

Your Anthem Benefits



Liberty Local Schools
Blue AccessSM (PPO) – Option 1
Summary of Benefits, Effective 04/01/2009

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$100/\$200	\$100/\$200
Out-of-Pocket Limit (Single/Family) (includes deductible)	\$500/\$1,000	\$1,300/\$2,600
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> allergy injections (PCP and SCP) allergy testing MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies and non-maternity-related Ultrasounds 	\$15/\$15 10% 10% 10%	30% 30% 30% 30%
Preventive Care Services Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations ¹ , Annual diabetic eye exam, Routine Vision and Hearing exams, Routine Mammograms, Diabetic self management training, Certain medical nutritional therapy (MNT not covered Non-Network) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility 	No copayment/coinsurance No copayment/coinsurance	30% 30%
Emergency and Urgent Care <ul style="list-style-type: none"> Emergency Room Services @ Hospital (facility/other covered services) Urgent Care Center Services 	No copayment/coinsurance No copayment/coinsurance	No copayment/coinsurance No copayment/coinsurance
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	10%	30%
Inpatient Facility Services Unlimited days including: <ul style="list-style-type: none"> unlimited days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) unlimited days Network/Non-Network combined for skilled nursing facility 	10%	30%
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 	10%	30%
Other Outpatient Services (including but not limited to): <ul style="list-style-type: none"> Non Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. Home Care Services (Network/Non-network combined) 90 visits (excludes IV Therapy); Private Duty Nursing unlimited annual and lifetime Durable Medical Equipment and Orthotics (Network/ Non-network combined) unlimited benefit maximum (excluding Prosthetic Devices and Medical Supplies) Prosthetic Devices unlimited benefit maximum Physical Medicine Therapy Day Rehabilitation programs Hospice Care Ambulance Services 	10% 10% 10%	30% 10% 10%

Liberty Local Schools – Blue Access PPO Benefit Summary – Option 1 (continued)

Covered Benefits	Network	Non-Network
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Physical therapy: unlimited visits Occupational therapy: unlimited visits Manipulation therapy: unlimited visits Speech therapy: unlimited visits 	10% 10%	30% 30%
Behavioral Health Services: Non-biologically Based Mental Illness and Substance Abuse² (limits and maximums apply) <ul style="list-style-type: none"> Inpatient/Facility Services Physician Home and Office Visits (SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Inpatient: 30 days EACH MH/SA, Network & Non-Network combined Outpatient: 30 visits EACH MH/SA, Network & Non-Network combined (Substance abuse rehabilitation programs are limited to two per lifetime Network and Non-Network combined.) Biologically Based Mental Illnesses paid same as any other illness.	10% 10% 10%	30% 30% 30%
Human Organ and Tissue Transplants³ <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	10%	30%
Prescription Drugs Network Tier structure equals 1/2/3 ⁴ <ul style="list-style-type: none"> Network Retail Pharmacies: (30-day supply) Anthem Rx Direct Mail Service: (90-day supply) Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits.	\$5/\$10/\$15 \$10/\$20/\$30	50%, min \$15 ⁵ Not covered
Lifetime Maximum (Combined Network and Non-network)⁶	\$1 million	\$1 million

Notes:

- Flat dollar copayments are excluded from the out-of-pocket limits. Also Prescription Drug deductibles/copayments/coinsurance are excluded from the out-of-pocket limits.
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance.
- Network and Non-network deductible and out-of-pocket maximums accumulate toward each other.
- Dependent Age: to the end of the calendar year which the child attains age 19; or to the end of the calendar year which the child attains age 23 if the child qualifies as a full-time student.
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's and Geriatrics or any other Network Provider as allowed by the plan.
- Physicians Home and office visit copayment also applies if the office visit is billed with allergy injections.
- No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies including diabetic test strips.
- Benefit period = calendar year

Liberty Local Schools – Blue Access PPO Benefit Summary – Option 1 (continued)

¹These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.

²We encourage you to contact Our Mental Health Subcontractor to assure the use of appropriate procedures, setting and medical necessity. Refer to Schedule of Benefits for limitations.

³Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

⁴Tier 1 is Preferred drugs, mostly generics; Tier 2 is Preferred drugs, mostly brand but may include some generics; Tier 3 is Non-Preferred drugs.

⁵Rx non-network diabetic/asthmatic supplies not covered including diabetic test strips.

⁶Prescription Drugs do not accumulate toward the Medical Lifetime Maximum. However, once the Medical Lifetime Maximum is met, no additional Prescription Drug claims will be paid.

Precertification:

- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

Pre-existing Exclusion Period:

We will not provide benefits for services, supplies or charges for any pre-existing condition for the time period specified below (subject to HIPAA portability requirements):
12 months after the member's enrollment date

A pre-existing condition is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the member's enrollment date. Pregnancy and domestic violence are not considered a pre-existing condition. Genetic information may not be used as a condition in the absence of a diagnosis.

Exceptions (subject to Anthem medical policy guidelines):

- Plan to exclude dependent daughter maternity
- Plan to cover surgical treatment of morbid obesity (Medical & Rx)

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

Your Anthem Benefits



Liberty Local Schools

Blue AccessSM – Option 2 (HMO with Non-Network Benefits)

Summary of Benefits, Effective 04/01/2009

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$0/\$0	\$5,000/\$10,000
Out-of-Pocket Limit (Single/Family) (includes deductible)	\$500/\$1,000	None
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum:	\$10/\$10	40%
• allergy injections (PCP and SCP)	\$5	40%
• allergy testing	No copayment/coinsurance	40%
• MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies and non-maternity related Ultrasounds	No copayment/coinsurance	40%
Preventive Care Services Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations [†] , Annual diabetic eye exam, Routine Vision and Hearing exams, Routine Mammograms, Diabetic self management training, Certain medical nutritional therapy (MNT not covered Non-Network)		
• Physician Home and Office Visits (PCP/SCP)	No copayment/coinsurance	40%
• Other Outpatient Services @ Hospital/Alternative Care Facility	No copayment/coinsurance	40%
Emergency and Urgent Care		
• Emergency Room Services @ Hospital (facility/other covered services) (copayment waived if admitted)	\$50	\$50
• Urgent Care Center Services	\$10	\$10
Inpatient and Outpatient Professional Services Include but are not limited to:	No copayment/coinsurance	40%
• Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams		
Inpatient Facility Services Unlimited days except for:	No copayment/coinsurance	40%
• 45 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)		
• 180 days Network/Non-Network combined for skilled nursing facility		
Outpatient Surgery Hospital/Alternative Care Facility	No copayment/coinsurance	40%
• Surgery and administration of general anesthesia		
Other Outpatient Services (including but not limited to):	No copayment/coinsurance	40%
• Non Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services.	No copayment/coinsurance	40%
• Home Care Services (Network/Non-network combined) unlimited visits (excludes IV Therapy); Private Duty Nursing unlimited annual and lifetime	No copayment/coinsurance	40%
• Durable Medical Equipment and Orthotics (Network/ Non-network combined) unlimited benefit maximum (excluding Prosthetic Devices and Medical Supplies)	20%	40%
• Prosthetic Devices unlimited benefit maximum	20%	40%
• Physical Medicine Therapy Day Rehabilitation programs	No copayment/coinsurance	40%
• Hospice Care	20%	20%
• Ambulance Services	20%	20%

Liberty Local Schools – Blue Access Benefit Summary – Option 2 (continued)

