

It's all about the journey.



RightPlan PPO 40



Individual Health Plans for Colorado

These plans are designed to benefit a range of life stages and priorities.

- Those wanting simple, immediate benefits with no medical deductible
- Self-employed individuals
- Empty nesters and early retirees
- Children not covered by their parents' plan
- Young adults losing dependent coverage



It's all about the journey.

RightPlan PPO 40—It's all about **choices.**

RightPlan PPO 40 from Anthem Blue Cross and Blue Shield offers a popular new plan design that easily fits a variety of lifestyles. Its three no-medical-deductible plans allow you to get immediate benefits—and the monthly premiums are among our lowest. You'll pay a simple \$40 copayment for doctor's office visits. Choose the plan that's right for you.



Want immediate benefits without a medical deductible? Look into RightPlan PPO 40.

- **RightPlan PPO 40 – No Rx:** If you don't want prescription drug coverage, this plan keeps your monthly premiums as low as possible.
- **RightPlan PPO 40 – Generic Rx:** Pay just a \$10 copayment for generic drugs from Anthem Blue Cross and Blue Shield's generic prescription drug list. Brand-name prescription drugs aren't covered under this plan.
- **RightPlan PPO 40 – Comprehensive Rx:** Pay a \$10 copayment for generic drugs, or pay a \$30 copayment for brand-name drugs from Anthem's national prescription drug list/formulary, after you meet the annual \$500 brand-name prescription drug deductible.

Protect Your Health and Financial Future

Even if you're healthy, you could be caught off-guard by an unexpected illness, injury or serious accident. Health care expenses can quickly add up to a staggering financial loss. RightPlan PPO 40 can help limit your out-of-pocket costs, protect your assets and safeguard your future earnings.

You can get even more value from your health plan by taking advantage of programs and services to help you stay healthy—such as preventive care screenings, health and wellness programs, and healthy living resources at anthem.com. Visit **MyHealth@Anthem** powered by **WebMD**® for resources and services to help you take an active role in managing your health.

Save Even More with Prescription Drug Options

You can reduce your monthly premium even further by choosing the generic only or no prescription drug option with your plan. For a list of drugs on Anthem Blue Cross and Blue Shield's generic prescription drug list, go to anthem.com, select **Colorado** under the Members tab and choose **Prescription** under the Plans & Benefits tab. Click **Search the Drug List and Formulary**, and then click **Forms and Documents** to view or print the list.



RightPlan PPO 40 Includes:

- Access to more than 10,000 providers and more than 70 acute care hospitals in our statewide Colorado network—so you're covered just about anywhere.
- Savings for you—because we've negotiated lower rates with providers and hospitals in our network, you pay a lower percentage of the fees.
- Immediate benefits for preventive care to help you stay healthy.
- Discounts for products and services through **SpecialOffers@Anthem**™ that promote your health and well-being.
- Out-of-state coverage through the BlueCard® program that allows you to use your plan's benefits when traveling.

