

Looking for a new health plan?
We can help.



2018 Plan Year: Colorado

Individual and Family
Your health plan guide

**Bronze, Silver and
Catastrophic plans**



Why Anthem?

Health plans don't have to be complicated.

We understand that every individual and family is unique. That's why we offer plan options for different health care needs and budgets. Our goal is not just to be there when you're sick, but also to help you stay well – at every stage of life.

With Anthem Blue Cross and Blue Shield (Anthem), you can count on:



A strong network with access to major hospital systems.



Dedicated customer service.



One source for all your benefits, including dental and vision.



Convenient online tools, including 24/7 access to doctors through LiveHealth Online.



A simple enrollment process.



Coordinated care that connects your doctors and other health care providers.



Resources to support your health care goals.



Statewide options and greater savings with the Pathway network

The statewide HMO Pathway network provides a wide range of doctors and health providers across Colorado:

- Includes 61 acute care hospitals, more than 1,900 primary care doctors and more than 9,000 specialists
- Access to the same powerful network options that make up our HMO Colorado network outside the Front Range

* Based on Internal Data, 2017.

Table of Contents

| | |
|------------------------------------|-----------|
| What we cover. | 3 |
| Built-in benefits. | 3 |
| Pharmacy. | 4 |
| How to choose a plan. | 5 |
| Networks. | 6 |
| Travel coverage. | 6 |
| What do you need?. | 7 |
| Plan choices. | 7 |
| Health savings account (HSA). | 7 |
| How your plan might work. | 8 |
| Overview of plans. | 10 |
| Understanding insurance terms | 10 |
| Medical plans | 11 |
| Dental. | 20 |
| Dental stand-alone plans. | 21 |
| Vision. | 24 |
| Blue View Vision plans. | 25 |
| Our plans' built-in extras. | 26 |
| Health and wellness programs. | 26 |
| SpecialOffers@Anthem SM | 26 |
| Enhanced Personal Health Care. | 27 |

| | |
|-------------------------------------|-----------|
| Online tools. | 28 |
| LiveHealth Online. | 28 |
| Ready to enroll?. | 29 |
| We want you to be satisfied. | 30 |
| Important legal information. | 31 |

Quick clicks

Get the info you want now. Just choose a topic to take you right to that section.







- Medical plans
- Networks
- Find a Doctor
- Prescriptions

What we cover

All our plan options have one major goal – to help you stay healthy and provide the quality coverage you need, when you need it. That’s why, no matter which plan you choose, you’re covered from preventive care to emergencies and plenty in between!

Built-in benefits





Our plans include the essential health benefits (EHBs) required by the Affordable Care Act (ACA):

-  Ambulatory patient services (outpatient care you get without being admitted to a hospital)
-  Emergency services (going to the emergency room, also known as the ER) or urgent care center, when medically necessary
-  Hospitalization and inpatient services (such as surgery)
-  Laboratory and radiology services (includes blood work, screenings and X-rays)
-  Mental health and substance use disorder services (includes counseling and psychotherapy)
-  Pediatric dental and vision coverage for children up to age 19^{†‡}



Take care of yourself with no-cost, in-network preventive care

With Anthem, you pay no copay, no coinsurance and no deductible for covered **in-network** preventive services. So you can stay on top of your health care and your finances!*

-  Pregnancy, maternity and newborn care (care before, during and after pregnancy)
-  Prescriptions
-  Rehabilitative and habilitative services and devices (hospital beds, crutches, oxygen tanks)
-  Visits to doctors in your plan for preventive care services* (wellness exams, shots, screenings) and chronic disease management

* Nationally recommended preventive care services from in-network providers have no copay, no coinsurance and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms and more, recommended by the United States Preventive Services Task Force.

† If you choose a medical plan with out-of-network benefits, embedded dental benefits will also be available through out-of-network providers. If you choose a plan that only includes in-network benefits, the dental benefits will only be available through in-network providers. Remember, you save money when using in-network providers no matter which type of medical plan you choose.

‡ The pediatric dental policy DOES NOT provide any dental benefits to individuals age 19 or older. The pediatric dental policy is offered, so the purchaser will have pediatric dental coverage as required by the ACA. A person age 19 or older will need to buy a separate adult plan if they want adult dental benefits. The pediatric dental policy WILL NOT pay for any adult dental care.

Pharmacy

 **Getting the most out of your pharmacy benefits can help keep you healthy and save you money.**

The Select Drug List has your medication needs covered as required by law

Your medical plan uses a formulary or drug list that includes hundreds of covered brand-name and generic drugs. Our individual and family plans use the Select Drug List, which offers drugs in every category and class that meet or exceed ACA requirements. Our drug list helps manage health care costs, while offering you the coverage you need.

To find out if your medication is covered, you can check out our Select Drug List at [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation) and click on the link, **Colorado Select Drug List (Searchable)**.

 **Save with Home Delivery Choice**

We offer home delivery of your medicines right to your door — making it easy for you to get your medicine quickly and safely. People who use home delivery pharmacy are more likely to follow their medication treatment plan — meaning fewer doctor visits and hospital stays. And lower health care costs for you.

How it works:

- You must choose how you want to get the medicines you take for ongoing conditions like indigestion, high blood pressure, high cholesterol or diabetes — either at your local, retail pharmacy or with home delivery.
- We'll call you and send you a letter to tell you about the program and its benefits.
- You can use a retail pharmacy for two fills. But after the second fill, your medicines won't be covered until you make a final decision.

 **Access all of your pharmacy information at [anthem.com](https://www.anthem.com)**

- See if your preferred pharmacy is in the plan's network. Visit [anthem.com/findadoctor](https://www.anthem.com/findadoctor).
- Learn more about your pharmacy benefits, including why some drugs require prior authorization, by going to our FAQs at [anthem.com/faqs/colorado/pharmacy](https://www.anthem.com/faqs/colorado/pharmacy).

 **Save with prescription drug benefits**

A retail pharmacy network with two coverage levels helps provide savings and coverage

| | |
|----------------|---|
| Level 1 | Visiting CVS, Target, Walmart, Kroger (King Soopers), Safeway, or any of our nearly 25,000 national Level 1 in-network pharmacies give you the lowest out-of-pocket costs for your prescriptions. |
| Level 2 | You can also visit one of our 45,000+ national Level 2 in-network pharmacies, and your prescriptions will be covered for an additional cost. [†] |

Go to [anthem.com/findadoctor](https://www.anthem.com/findadoctor) to see if your preferred pharmacy is in Level 1 or Level 2. You'll save money by choosing a Level 1 pharmacy.

[†] An additional copayment or percentage of the drug cost (coinsurance) may apply.

Together with medical – better and easier than ever

- Better overall health
- A simplified experience
- Fewer hospital stays and reduced medical costs*
- Increased cost savings for prescriptions*

*Outcomes based on 2014 integrated analysis. Results don't represent a guarantee of outcomes, specific results and cost savings will vary.



How to choose a plan

Saving money on your medical bills is easy. See doctors in your plan. We'll show you how.

When you see a doctor or go to a hospital not in your health care plan, you'll be responsible for 100% of the cost, unless it's an emergency. But don't worry. We're here to help you choose a doctor in your plan to save money.

When Anthem sets up medical, dental and vision networks, we negotiate with doctors, hospitals and labs on the cost of services. For example, a doctor may normally charge \$150 for an X-ray for a patient without medical benefits. We may work it out with that same doctor to discount the rate for our Anthem members down to \$100. The doctor is in our health care plans as soon as this agreement is made. It's that simple.

Bottom line: Always check to see if your favorite doctor, hospital or other health care provider is in your plan.

Providers in your plan may include:



Doctors, therapists, mental health providers and other health care professionals



ERs and urgent care centers



Hospitals and outpatient facilities



Labs and radiology centers



Pharmacies



Durable medical equipment, like hospital beds, crutches, wheelchairs and oxygen tanks (retail and online stores)



Our Find a Doctor tool – it's quick and easy

Go to [anthem.com/findadoctor](https://www.anthem.com/findadoctor) and search using the plan/network (**Anthem Pathway, Mountain Enhanced or PPO Catastrophic**) you're considering.

You'll get a list of providers, including detailed information about them like location, gender, specialty, certifications, availability and much more. Network availability may depend on where you live.



For searches on the go, download our **Anthem Anywhere** mobile app to your mobile device.

Helpful hint:

Save emergency room visits for emergencies only

If you have a real emergency, head straight to the ER or call 911. Otherwise, save yourself money and time by visiting your primary care doctor or an urgent care center for minor medical issues.



Types of networks

Depending on what type of plan you choose, your benefits, doctor and medical facility choices may be different:

- **Pathway and Mountain Enhanced networks:** With our health maintenance organization (HMO) plans, you have access to a wide range of doctors, health care providers and plans based on where you live in Colorado.

You have to choose a primary care doctor, but you don't need a referral to see other in-network doctors. HMOs don't offer out-of-network benefits, except for emergency and urgent care or when a service is preapproved. If you see doctors not in the plan for any other reason, you'll have to pay 100% out of pocket.

- With our **PPO Catastrophic** plan (available off the Marketplace only), you get access to our widest network of doctors and hospitals in Colorado. You choose a primary care doctor to manage your care needs, but you don't need referrals. This plan is available in most, but not all rating areas in Colorado and is available to people under age 30 or who qualify for a hardship exemption.

Travel coverage

Whether you're traveling for work or on vacation, going to the ER or urgent care is probably the last thing you want to worry about. The good news is you don't have to! With the Blue Cross and Blue Shield Association's BlueCard[®] program, you can access care no matter where you are in the U.S.

Our **HMO** plans cover medically necessary emergency and urgent care from an urgent care center in all 50 states. Our **PPO Catastrophic** plan covers medically necessary *emergency care only* in all 50 states.

Guest Membership/Away From Home Care when temporarily living out of state - HMO

Will you or a family member be living away from home and outside of your health plan's service area for more than 90 days? With our HMO plans, we can cover you. Just ask for a guest membership (also known as Away From Home Care) to one of our affiliated Blue Cross and Blue Shield plans in that area.

A guest membership lets you become a "guest" of that other health plan and enjoy its benefits and coverage. It comes in handy for students going to college in another state. After you're a member, call Guest Membership at 800-827-6422 to learn more. Guest memberships aren't available in all areas.



The difference between doctors in the plan and doctors outside the plan





| | |
|---------------------------|---|
| Doctors in the plan: | Doctors and other health care providers who contract with us to provide care at discounted rates. |
| Doctors outside the plan: | Doctors and other health care providers who are not contracted with the health plan. |

If you choose to go to a doctor not in your plan, you'll pay more out of pocket.

What do you need?

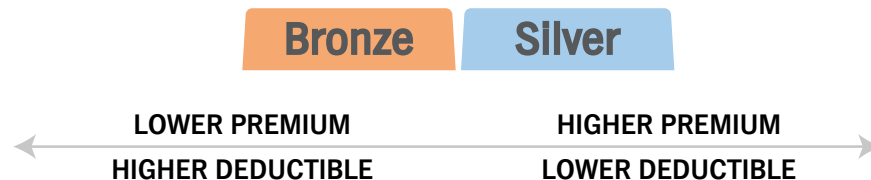
Choosing the right health care plan can be challenging. To help you decide, consider the questions below. And remember, your broker or Anthem representative can provide answers and give advice.

What matters most to you?

-  **Does the plan meet your coverage needs?** How often do you see doctors and specialists? What prescription medications do you take regularly? Are you planning any procedures this year?
-  **Do you have a certain doctor you like to see?** If you answered yes, then you can use our Find a Doctor tool at [anthem.com/findadoctor](https://www.anthem.com/findadoctor) to check if your doctor is in the plan you're considering.
-  **Do you need to know if your medication is covered?** Check out our drug list at [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation) and choose the link, **Colorado Select Drug List (Searchable)**.
-  **Is a Catastrophic plan an option?** With an approved exemption, you may qualify for a high-deductible, low monthly payment, Catastrophic plan. Catastrophic plans can help protect you from worst-case scenarios like serious accidents or illnesses. To learn more about exemptions and apply for one, visit [ConnectforHealthCO.com](https://www.ConnectforHealthCO.com).

Plan choices

Metal Levels



Health savings account (HSA)

If you like the idea of lowering your health care costs and your taxes, a health savings account (HSA) could be a good option for you.

- o **What is an HSA?**
It's a savings account you can open when you have a qualified high-deductible health plan (HDHP). You set up the HSA through a bank and fund it with your post tax dollars.
- o **Why choose it?**
It can help you pay for health care expenses, including prescriptions. Plus, you can claim your HSA contributions as tax deductions, earn interest on your money and roll over the year-end balance.
- o **How can you learn more?**
Check with your tax advisor to see if an HSA plan is right for you. For more information on HSAs, review our HSA flier included with this brochure.

How your plan might work

With most health care plans, you pay a monthly fee called a premium; then, you share some of the cost of covered services you receive with your health insurance company. **With Anthem, you choose the level of cost sharing that works for you.**

Here's an example: *Meet Jason**

To show you how your health plan might work, we'd like to introduce you to "Jason." The cost-share amounts used in this example may not apply to the plan you choose. This is just an example. Be sure to look at the actual benefits for each plan when you're deciding.

Jason's story

After injuring his knee in a soccer game, Jason chooses a doctor in our network, which saves him the most money. Jason pays a copay or coinsurance based on Anthem negotiated rates because he uses doctors in our network. **Below, see how Jason's benefits work, his treatment costs and why it's important to have health insurance:***

Jason's health plan has the following benefits:

- o \$2,000 deductible
- o 30% coinsurance
- o \$5,000 out-of-pocket limit
- o \$35 copay for primary care doctor visits



Copay

On some plans, you pay a fixed-dollar amount or copay for certain services. For example, you may have a \$35 copay for in-network primary care doctor visits.

Deductible

You pay this amount for covered medical services each calendar year, from January 1 through December 31. Your deductible starts over each calendar year.

Examples of covered services that apply to the deductible include lab work, X-rays, anesthesia and surgeon fees.

Let's take a closer look at Jason's doctor visit:

- o *Doctor visit cost (without insurance):* \$200
- o *Anthem's negotiated rate:* \$140
- o *Anthem pays:* \$105
- ▶ ***Jason paid:*** **\$35**
(This is his plan's copay for primary care doctor office visits.)

Here's what happens when Jason's doctor orders an approved magnetic resonance imaging (MRI) of the knee and recommends surgery:

MRI

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

Surgery

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

* While the characters in this example are not real, and the situation is hypothetical, the clinical aspects are accurate and realistic.
Individual and Family Health Plan Guide for Colorado

Coinsurance (your percentage of the cost)

Once you've met your deductible, Anthem starts paying a portion of your claims. Then, you and Anthem share responsibility for your health care bills. Your coinsurance is the percentage that you must pay for certain covered services. Having met his deductible, Jason begins to pay coinsurance on covered services that require it.

Out-of-pocket limit

This is the most you pay during a calendar year for covered services. Your combined deductible, coinsurance and copay costs typically make up your out-of-pocket limit. Once you meet this limit, your health insurance covers 100% (of the maximum allowed amount) of covered services for the rest of the calendar year.

Summary

Jason paid far less out of pocket because he had health care coverage and stayed in our network. If Jason had used a doctor outside our network, he would have paid more.

Keep in mind if your plan doesn't include coverage for out-of-network benefits, you'll pay the full cost for services from doctors not in your plan with the exception of medically necessary emergency and urgent care.

Let's check in to see Jason's final costs for surgery:

- o *Coinsurance* (30% of \$34,000): \$10,200
- ▶ **Jason paid:** **\$2,965**
(Jason's payment satisfies the remainder of his \$5,000 out-of-pocket limit. Even though Jason's coinsurance is 30% or \$10,200, he only has to pay a portion of that to meet his \$5,000 out-of-pocket limit.)

Jason has met his in-network out-of-pocket limit and the remaining surgery costs are paid by Anthem:

- o *Anthem pays:* \$31,035
- o *Jason's out-of-pocket limit:* \$5,000

Let's check in to see Jason's final costs:

- o *Total for the doctor visit, MRI and surgery (without health insurance):*
. \$51,700
- o *Total Anthem paid after discounts:* \$31,140
- ▶ **Total Jason paid:** **\$5,000**
($\$35 \text{ office visit} + \$2,000 \text{ deductible} + \$2,965 \text{ coinsurance} = \$5,000$)

Call your broker or Anthem representative for more information.

You can also visit anthem.com to view and compare different plans.

Overview of plans

Understanding insurance terms

In-network preventive care is covered at no additional cost to you!*

Insurance terms can be confusing. Here's a quick look at some commonly used health insurance terms.

