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RightPlan PPO 40

An Individual Health Plan
for Nevada



THIS PLAN IS DESIGNED FOR A RANGE OF LIFE STAGES AND PRIORITIES.

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



Protect your health and financial future

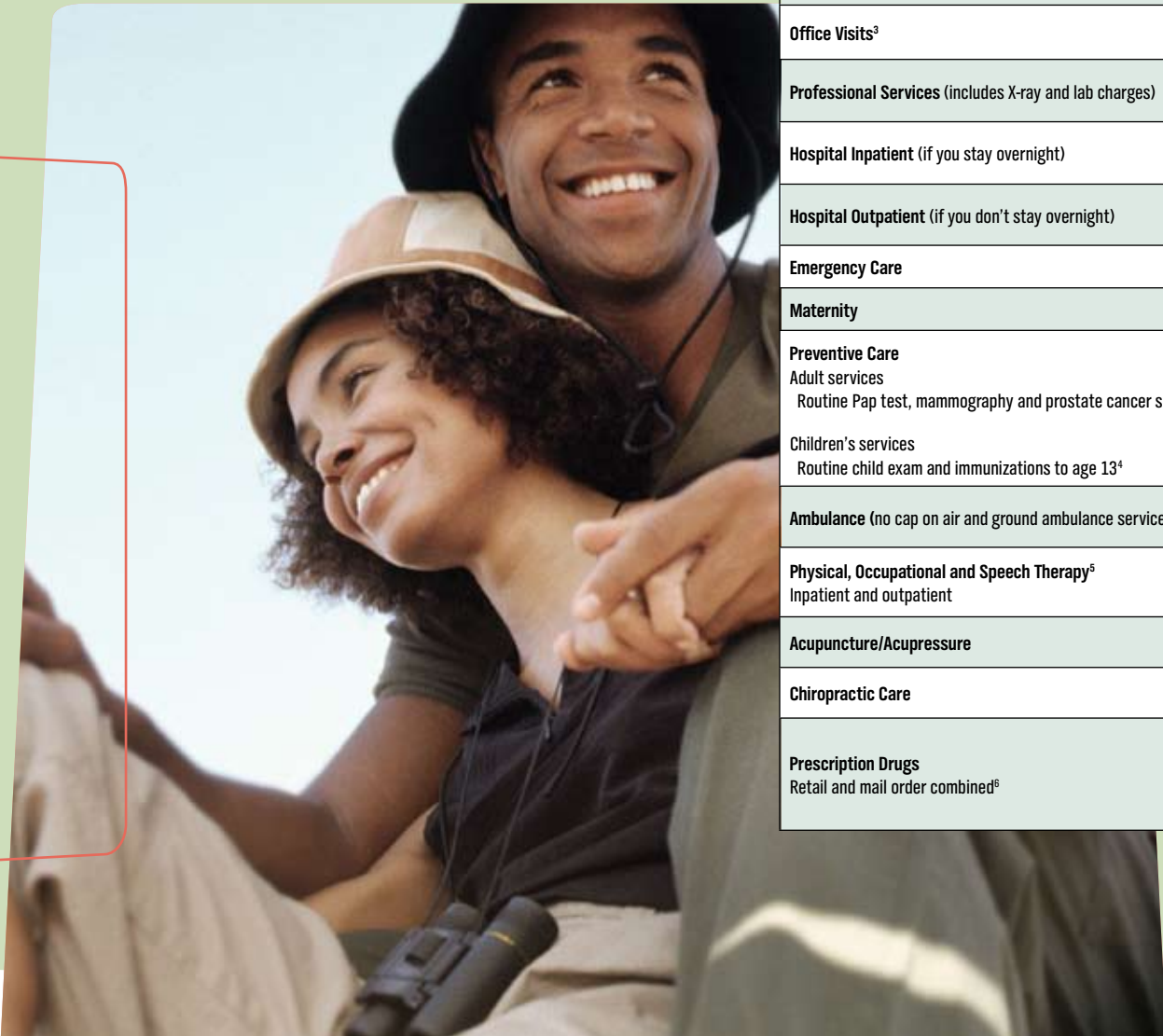
Even if you're healthy, you could be caught off-guard by an unexpected illness, injury or serious accident. Health care expenses can quickly add up to a staggering financial loss. RightPlan PPO 40 can help limit your out-of-pocket costs, protect your assets and safeguard your future earnings.

