Anthem BlueCross BlueShield

Individual and family health benefit plans for Colorado

We make it easy. Find out how.

Core, Essential and Preferred plans

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Health care may never be simple, but choosing the right plan can be.

When it comes to Individual health care coverage, it's not one-size-fits-all. Anthem Blue Cross and Blue Shield, through its subsidiary company, HMO Colorado, Inc. (Anthem), offers a wide range of options so you can compare plans and find the best coverage for your needs and budget. No one knows what you and your family need better than you. Just let us know and we're here to help when and where you need us.

To learn more about your options, review this information with your Anthem authorized representative.

Total health care

We offer you a total health solution, so you can live healthier, feel better and save money doing it. With Anthem, you get:

- Easy-to-use tools to find a doctor, hospital, provider or pharmacy
- No-cost preventive care, like checkups and flu shots
- 24/7 NurseLine
- Online support to manage your plan
- Reliable customer service

Network value

Access to the best doctors in your area is important. And we've created our network of doctors and hospitals with this in mind. Our goal is to work with doctors and hospitals who will offer quality care, while working to help keep health coverage affordable. Our Pathway Enhanced network includes:

- Doctors and hospitals
- Lab, durable medical equipment and behavioral health providers
- Urgent and emergency providers

A friendly face in a changing world

Health care is changing but one thing is clear: we're here to provide health care benefits to people like you — now and in the future. Starting in 2014, all Americans must have health coverage. In fact, you can't be turned down! You can purchase coverage direct from Anthem or through Connect for Health Colorado, Colorado's health insurance exchange. In some cases, the government may even help pay for your coverage. Get the health care coverage you need from Anthem.

Get help today!

Call your Anthem authorized representative or visit us online at anthem.com where you can view and compare plan options.

How Health Care Coverage Works

Health care coverage can help protect you against the high costs of care. With most health care coverage, you pay a monthly fee called a premium, then you share some of the cost of covered care with the company that provides your coverage. With Anthem, you can choose the level of cost sharing that works best for your health care needs and budget.

Here's an example: *Meet John*

John's story is only an example of how health plans work. Be sure to look at the benefits for each of our plan choices for specific information.

John's health plan has the following benefits:

- $35 copay for doctor visits.
- $2,000 deductible.
- 30% coinsurance.
- $5,000 out-of-pocket limit.

After injuring his knee in a soccer game, John calls his doctor. He chooses providers in our network, which saves him the most money. By choosing providers in our network, John gets lower negotiated rates (meaning, discounted prices). In the following examples, you'll see what John paid and why it's important to have health insurance.

Copay (Copayment)

On some plans you pay a fixed dollar amount for certain services when you get them. For example, when you see a doctor, you may be asked to pay a $35 copay.

Let's take a closer look at John's doctor's visit copay:

- *Doctor visit cost (without insurance):* $200
- *Anthem's negotiated rate:* $140
- *Anthem pays:* $105
- *What John paid:* $35 (his plan's copay for doctor office visit)

Deductible

You pay this amount for covered medical services each calendar year (January through December). Covered services that apply to the deductible may include lab work, X-rays, anesthesia and surgeon fees. (Covered preventive services start before the deductible is met.) Your deductible starts over each calendar year.

Please note:

For non-HSA plans, each family member has an individual deductible and out-of-pocket limit. The family deductible and out-of-pocket limit can be satisfied by two or more members. No one person can contribute more than his or her individual deductible or out-of-pocket limit. For HSA qualified plans, either one or more family members must meet the family deductible before any covered services that are subject to the deductible will be paid by the plan. The family out-of-pocket limit can be met by either one or more members. Once the limit is met, no additional coinsurance will be required for the family for the remainder of the calendar year.

Here's what happens next when John's doctor orders an approved MRI of the knee and recommends surgery:

MRI

- *MRI cost (without insurance):* $1,500
- *Anthem's negotiated rate:* $1,000
- *What John paid:* $1,000 (John's payment counts toward his plan's $2,000 deductible.)

