Anthem

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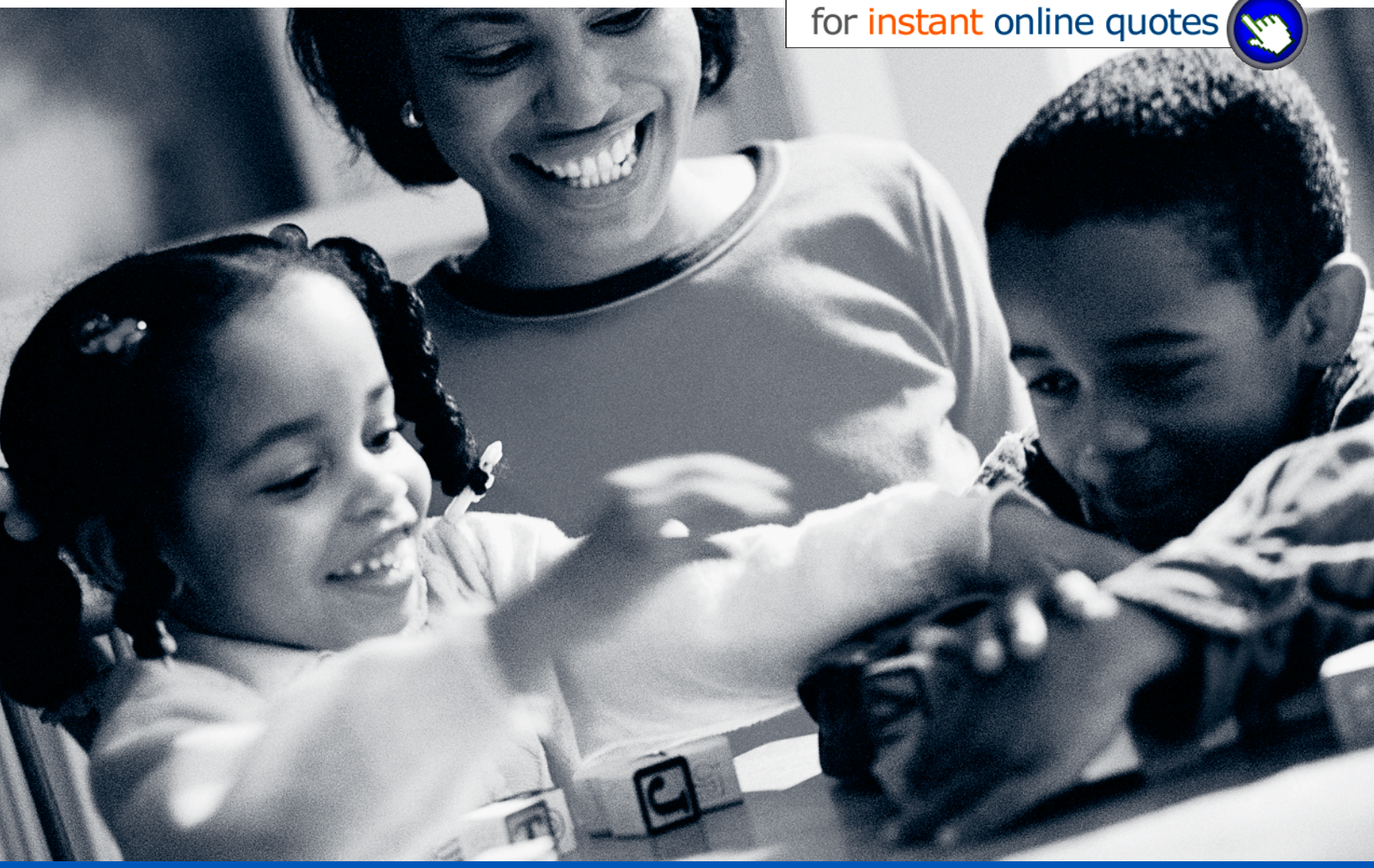


HSA-qualified High-deductible Health Plans

A new way to manage your health care costs

Nevada

Anthem Blue Cross and Blue Shield brings you

Anthem Blue Cross and Blue Shield is pleased to offer a new series of high-deductible health plans that meet federal guidelines for health savings accounts.

Forging a New Path for Managing Health Care Costs

A health savings account (HSA) is the newest way to help you manage health care costs and save for future qualified medical expenses. It's a tax-exempt savings account that's coupled with an economical HSA-qualified high-deductible health plan (HDHP). It's similar to an individual retirement account (IRA), except that the money in an HSA is used to pay for qualified medical expenses.

