



BluePreferred PPO for Individuals

*Affordable, Flexible Health Care Benefits
Designed for Individuals and Families*

BluePreferred PPO: The Reliable Protection



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

When you are on your own, choosing a health care benefits plan takes on a whole new level of importance. Whether you are self-employed, between jobs, have taken early retirement or do not have access to employer-sponsored health insurance for any other reason, 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 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 PPO 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 benefits.

BluePreferred PPO for Individuals Benefits at a Glance

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

- **Physician office visits.** For most plan designs, non-routine office visits to in-network doctors are covered at 100 percent after a copayment. (One exception is the \$3,000 deductible plan, under which 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 preventive care services are covered, including well-child physician office visits, most immunizations for children, and health screenings such as mammograms, Pap tests and prostate cancer screenings.
- **Inpatient and outpatient surgery.** Inpatient and outpatient services performed in-network are covered at 80 percent of allowed charges after the plan deductible is met. Inpatient and outpatient services received out-of-network are covered at 60 percent of allowed charges after the out-of-network deductible is met. This includes coverage for lung, heart, heart-lung, pancreas, cornea, kidney and bone marrow transplants, within certain guidelines and with a \$1 million lifetime maximum benefit for each type of transplant.
- **Hospital care.** Hospital benefits include coverage for approved days in a semi-private room, or in a private room if it is medically necessary. This includes covered prescription drugs, lab services, X-rays, anesthesia and oxygen received during those approved days. Inpatient and outpatient services received in-network are covered at 80 percent of allowed charges after the plan deductible is met. Inpatient and outpatient services received out-of-network are covered at 60 percent of allowed charges after the out-of-network deductible is met.

To find out more about BluePreferred PPO for Individuals and Anthem Blue Cross and Blue Shield, visit www.anthem.com.



There, you can read about plan benefits, search the provider directory, get an instant quote for health insurance coverage, complete an application and much more. Whether you're looking for a doctor, searching for information about a particular health topic or seeing what Anthem has to offer, visiting www.anthem.com makes it easy.

You Want—from the Name You Trust

- **Prescriptions.** BluePreferred PPO for Individuals plans include coverage for many prescriptions, including oral contraceptives and contraceptive devices. You may have prescriptions filled at any pharmacy in the network, which includes nearly every independent or chain store pharmacy in the state. Drug copayment amounts depend on whether your prescription is filled with a generic (\$15 copayment), brand-name (\$40 copayment) or non-formulary (\$60 copayment) medication. For people who require maintenance medication, convenient mail-order prescription service is also available.

Please refer to the Health Plan Description Form or certificate for complete details on plan benefits and their limitations and exclusions.

- **Emergency care and ambulance service.** In case of emergency illness or injury, BluePreferred PPO has you covered—including coverage for ground and air ambulance travel up to the maximum benefit allowable.
- **Vision care.** Vision benefits are now included in all BluePreferred PPO for Individuals plans. Coverage includes benefits for eye exams, lenses, frames and/or contacts and is serviced by a national network of over 14,000 independent ophthalmologists, optometrists, opticians and retail outlets, including LensCrafters. Out-of-network benefits allow members to see providers outside our extensive network and still receive reimbursements, but at a lower level, according to the schedule in the Health Plan Description Form.



- **First-dollar coverage for accidents.** BluePreferred PPO includes an additional \$500 accident benefit, which means you won't have to pay a deductible or coinsurance on the first \$500 of covered health care expenses incurred as a result of an accident.
- **Many "extras."** BluePreferred PPO provides coverage for many types of health care expenses you might not expect, including physical rehabilitation, occupational and speech therapy, dental care for accidental injuries, mental health care, home health and hospice care, and vision care services. It even covers second surgical opinions.

One of the State's Largest Provider Networks

BluePreferred PPO utilizes a network of nearly 8,500 health care providers and 66 hospitals throughout Colorado. When you use these network providers, you'll receive benefits at a higher level, which means lower out-of-pocket costs for you. You also won't have to submit claim forms. For an up-to-date listing of our current network providers, visit www.anthem.com and click on the "Find the Doctor" link.

If you prefer to 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 meaningful coverage for care received from out-of-network providers. And, an annual stop-loss limit protects you from unmanageable health care costs related to out-of-network services.

A note about pre-certification: Some services, such as non-emergency hospital admissions, surgical procedures, durable medical equipment and home health care, require prior approval, or "pre-certification," from Anthem Blue Cross and

SpecialOffers@Anthem



Did you know that as an Anthem member, you have access to SpecialOffers@Anthem? SpecialOffers@Anthem helps save you time and money on a variety of products and services you routinely buy, all at no extra cost. Log on to www.anthem.com, sign in as a health plan member, and click on the SpecialOffers@Anthem link for information and discounts on weight loss programs, laser vision correction, hearing aids, baby and maternity products, books, and much more.



