

Century Preferred Direct (PPO)

Outline of Coverage – Major Medical Expense

Underwritten by Anthem Blue Cross and Blue Shield Insurance
370 Bassett Road, North Haven Connecticut 06473

This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. Upon enrollment, it is therefore important that you READ YOUR POLICY CAREFULLY.

Major Medical Expense Coverage – Policies of this category are designed to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care, subject to any deductibles, copayment provisions, or other limitations which may be set forth in the policy.

A Brief Description of Benefits

Covered Service	In-Network Services (*Out-of-Network Services)				
Individual Deductible	\$250	\$1,500	\$3,000	\$5,000	\$10,000
Family Deductible	\$500	\$3,000	\$6,000	\$10,000	\$20,000
Member In-Network Coinsurance (Member Out-of-Network Coinsurance)	20% (40%)	N/A or 20% (20% or 40%)	N/A (40%)	N/A (20%)	N/A (20%)
Member Cost-Share Maximum					
<i>Individual</i>	\$1,500	\$1,500 or \$4,000 (\$3,000 or \$8,000)	\$3,000 (\$6,000)	\$5,000 (\$10,000)	\$10,000 (\$15,000)
<i>Family</i>	\$3,000	\$3,000 or \$8,000 (\$6,000 or \$16,000)	\$6,000 (\$12,000)	\$10,000 (\$20,000)	\$20,000 (\$30,000)
Lifetime Maximum	Unlimited				
Hospital Services					
All Inpatient Admissions	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)				
Specialty Hospital <i>60 days per Member per Calendar Year (for other than Mental Health and Substance Abuse services only)</i>	Same as Hospital Inpatient Cost-Share (Deductible and Out-of-Network Coinsurance)				
Outpatient Surgery <i>In a licensed ambulatory surgical center (including colonoscopy)</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)				
Skilled Nursing Facility <i>up to 120 days per Calendar Year</i>	Same as Hospital Inpatient Cost Share (Deductible and Out-of-Network Coinsurance)				
Mental Health and Substance Abuse Services					
Outpatient Treatment for Mental Health Care and Substance Abuse Care	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)				
Inpatient Hospital Services <i>In a Hospital or Residential Treatment Center for Mental Health Care</i>	Same as Hospital Inpatient Cost Share (Deductible and Out-of-Network Coinsurance)				

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Covered Service	In-Network Services (*Out-of-Network Services)
Miscellaneous Hospital Services	
Emergency Room Treatment	Deductible and In-Network Coinsurance (Paid as an In-Network Service)
Urgent Care Services	Deductible and In-Network Coinsurance (Paid as an In-Network Service)
Surgical Services	
Outpatient surgery <i>In a licensed ambulatory surgical center (including colonoscopy)</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Medical Office Visit	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Anesthesia Services	
Anesthesia, anesthesia supplies and services <i>(In-hospital service)</i>	Included in Hospital Services (Included in Hospital Services)
Out-of-Hospital Care	
Preventive Care: <i>Covers all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.</i>	\$0, not subject to deductible In-Network (Deductible and Out-of-Network Coinsurance)
Other Benefits	
Hearing Exams <i>1 hearing exam every 2 Calendar Years</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Diagnostic Services <i>Including; MRI, MRA, CAT, CTA, PET and SPECT scans</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Infertility Services	
<i>Office Visit</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
<i>Outpatient Hospital</i>	
<i>Inpatient Hospital</i>	
<i>Infertility drugs (with infertility diagnosis). Maximum drug supply for which benefits will be provided when dispensed under any one prescription is a 30 day supply or 100 unit dose, whichever is greater.</i>	Deductible and Out-of-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Outpatient Rehabilitation Services <i>Restorative physical, occupational, speech therapy (max. combined 30 visits per calendar year) Chiropractic therapy (maximum 20 visits per calendar year)</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Other Therapy Services <i>outpatient cardiac rehabilitation therapy for up to 36 visits per cardiac episode</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Radiation Therapy <i>Chemotherapy for the treatment of cancer</i> <i>Electroshock Therapy</i> <i>Kidney Dialysis in a Hospital or free-standing dialysis center</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Allergy Testing and Treatment <i>Allergy visits/testing</i> <i>Immunotherapy or other therapy treatments to a max. of 80 visits per 3 Calendar Year Period</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Ambulance Services <i>Maximum for land: Paid according to the Department of Public Health Ambulance Service Rate Schedule</i> <i>Maximum for air: Paid according to the Department of Public Health Air Ambulance Service Rate Schedule</i>	Deductible and In-Network Coinsurance (Paid as an In-Network Service)
Human Organ and Tissue Transplant Services	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Home Health Care <i>Nursing and therapeutic services and home health aide services</i>	No cost share (\$50 deductible and 20% coinsurance)