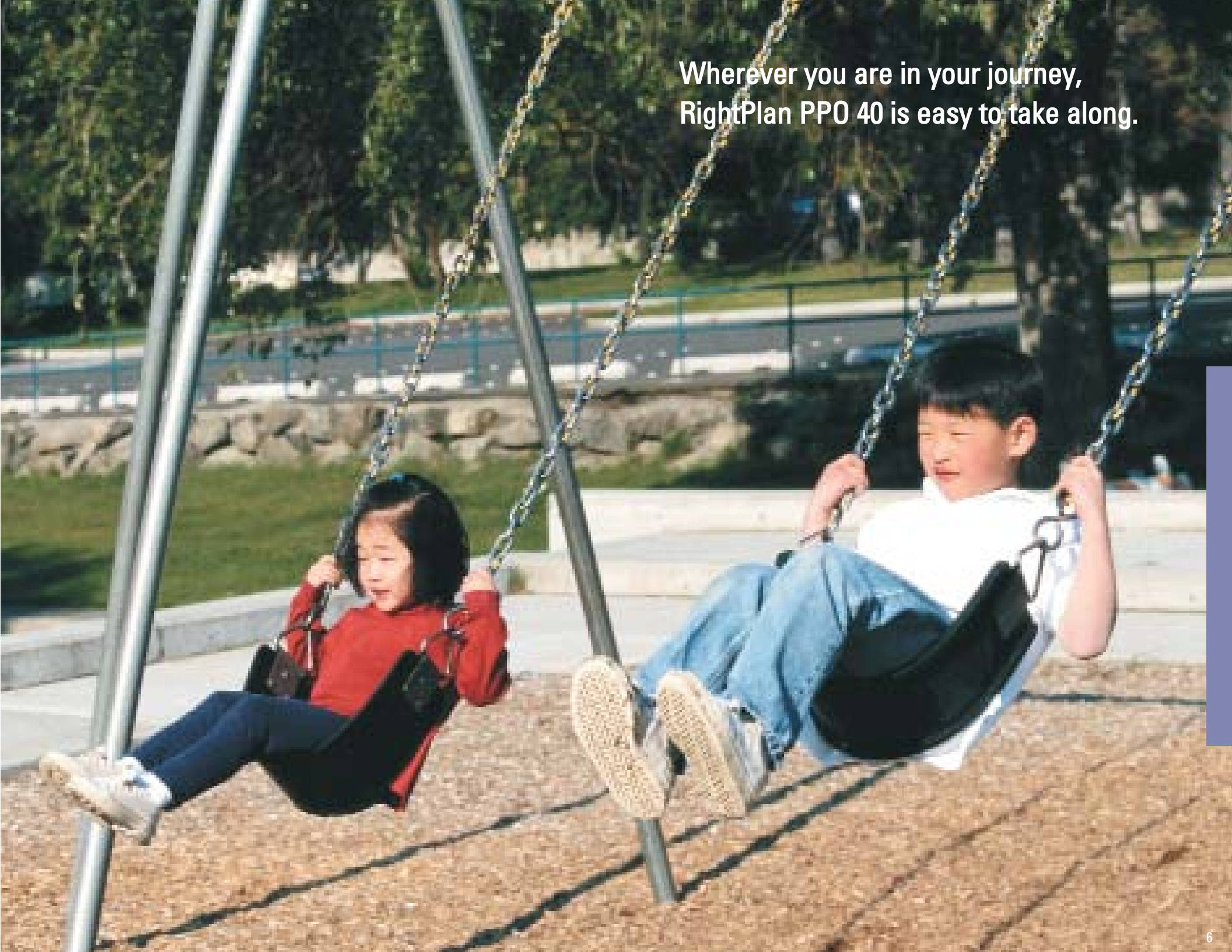
**What kind of prescription drug coverage do you want?
RightPlan PPO 40 is all about choices.**



RightPlan PPO 40 Benefits These amounts are your share of costs for covered services.¹

