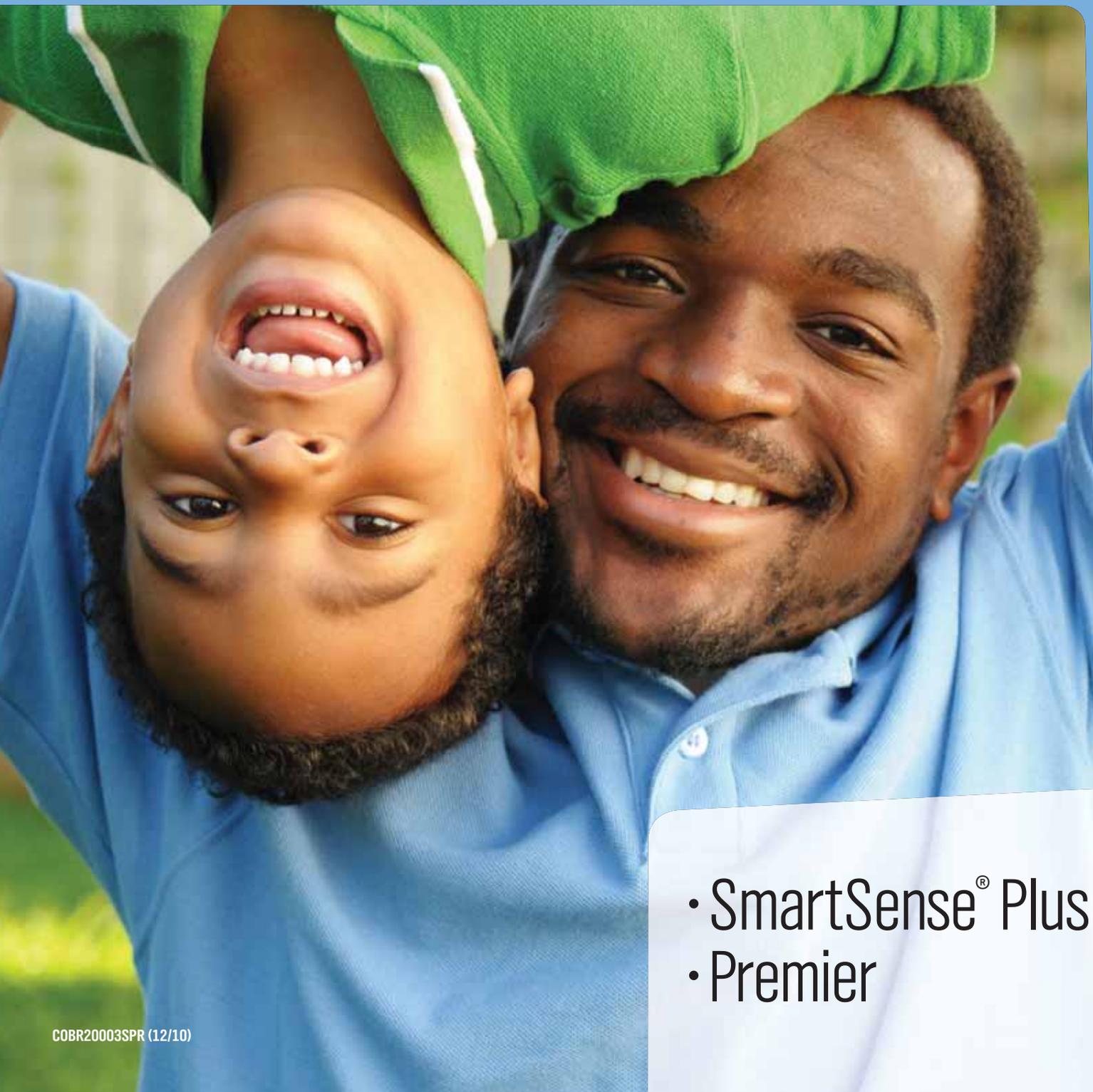


# Our plans fit your plans



- SmartSense<sup>®</sup> Plus
- Premier



# Our plans fit the way you live.

In a world that's constantly changing, one thing's for certain: it's important to have health care coverage you can depend on – coverage designed to help fit your budget, and your way of life.

For over 70 years, Anthem has provided health care coverage and security to our Colorado neighbors. And now, we're pleased to offer these same individual health care plans with added benefits and features of the Patient Protection and Affordable Health Care Act.