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Covered Service**In-Network Services (*Out-of-Network Services)****Infusion Therapy**Deductible and In-Network Coinsurance
(Deductible and Out-of-Network Coinsurance)**Durable Medical Equipment***Hearing Aid Coverage available for dependent children age 12 years and under with a maximum of one within a 2 year period.**Diabetic equipment, Drugs and supplies purchased at a Durable Medical Equipment supplier*Deductible and In-Network Coinsurance
(Deductible and Out-of-Network Coinsurance)**Diabetic Equipment***Drugs and supplies purchased at a Pharmacy that is not a Durable Medical Equipment supplier*Not Applicable
(Deductible and Out-of-Network Coinsurance)**Private Duty Nursing***Limited to \$15,000 per calendar year*Not Applicable
(Deductible and Out-of-Network Coinsurance)**Ostomy Related Services**Deductible and In-Network Coinsurance
(Deductible and Out-of-Network Coinsurance)**Hospice Care (inpatient)***60 days per Calendar Year.*Deductible and In-Network Coinsurance
(Deductible and Out-of-Network Coinsurance)**Wig***Up to \$350 max. per member per calendar year*

No cost share

Specialized FormulaDeductible and In-Network Coinsurance
(Deductible and Out-of-Network Coinsurance)**Penalty for failure to Prior Authorize Covered Services***Please note that the combined penalty amount for Facility Benefit and the Admitting Physician Benefit will be no greater than \$500.*\$200 Hospital and 25% Physician
(of Maximum Allowable Amount (MAA))
\$200 Hospital and 25% Physician
(of Maximum Allowable Amount (MAA))

*Out-of-Network Services are noted in parentheses.

Note: Services applicable after Deductible and Coinsurance. Member is responsible for the difference between Maximum Allowable Amount (MAA) and total charge.

Century Preferred Direct Exclusions and Limitations

In addition to the other limitations, conditions and exclusions set forth elsewhere in this Certificate, no benefits will be provided for expenses related to the services, supplies, conditions or situations described in this section. These items and services are not covered even if you receive them from your Provider or according to your Provider's Referral.

Please remember, this plan does not cover any service or supply not specifically listed as a Covered Service in this Certificate. The following list of exclusions is not a complete list of all services, supplies, conditions or situations that are not Covered Services. If a service is not covered, then all services performed in conjunction with that service are not covered. Anthem Blue Cross and Blue Shield (Anthem) is the final authority for determining if services or supplies are Medically Necessary.

The listed exclusions below are in addition to those set forth elsewhere in the Certificate.

The following services are not Covered Services under this Benefit Program, except when approved by Anthem as part of Case Management.