Benefit	In-network	Out-of-network	Notes:
Annual Deductible	None		
Lifetime Maximum	\$5,000,000		
Annual Out-of-pocket Maximum In-network and out-of-network covered services apply; excludes copayments, except the \$500 inpatient and outpatient hospital copayments ²	\$3,500	\$10,000	² Hospital copayment amounts will be applied to out-of-pocket cost-sharing requirements.
Office Visits³	\$40 copayment	50% coinsurance	
Professional Services Includes X-ray and lab charges	40% coinsurance	50% coinsurance	³ Only limited services are covered as part of an office visit. All other covered services are subject to applicable coinsurance or cost-sharing.
Hospital Inpatient (if you stay overnight)	\$500 copayment per day per admission, up to four days, plus 40% coinsurance ²	\$500 copayment per day per admission, up to four days, plus 50% coinsurance ²	
Hospital Outpatient (if you don't stay overnight)	\$500 copayment per surgical admission, plus 40% coinsurance ²	\$500 copayment per surgical admission, plus 50% coinsurance ²	⁴ Benefits are provided for periodic preventive care services for children based on guidelines from many sources. Exams include a medical history, complete physical examination, developmental assessment and guidance.
Emergency Care	\$100 emergency room copayment (waived if admitted), plus 40% coinsurance	\$100 emergency room copayment (waived if admitted), plus 50% coinsurance	
Maternity	Not covered		⁵ Inpatient physical, occupational and speech therapy is covered when received as part of an inpatient hospital admission for acute care and for rehabilitation therapy for up to 30 days per illness or injury, in-network and out-of-network combined.
Preventive Care Adult services Children's services	Mammograms and prostate cancer screenings not subject to copayments or coinsurance One annual Pap test: \$40 copayment for office visit plus 40% coinsurance; Anthem pays maximum of \$75 for lab test \$40 copayment for office visits, plus 40% coinsurance for age-appropriate visits and routine immunizations ⁴	Mammogram and prostate cancer screenings not subject to copayments or coinsurance 50% coinsurance for age-appropriate visits and routine immunizations ⁴	
Ambulance No cap on air and ground ambulance services	\$100 copayment		⁶ Amounts shown are for each 34-day supply; up to a 90-day supply is available via mail order.
Physical, Occupational and Speech Therapy⁵ Inpatient Outpatient	40% coinsurance 40% coinsurance	50% coinsurance Participating providers: 50% coinsurance Non-participating providers: You pay all charges except \$25 per visit.	
Acupuncture/Acupressure	Not covered		⁷ Before Anthem pays for brand-name prescription drugs, an annual \$500 deductible must be met, formulary, non-formulary, and self-administered injectable drugs combined. The deductible does not apply to the out-of-pocket maximum.
Chiropractic care	Not covered		
Prescription Coverage Options			
Prescription Drug Benefits Retail and mail order combined ⁶	In-network	Out-of-network	
RightPlan PPO 40 with No Prescription Drug Coverage	Not covered		
RightPlan PPO 40 with Generic Prescription Drug Coverage	\$10 copayment generic (for drugs on Anthem's generic prescription drug list)	Not covered	
RightPlan PPO 40 with Comprehensive Prescription Drug Coverage	\$10 copayment generic; \$30 copayment brand-name; 50% coinsurance non-formulary; 30% coinsurance for self-administered injectable drugs ⁷	Not covered	

Wherever you are in your journey,
RightPlan PPO 40 is easy to take along.



What RightPlan PPO 40 Does Not Cover

Please take a few moments to review the exclusions and limitations below. We want you to understand what your plan doesn't cover before you enroll.

This listing is an overview only. The RightPlan PPO 40 Health Plan Description Form and certificate contain a comprehensive list of the plan's exclusions and limitations. You may request a copy of the Health Plan Description Form and certificate from your agent or by calling Anthem Blue Cross and Blue Shield toll free at 888-231-5046.

Exclusions and Limitations

- Maternity and pregnancy care
- Conditions covered by workers' compensation or similar law
- Experimental or investigational services
- Services provided by a local, state, federal or foreign government
- Services or supplies not listed as covered in the Health Plan Description Form and certificate
- Services received before your plan effective date
- Services received after your coverage ends, except as provided in your certificate
- Services you wouldn't have to pay for without insurance
- Services from relatives
- Any services covered by Medicare benefits without payment of additional premium
- Services or supplies that are not medically necessary
- Routine physical exams, except for preventive care services and exams for children as stated in the Health Plan Description Form and certificate (Physical exams for insurance, employment, licenses or school are not covered.)
- Any amounts exceeding the maximum amounts listed in the Health Plan Description Form and certificate
- Sex change operations
- Cosmetic surgery
- Services primarily for weight reduction, except medically necessary treatment for morbid obesity
- Dental care, dental implants and treatment to the teeth, except as stated in the Health Plan Description Form and certificate
- Hearing aids
- Contraceptive drugs and/or certain contraceptive devices, except as stated in the Health Plan Description Form and certificate
- Infertility services
- Private duty nursing
- Eyeglasses or contact lenses
- Vision care, including certain eye surgeries to replace glasses, except as stated in the Health Plan Description Form and certificate
- Services received for mental and nervous disorders and substance abuse, except as stated in the Health Plan Description Form and certificate
- Certain orthopedic shoes or shoe inserts, except as stated in the Health Plan Description Form and certificate
- Services or supplies related to a pre-existing condition
- Outdoor treatment programs
- Telephone or facsimile machine consultations
- Educational services, except as provided or arranged by Anthem Blue Cross and Blue Shield
- Nutritional counseling
- Food or dietary supplements, except for formulas and special food products to prevent complications of phenylketonuria (PKU) and inherited enzymatic disorders as stated in the Health Plan Description Form and certificate
- Personal comfort items
- Custodial care
- Certain genetic testing
- Outpatient speech therapy, except as stated in the Health Plan Description Form and certificate

