



May we
assist you?

Click here to have
a Specialist call you.

Call Me

Looking for
some good
news about
affordable
health
coverage?

You've just
found it.



RightPlan PPO 40
BluePreferred PPO

Before you begin...

This brochure is designed to accompany a Plan Comparison brochure that:

- Compares the key benefits of your health care plan options, including any coverage for prescription drugs and preventive care
- Tells you what the plans do not cover and the policy terms
- Includes highlights about additional protection we offer such as dental and life coverage

Together, this brochure and your Plan Comparison will give you all the information you need to choose the right health care plan for your needs. We encourage you to read both brochures before you apply for coverage.

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No one can put a price tag on good health.

We just make it more affordable to protect yours.

If you're one of the millions of Americans who doesn't have health coverage at work, you already know the bad news: Health care costs are rising, making it more and more expensive to protect your family's health.

Without health benefits, it's hard just paying for routine doctor visits. And an unexpected emergency or hospitalization could really be a financial drain. Especially when you consider that just one day in the hospital costs an average of \$8,003*.

*Department of Healthcare Analytics, Anthem Blue Cross and Blue Shield

So what's the good news?

Individual health care plans from Anthem Blue Cross and Blue Shield

The benefits you need from a name you can trust

Whether you're self-employed, between jobs, have no health benefits at work, or want to retire early, an Individual health care plan can protect your health, as well as your finances.

Even if you're healthy right now, you never know what the future holds. And if you wait until you become ill or injured, you may not qualify for coverage. Getting an Individual health care plan *now* will give you peace of mind knowing you're protected – no matter what.

More than an ounce of prevention

In addition to helping you when you're sick, Individual health care plans are also designed to keep you healthy – with benefits for physical exams, health screenings and other preventive care services.

Best of all, these plans are more affordable than you think. And two plan designs give you a great choice of coverage options. See for yourself! And be sure to review your Plan Comparison brochure – and any other materials you've received – before you apply for coverage.

So if you've been looking for some good news about affordable health care coverage, you've come to the right place!

What's a PPO plan?

A PPO is a preferred provider health plan. This means that you'll pay a lower share of your medical expenses when you use the providers (doctors, hospitals, etc.) in our PPO network. With a PPO health plan, your share of expenses include:

- **Deductible:** This is the amount you have to pay each calendar 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 yearly deductible is met, this is the percentage of the cost for which you will be responsible for services that your health plan covers.

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

RightPlan PPO 40
Blue Preferred PPO

Why are Individual health care plans a smart choice?

1. A choice of plans to fit your budget.

No matter where you are in life, there's an Individual health care plan that will fit your health care needs, as well as your budget.

2. One of Nevada's largest provider networks.

You can choose from nearly 4,000 doctors and more than 34 hospitals. And all our providers have lower rates for Anthem members, which means your share of medical costs will be less.

3. No referrals or paperwork.

You won't need a referral to see a specialist. And there are no claims or paperwork when you use a network doctor, hospital or other health provider.

4. Preventive care benefits.

To keep you and your family healthy, our plans include benefits for routine physical exams, health screenings, childhood immunizations and well-child visits.

5. Coverage that travels with you.

No matter where life takes you – whether it's around the state or across the country – your Individual health care plan has you covered.

6. Dental and life insurance options.

To enhance your health and financial security, we also offer dental and term life coverage options.

7. The Anthem advantage.

As one of the most trusted names in health insurance, Anthem has been providing quality health benefits to Nevada residents for many years. We understand your health insurance needs and offer you plans that are backed by the strength, security and stability of Anthem Blue Cross and Blue Shield.

Is your doctor in our network?

Go to anthem.com > Nevada > "Find a Doctor."

Any questions?
Just call your
Anthem agent.

Which Individual health care plan is right for you?