Take a look at the following pages to see the individual and family medical plan choices offered by Anthem, including a sample of commonly used benefits and how they're covered under each plan. **Cost-share and benefit information shown is for *in-network* services only.**

For more information, contact your broker or Anthem representative. You can also view and compare plans on [anthem.com](https://www.anthem.com).

| | |
|---|--|
| Plan name | Plan name and contract code are found in the first row of the medical plan charts. Look for this when you're applying for a plan. The contract code is in parentheses after the plan name. |
| Plan includes out-of-network coverage? | Indicates whether the plan includes coverage for out-of-network benefits. In-network refers to doctors who are part of the plan's network. Out-of-network refers to doctors who don't participate in the network. |
| Deductible | <p>The deductible is a set amount that you pay out of pocket each year before your plan starts paying for covered services, except for in-network preventive services.* <i>For example:</i> If your deductible is \$5,000, your plan won't pay anything until you've met your \$5,000 deductible for covered health care services. Some plans may cover certain services, such as doctor office visits, before you meet the deductible.</p> <p>Our plans have embedded family deductibles, where each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, before receiving plan benefits. No one family member pays more than the individual deductible. The medical plan charts display the individual deductible. Family deductibles are two (2) times the individual amount for most plans and three (3) times the individual amount for Gold plans.</p> <p>Note: You must meet your deductible every calendar year (January 1 through December 31), even if your effective date (the date your coverage begins) is later than January 1.</p> |
| Out-of-pocket limit | <p>The out-of-pocket limit is the most you pay during a policy period (each calendar year) before your health insurance or plan pays 100% of the maximum allowed amount. <i>For example:</i> If your out-of-pocket limit is \$6,850, you will continue to pay your coinsurance and copays, if applicable, until you've met your \$6,850 out-of-pocket limit. Once you have met your out-of-pocket limit, your plan pays 100% of the maximum allowed amount for covered services for the rest of that calendar year.</p> <p>This limit never includes your monthly payment (premium), additional charges from the doctor (balance billing), or services your plan doesn't cover. The amount includes deductible, copays, coinsurance and pharmacy costs. The medical plan charts display the individual out-of-pocket limit. Family out-of-pocket limits are two (2) times the individual amount.</p> |
| Coinsurance | <p>Your percentage of the cost (Coinsurance) is the amount you pay for covered health care services. It's a percentage of the cost of services after the deductible has been paid. <i>For example:</i> A health plan pays 80% of the maximum allowed amount for a service and you pay the remaining 20%. All medical plans have coinsurance, but the percentage may vary by health care service.</p> |
| Copay | <p>A copay is a fixed fee that you pay out of pocket for each visit to a health care provider. <i>For example:</i> If your copay is \$50, then you pay \$50 when you see your in-network doctor — usually at the time you receive treatment. The amount of your copay may depend on the type of health care service you receive.</p> |

* Nationally recommended preventive care services from in-network providers have no copay, no coinsurance and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms and more, recommended by the United States Preventive Services Task Force.

Medical plans - HMO

The benefit information shown here is for in-network services. **Pathway** and **Mountain Enhanced** network plans only include out-of-network benefits for emergency care, urgent care and ambulance services. In addition, we offer Guest Membership (also called Away from Home Care) with these HMO plans.

Mountain Enhanced network plans are available in the following communities only: Archuleta county (Pagosa Springs), La Plata county (Durango), Montezuma county (Cortez), Summit county (Keystone/Frisco/Breckenridge) and Eagle county (Vail Valley).

| | Anthem Bronze Pathway HMO 5000 (1G0P) | Anthem Bronze Mountain Enhanced HMO 5000 (1JR7) | Anthem Bronze Pathway HMO 5000 for HSA (1G0V) |
|--|--|--|--|
| Network name | Pathway | Mountain Enhanced | Pathway |
| Plan includes out-of-network coverage? | No | No | No |
| Individual deductible | \$5,000 | \$5,000 | \$5,000 |
| Individual out-of-pocket limit | \$7,350 | \$7,350 | \$6,550 |
| Coinsurance (percentage may vary for some covered services) | 40% | 40% | 25% |
| Preventive care ¹ | No additional cost to you. | No additional cost to you. | No additional cost to you. |
| Office visit: primary care physician (PCP) ² (Other office services may be subject to deductible and plan coinsurance) | \$50 copay per visit for the first 2 visits, then deductible and 40% coinsurance | \$50 copay per visit for the first 2 visits, then deductible and 40% coinsurance | Deductible, then 25% coinsurance |
| Office visit: specialist (Other office services may be subject to deductible and plan coinsurance) | Deductible, then 40% coinsurance | Deductible, then 40% coinsurance | Deductible, then 25% coinsurance |
| Outpatient diagnostic tests (Ex. X-ray, EKG) | Deductible, then 40% coinsurance | Deductible, then 40% coinsurance | Deductible, then 25% coinsurance |
| Outpatient advanced diagnostic tests (Ex. MRI, CT scan) | Deductible, then \$250 copay and 40% coinsurance | Deductible, then \$250 copay and 40% coinsurance | Deductible, then \$250 copay and 25% coinsurance |
| Urgent care | Deductible, then \$50 copay and 40% coinsurance | Deductible, then \$50 copay and 40% coinsurance | Deductible, then \$50 copay and 25% coinsurance |
| Emergency room care (Copay waived if admitted into the hospital from the emergency room.) | Deductible, then \$200 copay and 40% coinsurance | Deductible, then \$200 copay and 40% coinsurance | Deductible, then \$500 copay and 25% coinsurance |
| Hospital: inpatient admission (includes maternity, mental health / substance use) | Deductible, then \$1,000 copay and 40% coinsurance | Deductible, then \$1,000 copay and 40% coinsurance | Deductible, then 25% coinsurance |
| Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use) | Deductible, then 40% coinsurance | Deductible, then 40% coinsurance | Deductible, then 25% coinsurance |
| Pharmacy deductible (for tiers with deductible, cost share applies after deductible) | Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies | Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies | Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies |
| Retail pharmacy tier 1 ³ : Level 1 / Level 2 | 40% coinsurance / 50% coinsurance | 40% coinsurance / 50% coinsurance | 25% coinsurance / 35% coinsurance |
| Retail pharmacy tier 2 ³ : Level 1 / Level 2 | 40% coinsurance / 50% coinsurance | 40% coinsurance / 50% coinsurance | 25% coinsurance / 35% coinsurance |
| Retail pharmacy tier 3 ³ : Level 1 / Level 2 | 40% coinsurance / 50% coinsurance | 40% coinsurance / 50% coinsurance | 25% coinsurance / 50% coinsurance |
| Retail pharmacy tier 4: Level 1 / Level 2 | 40% coinsurance / 50% coinsurance | 40% coinsurance / 50% coinsurance | 25% coinsurance / 50% coinsurance |
| Physical and occupational therapy ⁴ (limits apply) | Deductible, then 40% coinsurance | Deductible, then 40% coinsurance | Deductible, then 25% coinsurance |
| Speech therapy ⁴ (limits apply) | Deductible, then 40% coinsurance | Deductible, then 40% coinsurance | Deductible, then 25% coinsurance |

Please see Medical plans footnotes on page 19.

Medical plans - HMO

The benefit information shown here is for in-network services. **Pathway** and **Mountain Enhanced** network plans only include out-of-network benefits for emergency care, urgent care and ambulance services. In addition, we offer Guest Membership (also called Away from Home Care) with these HMO plans.

Mountain Enhanced network plans are available in the following communities only: Archuleta county (Pagosa Springs), La Plata county (Durango), Montezuma county (Cortez), Summit county (Keystone/Frisco/Breckenridge) and Eagle county (Vail Valley).

| | Anthem Bronze Mountain Enhanced HMO 5000 for HSA (2VDE) | Anthem Bronze Pathway HMO 5400 (1X7C) | Anthem Bronze Pathway HMO 5800 (1G0R) |
|--|--|--|--|
| Network name | Mountain Enhanced | Pathway | Pathway |
| Plan includes out-of-network coverage? | No | No | No |
| Individual deductible | \$5,000 | \$5,400 | \$5,800 |
| Individual out-of-pocket limit | \$6,550 | \$7,350 | \$7,350 |
| Coinsurance (percentage may vary for some covered services) | 25% | 50% | 30% |
| Preventive care ¹ | No additional cost to you. | No additional cost to you. | No additional cost to you. |
| Office visit: primary care physician (PCP) ² (Other office services may be subject to deductible and plan coinsurance) | Deductible, then 25% coinsurance | \$50 copay per visit for the first 2 visits, then deductible and 50% coinsurance | \$45 copay per visit for the first 2 visits, then deductible and 30% coinsurance |
| Office visit: specialist (Other office services may be subject to deductible and plan coinsurance) | Deductible, then 25% coinsurance | Deductible, then 50% coinsurance | Deductible, then 30% coinsurance |
| Outpatient diagnostic tests (Ex. X-ray, EKG) | Deductible, then 25% coinsurance | Deductible, then 50% coinsurance | Deductible, then 30% coinsurance |
| Outpatient advanced diagnostic tests (Ex. MRI, CT scan) | Deductible, then \$250 copay and 25% coinsurance | Deductible, then \$250 copay and 50% coinsurance | Deductible, then \$500 copay and 30% coinsurance |
| Urgent care | Deductible, then \$50 copay and 25% coinsurance | Deductible, then \$75 copay and 50% coinsurance | Deductible, then \$50 copay and 30% coinsurance |
| Emergency room care (Copay waived if admitted into the hospital from the emergency room.) | Deductible, then \$500 copay and 25% coinsurance | Deductible, then \$500 copay and 50% coinsurance | Deductible, then \$200 copay and 30% coinsurance |
| Hospital: inpatient admission (includes maternity, mental health / substance use) | Deductible, then 25% coinsurance | Deductible, then \$1,450 copay | Deductible, then \$500 copay and 40% coinsurance |
| Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use) | Deductible, then 25% coinsurance | Deductible, then 50% coinsurance | Deductible, then 30% coinsurance |
| Pharmacy deductible (for tiers with deductible, cost share applies after deductible) | Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies | Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible | Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies |
| Retail pharmacy tier 1 ³ : Level 1 / Level 2 | 25% coinsurance / 35% coinsurance | \$15 copay / \$25 copay | 30% coinsurance / 40% coinsurance |
| Retail pharmacy tier 2 ³ : Level 1 / Level 2 | 25% coinsurance / 35% coinsurance | \$60 copay / \$70 copay | 30% coinsurance / 40% coinsurance |
| Retail pharmacy tier 3 ³ : Level 1 / Level 2 | 25% coinsurance / 50% coinsurance | \$150 copay / \$160 copay | 30% coinsurance / 50% coinsurance |
| Retail pharmacy tier 4: Level 1 / Level 2 | 25% coinsurance / 50% coinsurance | \$500 copay / \$510 copay | 30% coinsurance / 50% coinsurance |
| Physical and occupational therapy ⁴ (limits apply) | Deductible, then 25% coinsurance | Deductible, then 50% coinsurance | Deductible, then 30% coinsurance |
| Speech therapy ⁴ (limits apply) | Deductible, then 25% coinsurance | Deductible, then 50% coinsurance | Deductible, then 30% coinsurance |

Please see Medical plans footnotes on page 19.

Medical plans - HMO

The benefit information shown here is for in-network services. **Pathway** and **Mountain Enhanced** network plans only include out-of-network benefits for emergency care, urgent care and ambulance services. In addition, we offer Guest Membership (also called Away from Home Care) with these HMO plans.

Mountain Enhanced network plans are available in the following communities only: Archuleta county (Pagosa Springs), La Plata county (Durango), Montezuma county (Cortez), Summit county (Keystone/Frisco/Breckenridge) and Eagle county (Vail Valley).

| | Anthem Bronze Pathway HMO 6300 for HSA (1G0T) | Anthem Bronze Mountain Enhanced HMO 6300 for HSA (2VDF) | Anthem Silver Pathway HMO 1650 (1G1G) |
|--|--|--|--|
| Network name | Pathway | Mountain Enhanced | Pathway |
| Plan includes out-of-network coverage? | No | No | No |
| Individual deductible | \$6,300 | \$6,300 | \$1,650 |
| Individual out-of-pocket limit | \$6,550 | \$6,550 | \$7,350 |
| Coinsurance (percentage may vary for some covered services) | 0% | 0% | 35% |
| Preventive care ¹ | No additional cost to you. | No additional cost to you. | No additional cost to you. |
| Office visit: primary care physician (PCP) ² (Other office services may be subject to deductible and plan coinsurance) | Deductible, then 0% coinsurance | Deductible, then 0% coinsurance | \$35 copay per visit for the first 2 visits, then deductible and 35% coinsurance |
| Office visit: specialist (Other office services may be subject to deductible and plan coinsurance) | Deductible, then 0% coinsurance | Deductible, then 0% coinsurance | Deductible, then 35% coinsurance |
| Outpatient diagnostic tests (Ex. X-ray, EKG) | Deductible, then 0% coinsurance | Deductible, then 0% coinsurance | Deductible, then 35% coinsurance |
| Outpatient advanced diagnostic tests (Ex. MRI, CT scan) | Deductible, then \$200 copay | Deductible, then \$200 copay | Deductible, then \$250 copay and 35% coinsurance |
| Urgent care | Deductible, then 0% coinsurance | Deductible, then 0% coinsurance | Deductible, then \$50 copay and 35% coinsurance |
| Emergency room care (Copay waived if admitted into the hospital from the emergency room.) | Deductible, then 0% coinsurance | Deductible, then 0% coinsurance | Deductible, then \$200 copay and 35% coinsurance |
| Hospital: inpatient admission (includes maternity, mental health / substance use) | Deductible, then 0% coinsurance | Deductible, then 0% coinsurance | Deductible, then \$500 copay and 40% coinsurance |
| Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use) | Deductible, then 0% coinsurance | Deductible, then 0% coinsurance | Deductible, then 35% coinsurance |
| Pharmacy deductible (for tiers with deductible, cost share applies after deductible) | Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies | Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies | Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible |
| Retail pharmacy tier 1 ³ : Level 1 / Level 2 | 0% coinsurance / 10% coinsurance | 0% coinsurance / 10% coinsurance | \$10 copay / \$20 copay |
| Retail pharmacy tier 2 ³ : Level 1 / Level 2 | 0% coinsurance / 10% coinsurance | 0% coinsurance / 10% coinsurance | \$40 copay / \$50 copay |
| Retail pharmacy tier 3 ³ : Level 1 / Level 2 | 0% coinsurance / 50% coinsurance | 0% coinsurance / 50% coinsurance | \$80 copay / \$90 copay |
| Retail pharmacy tier 4: Level 1 / Level 2 | 0% coinsurance / 50% coinsurance | 0% coinsurance / 50% coinsurance | \$500 copay / \$510 copay |
| Physical and occupational therapy ⁴ (limits apply) | Deductible, then 0% coinsurance | Deductible, then 0% coinsurance | Deductible, then 35% coinsurance |
| Speech therapy ⁴ (limits apply) | Deductible, then 0% coinsurance | Deductible, then 0% coinsurance | Deductible, then 35% coinsurance |

Please see Medical plans footnotes on page 19.

Medical plans - HMO

The benefit information shown here is for in-network services. **Pathway** and **Mountain Enhanced** network plans only include out-of-network benefits for emergency care, urgent care and ambulance services. In addition, we offer Guest Membership (also called Away from Home Care) with these HMO plans.

Mountain Enhanced network plans are available in the following communities only: Archuleta county (Pagosa Springs), La Plata county (Durango), Montezuma county (Cortez), Summit county (Keystone/Frisco/Breckenridge) and Eagle county (Vail Valley).

| | Anthem Silver Pathway HMO 2000 (1G1B) | Anthem Silver Mountain Enhanced HMO 2000 (1JR2) | Anthem Silver Pathway HMO 2500 (1G1M) |
|--|--|--|--|
| Network name | Pathway | Mountain Enhanced | Pathway |
| Plan includes out-of-network coverage? | No | No | No |
| Individual deductible | \$2,000 | \$2,000 | \$2,500 |
| Individual out-of-pocket limit | \$6,350 | \$6,350 | \$7,350 |
| Coinsurance (percentage may vary for some covered services) | 25% | 25% | 15% |
| Preventive care ¹ | No additional cost to you. | No additional cost to you. | No additional cost to you. |
| Office visit: primary care physician (PCP) ² (Other office services may be subject to deductible and plan coinsurance) | \$35 copay | \$35 copay | \$40 copay per visit for the first 3 visits, then deductible and 15% coinsurance |
| Office visit: specialist (Other office services may be subject to deductible and plan coinsurance) | Deductible, then 25% coinsurance | Deductible, then 25% coinsurance | Deductible, then 15% coinsurance |
| Outpatient diagnostic tests (Ex. X-ray, EKG) | Deductible, then 25% coinsurance | Deductible, then 25% coinsurance | Deductible, then 15% coinsurance |
| Outpatient advanced diagnostic tests (Ex. MRI, CT scan) | Deductible, then \$250 copay and 25% coinsurance | Deductible, then \$250 copay and 25% coinsurance | Deductible, then \$500 copay and 15% coinsurance |
| Urgent care | Deductible, then \$50 copay and 25% coinsurance | Deductible, then \$50 copay and 25% coinsurance | Deductible, then \$50 copay and 15% coinsurance |
| Emergency room care (Copay waived if admitted into the hospital from the emergency room.) | Deductible, then \$200 copay and 25% coinsurance | Deductible, then \$200 copay and 25% coinsurance | Deductible, then \$500 copay and 15% coinsurance |
| Hospital: inpatient admission (includes maternity, mental health / substance use) | Deductible, then \$500 copay and 30% coinsurance | Deductible, then \$500 copay and 30% coinsurance | Deductible, then \$500 copay and 30% coinsurance |
| Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use) | Deductible, then 25% coinsurance | Deductible, then 25% coinsurance | Deductible, then 15% coinsurance |
| Pharmacy deductible (for tiers with deductible, cost share applies after deductible) | Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies | Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies | Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible |
| Retail pharmacy tier 1 ³ : Level 1 / Level 2 | 25% coinsurance / 35% coinsurance | 25% coinsurance / 35% coinsurance | \$10 copay / \$20 copay |
| Retail pharmacy tier 2 ³ : Level 1 / Level 2 | 25% coinsurance / 35% coinsurance | 25% coinsurance / 35% coinsurance | \$40 copay / \$50 copay |
| Retail pharmacy tier 3 ³ : Level 1 / Level 2 | 25% coinsurance / 50% coinsurance | 25% coinsurance / 50% coinsurance | \$80 copay / \$90 copay |
| Retail pharmacy tier 4: Level 1 / Level 2 | 25% coinsurance / 50% coinsurance | 25% coinsurance / 50% coinsurance | \$500 copay / \$510 copay |
| Physical and occupational therapy ⁴ (limits apply) | Deductible, then 25% coinsurance | Deductible, then 25% coinsurance | Deductible, then 15% coinsurance |
| Speech therapy ⁴ (limits apply) | Deductible, then 25% coinsurance | Deductible, then 25% coinsurance | Deductible, then 15% coinsurance |

Please see Medical plans footnotes on page 19.

