

BluePreferred PPO for Individuals



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Individual and Family
Health Care Plans for Nevada

Anthem 

BluePreferred PPO: The Reliable Protection You



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

When you don't have employer-sponsored health insurance, choosing the right health care plan becomes even more important — because you need dependable protection from high health care expenses. At Anthem Blue Cross and Blue Shield, we understand. That's why we offer BluePreferred PPO for Individuals.

Our BluePreferred PPO plans provide affordable coverage you can count on. They offer comprehensive benefits, convenience and access to one of the state's largest provider networks — all at competitive rates. Most importantly, BluePreferred PPO plans are backed by the strength, stability and security of Anthem Blue Cross and Blue Shield.

BluePreferred PPO for Individuals Benefits at a Glance

BluePreferred PPO plans provide the benefits you care about most and then some. Here's a snapshot of the coverage they offer:

- **Hospital care.** You get coverage for approved days in a semi-private room, or in a private room if it's medically necessary. This includes covered prescription drugs, lab services, X-rays, anesthesia and oxygen received during those days. Depending on the plan you choose, we pay a percentage of the allowed

charges for in-network covered services after you meet the plan deductible. For out-of-network covered services, we pay 50 percent of the allowed charge after you meet the out-of-network deductible.

- **Doctor office visits.** For most plans, non-routine in-network office visits with in-network doctors are covered at 100 percent after a copayment. (One exception is the \$3,000 deductible plan — 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 services are covered, including well-child doctor office visits, most immunizations for children, and health screenings like mammograms, Pap tests, and prostate and colorectal cancer screenings.
- **Inpatient and outpatient surgery.** Depending on the plan you choose, we pay a percentage of the allowed charge for in-network and out-of-network covered services after you meet the plan deductible.
- **Prescriptions.** You'll have coverage for many prescriptions, including oral contraceptives and contraceptive devices. You can fill prescriptions at any pharmacy in our network, which

Anthem.com — Your One-stop Resource

Visit our website:

- To learn more about our BluePreferred PPO for Individuals plans.
- To get an instant quote and apply for coverage.
- To find an in-network doctor or hospital.
- To find health information at MyHealth@Anthem powered by WebMD®.
- To check the status of a claim.

You'll find all this and more at anthem.com.

Want — from the Name You Trust

includes nearly every independent and 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. If you need a maintenance medication, our convenient mail-order prescription service is also available.

Please note: The \$500 deductible plan with 50/50 coinsurance doesn't include prescription drug coverage.

- **Emergency care and ambulance service.** If you have an emergency illness or injury, BluePreferred PPO has you covered — including coverage for ground and air ambulance travel up to our maximum allowable amount.
- **Vision care.** You'll have coverage for eye exams, lenses, frames and/or contacts. Our convenient Blue View Vision national network has over 35,000 vision care providers, including independent ophthalmologists and optometrists, as well as LensCraftersSM, Target Optical, and most Sears Optical and Pearle Vision locations. You also

have coverage when you see out-of-network providers, although your out-of-pocket costs will be higher.

- **Many extras.** We provide coverage for many types of health care services you might not expect, including physical rehabilitation, occupational and speech therapy, dental care for accidental injuries, and home health and hospice care. We even cover second surgical opinions.

Please refer to the Summary of Benefits and certificate for complete details about plan benefits, limitations and exclusions.

One of the State's Largest Provider Networks

Our network has nearly 7,100 health care providers and 28 hospitals throughout Nevada. When you use these in-network providers, you'll be covered at a higher level, which means lower out-of-pocket costs for you. You also won't have to complete and submit claim forms. For a current listing of providers in our network, go to anthem.com and click the Find the Doctor link.

If you 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 significant coverage when you receive care from out-of-network providers. And, an annual out-of-pocket maximum protects you from unmanageable health care costs related to out-of-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 ensure that treatment plans are medically necessary and consistent with generally accepted medical standards.

If you use out-of-network providers, you're responsible for ensuring that your doctor gets preauthorization.

