

Which health care plan is right for you?

This Plan Comparison can help you decide.



Plans included:

- RightPlan PPO 40
- BluePreferred PPO 1000/2000

COLORADO



Be sure to also look into our dental coverage options and term life insurance.

Plan Benefits		RightPlan PPO 40		BluePreferred PPO 1000/2000	
These amounts show your share of costs after deductible, if any.		In-Network	Out-of-Network ³	In-Network	Out-of-Network ³
Annual Deductible Choices	Single Member	\$0		\$1,000 / \$2,000	\$2,000 / \$4,000
	Family Maximum	not applicable		\$1,000 / \$2,000 per family member	\$2,000 / \$4,000 per family member
Annual Out-of-Pocket Limit <i>(in addition to deductible, if any)</i>	Single Member	\$3,500	\$10,000	\$1,000 / \$2,000	
	Family Maximum	not applicable		\$1,000 / \$2,000 per family member ¹	
Lifetime Maximum <i>(combined for in-network and out-of-network)</i>		Health plan pays up to \$5 Million per member		Health plan pays up to \$2 Million per member	

Covered Services		In-Network	Out-of-Network ³	In-Network	Out-of-Network ³
Doctors' Office Visits		\$40 copay ²	50%	\$25 copay ²	40%
Professional Services <i>(x-ray, lab, anesthesia, surgeon, etc.)</i>		40%	50%	20%	40%
Hospital Inpatient <i>(overnight hospital stays)</i>		\$500 copay per day per admission up to 4 days plus 40%	\$500 copay per day per admission up to 4 days plus 50%	20%	40%
Hospital Outpatient <i>(if you don't stay overnight)</i>		\$500 copay per surgical admission plus 40%	\$500 copay per surgical admission plus 50%	20%	40%
Emergency Room Services		\$100 copay <i>(waived if admitted)</i> plus 40%	\$100 copay <i>(waived if admitted)</i> plus 50%	20%	40%
Maternity		not covered		not covered	
Preventive Care <i>(specific routine tests based on national recommendations)</i>	Adult Services	Mammogram and Pap test: \$40 copay for office visit plus any charges over Anthem's \$75 payment per test PSA test: \$40 copay for office visit plus 40%	Mammogram: any charges over Anthem's \$75 payment per test Pap test: not covered PSA test: 50% plus any charges over Anthem's \$75 payment per test	Deductible waived for the following: Mammogram: no cost to you Pap test: \$25 copay for office visit plus any charges over Anthem's \$75 payment per test PSA test: no cost to you	Any charges in excess of Anthem's Maximum Benefit Allowance (MBA)
	Children's Services	\$40 copay for office visits, plus additional 40% for age-appropriate visits and routine immunizations	50% for age-appropriate visits and routine immunizations	20% for age-appropriate visits and routine immunizations <i>(deductible waived)</i>	40% for age-appropriate visits and routine immunizations <i>(deductible waived)</i>
Chiropractic Services		not covered		not covered	

Prescription Drug Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network
Comprehensive Prescription Drug Coverage <i>(see brochure for more information)</i>	Generic: \$10 copay Brand-name: \$30 copay after \$500 brand-name deductible	not covered	Generic: \$15 copay Brand-name: \$40 copay	not covered
Generic Prescription Drug Coverage <i>(see brochure for more information)</i>	\$10 copay	not covered	Only comprehensive coverage available	
No Prescription Drug Coverage	Only comprehensive or generic coverage available		Only comprehensive coverage available	

¹ No one family member may contribute more than the member's individual coinsurance maximum toward meeting the family out-of-pocket annual limit.

³ If you receive services from a non-participating provider, you will pay the coinsurance plus any difference between our Maximum Benefit Amount (MBA) and the provider's billed charges.

² Only some services are covered as part of an office visit. All other covered services are subject to applicable coinsurance or cost-sharing.

To apply for coverage:

- Select your plan.
- Go online. The quickest way to enroll is to go to the website that appears on the letter included with this Plan Comparison.
- Or complete and sign the enclosed application.
- Enclose payment for one month's premium based on your personalized rate quote.
- Mail your payment and completed application in the postage-paid envelope provided.

This Plan Comparison is only one part of your information kit. For more about plans and benefits, exclusions and limitations, please see the enclosed brochure.

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