



Anthem Blue Cross and Blue Shield – Nevada

Monthly Rates

**Plans A, F, High Ded F, G & N
Effective January 1, 2012**

Rates are subject to change.

Administrative Office: PO Box 9063, Oxnard, CA 93031-9063
Toll Free Telephone Number: 1-877-831-3000

Premium Information

We, Anthem, can only raise your premium if we raise the premium for all plans like yours in this State. Your premium rate increases based upon your Attained Age. We will recalculate your age each year. Your premium rate will increase annually based upon your new Attained Age. Premium changes due to your Attained Age occur at the beginning of your policy term. To determine your premium, select your age as of your requested policy effective date, then refer to the zip code listing on the following page to determine which area you live in.

Attained Age	Plan A				Plan F				Plan High Ded F			
	Area 1		Area 2		Area 1		Area 2		Area 1		Area 2	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
65	\$ 126.38	\$ 117.26	\$ 112.73	\$ 104.60	\$ 174.93	\$ 162.46	\$ 156.04	\$ 144.91	\$ 51.45	\$ 47.78	\$ 45.89	\$ 42.62
66	131.55	121.53	117.34	108.40	181.71	168.08	162.09	149.93	53.45	49.43	47.68	44.09
67	136.73	125.81	121.96	112.22	188.50	173.69	168.14	154.93	55.44	51.09	49.45	45.57
68	141.91	130.08	126.58	116.03	195.28	179.31	174.19	159.94	57.44	52.74	51.24	47.04
69	147.08	134.35	131.20	119.84	202.06	184.93	180.24	164.96	59.43	54.39	53.01	48.52
70	152.26	138.62	135.82	123.65	208.85	190.54	186.29	169.96	61.43	56.04	54.80	49.99
71	157.44	142.90	140.44	127.47	215.63	196.16	192.34	174.97	63.42	57.69	56.57	51.46
72	162.61	147.17	145.05	131.28	222.41	201.78	198.39	179.99	65.42	59.35	58.35	52.94
73	167.79	151.44	149.67	135.08	229.19	207.39	204.44	184.99	67.41	61.00	60.13	54.41
74	172.97	155.71	154.29	138.89	235.98	213.01	210.49	190.00	69.41	62.65	61.91	55.88
75	178.14	159.98	158.90	142.70	242.76	218.63	216.54	195.02	71.40	64.30	63.69	57.36
76	183.32	164.26	163.52	146.52	249.54	224.24	222.59	200.02	73.40	65.95	65.47	58.83
77	188.50	168.53	168.14	150.33	256.33	229.86	228.65	205.04	75.39	67.61	67.25	60.31
78	193.67	172.80	172.75	154.14	263.11	235.48	234.69	210.05	77.39	69.26	69.03	61.78
79	198.85	177.07	177.37	157.95	269.89	241.09	240.74	215.05	79.38	70.91	70.81	63.25
80	204.03	181.34	181.99	161.76	276.68	246.71	246.80	220.07	81.38	72.56	72.59	64.72
81	209.20	185.62	186.61	165.57	283.46	252.33	252.85	225.08	83.37	74.21	74.37	66.20
82	214.38	189.89	191.23	169.38	290.24	257.94	258.89	230.08	85.37	75.87	76.15	67.68
83	219.56	194.16	195.85	173.19	297.02	263.56	264.94	235.10	87.36	77.52	77.93	69.15
84+	224.73	198.43	200.46	177.00	303.81	269.18	271.00	240.11	89.36	79.17	79.71	70.62



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Premium Information (Continued)

Attained Age	Plan G				Plan N			
	Area 1		Area 2		Area 1		Area 2	
	Male	Female	Male	Female	Male	Female	Male	Female
65	\$ 162.68	\$ 151.08	\$ 145.11	\$ 134.76	\$ 120.70	\$ 112.10	\$ 107.66	\$ 99.99
66	168.99	156.31	150.74	139.43	125.38	115.98	111.84	103.45
67	175.30	161.53	156.37	144.08	130.07	119.84	116.02	106.90
68	181.61	166.75	162.00	148.74	134.74	123.72	120.19	110.36
69	187.91	171.98	167.62	153.41	139.42	127.60	124.36	113.82
70	194.23	177.20	173.25	158.06	144.11	131.47	128.55	117.27
71	200.54	182.43	178.88	162.73	148.79	135.35	132.72	120.73
72	206.85	187.65	184.51	167.38	153.46	139.23	136.89	124.19
73	213.15	192.88	190.13	172.05	158.14	143.10	141.06	127.65
74	219.46	198.10	195.76	176.71	162.83	146.98	145.24	131.11
75	225.77	203.32	201.39	181.36	167.50	150.86	149.41	134.57
76	232.07	208.55	207.01	186.03	172.18	154.72	153.58	138.01
77	238.38	213.77	212.63	190.68	176.87	158.60	157.77	141.47
78	244.69	219.00	218.26	195.35	181.55	162.48	161.94	144.93
79	250.99	224.22	223.88	200.00	186.22	166.35	166.11	148.38
80	257.31	229.44	229.52	204.66	190.91	170.23	170.29	151.85
81	263.62	234.67	235.15	209.33	195.59	174.11	174.47	155.31
82	269.93	239.89	240.78	213.98	200.27	177.98	178.64	158.76
83	276.23	245.12	246.40	218.65	204.94	181.86	182.81	162.22
84+	282.54	250.34	252.03	223.30	209.63	185.74	186.99	165.68

Save \$2 on your monthly premium!
 Enroll in our Automatic Bank Draft or Electronic Fund Transfer (EFT) program and you will save \$2 on your monthly premium. (To enroll, simply complete the Premium Payment Form.)

—OR—

Save \$48 by paying your premium for the entire year!
 (Note: Based on the policy effective date, the discount may be pro-rated the first year.)

Save 5% when more than one member in the household enrolls in a Medicare Supplement plan with us. The discount is for policies with effective dates of June 1, 2010 or after and available to those members who occupy the same housing unit.



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5-Digit Zip Code Area Guide

To determine your premium, refer to the zip code listing to determine which area you live in, then select your age as of your requested policy effective date from the prior pages.

1. Go to **Column 1** and locate the first 3 digits of your Zip Code. (P.O. Box addresses are not acceptable.)
2. Then move to **Column 2** and locate the last two digits of your Zip Code.
3. **Column 3** is your Area Code.
4. See Premium Chart for your area.

1 Prefix	2 (5 digits)	3 Area	1 Prefix	2 (5 digits)	3 Area	1 Prefix	2 (5 digits)	3 Area
889	01, 05	01	890	01, 03, 08, 10, 13, 17, 20, 22, 23, 41-43, 45, 47-49, 60, 61	02	894	02-15, 18-42, 44-52, 60, 96	02
890	02, 04-07, 09, 11, 12, 14-16, 18, 19, 21, 24-34, 36, 37, 39, 40, 44, 46, 52-54, 67, 70, 74, 77, 81, 84-87	01	891	01-66, 69, 70, 73, 77-80, 83, 85, 91, 93, 95, 99	01	895	01-13, 15, 19-21, 23, 33, 55, 57, 64, 70, 95, 99	02
			897	01-06, 10-14, 21		897	01-06, 10-14, 21	02
			893	01, 10, 11, 14-19	02	898	01-03, 15, 20-26, 28, 30-35, 83	02