Medical plans - HMO

The benefit information shown here is for in-network services. **Pathway** and **Mountain Enhanced** network plans only include out-of-network benefits for emergency care, urgent care and ambulance services. In addition, we offer Guest Membership (also called Away from Home Care) with these HMO plans.

Mountain Enhanced network plans are available in the following communities only: Archuleta county (Pagosa Springs), La Plata county (Durango), Montezuma county (Cortez), Summit county (Keystone/Frisco/Breckenridge) and Eagle county (Vail Valley).

| | Anthem Silver Pathway HMO 5150 (2VD2) | Anthem Silver Core Pathway HMO 5300 (2EP8) | Anthem Silver Core Mountain Enhanced HMO 5300 (2K4L) |
|--|---|---|---|
| Network name | Pathway | Pathway | Mountain Enhanced |
| Plan includes out-of-network coverage? | No | No | No |
| Individual deductible | \$5,150 | \$5,300 | \$5,300 |
| Individual out-of-pocket limit | \$6,500 | \$6,450 | \$6,450 |
| Coinsurance (percentage may vary for some covered services) | 35% | 25% | 25% |
| Preventive care ¹ | No additional cost to you. | No additional cost to you. | No additional cost to you. |
| Office visit: primary care physician (PCP) ² (Other office services may be subject to deductible and plan coinsurance) | \$35 copay | \$35 copay | \$35 copay |
| Office visit: specialist (Other office services may be subject to deductible and plan coinsurance) | Deductible, then 35% coinsurance | Deductible, then 25% coinsurance | Deductible, then 25% coinsurance |
| Outpatient diagnostic tests (Ex. X-ray, EKG) | Deductible, then 35% coinsurance | Deductible, then 25% coinsurance | Deductible, then 25% coinsurance |
| Outpatient advanced diagnostic tests (Ex. MRI, CT scan) | Deductible, then 35% coinsurance | Deductible, then 25% coinsurance | Deductible, then 25% coinsurance |
| Urgent care | \$75 copay | Deductible, then \$50 copay | Deductible, then \$50 copay |
| Emergency room care (Copay waived if admitted into the hospital from the emergency room.) | Deductible, then 35% coinsurance | Deductible, then 25% coinsurance | Deductible, then 25% coinsurance |
| Hospital: inpatient admission (includes maternity, mental health / substance use) | Deductible, then 35% coinsurance | Deductible, then 25% coinsurance | Deductible, then 25% coinsurance |
| Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use) | Deductible, then 35% coinsurance | Deductible, then 25% coinsurance | Deductible, then 25% coinsurance |
| Pharmacy deductible (for tiers with deductible, cost share applies after deductible) | Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies | Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies | Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies |
| Retail pharmacy tier 1 ³ : Level 1 / Level 2 | \$10 copay / \$20 copay | \$10 copay / \$20 copay | \$10 copay / \$20 copay |
| Retail pharmacy tier 2 ³ : Level 1 / Level 2 | \$40 copay / \$50 copay | \$40 copay / \$50 copay | \$40 copay / \$50 copay |
| Retail pharmacy tier 3 ³ : Level 1 / Level 2 | 40% coinsurance / 50% coinsurance | 35% coinsurance / 50% coinsurance | 35% coinsurance / 50% coinsurance |
| Retail pharmacy tier 4 : Level 1 / Level 2 | 40% coinsurance / 50% coinsurance | 50% coinsurance / 50% coinsurance | 50% coinsurance / 50% coinsurance |
| Physical and occupational therapy ⁴ (limits apply) | Deductible, then 35% coinsurance | Deductible, then 25% coinsurance | Deductible, then 25% coinsurance |
| Speech therapy ⁴ (limits apply) | Deductible, then 35% coinsurance | Deductible, then 25% coinsurance | Deductible, then 25% coinsurance |

Please see Medical plans footnotes on page 19.

Medical plans - HMO

The benefit information shown here is for in-network services. **Pathway** and **Mountain Enhanced** network plans only include out-of-network benefits for emergency care, urgent care and ambulance services. In addition, we offer Guest Membership (also called Away from Home Care) with these HMO plans.

Mountain Enhanced network plans are available in the following communities only: Archuleta county (Pagosa Springs), La Plata county (Durango), Montezuma county (Cortez), Summit county (Keystone/Frisco/Breckenridge) and Eagle county (Vail Valley).

| | Anthem Silver Pathway HMO 5750 (2VD8) | Anthem Silver Pathway HMO 6100 (2VDR) | Anthem Silver Pathway HMO 6200 (2VDX) |
|--|---|---|---|
| Network name | Pathway | Pathway | Pathway |
| Plan includes out-of-network coverage? | No | No | No |
| Individual deductible | \$5,750 | \$6,100 | \$6,200 |
| Individual out-of-pocket limit | \$6,750 | \$7,350 | \$7,350 |
| Coinsurance (percentage may vary for some covered services) | 30% | 35% | 30% |
| Preventive care ¹ | No additional cost to you. | No additional cost to you. | No additional cost to you. |
| Office visit: primary care physician (PCP) ² (Other office services may be subject to deductible and plan coinsurance) | \$10 copay | \$40 copay | \$10 copay |
| Office visit: specialist (Other office services may be subject to deductible and plan coinsurance) | Deductible, then 30% coinsurance | Deductible, then 35% coinsurance | Deductible, then 30% coinsurance |
| Outpatient diagnostic tests (Ex. X-ray, EKG) | Deductible, then 30% coinsurance | Deductible, then 35% coinsurance | Deductible, then 30% coinsurance |
| Outpatient advanced diagnostic tests (Ex. MRI, CT scan) | Deductible, then 30% coinsurance | Deductible, then 35% coinsurance | Deductible, then 30% coinsurance |
| Urgent care | \$75 copay | Deductible, then \$50 copay | Deductible, then \$50 copay |
| Emergency room care (Copay waived if admitted into the hospital from the emergency room.) | Deductible, then 30% coinsurance | Deductible, then 35% coinsurance | Deductible, then 30% coinsurance |
| Hospital: inpatient admission (includes maternity, mental health / substance use) | Deductible, then 30% coinsurance | Deductible, then 35% coinsurance | Deductible, then 30% coinsurance |
| Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use) | Deductible, then 30% coinsurance | Deductible, then 35% coinsurance | Deductible, then 30% coinsurance |
| Pharmacy deductible (for tiers with deductible, cost share applies after deductible) | Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies | Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies | Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies |
| Retail pharmacy tier 1 ³ : Level 1 / Level 2 | \$10 copay / \$20 copay | \$10 copay / \$20 copay | \$10 copay / \$20 copay |
| Retail pharmacy tier 2 ³ : Level 1 / Level 2 | \$35 copay / \$45 copay | \$40 copay / \$50 copay | \$40 copay / \$50 copay |
| Retail pharmacy tier 3 ³ : Level 1 / Level 2 | 35% coinsurance / 45% coinsurance | 35% coinsurance / 50% coinsurance | 40% coinsurance / 50% coinsurance |
| Retail pharmacy tier 4: Level 1 / Level 2 | 40% coinsurance / 50% coinsurance | 50% coinsurance / 50% coinsurance | 40% coinsurance / 50% coinsurance |
| Physical and occupational therapy ⁴ (limits apply) | Deductible, then 30% coinsurance | Deductible, then 35% coinsurance | Deductible, then 30% coinsurance |
| Speech therapy ⁴ (limits apply) | Deductible, then 30% coinsurance | Deductible, then 35% coinsurance | Deductible, then 30% coinsurance |

Please see Medical plans footnotes on page 19.

Medical plans - HMO

The benefit information shown here is for in-network services. **Pathway** and **Mountain Enhanced** network plans only include out-of-network benefits for emergency care, urgent care and ambulance services. In addition, we offer Guest Membership (also called Away from Home Care) with these HMO plans.

Mountain Enhanced network plans are available in the following communities only: Archuleta county (Pagosa Springs), La Plata county (Durango), Montezuma county (Cortez), Summit county (Keystone/Frisco/Breckenridge) and Eagle county (Vail Valley).

| | Anthem Catastrophic Pathway HMO 7350 (1G27) |
|--|---|
| Network name | Pathway |
| Plan includes out-of-network coverage? | No |
| Individual deductible | \$7,350 |
| Individual out-of-pocket limit | \$7,350 |
| Coinsurance (percentage may vary for some covered services) | 0% |
| Preventive care ¹ | No additional cost to you. |
| Office visit: primary care physician (PCP) ² (Other office services may be subject to deductible and plan coinsurance) | \$40 copay per visit for the first 3 visits, then deductible and 0% coinsurance |
| Office visit: specialist (Other office services may be subject to deductible and plan coinsurance) | Deductible, then 0% coinsurance |
| Outpatient diagnostic tests (Ex. X-ray, EKG) | Deductible, then 0% coinsurance |
| Outpatient advanced diagnostic tests (Ex. MRI, CT scan) | Deductible, then 0% coinsurance |
| Urgent care | Deductible, then 0% coinsurance |
| Emergency room care (Copay waived if admitted into the hospital from the emergency room.) | Deductible, then 0% coinsurance |
| Hospital: inpatient admission (includes maternity, mental health / substance use) | Deductible, then 0% coinsurance |
| Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use) | Deductible, then 0% coinsurance |
| Pharmacy deductible (for tiers with deductible, cost share applies after deductible) | Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies |
| Retail pharmacy tier 1 ³ : Level 1 / Level 2 | 0% coinsurance / 0% coinsurance |
| Retail pharmacy tier 2 ³ : Level 1 / Level 2 | 0% coinsurance / 0% coinsurance |
| Retail pharmacy tier 3 ³ : Level 1 / Level 2 | 0% coinsurance / 0% coinsurance |
| Retail pharmacy tier 4 : Level 1 / Level 2 | 0% coinsurance / 0% coinsurance |
| Physical and occupational therapy ⁴ (limits apply) | Deductible, then 0% coinsurance |
| Speech therapy ⁴ (limits apply) | Deductible, then 0% coinsurance |

Please see Medical plans footnotes on page 19.

Medical plans - PPO

The **Anthem Catastrophic PPO** plan includes out-of-network benefits. Individual deductible, Individual out-of-pocket limit and coinsurance reflect In-network / Out-of-network cost share information, if applicable for the plan. All other cost share information is for in-network services only.

| | Anthem Catastrophic PPO 7350 (2KVD) |
|--|---|
| Network name | Anthem PPO |
| Plan includes out-of-network coverage? | Yes |
| Individual deductible | \$7,350 / \$22,050 In-network / Out-of-network |
| Individual out-of-pocket limit | \$7,350 / \$22,050 In-network / Out-of-network |
| Coinsurance (percentage may vary for some covered services) | 0% / 50% In-network / Out-of-network |
| Preventive care ¹ | No additional cost to you. |
| Office visit: primary care physician (PCP) ² (Other office services may be subject to deductible and plan coinsurance) | \$40 copay per visit for the first 3 visits, then deductible and 0% coinsurance |
| Office visit: specialist (Other office services may be subject to deductible and plan coinsurance) | Deductible, then 0% coinsurance |
| Outpatient diagnostic tests (Ex. X-ray, EKG) | Deductible, then 0% coinsurance |
| Outpatient advanced diagnostic tests (Ex. MRI, CT scan) | Deductible, then 0% coinsurance |
| Urgent care | Deductible, then 0% coinsurance |
| Emergency room care (Copay waived if admitted into the hospital from the emergency room.) | Deductible, then 0% coinsurance |
| Hospital: inpatient admission (includes maternity, mental health / substance use) | Deductible, then 0% coinsurance |
| Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use) | Deductible, then 0% coinsurance |
| Pharmacy deductible (for tiers with deductible, cost share applies after deductible) | Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies |
| Retail pharmacy tier 1 ³ : Level 1 / Level 2 | 0% coinsurance / 0% coinsurance |
| Retail pharmacy tier 2 ³ : Level 1 / Level 2 | 0% coinsurance / 0% coinsurance |
| Retail pharmacy tier 3 ³ : Level 1 / Level 2 | 0% coinsurance / 0% coinsurance |
| Retail pharmacy tier 4 : Level 1 / Level 2 | 0% coinsurance / 0% coinsurance |
| Physical and occupational therapy ⁴ (limits apply) | Deductible, then 0% coinsurance |
| Speech therapy ⁴ (limits apply) | Deductible, then 0% coinsurance |

Please see Medical plans footnotes on page 19.

Medical plans benefit footnotes

1 Nationally recommended **preventive care services** from in-network providers have no copay, no coinsurance and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms and more, recommended by the United States Preventive Services Task Force.

2 **LiveHealth Online** web visits have the same PCP office visit cost share listed in the chart.

3 **Home delivery pharmacy** cost shares are 2.5 times the retail copay for Tier 1 drugs and 3 times the retail copay for Tier 2 and Tier 3 drugs when the plan has retail pharmacy copays.

4 **Physical, occupational or speech outpatient therapy** limited to up to 20 visits for each therapy per year for **rehabilitation services**. A separate 20 visit limit for each therapy per year applies to **habilitation services**. From birth until the member's sixth birthday, both of these benefits are provided as required by applicable law.

Getting the dental and vision plans you need

Standalone coverage from Anthem can help you get the dental and vision care you need for your total health. Many of our dental plans cover you 100% for exams, cleanings and x-rays. All of our vision plans cover you for yearly eye exams.



Anthem dental plans

We offer a variety of individual and family dental plans to fit your health care needs and budget. These plans include:

- Anthem Dental Family Value
- Anthem Dental Family
- Anthem Dental Family Enhanced
- Dental Prime*

Anthem has one of the largest dental preferred provider organization (PPO) networks in the country.[‡] Plus, we work with in-network dentists to get deep discounts for you. By seeing a dentist in the plan, you can save an average of 25% to 32% on covered dental services.[¥] To see more of what we cover, take a look at our **Dental stand-alone plans** on the next page.

Anthem Dental Family Value, Anthem Dental Family and Anthem Dental Family Enhanced plans

Our plans offer these advantages:

- You will not be charged premiums for more than three children.
- For children, families will not be charged more than twice the out-of-pocket limit, regardless of how many children are in the family.
- The Anthem Dental Family Value, Anthem Dental Family and Anthem Dental Family Enhanced plans cover everyone.

Dental Prime for individuals and families

Our Dental Prime plans cover routine care (like exams, cleanings and x-rays) with no waiting periods, so you can use those benefits right away. Because there are three plan options, you can choose a plan that fits your needs and budget.

Tools that put a smile on your face

We offer some great online tools to help you better understand your dental health. Once you're a member, log in to anthem.com to access:



Ask a Hygienist

Email questions to licensed dental professionals and get quick, private personalized advice at no extra cost.



Dental Cost Estimator

Help estimate your costs for certain dental procedures and services in the ZIP code where you get care.



Dental Health Assessment

Get feedback based on your unique responses to a few questions to help you keep a healthy smile.

* Does not include ACA required pediatric dental essential health benefits coverage.

‡ Network data from Strenuus, August 2016.

¥ Internal data, 2015.

Dental stand-alone plans

| Cost share shows what a member pays | Anthem Dental Family Value | | Anthem Dental Family | | Anthem Dental Family Enhanced | |
|--|------------------------------------|-----------------------------|------------------------------------|-----------------------------|------------------------------------|-----------------------------|
| | (Dependents age 18 and younger) | (Adults age 19+) | (Dependents age 18 and younger) | (Adults age 19+) | (Dependents age 18 and younger) | (Adults age 19+) |
| | In-network / Out-of-network | In-network / Out-of-network | In-network / Out-of-network | In-network / Out-of-network | In-network / Out-of-network | In-network / Out-of-network |
| Dental network | Dental Prime | Dental Prime | Dental Prime | Dental Prime | Dental Prime | Dental Prime |
| Deductible (per person, all services) | \$50 | \$50 | \$50 | \$50 | \$25 | \$50 |
| Annual Maximum (per person) | None | \$750 | None | \$750 | None | \$1,000 |
| Annual out-of-pocket limit | \$350 ¹ / None | None | \$350 ¹ / None | None | \$350 ¹ / None | None |
| Diagnostic and preventive | No waiting period | No waiting period | No waiting period | No waiting period | No waiting period | No waiting period |
| Cleaning, exams and x-rays | 0% / 30% coinsurance | 0% / 50% coinsurance | 0% / 30% coinsurance | 0% / 50% coinsurance | 0% / 20% coinsurance | 0% / 50% coinsurance |
| Extra cleaning | Not covered | Not covered | Not covered | Not covered | Not covered | Not covered |
| Basic services | No waiting period | 6-month waiting period | No waiting period | 6-month waiting period | No waiting period | 6-month waiting period |
| Fillings | 40% / 50% coinsurance | 50% / 75% coinsurance | 40% / 50% coinsurance | 50% / 75% coinsurance | 20% / 40% coinsurance | 20% / 60% coinsurance |
| Brush biopsy | Not covered | Covered | Not covered | Covered | Not covered | Covered |
| Complex and major services | No waiting period | Not covered | No waiting period | 12-month waiting period | No waiting period ² | 12-month waiting period |
| Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal) | 50% / 50% coinsurance ³ | Not covered | 50% / 50% coinsurance ³ | 70% / 85% coinsurance | 20% / 50% coinsurance | 50% / 75% coinsurance |
| Prosthetics (crowns, dentures, bridges) | 50% / 50% coinsurance ³ | Not covered | 50% / 50% coinsurance ³ | 70% / 85% coinsurance | 50% / 50% coinsurance ³ | 50% / 75% coinsurance |
| Medically necessary orthodontia | 50% / 50% coinsurance | Not covered | 50% / 50% coinsurance | Not covered | 50% / 50% coinsurance | Not covered |
| Cosmetic orthodontia | Not covered | Not covered | Not covered | Not covered | 50% / 50% coinsurance ⁴ | Not covered |
| International emergency dental program | Included | Included | Included | Included | Included | Included |
| Blue View Vision | Available | Available | Available | Available | Available | Available |

Note: This is only a brief description of some plan benefits. Please refer to the Booklet for more complete details including benefits, limitations and exclusions.

