


**Our plans
fit your
plans.**



BluePreferred PPO



Is the BluePreferred PPO plan right for you?

- Traditional benefits that are easy to understand
- A choice of four deductibles: \$500, \$1,000, \$2,000 or \$3,000
- Comprehensive (generic and brand-name) prescription drug coverage with no separate deductible
- True vision benefits

Is your doctor in our network?

Go to [anthem.com](https://www.anthem.com) > Nevada > "Find a Doctor."

What makes Anthem Blue Cross and Blue Shield plans a smart choice?

1. A choice of plans to fit your budget.

No matter where you are in life, we have a plan that will fit your health care needs, as well as your budget.

2. One of the largest networks in Nevada.

With more than 2,500 doctors and nearly 40 hospitals throughout the state, the chances are that your doctor is one of ours. And all our network providers have lower rates for our members, so your share of costs will be less.

3. Coverage that travels with you.

No matter where life takes you — whether it's around the state or across the country — Anthem has you covered.

4. Dental and life insurance options.

To enhance your health and financial security, we also offer dental and term life coverage.

5. The Anthem advantage.

You can relax knowing that Anthem has been providing quality health care coverage to Nevada residents for many years. We understand your health insurance needs and offer you plans that are backed by the strength, security and stability of Anthem.

As you read this brochure...

Here are some explanations of terms to help you better understand how BluePreferred PPO plans work and the coverage they offer:

- **Deductible:** Typically this is the amount you have to pay each calendar year for services that your health care plan covers before the plan begins paying. Usually, the higher a plan's deductible is, the lower the monthly premiums are.
- **Coinsurance:** After your annual deductible is met, this is the percentage of the cost for which you will be responsible for services that your plan covers.
- **Copay (copayment):** A specific dollar amount you have to pay out of your own pocket for covered services.
- **Out-of-Pocket Maximum:** With the BluePreferred PPO plan, this is the maximum amount of money (not counting your premiums) that you'll have to pay each year for your covered medical services. Your deductible and coinsurance payments for covered services count toward your out-of-pocket maximum. Once you reach the maximum amount, the plan pays 100% for most in-network covered medical services for the rest of the calendar year (excluding copays).
- **Drug formulary:** This is a list of brand-name and generic medications that have been rigorously reviewed and selected by a committee of practicing doctors and clinical pharmacists for their quality and effectiveness. You may help control the amount you pay for prescriptions by encouraging your doctors to prescribe medications from the Anthem formulary on our website at anthem.com.
- **Brand-name drugs:** These drugs are manufactured and marketed under a registered trade name.
- **Generic drugs:** These drugs have the same active ingredient as their brand-name equivalent and provide the same clinical benefits. You'll normally save the most when you select generic drugs.

Built-in prescription drug coverage

The cost of prescription drugs can be staggering and is one of the leading causes of rising health care costs. To help control your share of the costs, the BluePreferred PPO plan includes comprehensive coverage for both generic and brand-name prescription drugs with no separate deductible.

Plan Benefits		BluePreferred PPO							
		In-Network				Out-of-Network ⁴			
Annual Deductible Choices	Individual	\$500	\$1,000	\$2,000	\$3,000	\$1,000	\$2,000	\$4,000	\$6,000
	Family ¹	\$1,500	\$3,000	\$6,000	\$9,000	\$3,000	\$6,000	\$12,000	\$18,000
Annual Out-of-Pocket Maximum <i>(includes deductible)</i>	Individual	\$3,500	\$4,000	\$6,500	\$7,500	\$7,000	\$8,000	\$11,500	\$13,500
	Family ²	\$7,500	\$9,000	\$15,000	\$18,000	\$15,000	\$18,000	\$27,000	\$30,000
Lifetime Maximum		Plan pays up to \$2 Million per member							

