BlueCard® Access for Protection Anytime, Anywhere

You'll have access to more than 600,000 providers and 5,900 hospitals nationwide and around the world through our BlueCard program—within the plan and benefit limitations described in your Summary of Coverage and policy

Your Personal Path Toward Wellness

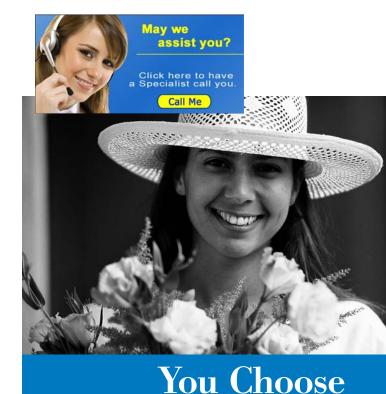
Anthem Blue Cross and Blue Shield members may log on to **anthem.com** to take advantage of our many online capabilities, including:

- MyAnthem[™]. View benefit information, check claims status, order a replacement health plan ID card and more.
- MyHealth@Anthem®. A complete online resource with information to help you make better and smarter health care choices.
- SpecialOffers@AnthemsM. Offers savings of up to 50 percent on many health-related products and services, such as weightloss programs, eyeglasses, hearing aids and cosmetic dentistry.
- The Healthcare Advisor®. 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™. Helps you research the drug options available for common conditions, view drug interactions, and compare and evaluate alternatives.

Please note: **SpecialOffers@Anthem** is provided as a service to our members. It is not an insurance benefit and is subject to change or cancellation without notice. Services and products are provided by independent vendors that are not affiliated with Anthem Blue Cross and Blue Shield or its affiliates, subsidiaries or parent company.







Anthem Blue 5000 Anthem Blue Saver 2000 For Individuals and Families

Anthem. • •

Anthem Blue Cross and Blue Shield 700 Broadway Denver, CO 80273

anthem.com

Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc.
Life and disability products are underwritten by Anthem Life Insurance Company.
Independent licensees of the Blue Cross and Blue Shield Association.

® Registered marks Blue Cross and Blue Shield Association.

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Nevada

Security from a Name You Can Count on

Anthem Blue Cross and Blue Shield offers the features you want in a health care benefits plan:

- A choice of plans with varying benefits and deductibles
- The freedom to choose your health care providers
- Access to care at discounted fees when you use in-network providers
- Preventive care benefits for adults
- · Affordable rates

Optional: The Added Benefits of Dental and Life Coverage

Add to your health care benefits through:

- Anthem Blue Cross and Blue Shield's PPO Dental Plan
 - Freedom to choose any dentist
 - Coverage for a wide range of dental services
 - Preventive and diagnostic care coverage beginning on your plan effective date
- Anthem Life's Term Life Insurance
 - Enjoy peace of mind by helping to protect your family's financial future
 - Available in amounts of \$15,000, \$25,000 and \$50,000, depending on age

The matrix on the following pages is intended to show you Anthem Blue Cross and Blue Shield plan benefits for in-network providers only and reflects Anthem's share of costs for covered expenses after any applicable deductibles are met. When you use in-network providers, your costs are based on Anthem's specially negotiated rates that may often save you money.

By selecting Anthem to provide your health care benefits plan, you'll have access to one of the largest primary care and physician specialist networks in northern and southern Nevada.

You must meet an additional deductible when you use out-ofnetwork providers. When using out-of-network providers, your costs are based on charges considered to be reasonable for that service and area. Reasonable charges may be less than the out-of-network provider's billed charges and may often result in higher costs to you. Please refer to your Summary of Coverage and policy for benefits for out-of-network providers.

This is only a brief description of the plans. For a more detailed description of coverage, benefits, limitations and exclusions, preauthorization and utilization management, additional deductibles, and penalties that may apply, please refer to the Summary of Coverage and policy for each plan.

Benefits at a Glance Amounts below are Anthem Blue Cross and Blue Shield's share of covered expenses for in-network providers after applicable deductibles are met.		
Your Plan Features for In-network Providers	Anthem Blue 5000	Anthem Blue Saver 2000
Lifetime Maximum	\$5,000,000 per member	
Annual Deductible per Member	\$5,000	\$2,000
	2-member maximum	
Annual Out-of-pocket Maximum	\$3,500 plus deductible per member \$7,000 plus deductible per family	
Office Visits	First 4 office visits per member per year: Deductible is waived (member pays a \$30 copayment) 5+ office visits per member per year: Anthem pays 70%; office visits are subject to deductible	2 office visits per member per year, in-network and out-of-network providers combined: Deductible is waived (member pays \$30 copayment); 3+ office visits: Member pays 100% of billed charges
Professional Services Surgery, anesthesia, radiation therapy, in-hospital doctor visits	70%	70% for inpatient only
Lab Work and X-rays	70%	70% with a maximum payment of \$300 per year (deductibles waived)
Adult Preventive Care: Routine Pap tests, and annual mammograms, colorectal cancer screenings and PSA screenings	70%	70% (deductibles waived)
Preventive Care for Babies and Children (through age 6) Exams and lab tests	See office visits above	Not covered
Immunizations	70%	Not covered
Other Preventive Care Services Such as flu shots and routine physical exams	70% with a maximum covered expense of \$200 per year	Not covered
Inpatient Hospital Services	70%	70%
Outpatient Medical Care	70%	70%
Prescription Drugs: Retail Pharmacy Per prescription (up to a 30-day supply)	Generic drugs: 100% (after member pays a \$10 copayment) Brand-name drugs: 100% (after member pays a \$25 copayment; separate \$500 deductible per member per year applies)	Maximum payment of \$500 per member per year. Includes generic and brandname, in-network and out-of-network retail and mail service combined. Generic drugs: 100% (after member pays a \$10 copayment) Brand-name drugs: 100% (after member pays a \$25 copayment; separate \$200 deductible per member per year applies)