Surgery

- *Hospital/surgery costs (without insurance):* $50,000
- *Anthem's negotiated rate:* $35,000
- *What John paid:* $1,000 (John's payment satisfies the remaining $1,000 deductible.)
- *Remaining cost of surgery:* $34,000

Coinsurance

Once you've met your deductible, Anthem starts paying a portion of claims. The health care bills that remain are shared between you and Anthem. Your coinsurance is the percent that you must pay for a covered service per calendar year. Having met his deductible, John's coinsurance begins.

Let's check in to see what John will be paying.

- *Coinsurance:* 30% (30% of $34,000 = $10,200)
- *What John paid:* $2,965 (John's payment satisfies the remainder of his $5,000 out-of-pocket limit.)

Out-of-pocket limit

The most you pay during a policy period before your health insurance begins to pay at 100% (of the allowed amount). The amounts you pay for your deductible, coinsurance and copay are typically what make up your out-of-pocket limit. Once you meet your out-of-pocket limit, we pay 100% (of the allowed amount) of covered services for the rest of the calendar year.

John has met his out-of-pocket and the remaining surgery costs are paid.

- *Anthem pays:* $31,035
- *Out-of-pocket limit:* $5,000

Summary

John paid far less out-of-pocket because he had health care coverage. If John had used a provider outside of our network, depending on his plan, he might not have had coverage or would have had to pay much more.

- *Total for doctor visit, MRI and surgery (without health insurance):* $51,700
- *Total Anthem paid after discounts:* $31,140
- *Total John paid:* $5,000

Covering you A to Z

All of our plan options have one major goal in mind: Making sure you stay healthy and that you get access to the quality care you need when you need it. That's why, no matter which plan you choose, you're covered for preventive care to emergencies, and more!

What's covered?

- [1]Preventive and wellness services and help managing a chronic (ongoing) disease
- Outpatient (ambulatory) patient care
- Emergency services, like going to the ER or urgent care
- Inpatient care (when you stay overnight in a hospital)
- Laboratory services
- Prescription drugs
- Rehabilitative and habilitative services (habilitative services help a person learn, keep or improve skills they may not be developing normally)
- Mental health and substance abuse services
- Maternity (pregnancy) and newborn care
- Pediatric services (health care for children)

Don't forget dental and vision coverage. Check out our Anthem dental and vision plans. Just call your Anthem authorized representative or go online to anthem.com for details.

A closer look at prescription drug coverage

Prescription drug benefits help cover the cost of medications your doctor prescribes. We're here to help you better understand your prescription drug plan and the choices you have when it comes to selecting and paying for these medications.

To find out if your medication is covered, take a look at our drug list at anthem.com > Customer Support > Forms Library > Anthem Select Drug List. Covered medications are assigned to certain tiers (or levels) based on cost, availability and similar alternatives. By selecting a Tier 1 medication, you may have a lower cost share. You can save money by selecting a generic version of a medication. Or even save time by having medicine sent right to your home. Always talk to your doctor first about which medication is right for you.

Please visit our Find a Doctor tool on anthem.com to see if your pharmacy is in-network.

Access coverage — no matter where you are in the U.S. — with BlueCard®

When you're traveling for work or on vacation, going to the ER or urgent care is probably the last thing you want to happen. However, our plans cover emergency and urgent care in every state through the Blue Cross and Blue Shield Association's BlueCard® Program. This means you and your family have emergency and urgent care coverage from coast to coast.

Take care of yourself with no-cost preventive care

Anthem's preventive care coverage options give you access to any of our network doctors so you pay nothing out of pocket. Stay in control of your health care and your finances with $0 deductible, $0 copay and $0 cost to you for covered preventive services received in-network.

[1]Preventive and wellness services consist of services recommended by the United States Preventive Services Task Force, including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.

Your plan options

We offer plans to fit your health care coverage needs — and your budget. To make it easy to compare and choose a plan, they are split into three different levels — Core, Essential and Preferred. Your costs and coverage increase with each level.

Core	With the Core plans, you pay less for your monthly premium but you pay more when you get care. You have broad benefits with deductibles, copays and coinsurance that may be higher than the other plans.
Essential	The Essential plans still have lower monthly premiums but you pay less when you get care.
Preferred	With the Preferred plan, you have richer benefits and pay less when you get care. However, the monthly premium is higher than the Core and Essential plans.

