



BluePreferred PPO for Individuals

Individual and Family
Health Care Plans for Colorado

Anthem 

BluePreferred PPO: The Reliable Protection You



In today's world of early retirement offers, self-employment and single parenting, the need for reliable health care coverage for individuals is more critical than ever before.

When you don't have employer-sponsored health insurance, choosing the right health care plan becomes even more important — because you need dependable protection from high health care expenses. At Anthem Blue Cross and Blue Shield, we understand. That's why we offer BluePreferred PPO for Individuals.

Our BluePreferred PPO plans provide affordable coverage you can count on. They offer comprehensive benefits, convenience and access to one of the state's largest provider networks — all at competitive rates. Most importantly, BluePreferred PPO plans are backed by the strength, stability and security of Anthem Blue Cross and Blue Shield.

Benefits at a Glance

BluePreferred PPO plans provide the benefits you care about most and then some. Here's a snapshot of the coverage they offer:

- **Hospital care.** You get coverage for approved days in a semi-private room, or in a private room if it's medically necessary. This includes covered prescription drugs, lab services, X-rays, anesthesia and oxygen received during those days. Depending on the plan you choose, we pay a percentage of the allowed charges for in-network covered

services after you meet the plan deductible. For out-of-network covered services, we pay 60 percent of the allowed charge after you meet the out-of-network deductible.

- **Doctor office visits.** For most plans, non-routine office visits with in-network doctors are covered at 100 percent after a copayment. (One exception is the \$3,000 deductible plan — office visits are subject to the deductible and coinsurance.) Lab services, X-rays and out-of-network office visits are subject to the annual deductible and coinsurance.
- **Preventive care.** Many services are covered, including well-child doctor office visits, most immunizations for children, and health screenings like mammograms, Pap tests, and prostate and colorectal cancer screenings.
- **Inpatient and outpatient surgery.** Depending on the plan you choose, we pay a percentage of the allowed charge for in-network and out-of-network covered services after you meet the plan deductible.
- **Prescriptions.** You'll have coverage for many prescriptions, including oral contraceptives and contraceptive devices. You can fill prescriptions at any pharmacy in our network, which includes nearly every independent and chain-store pharmacy in the state.

Anthem.com — Your One-stop Resource

Visit our website to:

- Learn more about our BluePreferred PPO for Individuals plans.
- Get an instant quote and apply for coverage.
- Find an in-network doctor or hospital.
- Find health information at MyHealth@Anthem powered by WebMD®.
- Check the status of a claim.

You'll find all this and more at anthem.com.

Want — from the Name You Trust

Copayment amounts depend on whether your prescription is filled with a generic (\$15 copayment), brand-name (\$40 copayment) or non-formulary (\$60 copayment) drug. If you need a maintenance medication, our convenient mail-order prescription service is also available.

- **Emergency care and ambulance service.** If you have an emergency illness or injury, BluePreferred PPO has you covered — including coverage for ground and air ambulance travel up to our maximum allowable amount.
- **Vision care.** You'll have coverage for eye exams, lenses, frames and/or contacts. Our convenient Blue View Vision national network has over 35,000 vision care providers, including independent ophthalmologists and optometrists, as well as LensCraftersSM, Target Optical, and most Sears Optical and Pearle Vision locations. You also have coverage when you see out-of-network providers, although your out-of-pocket costs will be higher.
- **Accident benefits.** We'll pay the first \$500 of your covered health care expenses if you're involved in an accident.

- **Many extras.** We provide coverage for many types of health care services you might not expect, including physical rehabilitation, occupational and speech therapy, dental care for accidental injuries, and home health and hospice care. We even cover second surgical opinions.

Please refer to the Health Plan Description Form and certificate for complete details about plan benefits, limitations and exclusions.

One of the State's Largest Provider Networks

Our network has more than 9,700 health care providers and 70 hospitals throughout Colorado. When you use these in-network providers, you'll be covered at a higher level, which means lower out-of-pocket costs for you. You also won't have to complete and submit claim forms. For a current listing of providers in our network, go to anthem.com and click the Find the Doctor link.