RightPlan PPO 40	BluePreferred PPO 1000/2000
This plan features easy to understand benefits with no medical deductible.	This popular plan offers traditional benefits and an ideal balance between affordability and comprehensive coverage.
<p>Offers:</p> <ul style="list-style-type: none"> · Immediate benefits (no medical deductible) <p>Good to know:</p> <ul style="list-style-type: none"> · Single policy coverage (each family member gets their own policy) · The Lifetime Maximum (the maximum amount the plan pays per member) is \$5,000,000 	<p>Offers:</p> <ul style="list-style-type: none"> · Two deductibles to choose from: \$1000 or \$2000 per person · Non-routine office visits with in-network doctors that are covered at 100% after your copay · True vision benefits <p>Good to know:</p> <ul style="list-style-type: none"> · Family policy coverage · The Lifetime Maximum (the maximum amount the plan pays per member) is \$2,000,000
<p>Prescription drug coverage:</p> <p>In-network and out-of-network benefits for comprehensive prescription drug coverage.</p> <p>Generic drugs: No deductible</p> <p>Brand-name drugs: Separate \$500 brand-name deductible required.</p>	<p>Prescription drug coverage:</p> <p>In-network benefits for comprehensive prescription drug coverage.</p> <p>No deductible for generic or brand-name drugs.</p>

Save with generics

A generic drug has the same active ingredients as its brand-name equivalent, but often costs less. For the best value, always choose generic drugs when available.

Just choose the plan with the coverage you need.

The amount of your deductible and coinsurance depends on the type of PPO plan you choose. Both our RightPlan PPO 40 and BluePreferred PPO plans give you a great choice of plan designs and benefits to choose from.

Prescription drug coverage included.

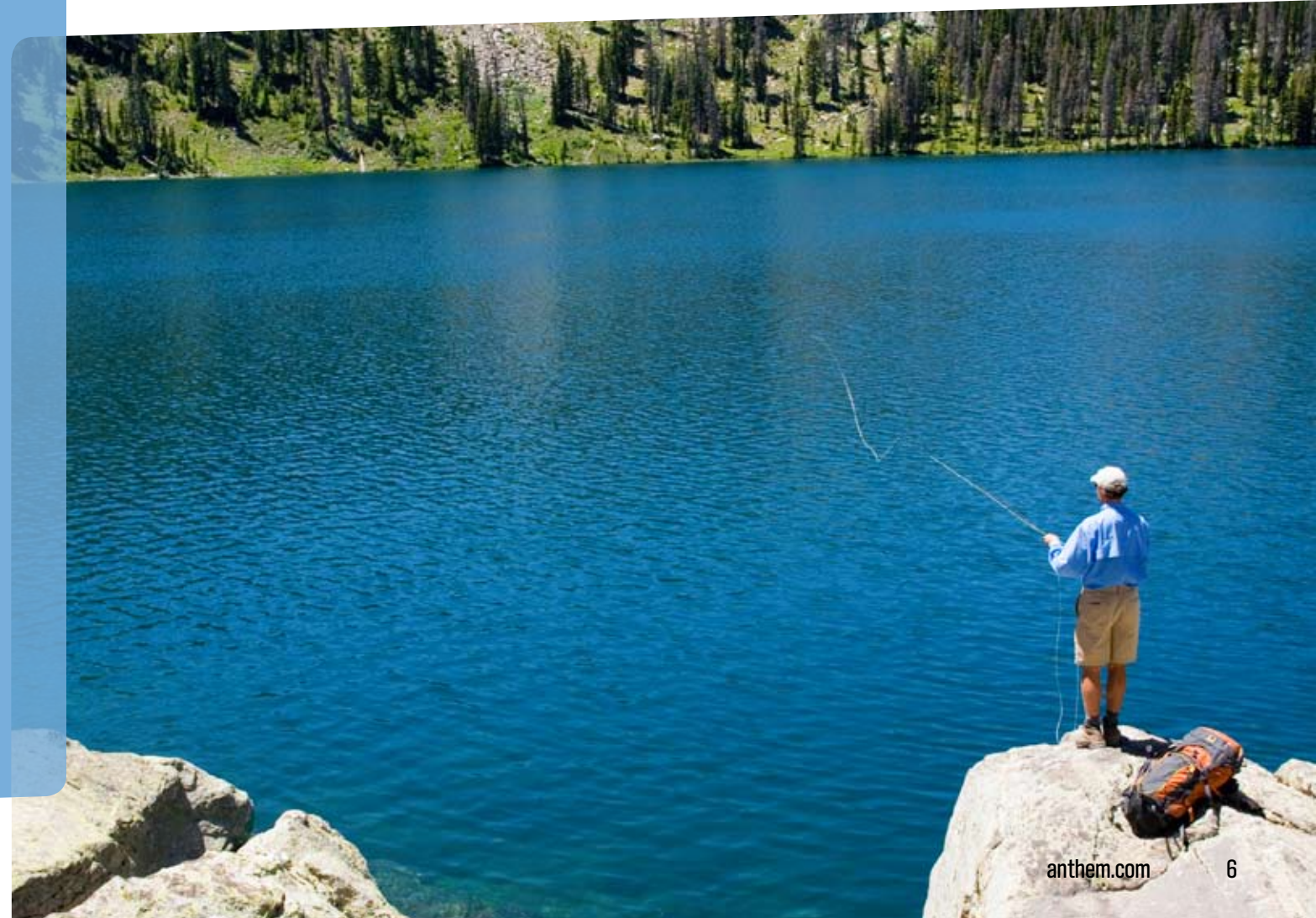
The cost of prescription drugs is not only one of the leading drivers of our nation's rising health care costs, it can also place a tremendous financial strain on you and your family. That's why each of our Individual health care plans include prescription drug coverage.