Make your health care dollars work harder with a Health Savings Account

A Health Savings Account (HSA) is a savings account that you can open when you have a qualified high deductible health plan (HDHP). You set up the account through a bank and fund it with post-tax dollars. That money can be used to pay for your qualified health care expenses, including prescriptions. HSA-compatible health care plans work with or without this savings account, the choice is yours.

Plan choices that are HSA-compatible include HSA in the plan name. Check with your tax advisor to see if an HSA plan is right for you and check out the insert from our preferred banking partner.

What doctors can I see?

The health care plans we offer are **DirectAccess** plans. With this type of plan, you have the freedom to see any in-network doctor you choose. You will also need to select a primary care physician (PCP) for things like checkups and health issues that need ongoing care.

What is an in-network provider?

When you need care, you will get the best value by visiting an **in-network** doctor, hospital or other health care provider. **In-network** (or participating) refers to doctors, hospitals and other health care providers that have agreed to accept lower negotiated rates (discounted prices) for their covered services. These agreed upon rates can help lower the cost of covered health care services, including your share of the costs. This is true when you're paying the whole cost for covered services (such as while you are meeting your deductible). And it's also true when we are sharing the cost (while you are meeting your out-of-pocket limit).

Out-of-network (or nonparticipating) refers to doctors, hospitals and other health care providers that are not contracted with your health plan to provide services at a negotiated rate. Our plans do not offer **out-of-network** benefits (with the exception of emergency and urgent care). This means you will pay the entire cost for any service you get from **out-of-network** providers.

To find out if your current health care provider is in our network, visit our Find a Doctor tool on anthem.com.

Easy-to-use online tools

Anthem's website is an easy-to-use resource that allows you to manage your health care in a simple and convenient way. With our website, you can:

- Find out what is and isn't covered by your plan with an easy-to-understand breakdown of your benefits summary.
- Get instant access to your recent claims and coverage details.
- Know your costs before having certain procedures with clear estimates using our out-of-pocket cost calculator.

Get help from nurses 24/7

Anthem's 24/7 NurseLine gives you access to trained registered nurses any time of the day or night for answers to your general health questions, to help you understand your symptoms and to help you determine the right care at the right time.

Find a Doctor

Want to make sure your doctor is in our network? Need to find a new doctor or specialist? No problem! Our online Find a Doctor Tool helps you find doctors, hospitals, pharmacies and other specialists in your area — and shows whether they are cost-saving network providers. Log on to anthem.com anytime or download our mobile app right to your phone, so you can search for doctors when you're on the go.

Zagat® Health Survey

It's similar to the restaurant survey. See what other patients have said about the doctors and hospitals you're thinking about using. Add your own doctor reviews, too!

Access cost and quality information with Estimate Your Cost

Save time and money by comparing the cost of common procedures at health care facilities in your area. You'll also get to compare quality and safety.

Save time and money with an urgent care center or retail health clinic

You can save money — and usually lots of time — by going to places other than the emergency room (ER) when your condition is not an emergency. The Find a Doctor tool can help find alternatives to the ER like urgent care centers, walk-in doctors' offices and retail health clinics.

Tips for picking a health plan

Choosing the right health care coverage is an important decision. Before you choose a plan, consider these tips. And remember, your Anthem authorized representative is here to answer any questions.

- **Make sure the plan will meet your health care coverage needs**. Think about how often you see doctors and specialists. What prescription medications do you take?
- **If staying with your current doctors is important**, see if they're in our network by using our online Find a Doctor tool at anthem.com. Seeing an in-network doctor can save you a lot of money on your health care.
- **Figure out your family's budget for coverage**. Some people would prefer to pay more in premium each month and less out of pocket each time for services like doctors' visits or lab work. Plans may offer different deductible, coinsurance and copay options so you can choose the level of cost sharing that best meets your health care coverage needs and budget.
- **Consider making contributions to a Health Savings Account (HSA).** Making post-tax contributions to an HSA can help make your money go further. Talk to your financial advisor about potential tax advantages.

Do I qualify to get help paying for my health insurance?

Before you choose a plan, it's a good idea to find out if you qualify to get help paying for your health insurance. If you do qualify, it may make more sense for you to choose an Anthem plan available through Connect for Health Colorado. Whether you choose an Anthem plan offered through Connect for Health Colorado or direct through Anthem, we have great plan options for you.