Covered Benefits	Network	Non-Network
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Physical therapy: 20 visits Occupational therapy: unlimited visits Manipulation therapy: 20 visits Speech therapy: unlimited visits 	\$10/\$10 No copayment/coinsurance	40% 40%
Behavioral Health Services: Non-biologically Based Mental Illness and Substance Abuse² (limits and maximums apply) <ul style="list-style-type: none"> Inpatient Facility Services Physician Home and Office Visits (SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Inpatient: 30 days combined MH/SA, Network & Non-Network combined Outpatient: 30 visits combined MH/SA, Network & Non-Network combined	No copayment/coinsurance \$10 \$10	40% 40% 40%
Biologically Based Mental Illnesses paid same as any other illness.		
Human Organ and Tissue Transplants³ <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	No copayment/coinsurance	40%
Prescription Drugs Network Tier structure equals 1/2/3 ⁴ <ul style="list-style-type: none"> Network Retail Pharmacies: (30-day supply) Anthem Rx Direct Mail Service: (90-day supply) Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits.	\$5/\$10/\$15 \$10/\$20/\$30	50%, min \$15 ⁵ Not covered
Lifetime Maximum (Combined Network and Non-network)⁶	\$1 million	\$1 million

- Notes:**
- Flat dollar copayments are excluded from the out-of-pocket limits. Also Prescription Drug deductibles/copayments/coinsurance are excluded from the out-of-pocket limits.
 - Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance.
 - Network and Non-network deductible and out-of-pocket maximums accumulate toward each other.
 - Dependent Age: to the end of the calendar year which the child attains age 19; or to the end of the calendar year which the child attains age 23 if dependent on employee for support and maintenance.
 - Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's and Geriatrics or any other Network Provider as allowed by the plan.
 - Physicians Home and office visit copayment also applies if the office visit is billed with allergy injections.
 - No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
 - PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
 - SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
 - Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies including diabetic test strips.
 - Benefit period = calendar year

Liberty Local Schools – Blue Access Benefit Summary – Option 2 (continued)

¹These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.

²We encourage you to contact Our Mental Health Subcontractor to assure the use of appropriate procedures, setting and medical necessity. Refer to Schedule of Benefits for limitations.

³Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

⁴Tier 1 is Preferred drugs, mostly generics; Tier 2 is Preferred drugs, mostly brand but may include some generics; Tier 3 is Non-Preferred drugs.

⁵Rx non-network diabetic/asthmatic supplies not covered including diabetic test strips.

⁶Prescription Drugs do not accumulate toward the Medical Lifetime Maximum. However, once the Medical Lifetime Maximum is met, no additional Prescription Drug claims will be paid.

Precertification:

- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

Pre-existing Exclusion Period:

We will not provide benefits for services, supplies or charges for any pre-existing condition for the time period specified below (subject to HIPAA portability requirements):
12 months after the member's enrollment date

A pre-existing condition is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the member's enrollment date. Pregnancy and domestic violence are not considered a pre-existing condition. Genetic information may not be used as a condition in the absence of a diagnosis.

Exceptions (subject to Anthem medical policy guidelines):

- Plan to exclude dependent daughter maternity
- Plan to cover surgical treatment of morbid obesity (Medical & Rx)

Blue View Vision – Full Service Liberty Local Schools

Effective Date: 04/01/2009

At Anthem Blue Cross and Blue Shield, we understand that vision benefits are essential to maintaining your overall health and well-being. After all, a slight miscorrection in eyesight can reduce productivity by 10% and work accuracy by nearly 40%. Computer eyestrain can reduce productivity between 10 and 50%.¹

Blue View Vision, our vision program, provides a cost-effective vision plan that includes exams and eyewear available through a broad range of eye care providers and locations. The plan is easy to use and offers savings beyond basic coverage. Blue View Vision provides you with an innovative vision program to meet your unique needs and improve your overall wellness.

Finding a Blue View Vision Provider

Blue View Vision has an extensive national network of participating providers contracted under a vendor agreement with EyeMed Vision Care. You can easily find a provider conveniently located near you. Nationally, we contract with independent optometrists and ophthalmologists as well as retail locations such as LensCrafters®, Target Optical, Sears Optical, JCPenney Optical, and most Pearle Vision locations. Please call Blue View Vision at (866) 723-0515 if you have questions about your vision benefits or need to locate a provider.

Using a Participating Provider

By using a participating provider, you minimize your out-of-pocket expenses and receive the benefits of not having to hassle with paperwork, since the participating provider verifies your eligibility and obtains all the necessary information. You simply pay your copayment and any remaining balance at the time of your appointment.

