

Anthem. 



BluePreferred PPO for Individuals

*An Affordable, Comprehensive Health Plan
From the Name You Trust*

-Colorado

BluePreferred: The Affordable and Reliable

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



When you are on your own, choosing a health plan takes on a whole new level of importance. Whether you are self-employed, between jobs, or have taken early retirement, the importance of securing reliable protection from high health care expenses can't be overstated. At Anthem Blue Cross and Blue Shield, we understand. And that's why we offer BluePreferred PPO for Individuals.

BluePreferred PPO for Individuals provides affordable coverage you can count on. It offers comprehensive benefits, convenience and access to one of the state's largest provider networks—all at very competitive rates. But most importantly, BluePreferred is backed by the strength, stability and security of Anthem Blue Cross and Blue Shield, Colorado's largest insurer and one of the most trusted names in health care.

BluePreferred Benefits at a Glance

BluePreferred provides the benefits you care most about and then some. Here is a snapshot of the coverage offered by BluePreferred:

- **Hospital care.** Hospital benefits include unlimited approved days in a semiprivate room or medically necessary private room. This includes drugs, lab services and x-rays, anesthesia, oxygen and blood transfusions received during those approved days. In-network services are covered at 80% after the deductible for both inpatient and outpatient services, and 60%

after the deductible for non-network services.

- **Physician office visits.** For most plan designs, non-routine office visits to network doctors are covered at 100% after a copay. (The one exception is the \$3000 deductible plan design, in which office visits are subject to the deductible and coinsurance). Lab, x-ray and out-of-network office visits are subject to the annual deductible and coinsurance.
- **Preventive care.** Many preventive care services are covered, including well-child physician office visits, immunizations for children and health screenings such as mammograms, Pap smears and prostate cancer screenings.
- **Inpatient and outpatient Surgery.** In-network inpatient and outpatient surgeries are covered at 80% after the plan deductible is met (60% for out-of-network). This includes transplants for these major organs: lung, heart, heart-lung, pancreas, cornea, kidney and bone marrow, within certain guidelines (\$1 million maximum benefit for each type of transplant).
- **Prescriptions.** Prescriptions, including oral contraceptives and contraceptive devices, are included. You can have prescriptions filled at any pharmacy in the network, which includes nearly every independent or chain store pharmacy in the state. Drug copays depend on whether

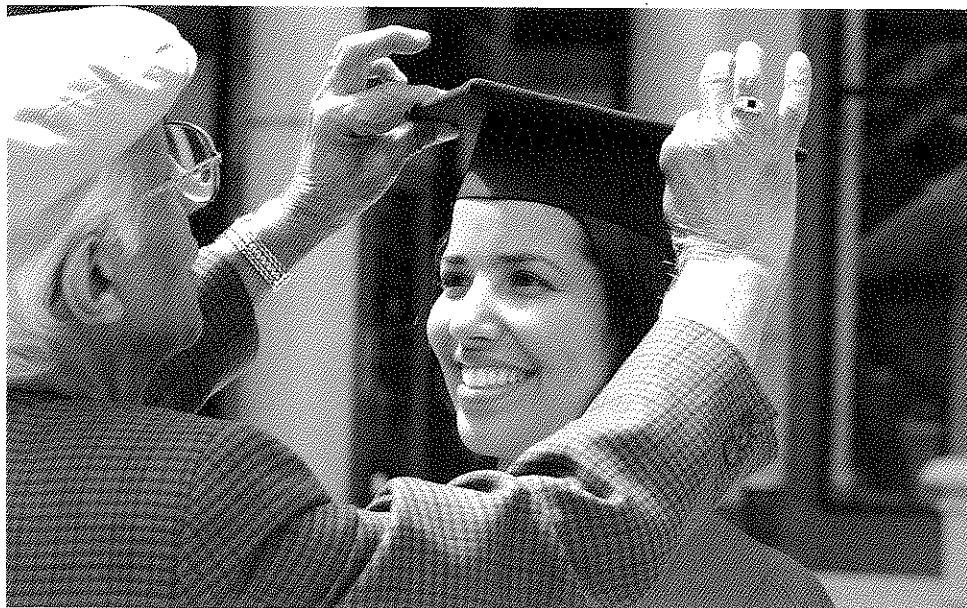
Protection You Want from the Name You Trust

your prescription is filled with a generic (\$15), brand name (\$40) or non-formulary (\$60) medication. For people who require maintenance medication such as insulin, this plan also offers the convenience of mail order prescription service.

