

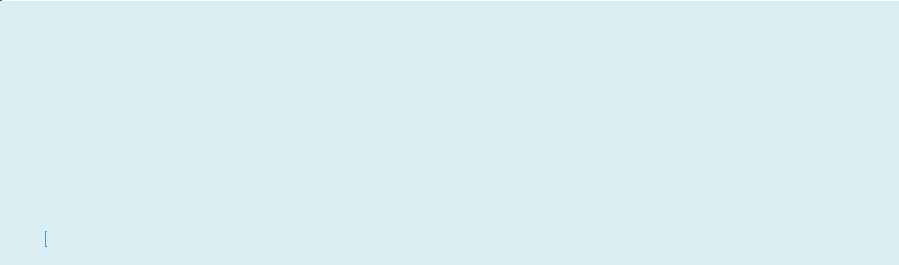
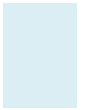
Anthem® BlueCross Life and Health Insurance Company

Your Plan: PRISM (CSURMA): Custom Premier PPO 500/20/80/60

Your Network: Prudent Buyer PPO

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$500 person / \$1,000 family	\$
Out-of-Pocket Limit	\$3,500 person / \$7,000 family	





Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i></p> <p>Office</p>	<p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p>

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Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Cardiac rehabilitation</p> <p>Office</p> <p>Outpatient Hospital</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p>Skilled Nursing Care (facility) <i>Coverage is limited to 100 days per benefit period.</i></p>	<p>20% coinsurance after the 669 medical deductible is met</p>	



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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.

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

Authorized group signature (if applicable)

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Get help in your language

Language Assistance Services



Curious to know what all this says? We would be too. Here's the English version:

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-888-254-2721. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

IMPORTANTE: ¿

م: هل يمكنك قراءة هذه الرسالة؟ إذا لم تستطع، فيمكننا المساعدة. يمكنك أيضًا الحصول على هذا الخطاب مكتوبًا بلغتك. للحصول على المساعدة المجانية، يُرجى الاتصال فورًا بالرقم 1-888-254-2721 (TTY/TDD: 711).

ما در خواندن این نامه را بخوانید؟ اگر نتوانید، می‌توانیم شخصی را به شما معرفی کنیم. همچنین می‌توانیم این نامه را به صورت نوشتاری در اختیار شما قرار دهیم. برای دریافت کمک رایگان، همین حالا با شماره 1-888-254-2721 (TTY/TDD: 711) تماس بگیرید.

महत्वपूर्ण: क्या आप इस पत्र को पढ़ सकते हैं? यदि नहीं, तो हम आपको इस पत्र को लिखने में मदद कर सकते हैं। यदि आप इस पत्र को लिखने में मदद चाहते हैं, तो हमें 1-888-254-2721 (TTY/TDD: 711) पर कॉल करें।

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សំនាម៖ តើអ្នកអាចអោយព័ត៌មានបន្ថែម? បើមិនអាចទេ យើងអាចទទួលបានការប្រាប់ពីអ្នកដទៃបាន។ អ្នកក៏អាចទទួលបានព័ត៌មានបន្ថែមបាន។ ប្រសិនបើអ្នកមានសំណួរអ្វីមួយ ទូរស័ព្ទមកសួរយើងបាន។ 1-888-254-2721

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online at [_____](#)