Blue View Vision providers offer you discount pricing, which is significantly below retail. You receive substantial savings (15%-40% or more) on most additional eyewear pair purchases, conventional contact lenses, lens treatments, specialized lenses and various sundry items.

Using a Non-Participating Provider

If you choose to go to a non-participating (non-network) provider, you must pay the provider directly at the time of service. Out-of-network claims must be submitted by you. Simply submit a claim for reimbursement. When using a non-participating provider, your coverage may be limited and your out-of-pocket expenses may be greater.

Covered Benefits	Member Benefit From Blue View Vision Network Provider	Non-Network Reimbursement
Vision Examination (including dilation and refraction as needed) Covered once every 12 months.	No copayment	Up to \$40
Prescription Lenses (Pair) Standard plastic lenses (up to 6mm add all rates for prescriptions) Covered once every 12 months.	No copayment	
<ul style="list-style-type: none"> • Single Vision Lenses (pair) • Bifocal Lenses (pair)* • Trifocal Lenses (pair) 		Up to \$100 Up to \$125 Up to \$150
Frames Covered once every 24 months.	No copayment, up to \$30 retail value	Up to \$100
Contact Lenses Covered once every 12 months.		
<ul style="list-style-type: none"> • Contact Lenses (Elective) • Contact Lenses (Non-Elective) 	No copayment, up to \$130 retail value No copayment	Up to \$100 Up to \$100
Lens Options	Member Cost/Upgrades	
UV Coating	\$15	Discounts on lens option upgrades are not available out-of-network.
Tint (Solid & Gradient)	\$15	
Standard Scratch-Resistance	\$15	
Standard Polycarbonate	\$40	
Standard Progressive (Add-on to bifocal copayment)*	\$65	
Standard Anti-Reflective Coating	\$45	
Other Add-ons and Services	20% off retail	

¹ Jan. '04 issue of Optometry; Journal of the AOA

Blue View Vision Exclusions & Limitations

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Materials and any items not covered above may be purchased at discount pricing from a Blue View Vision provider. In addition, benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

- The schedule above represents the plan allowance toward eligible benefits and may not cover all charges.
- The next frequency of the eligible benefits are based upon last date of service.
- The lens option discount program is listed above for informational purposes only. It is subject to change without notice and is not included in the Certificate of Insurance.
- Insured members receive 20% off the balance over the plan allowance for frames and 15% off the balance for conventional contact lenses.
- See the Certificate of Insurance (Certificate) for definitions of elective and non-elective contact lenses.

Experimental or Investigative. Any experimental or investigative services or materials.

Crime or Nuclear Energy. Conditions that result from: (1) insured person's commission of or attempt to commit a felony; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for treatment of illness or injury arising from such release of nuclear energy.

Uninsured. Services received before insured person's effective date or after coverage ends.

Excess Amounts. Any amounts in excess of covered vision expense.

Vision Exams or Tests. Any routine examinations required by an employer in connection with your employment.

Work-Related. Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, even if insured person does not claim those benefits.

Government Treatment. Any services actually given to the insured person by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if insured person is not required to pay for them or they are given to the insured person for free.

Services of Relatives. Professional services or supplies received from a person who lives in insured person's home or who is related to insured person by blood or marriage.

Voluntary Payment. Services for which insured person is not legally obligated to pay. Services for which insured person is not charged. Services for which no charge is made in the absence of insurance coverage.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Private Contracts. Services or supplies provided pursuant to a private contract between the insured person and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

Eye Surgery. Any medical or surgical treatment of the eyes and any diagnostic testing. Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

Sunglasses. Sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Hospital Care. Inpatient or outpatient hospital vision care.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Cosmetic Options. Blended lenses/no line, oversize lenses, progressive multifocal lenses, photochromatic lenses, tinted lenses, coated lenses, cosmetic lenses or processes, and UV-protected lenses.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames, unless insured person has reached a new benefit period.