Here's how it works:

- You enroll in an HSA-qualified high-deductible health plan.
- You establish an interest-bearing health savings account.
- You and other individuals may make tax-advantaged contributions, up to certain limits, to your HSA.
- Use the HSA to pay for qualified medical expenses for you, your spouse and qualified tax dependents.
- Any unused money in the HSA carries over to the following year.
- You own the HSA. It continues to grow on a tax-deferred basis.

Guiding You to Savings

With an HSA-qualified HDHP, you gain more control of health care costs. You choose the deductible level for the plan that's right for you. The money you save on premiums by choosing a plan with a higher deductible can help you fund your HSA.

Encouraging You to Spend Wisely

The HSA is a new alternative for managing your health care costs that helps you save money to pay for future qualified medical expenses. Contributions, withdrawals to pay for qualified medical expenses and interest earned on contributions can all be tax-free up to the amounts set by federal law. The account is permanent—all money and interest earned belong to you—and you may use your HSA to pay for qualified medical expenses now and after retirement.

Helping You with Support Tools and Resources

While an HSA encourages your involvement in health care spending, you won't be on your own. Anthem's HSA custodian will provide support tools and resources to help you manage your health savings account. And, Anthem offers dedicated customer support and services designed to help you get the most from your HDHP benefits.

HSA Features

- The HSA was created by Title XII of the Medicare Prescription Drug, Improvement and Modernization Act of 2003.
- If you are under 65 years of age, you are eligible to contribute to an HSA if you are covered by a qualified HDHP, not entitled to Medicare, not eligible to be claimed as a dependent on someone else's tax return and do not have other health insurance (except coverage such as dental, vision and disability). If you're over age 65 and not eligible for Medicare, or not enrolled in Medicare Part A or Part B, you're still eligible to establish or contribute to an HSA.
- HSA-qualified HDHP minimum and maximum deductibles are federally mandated and subject to change annually.
- Annual contributions may be made up to 100 percent of the HSA-qualified HDHP deductible or the maximum allowable contribution set by the Internal Revenue Service, whichever is less. Contribution limits are subject to change annually.

HSA-qualified Health Plans for Individuals

- The account can build up over a period of years to help offset future qualified medical expenses.
- You own the HSA.
- Distributions from the HSA for qualified medical expenses are tax-free. All other distributions may be subject to ordinary income tax and a 10 percent penalty.
- Unused funds carry over year to year, similar to an IRA.

Aligning with Industry Leaders

Anthem Blue Cross and Blue Shield has aligned with JPMorgan Chase Bank to supply health savings accounts for our members. As one of the largest financial institutions in the world, Chase has the capacity to provide all the necessary financial services for HSAs. Chase also offers a Visa® debit card for easy access to the funds in your HSA, check-writing availability, online account management services and a variety of investment options so you'll have more flexibility in managing the funds in your account.

Anthem Blue Cross and Blue Shield is one of the nation's leading health care benefits companies, serving more than 12.7 million members in nine states. You can count on us to provide reliable, affordable solutions such as our HSA-qualified high-deductible health plans.

You'll receive details about setting up an HSA with Chase upon approval of your enrollment in an Anthem HDHP. Or, for more information call Chase toll free at 800-778-0898.

HSA-qualified High-deductible Health Plans

High-deductible health plans are designed to accompany the newest health care innovation—a health savings account. By pairing one of Anthem Blue Cross and Blue Shield's HSA-qualified HDHPs with an HSA, you'll pay lower premiums and have an account designed to help you pay for qualified medical expenses.

Anthem's HSA-qualified plans allow you to select from a variety of deductible and coinsurance options—giving you the flexibility to choose a plan that meets your individual or family health care coverage needs. It's a combination designed to help protect you and your family against catastrophic health care expenses.

Plans to meet your needs—that's just what you'd expect from the company that has provided quality health care benefits for more than 60 years.

HDHP Features

- There are no copayments at the time you receive care.
- Except for certain preventive care benefits, you must meet the deductible before you begin receiving coverage.
- Once the deductible is met, benefits are based on coinsurance. Your plan will pay either 100 percent or 70 percent for in-network covered services up to your out-of-pocket maximum, depending on the plan you choose.
- Prescription drugs are applied toward the medical deductible and the out-of-pocket maximum. Coinsurance also applies.
- Once you reach the out-of-pocket maximum, Anthem pays 100 percent for in-network covered services under all HDHPs.