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](http://WebMD.com)® for resources and services to help you take an active role in managing your health.

RIGHTPLAN PPO 40 INCLUDES:

- Benefits for preventive care to help you stay healthy.
- Access to more than 6,000 providers and specialists and 35 acute care hospitals from one of the largest statewide PPO networks in Nevada – 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.
- Discounts for products and services through SpecialOffers@AnthemSM that promote your health and well-being.
- Out-of-state coverage through our BlueCard® program that lets you to use your health care benefits when traveling.

Also, be sure to check out details about our dental plan and life insurance on pages 10 and 11.



RightPlan PPO 40 Benefits

Benefit
Annual Deductible
Lifetime Maximum
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
Office Visits ³
Professional Services (includes X-ray and lab charges)
Hospital Inpatient (if you stay overnight)
Hospital Outpatient (if you don't stay overnight)
Emergency Care
Maternity
Preventive Care Adult services Routine Pap test, mammography and prostate cancer screening Children's services Routine child exam and immunizations to age 13 ⁴
Ambulance (no cap on air and ground ambulance services)
Physical, Occupational and Speech Therapy ⁵ Inpatient and outpatient
Acupuncture/Acupressure
Chiropractic Care
Prescription Drugs Retail and mail order combined ⁶

These amounts are your share of costs for covered services.¹

In-network	Out-of-network	Notes
None		¹ Reimbursement for benefits paid under this plan is limited to the allowable charge. The allowable charge is the dollar amount determined and approved by Anthem Blue Cross and Blue Shield for covered services and procedures. Members' applicable cost-sharing requirements are based on the allowable charge.
\$5,000,000		
\$3,500	\$7,000	For in-network and participating providers, the allowable charge is the contracted amount. In-network and participating providers have signed an agreement with Anthem to accept the contracted amount as payment in full. The contracts between Anthem and providers include a "hold harmless" clause that provides that a member cannot be liable to the provider for monies owed by Anthem for health care services covered under the member's certificate.
\$40 copayment	50% coinsurance	
40% coinsurance	50% coinsurance	
\$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	
\$500 copayment per surgical admission, plus 40% coinsurance ²	\$500 copayment per surgical admission, plus 50% coinsurance ²	For non-participating providers, the allowable charge is the maximum benefit allowance. The member must pay any difference between Anthem's maximum benefit allowance and the non-participating provider's billed charge.
\$100 emergency room copayment (waived if admitted), plus 40% coinsurance	\$100 emergency room copayment (waived if admitted), plus 50% coinsurance	
Not covered		² Hospital copayment amounts will be applied to out-of-pocket cost-sharing requirements.
\$40 copayment per office visit, plus 40% coinsurance for services other than an office visit	50% coinsurance	
\$40 copayment per office visit, plus 40% coinsurance for services other than an office visit	50% coinsurance	³ Only some services are covered as part of an office visit. All other covered services are subject to applicable coinsurance or other cost-sharing amounts.
\$100 copayment		
40% coinsurance	50% coinsurance	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.
Not covered		
Covered under physical, occupational and speech therapy		⁵ Benefits are provided for up to 12 visits for physical therapy, 12 visits for occupational therapy and 12 visits for speech therapy, inpatient and outpatient combined and in-network and out-of-network combined.
\$10 copayment for generic; \$30 copayment for brand-name after annual \$500 brand-name prescription drug deductible; 50% coinsurance for non-formulary; 30% coinsurance for self-administered injectable drugs ⁷	\$10 copayment for generic, plus 30% coinsurance; \$30 copayment for brand-name, plus 30% coinsurance after annual \$500 brand-name prescription drug deductible; 50% copayment for non-formulary; 30% coinsurance for self-administered injectable drugs ⁷	

**RightPlan PPO 40's
"no-medical-deductible"
plan provides simple
and immediate benefits.**

⁶Amounts shown are for each prescription, up to a 34-day supply; up to a 90-day supply is available via mail order.
⁷Before 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.