You're in charge of your health and budget, and our Individual health care plans help keep it that way. We still offer a wide range of coverage options as unique as you are. And if you have any questions, we're here to help.

Sounds like a plan.

## Experience you can rely on

Anthem is committed to helping simplify your life and improving your health. That's why we offer:

- **One of the largest provider networks in Colorado.** With nearly 7,500 doctors and over 75 hospitals throughout the state, chances are your doctor is one of ours.
- **A choice of plans to fit your budget and lifestyle.** No matter where you are in life, we've got a plan designed to fit your health coverage needs, as well as your budget.
- **Optional dental and term life insurance.** To enhance your health and your family's financial future, we also offer dental and term life coverage and make it easy to enroll.
- **Coverage that travels with you.** No matter where life takes you, your health coverage goes with you. And the BlueCard® program makes it easy to access providers throughout the country.

## Why do you need health care coverage?

These days, a single day in the hospital can cost thousands of dollars. The financial risk you take without health coverage just isn't worth it. Not only does health coverage help you stay healthy, it also gives you added security, because you know you're protected against the high cost of unexpected medical bills.

# Some definitions so we're all on the same page

**Network Discounts:** With Anthem Blue Cross and Blue Shield you have access to one of the largest provider networks in the state. These network (or participating) providers have agreed to accept lower costs for their covered services to Anthem members — similar to volume discounts. These negotiated costs help reduce the overall cost of covered medical services, including your share of those costs.

This is true whether you are paying the entire cost for covered services (such as while you are meeting your deductible), or whether we are sharing the cost. With nearly 7,500 doctors and over 75 hospitals, chances are your provider already participates. Just visit a network provider to take advantage of the savings.

With our PPO plans, you can always choose to receive services outside the network, but your share of the cost will be greater.\*

**Cost-Sharing:** The costs of medical care today can be staggering. Health care coverage from Anthem Blue Cross and Blue Shield can help protect you against these high costs. With most health care coverage, you pay a monthly premium, then you share some of the cost of covered medical care with the company that provides your health care coverage. The level of cost-sharing you choose directly impacts your premium amount. The more you are willing to share in the costs, the lower your premium. With Anthem, you can choose your level of protection and the level of cost-sharing that works best for your health care needs and budget.

**Deductible** is the amount you have to pay each calendar year (annually) for covered services before your health care plan starts paying. For some services, the plan will even begin to pay before the deductible is met. Usually, the higher a plan's deductible, the lower the premium. In some cases, you may also have a separate deductible for certain services such as prescription drugs.

**Coinsurance** is the percentage of the cost of covered services that you will be responsible for, after your annual deductible is met. With some plans, you have a choice of coinsurance levels. Much like your deductible, selecting a higher coinsurance typically lowers your monthly premium because it increases your share of the cost.

**Copayment** (or Copay) is a specific dollar amount you have to pay for certain covered services.

**Out-Of-Pocket Maximum** is the most that you would pay in a calendar year for deductible and coinsurance for network covered services. Once you reach this maximum, the plan pays at 100% for most services for the rest of the calendar year.

**Prescription Drugs** are medications that must be authorized for use by your doctor. Anthem offers varying levels of prescription drug coverage. Depending on the plan, you may have coverage for generic drugs or generic and brand name drugs.

**Generic Drugs** are prescription drugs that typically have been in use for some time and can be manufactured and distributed by numerous companies, so their cost is usually much lower. Generic drugs must, by law, contain the same active ingredients as their brand name equivalent and have the same clinical benefit.

**Brand Name Drugs** are prescription drugs that are manufactured and marketed under a registered name. They are usually patented and may be exclusively offered by certain manufacturers.

**Specialty Drugs** are typically high cost, scientifically engineered drugs used to treat complex, chronic conditions. They require special handling and usually must be shipped directly to the user.

**Formulary** is a list of prescription drugs our health care plans cover. They include generic, brand name, and specialty drugs that have been rigorously reviewed and selected by a committee of practicing doctors and clinical pharmacists for their quality and effectiveness. We've negotiated lower prices on these formulary drugs, so you'll save when your doctor prescribes medication from our formularies. There can be different formularies for different health care plans.

*\*Unlike participating providers, non-participating providers may send you a bill and collect for the amount of the provider's charge that exceeds the maximum allowed amount. Customer service is available to assist you in determining your plan's maximum allowed amount for a particular service from a non-participating provider.*

# SmartSense<sup>®</sup> Plus Is this the right plan for you?

SmartSense Plus was designed to offer affordable, solid protection without a lot of bells and whistles that may not be important to you.