1. Benefits for services which are not:
 - a. specifically described in the Subscriber Agreement
 - b. rendered or ordered by a Physician
 - c. within the scope of the Physician's, Provider's or Hospital's licensure; and
 - d. Medically Necessary Care for the proper diagnosis and treatment of the Member.
2. Benefits may be reduced or denied if subject to the Managed Benefits – Managed Care Guidelines. Any reduced or denied benefits paid by the Member do not apply toward the Cost Share Maximums shown in the Schedule of Benefits.
3. Benefits for services rendered before the Member's Effective Date under this Benefit Program.
4. Benefits for services rendered after the person's Benefit Program has been rescinded, suspended, cancelled, interrupted or terminated. Any person obtaining services after his or her Benefit Program is rescinded, suspended, cancelled, interrupted or terminated for any reason will be solely responsible for payment of such services.
5. Care for conditions which are required by State or Local law to be treated in a public facility.
6. Services and care in a Veteran's Hospital or any Federal Hospital, except as may be otherwise required by law.
7. Services covered in whole or in part by public or private grants.
8. Services required by third parties, including but not limited to: school, employment, summer camp and premarital physicals and related tests.
9. Studies related to pregnancy except for significant medical reasons.
10. Simplified or self-administered tests and multiphasic screening.
11. Cosmetic Surgery or services performed primarily to improve appearance and not designed to restore body function or to correct deformity resulting from the treatment of malignancy or physical trauma.
12. Dental diagnosis, care, treatment, x-rays, or Appliances, for any of the diseases or lesions of the oral cavity, its contents or contiguous structures, the extraction of teeth, the correction of malpositions of the teeth and jaw, or for pain, deformity, deficiency, injury or physical condition of teeth, unless otherwise provided for in this Subscriber Agreement.
13. Surgical and non-surgical examination, diagnosis, including invasive (internal) and non-invasive (external) procedures and tests, and all services related to diagnosis and treatment, both medical and surgical, of temporomandibular joint dysfunction or syndrome also called myofascial pain dysfunction or craniomandibular pain syndrome. This exclusion includes but is not limited to the following: contrast and non-contrast imaging, arthroscopic and open surgical procedures, physical therapy, and appliance therapy such as occlusal Appliances (splints) or adjustments. Anthem will not provide benefits unless otherwise provided for by an Amendatory Rider to this Subscriber Agreement.
14. Routine foot care in the absence of systemic or vascular disease affecting the foot, including hygienic care, treatment of corns or calluses, services performed in conjunction with fitting of supportive or comfort devices for the foot or other foot care.

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15. Services for Custodial Care, Chronic Care and/or Maintenance Care.
16. Prenatal medical conferences with a pediatrician regarding an unborn child unless the visit is the result of a medical referral.
17. Charges for the Member's room and board when the Member has a leave of absence from the Hospital, Substance Abuse Treatment Facility or other Inpatient Facility.
18. Drugs or medications, legend and over-the-counter, prescribed for use as an Outpatient, except as otherwise stated herein.
19. Evaluation, treatment, procedures and Prescription Drugs related to and performance of sex-change operations including follow-up treatment, care and counseling.
20. Sperm collection and preservation, all services related to surrogate parenting arrangements and preparatory treatment.
21. Obstetrical care or pregnancy, delivery, prenatal and postpartum care, including Inpatient care for a female Member.
22. No benefits are available for sterilization or reversal of sterilization.
23. Vaccines other than routine immunizations or those needed for travel.
24. Services, medical supplies or supplies not specifically listed as Covered Services. These include but are not limited to educational therapy, marital counseling, sex therapy, weight control programs, nutritional programs and exercise programs.
25. No benefits are available for any service, care, procedure or program for weight or appetite control, weight loss, weight management or for control of obesity even if the weight or obesity aggravates another condition.
26. Experimental or Investigational treatment, procedure, facility, equipment, drugs, devices or supplies. Any services associated with or as follow-up to any of the above is not a Covered Service.
27. Any treatment, procedure, facility, equipment, drug, device or supply which requires Federal or other governmental agency approval not granted at the time services are rendered. Any service associated with, or as follow-up to, any of the above is not a Covered Service.
28. Any services by a Physician or Provider to himself or herself or for services rendered to his or her parent, spouse, children, grandchildren or any other immediate family Member or relation, even if a Participating Physician or Participating Provider. Services which the Member or Anthem is not legally required to pay.
29. Wigs, except as noted in the Covered Services Section.
30. Inpatient services which can be properly rendered as Outpatient services.
31. Disease contracted or injuries resulting from war.
32. Charges after the Provider's or Hospital's regular discharge hour on the day indicated for the Member's discharge by his/her Physician.
33. Charges in excess of the Maximum Allowable Amount.
34. Supervisory care by a Physician for a Member who is mentally or physically disabled and who is not under specific medical, surgical or psychiatric treatment to reduce the disability to the extent necessary to enable the patient to live outside an institution providing medical care; or when despite such treatment, there is no reasonable likelihood that the disability will be so reduced.
35. Travel, whether or not recommended by a Physician.
36. Certain pulmonary function tests which in the opinion of Anthem do not meet the definition of a covered diagnostic laboratory test.
37. Services or procedures rendered without regard for specific clinical indications, routinely for groups or individuals or which are performed solely for research purposes.
38. Services or procedures which have become obsolete or are no longer medically justified as determined by appropriate medical specialties.
39. Radiation therapy as a treatment for acne vulgaris.
40. Services rendered by a Physician in the employ of a Home (e.g. Skilled Nursing Facility) do not qualify as Home & Office Care.