Covered Services ⁵ <i>The amounts shown are your share of costs after any deductible</i>		In-Network	Out-of-Network ⁴
Doctors' Office Visits ³		\$30 copay (with \$500 deductible plan) OR \$35 copay (with \$1,000 deductible plan) OR \$40 copay (with \$2,000 deductible plan) OR 30% coinsurance (with \$3,000 deductible plan)	50%
Professional Services <i>(X-ray, lab, anesthesia, surgeon, etc.)</i>		20% (with \$500 and \$1,000 deductible plans) OR 30% (with \$2,000 and \$3,000 deductible plans)	50%
Hospital Inpatient <i>(overnight hospital stays)</i>		20% (with \$500 and \$1,000 deductible plans) OR 30% (with \$2,000 and \$3,000 deductible plans)	50%
Hospital Outpatient <i>(if you don't stay overnight)</i>		20% (with \$500 and \$1,000 deductible plans) OR 30% (with \$2,000 and \$3,000 deductible plans)	50%
Emergency Room Services		20% (with \$500 and \$1,000 deductible plans) OR 30% (with \$2,000 and \$3,000 deductible plans)	50%
Maternity		not covered	
Preventive Care Services <i>(including appropriate screening for breast, cervical, ovarian and prostate cancer)</i>	Adult Services	Deductible waived before the following services: Mammogram: Any charges over Anthem's \$85 payment per test Pap test: Any charges over Anthem's \$75 payment per test Prostate screening: 20% (with \$500 and \$1,000 deductible plans) OR 30% (with \$2,000 and \$3,000 deductible plans)	50% Mammogram: Any charges over Anthem's \$85 payment per test
	Children's Services	20% or 30% <i>(deductible waived)</i>	50%
Ambulance <i>(Maximum benefit is \$500 ground; \$5,000 for air)</i>		20% (with \$500 and \$1,000 deductible plans) OR 30% (with \$2,000 and \$3,000 deductible plans)	50%
Prescription Drug Coverage		Generic formulary: \$15 copay Brand-name formulary: \$40 copay Non-formulary: \$60 copay	not covered

1 No single member can contribute more than their individual deductible toward meeting the family deductible.

2 No single family member can contribute more than their individual out-of-pocket maximum toward meeting the family out-of-pocket maximum.

3 Only some services are covered as part of an office visit. All other covered services are subject to applicable coinsurance or cost-sharing.

4 If you receive services from a non-participating provider, you will pay the coinsurance plus any difference between our Maximum Benefit Amount (MBA) and the provider's billed charges.

5 Other covered services include, but are not limited to, ambulance, chiropractic services and mental health care. For a comprehensive list of covered services, limitations and exclusions, refer to the Health Plan Description Form and Certificate.

Give yourself every advantage...
good health, a bright smile
and financial security.



Why dental coverage?

Dental care can play an important role in your overall health. Regular checkups and cleanings can help detect the early signs of oral health problems, reduce the risk of permanent damage to your teeth and gums, and prevent costly treatments down the road.

Improve your quality of life, self-confidence and appearance by making good oral health a part of your daily routine and by taking advantage of the benefits offered with the Anthem Blue Dental PPO plan.

This plan gives you coverage for routine check-ups, X-rays and cleanings as soon as you enroll. After you've been covered for six months, you'll get additional coverage for fillings. After twelve months, you'll get coverage for major dental care which can help you save a lot on procedures like root canals, crowns and dentures.

With the Anthem Blue Dental PPO plan, you may visit any dentist you choose. However, your costs will usually be less when you use dentists in our network.

**For more information
on our dental plans or
life insurance, ask your
Anthem Agent today!**

Why term life insurance?

Losing a loved one is hard enough without having to worry about financial obligations. Families are often unprepared for this sudden loss, and term life insurance can provide financial support and peace of mind at a difficult time. Here are just a couple of reasons why you'll want to purchase Blue Preferred Life™ from Anthem Life Insurance Company:

- It's inexpensive – just pennies a day
- It's easy – no additional forms are required to enroll

Term life monthly rates

Age	\$15,000 benefit	\$25,000 benefit	\$50,000 benefit	\$75,000 benefit	\$100,000 benefit
1-18	\$1.50	\$2.50	N/A	N/A	N/A
19-29	\$2.80	\$4.65	\$9.30	\$11.25	\$13.00
30-39	\$3.25	\$5.40	\$10.80	\$13.50	\$16.00
40-49	\$7.50	\$12.50	\$25.00	\$33.75	\$42.00
50-59	\$20.90	\$34.80	\$69.60	\$97.50	\$125.00
60-64	\$29.40	\$49.00	\$98.00	\$142.50	\$185.00

Enrollment guidelines for Individual health care plans

To enroll, you must be:

- Age 64 or younger and
- A permanent legal resident of Nevada.

Medical underwriting requirement

We believe the cost of our plans should be consistent with your expected health care needs and risk factors. That's why Anthem offers various levels of coverage. To determine individual medical risk factors, all enrollments are subject to medical underwriting. Depending on the results of the underwriting review, a number of things may happen:

- You may be offered coverage at the standard premium rate, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plan(s) listed in this brochure, or
- You may be offered an alternate plan.

If you have a significant medical condition and don't qualify for the plan you've chosen from this brochure or if you have discontinued group coverage, please contact your Anthem representative for information regarding other Individual coverage options.

Rate determinations

For Individual policies, rates are determined as follows:

- Rates are based on age, gender, benefit plan, family size, geographic location and tobacco use.
- For families with more than three children, the family rate is capped at three children.
- When a member or spouse attains an age that requires a rate change to a new category, the adjustment will be made on the policy anniversary date and the premium will be automatically adjusted to the new rate.
- Rates are subject to change with 60-day written notice.

