

# Our plans fit your plans



A man and a woman are smiling and riding bicycles on a dirt path. The man is in the foreground, wearing a light blue long-sleeved shirt and khaki shorts. The woman is behind him, wearing a green jacket over a white top and black leggings. They are both looking towards the camera.

# Our plans fit the way you live.

In a world that's constantly changing, one thing's for certain. You can benefit from the reliability and protection of health coverage. Whether you're self-employed, need coverage for your family, just left group coverage, or your job doesn't provide it, Anthem Blue Cross and Blue Shield offers dependable individual health care plans that save you time and make sense for the way you live.

You're in charge of your health and budget, and our plans help keep it that way. Check out our wide range of benefit options and if you have any questions, we are here to help. Dependable, valuable protection that fits the way you live. Sounds like a plan.

## Experience you can rely on

As one of the most trusted names in health coverage, Anthem has been providing health care coverage and security to Colorado residents for many years. We're committed to simplifying your life and improving your health. In addition, we offer:

- **One of the largest provider networks in Colorado.**  
With more than 6,500 doctors and more than 80 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 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

**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.

**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 deductibles and coinsurance for in-network covered services. Once you reach this maximum, the plan pays at 100% for most covered services for the rest of the calendar year.

**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.

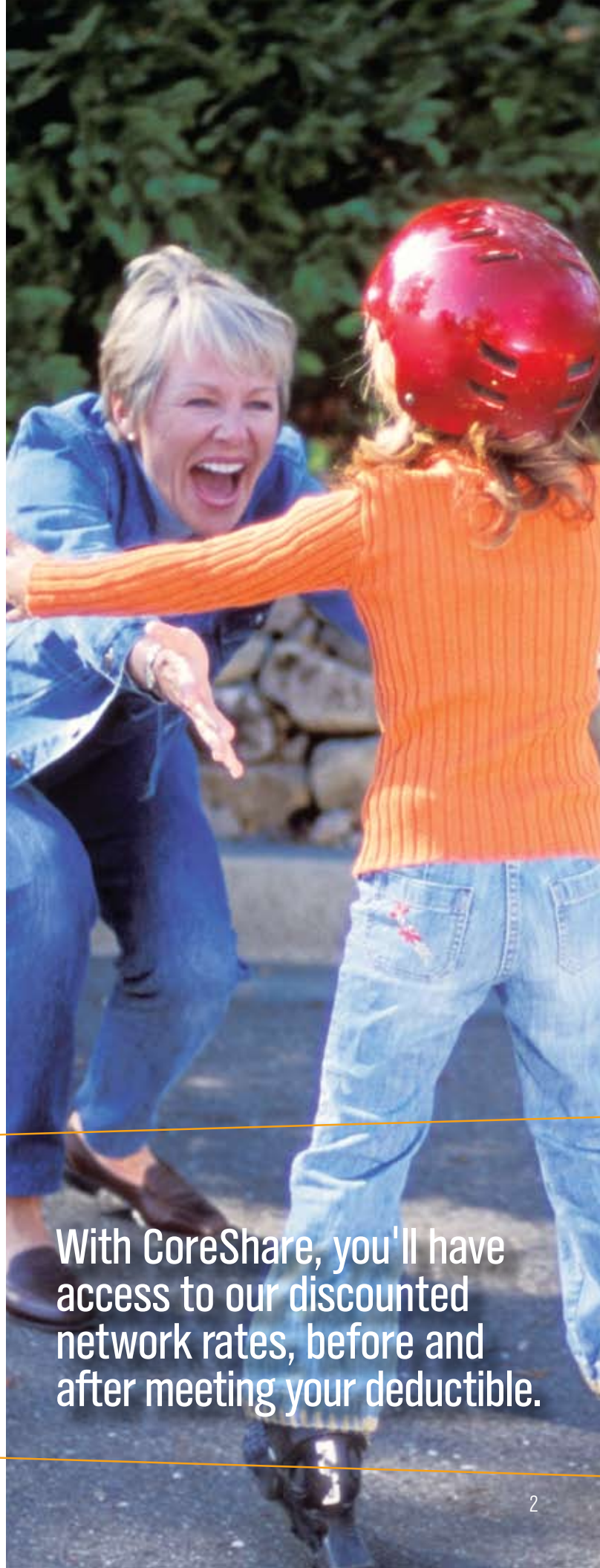
**Brand-name drugs** are prescription drugs that are manufactured and marketed under a registered name. They are usually patented and may be exclusively offered by certain manufacturers.