General Provisions

Behavioral Health Care Coverage

With RightPlan PPO 40, coverage is provided for care related to biologically based mental disorders and other behavioral health care as follows:

- Inpatient hospital (30 days per year maximum): You pay all charges except \$175 per day.
- Professional services (one visit per day; 20 visits per year maximum): You pay all charges except \$25 per visit.

For more information about these benefits, refer to the Health Plan Description Form and certificate.

Emergency Care

Anthem Blue Cross and Blue Shield covers emergency services necessary to screen and stabilize your condition, without preauthorization, if you or a prudent layperson reasonably believes an emergency medical condition or life- or limb-threatening emergency exists. A medical emergency is an unexpected acute illness, injury or condition that could endanger your health if not treated immediately. Examples of medical emergencies include:

- Severe pain
- Chest pains
- Heavy bleeding
- Difficulty breathing or shortness of breath
- Sudden loss of consciousness
- Sudden weakness or numbness of the face, arm or leg on one side of the body

In case of an emergency illness or injury, immediately call 911 or go to the nearest hospital emergency room. Once your condition is stabilized, it's important for the hospital, you or a family member to contact your physician and Anthem Blue Cross and Blue Shield about the authorization of additional services and coordination of further care.



RightPlan PPO 40's three "no-medical-deductible" plans provide immediate benefits and low premiums.



Important Information You Should Know

Free-look Period

After you enroll in an Anthem Blue Cross and Blue Shield 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 for you to examine before enrolling. Your agent or Anthem Blue Cross and Blue Shield sales representative can give you a copy.

Safeguarding Your Privacy

Anthem Blue Cross and Blue Shield is fully committed to protecting our members' privacy. Our complete **Notice of Privacy Practices** provides a comprehensive overview of the policies and practices we enforce to preserve our members' privacy rights and control use of their health care information, including the right to authorize release of information; the right to limit access to medical information; the protection of oral, written and electronic information; and the use of data. You may obtain our complete Notice of Privacy Practices from our website at anthem.com. You may also call customer service toll free at 888-231-5046 to request a copy.

Utilization Management

Anthem Blue Cross and Blue Shield uses a process called utilization management to help members receive coverage for appropriate treatment in the correct setting and to help members avoid unexpected out-of-pocket costs and unnecessary procedures. Utilization management is not the practice of medicine or the provision of medical care to you. Only your doctor can provide you with medical advice and medical care.

Rate Determination

- Rates are based on age, gender, benefit plan and tobacco use.
- When a member reaches an age that requires a rate change to a new age-band category, the rate adjustment will be made the following January.
- RightPlan PPO 40 rates, except rate changes due to age, 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 for the following reasons:

- Nonpayment of premium
- Fraud/misrepresentation of material fact by the insured
- Anthem Blue Cross and Blue Shield elects to discontinue offering 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 state insurance commissioner finds that the product form is obsolete and is being replaced with comparable coverage.

Medically Necessary

Claims for services that aren't medically necessary may be denied before or after payment for 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 a 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 our customer service department, 700 Broadway, 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 888-231-5046 toll free.

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.

RightPlan PPO 40 Enrollment Guidelines

To enroll, you must be

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

RightPlan PPO 40 is designed and priced for an Individual policyholder. Only the named policyholder is eligible for benefits under the policy. Other persons, including, but not limited to, the policyholder's dependents, such as a spouse or a newborn, legal ward, natural and/or adopted child, aren't eligible for coverage under the same policy as the policyholder. They may, however, apply separately for their own coverage by completing their own enrollment application.