Please see Dental stand-alone plans footnotes on page 23.

Dental stand-alone plans

| Cost share shows what a member pays | Dental Prime Plan A | Dental Prime Plan B | Dental Prime Plan C |
|--|--|--|--|
| | In-network / Out-of-network | In-network / Out-of-network | In-network / Out-of-network |
| Dental network | Dental Prime | Dental Prime | Dental Prime |
| Deductible (per person, all services) | None | \$50 | \$50 |
| Annual Maximum (per person) | \$500 | \$1,000 | \$1,250 |
| Annual out-of-pocket limit | None | None | None |
| Diagnostic and preventive | No waiting period | No waiting period | No waiting period |
| Cleaning, exams and x-rays | 0% / 0% coinsurance | 0% / 0% coinsurance | 0% / 0% coinsurance |
| Extra cleaning | 1 extra cleaning per year for those who are pregnant or diabetic | 1 extra cleaning per year for those who are pregnant or diabetic | 1 extra cleaning per year for those who are pregnant or diabetic |
| Basic services | Not covered | 6-month waiting period | 6-month waiting period |
| Fillings | Not covered | 20% / 20% coinsurance | 20% / 20% coinsurance |
| Brush biopsy | Not covered | 20% / 20% coinsurance | 20% / 20% coinsurance |
| Complex and major services | Not covered | 12-month waiting period | 12-month waiting period |
| Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal) | Not covered | 50% / 50% coinsurance | 50% / 50% coinsurance |
| Prosthetics (crowns, dentures, bridges) | Not covered | Not covered | 50% / 50% coinsurance |
| Medically necessary orthodontia | Not covered | Not covered | Not covered |
| Cosmetic orthodontia | Not covered | Not covered | Not covered |
| International emergency dental program | Included | Included | Included |
| Blue View Vision | Available | Available | Available |

Note: This is only a brief description of some plan benefits. Please refer to the Booklet for more complete details including benefits, limitations and exclusions.

Please see Dental stand-alone plans footnotes on page 23.

Dental stand-alone plans footnotes

1 Per child, up to \$700 per family.

2 Except 12-month waiting period for **Cosmetic orthodontia**.

3 Coverage for pediatric children does not cover **Periodontics** or **Prosthetic services**.

4 \$1,000 lifetime maximum for **Cosmetic orthodontia**.

There are currently no Dental Prime plan-contracted dentists in Archuleta, Baca, Chaffee, Cheyenne, Crowley, Gilpin, Grand, Hinsdale, Jackson, Kiowa, Lake, Mineral, Moffat, Ouray, Pitkin, Rio Blanco, Saguache, San Juan, San Miguel, Sedgwick, Washington and Yuma counties.

Out-of-network providers will bill you for amounts over what your plan pays, up to their usual charge. The procedures listed here are a sample of covered service for members. If you need help to figure out the highest amount payable to an out-of-network dentist, call us at the number on your ID card.



Vision

You can add a Blue View VisionSM plan to any Anthem medical and/or dental plan. Blue View Vision **Bundled** can only be purchased with a medical and/or dental plan. You can buy our Blue View Vision **Enhanced, Plus or Value** plans with or without purchasing a medical and/or dental plan.

These plans feature:

- **A broad, convenient group of national providers** – Blue View Vision providers include more than 36,000 private practice doctors at over 27,000 locations.* This includes online choices through Glasses.com, ContactsDirect or 1-800 CONTACTS[®], in addition to the nation's leading retail stores like LensCrafters[®], Sears OpticalSM, Target Optical[®], JCPenney[®] Optical and most Pearle Vision[®] locations.
- **A complete picture of your health between your eye doctor and your primary care doctor** – when you have a medical plan with us, every time you get care through our network, it becomes part of your health history. With Blue View Vision, your network eye doctor can access your health history information – including patient summaries, diagnoses, lab results and prescriptions. They can also securely share relevant eye health information with your primary care doctor, while protecting your personal information. This approach helps all of your doctors in the network gain a better understanding of your whole health – leading to better, more holistic care.
- **“Add-ons” at no extra charge** – factory scratch coating on eyeglass lenses is included at no extra cost. Transitions[®] and polycarbonate lenses for children younger than 19 can be added at no extra cost.
- **Discounts for other “add-ons”** – including Transitions lenses for adults at a fixed price, as well as tiered pricing for premium progressive lenses and premium anti-reflective coatings. This cuts down on your out-of-pocket costs.
- **Value-added savings** – including 15% to 40% off on unlimited purchases of most extra pairs of eyewear, conventional contact lenses, lens treatments, specialized lenses and various accessories – even after you've used all of your covered benefits.[†]



The medical + dental + vision advantage

Coordinating medical, dental and vision plans can result in better care – delivered sooner and at a lower cost. Plus, you enjoy the convenience of having only one ID card and one bill when you purchase all your coverage from Anthem.

* Blue View Vision internal data, 2016.

† Laws in some states may prohibit in-network providers from discounting products and services that are not covered benefits.

Blue View Vision plans

Cost shares show what the member pays

| Blue View Vision Bundled* | | |
|---|----------------------|-----------------------|
| Vision care services | Benefit frequency | In-network cost share |
| Eye exam (with dilation as needed) | Once every 12 months | \$20 copay |
| Standard plastic (CR39) lenses¹ | Once every 24 months | |
| Single vision | | \$20 copay |
| Bifocal | | \$20 copay |
| Trifocal | | \$20 copay |
| Contact lenses: | Once every 24 months | |
| Elective (conventional and disposable) | | \$80 allowance |
| Non-elective | | Covered in full |
| Frames | Once every 24 months | \$130 allowance |

*Blue View Vision Bundled can only be purchased with a medical and/or dental plan.

| Blue View Vision Plus** | | |
|---|--------------------------------|-----------------------|
| Vision care services | Benefit frequency | In-network cost share |
| Eye exam (with dilation as needed) | Once per calendar year | \$10 copay |
| Standard plastic (CR39) lenses¹ | Once per calendar year | |
| Single vision | | \$20 copay |
| Bifocal | | \$20 copay |
| Trifocal | | \$20 copay |
| Contact lenses: | Once per calendar year | |
| Elective (conventional and disposable) | | \$130 allowance |
| Non-elective | | Covered in full |
| Frames | Once every other calendar year | \$130 allowance |

**Blue View Vision Plus can be purchased with or without a medical and/or dental plan.

| Blue View Vision Enhanced** | | |
|---|------------------------|-----------------------|
| Vision care services | Benefit frequency | In-network cost share |
| Eye exam (with dilation as needed) | Once per calendar year | \$10 copay |
| Standard plastic (CR39) lenses¹ | Once per calendar year | |
| Single vision | | \$10 copay |
| Bifocal | | \$10 copay |
| Trifocal | | \$10 copay |
| Contact lenses: | Once per calendar year | |
| Elective (conventional and disposable) | | \$150 allowance |
| Non-elective | | Covered in full |
| Frames | Once per calendar year | \$150 allowance |

**Blue View Vision Enhanced can be purchased with or without a medical and/or dental plan.

| Blue View Vision Value** | | |
|---|--------------------------------|-----------------------|
| Vision care services | Benefit frequency | In-network cost share |
| Eye exam (with dilation as needed) | Once per calendar year | \$20 copay |
| Standard plastic (CR39) lenses¹ | Once per calendar year | |
| Single vision | | \$20 copay |
| Bifocal | | \$20 copay |
| Trifocal | | \$20 copay |
| Contact lenses: | Once per calendar year | |
| Elective (conventional and disposable) | | \$80 allowance |
| Non-elective | | Covered in full |
| Frames | Once every other calendar year | \$130 allowance |

**Blue View Vision Value can be purchased with or without a medical and/or dental plan.

¹ Factory scratch coating is covered at no extra cost. Polycarbonate and Transitions lenses are covered for dependents.

Our plans' built-in extras

At Anthem, we want to be more than your health benefits plan — we want to help you meet your day-to-day health and wellness goals. That's why we offer a variety of programs, discounts and tools to support you being your healthy best.

Health and wellness resources

Whether you're looking for one-on-one coaching or pregnancy support, we're here to give you the guidance you need, when you need it — at no extra cost. **Here's how:**



24/7 Nurseline — is staffed with registered nurses who are just a phone call away at any time. Nurses can answer questions about a medical concern or help you choose the right level of care. Plus, you can call the same phone line and listen to hundreds of health topics in the AudioHealth Library.



Care Support — gives you the extra care and support you need for your ongoing or complex health issues. A case manager may call you to see how we can help keep your condition in check and give you information as well as emotional support services.

And don't forget about those regular checkups! Your yearly exams, flu shots and other preventive care services are covered 100% when you visit in-network providers. These services can give you extra support in managing your health or a specific health condition.



MyHealth Advantage — helps keep you healthier. We review your incoming health claims and remind you if you've missed a routine test or checkup. We also check the medications you take in the event your doctor needs to be alerted of possible drug interactions or if you could save money. If we find something that can help you, we'll mail you a confidential MyHealth Note. Or, download the Anthem Anywhere app and choose to receive your personalized, secure health messages on-the-go through the Mobile Inbox.



SpecialOffers@AnthemSM

SpecialOffers@AnthemSM (SpecialOffers) is our member discount program for health- and wellness-related products and services.

Through the program, members can enjoy discounts on:

- Vitamins
- Health and beauty products
- Massage therapy
- LASIK eye surgery
- Eyeglass frames and contact lenses
- Hearing aids and services
- Jenny Craig[®] and Weight Watchers[®] weight-loss programs*
- Smoking cessation programs

* WEIGHT WATCHERS and PointsPlus are the registered trademarks of Weight Watchers International, Inc. Trademarks used under license by WeightWatchers.com, Inc.

Enhanced Personal Health Care

Enhanced Personal Health Care (EPHC) is a kind of doctor-patient relationship created just for Anthem members!

We put members in a unique circle of care, making them the central focus of a team approach to their overall health.

Enhanced Personal Health Care – a program that:

- Helps to improve your patient experience with better access to a primary care doctor who cares for the “whole person” and becomes your health care champion and helps you navigate the health care system.
- Gives doctors added support with the right tools and strategies to help strengthen your doctor-patient relationship, so doctors can spend more time with you and coordinate your care with other doctors.

To find out if your primary care doctor is in the EPHC program, go to [anthem.com/findadoctor](https://www.anthem.com/findadoctor). If your doctor is in the program, you'll see Quality Snapshot within the doctor's listing and the EPHC designation (a heart symbol with a plus sign) under Other Certifications.

Together, you and your doctor work to make the best choices for your health care.








Online Tools

From our website and mobile app to cost and quality comparison tools, we want to make sure you have the information you need to make informed health care decisions for you and your family.

Our secure website:

- Get a breakdown of what is and isn't covered by your plan through a benefit summary.
- See your recent claims and coverage details.
- Pay your premium online.
- Estimate your costs before having certain procedures.
- Manage your prescription benefits and search the drug list that applies to your benefit plan.

Our Anthem Anywhere app:

-  Find a doctor, hospital or pharmacy
-  Get a virtual ID card
-  Compare doctor costs and quality
-  Manage prescription benefits
-  View claims

Cost and quality information with Estimate Your Cost

With our Estimate Your Cost tool, you can save time and money by comparing the cost of common procedures at health care facilities in your area. You'll also get to see the quality and safety ratings for those facilities.

* LiveHealth Online is the trade name of the Health Management Corporation.

† Appointments subject to availability of a therapist. Psychologists or therapists using LiveHealth Online cannot prescribe medications.

‡ Depending on your coverage, the cost may be similar to what you would pay for an office visit, considering your benefits, copay or coinsurance.

LiveHealth[®] O N L I N E

Now you can have a private video visit with a doctor or therapist on your smartphone, tablet or computer. LiveHealth Online* is an easy and convenient way to get the care you need from the comfort and privacy of home.

All you have to do is sign up at livehealthonline.com to use it!

- Get medical advice, diagnoses, proper treatment and even prescriptions, 24/7 in about 10 minutes or less
- Quickly address common health problems, like allergies, colds, rashes, fever and more

Now, you can talk to a licensed therapist or psychologist at home. If you're feeling stressed, worried or having a tough time, we're here to help.

- See a therapist in four days or less[†]
- Choose a time that's convenient for you - seven days a week from 7 a.m. to 11 p.m.

Doctors typically charge \$49 or less per visit and therapists usually cost the same as what you'd pay for an office therapy visit, depending on your medical plan.[‡]



Always have your benefit details in hand.
Register at anthem.com.

Sign up at anthem.com to access your benefits online. And don't forget to download the **Anthem Anywhere** mobile app, so you can manage your benefits at home or on the go.

Ready to enroll? Let's get started.

If you're ready to take the next step and enroll, we're here to help you every step of the way.

To get started, you'll need to have the following information handy:

- 1 **Employer and income details** (for example, pay stubs and W-2 forms) for every member of your household who needs coverage
- 2 **Policy numbers and insurer names** for any current health insurance plans covering members of your household
- 3 **Name of every job-based health insurance plan** for which you or someone in your household is eligible

Then, you can:

- 4 **Call your broker or Anthem representative** to enroll or learn more about our health care plans. Take a look at the application included with this brochure.
- 5 **Visit our website at [anthem.com](https://www.anthem.com) and apply online.**

Generally, plans can be purchased once a year through an open enrollment period. This year, the open enrollment period runs from November 1, 2017 through January 12, 2018.

There are special qualifying events that may allow you to change your health coverage outside of the open enrollment period. Check with your broker or Anthem representative to see if you qualify or if you have other questions about open enrollment.

Your broker or Anthem representative can help you enroll. You can also apply online at [anthem.com](https://www.anthem.com).

Simplified payments

We know life gets busy, so we're making it easier for you to pay your premiums.

- Set up electronic funds transfer (EFT) or bank draft.
- Enroll in WebPay to use with a Visa or MasterCard debit or credit card.
- Download our Anthem Anywhere app and pay with a credit card or your bank account. You can even set up autopay in the app.

You can set up automatic monthly payments with each option. Just make sure your card account information and expiration date are current.

We want you to be satisfied

After you enroll in one of our plans, you'll have access to an *Evidence of Coverage (EOC)* or *Booklet* that explains the terms and conditions of coverage, including exclusions and limitations. You'll have 10 days to examine your *Booklet's* features. If you're not fully satisfied during that time, you may cancel your coverage and your premium will be refunded, minus 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 *Booklet* may be continued in force or discontinued. For more complete details on what's covered and what isn't:

- Review the *Booklet*.
- Call your broker or Anthem representative.
- Go to [anthem.com](https://www.anthem.com).

To view a copy of both a ***Summary of Benefits and Coverage (SBC)*** and the ***CO SBC Supplement***, please visit sbc.anthem.com and select **Member**.

The health plans described in this document aren't eligible for a premium tax credit or subsidy/cost-sharing assistance. The Affordable Care Act (ACA) helps people with low or modest incomes pay for their health insurance with premium tax credit or subsidy. You can only get financial help if you're eligible and you buy your individual health coverage through Connect for Health Colorado.

In compliance with the ACA, the following plan changes may occur annually on January 1:

- Benefits
- Premiums
- Deductibles, copays, coinsurance and out-of-pocket limits

There may also be changes to our prescription formulary/drug list, and pharmacy and provider networks during the year.



Still have questions?

Please reach out to your broker or Anthem representative. If you're stuck and unsure about next steps, we're here to listen and offer advice. **We know there's a great plan out there just for you - let us help you find it!**

Important legal information

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

Eligibility

You can apply for coverage for yourself or with your family. You must be a resident of the State of Colorado and not entitled to or enrolled in Medicare Parts A/B and/or D. Family health coverage includes you, your spouse or domestic partner and any dependent children. Children are covered to the end of the month in which they turn age 26.

Eligibility for a catastrophic plan

You are eligible for this plan if you:

- are under age 30 before the plan's effective date; or
- have received certification from Connect for Health Colorado that you are exempt from the individual mandate because you qualify for a hardship exemption or don't have an affordable coverage option

Open enrollment

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

Special enrollment and changes affecting eligibility

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 triggered the special enrollment period, coverage may be effective as of the date of the qualifying event.

Effective date of coverage

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

Managing your care if you need to go to a hospital or get certain medical treatment

If you or a family member need certain types of medical care (for example: surgery, treatment in a doctor's office, physical therapy, etc.), you may want to know more about these programs and terms. They may help you better understand your benefits and how your health plan manages these types of care.

Utilization review

Utilization review is a program that is part of your health plan. It lets us make sure you're getting the right care at the right time. Our utilization review team, made up of licensed health care professionals such as nurses and doctors, does medical reviews. The team goes over the information your doctor has sent us to see if the requested surgery, treatment or other type of care is medically necessary. The utilization review team checks to make sure the treatment meets certain clinical guidelines set by your health plan. After reviewing the records and information, the team will approve (cover) or deny (not cover) the treatment. The utilization review team will let you and your doctor know as soon as possible. Decisions not

to approve are put in writing. The written notice will include information on how to appeal the decision and about your rights to an independent medical review.

We can do medical reviews like this before, during and after a member's treatment. Here's an explanation of each type of review:

The pre-service review (done before you get medical care)

We may do a pre-service review before a member goes to the hospital or has other types of services or treatment. Here are some types of medical treatments that might call for a pre-service review:

- An inpatient hospital visit;
- An outpatient procedure;
- Tests to find the cause of an illness, like magnetic resonance imaging (MRI) and computed tomography (CT) scans;
- Certain types of outpatient therapy
- Durable medical equipment (DME), like wheelchairs, walkers, crutches, hospital beds and more

The concurrent review (done during medical care and recovery)

We do a concurrent review when you are in the hospital or are released and need more care related to the hospital stay. This could mean services or treatment, such as physical therapy or durable medical equipment. The utilization review team looks at the member's medical information at the time of the review to see if the treatment is medically necessary.