When can I purchase a plan?

Plans can be purchased once a year through an open enrollment period. This year, open enrollment is from October 1, 2013, to December 15, 2013, for a January 1, 2014 effective date. You may also enroll from December 16, 2013 through March 31, 2014, for effective dates after January 1, 2014. Check with your Anthem authorized representative for effective date options and guidelines around enrollment during other times of the year.

How do I enroll in an Anthem plan?

- If you are ready to enroll or would like more information about the health care plans offered by Anthem, call your Anthem authorized representative today!
- Visit our website at anthem.com and apply online.

Anthem BlueCross BlueShield

Get help today!

Call your Anthem authorized representative or visit us online at anthem.com where you can view and compare plan options.

We want you to be satisfied

After you enroll in a plan offered by Anthem you will receive a Contract or Certificate of Coverage that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You will have 30 days to examine your plan's features. During that time, if you are not fully satisfied, you may cancel your policy and your premiums will be refunded, less any claims that were already paid.

This document is only a brief summary of benefits and services. Our plans have exclusions, limitations and terms under which the plan/policy may be continued in force or discontinued. For more complete details, including what's covered and what isn't:

- See the coverage details document included with this brochure.
- Call your Anthem authorized representative.
- Go to anthem.com.

To view a copy of both a Summary of Benefits and Coverage (SBC) and the CO SBC Supplement, please visit www.anthem.com/cosbcandsupplement.

For more information on how to access a Summary of Benefits and Coverage (SBC), please visit www.healthcare.gov and enter SBC in the search field.

The health plans described within this document are not eligible for a premium tax credit subsidy.

A high deductible health plan is not a health savings account (HSA). An HSA is a separate arrangement between an individual and a qualified financial institution. To take advantage of tax benefits, an HSA needs to be established. This brochure provides general information only and is not intended to be a substitute for the advice of a qualified tax professional.

ACS | BNY Mellon is an independent corporate entity that provides banking administration on behalf of Anthem Blue Cross and Blue Shield.

Coverage Details for Colorado

Anthem BlueCross BlueShield

Things you need to know before you buy...

Anthem Core DirectAccess, Anthem Core DirectAccess with Child Dental, Anthem Core DirectAccess with HSA, Anthem Essential DirectAccess, Anthem Preferred DirectAccess, Anthem Preferred DirectAccess with Child Dental, Anthem Catastrophic DirectAccess

Before choosing a health benefit plan, please review the following information along with the other materials enclosed.

Open Enrollment

An annual open enrollment period is provided for enrollees. Individuals may enroll in your plan, and members may change benefit plans at that time.

Effective Date of Coverage

The earliest effective date for the annual open enrollment period is the first day of the following benefit period. The actual effective date is determined by the date HMO Colorado receives a complete application with the applicable premium payment.

Special Enrollment

Changes Affecting Eligibility and Special Enrollment

In addition to Open Enrollment, an individual can enroll during the Special Enrollment period. This is a period of time in which eligible individuals or their dependents can enroll after the open enrollment, typically due to an event such as marriage, birth, adoption, or other qualifying events as defined by law.

Depending on the event which triggers the Special Enrollment period, coverage may be effective as of the date of the qualifying event.

Guaranteed Renewable

Coverage under your plan is guaranteed renewable at the discretion of the member. The member may renew the plan by payment of the renewal premium by the end of the grace period of the premium due date, provided the following requirements are satisfied:

1. Eligibility criteria as set forth in your Booklet continues to be met;
2. There are no fraudulent or intentional misrepresentations of material fact on the application or under the terms of your Booklet;
3. Membership has not been terminated by HMO Colorado under the terms of your Booklet; and
4. Membership has not been rescinded by HMO Colorado.

Network Services

This is Health Maintenance Organization (HMO) health insurance coverage. To get benefits for covered services, you must use in-network providers, unless your care involves an emergency situation. Unless otherwise noted, any information about cost shares is based on the member receiving care from an in-network provider.