Combined Offers. Not combined with any offer, coupon, or in-store advertisement.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature

Date

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Dental Blue PPO (Large Group 51+)

Liberty Local Schools

Effective Date: 04/01/2009

Dental Blue Annual Deductible	
Individual/Family	\$25 Individual/\$75 Family
Combined In and Out of Network	
Dental Blue Annual Maximum	\$1,500
Network	200

Where to Receive Services	Dental Blue PPO	
	PPO Dentists (In-network)	Non-PPO (Out-of-network)
Diagnostic and preventive	No \$/No deductible	No \$/No deductible
<ul style="list-style-type: none"> ○ Oral evaluations, X-rays ○ Cleanings ○ Sealants and fluoride ○ Space maintainers ○ Emergency palliative pain treatment 		
Minor restorative	20% after deductible	20% after deductible
<ul style="list-style-type: none"> ○ Amalgam restorations (fillings) ○ Composite restoration (fillings) ○ Sedative fillings ○ Pin retention 		
Oral surgery	20% after deductible	20% after deductible
<ul style="list-style-type: none"> ○ Simple extractions ○ Removal of impacted teeth ○ General anesthesia 		
Endodontic services	20% after deductible	20% after deductible
<ul style="list-style-type: none"> ○ Root Canal ○ Therapeutic pulpotomy ○ Direct pulp capping 		
Periodontal services	20% after deductible	20% after deductible
<ul style="list-style-type: none"> ○ Scaling and root planing ○ Gingivectomy ○ Osseous surgery ○ Soft tissue grafts 		
Prosthodontic Services	20% after deductible	20% after deductible
<ul style="list-style-type: none"> ○ Crowns ○ Removable complete and partial dentures ○ Post and core ○ Bridge repair ○ Implants ○ Missing Teeth 	Not Covered Covered	Not Covered Covered
Orthodontic Services	40%/No deductible	40%/No deductible
<ul style="list-style-type: none"> ○ Examinations ○ Records ○ Tooth guidance ○ Repositioning (straightening) of the teeth 		
Orthodontic Maximum	\$1,000	
Orthodontic Age Limit	Child to Age 19	

Liberty Local Schools – Dental Blue Benefit Summary (continued)

Choosing a dentist. You have the freedom to visit any dental provider. However, your Dentist choice Network Dentist or Non-Network Dentist can make a difference in the amount you pay. The choice is yours!

Filing a claim. Claims should be submitted to Anthem Dental P.O. Box 9274, Oxnard CA 93031.

No Cost Share (NCS) means no deductible, copayment or coinsurance up to the maximum allowable amount. However, a member may be responsible for any balance due after the plan payment, including, but not limited to, benefits that reflect No Cost Share

Limitations & Exclusions

Limitations — Here is a list of some of the limitations. Please see Certificate for full list:

Oral Evaluations. Limited to two per year.

Prophylaxis or Periodontal Prophylaxis. Prophylaxis or periodontal prophylaxis procedures are limited to two treatments per calendar year.

X-rays. Limited to one set of full-mouth x-rays or its equivalent in a 3-year period.

Bitewing X-rays. Limited to twice per year.

Space Maintainers. Limited to age 19. Includes all adjustments within six months of placement.

Removable Complete and Partial Dentures. Limited to once in five years. Benefits are payable for either complete or immediate dentures, but not both.

General Anesthesia. Covered only when used in conjunction with covered oral surgical procedures.

Exclusions —

Below is a list of some of the exclusions.

Please see Certificate for full list:

