



CONTACT INFORMATION

Member Support	877-833-5734
Bilingual Support	877-833-5734
Internet Support	anthem.com
Provider Eligibility Verification	877-833-5734
Broker Support	888-445-9236 Fax 888-819-7475 nvsgbroker@anthem.com
Adds/Terms	Fax 855-750-2227
Commissions	888-445-9236
Billing	Anthem Blue Cross Blue Shield P.O. Box 541013 Los Angeles, CA 90054-1013 800-922-4770 Fax 855-750-2227
Claims	Anthem Blue Cross Blue Shield P.O. Box 5747 Denver, CO 80217-5747 877-833-5734
Wellness Discounts	Several discounts available for various services through Anthem Special Offers
Health Equity (HSA Banking Partner)	Our partner, BenefitWallet, administers our HSA solution with The Bank of New York Mellon as the custodian
Tax ID Number	NAIC # 11011 PPO Tax ID # 84-0747736 HMO Tax ID # 841017384



PROVIDER NETWORKS

HMO Networks *Pathway HMO, Guided Access (available in Clark and Nye Counties)*

PPO Networks *Pathway PPO, Full Network PPO, Choice PPO*

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date *1st or the 15th of the month*

Premium Amount Required for 15th? *Yes—submit 100% of the premium*

Applications must be dated within *Within 60 days prior to the effective date*

Spouse/Domestic Partner Employees - 1 application or 2? *Both*

FEES

Enrollment Fee Amount *None*

Type of Enrollment Fee *N/A*

Monthly Administration Fee *None*

24 HOUR COVERAGE

Is Workers' Comp required on corporate officers, partners and sole proprietors? *No*

Is on-the-job covered for corporate officers, partners and sole proprietors? *Yes*

Is there a premium adjustment for 24 hour coverage? *No*

SPECIAL CONSIDERATIONS

Location carve outs need prior underwriting approval.

There are three options for employers to select from for monthly contributions to their employees' health premiums:

- **Traditional option:** A minimum contribution of 50% of each employee's monthly health premium
- **Fixed-dollar option:** A fixed-dollar amount of \$125 or more, for each covered employee's monthly health premium. Certain restrictions and minimums apply
- **Percentage-of-plan option:** A minimum of 50% toward a specific plan, chosen by the employer



PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	1	1
Max. # of employees	50	50

Minimum Employer Contribution

	Group Size
	1-50
Employees	50% (see special considerations on previous page)
For Dependents	N/A
% of Total Cost	N/A

PARTICIPATION

Contributory	
	Group Size
	1-50
Employees	75% of eligible
Dependents	N/A
Non-Contributory	
Employees	100%
Dependents	N/A



COVERAGE RESTRICTIONS

Are commission-only employees allowed?	Yes—must be employed by the company full time and year round
Are 1099 employees allowed?	Yes—No more than 50 percent of the group's eligible employees may be 1099 employees.
Are employees covered if traveling out of USA?	Yes
Is coverage available for out-of-state employees?	Group is eligible if at least 25% reside in Nevada, an Anthem state, or combination of Anthem states. Anthem states are: CA, CO, CT, GA, IN, KY, ME, MO, NV, NH, NY, OH, VA & WI.
Max. percentage of employees residing out-of-state allowed	See above

DIABETIC & SELF-INJECTABLE DRUG BENEFITS

Diabetes Benefits

Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?

	Insulin	Needles & Syringes	Chem-Strips and/or Testing Agents	Insulin Pump Supplies	Insulin Pump [†]	Glucose Monitor [†]
Rx Drug Benefit	Varies	Varies	Varies	Varies	Varies	Varies
Durable Medical Equipment	Varies	Varies	Varies	Varies	Varies	Varies

[†]Vendors for Diabetes Equipment: Please contact Customer Service at (877) 833-5734.

Self-Injectable Drug Benefits

	Are self-injectable drugs (other than insulin) covered under the Prescription Drug Benefit or Medical Benefit?	Is pre-authorization required?	Must self-injectables (other than insulin) be purchased via the carrier-contracted mail order Rx vendor?
HMO plans	Yes	Depends on drug	No
PPO plans	Yes	Depends on drug	No
HSA plans	Yes	Depends on drug	No

These services may change at any time without notice. Please contact your Word & Brown representative for specific inquiries on listed services

For Prescription information, refer to comparison chart in the front of this guide.

Benefit information shown on this page is a brief summary. Limitations and exclusions apply. Please refer to certificate book, evidence of coverage or call representative for details.