If you use an out-of-network provider, you'll still have coverage, but you'll pay a higher deductible and a greater percentage of your health care costs.

However, unlike many other Individual health plans, BluePreferred PPO offers significant coverage when you receive care from out-of-network providers. And, an annual out-of-pocket maximum protects you from unmanageable health care costs related to out-of-network services.

A note about preauthorization: Some services, such as non-emergency hospital admissions, surgical procedures, durable medical equipment and home health care, require prior approval, or preauthorization, from Anthem Blue Cross and Blue Shield. Preauthorization helps ensure that treatment plans are medically necessary and consistent with generally accepted medical standards.

If you use out-of-network providers, you're responsible for ensuring that your doctor gets preauthorization.

More than 80 percent of U.S. hospitals and more than 90 percent of doctors accept Blue Cross and Blue Shield ID cards.

Save time and money on health products and services with SpecialOffers@Anthem

At Anthem Blue Cross and Blue Shield, we don't just talk about improving your health and well-being. We provide incentives — and savings — to help you live better. Go to anthem.com, log in as a health plan member, and click SpecialOffers@Anthem for information and discounts on health-related products and services like these:

- Weight-loss programs
- Fitness club memberships
- Vision correction surgery
- Cosmetic dentistry
- Smoking cessation programs
- Maternity and baby needs
- Health and wellness books

Protection to Carry with You, Wherever You Go

When you're an Anthem Blue Cross and Blue Shield member, your health plan ID card is your passport to health care coverage wherever you go — across the country and around the world — within plan and benefit limitations. Our BlueCard[®] program gives you access to doctors and hospitals almost everywhere in the United States and in over 200 countries around the world. That's a real plus when you travel or if you have covered family members who are temporarily living out of state.

Blues Quality Is Surprisingly Affordable

At Anthem Blue Cross and Blue Shield, we believe comprehensive coverage, convenience and choice don't have to add up to a high price tag. We encourage you to shop around and compare our benefits and services with other major health plans. We think you'll be pleased at how affordable our premiums are, making it possible for you to enjoy the security of Blue.

Save Time and Postage with Automatic Payment

We offer the convenience of automatic premium payments through your personal checking account or credit card (Visa, MasterCard or Discover). Our automatic pay service saves you time and postage and ensures your monthly premium payments arrive by their due date.

Automatic payment is entirely voluntary. To apply, just complete and mail the authorization form in the postage-paid envelope. Be sure to include a voided check if you're requesting automatic payment through your checking account.

How to Apply

To apply for BluePreferred PPO for Individuals coverage, complete the member application and mail it with a check for the first month's premium.

Or, apply online at anthem.com. Simply click the Members tab, choose Colorado from the drop-down menu and click Enter. Then click Apply Now for Individual and Family Health Insurance!