## SmartSense Plus Plan Highlights

SmartSense Plus offers affordable price options, solid protection that covers essentials and even some immediate benefits before the deductible.

### Features:

- First three Doctors' Office Visits with predictable copays, per plan member, each calendar year before having to meet your deductible.
- Preventive care benefits help focus on keeping you healthy.
- Choice of two prescription drug coverage options.

### You should know:

- After first three Doctors' Office Visits, all other visits are covered after the deductible.

## Prescription Drug Coverage

The cost of prescription drugs can be overwhelming, so SmartSense Plus includes prescription drug coverage to help you manage those costs.

SmartSense Plus prescription drug coverage includes the following tiers which represent a cost level within the generic and brand name prescription drug categories.

- **Drug Formulary:** This is a special list of prescription drugs the SmartSense plan covers. We've negotiated lower prices on these formulary drugs, so you'll save when your doctor prescribes from the Plan Formulary.
- **Tier 1:** These drugs have the lowest copay and include generic medications.
- **Tier 2:** These drugs have a higher copay than those in Tier 1 and include formulary brand name medications.
- **Tier 3:** These drugs have a higher copay than those in Tier 2 and include non-formulary brand name medications.
- **Specialty:** These are typically high-cost, scientifically engineered drugs and are paid at a coinsurance level instead of copay.

## How to Customize your SmartSense Plus Plan

With SmartSense Plus, you have some choice and flexibility to change the plan to better meet your needs. SmartSense offers a choice of:

**Deductible:** You can usually lower your premium by choosing a higher deductible. Simply choose the deductible and premium combination that works best for you.

**Upgrade Drug Coverage:** By choosing the Upgrade Drug Coverage option (for an additional cost) you can lower your prescription drug deductible to \$500, instead of the \$7,500 prescription drug deductible (for Tier 2, 3 and Specialty) included in the standard drug coverage.

**Other Optional Coverage:** You can add more protection for you and your family by purchasing optional dental or life insurance. See the information at the back of this brochure.

## Benefits

## SmartSense<sup>®</sup> Plus

### Calendar Year Deductible

### Your Choices

Individual	NETWORK:	\$1,000	\$2,000	\$3,500	\$6,000
	NON-NETWORK:	\$1,000	\$2,000	\$3,500	\$6,000
Family	NETWORK:	\$2,000	\$4,000	\$7,000	\$12,000
	NON-NETWORK:	\$2,000	\$4,000	\$7,000	\$12,000
Network Coinsurance Options		30%	30%	30%	30%

### Calendar Year Out-of-Pocket Maximum

### Add Your Chosen Deductible to the Amount Below

Individual	NETWORK:	\$3,500	\$3,500	\$3,500	\$3,500
	NON-NETWORK:	\$7,500	\$7,500	\$7,500	\$7,500
Family	NETWORK:	\$7,000	\$7,000	\$7,000	\$7,000
	NON-NETWORK:	\$15,000	\$15,000	\$15,000	\$15,000

How family deductibles and family out-of-pocket maximums work

Once one family member reaches their individual deductible or out-of-pocket maximum, the remaining amount of the family deductible or out-of-pocket maximum needs to be met by one or more other family members. The family deductible or out-of-pocket maximum can be met by the family combined.

Plan Lifetime Maximum

Unlimited

## Covered Services

### Your Share of Costs (after deductible, unless waived)

Doctors' Office Visits

**NETWORK:**  
 • First 3 Office Visits (per member): **\$30 Copay**, deductible waived  
 • Additional Office Visits: **30% Coinsurance**  
**NON-NETWORK: 50% Coinsurance**

Professional and Diagnostic Services  
(X-ray, lab, anesthesia, surgeon, etc.)

