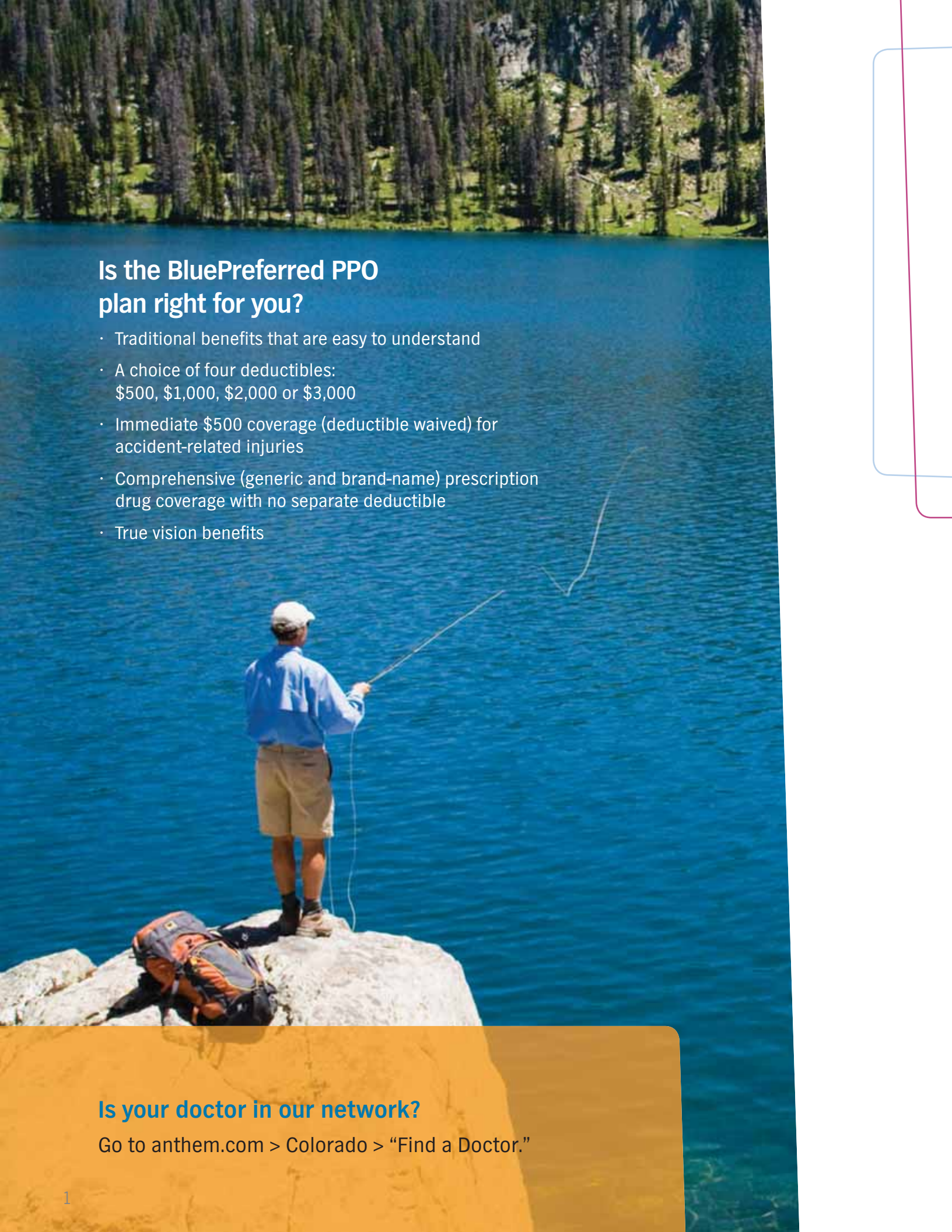


**Our plans
fit your
plans.**

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
- Immediate \$500 coverage (deductible waived) for accident-related injuries
- 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) > Colorado > “Find a Doctor.”

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

1. One of the largest provider networks in Colorado.

With more than 7,000 doctors and more than 80 hospitals throughout the state, the chances are that your doctor is one of ours.

2. A choice of plans to fit your budget and lifestyle.

No matter where you are in life, we've got a plan designed to meet your health coverage needs, as well as your budget.

3. Dental and life insurance options.

To enhance your health and your family's financial future, we also offer dental and term life coverage and make it easy to enroll.

4. Coverage that travels with you.

No matter where life takes you, your health coverage goes with you. And the BlueCard® program makes it easy to access providers throughout the country.

What's a PPO plan?

With a PPO (preferred provider organization) health care plan, you'll pay a lower share of your medical expenses when you use doctors or hospitals that participate in our PPO network. Your share of expenses include:

- **Deductible:** Typically, this is the amount you have to pay each benefit 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.
- **Out-of-Pocket Maximum:** With the BluePreferred PPO plan, this is the maximum amount of money (not counting your copays) 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 benefit year (excluding copays).