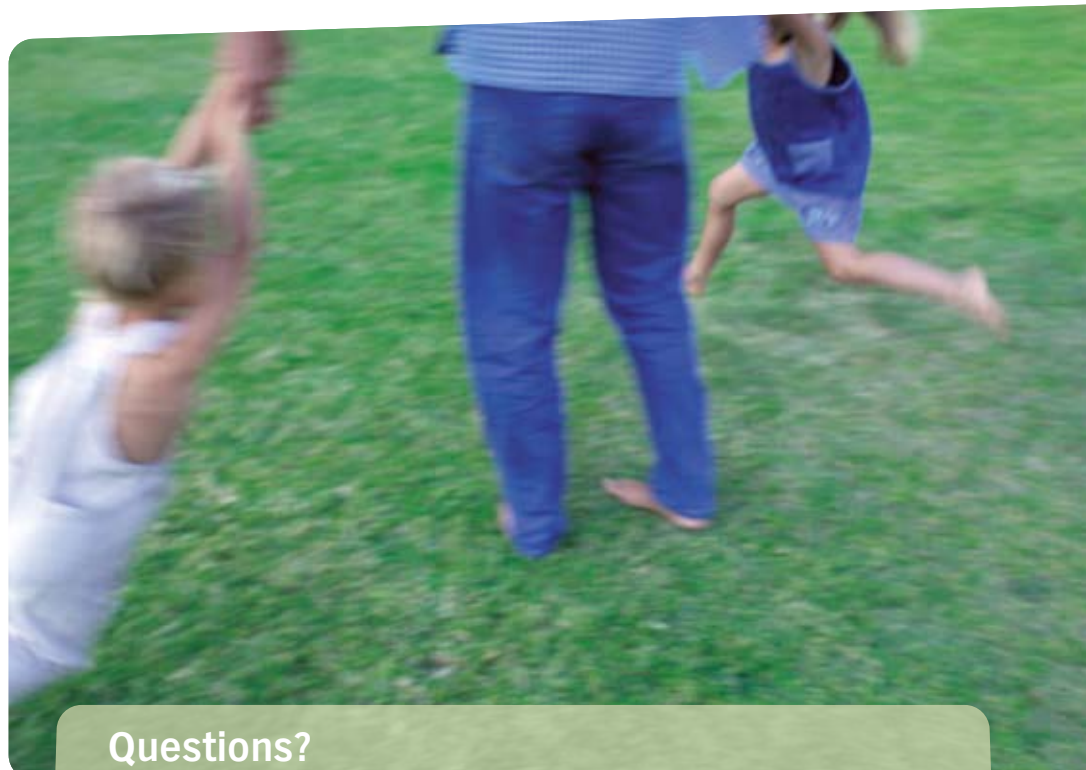
If you're approved for coverage, we'll send your health plan ID card(s) and detailed benefit information. After we receive and approve your completed application, you can choose any effective date for your policy within 60 days of your signature.

BluePreferred PPO for Individuals plans are also just right if you need coverage for a short time. Simply notify us in writing 31 days before you want to terminate your policy.

Security from a Name You Can Count On

BluePreferred PPO for Individuals plans are brought to you by Anthem Blue Cross and Blue Shield, an industry leader that provides health care coverage to more than 12.7 million Americans. Our mission is to improve the lives of the people we serve and the health of our communities. We appreciate the opportunity to serve you.

Nearly one in three Americans is protected by the Cross and Shield.



Questions?

Individual Sales.....866-293-2892
or call your authorized Anthem agent for help

Customer Service.....888-231-5046

Network Providers800-992-6907
or anthem.com

BlueCard Provider Information Line.....800-810-BLUE
or www.bcbs.com

Choosing the Plan That's Right for You

When it comes to health care plans, one size doesn't fit all. With BluePreferred PPO for Individuals, you can choose from a variety of plans. You determine the deductible and out-of-pocket maximum that fit your life and budget. The table below summarizes the differences between our available plans.

What You Pay

Understanding your financial responsibilities will help prevent unwelcome surprises. So, take a few minutes to review these basics about your share of health care costs. If you have questions, call our Individual sales department at 866-293-2892, or call your authorized Anthem agent.

Copayments

A copayment is a flat dollar amount you pay for a service. You don't have to meet your deductible to take advantage of copayments. For most benefits, just pay your copayment at the time of service, and the plan pays 100 percent of the remaining expenses. BluePreferred PPO plans include copayments for prescription drugs and medical office visits (except the \$3,000 deductible plan). If an office visit includes lab or X-ray services, those expenses are subject to the deductible and coinsurance.

Deductibles

A deductible is an annual dollar amount you must pay before we begin to cover most health care services. There are separate deductibles for in-network and out-of-network care. We apply expenses to your deductible when we process your claims.