**NETWORK: 30% Coinsurance**  
**NON-NETWORK: 50% Coinsurance**

Inpatient Services  
(overnight hospital/facility stays)

**NETWORK: 30% Coinsurance**  
**NON-NETWORK: 50% Coinsurance**

Outpatient Services  
(without overnight hospital/facility stays)

**NETWORK: 30% Coinsurance**  
**NON-NETWORK: 50% Coinsurance**

Emergency Room Services

**NETWORK: 30% Coinsurance**  
**NON-NETWORK: 30% Coinsurance**

Preventive Care Services

Includes all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.  
**NETWORK: 0% Coinsurance, not subject to deductible**  
**NON-NETWORK:**  
 • Adults: Routine mammogram, Pap, PSA and Colorectal screenings: **\$30 Copay, deductible waived**  
 • Immunizations (children under age 13): covered at no cost to member, deductible waived  
 • All other covered Adult Preventive Services: **50% Coinsurance**

Maternity

**NETWORK: 30% Coinsurance**  
**NON-NETWORK: 50% Coinsurance**

Optional Coverage  
(at additional cost)

Dental, Life

## Prescription Drug Coverage

## SmartSense Plus

Retail Drugs (and Mail Order Drugs when available)

### Standard Drug Coverage:

**Tier 1 (Generic drugs): \$15 Copay**

\$7,500 annual Prescription Drug deductible per member applies before the following:

- Tier 2 (Formulary Brand name drugs): **\$40 Copay**
- Tier 3 (Non-Formulary Brand name drugs): **\$60 Copay**

• Specialty: **25% Coinsurance** up to a \$2,500 annual Prescription Drug out-of-pocket maximum (the most you'll have to pay), network only and in addition to \$7,500 annual deductible.

**NON-NETWORK: Not Covered**

Optional Drug Coverage  
(when available)

### Upgrade Drug Coverage:

**Tier 1 (Generic drugs): \$15 Copay**

\$500 annual Prescription Drug deductible per member applies before the following:

- Tier 2 (Formulary Brand name drugs): **\$40 Copay**
- Tier 3 (Non-Formulary Brand name drugs): **\$60 Copay**

• Specialty: **25% Coinsurance** up to a \$2,500 annual Prescription Drug out-of-pocket maximum (the most you'll have to pay), network only and in addition to \$500 annual deductible.

**NON-NETWORK: Not Covered**

Other Covered Benefits include but are not limited to:

Ambulance, Chiropractic Services, Home Health Care, Severe Mental Health, Physical/Occupational Therapy, Urgent Care

**IMPORTANT:** This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the Certificate and/or Summary of Benefits. In the event of a conflict between this Benefit Guide and either the Certificate or Summary of Benefits, the Certificate and/or Summary of Benefits will prevail.

### NOTES:

- Discounted rates apply for network covered services.
- Network and non-network deductibles are separate and do not accumulate toward each other. Network and non-network out-of-pocket maximums are also separate and do not accumulate toward each other.
- For non-network services, member is responsible for the coinsurance plus charges in excess of the allowable amount.
- Coinsurance to network and non-network providers applies to annual out-of-pocket maximum except where specifically noted in the Certificate.

# Premier Is this the right plan for you?

Premier is a great choice for families or for individuals looking for robust benefits for both routine and unexpected medical care.

## Premier Plan Highlights

Premier offers many benefits before the deductible and prescription drugs. The lowest levels of coinsurance across all deductibles gives Premier added value over other plans we offer.

### Features:

- Unlimited Doctors' Office Visits with predictable copays, before the deductible.
- Preventive care benefits help focus on keeping you healthy.
- Annual routine eye exam.

### You should know:

- Premier offers one of our highest levels of benefits, so the premiums are typically more than our other plans.

## Prescription Drug Coverage

The cost of prescription drugs can be overwhelming so Premier includes prescription drug coverage to help you manage those costs.

Premier prescription drug coverage includes the following tiers which represent a cost level within the generic and brand name prescription drug categories.

- **Tier 1:** These drugs have the lowest copay and include generic medications.
- **Tier 2:** These drugs have a higher copay than those in Tier 1 and include formulary brand name medications.
- **Tier 3:** These drugs have a higher copay than those in Tier 2 and include non-formulary brand name medications.
- **Specialty:** These are typically high-cost, scientifically engineered drugs and are paid at a coinsurance level instead of copay.

## How to Customize your Premier Plan

With Premier, you have some choice and flexibility to change the plan to better meet your needs. Premier offers a choice of:

**Deductible:** You can usually lower your premium by choosing a higher deductible. Simply choose the deductible and premium combination that works best for you.

**Other Optional Coverage:** You can add more protection for you and your family by purchasing optional dental or life insurance. See the information at the back of this brochure.