JANE DOE
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R_x BIN: 999999
ANTHEM RX NETWORK
BC PLAN 999

09/09/02
CARD ISSUE DATE
09/09/02
EFFECTIVE DATE
XXXXX09-X999
GROUP #
BS Plan 999

CUSTOMER SERVICE
1-800-423-6174
303-831-2391

PROVIDER AUTHORIZATION
1-800-782-7484
303-831-2477



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

Blue Shield. Pre-certification helps provide the assurance that treatment plans are medically necessary and consistent with generally accepted medical standards.

If you use out-of-network providers, you are responsible for ensuring that your doctor gets pre-certification.

Protection You 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 benefits wherever you go—across the country and around the world—within the plan and benefit limitations under your certificate. Our BlueCard® program gives you access to doctors and hospitals almost everywhere in the United States. This is a real plus when you travel or if you have eligible family members who are temporarily living out of state. Even abroad, BluePreferred PPO pays 60 percent of the allowed charges for covered services, including emergency care.

Surprisingly Affordable Rates

At Anthem Blue Cross and Blue Shield, we understand that comprehensive coverage, convenience and choice are all very desirable. Thanks to surprisingly affordable rates, even those without employer-sponsored insurance can 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 pleased at how BluePreferred PPO for Individuals rates compare.

Save Time and Postage with Automatic Pay

Anthem Blue Cross and Blue Shield offers the convenience of automatic premium payments through 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 PPO members and is entirely voluntary.

Questions?

Individual Sales

303-831-2290 or 800-873-2261

Customer Service

303-831-2391 or 800-423-6174

Pre-certification for Surgery and Inpatient Hospital Care

303-831-2477 or 800-782-7484

Network Providers

303-831-2391 or www.anthem.com

BlueCard Away From Home Care

800-810-BLUE

www.bcbs.com

To apply for automatic pay, just complete the authorization form and mail it along with a voided check in the postage-paid envelope.

How to Apply

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

Be sure to mail the application at least four weeks before you want your coverage to begin. If you're approved for the plan, we will send your health plan ID card and detailed benefit information.

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

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 to more than 11.7 million Americans. Our mission is to improve the health of the people we serve. We appreciate the opportunity to serve you.

**Nearly One in Three
Americans
Is Protected by
the Cross and Shield**



Choosing the Plan That's Right for You

When it comes to health care benefits 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 at 303-831-2290 or toll free at 800-873-2261 for clarification.

Copayments

A copayment is a flat dollar amount you pay for a service. You do not 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 for Individuals includes copayments for prescription drugs and non-routine office visits (except the \$3,000 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 in-network and out-of-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 expenses. For most care, BluePreferred PPO for Individuals pays 80 percent for in-network services and 60 percent for out-of-network services. You are responsible for the remaining coinsurance until applicable expenses reach your plan's stop-loss limit.

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. All in-network providers have agreed to accept Anthem's contracted "allowable charge" as payment in full for services covered by the plan. Out-of-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 PPO for Individuals will cover 100 percent of eligible benefit charges for the remainder of the benefit period. Please note that there are separate stop-loss limits for in-network and out-of-network care.

The stop-loss limit does not apply to copayments or deductibles. You will continue to pay your copayments for office visits and prescription drugs even if you reach your stop-loss limit.

Explanation of Benefits

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

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

	Office Visit Copayment	Rx Drug Copayments*	Annual In-network Deductible Per Family Member In-network/Out-of-network	Coinsurance** Plan Pays In-network/Out-of-network	Per Family Member Stop-loss Limit***	Your Annual Out-of-pocket Maximum (Per Family Member)
BluePreferred PPO for Individuals Plan Design:						
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 out-of-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 out-of-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/\$6,000	80%/60%	\$10,000	

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

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

*** Copayments and deductibles do not apply toward annual stop-loss limits. There are separate stop-loss limits for in-network and out-of-network services.

Important Information You Should Know

Rate determination

- Rates are based on age, gender, benefit plan, family size 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 month following the member's 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
- 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

To keep BluePreferred PPO for Individuals affordable, the health 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, 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.
- Pre-certification 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 pre-certification 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 Blue Cross and Blue Shield'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 303-831-2290 or toll-free at 800-873-2261.

This brochure provides a general benefit summary for the BluePreferred PPO for Individuals health care benefits plans. A complete list and description of benefits and their limitations and exclusions is found in, and is governed by, the certificate.



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