The post-service review (done after you get medical care)

We do a post-service review when you have already had surgery or another type of medical care. When the utilization review team learns about the treatment, they look at the medical information the doctor or provider had about you at the time the medical care was given. The team then can see if the treatment was medically necessary.

Case management

Case management is conducted by a licensed health care professional, who works with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

Precertification

Precertification is the process of getting approval from your health plan before you get services. This process lets you know if we will cover a service, supply, therapy or drug. We approve services that meet our standards for needed and appropriate treatment. The guidelines we use to approve treatment are based on standards of care in medical policies, clinical guidelines and the terms of your plan. As these may change, we review our precertification guidelines regularly. Precertification is a type of pre-service review.

Here's how getting precertification can help you out:

Saving time. Preauthorizing services is a process of verifying, in advance, whether a proposed treatment, service or supply is medically necessary and/or medically appropriate. The doctors in our network ask for prior authorization for our members.

Saving money. Paying only for medically necessary services helps everyone save. Choosing a doctor who's in our network can help you get the most for your health care dollar.

What can you do? Choose an in-network doctor. Talk to your doctor about your conditions and treatment options. Ask your doctor which covered services need prior authorization or call us to ask. The doctor's office will ask for prior authorization for you. Plus, costs are usually lower with an in-network doctor. If you choose an out-of-network provider, be sure to call us to get prior authorization. Out-of-network providers may not do that for you. It is important to understand that not all plans offer out of network coverage, with the exception of emergency or urgent care. Please review the Booklet in order to determine your benefits. Once you're a member, if you have a question about prior authorization, you can call the Member Service number on the back of your ID card.

In-network providers

In-network providers are the key to providing and coordinating your health care services. Benefits are provided when you obtain covered services from providers located in the state of Colorado; however, the broadest benefits are provided for services obtained from a primary care doctor (PCP), specialty care doctor (SCP), or other in-network providers.

With our preferred provider organization (PPO) plans, you have the freedom to see any in-network doctor you choose. With our health maintenance organization (HMO) plans, you choose one of our in-network PCPs who helps to coordinate your care. When you need to see other in-network doctors, a referral from your PCP is not required.

Services you obtain from any provider other than a PCP, SCP or another in-network provider are considered an out-of-network service, except for emergency care or urgent care, or as an authorized service if you purchase one of our HMO plans.

Out-of-network providers

For HMO plans, services will only be covered services if rendered by providers located in the state of Colorado unless:

- The services are for emergency care, urgent care or ambulance services as specified in the Booklet; or
- The services are approved in advance by Anthem.

Covered services which are not obtained from a PCP, SCP or another in-network provider or not an authorized service will be considered a out-of-network service. The only exceptions are emergency care and urgent care. In addition, certain services are not covered unless obtained from an in-network provider; see your Summary of Benefits. Emergency care from an out-of-network provider is based on the allowable charge determined by us. This means that you may be responsible for the difference between what we allow and what the provider chooses to bill.

For our PPO Catastrophic plan, covered services rendered by out-of-network providers are covered, but your share of the costs may be greater.

For services rendered by an out-of-network provider, you are responsible for:

- The difference between the actual charge and the maximum allowed amount plus any deductible and/or copayments/coinsurance;

- Services that are not medically necessary;
- Non-covered services;
- Filing claims;
- Higher cost-sharing amounts

Laws and rights that protect you

As a member, you have rights and responsibilities. You have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. You also have certain rights and responsibilities when receiving your health care. Visit this link to find more information on our website:

<http://www.anthem.com/health-insurance/customer-care/faq>.

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:

- Ambulance services (non-emergency transportation) – \$50,000 per occurrence if an out-of-network provider is used
- Hearing aids – 1 pair every 5 years for members under age 18
- Home health care – 28 hours per week
- Rehabilitative care (outpatient only) – An equal number of therapy visits are available for habilitative care (outpatient only)
 - Chiropractic care – 20 visits per member per year
 - Occupational therapy – 20 visits per member per year
 - Physical therapy – 20 visits per member per year
 - Speech therapy – 20 visits per member per year
- Skilled nursing facility – 100 days per year

Exclusions

This list includes some of the more common services not covered by these plans:

- Acupuncture, regardless of which type of provider performs the service
- Allergy tests and treatment as specified in the Booklet
- Alternative or complementary medicine
- Artificial and mechanical devices
- 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 the 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)
- 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 the Booklet's exclusions
- Dental, except as described in the Booklet
- Educational/training services

- Experimental or investigative treatment and any resulting complications
- Feet – surgical treatment
- Foot care – routine
- Nutritional and dietary supplements, over-the-counter drugs, devices or products
- Pharmacy, except as described in the Booklet
- Physical fitness such as health club memberships, exercise equipment, etc.
- Prescriptions for infertility treatment, except where coverage is specifically required by law.
- Services we determine aren't medically necessary
- Teeth – congenital anomaly treatment of congenitally missing, malpositioned, or super numerary teeth, even if part of a congenital anomaly, except as stated in the 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 the Booklet as a covered service
- Vein treatment – treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes
- Vision, except as described in the Booklet
- Weight loss programs/surgery or treatment of obesity, as specified in the Booklet
- Workers' compensation

1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

SpecialOffers is a service mark of Anthem Insurance Companies, Inc. Vendors and offers are subject to change without notice. Anthem does not endorse and is not responsible for the products, services or information provided by the SpecialOffers vendors. Arrangements and discounts were negotiated between each vendor and Anthem for the benefit of our members. All other marks are the property of their respective owners. All of the offers in the SpecialOffers program are continually being evaluated and expanded so the offerings may change. Any additions or changes will be communicated on our website, anthem.com. These arrangements have been made to add value for our members. Value-added products and services are not covered by your health plan benefit. Available discount percentages may change or be discontinued from time to time without notice. Discount is applicable to the items referenced.

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.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD:

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you need assistance to understand this document in an alternate language, you may request it at no extra cost by calling the Member Services number (1-855-383-7249). (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Member Services phone number on the back of your ID card.

Spanish

Si necesita ayuda para entender este documento en otro idioma, puede solicitarla sin costo adicional llamando al número de Servicios para Miembros (1-855-383-7249). (TTY/TDD: 711)

Amharic

ይህንን ሰነድ ለመረዳት በአማራጭ ቋንቋ እርዳታ ማግኘት ከፈለጉ፣ የአባል አገልግሎቶች ቁጥርን (1-855-383-7249) በመደወል ያለምንም ክፍያ ማግኘት ይችላሉ። (TTY/TDD: 711)

Arabic

إذا احتجت إلى المساعدة لفهم هذا المستند بلغة أخرى، فيمكنك طلب المساعدة دون تكلفة إضافية من خلال الاتصال برقم خدمات الأعضاء (1-855-383-7249). (TTY/TDD: 711)

Bassa

Ɔ jũ ké m̀ d̄yi gbo-kpá-kpá mó b́é m̀ ké céè-d̄è nià ké múin wó d̄é b̄āà-w̄ēin wùd̄ù d̄ò mú ní, m̀ b̄ēin ɔ zòò d̄ȳiin d̄é Mébà jè gbo-gm̀ò Kpòè nòbà nià ké <1-855-383-7249> d̄á d̄á mú. M̄ se w̄íq̄i kàkò d̄ò p̄ēin mu. (TTY/TDD: 711)

Chinese

如果您需要協助以便以另一種語言理解本文件，您可以撥打成員服務號碼(1-855-383-7249)請求免費協助。(TTY/TDD: 711)

Farsi

در صورتی که برای درک این سند به زبانی دیگر نیازمند کمک هستید، می‌توانید بدون هیچ هزینه اضافی این را درخواست کنید. برای این کار با مرکز خدمات اعضاء به شماره 1-855-383-7249 تماس بگیرید، (TTY/TDD: 711)

French

Si vous avez besoin d'aide pour comprendre ce document dans une autre langue, vous pouvez en faire la demande gratuitement en appelant les Services destinés aux membres au numéro suivant : 1-855-383-7249. (TTY/TDD: 711)

German

Falls Sie Hilfe in einer anderen Sprache benötigen, um dieses Dokument zu verstehen, können Sie diese kostenlos anfordern, indem Sie die Servicenummer für Mitglieder anrufen (1-855-383-7249). (TTY/TDD: 711)

Igbo

Ọ bụrụ na ị chọrọ enyemaka iji ghọta dọkụmēntị a n'asụsụ dị iche, ị nwere ike iriọ ya na akwụghị ụgwọ ọ bụla ọzọ site na ịkpọ nọmba Ọrụ Onye Otu (1-855-383-7249). (TTY/TDD: 711)

Japanese

この書面を他の言語で理解するための支援が必要な場合には、メンバーサービス番号 (1-855-383-7249) に電話して支援を求めることができます。追加費用はかかりません。(TTY/TDD: 711)

Korean

다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(1-855-383-7249)로 전화를 걸어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

Nepali

यदि तपाईंलाई यो कागजात कुनै अर्को भाषामा बुझ्न सहायता चाहिएमा, तपाईंले सदस्य सेवा नम्बर (1-855-383-7249) मा कल गरेर कुनै अतिरिक्त खर्च बिना यसको लागि अनुरोध गर्न सक्नुहुन्छ। (TTY/TDD: 711)

Oromo

Sanada kana afaan kan biroodhaan hubachuuf yoo gargaarsa barbaadde lakkoofsa bilbilaa tajaajila miseensaa (Member Services) (1-855-383-7249) waraqaa eenyummaa kee irra jiru irratti bilbiluudhaan kaffaltii dabalataa malee gaafachuu dandeessa. (TTY/TDD: 711)

Russian

Если вам нужна помощь, чтобы понять содержание настоящего документа на другом языке, вы можете бесплатно запросить ее, позвонив в отдел обслуживания участников (1-855-383-7249). (TTY/TDD: 711)

Tagalog

Kung kailangan ninyo ng tulong upang maunawaan ang dokumentong ito sa ibang wika, maaari ninyo itong hilingin nang walang karagdagang bayad sa pamamagitan ng pagtawag sa Member Services sa numerong (1-855-383-7249). (TTY/TDD: 711)

Vietnamese

Nếu quý vị cần hỗ trợ để hiểu được tài liệu này bằng một ngôn ngữ thay thế, quý vị có thể yêu cầu mà không tốn thêm chi phí bằng cách gọi số của Dịch Vụ Thành Viên (1-855-383-7249). (TTY/TDD: 711)

Yoruba

Tí o bá nilò irànwọ́ kí àkọsílẹ̀ yíí le yé ọ ní èdè míràn, o le bèrè rẹ láísí àfikún owó nípa pípe Nọmbà Àwọ̀n ìpèsè ọmọ-ẹgbẹ (1-855-383-7249). (TTY/TDD: 711)



Get help today!

To learn more, call your broker or Anthem representative. You can also view and compare plans online at [anthem.com](https://www.anthem.com).

If you'd like a paper copy of this information by fax or mail, call your broker or Anthem representative.

Your HSA:

*Enjoy the advantages of opening
a Health Savings Account (HSA)
from BenefitWallet®*

A Health Savings Account can help you pay for health care expenses including prescriptions. Plus, you can claim your HSA contributions as tax deductions, earn interest on your money and roll over the year-end balance.

To realize your plan's full power, consider selecting a qualified high-deductible health plan with an HSA. Our partner, BenefitWallet, administers our HSA solution with The Bank of New York Mellon as the custodian. Setting up your account with BenefitWallet is easy and it comes with built-in advantages and conveniences like:

- A single Customer Service contact for the health plan and your HSA
- A single online health site to access your plan benefit information and account details
- Several payment and deposit options, including debit cards, checks and automatic fund transfers
- Ability to save your receipt images online
- Competitive interest rates and investment opportunities for the funds in your account
- iPhone®, iPad® and Android™ apps for access anywhere
- Health Topics encyclopedia of more than 1,500 ailments
- Medication Advisor for drugs and pharmacy identifier
- Treatment Cost Advisor for common medical conditions
- FDIC-insured checking account with the custodian, The Bank of New York Mellon (BNY Mellon)

Note: You also have the option of using a different financial institution to set up your Health Savings Account.

Set up is easy

Simply make the selection on your application form and we'll send you welcome materials to get you started. Account registration instructions are included. It's that simple.



A closer look at your BenefitWallet HSA

BenefitWallet Welcome Materials

If you make the selection on your application form, your HSA will automatically be set up - no set-up fee required. You'll soon receive HSA welcome materials with all of the instructions for opening and using your account. A separate application for your account is only required if you choose an HSA administrator other than BenefitWallet.

Interest and investments

You'll earn interest on your HSA funds and have the chance to invest your funds as long as you keep a minimum \$1,000 HSA balance. Investment options include a number of mutual fund families. Once you're ready to invest, log in to your account and select "Investments" from the Quick Links menu or contact the BenefitWallet Service Center at **866-686-4798**, Monday through Friday, from 8 a.m. to 11 p.m. ET.

Debit cards, checkbooks and online bill pay

Use your VISA debit card, your HSA checkbook or online bill pay (provided by BenefitWallet) to pay your doctor or pharmacy directly for eligible medical expenses — or to reimburse yourself for qualified medical expenses paid out of pocket.

Deposits to your account

You can make your deposits online or with a mobile app. You can also send a check and deposit slip to the address printed on your deposit slip. Deposit slips can be found at the back of the checkbook, online through the Help Center or through the BenefitWallet Service Center. In addition, you can set up an electronic funds transfer between your bank and BenefitWallet for one-time or recurring account contributions.

Account activity statement

Regularly, you'll receive an electronic statement from BenefitWallet that shows all your account activity. Your monthly statement is free if you open your account electronically. You can receive a paper statement for an additional fee of \$1.25 per month. Visit anthem.com or call your dedicated Customer Service line to learn how to elect this option. You'll also receive *IRS 1099* and *IRS 5498* forms from BNY Mellon near tax time to help with tax preparation.

BenefitWallet HSA fee and rate schedule

A *Deposit Agreement and Disclosure Statement*, along with a *Rate and Fee Sheet* will be made available to you by BenefitWallet. Please refer to those documents for the complete terms and conditions related to your account.

As appealing as these options may sound, you should still talk to your tax advisor when trying to maximize financial benefits for your personal situation.

| Banking fees | |
|---|-----------|
| Monthly account fee | \$2.95 |
| First two debit cards, debit card transactions, first checkbook, check writing, online bill pay, electronic transfers | no charge |
| ATM transactions | \$2 |
| Card replacement Duplicate check | \$5 |
| Check reorder | \$10 |
| Nonsufficient funds | \$25 |
| Stop-check service | \$25 |
| Periodic paper statement | \$1.25 |

This is what the IRS requires if you want to open a Health Savings Account:

- You must be covered by an HSA-compatible, high-deductible health plan.
- You must be a U.S. resident, and not a resident of Puerto Rico or American Samoa.
- You cannot be covered by any other medical plan that is not an HSA-compatible, high-deductible health plan.
- You cannot be enrolled in Medicare.
- You cannot be claimed as a dependent on another individual's tax return.
- If you are a veteran, you may not have received veteran's benefits within the last three months.
- You cannot be active military.
- Your spouse cannot be enrolled in an FSA plan.

Xerox HR Solutions, LLC an independent corporate entity, provides the BenefitWallet product and related banking administration on behalf of Anthem Blue Cross and Blue Shield. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT). Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Information for Applicants Requesting a Special Enrollment Period



When applying to enroll for coverage during a Special Enrollment Period (SEP), an applicant must be eligible to enroll and provide supporting documentation of a qualifying event. Without this documentation the applicant may not be able to enroll.

Please review the list below which outlines examples of what may be used as supporting documentation. Be sure to send in a copy of the documentation supporting the qualifying event when the completed application is submitted or upload a copy of the documentation when submitting an online application.

For paper applications, please submit legible copies of everything and keep all original documents for your personal records, because no documentation will be returned. Please write the applicant's name on the top of each page of the supporting documentation.

After reviewing the information provided, we may request additional documentation to confirm eligibility. Please note that loss of health coverage due to fraud, intentional misrepresentation of a material fact or failure to pay a premium do not constitute qualifying events.

Please note: Anthem will notify the applicant within 14 days of receipt of the application if the applicant did not provide sufficient documentation necessary to verify eligibility for the special enrollment/triggering event requested. The applicant will then have 30 days from that notice to provide us with sufficient documentation to establish eligibility for the special enrollment/triggering event and we will make a determination within 14 days of receiving that documentation.

If you have further questions about qualifying events or the supporting documentation that is required, please call your agent or customer service at 1-855-383-7249.