- **Emergency care and ambulance service.** In case of emergency illness or injury, BluePreferred has you covered—including ground and air ambulance travel.
- **First-dollar coverage for accidents.** BluePreferred includes an additional \$500 Accident Benefit, which means you won't have to pay a deductible or coinsurance on the first \$500 of health care expenses incurred as a result of an accident.
- **Many "extras."** BluePreferred PPO for Individuals covers many types of health care expenses you might not expect, including physical rehabilitation, occupational and speech therapy, dental care for accidental

Please refer to the Health Plan Description Form or Membership Certificate for complete details on plan and benefit limitations.

injuries, mental health care, home health and hospice care. It even covers second surgical opinions.



One of the State's Largest Provider Networks

BluePreferred PPO for Individuals utilizes a network of nearly 10,800 health care providers and 68 hospitals throughout Colorado. When you use these providers, you'll receive a higher benefit level, which means lower out-of-pocket costs. You also won't have to submit claim forms.

If you prefer to use a non-network provider, you'll still have coverage. You'll pay a higher deductible and a greater percentage of your health care costs. But, unlike many other individual health plans, BluePreferred does offer meaningful coverage for care received from non-network providers. And, an annual stop/loss limit protects you from unmanageable health care costs related to non-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 provide the assurance that treatment plans are medically necessary and consistent with generally accepted medical standards.

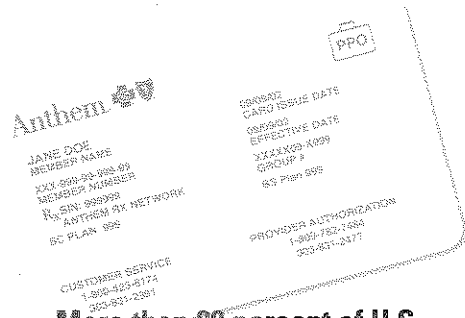
When you use network providers, they will take care of preauthorization for you. If you use non-network providers, ensuring your doctor gets preauthorization is your responsibility.

Protection You Carry With You, Wherever You Go

When you're a Blue Cross and Blue Shield plan member, your health plan ID card is your passport to health care benefits wherever you go—across the country and around the world.

Enroll Today. Questions? Call Anthem at 303-831-2290 or 1-800-873-2261. Or, contact your insurance broker.

Our BlueCard PPO program gives you access to doctors and hospitals almost everywhere in the U.S. This is a real plus when you travel or if you have eligible family members who live out of state. Even abroad, BluePreferred pays 60 percent of covered services, including emergency care.



More than 80 percent of U.S.

hospitals and more than 90 percent of physicians accept Blue Cross and Blue Shield cards.

Important Numbers

Individual Sales

303-831-2290 or 1-800-873-2261

Customer Service

303-831-2391 or 1-800-423-6174

Precertification for Surgery and Inpatient Hospital Care

303-831-2477 or 1-800-782-7484

Network Providers

303-831-2391 or www.anthem.com

BlueCard Away From Home Care

BlueCard 1-800-810-BLUE
www.BCBS.com

For provider information, FAQ's, health-related topics and so much more, log on to www.anthem.com!

Surprisingly Affordable Rates

For those without employer-sponsored insurance, the prospect of not having health benefits at all is very real. At Anthem Blue Cross and Blue Shield, we understand that comprehensive coverage, convenience and choice are all very desirable—but without affordable rates, few could enjoy the security of Blue.

We encourage you to shop around. Compare our benefits and service with other major health plans. We think you will be pleasantly surprised how BluePreferred rates compare!

Payment Convenience

At Anthem Blue Cross and Blue Shield, we offer the convenience of automatic payments from your personal bank account. Our Automatic Pay service saves you time and postage, and ensures your monthly premium payments arrive on time.