With a PPO health plan, you can also receive care from a nonparticipating (non-network) provider, but your share of the cost can be significantly higher.

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 Blue Preferred PPO plan includes comprehensive coverage for both generics and brand-name prescription drugs with no separate deductible.

Even though you'll have coverage for generics and for brand-name prescription drugs, it's still a good idea to consider using generics for the best value. Generic drugs have the same active ingredient as their brand-name equivalents, but normally cost less.

Plan Benefits		BluePreferred PPO	
		Network	Non-Network ²
Annual Deductible Choices	Individual	\$500 / \$1,000 / \$2,000 / \$2,000 / \$3,000	\$1,000 / \$2,000 / \$4,000 / \$4,000 / \$6,000
	Family	\$500 / \$1,000 / \$2,000 / \$2,000 / \$3,000 per family member	\$1,000 / \$2,000 / \$4,000 / \$4,000 / \$6,000 per family member
Annual Out-of-Pocket Maximum <i>(in addition to deductible)</i>	Individual	\$1,000 / \$1,000 / \$1,000 / \$2,000 / \$2,000	\$2,000 / \$2,000 / \$2,000 / \$4,000 / \$4,000
	Family	\$1,000 / \$1,000 / \$1,000 / \$2,000 / \$2,000 per family member	\$2,000 / \$2,000 / \$2,000 / \$4,000 / \$4,000 per family member
Lifetime Maximum		Plan pays up to \$2 million per member	

Covered Services		Network	Non-Network ²
<i>The amounts shown are your share of costs after any deductible</i>			
Doctors' Office Visits		\$25 copay (with \$500/\$1,000/\$2,000 deductible plans) ¹ OR 20% coinsurance (with \$3,000 deductible plan) ¹	40%
Professional Services <i>(X-ray, lab, anesthesia, surgeon, etc.)</i>		20%	40%
Hospital Inpatient <i>(overnight hospital stays)</i>		20%	40%
Hospital Outpatient <i>(if you don't stay overnight)</i>		20%	40%
Emergency Room Services		20%	40%
Maternity		not covered	
Preventive Care Services <i>(including appropriate screening for breast, cervical, ovarian and prostate cancer)</i>	Adult Services	Mammogram, Pap, PSA ³ : No cost to member All other services not required by Colorado law: Not covered	Mammogram, Pap, PSA ³ : No cost to member All other services not required by Colorado law: Not covered
	Children's Services	Immunizations for children under age 13 ³ : No cost to member All other services not required by Colorado law: Not covered	Immunizations for children under age 13 ³ : No cost to member All other services not required by Colorado law: Not covered
Chiropractic Services		not covered	
Prescription Drug Coverage		Tier 1 (Generic drugs): \$15 copay Tier 2 (Formulary brand-name drugs): \$40 copay Tier 3 (Nonformulary brand-name drugs): \$60 copay	not covered

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

2 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.

3 Coverage for preventive care services is in accordance with Colorado law; benefits include, but are not limited to the services shown above.

BluePreferred PPO also provides \$500 immediate coverage (deductible waived) for accident-related injuries.

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 checkups, 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 12 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.

You will also have access to emergency dental care from our worldwide listing of credentialed dentists while traveling or working nearly anywhere in the world.

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 term life insurance 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 3/4 or younger.
- A permanent legal resident of Colorado.

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.
- You may be offered the plan you selected at a higher rate.
- You may not qualify for the plan(s) listed in this brochure.
- 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.

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 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 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/misrepresentation of material fact by the insured.
- Anthem 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.

Network Access Plan

Anthem 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.

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 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
- Duplicate Individual coverage with Anthem

We may change rates with 30-day 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.

Access to the Medical Information Bureau (MIB)

Information regarding your insurability will be treated as confidential. Anthem or its reinsurers may, however, make a brief report thereon to the MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act.

The address of MIB's Information Office is:
50 Braintree Hill Park, Suite 400
Braintree, MA 02184-8734.

Information for consumers about MIB may be obtained on its website at www.mib.com.

Anthem, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

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 Health Plan Description Form and Certificate (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
- Services you wouldn't have to pay for without insurance
- Services from relatives
- 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
- Contraceptive drugs and/or certain contraceptive devices, except as specifically stated in the Certificate
- 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.
- Outdoor treatment programs
- Telephone or facsimile machine consultations
- Educational services except as specifically provided or arranged by Anthem
- Nutritional counseling or 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 Certificate
- Personal comfort items
- Custodial care
- Certain genetic testing
- Outpatient speech therapy, except as specifically stated in the Certificate

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.



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

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