydiving, etc.?
Specify who and what activities? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. currently have any claims open or under review through Worker's Compensation? | <input type="checkbox"/> | <input type="checkbox"/> |

GIVE DETAILS TO ALL QUESTIONS BELOW (Part G). Simply listing the name of a primary physician or referring to a physician's name will not be considered a substitute for listing fully detailed answers to the questions on this and the previous page.

**PART G
DETAILS TO HEALTH HISTORY**

GIVE DETAILS OF EACH ITEM CHECKED (✓) ON EACH PAGE IN A "YES" COLUMN OF PARTS B, C, D AND E. (If more space is needed, attach separate page which must be signed and dated.)							
Question Number	Person Affected	Condition/ Diagnosis	Treatment (Surgeries/Medications)	Treatment Dates		Date of Full Recovery Or Last Treatment Date	Name, Address, Phone Number of Physician, Hospital/Institution
				From	To		

To the best of my knowledge and belief, all of the information I provide is accurate and true. I understand that any significant misrepresentation or omission may cause Anthem Blue Cross and Blue Shield to change my premium rate retroactive to my effective date or to terminate or void my coverage, in accordance with New Hampshire law.

Date _____ Applicant's Signature _____
(If applicant is under 18, parent or guardian signature required.)

Date _____ Spouse's Signature _____

DOMESTIC PARTNER AFFIDAVIT



(Fill out Completely)

Subscriber's name _____

Subscriber's social security number _____

Date _____

As a condition of membership for Domestic Partners and their eligible children, the following completed affidavit is required at the time of enrollment. This affidavit must be notarized and submitted to Anthem Blue Cross Blue Shield (Anthem BCBS) with your completed enrollment form. The information in this affidavit will not be used or released for any purpose other than to establish eligibility and availability of Benefits or as required by law, unless Anthem BCBS has your expressed written consent for other use or release. By signing and submitting this affidavit, each party agrees to the terms of the affidavit and to the terms and conditions of coverage under the Subscriber Certificate, including the Domestic Partners Rider.

We, _____ and _____
Applicant (print) *Domestic Partner (print)*

certify under penalty of perjury, that each and every statement contained in this affidavit is true and correct to the best of our knowledge. We agree to all of the terms of this affidavit and declare the following:

I. Declaration of Fact:

- A.** We are adults and neither of us is legally married. We have resided together in the same legal residence for at least 12 consecutive months as each other's sole domestic partner. We live in a committed, mutually monogamous, nonplatonic family-type relationship and intend to remain so indefinitely.
- B.** It has been at least 12 months since either of us has filed a Statement of Termination naming the other as a party or naming another partner.
- C.** It has been at least 12 months since either of us has been a party to a divorce or annulment proceeding.
- D.** Neither of us is the policy holder in a health benefits plan which covers a spouse, ex-spouse or former domestic partner as a dependent. Neither of us is a dependent on any other person's health plan policy.
- E.** We are at least 18 years of age and mentally competent to enter into contracts and are each jointly responsible for the common welfare and financial obligations of the other.
- F.** We are not related by blood closer than would preclude lawful marriage in the state where we are legal residents.
- G.** The Subscriber's enrollment form is complete and contains all of the information required by Anthem BCBS regarding the identity and residence of eligible persons and contains information about any other health insurance coverage available to the Subscriber, Domestic Partner and any eligible children covered under the Subscriber's policy, including children of the Domestic Partner.

II. Change in Domestic Partnership:

- A.** Each of us agrees to notify Anthem BCBS of any changes to our domestic partnership, as attested to in the declarations above. For example, if one partner changes residence or if we are no longer each other's sole domestic partner, we will notify Anthem BCBS. Notice will be in the form of a Statement of Termination, which will be completed in full and will include the names of any children effected by the change. The Statement of Termination will be filed with Anthem BCBS within 30 days of the change. Coverage for the Domestic Partner and any effected children will end on a date as determined by Anthem BCBS.
- B.** Both partners agree that if either executes a Statement of Termination, he or she will mail a copy of the Statement of Termination to the last known address of the other (unless the other party is deceased).
- C.** Both partners agree that a subsequent Domestic Partner Affidavit cannot be filed until 12 months after any Statement of Termination is received by Anthem BCBS. The 12 month period will be waived only if another Domestic Partner Affidavit is filed for the same domestic partners within 31 days following the date that the Statement of Termination is received by Anthem BCBS.

By signing this Affidavit, we agree that Anthem BCBS has full recovery rights if it is determined that any statement is false or misleading. Anthem BCBS's recovery rights are described in Section 10 of the Subscriber Certificate. We also agree that if any statement is determined to be false or misleading, or if we fail to notify Anthem BCBS of changes effecting eligibility, our health coverage may be terminated on a date as determined by Anthem BCBS.

X _____

applicant's signature

date

applicant's address

X _____

Domestic Partner's signature

date

Domestic Partner's address

STATE OF _____

COUNTY OF _____

on this _____ day of _____ in the year _____ before me personally appeared herein and who executed the foregoing, and swore to its truth.

Before me, _____

Notary Public Signature and Commission Exp. Date

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