Coinsurance

Once you meet your deductible, we start paying a percentage of eligible health care expenses. For most care, we pay 80 percent of the allowed charge for in-network covered services. We pay 60 percent of the allowed charge for out-of-network covered services. You pay the remaining coinsurance until applicable expenses reach your plan's annual out-of-pocket maximum.

A note about out-of-network provider fees: To help control costs, Anthem Blue Cross and Blue Shield has negotiated discounts with in-network providers. They've agreed to accept our contracted allowed charge as payment in full for services covered by the plan. Out-of-network providers may charge you more; if they do, you'll have to pay any amounts over our allowable charge.

Out-of-pocket Maximums

An annual out-of-pocket maximum protects you and your family from

unmanageable health care costs by putting a ceiling on the total coinsurance you'll pay per family member each year. If your applicable expenses reach this maximum, we'll cover 100 percent of allowed charges for the remainder of the benefit period, up to the lifetime maximum the plan will pay. Please note there are separate out-of-pocket maximums for in-network and out-of-network care.

The out-of-pocket maximum doesn't apply to copayments or deductibles. You'll continue to pay your copayments for office visits and prescription drugs even if you reach your out-of-pocket maximum.

Explanation of Benefits

After each claim is processed, you'll receive an explanation of benefits (EOB) form from Anthem Blue Cross and Blue Shield. An EOB describes how benefits have been paid, helps you understand the cost of care and illustrates the true value of your health plan.

Review each EOB carefully. It includes information about non-covered services, amounts applied toward deductibles and the status of out-of-pocket maximums. If you ever have questions or concerns about how benefits have been paid, please call customer service.

	Member's Office Visit Copayment	Rx Drug Copayments ¹	Annual In-network Deductible Per Person	Coinsurance Member Pays In-network/Out-of-network ²	In-network Out-of-pocket Maximum Per Person ³
BluePreferred PPO for Individuals Plan Design					
BP 500-25-80/60	\$25	\$15/\$40/\$60	\$500	20%/40%	\$1,000
BP 1,000-25-80/60	\$25	\$15/\$40/\$60	\$1,000	20%/40%	\$1,000
BP 2,000-25-80/60	\$25	\$15/\$40/\$60	\$2,000	20%/40%	\$1,000
BP 500-25-80/60	\$25	\$15/\$40/\$60	\$500	20%/40%	\$2,000
BP 1,000-25-80/60	\$25	\$15/\$40/\$60	\$1,000	20%/40%	\$2,000
BP 2,000-25-80/60	\$25	\$15/\$40/\$60	\$2,000	20%/40%	\$2,000
BP 3,000-80/60	20% coinsurance	\$15/\$40/\$60	\$3,000	20%/40%	\$2,000

¹ Dollar amounts for prescription drug copayments refer to generic/brand-name/non-formulary drugs.

² Coinsurance applies to most, but not all, covered services that aren't subject to copayments.

³ Copayments and deductibles don't apply toward annual out-of-pocket maximums.

See the BluePreferred PPO for Individuals Health Plan Description Form and certificate for more information about out-of-network deductibles and out-of-pocket maximums.

Important Information You Should Know

Rate Determination

- Rates are based on age, gender, benefit plan, family size, geographic location and tobacco use.
- When a member reaches an age that requires a rate change to a new age-band category, the adjustment will be made the following January.
- The rates for BluePreferred PPO for Individuals plans are subject to change with 30-day advance written notice.

Guaranteed Renewability of All Individual Health Policies

Anthem Blue Cross and Blue Shield will not cancel or refuse to renew any Individual policy, except under the following conditions:

- Non-payment of premium
- Fraud/misrepresentation by the insured
- Anthem Blue Cross and Blue Shield elects to discontinue offering all Individual policies.
- The state insurance commissioner finds that continuation of the coverage would not be in the best interests of the policyholders.
- The state insurance commissioner finds that the product form is obsolete and is being replaced with comparable coverage.

Limitations and Exclusions

This plan does not cover some services. The plan includes limitations and exclusions to protect against duplicate or unnecessary services that could unfairly offset the cost of health care coverage for the entire plan.