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

Save time and money on health products and services with SpecialOffers@Anthem

At Anthem Blue Cross and Blue Shield, we don't just talk about improving your health and well-being. We provide incentives — and savings — to help you live better. Go to anthem.com, log in as a health plan member, and click SpecialOffers@Anthem for information and discounts on health-related products and services like these:

- Weight-loss programs
- Fitness club memberships
- Vision correction surgery
- Cosmetic dentistry
- Smoking cessation programs
- Maternity and baby needs
- Health and wellness books

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 coverage wherever you go — across the country and around the world — within plan and benefit limitations.

Our BlueCard® program gives you access to doctors and hospitals almost everywhere in the United States and in over 200 countries around the world. That's a real plus when you travel or if you have covered family members who are temporarily living out of state.

Blues Quality Is Surprisingly Affordable

At Anthem Blue Cross and Blue Shield, we believe comprehensive coverage, convenience and choice don't have to add up to a high price tag. We encourage you to shop around and compare our benefits and services with other major health plans. We think you'll be pleased at how affordable our premiums are, making it possible for you to enjoy the security of Blue.

Save Time and Postage with Automatic Payment

We offer the convenience of automatic premium payments through your personal checking account or credit card (Visa, MasterCard or Discover). Our automatic pay service saves you time and postage and ensures your monthly premium payments arrive by their due date.

Automatic payment is entirely voluntary. To apply, just complete and mail the authorization form in the postage-paid envelope. Be sure to include a voided check if you're requesting automatic payment through your checking account.

How to Apply

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

Or, apply online at anthem.com. Simply click the Members tab, choose Nevada from the drop-down menu and click Enter. Then click Apply Now for Individual and Family Health Insurance!

If you're approved for coverage, we'll send your health plan ID card(s) and detailed benefit information. After we receive and approve your completed application, you can choose any effective date for your policy within 60 days of your signature.

BluePreferred PPO for Individuals plans are also just right if you need coverage for a short time. Simply notify us in writing 31 days before you want to terminate your policy.

Security from a Name You Can Count On

BluePreferred PPO for Individuals plans are brought to you by Anthem Blue Cross and Blue Shield, an industry leader that provides health care coverage to more than 12.7 million Americans. Our mission is to improve the lives of the people we serve and the health of our communities. We appreciate the opportunity to serve you.

Nearly one in three Americans is protected by the Cross and Shield.



Questions?

Individual Sales 866-412-9149
or call your authorized Anthem agent for help

Customer Service 888-231-5046

Network Providers 800-992-6907
or anthem.com

BlueCard Provider Information Line 800-810-BLUE
www.bcbs.com

Choosing the Plan That's Right for You.

When it comes to health care plans, one size doesn't fit all. With BluePreferred PPO for Individuals, you can choose from a variety of plans. You determine the deductible and out-of-pocket maximum that fit your life and budget. The table below summarizes the differences between available plans.

What You Pay

Understanding your financial responsibilities will help prevent unwelcome surprises. So, take a few minutes to review these basics about your share of health care costs. If you have questions, call our Individual sales department at 866-412-9149, or call your authorized Anthem agent.

Copayments

A copayment is a flat dollar amount you pay for a service. You don't 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 plans include copayments for prescription drugs and non-routine office visits (except the \$3,000 deductible plan). If an office visit includes lab or X-ray services, those expenses are subject to the deductible and coinsurance.

Deductibles

A deductible is an annual dollar amount you must pay before we begin to cover most health care services. There are separate deductibles for in-network and out-of-network care. We apply expenses to your deductible when we process your claims.

Coinsurance

Once you meet your deductible, we start paying a percentage of eligible health care expenses. Depending on the plan you choose, we pay 80 percent, 70 percent or 50 percent of the allowed charge for in-network covered services. We pay 50 percent of the allowed charge for out-of-network covered services. You're responsible for the remaining coinsurance until applicable expenses reach your plan's annual out-of-pocket maximum.