What RightPlan PPO 40 doesn't 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 Summary of Benefits and certificate contain a comprehensive list of the plan's exclusions and limitations. You can request a copy of the Summary of Benefits and certificate from your agent or by calling us 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 Summary of Benefits 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 Summary of Benefits and certificate (Physical exams for insurance, employment, licenses or school are not covered.)
- Any amounts exceeding the maximum amounts listed in the Summary of Benefits and certificate
- Sex change operations
- Cosmetic surgery
- Services primarily for weight reduction, or treatment of obesity or any care that involves weight reduction as the main method of treatment, including bariatric surgery
- Dental care, dental implants and treatment to the teeth, except as stated in the Summary of Benefits and certificate
- Hearing aids
- Contraceptive drugs and/or certain contraceptive devices, except as stated in the Summary of Benefits 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 Summary of Benefits and certificate
- Services received for mental and nervous disorders and substance abuse, except as stated in the Summary of Benefits and certificate
- Certain orthopedic shoes or shoe inserts, except as stated in the Summary of Benefits 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 Summary of Benefits and certificate
- Personal comfort items
- Custodial care
- Certain genetic testing
- Outpatient speech therapy, except as stated in the Summary of Benefits 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 (40 days per year maximum): You pay a \$500 copayment per day up to four days.
- Professional services (40 visits per year maximum): You pay a \$40 copayment per office visit.

All amounts listed are for in-network providers. For more information about this coverage, see the Summary of Benefits and certificate.

Emergency care

Anthem Blue Cross and Blue Shield provides coverage for medically necessary emergency services provided at any hospital.

Emergency means the 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.

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 doctor and Anthem Blue Cross and Blue Shield about authorizing additional services and coordinating further care.



Important information you should know

Free-look period

After you enroll in RightPlan PPO 40, you'll receive a certificate that explains the terms and conditions of coverage, including the plan's exclusions and limitations. You have 30 days to examine the plan's features. During that time, if you're not fully satisfied, you can decline coverage by returning your certificate along with a letter telling us that you want to discontinue coverage. We'll fully refund any premium you've paid, less any claims we've paid on your behalf. If you want to review the certificate before enrolling, you can get a copy from your agent or your Anthem Blue Cross and Blue Shield representative.

Coverage for treatment as part of a clinical trial

Includes coverage for medical treatment provided in a Phase I, Phase II, Phase III or Phase IV clinical trial for the treatment of cancer or a Phase II, Phase III or Phase IV study or clinical trial for the treatment of 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 arising out of the medical treatment provided in the 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, type II 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 that 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 that's 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 that's medically necessary because of the development of new techniques and treatment for diabetes.

Rate determination

We base our rates on age, gender, geographic location, tobacco use and medical history.

- When you reach an age that moves you to a new age-band category, we'll adjust the rate beginning with the premium for the January that follows your birthday.
- RightPlan PPO 40 rates, except rate changes due to age and moving to a different area, are subject to change with a 60-day advance written notice.

Policy renewal provisions

Anthem Blue Cross and Blue Shield won't cancel or refuse to renew any Individual policy, except for the following reasons:

- Nonpayment of the required premium
- Fraud or intentional misrepresentation of material fact by the insured
- Anthem elects to discontinue offering and renewing all Individual policies delivered or issued for delivery in Nevada.
- The state insurance commissioner finds that the continuation of the coverage wouldn't be in the best interests of the policyholders.
- The state insurance commissioner finds that the plan is obsolete or would impair Anthem's ability to meet its contractual obligations.