For analgesics (includes nitrous oxide) • For athletic mouth guards • For bleaching of discolored teeth • For crown buildups on the same tooth as an amalgam or composite restoration that was done within the same Benefit Year • For procedures to restore occlusion, vertical dimension or incisal edges due to bruxism, attrition or harmful habits • For diagnostic photographs, casts, or models • For procedures related to temporomandibular joint (TMJ) dysfunction, therapy or surgery, regardless of the reason(s) such services are necessary • For enamel microabrasion • For local anesthetic when billed separately • For OSHA fees and/or infection control fees when billed separately • For precision attachments for partials and/or dentures • For prefabricated resin crown or stainless steel crown with resin window • For pulpotomy on permanent teeth • For replacement of a prosthodontic Appliance (fixed or removable) more often than once in any five-year period (measured from the date on which the replaced Appliance was last prepared for the Member, whether under this Certificate of Coverage or under any prior dental coverage) • For restorations on the same tooth as a previously placed sealant if fewer than two years have elapsed since the time sealants were placed • For root canal therapy on deciduous teeth • For sealants on restored teeth (occlusal surface) • For second professional opinions • For temporary/interim prosthodontia or appliances (temporary crowns, bridges, partials, dentures, etc.) • For two similar services performed at the same time where one service is already covered as part of a more extensive procedure • For biopsies except surgical biopsies • Prosthodontics and Orthodontics services may not apply based on the benefit plan selected • For services or supplies not specifically listed in the Certificate of Coverage.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature	Date
Underwriting signature	Date

With the right information, making decisions gets easier.

Information. Too much and you're overwhelmed. Too little and you feel cheated. At MyAnthem™, we sort through the clutter and help you get the information you want — quickly and easily. So, what exactly can this online host for information do for you today? Check out the list below for some ideas.

Got questions? We've got details.

A Certificate of Coverage* is like the owner's manual for your specific health plan. It's filled with detailed information and definitely doesn't qualify as "light reading." But it's a great resource if you want to understand the nuts and bolts of your exact plan.

Want to read over your certificate? Here's how to find it online.

1. Visit www.anthem.com and log in to MyAnthem.
2. Click on MyPlans or MyBenefits.
3. Click on Certificate Booklet.
4. The link to your certificate will be displayed.
5. Your certificate is in Adobe format, which requires Adobe Acrobat Reader software. You can download the software for free at www.adobe.com/products/acrobat/readstep2.html.

Note: For Life & Disability certificates, if you do not have medical coverage, you will need to return the contract request form in order to receive a printed copy of your certificate.

*FYI: If you have an individual plan, your "owner's manual" is called an individual contract.

How much paper do you have?

FYI — your certificate could be more than 100 pages long. So if you want to print it, you might want to print only the pages you're really interested in. Otherwise, you might need to buy more paper. It's your call.

My Stuff

Whether you're changing your address or ordering a new card, you're in control at MyAnthem. The site is secure and individually tailored to help you*:

- Find a doctor or hospital
- Change your primary care physician (if applicable)
- Order a new ID card
- See if your medication is on the Anthem formulary
- View your benefits
- Refill a mail order prescription*
- Check on claim status**
- Print a temporary ID card
- Change your address
- View referrals and authorizations

*Not applicable to all groups

**Not applicable to Life and Disability claims

HOW TO REGISTER FOR MYANTHEM:

1. Visit www.anthem.com.
Enter the site by clicking on "member" and entering your state.
2. Click on the MyAnthem Register Now message on the top left side of the screen.
3. Enter your personal information, pick a password and you're ready to go.

SEARCHING FOR A SPANISH-SPEAKING, FEMALE DERMATOLOGIST?

You can find her with the Anthem Provider Directory. Whether you want to search by name, gender, ZIP code or languages spoken, this directory helps you find the doctor you're looking for. Need directions? No problem. We can help you locate the doctor's office or even a hospital or pharmacy if you need one.

WHAT'S SUBIMO?

Subimo's the independent company that developed the "Advisor" technology we just described. The people at Subimo are experts at gathering information about hospitals, drugs and costs and putting it in easy-to-use formats. And since they don't receive any funding from insurance or drug companies, you know they're giving you objective, unbiased information.

Feel confident about your decisions

Your doctor tells you that you need to have a procedure done in the hospital. Instantly your mind's flooded with questions. How do I pick a hospital? Which hospitals specialize in my procedure? What exactly is this "procedure" anyway? Relax — Subimo's Healthcare Advisor® answers your questions so you can feel confident about your decisions.

Estimate your medical costs before you receive care

Knowing the price of an item before you buy it. That's common sense, right? We think so. That's why Subimo's Treatment Cost Advisor™ gives you the power to find reliable cost information for many common medical conditions and health care services.