Supporting documentation by type of qualifying event for all SEP applicants for Anthem Blue Cross and Blue Shield plans in Colorado

| Qualifying event | Description and examples of supporting documentation |
|--|--|
| <p>Involuntary loss of Minimum Essential Coverage for any reason other than fraud, intentional misrepresentation of a material fact or failure to pay a premium</p> | <p>Loss of Minimum Essential Coverage due to change in employment status:</p> <ul style="list-style-type: none"> • Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card) confirming loss of coverage (date and individuals) and reason for loss of Minimum Essential Coverage (i.e., reduction in employment hours, etc.), or • Letter that provides notice of offer of COBRA or state continuation benefits <p>Loss of Minimum Essential Coverage due to loss of dependent eligibility status:</p> <p>Due to death:</p> <ul style="list-style-type: none"> • Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card, if available) confirming loss of coverage (date and individuals), and • Copy of death certificate or obituary <p>Due to Medicare eligibility:</p> <ul style="list-style-type: none"> • Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card, if available) confirming loss of coverage (date and individuals), and • Copy of Medicare card or approval letter from Social Security <p>Due to an over-age dependent:</p> <ul style="list-style-type: none"> • Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card, if available) confirming loss of coverage (date and individuals) <p>Due to legal separation, divorce, dissolution of domestic partnership or civil union:</p> <ul style="list-style-type: none"> • Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card, if available) confirming loss of coverage (date and individuals), and • Divorce decree, legal separation agreement, or notarized/legal termination of domestic partnership or civil union <p>Loss of Minimum Essential Coverage due to exhaustion of COBRA or state continuation benefits:</p> <ul style="list-style-type: none"> • Letter that provides notice of termination of COBRA or state continuation benefits |

| Qualifying event | Description and examples of supporting documentation |
|--|--|
| <p>Involuntary loss of Minimum Essential Coverage for any reason other than fraud, intentional misrepresentation of a material fact or failure to pay a premium</p> | <p>Loss of Minimum Essential Coverage due to (permanent) move to new service area: <i>Note: Applicant must have had Minimum Essential Coverage for one or more days in the 60 days prior to the permanent move, unless he or she is moving from a foreign country or a United States territory (See below).</i></p> <ul style="list-style-type: none"> • Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card) confirming loss of coverage (date and individuals). If the minimum essential coverage has not yet been terminated, supporting documentation must show the applicant had minimum essential coverage for one or more days in the 60 days prior to the permanent move and • Documentation of applicant's old address and new address (if not present on employer letter or previous carrier documentation) which may be validated by any of the following: <ul style="list-style-type: none"> – Recent utility bill (electric, water, phone, internet, cable) – Signed residential lease, rental agreement/contract, mortgage or nursing home/assisted living facility residency documentation – A deed showing applicant ownership of property in the new service area – New driver's license with new address in the service area – Receipt of property tax paid – Insurance documents, such as homeowner's, renter's, or life insurance policy or statement – Mail from the Department of Motor Vehicles, such as a driver's license, vehicle registration, or change of address card – State ID – Official school documents, including school enrollment, report cards, or housing documentation – Mail from a government agency to your address, such as a Social Security statement, or a notice from TANF or SNAP agency – Mail from a financial institution, such as a bank statement – U.S. Postal Service change of address confirmation letter – Pay stub showing address – Voter registration card showing name and address – Moving company contract or receipt showing address – Document from the Department of Corrections, jail, or prison indicating recent release or parole, including an order of parole, order of release, or an address certification – If you are homeless or in transitional housing, you may submit a letter or statement from another resident of the same state, stating that they know where you live and can verify your residency. This person must prove their own residency by including one of the documents listed above. – If you are living in the home of another person, like a family member, friend, or roommate, a letter/statement from that person stating you are living with them. This person must prove their own residency by including one of the documents listed above. – Letter from a local non-profit social services provider, certified application counselor, navigator or federally qualified health center that can verify your address. If you are homeless, you can provide a letter from a government entity or not-for-profit organization, including shelters, verifying your address. – Consumers living in rural areas may provide a rural route mail delivery address. <p>The supporting documentation needs to include the name of the applicant along with the residential address listed on the application (the new address), and documentation of the previous address, which should include the applicant's name and the residential address before the move.</p> <p>For child only applications, the name of the parent/guardian in the signature section of the application must match the name on the supporting documentation.</p> |

| Qualifying event | Description and examples of supporting documentation |
|---|--|
| Legal guardianship or court order | <p>Legal documentation of guardianship that indicates the subscriber or the subscriber's spouse is a guardian of the applicant or court order that indicates the subscriber is required to cover the applicant.</p> <p>Contact us if you are applying for a child only policy.</p> |
| Gain or become a dependent through birth or adoption/ placement for adoption | <p>Birth: Birth certificate or medical records from hospital or pediatrician which indicate the names of the parents, the name of the baby, and date of birth. <i>NOTE: For current Anthem members, a mother's delivery claim may be considered as supporting documentation.</i></p> <p>Adoption/placement for adoption: Adoption certificate or document establishing placement of a child with applicant for adoption.</p> |
| Gain a dependent through marriage or domestic partnership or civil union | <p>Certificate of marriage, domestic partnership or civil union.</p> <p>NOTE: At least one spouse or domestic partner must either demonstrate that they had Minimum Essential Coverage or that they lived in a foreign country or US territory for one or more days in the 60 days prior to the date of the marriage or domestic partnership.</p> |
| Applicants moving to the U.S. from a foreign country or U.S. territory | <ul style="list-style-type: none"> • Documentation of the move (including date of move) which may be validated by a passport, VISA, or airplane ticket, and • Documentation of the new address which may be validated by any of the following: <ul style="list-style-type: none"> – Signed residential lease, rental agreement/contract, mortgage – A deed showing applicant ownership of property in the new service area – If you are homeless or in transitional housing, you may submit a letter or statement from another resident of the same state, stating that they know where you live and can verify your residency. This person must prove their own residency by including one of the documents listed above. – If you are living in the home of another person, like a family member, friend or roommate, a letter/statement from that person stating you are living with them. This person must prove their own residency by including one of the documents listed above. – Letter from a local non-profit social services provider, certified application counselor, navigator, or federally qualified health center that can verify your address. If you are homeless, you can provide a letter from a government entity or not-for-profit organization, including shelters, verifying your address. • And one additional supporting document of new address which may be validated by one of the following in the applicant's name: <ul style="list-style-type: none"> – Recent utility bill (electric, water, phone, internet, cable) – New driver's license with new address in the service area – Receipt of property tax paid – Insurance documents, such as homeowner's, renter's, or life insurance policy or statement – Mail from the Department of Motor Vehicles, such as a driver's license or vehicle registration – State ID – Official school documents, including school enrollment, report cards, or housing documentation – Mail from a government agency to your address, such as a Social Security statement, or a notice from TANF or SNAP agency – Mail from a financial institution, such as a bank statement – Pay stub showing address or letter/employment contract from employer – Voter registration card showing name and address – Moving company contract or receipt showing address |

| Qualifying event | Description and examples of supporting documentation |
|---|--|
| Release from incarceration | Papers from local, state or federal department of corrections or prisons showing the applicant's date of legal discharge |
| Death of a family member enrolled under current coverage | <ul style="list-style-type: none"> • Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card) confirming coverage (date and individuals), and • Copy of death certificate or obituary |
| An individual, who was not previously a citizen, a national, or a lawfully present individual, gains such status | <p>Change in status validated by any of the following:</p> <ul style="list-style-type: none"> • Valid U.S. passport or passport card. • Valid I-551, permanent resident card (issued by the Department of Homeland Security/ U.S. citizenship and immigration services). Non-expiring I-551 (issued 1977-1989) cards are acceptable. • U.S. Certificate of Naturalization (federal form N-550). • Certificate of U.S. Citizenship (federal form N-560). • Employment Authorization Document. • Unexpired foreign passport with a valid unexpired U.S. visa affixed accompanied by the approved I-94 form documenting the applicants most recent admittance into the U.S. |
| Current policy does not renew on a calendar year basis (renews on a date other than January 1) | Information from previous carrier (recent billing statement, ID card, renewal letter) confirming coverage (date and individuals) and renewal date of coverage. |
| Victim of domestic abuse or spousal abandonment, who seeks to enroll in coverage separate from the perpetrator of the abuse or abandonment | Statement that the applicant(s) (which can include any dependent or unmarried victim within the same household) is currently enrolled in creditable coverage with the perpetrator of the abuse or abandonment. The statement can be provided to us over the phone or via email. Please call us to confirm if this is your qualifying event. |
| Originally determined to be eligible for Medicaid or the Child Health Plan Plus (CHP+) but later determined to be ineligible after open enrollment has ended | Copy of the determination of eligibility, and later determination of ineligibility for Medicaid or CHP+. |
| Material error in plan benefits, service area or premium influenced the applicant's decision to purchase their current plan | Letter from Connect for Health (for on-exchange plans) or the Division of Insurance (for off-exchange plans) determining and explaining the material error as a qualifying event. |
| Any other event or circumstance as set forth in the rules established by applicable state or federal law in defining qualifying events | A letter from the applicant and an official form such as a letter or other supporting documentation from the source (employer, state or federal agency, for example) confirming the qualifying event occurred, the date the event happened, and the names of all applicants affected. |



COLORADO UNIFORM INDIVIDUAL APPLICATION FOR MAJOR MEDICAL HEALTH BENEFIT PLANS

This form is designed for an individual's initial application for coverage. Please contact your carrier with questions regarding this form

Federal financial assistance may be available for coverage purchased through Connect for Health Colorado. If purchasing coverage through Connect for Health Colorado, you will need to provide additional information for determination of eligibility for federal financial assistance. Further information may be found at www.connectforhealthco.com.

COVERAGE INFORMATION

| | | | | |
|---------------------------|---------------------------------------|---|--|--|
| Application Type: | <input type="checkbox"/> New Coverage | <input type="checkbox"/> Change/Modification to Existing Coverage | <input type="checkbox"/> Open Enrollment | <input type="checkbox"/> Special Enrollment* |
| Requested Effective Date: | ____/____/____ (MM/DD/YYYY) | | | |

* Proof of eligibility for special enrollment will be required – information on eligibility for special enrollment periods is available at: www.dora.colorado.gov/DOI/HealthApp

PRIMARY APPLICANT/INSURED INFORMATION

Instructions: Please type or print using black or blue ink. Please fill out the entire application for each person for whom coverage is being sought. If a person is currently enrolled in Medicare, this application should not be completed for that enrolled individual. If additional pages are needed to fully complete this application please attach, sign, and date each page.

| | | | | | |
|---|--|------------------|---|--------------|--|
| First Name: | | Middle Initial: | | Last Name: | |
| Social Security #: | | Date of Birth: | / | Current Age: | Sex: <input type="checkbox"/> M <input type="checkbox"/> F |
| Physical Address: | | | | | City: |
| County: | | State: | | Zip: | |
| Mailing Address (If different): | | | | | City: |
| County: | | State: | | Zip: | |
| Home Phone: | | Alternate Phone: | | Email: | |
| Are you (check one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law* <input type="checkbox"/> Civil Union* <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Under 21 | | | | | |
| Are you or is anyone in your family American Indian or Alaskan Native? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| * A common law, civil union, or designated beneficiary certification may be required by the carrier | | | | | |
| Employer Name and Address: | | | | | Work Phone: |

ADDITIONAL APPLICANTS

Complete ONLY if your spouse/partner, and/or child(ren) under the age of 26 (older if medically disabled) are applying for coverage. If a dependent child is applying as an individual rather than as part of a family list the child as the primary applicant. If there is not enough space provided, please attach additional family information. **Please sign and date the additional sheet.**

*Social Security Numbers (or document numbers for any legal immigrants) are needed for anyone applying for health insurance, missing numbers will be requested after enrollment

| Name (First, MI, Last) | Sex | Social Security # | Relationship | Disabled | Birth Date (MM/DD/YY) | Employer Name and Position |
|------------------------|--|-------------------|---|---|-----------------------|----------------------------|
| | <input type="checkbox"/> M <input type="checkbox"/> F | | SPOUSE/PARTNER | | | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCCHILD | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCCHILD | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> CHILD <input type="checkbox"/> STEPCCHILD | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Do(es) the child(ren) named within the application live with you at the same physical address shown above? Yes No (if no, complete below)

| | | | | | |
|--------------------|--|------------------|---------------------------------|--------|--|
| Child(ren)'s Name: | | | Mailing Address (If different): | | |
| City: | | County: | | State: | |
| Home Phone: | | Alternate Phone: | | Email: | |

Primary Applicant Name:

Name of the Legal Guardian or Parent responsible for carrying health insurance for the child:

If the primary applicant is under the age of 21 if different from above, provide the name and mailing address of the legal guardian or custodial parent:

| | | | | | | | |
|--|--|---------|------------------|---------------------------------|--|--------|--|
| Legal Guardian or Custodial Parent's Name: | | | | Mailing Address (If different): | | | |
| City: | | County: | | State: | | Zip: | |
| Home Phone: | | | Alternate Phone: | | | Email: | |

TOBACCO USE

Please answer the following questions to the best of your knowledge. 45 CFR 147.102(a)(1)(iv) "For purposes of this section, tobacco use means use of tobacco on average four or more times per week within no longer than the past 6 months. This includes all tobacco products, except that tobacco use does not include religious or ceremonial use of tobacco. Further, tobacco use must be defined in terms of when a tobacco product was last used."

Has anyone named in this application used tobacco or smokeless tobacco during the past 6 months? If yes, provide the information requested below.

| Name of Person | Used Tobacco Products | If Yes, check all that apply | Duration | Frequency |
|----------------|---|---|----------|-----------|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Cigarettes <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/> Pipe/Cigars | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Cigarettes <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/> Pipe/Cigars | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Cigarettes <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/> Pipe/Cigars | | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Cigarettes <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/> Pipe/Cigars | | |

MEDICARE/MEDICAID INFORMATION

Is any applicant enrolled in Medicare? Yes No
Name of person covered by Medicare: _____. For this applicant, please stop here, this insurance may duplicate existing Medicare coverage.

Is any applicant enrolled in Medicaid, CHIP+, or other governmental health program? Yes No
Name of person covered by Medicaid or other governmental health program: _____. For this applicant, please be aware that obtaining individual health insurance may affect this individual's Medicaid status.

CURRENT MEDICAL COVERAGE

Do you, your spouse/partner, or your dependent child(ren) listed in this application currently have health insurance? Yes No
(Dental Coverage in next Section)

| Name | Carrier Name | Effective Date of Coverage (MM/DD/YY) | Termination Date of Coverage (MM/DD/YY) | Coverage Type |
|------|--------------|---------------------------------------|---|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

If any applicant has current health coverage, will that applicant cancel current coverage if this applicant is accepted? Yes No

Type of Coverage Key: G = Group Comprehensive Major Medical; I = Individual Comprehensive Major Medical; MS = Medicare Supplement; H = Hospital Coverage Only; V = Vision Coverage Only O=Other, please explain: _____

Primary Applicant Name:

CERTIFICATION OF DENTAL INSURANCE COVERAGE

(Certification of dental insurance coverage is not required when purchasing coverage through Connect for Health Colorado)

Pediatric dental coverage is a required essential health benefit. The plan you select may not include pediatric dental coverage. Do you have pediatric dental coverage under another plan?

Yes

No

Note: you may be required provide proof that you have obtained coverage before this policy will be approved

TERMS AND CONDITIONS

I acknowledge that I have read all sections of this Application, and I certify on behalf of my eligible family dependents and myself that the answers contained in this Application are complete and accurate to the best of my knowledge.

I understand that my answers, together with any supplements or additional pages, are the basis for the certificate or policy that is issued. I agree that no insurance will be effective until the date specified by the carrier on the certificate or policy.

I understand that my signature constitutes an attestation that I have obtained the required pediatric dental coverage under a separate policy, and may be required to provide proof of this pediatric dental policy prior to this policy being issued and approved. (Certification of dental insurance coverage is not required when purchasing coverage through Connect for Health Colorado)

I understand that any intentional misrepresentation relied upon by the carrier may be used to deny a claim. I further understand that this contract can be voided if, within the first 24 months from the date of the policy or certificate, it is determined that I or a family member made an intentional misrepresentation in this application.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance carrier for the purpose of defrauding or attempting to defraud the carrier. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance carrier or agent of an insurance carrier who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

I understand that I may request a copy of this Application. I agree that a photographic copy of this Application shall be as valid as the original. A legible facsimile signature shall have the same force and effectiveness as the original. This document, or the information contained herein, will become a part of the contract when coverage is approved and issued.

I would like to receive all policy notices, premium notices, and other notices relating to this policy through the supplied email address above. Yes No

I understand I can change this designation at a later date by contacting my carrier directly, and understand it is my responsibility to notify my carrier of any changes to my email address.

| | | |
|---|---|--------------|
| Signature of Primary Applicant/Parent or Legal Guardian for Child-Only Plans | | Date Signed: |
| Complete this section if someone assisted you in the completion of this Application | | |
| The following person assisted me in completing the Application: | Please explain the assistant's relationship to you and your family: | |

Primary Applicant Name:

AGENT/PRODUCER INFORMATION

This section is to be completed by Agent or Producer.

Agent / Agency of Record: (for commissions and correspondence) Writing Agent / Producer:

Name (print): Name (print):

Agent ID # (NPR): Agent ID #(NPR):

Agent replacement questions: Will this policy replace any existing accident and sickness insurance policy(s)? Yes No

As the Writing Agent/Producer, I acknowledge that I am responsible to personally interact with the primary applicant submitting this application in order to fully and accurately represent the terms and conditions of the plans and services of the offering or insuring entity, or one of its subsidiaries. These provisions are available to me and the primary applicant in the benefits summary document or other plan literature.

Writing Agent Signature Date

DISCLOSURES

This document is a publication of the Colorado Division of Insurance. If you have questions about the content of this document please contact our offices at 303-894-7499 or visit our website at <http://www.dora.colorado.gov/insurance>. For questions regarding coverage or enrollment please see your carrier.

This section may be used to provide additional information that was required in the sections above and did not fit in the space provided.

Blank lines for providing additional information.

Signature of Primary Applicant: _____

Date Signed: _____

Welcome

Colorado Individual Application Supplement Form

Thanks for choosing us. We're glad you're here.

If you have any questions while filling out this form, give us a call at 1 (877) 212-1793. But if you've worked with an agent or broker, contact them first.

About this form

NOTE: THIS APPLICATION IS ONLY TO BE USED IN CONJUNCTION WITH THE UNIFORM INDIVIDUAL APPLICATION.

Use this form to apply for **new** medical, dental or vision coverage or to **change** existing coverage with Anthem Blue Cross and Blue Shield (Anthem).

You can apply or change coverage:

1. During the annual Open Enrollment period

The earliest your coverage can start is the 1st of the year. Your coverage will start based on when we receive your complete application (including payment). If we get it:

- Between the 1st and 15th day of the month, coverage is effective the 1st day of the following month.
- Between the 16th and last day of the month, coverage is effective the 1st day of the second following month.

2. Due to a qualifying event (such as getting married, having a baby, etc.)

When you're done with this form, fill out **Appendix A: Special Enrollment**, which includes information about when coverage starts.