Waiting periods

There is a 12-month waiting period for coverage of any health condition, whether physical or mental, for which medical advice, diagnosis, care or treatment was recommended or received within 6 months preceding the coverage effective date.

If you apply for coverage within 63 days of terminating your membership with another "creditable" health care benefits plan, you may use your prior coverage for credit toward the 12-month waiting period. Anthem will credit the time you were enrolled in the previous plan. Consult with your Anthem agent or representative if you have a question about the underwriting process.

Guaranteed Renewability of All Individual Health Policies

Anthem will not cancel or refuse to renew any Individual policy, except for the following reasons:

- Nonpayment of premium.
- Fraud or intentional misrepresentation of material fact by the insured.
- Anthem elects to discontinue offering and renewing all Individual policies.
- The state insurance commissioner finds that the continuation of the coverage would not be in the best interests of the policyholders, the plan is obsolete, or would impair the carrier's ability to meet its contractual obligations.
- The state insurance commissioner finds that the product form is obsolete and is being replaced with comparable coverage.

Nevada Health Plan Description Form

Nevada law requires carriers to make available a Nevada 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 Nevada Health Plan Description Form, which provides information on health plan benefits, provider contract arrangements and other information, please contact your Anthem agent.

For complete details about benefits, procedures, limitations and exclusions, please refer to the Health Plan Description Form and Certificate. In the event of a conflict between anything printed in this brochure and the Certificate, the terms of the Certificate will prevail.

Terms of Coverage

Coverage remains in force as long as you pay the required premiums on time and for as long as you remain eligible for membership. Coverage will cease if you become ineligible due to:

- Residency requirements and/or
- Duplicate Individual coverage with Anthem.

We may change rates with at least 60 days advance written notice. We may change coverage or benefits with 90-day advance written notice. Anthem does not change coverage or rates unless the change applies to all covered persons of the same class.

What the BluePreferred PPO plan does not cover

The following information will help you understand what your health care plan does not include before you enroll. This is an overview only. For a complete list of exclusions and limitations, you can request a copy of the plan's Summary of Benefits and Certificate. Just ask your Anthem agent for a copy.

Exclusions and Limitations

- Maternity and pregnancy care.
- Conditions covered by workers' compensation or similar law.
- Experimental or investigative services.
- Services provided by a local, state, federal or foreign government.
- Services or supplies not specifically listed as covered in the Certificate.
- Services received before your plan effective date or after coverage ends, except as stated in your Certificate.
- Any services received by Medicare benefits without payment of additional premium.
- Services or supplies that are not medically necessary.
- Routine physical exams, except for preventive care services (e.g., physical exams for insurance, employment, licenses or school are not covered), except as specifically stated in the Certificate.
- Any amounts in excess of the maximum amounts listed in the Certificate.
- Sex change operations.
- Cosmetic surgery.
- Services primarily for weight reduction except medically necessary treatment for morbid obesity.
- Dental care, dental implants or treatment to the teeth, except as specifically stated in the Certificate.
- Hearing aids.
- Infertility services.
- Private duty nursing.
- Eyeglasses or contact lenses.
- Vision care including certain eye surgeries to replace glasses, except as specifically stated in the Certificate.
- Services received for mental and nervous disorders and substance abuse, except as specifically stated in the Certificate.
- Certain orthopedic shoes or shoe inserts, except as specifically stated in the Certificate.
- Services or supplies related to a pre-existing condition.
- Telephone or internet consultations.
- Educational services except as specifically provided or arranged by Anthem.
- Nutritional counseling or food or dietary supplements, except for diabetic nutritional counseling, formulas and special food products to prevent complications of phenylketonuria (PKU) and inherited enzymatic disorders as stated in the Certificate.
- Personal comfort items.
- Custodial care.
- Certain genetic testing.

Ready to Enroll?
Call your Anthem Agent today!

No-obligation review period

After you enroll in an Anthem plan, you'll receive a Certificate that explains the terms and conditions of coverage, including the plan's exclusions and limitations. You have 30 full days to examine your plan's features. During that time, if you're not fully satisfied, you may decline coverage by returning your Certificate along with a letter notifying us that you want to discontinue coverage. You'll receive a full refund of any premium you've paid, less any claims we've paid on your behalf. Certificates are available to examine before enrolling. Ask your agent or Anthem.

Si necesita asistencia o materiales de venta en español, por favor contacte a su agente Anthem Blue Cross and Blue Shield.

This brochure provides a brief summary of benefits and services. If there is any difference between this brochure and the Summary of Benefits/Certificate, the Certificate will prevail.

Rates and benefits effective 1/1/08 and are subject to change.

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