**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.

## Network coverage

With our extensive network of providers, chances are that your doctor is already part of our network. And all our network providers have lower rates for our members. You'll have access to these lower rates (discounts) before and after meeting your deductible.

Our plans also offer out-of-network coverage but you'll pay less when you choose an in-network provider. For a list of network providers, go to [anthem.com](http://anthem.com) and click on "Find a Doctor."



With CoreShare, you'll have access to our discounted network rates, before and after meeting your deductible.

# CoreShare Is this the right plan for you?

## CoreShare Plan highlights

This plan can be ideal for individuals who want affordable protection against significant medical expenses.

### Features:

- A simple plan design with some of our lowest monthly rates
- Higher percentage of member cost sharing in exchange for lower premiums
- Once the deductible is met, we'll share 50% of the costs at our negotiated rates up to \$3,500, then we'll cover the rest for covered services
- Coverage for prescription drugs

### You should know:

- This plan has its own Drug Formulary
- Maternity benefits are not included with this plan

## Why CoreShare makes sense

If you're looking for a simple plan design with some of our lowest rates, CoreShare could be the plan that's right for you. CoreShare offers a vast range of deductibles (from \$750 – \$25,000) and higher cost-sharing helps lower your monthly premiums. CoreShare offers up to \$4 million per member in lifetime benefits.

## CoreShare Preventive Care

With CoreShare, the following adult preventive screenings are covered before you meet your deductible and at no cost to you: routine mammogram, Pap, PSA and colorectal screenings. The same coverage applies for immunizations for children under age 13.

## Prescription Drug Coverage

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

- **Drug Formulary:** This is a special list of prescription drugs the CoreShare plan covers. We've negotiated lower prices on these formulary drugs, so you'll save when your doctor prescribes from the Plan Formulary posted at [www.wellpointnextrx.com/Formulary1](http://www.wellpointnextrx.com/Formulary1).
- **Tier 1:** These drugs have the lowest copay and include low-cost or preferred medications. This tier includes lower cost generic and brand-name drugs.
- **Tier 2:** These drugs have a higher copay than those in Tier 1 and include preferred medications that are generally moderate in cost. They include higher cost generic and brand-name drugs.
- **Specialty:** These are typically high-cost, scientifically engineered drugs and are paid at a coinsurance level instead of copay.

If you have questions or want more details about your options, call your Anthem Agent.