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41. The following is a list of procedures which are not covered:

1. Allogeneic or Syngeneic Bone Marrow Transplant or other forms of stem cell rescue and stem cell infusion (with or without high dose chemotherapy and/or radiation) are those with a donor other than the patient. They are not covered except in the following cases:

a. When at least five out of six histocompatibility complex antigens match between the patient and the donor.

b. The mixed leukocyte culture is non-reactive.

c. One of the following conditions is being treated:

- Severe aplastic anemia
- Acute nonlymphocytic leukemia in first or subsequent remission or early first relapse
- Myelodysplastic syndrome
- Secondary acute nonlymphocytic leukemia as initial therapy
- Acute lymphocytic leukemia in second or subsequent remission
- Acute lymphocytic leukemia in first remission
- Chronic myelogenous leukemia in chronic and accelerate phase
- Non-Hodgkin's lymphoma, high grade, in first or subsequent remission
- Hodgkin's lymphoma low grade, which has undergone conversion to high grade
- Neuroblastoma, stage 3 or relapsed stage 4
- Ewing's sarcoma
- Severe combined immunodeficiency syndrome
- Wiskott-Aldrich syndrome
- Osteopetrosis, infantile malignant
- Chediak-Higashi syndrome
- Congenital life-threatening neutrophil disorders to include Kostmann's syndrome, chronic granulomatous disease, and cartilage hair hypoplasia

- Diamond Blackfan syndrome
- Thalassemia
- Sickle cell anemia
- Primary thrombocytopathy including Glanzmann's syndrome
- Gaucher disease
- Mucopolysaccharidoses and lipidoses to include Hurler's syndrome, Sanfilippo's syndrome, Maroteaux-Lamy syndrome, Morquio's syndrome, Hunter's syndrome, and metachromatic leukodystrophy.

All other uses of Allogeneic or Syngeneic Bone Marrow Transplants or other forms of stem cell rescue and stem cell infusion (with or without high dose chemotherapy or radiation) are not covered.

2. Autologous Bone Marrow Transplantation or other forms of stem cell rescue and stem cell infusion (in which the patient is the donor) with high dose chemotherapy or radiation are not covered except for the following:

- a. Non-Hodgkin's lymphoma, high grade, first or subsequent remission. No morphological evidence of bone marrow involvement should be evident.
- b. Hodgkin's disease as defined above with an absence of bone marrow involvement.
- c. Acute nonlymphocytic leukemia in second remission, in which no HLA matched donor exists or an allogeneic transplant is inappropriate.
- d. Acute lymphocytic leukemia in second remission, in which no HLA matched donor exists or an allogeneic transplant is inappropriate.
- e. Retinoblastoma, adjuvant setting after successful induction (consolidation).
- f. Neuroblastoma, adjuvant setting after successful induction (consolidation).