Anthem formulary drugs

These are generic and brand-name prescription drugs that are covered by Anthem. For a list of these drugs, please go to anthem.com.

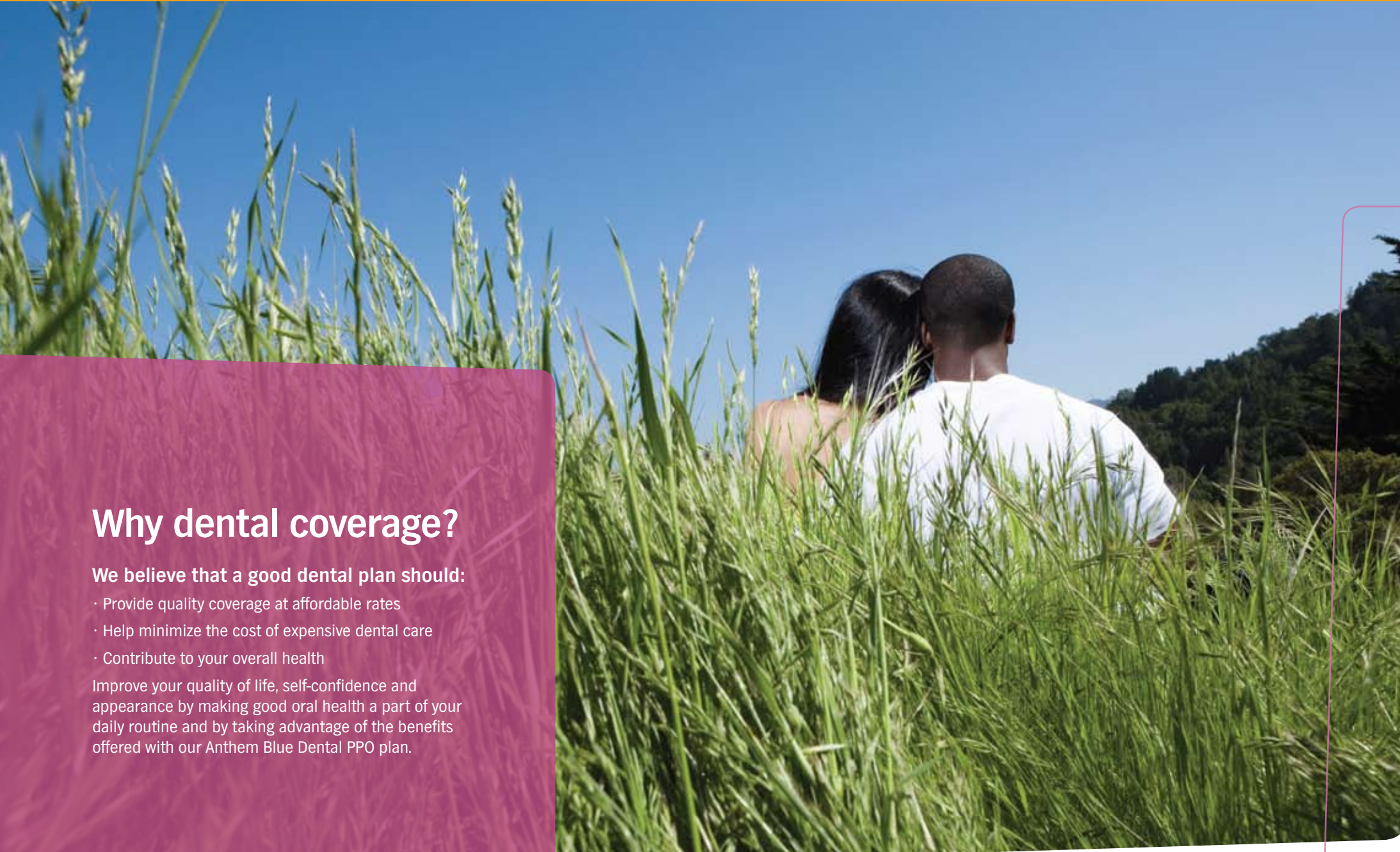
Non-formulary drugs

These are drugs that are not on our Formulary list and can often cost you more money.



Give yourself every advantage...

good health, a bright smile and financial security



Why dental coverage?

We believe that 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 and by taking advantage of the benefits offered with our Anthem Blue Dental PPO plan.

Check out our network of dentists.

Go to anthem.com > Nevada > "Find a Doctor."

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 Blue Preferred Life™ from Anthem Life Insurance Company:

- It's inexpensive – just pennies a day
- It's easy – no additional forms are required to enroll

Age	Term life monthly rates				
	\$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

For more information on our dental plans or life insurance, ask your Anthem Agent today!

Enrollment guidelines for Individual health care plans

To enroll, you must be:

- Age 64 or younger and
- A permanent legal resident of Nevada.

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 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, a number of things may happen:

- You may be offered coverage at the standard premium rate, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plan(s) listed in this brochure, or
- 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 Blue Cross and Blue Shield 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 Blue Cross and Blue Shield 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 Blue Cross and Blue Shield 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.

Nevada Health Plan Description Form

Nevada law requires carriers to make available a Nevada Summary of Benefits, 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 Nevada Summary of Benefits, 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 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.

No-obligation review period

After you enroll in an Anthem Blue Cross and Blue Shield plan, you'll receive a certificate that explains the terms and conditions of coverage, including the plan's exclusions and limitations. You have 60 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.