Find out which health plan fits you best

HMOs, PPOs, HSAs, PCAs — sorting through all the health plan choices out there is enough to give you a headache. That's where Subimo's CoverageAdvisor™ comes in. This tool helps you estimate your family's health care needs and costs so you can pick the plan that works for you.

Understanding breast reconstruction surgery benefits

Will my benefits cover a mastectomy? If so, does it cover everything? These are difficult questions to ask. Your Anthem benefits comply with the Women's Health and Cancer Rights Act of 1998, which means they cover:

- Reconstruction from a covered mastectomy.
- Surgery and reconstruction of the other breast to restore symmetry.
- Prostheses and coverage for physical complications related to all stages of a covered mastectomy, including lymphedema.

All benefit provisions also apply, including existing deductibles, copays and coinsurance.

Take the guesswork out of prescriptions*

Will my new blood pressure medication interact with my other prescriptions? Do I take it with food or on an empty stomach? What about side effects? With easy-to-use information on more than 11,000 drugs, Subimo's PharmaAdvisor™ gets you answers to your prescription questions fast.

*Available to members with Anthem prescription benefits only

Big savings online

Looking for new ways to save money? It's easy with SpecialOffers@AnthemSM. You'll get discounts on a variety of health-related products so you can find just what you need to maintain a healthy lifestyle and save money at the same time.

How much do you know about your health?

Sure, you visit the doctor when you're sick and hear about the latest test for cancer on the news, but how much do you really know about your health? Fill out a quick, easy health assessment at MyHealth@Anthem® and get your own instant health status report. And, while you're there, check out some of the other cool tools and calculators at your fingertips.

Vendors and offers are subject to change without prior notice. Anthem does not endorse and is not responsible for the products, services or information provided by the Special Offers vendors. Arrangements and discounts were negotiated between each vendor and Anthem for the benefit of our members.

Availability of services and features may vary depending on product type.

In Indiana: Anthem Blue Cross and Blue Shield is a trade name of Anthem Insurance Companies, Inc. In Kentucky: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Kentucky, Inc. In Missouri: Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RMI), Healthy Alliance Life Insurance Company (HALIC) and HMO Missouri, Inc. use to do business in most of Missouri. RMI and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RMI and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare") underwrites or administers the HMO policies; and CompCare and BCBSWI collectively underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ® Registered marks Blue Cross and Blue Shield Association.

This chart shows how Anthem's P&T Committee chooses drugs for the drug list.

Step 1 Clinical Review And Rating

In this step, the committee members discuss the medical research report and information from the FDA. They:

Look at the research on drugs, including:

- How well each drug works for a specific condition (effectiveness research)
- The chance of side effects or serious risks with each drug (safety research)
- How different drugs compare for the same condition
- How well each drug helps people do everyday tasks at home and at work

Look at the FDA information on drugs, including:

- The ages and health conditions approved for each drug
- The doses (strengths) and dose forms (capsules, tablets, or liquids) for each drug

Hear from specialist doctors and experts.

Look at data from Anthem, including:

- The kind of prescriptions doctors write for plan members with a specific condition
- How many members use each drug for that condition

Rate the drugs, including:

- Weighing all the information to come up with the ratings. The committee members who rate the drugs are not Anthem employees.

Step 2 Amount Of Use & Cost Review

In this step, the committee members start with the drug ratings from Step 1. Then they look at the use and cost of the best-rated drugs for that condition. They:

- Check which of the best-rated drugs are prescribed most often.
- Look at costs to members and the health plan. They look at differences in costs only after they know the drug's rating.

Step 3 Cost To You

In this step, the committee members discuss all the information from Steps 1 and 2. Then they decide on the cost to you.

LOWER COST TO YOU	MODERATE COST TO YOU	HIGHER COST TO YOU
Drugs that work well and have lower cost	Drugs that work well and have moderate cost	Drugs that work the same as other drugs but have higher cost
Most generics and some brands	Preferred brands and some generics	Drugs that don't work as well as other drugs
		Drugs that work well but have very high cost (highly specialized drugs)

Where Can I Get More Information?