Autologous Bone Marrow Transplants or other forms of stem cell rescue and stem cell infusion (with high dose chemotherapy and/or radiation), for all other cases are not covered.

Your Rights and Responsibilities

We are committed to:

- *Recognizing and respecting you as a member.*
- *Encouraging your open discussions with your health care professionals and providers.*
- *Providing information to help you become an informed health care consumer.*
- *Providing access to health benefits and our network providers.*
- *Sharing our expectations of you as a member.*

You have the right to:

- Participate with your health care professionals and providers in making decisions about your health care.
- Receive the benefits for which you have coverage.
- Be treated with respect and dignity.
- Privacy of your personal health information, consistent with state and federal laws, and our policies.
- Receive information about our organization and services, our network of health care professionals and providers, and your rights and responsibilities.
- Candidly discuss with your physicians and providers appropriate or medically necessary care for your condition, regardless of cost or benefit coverage.
- Make recommendations regarding the organization's members' rights and responsibilities policies.
- Voice complaints or appeals about: our organization, any benefit or coverage decisions we (or our designated administrators) make, your coverage, or care provided.
- Refuse treatment for any condition, illness or disease without jeopardizing future treatment, and be informed by your physician(s) of the medical consequences.
- Participate in matters of the organization's policy and operations.
- For assistance at any time, contact your local insurance department:

CONNECTICUT

Phone: 800-203-3447

Write: State of Connecticut Insurance Department

P.O. Box 816

Hartford, CT 06142-0816

You have the responsibility to:

- Choose a participating primary care physician if required by your health benefit plan.
- Treat all health care professionals and staff with courtesy and respect.
- Keep scheduled appointments with your doctor, and call the doctor's office if you have a delay or cancellation.
- Read and understand to the best of your ability all materials concerning your health benefits or ask for help if you need it.
- 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.
- Supply, to the extent possible, information that we and/or your health care professionals and providers need in order to provide care.
- 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.
- Follow all health benefit plan guidelines, provisions, policies and 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 health benefit plan, including other health benefit coverage and other insurance benefits you may have in addition to your coverage with us.

We are committed to providing quality benefits and customer service to our members. Benefits and coverage for services provided under the benefit program are governed by the Subscriber Agreement and not by this Member Rights and Responsibilities statement.

HIPAA notice of privacy practices

Every year, we're required to send you specific information about your rights, your benefits and more. This can use up a lot of trees, so we've combined a couple of these required annual notices. Please take a few minutes to read about:

- State notice of privacy practices
- HIPAA notice of privacy practices
- Breast reconstruction surgery benefits

Want to save more trees? Go to www.anthem.com/medicare and sign up to receive these types of notices by e-mail.

State Notice of Privacy Practices

As mentioned in our Health Insurance Portability and Accountability Act (HIPAA) notice, we must follow state laws that are stricter than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law. This applies to life insurance benefits, in addition to health, dental and vision benefits that you may have.

Your Personal Information

We may collect, use and share your nonpublic personal information (PI) as described in this notice. PI identifies a person and is often gathered in an insurance matter.

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. Because PI is defined as any information that can be used to make judgements about your health, finances, character, habits, hobbies, reputation, career and credit, 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.

HIPAA Notice of Privacy Practices

This notice describes how health, vision and dental information about you may be used and disclosed, and how you can get access to this information with regard to your health benefits. Please review it carefully.

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

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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 with coroners, funeral directors or medical examiners (about decedents). PHI can also be shared with organ donation groups for certain reasons, 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.

Genetic Information: If we use or disclose PHI for underwriting purposes, we are prohibited from using or disclosing PHI that is genetic information of an individual for such purposes.