## Benefits

### Calendar Year Deductible

		Individual	Family	25%	25%	25%	25%	25%	25%
Individual	NETWORK:	\$1,000	\$2,000	25%	25%	25%	25%	25%	25%
	NON-NETWORK:	\$1,000	\$2,000	25%	25%	25%	25%	25%	25%
Family	NETWORK:	\$1,500	\$3,000	25%	25%	25%	25%	25%	25%
	NON-NETWORK:	\$1,500	\$3,000	25%	25%	25%	25%	25%	25%

### Calendar Year Out-of-Pocket Maximum

		Individual	Family	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500
Individual	NETWORK:	\$4,500	\$9,000	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500	\$4,500
	NON-NETWORK:	\$7,500	\$15,000	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500
Family	NETWORK:	\$9,000	\$15,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000
	NON-NETWORK:	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000

How family deductibles and family out-of-pocket maximums work

Once one family member reaches their individual deductible or out-of-pocket maximum, the remaining amount of the family deductible or out-of-pocket maximum needs to be met by one or more other family members. The family deductible or out-of-pocket maximum can be met by the family combined.

Plan Lifetime Maximum

Unlimited

## Covered Services

Doctors' Office Visits

**NETWORK:** Office Visit **\$30 Copay** for primary care physician; **\$50 Copay** for specialist (deductible waived for both)  
**NON-NETWORK:** **50% Coinsurance**

Professional and Diagnostic Services  
(X-ray, lab, anesthesia, surgeon, etc.)

**NETWORK:** **25% Coinsurance**  
**NON-NETWORK:** **50% Coinsurance**

Inpatient Services  
(overnight hospital/facility stays)

**NETWORK:** **25% Coinsurance**  
**NON-NETWORK:** **50% Coinsurance**

Outpatient Services  
(without overnight hospital/facility stays)

**NETWORK:** **25% Coinsurance**  
**NON-NETWORK:** **50% Coinsurance**

Emergency Room Services

**NETWORK:** **25% Coinsurance**  
**NON-NETWORK:** **25% Coinsurance**

Preventive Care Services

Includes all nationally recommended preventive services including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.  
**NETWORK:** **0% Coinsurance, not subject to deductible**  
**NON-NETWORK:**  
 · **Adults:** Routine mammogram, Pap, PSA and Colorectal screenings: **\$30 Copay, deductible waived**  
 · **Immunizations** (children under age 13): covered at no cost to member, deductible waived  
 · **All other covered Adult Preventive Services:** **50% Coinsurance**

Maternity

**NETWORK:** **25% Coinsurance**  
**NON-NETWORK:** **50% Coinsurance**

Optional Coverage (at additional cost)

Dental, Life

## Prescription Drug Coverage

Retail Drugs (and Mail Order Drugs when available)

**NETWORK:**  
**Tier 1 (Generic drugs): \$15 Copay**  
 \$500 annual Prescription Drug deductible per member applies before the following:  
 · **Tier 2 (Formulary Brand name drugs): \$40 Copay**  
 · **Tier 3 (Non-Formulary Brand name drugs): \$60 Copay**  
 · **Specialty: 25% Coinsurance** up to a \$2,500 annual Prescription Drug out-of-pocket maximum (the most you'll have to pay), network only and in addition to \$500 annual deductible.  
**NON-NETWORK:** Not Covered

Optional Drug Coverage (when available)

Not Applicable

Other Covered Benefits include but are not limited to:

Ambulance, Chiropractic Services, Home Health Care, Severe Mental Health, Physical/Occupational Therapy, Urgent Care, Vision Exam

**IMPORTANT:** This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the Certificate and/or Summary of Benefits. In the event of a conflict between this Benefit Guide and either the Certificate or Summary of Benefits, the Certificate and/or Summary of Benefits will prevail.

**NOTES:**  
 - Discounted rates apply for network covered services.  
 - Network and non-network deductibles are separate and do not accumulate toward each other. Network and non-network out-of-pocket maximums are also separate and do not accumulate toward each other.  
 - For non-network services, member is responsible for the coinsurance plus charges in excess of the allowable amount.  
 - Coinsurance to network and non-network providers applies to annual out-of-pocket maximum except where specifically noted in the Certificate.



Give yourself every advantage...

Good health, a bright smile and financial support.

There are currently no Anthem Blue Dental PPO-contracted dentists available in Archuleta, Baca, Bent, Chaffee, Cheyenne, Crowley, Custer, Dolores, Eagle, Elbert, Gilpin, Grand, Gunnison, Hinsdale, Jackson, Kiowa, Mineral, Moffat, Ouray, Phillips, Pitkin, Rio Blanco, Saguache, San Juan, San Miguel, Sedgwick, Washington and Yuma counties.