Primary Care Physicians and Primary Medical Groups

A key feature of an HMO is that one doctor will be mainly responsible for delivering and coordinating all of your care. That doctor is called a primary care provider (PCP). PCPs are usually internal medicine doctors, family practice doctors, general practitioners or pediatricians. As your first point of contact, the PCP gives a wide range of health care services, including initial diagnosis and treatment, health supervision, management of chronic conditions, and preventive care.

You can get care for in-network providers without a referral. In addition, no authorization or referral is needed for an OB/GYN and certified nurse midwife care. Your PCP can give you referrals and information about specialists who are in-network.

In order to get covered services under your Booklet, you must choose a PCP. In case of an emergency, you do not need a referral and should call 911 or go directly to the nearest emergency room.

How to Find a Provider in the Network

If you want to see if your provider is in the network for a particular plan, you can search the Find a Doctor tool at anthem.com by entering the network name. Enter Pathway Enhanced managed care network. Go to the directory of in-network providers at anthem.com for the lists of providers that participate in the network.

It's important to keep in mind that some services may require preauthorization. Typically, in-network providers know which services need preauthorization and will assist you in this process.

Anthem Core DirectAccess, Anthem Core DirectAccess with Child Dental, Anthem Core DirectAccess with HSA, Anthem Essential DirectAccess, Anthem Preferred DirectAccess, Anthem Preferred DirectAccess with Child Dental, Anthem Catastrophic DirectAccess

Exclusions

The specific exclusions are spelled out in the terms of the particular plan, but some of the more common services not covered by these plans are:

- Acupuncture
- Allergy tests and treatment as specified in your Booklet
- Artificial and mechanical devices
- Alternative or complementary medicine
- Bariatric surgery
- Breast reduction or augmentation
- Care provided by a member of your family
- Care received in an emergency room that is not emergency care, except as described in your Booklet's exclusions
- Charges incurred prior to the effective date of coverage or after the termination date of coverage
- Charges greater than the maximum allowable amount (charges exceeding the amount Anthem recognizes for services)
- Chiropractic services
- Colchlear implants
- Comfort and/or convenience items
- Corrective eye surgery
- Cosmetic surgery and/or treatment that's primarily intended to improve your appearance
- Custodial ordered care as described in your plan's exclusions
- Dental, except as described in your Booklet
- Educational/training services
- Experimental or investigative treatment and any resulting complications
- Feet – surgical treatment
- Foot care - routine
- Infertility testing and treatment
- Nutritional and dietary supplements
- Over-the-counter drugs, devices or products
- Pharmacy except as spelled out in your Booklet
- Physical fitness such as health club memberships, exercise equipment etc.
- Services we determine aren't medically necessary
- Sex transformation surgery, except where coverage is required by applicable law
- Teeth - Congenital Anomaly - treatment of congenitally missing, malpositioned, or super numerary teeth, even if part of a congenital anomaly, except as stated in your Booklet or as required by law.
- Teeth, Jawbone, Gums - treatment of the teeth, jawbone or gums that are required as a result of a medical condition except as expressly required by law or specifically stated in your Booklet as a covered service
- Vein treatment - treatment of varicose veins or telanqiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes
- Vision except as described in your Booklet
- Weight loss programs or treatment of obesity except as mandated
- Workers' compensation

Limitations

The specific limitations are spelled out in the terms of the particular plan, but some of the more common services limited by these plans are:

- Autism
  - From birth 0-8 years: 550 sessions, 25 minutes in length
  - Age 9-19 years: 185 sessions, 25 minutes in length
- Therapy services
  - Physical therapy – 20 visits per member per year
  - Occupational therapy – 20 visits per member per year
  - Speech therapy – 20 visits per member per year
- Hearing aids – 1 pair every 5 years for members under age 18
- Home health care – 28 hours per week
- Skilled nursing facility – 100 days

Anthem Core DirectAccess, Anthem Core DirectAccess with Child Dental, Anthem Core DirectAccess with HSA, Anthem Essential DirectAccess, Anthem Preferred DirectAccess, Anthem Preferred DirectAccess with Child Dental, Anthem Catastrophic DirectAccess

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Selecting health coverage is an important decision.

To assist you, we supply the following for the plans under consideration: Brochure, Benefit Snapshot, Coverage Details and Enrollment Application. If you did not receive one or more of these materials, please contact your Anthem authorized representative to request them.