



CONTACT INFORMATION

Member Support	877-833-5734 or 866-723-0515	
Broker Support	888-445-9236	
Fax (Add-ons/Deletes)	855-750-2227	
Commissions	888-445-9236	
Billing	Anthem Blue Cross Blue Shield P.O. Box 541013 Los Angeles, CA 90054-1013	877-833-5734 Fax 855-750-2227
Vision Claims (out-of-network only)	Blue View Vision Attn: OON Claims P.O. Box 8504 Mason, OH 45040-7111	866-723-0515 Fax 866-293-7373

NEVADA COVERAGE

Nevada HMO Counties	All
Nevada PPO Counties	All
Nevada Indemnity Counties	N/A

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	At least 25% minimum enrollment must reside in Nevada or an Anthem State.
What states are allowed (or not allowed) for out-of-state coverage?	All
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	All plans - PPO
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code (and separate rates)?	NV employer ZIP Code
Any other rules, restrictions, or guidelines not mentioned	Contact your Word & Brown representative

PROVIDER NETWORKS

PPO Network	Blue View Vision www.anthem.com
-------------	--





RATING INFORMATION

Group Size	2-50
Rate Guarantee	24 Months
Rates Vary by Industry?	No

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	2-50
Employees	50%
For Dependents	N/A
% of Total Cost	N/A

PARTICIPATION

CONTRIBUTORY	
	Group Size
	2-50
Employees	50%
Dependents	N/A
NON-CONTRIBUTORY	
Employees	At least 5 enrolled
Dependents	N/A

OUT-OF-NETWORK CLAIM ADJUDICATION

Contact your Word & Brown representative

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	No
Are 1099 employees allowed?	No
Any ineligible industries?	Yes
Virgin groups eligible?	Yes
Wage & tax report statements required?	No, if sold as a stand alone

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Contact your Word & Brown representative
Management/Non-management?	Minimum of 5 enrolling
Union/Non-union?	Contact your Word & Brown representative
Minimum group size	5 (could be lower on specialty products)

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

Contact your Word & Brown representative

SPECIAL CONSIDERATIONS

Bundling Discounts are available if combined with a dental plan