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, subject to your 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 you and that can't be omitted consistent with recognized professional standards of care (which, in the case of hospitalization, also means that safe and adequate care couldn't be obtained as an outpatient).
- Cost-effective compared to alternative interventions, including no intervention (cost-effective doesn't mean lowest cost).
- Not experimental/investigational.
- Not primarily for the convenience of you, your 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 doesn't, of itself, make such care, treatment, services or supplies medically necessary.

Allowable Charge (for non-Basic, non-Standard and non-HMO Anthem Blue Cross and Blue Shield plans only)

Reimbursement for benefits paid, except as provided below, is limited to the allowable charge. The allowable charge is the dollar amount determined and approved by Anthem for covered services and procedures. Your applicable cost-sharing requirements are based on the allowable charge.

For PPO and participating providers, the allowable charge is the contracted amount. PPO and participating providers have signed an agreement with Anthem to accept the contracted amount as payment in full. The contracts between Anthem and providers include a "hold harmless" clause that provides that you can't be liable to the provider for monies owed by Anthem for health care services covered under your certificate.

For non-participating providers, the allowable charge is the maximum benefit allowance. You must pay any difference between Anthem's maximum benefit allowance and the non-participating provider's billed charge, except as provided below.

Note: Anthem will reimburse covered services received from a non-participating provider based on the billed charges rather than the maximum benefit allowance in the following circumstances:

- Emergency care (when provided either within or outside the state of Nevada)
- When inpatient hospital care at a non-participating provider is necessary due to the nature of the treatment.
- When inpatient hospital care at a non-participating provider is necessary due to participating provider hospital capacity

In all other situations, when you receive covered services from a non-participating provider, the maximum benefit allowance applies.

Provider network

With RightPlan PPO 40, you choose doctors, hospitals and other health care providers from Anthem's preferred provider organization (PPO) network. Using the PPO network can mean substantial savings. If you receive care outside the PPO network, you'll pay higher coinsurance and charges over the allowable charge.

Important information you should know

Continued

Guaranteed eligibility for Basic and Standard plans

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

Nevada summary of benefits

Anthem Blue Cross and Blue Shield will make available a Nevada Summary of Benefits, which is intended to help you compare health plans. The form will be provided to a potential policyholder who has expressed interest in a particular plan. Anthem will also provide the form, on oral or written request, to any person who is interested in coverage under, or who is covered by, a health care plan offered by Anthem.

If you'd like a copy of the Nevada Summary of Benefits, which provides information about health plan benefits, provider contract arrangements and other information, please call 888-231-5046 toll free.

For complete details about benefits, limitations and exclusions, please see the Summary of Benefits 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 64¾ or younger and
- A permanent legal resident of Nevada.

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. However, they can 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, one of several things may happen:

- You may be offered coverage at the standard premium rate.
- You may be offered coverage at the tobacco-user premium rate.
- You may be offered the plan you selected at a higher rate.
- You may not qualify for the plan listed in this brochure.
- You may be offered an alternate plan.

If you don't qualify for RightPlan PPO 40, 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.