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 may change rates with 60-day advance written notice. We may change coverage or benefits with 90-day advance written notice. Anthem Blue Cross and Blue Shield does not change coverage or rates unless the change applies to all covered persons of the same class.

What Individual PPO health care plans do 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 Summary of Benefits and 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 Blue Cross and Blue Shield.
- 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

How to apply for Individual health care plan coverage

Follow these easy steps:

1. Decide which Individual PPO health care plan is right for you.

Be sure to review your Plan Comparison and other materials enclosed before you apply for coverage.

2. Go online.

The quickest way to enroll is to go to the website that appears on the letter included with this brochure.

3. OR, you can complete the enclosed Enrollment Application,

and return it in the postage-paid envelope along with your first month's premium.

Call your Anthem Agent if you need help

We realize that we've given you a lot of information in this brochure. If you have any questions at all, please don't hesitate to call your Anthem Agent. He or she can help you:

- Understand the plans described in this brochure
- Explore other Individual health care plans you may be interested in
- Decide which Individual health care plan is right for you
- Understand the dental coverage and term life insurance options
- Complete the enclosed Application



This is not your policy and is intended as a brief summary of benefits and services. If there is any difference between this brochure and the Summary of Benefits and Certificate, the provisions of the Certificate shall control. This brochure is only one part of your entire fulfillment kit.

Si necesita asistencia o materiales de venta en español, por favor contacte a su agente Anthem Blue Cross and Blue Shield.

anthem.com

Rates and benefits effective 1/1/08 and are subject to change.

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