Automatic Pay is available to all BluePreferred for Individuals members and is entirely voluntary. To apply for Automatic Pay, just complete the enclosed authorization form and mail it along with a voided check in the postage-paid envelope.

How to Enroll

To enroll in BluePreferred PPO for Individuals, please complete the member application and mail it, along with a check for the first month's premium, in the enclosed postage-paid envelope.

Mail the application four weeks before you want your coverage to begin. Once you're approved for the plan, we will send you your health plan ID card and detailed benefit information.

Security From a Name You Can Count On

BluePreferred PPO for Individuals is brought to you by Anthem Blue Cross and Blue Shield, an industry leader that provides health care benefits and services to more than 7.6 million Americans. Our mission is to improve the health of the people we serve. We appreciate the opportunity to serve you.

One in Four Americans Is Protected by the Cross and Shield.

Anthem. 

Choosing the Plan that's Right for You

When it comes to health plans, one size does *not* fit all. With BluePreferred PPO for Individuals, you're able to choose from a variety of plan designs. You determine the deductible and stop/loss limit that fit your life and your budget. The table below summarizes the differences between available plans.

What You Pay

Understanding your financial responsibilities will help prevent unwelcome surprises. So please, take a few minutes to review these basics about your share of health care costs. If you have questions, contact our Sales Department for clarification.

Copays

A copay is a flat dollar amount you pay for a service. You do not have to meet your deductible to take advantage of copays. Just pay your copay at the time of service, and the plan pays 100% of the rest. BluePreferred PPO for Individuals includes copays for prescription drugs and non-routine office visits (except the \$3000 deductible plan design). If an office visit includes lab or x-ray services, those expenses are subject to the deductible and coinsurance.

Deductible

A deductible is an annual dollar amount that you must pay before BluePreferred begins to cover most medical services. There are separate deductibles for network and non-network care. Expenses applied to your deductible are calculated when claims are processed.

Coinsurance

Once your deductible is met, BluePreferred starts paying a percentage of eligible health care costs. For most care, BluePreferred pays 80% for in-network services and 60% for non-network services. You are responsible for the remaining coinsurance, until applicable expenses reach your plan's stop/loss limit.

A note about non-network provider fees:

To help control costs, Anthem Blue Cross and Blue Shield has negotiated discounts with network providers. All network providers have agreed to accept Anthem's contracted "allowable charge" as payment in full for services covered by the plan. Non-network providers may charge you more; if they do, you will be responsible for paying any amounts over Anthem's allowable charge.

Stop/Loss Limit

A stop/loss limit protects you and your family from unmanageable health care costs by putting a ceiling on the total coinsurance you will pay per family member each year. If your applicable expenses reach this maximum, BluePreferred will cover 100% of eligible charges for the remainder of the benefit period. Please note that there are separate stop/loss limits for network and non-network care.

Stop/Loss does not apply to copays. You will continue to pay your copays for office visits and prescription drugs even if you reach your stop/loss limit.

Explanation of Benefits

After each claim is processed, you and your provider will receive an Explanation of Benefits (EOB) 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.

Information on non-covered services, amounts applied toward deductibles and the status of out-of-pocket maximums are clearly detailed. Review each EOB carefully. If you ever have questions or concerns about how benefits have been paid, please call Customer Service.

BluePreferred Plan Design:	Office Visit Copay	Rx Drug Copays*	Annual Deductible Per Family Member Network/Non-Network	Coinsurance** Plan Pays Network/Non-Network	Per Family Member Stop/Loss Limit***	Your Annual Out-of-Pocket Maximum (Per Family Member)
BP 500/5,000	\$25	15/40/60	\$500/\$1,000	80%/60%	\$5,000	Your deductible plus \$1,000 (deductible plus \$2,000 for non-network services)
BP 1,000/5,000	\$25	15/40/60	\$1,000/\$2,000	80%/60%	\$5,000	
BP 2,000/5,000	\$25	15/40/60	\$2,000/\$4,000	80%/60%	\$5,000	
BP 500/10,000	\$25	15/40/60	\$500/\$1,000	80%/60%	\$10,000	Your deductible plus \$2,000 (deductible plus \$4,000 for non-network services)
BP 1,000/10,000	\$25	15/40/60	\$1,000/\$2,000	80%/60%	\$10,000	
BP 2,000/10,000	\$25	15/40/60	\$2,000/\$4,000	80%/60%	\$10,000	
BP 3,000/10,000	N/A	15/40/60	\$3,000/\$10,000	80%/60%	\$10,000	

* Dollar amounts for prescription drug copays refer to generic/brandname/non-formulary drugs.