3. For new dental and vision

- For new dental and vision coverage you can apply any time during the year.
- If you apply with medical, your effective dates will match.
- If you apply without medical, your coverage will start based on when we receive your complete application (including payment). If we get it between the 1st and last day of the month, coverage is effective the 1st day of the following month.

Tips when filling out this form

1. Answer all questions. Print using blue or black ink only. And please write clearly.
2. You can also apply online at **anthem.com**.
3. Refer to your Health Plan Guide for plan and enrollment details. Don't have a copy? Ask your agent or contact us.
4. If you're enrolling in a medical plan, you must choose a Primary Care Physician (PCP). View a list of doctors for your plan on **anthem.com** or call us. If you don't choose a PCP, we'll pick one close to you.

Some Frequently asked questions

1. Do I need to include a payment?

Yes. We can't complete your application without your first month's premium payment. Without it, your enrollment will be delayed. Don't worry though – we won't charge your card or cash your check or money order until you've been enrolled.

2. What if I already have coverage with another company?

Don't cancel your other coverage yet – your health coverage is too important. We'll contact you when you're approved. Then you'll need to cancel your other coverage.

3. Why do you need my Social Security Number?

The IRS requires us to collect it. It won't be shared unless required by law. If you enroll in a health savings account (HSA) compatible plan with us, we may give it to our HSA banking partner.

Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Colorado Individual Application Supplement Form

Please indicate the reason you are submitting this application for medical:

- Open Enrollment
- Special Enrollment Period – must also complete Appendix A

Step 1: Who is applying?

Primary Applicant

New coverage Change coverage Add dependent to existing coverage ID No. _____

| | | | |
|---|--------------------------------|--|-----------------------------------|
| Last Name (Legal Name) | First Name (Legal Name) | M.I. | Date of birth (mm/dd/yyyy) |
| Legal resident of CO <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Preferred written language <input type="checkbox"/> English (ENG) <input type="checkbox"/> Spanish (SPA) | | Preferred spoken language <input type="checkbox"/> English (ENG) <input type="checkbox"/> Spanish (SPA) | |
| <input type="checkbox"/> Applicant DOES speak, read and/or write English. If applicant does not speak, read or write English, the interpreter must sign and submit a "Statement of Accountability". | | | |
| Primary Care Physician (PCP) | PCP ID | Current patient <input type="checkbox"/> Yes <input type="checkbox"/> No | Medical group ID |
| Coverage(s) Selected <input type="checkbox"/> Medical <input type="checkbox"/> Dental* <input type="checkbox"/> Vision* *Primary applicant must be included for Spouse/Domestic Partner and/or Dependent coverage eligibility | | | |

Eligibility

Are any applicants currently incarcerated (with more than 60 days left to serve before release) as a result of a conviction? (not just pending disposition of charges)

No Yes **If yes, who?**

Are you covered for medical assistance through the state Medicaid program

No Yes **If yes, please indicate your eligibility:**

- Specified Low Income Medicare Beneficiary (SLMB)
- Qualified Medicare Beneficiary (QMB)
- Other Medicaid medical benefits (please explain) _____

Step 2: What coverage would you like?

Medical Plans

Choose only one medical plan.
If you selected an HMO product, be sure to select a Primary Care Physician (PCP) in Step 1.

HMO plans are only available in certain counties. See your Health Plan Guide for details. Applicants must reside in one of these counties to enroll in Mountain Enhanced HMO plans: Archuleta, La Plata, Montezuma, Summit or Eagle.

| Anthem Bronze | Anthem Silver | Anthem Gold |
|--|--|--|
| <input type="checkbox"/> Mountain Enhanced HMO 5000 (1JR7) <input type="checkbox"/> Mountain Enhanced HMO 5000 for HSA (2VDE) <input type="checkbox"/> Mountain Enhanced HMO 6300 for HSA (2VDF) <input type="checkbox"/> Pathway HMO 5000 (1G0P) <input type="checkbox"/> Pathway HMO 5400 (1X7C) <input type="checkbox"/> Pathway HMO 5800 (1G0R) <input type="checkbox"/> Pathway HMO 5000 for HSA (1G0V) <input type="checkbox"/> Pathway HMO 6300 for HSA (1G0T) | <input type="checkbox"/> Mountain Enhanced HMO 2000 (1JR2) <input type="checkbox"/> Core Mountain Enhanced HMO 5300 (2K4L) <input type="checkbox"/> Core Pathway HMO 5300 (2EP8) <input type="checkbox"/> Pathway HMO 1650 (1G1G) <input type="checkbox"/> Pathway HMO 2000 (1G1B) <input type="checkbox"/> Pathway HMO 2500 (1G1M) <input type="checkbox"/> Pathway HMO 5150 (2VD2) <input type="checkbox"/> Pathway HMO 5750 (2VD8) <input type="checkbox"/> Pathway HMO 6100 (2VDR) <input type="checkbox"/> Pathway HMO 6200 (2VDX) | <input type="checkbox"/> Mountain Enhanced HMO 1100 (2VE7) <input type="checkbox"/> Pathway HMO 1100 (2VE3) |
| Anthem Catastrophic | Only available to applicants under age 30, unless otherwise qualified. Catastrophic plans are only available if you reside in certain counties. See your Health Plan Guide for details. | |
| <input type="checkbox"/> Pathway HMO 7350 (1G27) | <input type="checkbox"/> PPO 7350 (2KVD) | |
| Health Savings Account (HSA) Enrollment | If you chose an HSA compatible plan, you have the option to setup a health savings account. | |
| <input type="checkbox"/> Yes, I'd like to establish an HSA with Anthem's banking partner. (Please make sure you entered Social Security numbers in Step 1) | | |

Current (existing) coverage

If you already have health care coverage, please don't cancel it until you are effective with us.

Important information about replacement and duplicate coverage:

Normally you do not require more than one of the same type of policy, but if you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages. You may be eligible for benefits under Medicaid or Medicare and may not need an accident and sickness policy. If you are eligible for Medicare, you may want to purchase a Medicare Supplemental policy. If you are eligible for Medicare due to age or disability, counseling services are available in Colorado to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program.

One or more of the applicants currently have health care coverage (Please fill out the info below)

People with coverage (Write ALL if everyone)

Existing health care coverage company

ID number(s)

Will you be terminating this coverage if approved for Anthem coverage? No Yes

If Yes, do you intend to replace your current accident and sickness insurance with this policy (contract)? No Yes

If Yes, please read the following: According to the information furnished by you, you intend to lapse or otherwise terminate your present policy and replace it with a policy to be issued by Anthem Blue Cross and Blue Shield or HMO Colorado. Your new policy will provide 10 days within which you may decide without cost whether you desire to keep the policy. You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find the purchase of this accident and sickness coverage is a wise decision you should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

Dental Plans

Dental coverage for children under age 19 is already included in all our medical plans (Also known as Pediatric Essential Health Benefits). Choose a dental plan and applicants if you'd like to buy coverage that goes beyond these Pediatric Essential Health Benefits.

Dental plan option

Prior & other dental coverage

It's important we know.

- Anthem Dental Family Value (2J4Y)
- Anthem Dental Family (1FRB)
- Anthem Dental Family Enhanced (1FRC)
- Dental Prime A (1RBR)
- Dental Prime B (1RBS)
- Dental Prime C (1RBT)

- I currently have dental coverage (please fill out the info below)
- I previously had dental coverage
- I previously had orthodontia coverage

People with coverage (write ALL if everyone applying):

Prior or other dental coverage company:

Effective date (when this coverage started)

ID Number:

Last date of coverage (if applicable)

Will you be terminating this coverage if approved for Anthem coverage? No Yes

If Yes, do you intend to replace your current dental insurance with this policy (contract)? No Yes

If Yes, please read the following: According to the information furnished by you, you intend to lapse or otherwise terminate your present policy and replace it with a policy to be issued by Anthem Blue Cross and Blue Shield or HMO Colorado. Your new policy will provide 10 days within which you may decide without cost whether you desire to keep the policy. You should review this new coverage carefully. Compare it with all dental coverage you now have. If, after due consideration, you find the purchase of this dental coverage is a wise decision you should evaluate the need for other dental coverage you have that may duplicate this policy.

Vision Plan

Vision coverage for children under age 19 is already included in all our medical plans (Also known as Pediatric Essential Health Benefits). Choose a vision plan and applicants if you'd like to buy coverage that goes beyond these Pediatric Essential Health Benefits.

Vision plan option

- Blue View Vision Bundled (1RY2)
- Blue View Vision Enhanced (2SUJ)
- Blue View Vision Plus (2SUK)
- Blue View Vision Value (2SUL)

Statement to applicant by issuer or producer

For Non-Health Benefits Plans: If you wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy has never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

Applicant's Signature

Date

*Signature not required for direct response sales.

Premium Reimbursement

Will an employer of one hundred (100) or fewer eligible employees be paying for or reimbursing you through wage adjustment or a health reimbursement arrangement for any portion of the premium on the policy being applied for? No Yes

If you answered Yes, please continue. If you answered no, you may stop.

Did the employer have a small group health benefit plan providing coverage to any employee in the twelve (12) months prior to the date of this application? No Yes

If the answer to both questions 1 and 2 immediately above is "yes", you may not be issued an individual policy with the premiums, or portion thereof, paid or reimbursed by the employer.

If the answer to question 1 is "yes" and the answer to question 2 is "no", you must submit a signed affidavit from the employer certifying that the employer has not had a small group health benefit plan providing coverage to any employee in the previous twelve (12) months.

The affidavit form to be executed by the employer is attached at the end of this form. The submission of this affidavit does not guarantee that the individual policy you are applying for will be issued by the carrier.

Step 3: Please read and sign

Important legal information

I, the undersigned, understand that under the Anthem plan for which I am applying, I will be entitled to lesser benefits if I use an out-of-network hospital or physician than if I use an in-network hospital or physician.

- I must send my first (initial) premium with this application, but it does not mean coverage has been approved. I'm applying for the coverage I chose on this form. To the extent permitted by law, Anthem has the right to accept or decline this application, and that there are no guarantees of any kind just because I filled out this form. If my application is denied, my bank account or credit card will not be charged, and if I paid with a money order, it will be returned to me.
- I'm responsible to let Anthem know, in a timely manner, of any change that would make me or any dependent ineligible for coverage.
- I agree to pay the premium due. I also agree to pay for any fee or charge Anthem bills me as part of an exchange fee, assessment, uninsured pool or other state or federal program. I agree that my payments will be first applied to such fees or assessments and the balance applied to premium.

- Anthem may change check payments to electronic Automated Clearinghouse (ACH) debit transactions. If this happens, my original check will be destroyed. This charge will appear on my bank statement but my check won't be given to my financial institution or sent back to me. This charge will not enroll me in any Anthem automatic debit process and will only occur each time I send a check to Anthem. Any resubmissions due to insufficient funds may also occur electronically. All checking transactions will remain secure, and my payment by check means I agree to these terms.
- I agree and consent to the recording and/or monitoring of any telephone conversation between Anthem and myself.
- I'm signing here because I want to get information about my benefits by email or electronically. This may include my certificate or evidence of coverage, billing, explanation of benefits statements, required notices and helpful or personalized information to get the most out of my plan, so I will make sure Anthem has my most up to date email. These electronic communications may include specific details about me and my plan. I know I can change my mind at any time or request a free copy of specific materials by mail. I'll just contact Anthem to do either.
- I certify that each Social Security number listed on this application is correct.
- My domestic partner, if applicable, is only eligible for coverage if: he or she has been my sole domestic partner for 12 months or more; he or she is at least 18 years of age; he or she is mentally competent; he or she is not related to me in any way (including by blood or adoption) that would prohibit us from being married under state law; he or she is not married to or separated from anyone else; and he or she is financially interdependent with me.
- I acknowledge that I have read the Important Legal Information section, and I agree to the coverage conditions. I state that the answers given to all questions on this application are true and accurate to the best of my knowledge and belief, and I understand they are being relied on by Anthem in accepting this application. Any act, practice, or omission that constitutes fraud or intentional misrepresentation of material fact found in this application may result in denial of benefits, rescission or cancellation of my coverage(s).

I give this authorization for and on behalf of any eligible dependents and myself if covered by Anthem. I am acting as their agent and representative. This application cannot be altered by the applicant after submission to Anthem absent the acknowledgement and consent of Anthem.

Rescission of Membership

I have provided a complete history of material information that will be considered in the acceptance or denial of this application. I understand that if any act, practice, or omission that constitutes fraud, or intentional misrepresentation of material fact is discovered in this application, Anthem may revoke my coverage. This means Anthem may cancel membership as if it never existed. Also, after approval for membership, if any act, practice, or omission that constitutes fraud, or intentional misrepresentation of material fact is discovered by Anthem that was not provided to Anthem prior to the effective date of the policy, the plan may revoke coverage.

I understand that if my coverage is revoked, I will be sent written notice that will explain the basis for the decision and my appeal rights. I have the option to submit a new application in the future to be underwritten and considered for enrollment. I also understand that I may be required to pay for any claims that were paid while a member and that Anthem will refund all amounts paid by me except amounts owed to Anthem.

I have personally read and completed this application. If I am accepted, this application will become part of the contract between Anthem and me. I agree to abide by the terms of that contract.

REQUIREMENT FOR BINDING ARBITRATION:

I UNDERSTAND AND AGREE THAT ANY AND ALL DISPUTES BETWEEN ANTHEM AND ME MUST BE RESOLVED BY BINDING ARBITRATION, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF THE SMALL CLAIMS COURT AND THE DISPUTE CAN BE SUBMITTED TO BINDING ARBITRATION UNDER APPLICABLE FEDERAL AND STATE LAW, INCLUDING BUT NOT LIMITED TO, THE AFFORDABLE CARE ACT. ANTHEM AND I AGREE THAT EACH MAY BRING CLAIMS AGAINST THE OTHER ONLY IN OUR INDIVIDUAL CAPACITY, AND NOT AS A PLAINTIFF OR CLASS MEMBER IN ANY PURPORTED CLASS OR REPRESENTATIVE PROCEEDING. THIS MEANS THAT ANTHEM AND I ARE WAIVING THE RIGHT TO A JURY TRIAL AND/OR TO PARTICIPATE IN A CLASS ACTION FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN AND MEDICAL MALPRACTICE CLAIMS.

BEFORE COMMENCING ARBITRATION, THE PARTY SEEKING ARBITRATION MUST HAVE EXHAUSTED ALL LEVELS OF APPEAL AND REVIEW SET FORTH IN THE CERTIFICATE. ANY SUCH ARBITRATION WILL BE GOVERNED BY THE PROCEDURES AND RULES ESTABLISHED BY THE AMERICAN ARBITRATION ASSOCIATION. THE LAW OF THE STATE IN WHICH THE POLICY WAS ISSUED AND DELIVERED TO THE POLICYHOLDER SHALL GOVERN THE DISPUTE. THE DECISION IN ARBITRATION IS BINDING UPON BOTH ANTHEM AND ME. THE AWARD GIVEN IN ARBITRATION MAY BE ENFORCED OR REVIEWED IN ANY COURT THAT HAS PROPER JURISDICTION. IN THE EVENT ANY PERSON SUBJECT TO THIS ARBITRATION CLAUSE INITIATES LEGAL ACTION OF ANY KIND, THE OTHER PARTY MAY APPLY FOR A COURT OF COMPETENT JURISDICTION TO ENJOIN, STAY OR DISMISS ANY SUCH ACTION AND DIRECT THE PARTIES TO ARBITRATE IN ACCORDANCE WITH THIS PROVISION. THE QUESTION OF WHAT DISPUTES ARE SUBJECT TO THIS ARBITRATION CLAUSE SHALL BE DETERMINED BY THE ARBITRATOR.

IF AN APPLICANT DOES NOT READ ENGLISH, THE TRANSLATOR MUST SIGN AND SUBMIT A STATEMENT OF ACCOUNTABILITY FOR TRANSLATING THIS ENTIRE APPLICATION (SEE APPENDIX B).

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING, BY THE EXTENT PERMITTED BY STATE OR FEDERAL LAW, TO HAVE ANY AND ALL DISPUTES AGAINST ANTHEM BLUE CROSS AND BLUE SHIELD DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO JURY OR COURT TRIAL FOR BOTH MEDICAL MALPRACTICE CLAIMS AND ANY OTHER DISPUTES. SIGNATURES REQUIRED.

By signing this application, I certify that the premium for my coverage will not be paid by a provider of health care services, hospital, non-profit organizations (including religious organizations) that have or whose primary donors have a financial interest in the benefits of the contract/policy, commercial entity with a direct or indirect financial interest in the benefits of the contract/policy or an employer that offers coverage under an employer health plan. I understand that if a third party is paying my premium, Anthem may decline to accept such premium payment if it is made by a person or entity from which it is not required by law to accept.

Please sign below

| | |
|---|------|
| Primary Applicant (or legal representative) | Date |
| Spouse / Domestic Partner (or legal representative) | Date |
| Dependent Child (age 18 or over) | Date |
| Dependent Child (age 18 or over) | Date |
| Dependent Child (age 18 or over) | Date |

Did an agent help you? Make sure they fill out this section.

| | | | |
|---|----------------------|--|-------------------------|
| Agent (or broker) Certification | | All fields required. | |
| I have listed above any policies I sold the applicant which are current and any policies I sold in the past five (5) years. I certify to the best of my knowledge, the responses herein are accurate. | | | |
| I have reviewed your current accident and sickness insurance coverage. To the best of my knowledge, this accident and sickness policy will not duplicate your existing coverage because you intend to terminate your existing coverage. The replacement policy is being purchased for the following reason(s)(check one): | | | |
| <input type="checkbox"/> Additional benefits <input type="checkbox"/> No change in benefits, but lower premiums <input type="checkbox"/> Fewer benefits and lower premiums | | | |
| <input type="checkbox"/> Other (please specify) _____ | | | |
| Agent/Broker Signature | | | Date |
| Agent Name (Please print clearly) | | | |
| (A) Writing Agent TIN / SSN (Encrypted TIN is ok) | | * (B) Writing Agent/Agency/General Agency TIN (Encrypted TIN is ok) | |
| Agent Address | | City | State ZIP |
| Agent Phone No. | Agent Fax No. | Agent Email | |

* **Field (A)** - Always provide your Writing Agent TIN/SSN. **Field (B)** - If you are a Direct Agent, with no relationship to an Agency, also enter your Agent TIN/SSN in Field (B). If this policy is sold through an Agency without a General Agency, enter the selling Agency TIN in Field (B); if this policy is sold through a General Agency, enter the General Agency TIN in Field (B).