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 him or her 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. Customer Service representatives 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, and have 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 securing offices that hold PHI, password-protecting computers, and locking storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. These 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 nonaffiliates 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. Representatives 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 website. We may also mail you a letter that tells you about any changes.

Breast Reconstruction Surgery Benefits

If you ever need a benefit-covered mastectomy, we hope it will give you some peace of mind to know that your Anthem benefits comply with the Women's Health and Cancer Rights Act of 1998, which provides for:

- Reconstruction of the breast(s) that underwent a covered mastectomy.
- Surgery and reconstruction of the other breast to restore a symmetrical appearance.
- Prostheses and coverage for physical complications related to all stages of a covered mastectomy, including lymphedema.

All applicable benefit provisions will apply, including existing deductibles, copayments and/or co-insurance. Contact your Plan administrator for more information.

Eligibility

To become eligible for membership as a Subscriber under this Benefit Program the applicant must:

1. Be a resident of the State of Connecticut
2. Be under age 65.

Renewability of Coverage

We will renew your Policy each time you send us the premium. Payment must be made on or before the due date or during the month that follows. Your Policy stays in force during this time. We can refuse to renew your Policy only when we refuse to renew all form numbers for active coverage N1369NG-F and N736NGF Policies in our state. Nonrenewal will not affect an existing claim.

Premium Rates

The amount, time and manner of payment of Premiums shall be determined by Anthem and shall be subject to the approval of the State of Connecticut Insurance Department.

In the event of any change in Premium, the Subscriber will be given notice of at least 30 days prior to such change. Payment of the Premium by the Subscriber or contributions shall serve as notice of the Subscriber's acceptance of the change.

Utilization Management and Case Management

Our Utilization Management (UM) services offer a structured program that monitors and evaluates member care and services. The UM clinical team, which is made up of health care professionals who hold active professional licenses and certificates, perform the prior authorization, concurrent and retrospective review processes explained below. The UM team follows criteria to assist in decisions regarding requests for health care and other covered benefits, and complies with specific timeframes to ensure requests are handled in a timely manner. Our case management services help you to better understand and manage your health conditions.

Prospective Review / Pre-Admission Review

Prospective review (also known as pre-service or pre-admission review) is the process of reviewing a request for a medical procedure or service before it takes place. The review occurs to ensure that: 1) the procedure is medically necessary and 2) the procedure meets your health care plan's specific guidelines prior to being performed. Requests for prospective review may include but are not limited to:

- inpatient hospitalizations
- outpatient procedures
- diagnostic procedures
- therapy services
- durable medical equipment

Prospective review is required for all elective inpatient admissions and certain outpatient services. The review process evaluates medical necessity and the best level of care and assigns expected length of stay if needed.

Concurrent Review

Concurrent review is an ongoing evaluation of a member's hospital stay, as well as ongoing extensions of services that may be needed (such as acute care facilities, skilled nursing facilities, acute rehabilitation facilities, and home health care services). The review includes physicians, member-assigned health care professionals (or member authorized representative) and takes place by telephone, electronically and/or onsite.

Concurrent review uses pre-set decision criteria in order to approve medical care (deemed to be medically necessary) and assign the right level of care for continued medical treatment. Review decisions are based on the medical information obtained at the time of the review. Concurrent review also helps to coordinate care with behavioral health programs.

Retrospective Review

The retrospective review process consists of obtaining information to determine medical necessity as it relates to services provided without approval or notice ahead of time (e.g. without pre-service notification). Relevant clinical information is required for the retrospective review process. Review decisions are based only on the medical information the doctor or other provider had at the time the member received medical care.

Case Management

Case managers are licensed healthcare professionals who work with you to help you understand your benefits and support your health care needs. The case manager works with you and your doctor to help you better understand and manage your health conditions.

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.

This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company.

This summary of benefits complies with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