** Coinsurance applies to most, but not all, covered services that are not subject to copay.

*** Copays and deductibles do not apply toward annual stop/loss limits. There are separate stop/loss limits for network and non-network services.

Important Information You Should Know

Rate determination

- Rates are based on age, gender, benefit plan, family size and tobacco use.
- When a customer or spouse attains an age that requires a rate change to a new category, the adjustment will be made the month following his or her birthday.
- The rates for BluePreferred PPO for Individuals 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:

- Nonpayment of premium.
- Fraud/misrepresentation by the insured.
- The insurer, Anthem BCBS, 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 commissioner finds that the product form is obsolete and is being replaced with comparable coverage.

Limitations and exclusions

In order to keep BluePreferred PPO for Individuals an affordable health plan, the plan does not cover some services. The plan includes some limitations and exclusions to protect against duplicate or unnecessary services that could unfairly offset the cost of health-care coverage.

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

- Cosmetic surgery is not covered, unless it is required to correct a congenital anomaly, or is reconstructive surgery resulting from an accidental injury that occurred after the effective date of coverage
- Pregnancy expenses unless resulting 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 or preventive services for adults.
- Services by a family member
- Dental and orthodontic services

- Eyeglasses, hearing aids, and examinations for eyes and ears
- Weight-reduction services
- Complications from noncovered services
- Private duty nursing
- Alcohol and substance abuse care
- Expenses resulting from pre-existing conditions are not paid until the coverage of the BluePreferred certificate has been in effect for 12 consecutive months. See the application for a full explanation. Based on medical screening, some conditions may be excluded from coverage under this certificate by a rider.
- Expenses for acupuncture, chiropractic, artificial conception, biofeedback, convalescent or custodial care, sex change operations, temporomandibular joint therapy and other specific procedures listed in the Membership Certificate.
- Subrogation (Third-Party Liability): 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.
- Benefits will be coordinated with the coverage provided under the Colorado Auto Accident Reparation Act ("no fault").
- Preauthorization is required for cosmetic surgery, surgery for obesity, inpatient hospice care and organ transplants. Inpatient dental surgery is covered only as a result of an accident after the effective date of coverage, and requires preauthorization.

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. We cover emergency services necessary to screen and stabilize a member without prior authorization 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 covered services and supplies that are medically necessary which meet the following definition:

- Appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition, and
- Provided for the diagnosis or direct care and treatment of the medical condition, and
- Within standards of good medical practice within the organized medical community, and
- Not primarily for the convenience of the Member, the Member's physician or another provider, and
- The most appropriate supply or level of services which can safely be provided. For Hospital stays this means acute care as an inpatient is necessary due to the kind of services you are receiving or the severity of your 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 BCBS' provider network standards for ensuring network sufficiency in service, access and availability, as well as assessment procedures to ensure that the network continues to meet member needs. This document is available upon request for your in-person review at 700 Broadway in Denver, Colorado, in the Individual Sales Department, Third Floor.

Colorado Health Plan Description Form

Colorado law requires carriers to make available a Colorado Comprehensive Health Benefit Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan. The carrier also must provide the form, upon oral or written request, within three (3) business days to any person who is interested in coverage under, or who is covered by, a health benefit plan of the carrier.

If you would like a copy of the state-mandated Colorado Comprehensive Health Benefit Plan Description Form, which provides information on health plan benefits, provider contract arrangements and other information, call (303) 831-2290 or 1-800-873-2261.

This brochure gives a general benefit summary for this health plan. A complete list and description of benefits, limitations and exclusions are found in and are governed by the Membership Certificate, which you will receive upon acceptance of your application.