Here's what's next.

- 1) Can you check a few items? When incorrect, they're the most frequent reasons for delays in enrollment.
 - Your name and address information should be clear and readable
 - You've included your first month's premium payment
 - Everyone 18 and older signed this form
 - If enrolling due to a qualifying event, you've completed Appendix A: Special Enrollment
- 2) All good? Send this to us by mail to Anthem Blue Cross and Blue Shield, P.O. Box 659960, San Antonio, TX 78265-9146 or by fax to 1 (800) 848-2512.
- 3) We'll be in touch in the next few weeks. If you have questions before then, call us at 1 (855) 383-7249.

Thank you!

Appendix A: Special Enrollment

If you're applying for coverage due to a qualifying event, please fill out this section along with your application.

| Qualifying event date | |
|---------------------------------|---|
| Date of qualifying event | For Loss of Coverage, this is the last date of existing or prior coverage. For all other events, please enter the date based on the qualifying event. |

You must apply for coverage within 60 days after your qualifying event for the following events.

| Qualifying events | Coverage effective date |
|--|---|
| <input type="checkbox"/> 1. Marriage/Civil Union or Domestic Partnership Got married, entered in a civil union, or in a domestic partnership that becomes eligible for coverage (see step 3 for description of domestic partnership eligibility) | First day of the month after we receive your complete application |
| <input type="checkbox"/> 2. Birth or Adoption Had a baby, adoption of a child or placement of a child with you for adoption | Select an effective date: <input type="checkbox"/> Same as the event date <input type="checkbox"/> First day of the month after we receive your complete application <input type="checkbox"/> Based on when we receive your complete application* <input type="checkbox"/> First day of month after the event date |
| <input type="checkbox"/> 3. Court Order or Guardianship Required by a court order to provide an eligible child(ren) coverage, including a child support order, filed an application for appointment of guardianship of a child or appointment of guardianship of a child | Select an effective date: <input type="checkbox"/> Same as the event date <input type="checkbox"/> Based on when we receive your complete application* |
| <input type="checkbox"/> 4. Death Death of a family member enrolled under current coverage | Select an effective date: <input type="checkbox"/> First day of the month after we receive your complete application <input type="checkbox"/> Based on when we receive your complete application* |
| <input type="checkbox"/> 5. Immigration Immigration status changed | Based on when we receive your complete application* |
| <input type="checkbox"/> 6. Other qualifying event If you can't find your situation, contact your agent/broker or call us. We can only enroll based on events defined by state and/or federal law | |

You must apply for coverage within 60 days before or 60 days after your qualifying event for the following events.

| Qualifying events | Coverage effective date |
|--|---|
| <p>7. Loss of coverage: Lost or will lose Minimum Essential Coverage:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Involuntary loss of coverage (for any reason except non-payment of premium or fraud) <input type="checkbox"/> A legal separation or divorce <input type="checkbox"/> Moved to a new service area. Minimum Essential Coverage must have been in effect for one or more days of the 60 days prior to the move. | <p>First day of the month after we receive your complete application.</p> |
| <ul style="list-style-type: none"> <input type="checkbox"/> 8. Permanent Move Moved to U.S. from a foreign country or a U.S. territory <input type="checkbox"/> 9. Non-calendar renewal Current policy does not renew on a calendar year basis (renews on a date other than January 1) <input type="checkbox"/> 10. Jail or prison Released from jail or prison (incarceration) | <p>Based on when we receive your complete application*</p> |

* If the coverage date is based on when we receive your complete application then if we receive it:

- Between the 1st and 15th day of the month, coverage is effective the 1st day of the following month.
- Between the 16th and the last day of the month, coverage is effective the 1st day of the second following month.

Almost there! We need a bit more info.

We need supporting documentation for your qualifying event, such as a letter or official form from the source (employer, state or federal agency, for example) confirming the qualifying event occurred, the date the event happened, and the names of all applicants affected. If you're applying because you've lost your coverage, we need to know the reason why coverage was lost, and it must be included in the supporting documentation. In all instances, we might need additional documentation to confirm eligibility.

Give us or your agent a call if you have any questions.

Appendix B: Statement of Accountability

| | | |
|--|--|--|
| Statement of Accountability | | Fill out when applicant cannot complete application. |
| Note: Interpreter must be 18 years or older to translate the application of behalf of the applicant. | | |
| I, _____, personally read and completed this Individual Application for the applicant named below because: | | |
| <input type="checkbox"/> Applicant does not read English <input type="checkbox"/> Applicant does not speak English <input type="checkbox"/> Applicant does not write English <input type="checkbox"/> Applicant is Limited English Proficient <input type="checkbox"/> Other (explain) _____ | | |
| I interpreted the contents of this form and to the best of my knowledge obtained and listed all the requested personal and medical history disclosed by the | | |
| <input type="checkbox"/> Applicant or by: _____ | | |
| Language interpreted | | |
| <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Tagalog <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other _____ | | |
| I also interpreted and fully explained the "Important legal information" and the "Payment Method". | | |
| Signature of Interpreter (required) | | Date (required) |
| I confirm that the application was interpreted on my behalf | | |
| Signature of Applicant (required) | | Date (required) |

Appendix C: Employer Affidavit

Complete if required based on Premium Reimbursement section of this application

Employer's Name:
Employer's Address:

The undersigned officer or principal of the employer identified above certifies that:

1. The employer is a small employer as defined in § 10-16-102(61), C.R.S., with one hundred (100) or fewer eligible employees;
2. The employer has not had in place a small group health benefit plan for the twelve (12) months prior to the execution of this affidavit.
3. A false certification may cause the rescission of the employee's individual insurance policy and subject the employer to penalties for perjury and liability to the employee.

| | |
|-------------------|-------------|
| Signature | Date |
| Typed Name | |
| Position | |

Payment Methods for Individual Applications



| | |
|-----------------------|--|
| Applicant/Member name | Primary applicant's Social Security number <input type="text"/> |
|-----------------------|--|

Anthem Blue Cross and Blue Shield (Anthem) will accept monthly payments made on behalf of applicants/members if the payment is made by the following persons or entities: The Ryan White HIV/AIDS Program; other federal and state government programs that provide monthly payments and cost-sharing support for specific individuals; Indian tribes tribal organizations and urban Indian organizations; or a relative or legal guardian on behalf of an applicant/member.

Unless required by law, Anthem does not accept monthly payments from third parties that are not listed above. Examples of third parties from whom Anthem will not accept monthly payments include, but are not limited to, insurance brokers and/or agents, doctors, hospitals, not-for-profit organizations (including religious organizations) that have or whose primary donors have a financial interest in the benefits of the contract/policy, commercial entities with a direct or indirect financial interest in the benefits of the contract/policy and employers that offer coverage under an employer health plan. Note: As allowed by law, Anthem reserves the right to decline monthly payments from third parties.

I authorize Anthem to debit the bank account listed or charge the credit/debit card listed for my first monthly payment on or after the day that my coverage is approved. By signing this form, I understand that the amount of the first payment may change from what I was told because my coverage has not been approved yet. In addition if I select Option 1 or Option 2 below, I understand that my future payments may vary as a result of change(s) I make once enrolled, including but not limited to, adding and deleting dependents, moving my residence, changing coverage and/or changes made by Anthem of which I am notified according to my plan/policy. In addition, I understand if changes I make are close to the auto withdrawal date, Anthem may not be able to notify me before the withdrawal is made. I agree to pay any service charge that Anthem may bill me because the debit/charge was not honored. I understand if my monthly payment increases based on a certain percentage, Anthem will stop my automatic payments and send notification to me. I will have the option to reset the automatic monthly payments.

Please choose how you want to pay your monthly payments for all of your plans. Put a check in the box for either Option 1, Option 2 or Option 3.

Option 1 Bank Account Authorization: Have your first and future monthly payments automatically deducted from your bank account.

All of your monthly payments will be taken out of the bank account you check below.

Checking account: Business Personal

Savings account: Business Personal

Enter the requested debit date from your bank account (1st to 6th of each month). If no date is requested your monthly payments will be debited on the first of each month.

Write the routing and account numbers that are on your check here: →

I authorize Anthem to automatically debit the bank account listed above each month to make my monthly payments. I agree that Anthem's rights with each debit are the same as if the debit was a check that I signed. I understand monthly payments will be made on the day I've indicated or within 5 business days thereafter. I authorize Anthem to automatically debit my account (and to make corrections to previous debits). This authority stays in effect until I let Anthem know that I no longer want them to debit my account by giving them a 30-day advance written notice. I understand that if my bank does not allow Anthem to debit my account for any reason, I will automatically be removed from automatic monthly payments and will be billed by mail. I understand if my monthly payment increases based on a certain percentage, Anthem will stop my automatic payments and send notification to me. I will have the option to reset the automatic monthly payments.

| | | |
|--|---|---|
| Authorized signature (as it appears on bank's records) X | Printed bank account holder's name (as it appears on account) | Date (MM/DD/YY) <input type="text"/> |
|--|---|---|

Option 2 Credit/Debit Card Authorization: Have your first and future monthly payments automatically charged to your credit/debit card.

Complete the information below.

Enter the requested charge date for your credit/debit card (1st to 6th of each month).

I authorize Anthem to automatically charge my credit/debit card listed below each month to make my monthly payments. I understand monthly payments will be made on the day I've indicated or within 5 business days thereafter. I authorize Anthem to charge my credit/debit card until I let them know that I no longer want them to charge my credit/debit card by giving them a 30-day advance written notice. I agree that Anthem, in honoring the monthly payments charged to my credit/debit card, is not responsible for any fees charged by my bank. I understand that if any Anthem credit/debit transaction is not honored, I will automatically be removed from automatic monthly payments and will be billed by mail. I understand if my monthly payment increases based on a certain percentage, Anthem will stop my automatic payments and send notification to me. I will have the option to reset the automatic monthly payments.

Anthem accepts Visa or MasterCard (Note to applicant: Please check one.)

| | | |
|--|--|---|
| Card number | Expiration date <input type="text"/> (MM/YY) | |
| Billing address for this credit/debit card | City | ZIP code |
| Authorized signature (as it appears on card) X | Printed card holder's name (as it appears on card) | Date (MM/DD/YY) <input type="text"/> |

See page two for Option 3 First Monthly Payment Only: Send us your first monthly payment now and receive a bill each month for your future monthly payments.

Payment Methods for Individual Applications



| | |
|-----------------------|--|
| Applicant/Member name | Primary applicant's Social Security number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|-----------------------|--|

Option 3 First Monthly Payment Only: Send us your first monthly payment now and receive a bill each month for your future monthly payments.

Choose one of the ways below that you would like to pay only your first monthly payment.

Check (enclose your paper check with application) Electronic check (fill out section A below) Credit/Debit card (fill out section B below)

A. Electronic check: Instead of sending us a paper check, you can use an electronic check that allows Anthem to take the money right from your bank account to make your first payment on the day that your coverage is approved. You will not get the check back from your bank. (We will not keep this information on file or use it for any future payments.) Please fill out this information.

| | | | |
|-----------------------------|----------------|----------------|-------------------------------|
| Printed account holder name | Routing number | Account number | Amount of first payment \$ |
|-----------------------------|----------------|----------------|-------------------------------|

B. Credit/Debit card: I allow Anthem to charge the credit or debit card I listed below one time for my first monthly payment. This payment will cover the first monthly payment for all of the plans I have with Anthem.

Anthem accepts Visa or MasterCard (Note to applicant: Please check one.)

| | |
|-------------|---|
| Card number | Expiration date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (MM/YY) |
|-------------|---|

| | | |
|--|------|----------|
| Billing address for this credit/debit card | City | ZIP code |
|--|------|----------|

I authorize Anthem to debit/charge the bank account or credit/debit card listed above to make my first monthly payment only.

I agree that Anthem will not have to pay any fees that my bank may charge because my electronic check or credit/debit card was rejected even if I can no longer continue coverage. I understand that this is a one-time payment and that I am responsible for making sure Anthem receives my future monthly payments after this first payment.

| | | |
|---|---|---|
| Authorized signature (as it appears on bank account/card) X | Printed bank account/card holder's name (as it appears on account/card) | Date (MM/DD/YY) <input type="text"/> <input type="text"/> <input type="text"/> |
|---|---|---|

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

Get help in your language



Language Assistance Services

Curious to know what all this says? We would be too. Here's the English version:
If you need assistance to understand this document in an alternate language, you may request it at no additional cost by calling the Member Services number (855-453-7031). (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Member Services telephone number on the back of your ID card.

Spanish

Si necesita ayuda para entender este documento en otro idioma, puede solicitarla sin costo adicional llamando al número de Servicios para Miembros (855-453-7031). (TTY/TDD: 711)

Amharic

ይህንን ሰነድ ለመረዳት በአማራጭ ቋንቋ እርዳታ ማግኘት ከፈለጉ፣ የአባል አገልግሎቶች ቁጥርን (855-453-7031) በመደወል ያለምንም ክፍያ ማግኘት ይችላሉ። (TTY/TDD: 711)

Arabic

إذا احتجت إلى المساعدة لفهم هذا المستند بلغة أخرى، فيمكنك طلب المساعدة دون تكلفة إضافية من خلال الاتصال برقم خدمات الأعضاء (855-453-7031). (TTY/TDD: 711)

Bassa

Ɔ jũ ké m̄ dyi gbo-kpá-kpá m̄ó b̄é m̄ ké c̄èè-d̄è n̄ià ke m̄úin w̄ó dé b̄èa-w̄éin w̄ùd̄ù d̄ò m̄ú ní, m̄ b̄éin ɔ zòò dyiìn dé Mébà jè gbo-gmò Kpòè nòbà n̄ià ke <855-453-7031> dá dá m̄ú. M̄ se w̄íq̄í kàkò d̄ò p̄éin m̄. (TTY/TDD: 711)

Chinese

如果您需要協助以便以另一種語言理解本文件，您可以撥打成員服務號碼(855-453-7031)請求免費協助。(TTY/TDD: 711)

Farsi

در صورتی که برای درک این سند به زبانی دیگر نیازمند کمک هستید، می‌توانید بدون هیچ هزینه اضافی این را درخواست کنید. برای این کار با مرکز خدمات اعضاء به شماره (855-453-7031) تماس بگیرید. (TTY/TDD: 711)

French

Si vous avez besoin d'aide pour comprendre ce document dans une autre langue, vous pouvez en faire la demande gratuitement en appelant les Services destinés aux membres au numéro suivant : 855-453-7031. (TTY/TDD: 711)

German

Falls Sie Hilfe in einer anderen Sprache benötigen, um dieses Dokument zu verstehen, können Sie diese kostenlos anfordern, indem Sie die Servicenummer für Mitglieder anrufen (855-453-7031). (TTY/TDD: 711)

Igbo

Ọ bụrụ na ị chọrọ enyemaka ịi ghotá dọkumentị a n'asụsụ dị iche, ị nwere ike ịrịọ ya na akwụghị ụgwọ ọ bụla ọzọ site na ịkpọ nọmba Ọrụ Onye Otu (855-453-7031). (TTY/TDD: 711)

Japanese

この書面を他の言語で理解するための支援が必要な場合には、メンバーサービス番号（855-453-7031）に電話して支援を求めることができます。追加費用はかかりません。(TTY/TDD: 711)

Korean

다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(855-453-7031)로 전화를 걸어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

Nepali

यदि तपाईंलाई यो कागजात कुनै अर्को भाषामा बुझ्न सहायता चाहिएमा, तपाईंले सदस्य सेवा नम्बर (855-453-7031) मा कल गरेर कुनै अतिरिक्त खर्च बिना यसको लागि अनुरोध गर्न सक्नुहुन्छ। (TTY/TDD: 711)

Oromo

Sanada kana afaan kan biroodhaan hubachuuf yoo gargaarsa barbaadde lakkoofsa bilbilaa tajaajila miseensaa (Member Services) (855-453-7031) waraqaa eenyummaa kee irra jiru irratti bilbiluudhaan kaffaltii dabalataa malee gaafachuu dandeessa. (TTY/TDD: 711)

Russian

Если вам нужна помощь, чтобы понять содержание настоящего документа на другом языке, вы можете бесплатно запросить ее, позвонив в отдел обслуживания участников (855-453-7031). (TTY/TDD: 711)

Tagalog

Kung kailangan ninyo ng tulong upang maunawaan ang dokumentong ito sa ibang wika, maaari ninyo itong hilingin nang walang karagdagang bayad sa pamamagitan ng pagtawag sa Member Services sa numerong (855-453-7031). (TTY/TDD: 711)

Vietnamese

Nếu quý vị cần hỗ trợ để hiểu được tài liệu này bằng một ngôn ngữ thay thế, quý vị có thể yêu cầu mà không tốn thêm chi phí bằng cách gọi số của Dịch Vụ Thành Viên (855-453-7031). (TTY/TDD: 711)

Yoruba

Tí o bá nílò ìrànwọ́ kí àkọsílẹ̀ yíí le yé ọ ní èdè míràn, o le bèrè rẹ láísí àfikún owó nípa pípe Nọmbà Àwọn ẹ̀pèsè ọmọ-ẹgbé (855-453-7031). (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling [1-800-368-1019](tel:1-800-368-1019) (TDD: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.