Medical research

Effective Health Care Program

This website is from the U.S. Agency for Healthcare Research and Quality. It has short guides that compare treatments.

Health issues and treatments

WebMD

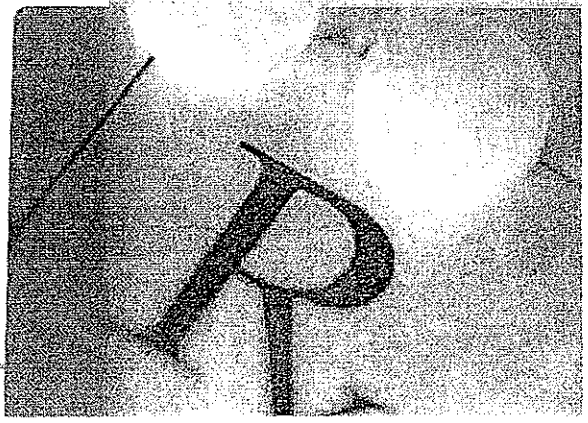
WebMD is a private company that provides health information. Anthem works with WebMD to provide information on health topics.

Health Finder

Health Finder is run by the U.S. Department of Health and Human Services. It is an online health library that looks at treatments for hundreds of different health conditions.

Medline Plus

Medline Plus brings together up-to-date information from government health care programs and health research. This site is run by the National Library of Medicine. It gives you access to Medline, which has publications and summaries from all major medical journals published in English.



Liberty Local Schools

How to Become a Smart Consumer of your Benefit Plan

We want to help you become a better consumer of your benefit plan and understand the most effective way to resolve questions regarding your benefits or claim payments through Anthem Blue Cross/Blue Shield (Anthem).

1. **The Anthem Customer Service department should be your FIRST call when you have a question regarding your benefits or how a claim was processed.**

By calling Anthem Customer Service you can check on the status of a claim, find out if a benefit is covered under the Liberty Local Schools plan or get immediate answers to questions regarding how a claim was processed. Phone numbers for Customer Service are:

Medical Benefits – 1-800-552-9159 (8am to 6pm Monday – Friday)

Dental & Vision – 1-866-723-0515 (8am – 11pm Monday – Saturday; 11am – 8pm Sunday)

NextRx Prescription – 1-800-962-8192 (8am – 8pm Monday – Friday)

2. **In order to have your question answered accurately and quickly, make sure you have the following information ready when you call Anthem Customer Service.**

If you are calling to ask a benefit question, be sure to have:

- Your 12 digit unique identification number on your Anthem ID card OR your social security number;

If you are calling regarding a question on how a claim was processed, in addition to the above, be sure to have:

- The date of service, amount of the claim and the provider's name;
- Your Explanation of Benefits (EOB) that you received from Anthem reflecting how the claim was paid.

If you are calling regarding a claim that was denied and you discover that the provider submitted the claim with the wrong procedure or diagnosis codes, you should:

- First, contact the provider's office or hospital and request they rebill to Anthem with proper codes;
- Contact Anthem Customer Service to request Anthem Provider Relations Department contact the provider (if they are contracting with Anthem.)

IMPORTANT NOTE: Be sure to obtain the name of the Anthem Customer Service Representative that you spoke with and the date and time of the call. This information will be useful if you feel your issue was not resolved.

3. **If you feel that your questions/problems were not resolved to your satisfaction when you contacted Anthem's Customer Service,**

- You may follow the "Complaint and Appeals Procedures" shown in your Anthem Certificate.

OR

- You may call Tracey Obermyer of Liberty Local Schools at (330) 759-0799 Ext. 304 or via email at tracey.obermyer@ncsminn.org. Please be prepared to supply the following information:

- Your 12 digit unique identification number or social security number;
- The name of the Anthem Customer Service representative, date and time of your call;
- A summary of the issue or question and the response that you received from Anthem;
- Dates of service and amounts in question;
- Copies of your Anthem Explanation of Benefits (EOB) and any statements that you received from providers.