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. They've agreed to accept our contracted allowed charge as payment in full for services covered by the plan. Out-of-network providers may charge you more; if they do, you'll be responsible for paying any amounts over our allowable charge.

Out-of-pocket Maximums

An annual out-of-pocket maximum protects you and your family from unmanageable health care costs by putting a ceiling on the total coinsurance you'll pay per family member each year. If your applicable expenses reach this maximum, we'll cover 100 percent of the allowed charge for the remainder of the benefit period, up to the lifetime maximum the plan will pay. Please note there are separate out-of-pocket maximums for in-network and out-of-network care.

The out-of-pocket maximum doesn't apply to copayments or deductibles. You'll continue to pay your copayments for office visits and prescription drugs even if you reach your out-of-pocket maximum.

Explanation of Benefits

After each claim is processed, you'll receive an explanation of benefits (EOB) form 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.

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

	Office Visit Copayment	Rx Drug Copayments ¹	Annual In-network Deductible Individual/Family ²	Coinsurance Plan Pays In-network/Out-of-network ³	In-network Out-of-pocket Maximum Individual/Family ⁴
BluePreferred PPO for Individuals Plan Design					
BP 500-30-80/50	\$30	\$15/\$40/\$60	\$500/\$1,500	80%/50%	\$3,000/\$6,000
BP 1,000-35-80/50	\$35	\$15/\$40/\$60	\$1,000/\$3,000	80%/50%	\$3,000/\$6,000
BP 2,000-40-70/50	\$40	\$15/\$40/\$60	\$2,000/\$6,000	70%/50%	\$4,500/\$9,000
BP 500-35-50/50	\$35	N/A	\$500/\$1,500	50%/50%	\$2,500/\$5,000
BP 3,000-70/50	70% Coinsurance	\$15/\$40/\$60	\$3,000/\$9,000	70%/50%	\$4,500/\$9,000

¹ Dollar amounts for prescription drug copayments refer to generic/brand-name/non-formulary drugs.

² For families of two, annual deductibles are per person (2x the individual deductible); for families of three or more, family deductibles are capped at the amounts shown.

³ Coinsurance applies to most, but not all, covered services that aren't subject to copayments.

⁴ Copayments and deductibles don't apply toward annual out-of-pocket maximums.

See the BluePreferred PPO for Individuals Summary of Benefits and certificate for more information about out-of-network deductibles and out-of-pocket maximums.

Important Information About Your Plan

Rate Determination

- 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 reaches an age that requires a rate change to a new category, the adjustment will be made at renewal the following January.
- Rates are subject to change with a 60-day written notice.

Coverage for Treatment as Part of a Clinical Trial

Includes coverage for medical treatment provided in a Phase II, Phase III or Phase IV clinical trial for the treatment of cancer or chronic fatigue syndrome conducted in the state of Nevada.

Coverage for medical treatment is limited to:

- Any drug or device approved for sale by the Food and Drug Administration.
- The cost of any reasonably necessary health care services required from the medical treatment or complications thereof arising out of the medical treatment provided in the clinical trial.
- The initial consultation to determine whether the person is eligible to participate in a clinical trial.
- Health care services required for the clinically appropriate monitoring of the person during the clinical trial.

Coverage for the Management and Treatment of Diabetes

Includes coverage for medication, equipment, supplies and appliances that are medically necessary for the treatment of type I and type II diabetes and gestational diabetes.

Coverage for self-management of diabetes includes:

- The training and education provided to a person covered under the contract after the initial diagnosis of diabetes which is medically necessary for the care and management of diabetes, including, without limitation, counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes.
- Training and education which is medically necessary as a result of a subsequent diagnosis that indicates a significant change in the symptoms or conditions of the program of self-management of diabetes.
- Training and education which is medically necessary because of the development of new techniques and treatment for diabetes.