Calendar Year Deductible		Your Choices								
Individual	In-Network	\$750	\$1,500	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000	\$15,000	\$25,000
	Out-of-Network	\$750	\$1,500	\$2,500	\$3,500	\$5,000	\$7,500	\$10,000	\$15,000	\$25,000
Family	In-Network	\$1,500	\$3,000	\$5,000	\$7,000	\$10,000	\$15,000	\$20,000	\$30,000	\$50,000
	Out-of-Network	\$1,500	\$3,000	\$5,000	\$7,000	\$10,000	\$15,000	\$20,000	\$30,000	\$50,000
In-Network Coinsurance		50%	50%	50%	50%	50%	50%	0%	0%	0%
Calendar Year Out-of-Pocket Maximum		Add Your Chosen Deductible to the Amount Below								
Individual	In-Network	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$0	\$0	\$0
	Out-of-Network	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500
Family	In-Network	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$7,000	\$0	\$0	\$0
	Out-of-Network	\$15,000	\$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		Each family member has an individual deductible and out-of-pocket maximum. 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.								
Plan Lifetime Maximum		Plan pays up to \$4 million per member for in-network and out-of-network services combined.								
Covered Services		Your Share of Costs (after deductible, unless waived)								
Doctor's Office Visits	In-Network	50% Coinsurance (with \$750, \$1500, \$2500, \$3500, \$5000, \$7500) 0% Coinsurance (with \$10000, \$15000, \$25000)								
	Out-of-Network	70% Coinsurance (with \$750, \$1500, \$2500, \$3500, \$5000, \$7500) 30% Coinsurance (with \$10000, \$15000, \$25000)								
Professional/ Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)	In-Network	50% Coinsurance (with \$750, \$1500, \$2500, \$3500, \$5000, \$7500) 0% Coinsurance (with \$10000, \$15000, \$25000)								
	Out-of-Network	70% Coinsurance (with \$750, \$1500, \$2500, \$3500, \$5000, \$7500) 30% Coinsurance (with \$10000, \$15000, \$25000)								
Inpatient Services (overnight hospital/facility stays)	In-Network	50% Coinsurance PLUS \$500 Facility Copay <sup>1</sup> per day up to the first 3 days (with \$750, \$1500, \$2500) 50% Coinsurance (with \$3500, \$5000, \$7500) 0% Coinsurance (with \$10000, \$15000, \$25000)								
	Out-of-Network	70% Coinsurance PLUS \$500 Facility Copay <sup>1</sup> per day up to the first 3 days (with \$750, \$1500, \$2500) 70% Coinsurance (with \$3500, \$5000, \$7500) 30% Coinsurance (with \$10000, \$15000, \$25000)								
Outpatient Services (without overnight hospital/facility stays)	In-Network	50% Coinsurance PLUS \$200 Facility Copay <sup>1</sup> per admission (with \$750, \$1500, \$2500) 50% Coinsurance (with \$3500, \$5000, \$7500) 0% Coinsurance (with \$10000, \$15000, \$25000)								
	Out-of-Network	70% Coinsurance PLUS \$200 Facility Copay <sup>1</sup> per admission (with \$750, \$1500, \$2500) 70% Coinsurance (with \$3500, \$5000, \$7500) 30% Coinsurance (with \$10000, \$15000, \$25000)								
Emergency Room Services		In-Network or Out-of-Network: 50% Coinsurance (with \$750, \$1500, \$2500, \$3500, \$5000, \$7500) or 0% Coinsurance (with \$10000, \$15000, \$25000)								
Preventive Care Services		In-Network or Out-of-Network: Adults: Routine mammogram, Pap, PSA and Colorectal screenings: no cost to member, deductible waived Children under age 13: immunizations covered at no cost to member, deductible waived								
Maternity		Not covered								
Additional Covered Benefits		Includes, but not limited to: Ambulance, Chiropractic Services, Home Health Care, Mental Health, Physical/Occupational Therapy, Urgent Care								
Prescription Drug Coverage										
Retail and Mail Order Drugs on the Plan Formulary <sup>2</sup>	In-Network	Tier 1 (Lower cost Generic and Brand-name drugs): <b>\$15 Copay</b> \$2,000 annual deductible per member applies before the following: - Tier 2 (Higher cost Generic and Brand-name drugs): <b>\$35 Copay</b> - Specialty: 25% Coinsurance up to a \$2,500 Annual Out-of-Pocket Maximum (the most you'll have to pay), in-network only and in addition to \$2,000 annual deductible Non-formulary drugs: Not covered, discounts apply								
	Out-of-Network	Not covered								

<sup>1</sup> Balance of charges subject to deductible and coinsurance. No additional Facility Copay if readmitted to the same facility within 72 hours of the initial admission. Facility Copay does not accumulate toward the deductible or out-of-pocket maximum. Facility Copay is still required even if out-of-pocket maximum has been met.

<sup>2</sup> CoreShare has its own Plan Formulary.

Notes:

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





Give yourself  
every advantage...

Good health, a bright smile  
and financial support.

## 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 1,300 participating dental PPO dentists 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 these dentists in our PPO provider network. Even better, when you visit a network dentist, you have no deductible or coinsurance to pay for any covered diagnostic or preventive service. 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	
	In-network	Out-of-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 fillings begins after six months of continuous coverage.

Basic Dental		
Procedure	Plan Pays	
	In-network	Out-of-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	
	In-network	Out-of-network
Extractions, root canals, crowns, dentures	50%	Fee Schedule*

\*For a copy of our out-of-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 BluePreferred Life™ 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.

## Additional information

### 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.

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

## 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

It's That Simple...



Health. Join In.

# Individual health coverage. Your plans. Your choices.

CoreShare is available effective January 1, 2010.

## 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 Disclosures Document. 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.

## “No Obligation” review period

After you enroll in a plan offered by Anthem, you will receive a Certificate that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You will have 30 full days to examine your plan's features. During that time, if you are not fully satisfied, you may decline coverage by returning your Certificate along with a letter notifying us that you wish to discontinue coverage. You'll receive a full refund of any premium, less any claims we've paid on your behalf. Certificates are available for you to examine prior to enrolling. Ask your agent or Anthem.

# Ready to enroll?

Call your Anthem Agent today!

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