With our HDHPs, please keep in mind that until you meet the deductible, your out-of-pocket costs may be higher than with your current health plan. However, your monthly premiums will likely be lower than with plans that feature copayments and lower deductibles. When you pair an Anthem Blue Cross and Blue Shield HSA-qualified HDHP with an HSA, you can gain financial security to help manage your health care expenses more affordably over time.

Network Advantages

By selecting Anthem Blue Cross and Blue Shield to provide your HDHP, you're choosing a leader in the health care benefits industry. You'll have access to one of the largest networks in Nevada—with nearly 3,200 health care providers and 21 hospitals throughout the state. You also won't need to submit claim forms when you use in-network doctors and hospitals, which means less paperwork for you.

Working with in-network providers can offer you:

- Potential cost savings as a result of negotiated rates with Anthem.
- Effective health care coordination.
- Less paperwork hassle.

Our HDHPs also provide out-of-network benefits, allowing you to make your own decisions about your doctor, your care and your costs—when and where you need treatment. However, please keep in mind that your out-of-pocket costs will be lower when you obtain care from in-network providers.

For an up-to-date listing of providers and hospitals in our network, go to **anthem.com** and click on the Find the Doctor link.

Anthem Healthy Solutions℠

No matter which HDHP you choose, you gain access to Anthem Healthy Solutions—innovative programs and services to help you get the most from your health care benefits. The bottom line: With Anthem Healthy Solutions, we strive to improve your health.

Anthem Healthy Solutions includes features designed to keep you informed so you can make smarter health care decisions.

This program guides you when you need extra support, targets potentially high-risk medical situations to help you avert future health problems and offers added support when you need it.

- **Anthem.com**. You may take advantage of our many online capabilities, such as:
  - ***MyAnthem™***. This secure online portal allows you to view benefit information, check claims status, order a replacement health plan ID card and more.
  - ***SpecialOffers@Anthem***. This discount program offers savings of up to 50 percent on many health-related products and services, such as weight-loss programs, eyeglasses and hearing aids.
  - ***MyHealth@Anthem®***. This complete online resource offers information to help you make better and smarter health care choices.
  - **The Healthcare Advisor®**. This hospital comparison tool helps you find easy-to-understand information about a health condition or recommended procedure, as well as learn how hospitals in your area measure up in experience and results of care.
  - **The PharmaAdvisor™**. This tool helps you research what drug options are available for common conditions, view drug interactions, and compare and evaluate alternatives.
- **Disease and care management programs**. For our members who develop serious conditions, such as asthma, congestive heart failure, coronary artery disease and diabetes, we offer special programs to help them manage their health effectively and get the most from their health care benefits.

Coverage While Traveling

With our HSA-qualified HDHPs, you have access to more than 600,000 providers and 5,900 hospitals nationwide and around the world through our BlueCard® program. Your health care benefits travel with you, allowing you to obtain care when and where you need it.

- When you need care while away from home, call 800-810-BLUE toll free to find a BlueCard participating provider.
- Call your physician for advice about appropriate urgent care treatment.
- For emergency care, immediately call 911 or go to the nearest health care facility.
- Contact your physician within 48 hours after receiving services or as soon as reasonably possible so your doctor can coordinate follow-up care.

For more information, please contact your Anthem Blue Cross and Blue Shield authorized insurance agent, or call our Individual Sales Department at 303-831-2290 or 800-873-2261. For customer service, call 720-330-6103 or 866-595-9648.

Choosing the Best Plan for You

Annual Deductible Amount that must be met before coverage begins		Coinsurance Amount plan pays after deductible is met	Annual Out-of-pocket Maximum	
Self-only	**Family**	**In-network**	**Self-only**	**Family**
$1,500	$3,000	100%	$1,500	$3,000
$1,500	$3,000	70%	$5,000	$10,000
$2,000	$4,000	100%	$2,000	$4,000
$2,000	$4,000	70%	$5,000	$10,000
$3,000	$6,000	100%	$3,000	$6,000
$3,000	$6,000	70%	$5,000	$10,000
$4,000	$8,000	100%	$4,000	$8,000
$5,000	$10,000	100%	$5,000	$10,000

The annual deductible, coinsurance and annual out-of-pocket maximum are for in-network services. Please refer to the Summary of Benefits for out-of-network services and other plan details.