Please note the following examples of some of the plan's limitations and exclusions:

- Cosmetic surgery, unless it is required to correct a congenital anomaly, is related to reconstruction of the breast(s) following mastectomy, or is reconstructive surgery resulting from an accidental injury that occurred after the effective date of coverage
- Pregnancy expenses, unless they result from complications of pregnancy
- Blood transfusions (the first three pints of blood per hospital admission are the member's responsibility)
- Benefits provided under any local, state or federal laws, including workers' compensation and Medicare
- Routine physicals, immunizations and preventive services for adults

- Services by a family member
- Dental and orthodontic services
- Hearing aids and ear examinations
- Complications from non-covered services
- Private duty nursing
- Alcohol and substance abuse care
- Coverage for injectables, except insulin and syringes used for administration of insulin
- When an application for BluePreferred PPO for Individuals coverage is approved, Anthem will not pay expenses for services related to a pre-existing condition for up to 12 consecutive months after the original membership effective date. See the application for a full explanation.
- Based on medical screening, some conditions may be excluded from coverage for the lifetime of the policy under a rider to the certificate.
- Expenses for acupuncture, chiropractic services, artificial conception, biofeedback, convalescent or custodial care, sex change operations, temporomandibular joint therapy, and other specific procedures listed in the certificate
- Subrogation (third-party liability): Except for automobile accidents, benefits will not be provided for any condition or injury resulting from a wrongful act or omission of another party for which that party is or may be legally responsible.
- Preauthorization is required for many procedures, including covered cosmetic surgery, surgery for obesity, inpatient hospice care and organ transplants.

Medical Emergency

"Medical emergency" means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical attention, where failure to provide medical attention would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's health in serious jeopardy. The plan covers emergency services necessary to screen and stabilize a member without preauthorization if a prudent lay person, having average knowledge of health services and medicine and acting reasonably, would have believed that an emergency medical condition or life- or limb-threatening emergency existed.

Medically Necessary

Claims for services that are not medically necessary may be denied either before or after payment of such services. Benefits are payable only for medically necessary covered services and supplies that are:

- Appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition.

- Provided for the diagnosis or direct care and treatment of the medical condition.
- Within standards of good medical practice in the organized medical community.
- Not primarily for the convenience of the member, the member's physician or another provider.
- The most appropriate supply or level of service that can safely be provided. For hospital stays, this means acute care as an inpatient is necessary due to the kind of services received or the severity of the condition, and that safe and adequate care cannot be received as an outpatient or in a less acute medical setting.

Network Access Plan

Anthem Blue Cross and Blue Shield strives to provide an extensive provider network that adequately addresses members' health care needs. The network access plan describes Anthem's provider network standards for network adequacy in service, access and availability, as well as assessment procedures for determining if the network continues to meet member needs. The network access plan is available on request for in-person review at 700 Broadway, Individual Sales Department, Denver, Colorado.

Colorado Health Plan Description Form

Colorado law requires carriers to make available a Colorado Health Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three business days to a potential policyholder who has expressed interest in a particular plan. The carrier also must provide the form, on oral or written request, within three business days to any person who is interested in coverage under, or who is covered by, a health care benefits plan of the carrier.

If you would like a copy of the state-mandated Colorado Health Plan Description Form, which provides information on health plan benefits, provider contract arrangements and other information, please call 866-412-9149.

Please refer to the Health Plan Description Form and certificate for complete details about plan limitations and exclusions. If there is a conflict between the limitations and exclusions listed in this brochure and the Health Plan Description Form and certificate, the Health Plan Description Form and certificate will prevail.

For more information about Anthem Blue Cross and Blue Shield's products and services, please contact your authorized Anthem insurance agent, or visit our website at anthem.com.



Our mission is to improve the lives of the people we serve and the health of our communities.
Thank you for considering Anthem Blue Cross and Blue Shield.