Medically Necessary

An intervention that is or will be provided for the diagnosis, evaluation and treatment of a condition, illness, disease or

injury and that Anthem Blue Cross and Blue Shield, subject to a member's right to appeal, solely determines to be:

- Medically appropriate for and consistent with the symptoms and proper diagnosis or treatment of the condition, illness, disease or injury.
- Obtained from a physician and/or licensed, certified or registered provider.
- Provided in accordance with applicable medical and/or professional standards.
- Known to be effective, as proven by scientific evidence, in materially improving health outcomes.
- The most appropriate supply, setting or level of service that can safely be provided to the member and that cannot be omitted consistent with recognized professional standards of care (which, in the case of hospitalization, also means that safe and adequate care could not be obtained as an outpatient).
- Cost-effective compared to alternative interventions, including no intervention (cost-effective does not mean lowest cost).
- Not experimental/investigational.
- Not primarily for the convenience of the member, the member's family or the provider.
- Not otherwise subject to an exclusion under the certificate. The fact that a physician and/or provider may prescribe, order, recommend or approve care, treatment, services or supplies does not, of itself, make such care, treatment, services or supplies medically necessary.

Allowable Charge or Maximum Benefit Allowance (for non-Basic and non-Standard plans only)

Reimbursement for covered services is based on the allowable charge as determined by Anthem Blue Cross and Blue Shield. Allowable charge means the contracted amount for preferred providers or the maximum benefit allowance for non-preferred providers. Anthem's determination of the allowable charge is the maximum amount approved for any particular service. Deductibles, coinsurance or other cost-sharing amounts are based on this allowance and are the amounts the member pays the provider.

Emergency

Emergency means a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity that a prudent person would believe that the absence of immediate medical attention could result in:

- Serious jeopardy to the health of the insured, or
- Serious jeopardy to the health of an unborn child, or
- Serious impairment to bodily functions, or
- Serious and permanent dysfunction of any bodily organ or part.

Limitations and Exclusions

This plan does not cover some services. The plan includes limitations and exclusions to protect against duplicate or

unnecessary services that could unfairly offset the cost of health care coverage for the entire plan. Please note the following examples of some of the plan's limitations and exclusions:

- Benefits provided under any local, state or federal laws, including workers' compensation and Medicare
- Cosmetic surgery
- Services by a family member
- Weight-reduction services
- Complications from non-covered services
- Most services, such as non-emergency hospital admissions or surgical procedures, require preauthorization.
- Expenses resulting from pre-existing conditions are not paid until the coverage has been in effect for 12 consecutive months.

Policy Renewal Provisions

This coverage is renewable at your option, except for the following reasons:

- Non-payment of the required premium
- Fraud or intentional misrepresentation of material fact
- The commissioner finds that continuation of the coverage would not be in the best interest of the policyholders, the plan is obsolete or continuation would impair the carrier's ability to meet its contractual obligations.
- The carrier elects to discontinue offering and non-renew all of its Individual plans delivered or issued for delivery in Nevada.

Provider Directories

You can request a provider directory by calling customer service. Or, go to our website at anthem.com to view the most current listing of providers in our network.

Provider Network

Choosing doctors, hospitals and other health care providers from the Anthem Blue Cross and Blue Shield preferred provider organization (PPO) network can mean substantial savings. If you receive care outside the PPO network, you'll pay a higher deductible and coinsurance and charges over the allowable charge.

Guaranteed Eligibility for Basic and Standard Plans

Basic and Standard health care benefits plans are available and will be issued to individuals upon application and determination of eligibility for such coverage.

Please refer to the Summary of Benefits and certificate for complete details about plan limitations and exclusions. If there is a conflict between the limitations and exclusions listed in this brochure and the Summary of Benefits and certificate, the Summary of Benefits and certificate will prevail.

For more information about Anthem Blue Cross and Blue Shield's products and services, please contact your authorized Anthem insurance agent, or visit our website at anthem.com.



*Our mission is to improve the lives of the people we serve and the health of our communities.
Thank you for considering Anthem Blue Cross and Blue Shield.*