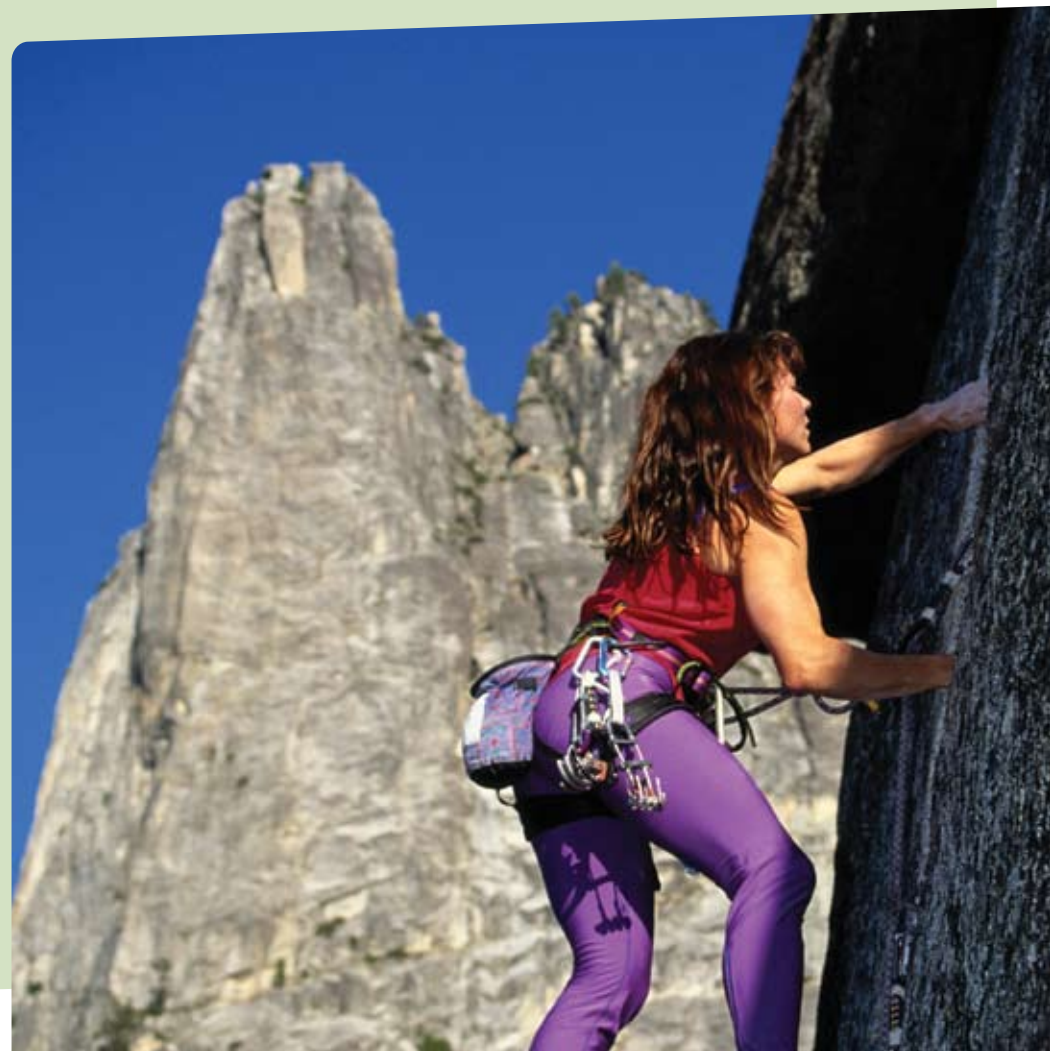
If you apply for coverage within 63 days of terminating your membership with another “creditable” health care benefits plan, you may use your prior coverage for credit toward the 12-month waiting period. Anthem Blue Cross and Blue Shield will credit the time you were enrolled in the previous plan, provided there was no lapse in coverage of more than 63 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 can change rates with a 60-day advance written notice. We can change coverage or benefits with a 90-day advance written notice. Anthem Blue Cross and Blue Shield doesn't change coverage or rates unless the change applies to all covered persons of the same class.



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



Why dental coverage?

We believe a good dental plan should:

- Provide quality coverage at affordable rates.
- Help minimize the cost of expensive dental care.
- Contribute to your overall health.

Improve your quality of life, self-confidence and appearance by making good oral health a part of your daily routine. With our PPO dental plan, you'll have coverage for basic, preventive, diagnostic and major dental care.

And our rates are so affordable, they'll make you smile!

Why term life insurance?

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

- *It's inexpensive* – just pennies a day.
- *It's easy* – you don't have to complete any additional forms to enroll.
- *It's convenient* – your life and health plan premiums will be on the same bill.

For more information about our PPO dental plan or life insurance, talk to your Anthem Blue Cross and Blue Shield sales representative or your agent today!

Term Life Insurance Monthly Premiums

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

Ready to enroll?

Call your Anthem Blue Cross and Blue Shield
sales representative or agent today!