Non-network providers will bill members for amounts over what the member's plan pays, up to their usual charge.

The procedures in this brochure are a sample of covered services available to a member. Members who need assistance in determining the maximum payable amount to a non-network dentist may call us at the number on their ID card.

## Dental Coverage

Our Anthem Blue Dental PPO plan includes coverage for the basics, plus certain services like crowns, root canals and dentures. If you need a dental plan that offers important preventive services and a broad range of benefits, this could be the right plan for you.

### Save money by using our dental network

We have more than 1,600 participating dental PPO dentist locations in Colorado to choose from. While our dental PPO plan allows you to go to any dentist, you may save the most money when you choose one of the dentists in our PPO provider network. Even better, when you visit a network dentist, there is no deductible or member coinsurance for covered diagnostic or preventive services. For basic and major services, the calendar-year deductible is \$50 per person (up to three deductibles per family) and must be satisfied before we will pay any benefits.

### Diagnostic and Preventive Care

Coverage for routine check-ups, X-rays and cleanings begins the day your policy is effective.

#### Diagnostic and Preventive Care

Procedure	Plan Pays	
	Network	Non-network
Periodic oral exams, routine cleanings and X-rays <small>(cleanings limited to two per member per year)</small>	100%	Fee Schedule*

### Basic Dental Care

Coverage for basic dental care begins after six months of continuous coverage.

#### Basic Dental

Procedure	Plan Pays	
	Network	Non-network
Fillings	80%	Fee Schedule*

### Major Dental Care

Coverage for major dental care begins after 12 months of continuous coverage.

#### Major Dental

Procedure	Plan Pays	
	Network	Non-network
Extractions, root canals, crowns, dentures	50%	Fee Schedule*

\*For more details and a copy of our non-network fee schedule, please contact your Anthem agent.

### Calendar Year Maximum Benefit

During each calendar year, the Anthem Blue Dental PPO plan provides up to \$1,000 of benefits for each enrolled member.

# Term Life Insurance

Losing a loved one is painful enough without having to worry about finances. Give your family extra support with term life insurance from Anthem Life Insurance Company.

If you're accepted for coverage on one of our health care plans, you'll automatically be approved for our term life insurance. Plus, there are no medical exams or additional enrollment forms to worry about. It's that simple.

Term life monthly rates					
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

**Up to \$100,000 in life insurance with no medical exams and no blood work required. Just check a box on your application and indicate your beneficiary. It's that simple.**

## Additional Information

### "No Obligation" review period

After you enroll in an Anthem plan, you'll receive a Certificate that explains the terms and conditions of coverage, including the plan's exclusions and limitations. You have 30 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.

### Save time with automatic premium payment

Hate writing checks? After your initial payment, our Electronic Fund Transfer (EFT) program will automatically withdraw funds from your bank account each month to pay for your health care plan premium. You'll not only save on postage, you won't have to worry about a lapse in coverage because you forgot to mail in your payment. To sign up, just fill out the billing section of the enrollment application.



## Ready to choose a plan?

- After reviewing all the materials included with this brochure, contact your Anthem agent.
- Ask questions. If you aren't sure about how a plan works or have additional questions, your agent will help you.
- Fill out an application. The quickest and easiest way to complete an application is online and your agent can assist you. Or your agent can provide you with instructions for mailing or faxing your application.

**If you have questions  
or want more details  
about your options, call  
your Anthem agent today!**





Health. Join In.

# Individual health coverage. Your plans. Your choices.

## **Make sure you have all the facts**

This brochure is only one piece of your plan information. Please make sure you have all the facts about the benefits offered by the plan(s) described – including what's covered, and what isn't. For additional information about exclusions, limitations, and terms of this coverage, please see the enclosed Coverage Details. This document should be included with your information kit, or if you have printed this from your computer, it should be at the end of this document. If you don't have this document, be sure to contact your Anthem agent.

**This brochure is intended as a brief summary of benefits and services; it is not your Contract/Certificate of Coverage. If there is any difference between this brochure and your Contract/Certificate of Coverage, the provisions of the Contract/Certificate of Coverage will prevail. Benefits and premiums are subject to change.**

This summary of benefits complies with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

# Ready to enroll?

**Call your Anthem agent today!**

**Benefits effective January 1, 2011**

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