Medical Underwriting Requirement

We believe the cost of our plans should be consistent with a member's expected health care needs and risk factors. That's why Anthem Blue Cross and Blue Shield 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 a RightPlan PPO 40 plan, or if you have discontinued group coverage, please contact your Anthem sales representative or your agent for information about other Individual coverage options.

Waiting Periods

For RightPlan PPO 40 plans, 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 12 months preceding the coverage effective date.

If you apply for coverage within 90 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 Blue Cross and Blue Shield will credit the time you were enrolled in the previous plan, provided there was no lapse in coverage of more than 90 days before enrollment in RightPlan PPO 40. Consult with your Anthem sales representative or your agent if you have questions about the underwriting process.

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 Blue Cross and Blue Shield.

We may change rates with 30-day advance written notice. We may change coverage or benefits with 90-day advance written notice. Anthem Blue Cross and Blue Shield does not change coverage or rates unless the change applies to all covered persons of the same class.



**Ready to enroll?
Call your Anthem Blue Cross and Blue Shield
sales representative or your agent today!**

RightPlan PPO 40 Monthly Rates Effective July 1, 2006

Standard Rates

	RightPlan PPO 40 Comprehensive Rx		RightPlan PPO 40 Generic Rx		RightPlan PPO 40 No Rx	
	Male	Female	Male	Female	Male	Female
Single						
19 - 29	\$117.00	\$141.00	\$105.00	\$123.00	\$97.00	\$113.00
30 - 34	\$133.00	\$158.00	\$119.00	\$138.00	\$110.00	\$127.00
35 - 39	\$163.00	\$193.00	\$145.00	\$169.00	\$135.00	\$157.00
40 - 44	\$194.00	\$225.00	\$174.00	\$198.00	\$162.00	\$184.00
45 - 49	\$236.00	\$258.00	\$212.00	\$228.00	\$198.00	\$212.00
50 - 54	\$274.00	\$277.00	\$246.00	\$246.00	\$231.00	\$230.00
55 - 59	\$341.00	\$328.00	\$308.00	\$293.00	\$290.00	\$275.00
60 - 64	\$381.00	\$344.00	\$346.00	\$309.00	\$328.00	\$292.00
Single Child						
Under 1	\$186.00	\$186.00	\$167.00	\$167.00	\$154.00	\$154.00
1 - 18	\$95.00	\$95.00	\$88.00	\$88.00	\$82.00	\$82.00

These rates are level 1 (standard) rates. Rates may be higher based on an individual's underwriting review.



RightPlan PPO 40 Monthly Rates Effective July 1, 2006

Tobacco User Rates

	RightPlan PPO 40 Comprehensive Rx		RightPlan PPO 40 Generic Rx		RightPlan PPO 40 No Rx	
	Male	Female	Male	Female	Male	Female
Single						
19 - 29	\$140.00	\$169.00	\$126.00	\$147.00	\$116.00	\$135.00
30 - 34	\$159.00	\$189.00	\$142.00	\$165.00	\$132.00	\$152.00
35 - 39	\$195.00	\$231.00	\$174.00	\$202.00	\$162.00	\$188.00
40 - 44	\$232.00	\$270.00	\$208.00	\$237.00	\$194.00	\$220.00
45 - 49	\$283.00	\$309.00	\$254.00	\$273.00	\$237.00	\$254.00
50 - 54	\$328.00	\$332.00	\$295.00	\$295.00	\$277.00	\$276.00
55 - 59	\$409.00	\$393.00	\$369.00	\$351.00	\$348.00	\$330.00
60 - 64	\$457.00	\$412.00	\$415.00	\$370.00	\$393.00	\$350.00
Single Child						
1 - 18	\$114.00	\$114.00	\$105.00	\$105.00	\$98.00	\$98.00

These rates are tobacco-user rates. Rates may be higher based on an individual's underwriting review.