Apply Today

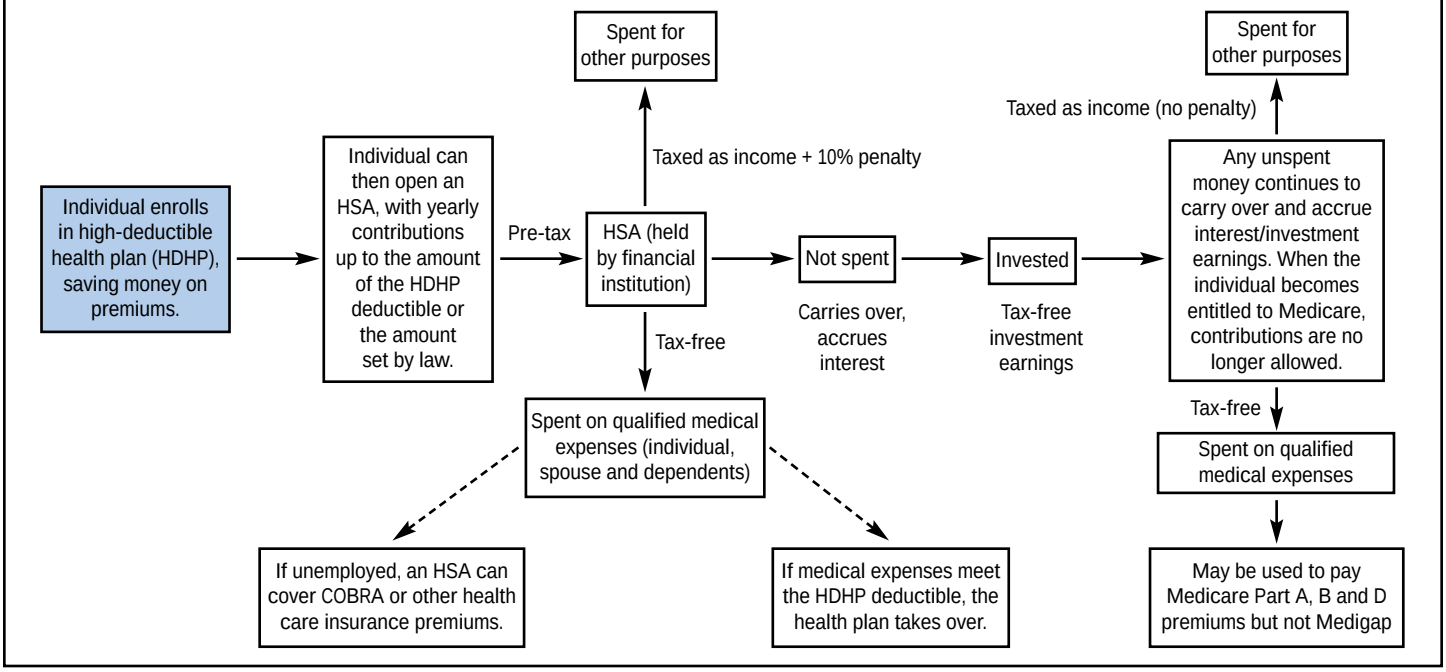
If you're eligible and looking for a flexible plan backed by the strength and security of one of the nation's most-experienced health care benefits companies, an HSA-qualified high-deductible health plan from Anthem Blue Cross and Blue Shield may be the choice for you. To help ensure maximum cost savings, please consider pairing your HDHP with a health savings account.

Applying is easy.

- Complete the health plan application.
- Indicate the plan desired.
- Answer all medical questions and provide details, including your physician's name and phone number.
- Sign and date the application where necessary.
- Mail the application and the first month's premium to your Anthem Blue Cross and Blue Shield authorized insurance agent or Anthem sales representative.

Upon approval, Anthem will send your health plan ID card and certificate to you, along with information about establishing your health savings account.

How an HSA Works



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 attains an age that requires a rate change to a new category, the adjustment will be made at renewal in January.
- Rates are subject to change with 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 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 condition 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 Bue 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 which 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 un 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

Individual policies: 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

Provider directories are available by calling customer service or on our website at **anthem.com**.

Provider Network

Members choose physicians, hospitals and other health care providers from the Anthem Blue Cross and Blue Shield preferred provider organization (PPO) network. Using the PPO network can mean substantial savings. If care is received outside the PPO network, the member will pay a higher deductible and coinsurance and charges over the allowable charge.

Guaranteed Eligibility for Basic and Standard Plans

Basic and Standard health care benefit 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 Form or certificate for complete details on plan limitations and exclusions. If there is a conflict between the limitations and exclusions listed in this brochure and the Summary of Benefits or certificate, the Summary of Benefits or certificate will prevail.

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

Anthem

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