

# Non-represented Management - Anthem Health Insurance Chart

\* PCP refers to Primary Care Physician.

\*\* Major Medical

Effective January 1, 2006

<u>BENEFIT</u>	<u>BLUE ACCESS 80/20</u>	
	<u>Network</u>	<u>Non-Network</u>
	Level 200	
<b>Eligible Salary Divisions</b>	Management (0,5,6,7,8 & 9)	Management (0,5,6,7,8 & 9)
<b>Prior names for Insurance</b>	Anthem PPO/ Community Choice	
<b>Paycheck Deduction</b>	Single - \$13.04 @ mth Family - \$36.04 @ mth Pre-tax. Deductions come out 1 month in advance. 5% deduction	Not applicable
<p>The benefits comparison sheet is meant to be a summary of your benefits only. Once a plan is selected, the Benefits Certificate will serve as the final document for detailing coverage.</p> <p><b>ALL CHARGES LISTED WITH A PERCENTAGE ARE FIRST SUBJECT TO AN ANNUAL DEDUCTIBLE.</b></p>		
<b>Maximum Annual Out of Pocket</b>	Single - \$300 deductible then 20% coinsurance until you reach \$1,200. Then coverage at 100%. Total = \$1,500 Family - \$600 deductible then 20% coinsurance until you reach \$2,400. Then coverage at 100%. Total = \$3,000 Rx is not included above. Prescriptions always require a copay.	Single - \$600 deductible then 50% coinsurance until you reach \$2,400. Then coverage at 100%. Total = \$3,000. Family - \$1,200 deductible then 50% coinsurance until you reach \$4,800. Then coverage at 100%. Total = \$6,000. Rx is not included above. Prescriptions always require a copay.
<b>Network Sizes</b>	Approx. 1400 pcp and 2200 specialists	Not applicable.

You can check Anthem's web site for current list of providers at [www.anthem.com](http://www.anthem.com).

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<b>Dependents over age 19)</b>	Unmarried children to end of the year age 24, if main residence is with subscriber & are eligible as Federal tax exemptions.	Unmarried children to end of the year age 24, if main residence is with subscriber & are eligible as Federal tax exemptions.
<b>Lifetime Max. amount per individual.</b>	\$2 million combined Network and non-network.	\$2 million combined. Network and non-network.
<b>Disease Management Prog.</b>	Covered.	Not covered.
<b>Maternity</b>	Deductible & then 20% co-insurance applies. Dependent female children are covered for maternity benefits. Their newborn will be covered after legal guardianship is obtained.	Deductible & then 50 T co-insurance applies. Dependent female children are covered for maternity benefits. Their newborn will be covered after legal guardianship is obtained.
<b>Mental Health Providers</b>	Blue Access uses the Anthem Behavioral Health Network. Go to <a href="http://www.Anthem.com">www.Anthem.com</a> for providers or call 1-800-887-6055 No referral needed.	See inpatient &/or outpatient treatment of mental/nervous disorders for amounts of copays.
<b>Office Calls</b>	Deductible & then 20% co-insurance applies.	Deductible & then 50% co-insurance applies.

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<b>Prescription drugs.</b>	Member pharmacy -30 day supply \$10-formulary generic \$20-formulary brand name \$30-non-formulary brand name Mail Order-90 day supply \$20-formulary generic \$40-formulary brand name \$60-non-formulary brand name Supplies for diabetes and asthma clients may be covered from 80% up to 100%.	Covered at 50%. Does not count for out of pocket maximums  Mail Order - not covered
<b>Referrals</b>	No referrals needed unless phy. requires it.	
<b>Routine Mammograms &amp; Routine PAP testing</b>	Covered in full.	Deductible & then 50% co-insurance applies.
<b>Routine Hearing Evaluation</b>	Covered in full. One routine test covered per year.	Deductible & then 50% co-insurance applies.
<b>Routine vision exam</b>	Covered in full. One routine test covered per year.	Deductible & then 50% co-insurance applies.
<b>Wellness /Preventive (physical exams) &amp; Immunizations</b>	Covered in full.	Deductible & then 50% co-insurance applies.

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<b>Alcoholism /Drug Addiction</b>	Inpatient Substance Abuse programs are limited to 2 per lifetime. Limited to 30 days per confinement. Inpatient care must be pre-certified. Deductible & then 20% co-insurance applies.  50 Outpatient visits. Visits are combined with Mental Health.	Deductible & then 50% co-insurance applies. Inpatient & outpatient substance abuse programs (limit of 2 per lifetime) Combined with mental health.
<b>Allergy Treatment</b>	Testing & treatment Deductible & then 20% co-insurance applies.	Deductible & then 50% co-insurance applies.
<b>Anesthesia</b>	Deductible & then 20% co-insurance applies.	Deductible & then 50% co-insurance applies.
<b>Blood</b>	Deductible & then 20% co-insurance applies.	Deductible & then 50% co-insurance applies.
<b>Chiropractor Spinal manipulation services)</b>	Deductible & then 20% co-insurance applies. Limit 12 visits per year.	Deductible & then 50% co-insurance applies. Limit 12 visits per year combined with network.
<b>Durable Medical &amp; Surgical Supplies</b>	Deductible & then 20% co-insurance applies. Certain supplies are covered under prescription drug card. Does NOT cover general items such as bandages, thermometers, etc. May need claim form.	Deductible & then 50% co-insurance applies. Certain supplies are not covered. Does NOT cover general items such as bandages thermometers, etc. May need claim form.

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<b>Emergency Room</b>	Deductible & then 20% co-insurance applies.	Deductible & then 20% co-insurance applies.
<b>Home Health Care</b>	Deductible & then 20% co-insurance applies. Custodial care is not covered under any plan.	Deductible & then 50% co-insurance applies. Non-network is limited to 30 visits. Custodial care is not covered under any plan.
<b>Hospital Inpatient</b>	Deductible & then 20% co-insurance applies.	Deductible & then 50% co-insurance applies.
<b>Hospice</b>	Deductible & then 20% co-insurance applies. If medically necessary.	Deductible & then 50% co-insurance applies. If medically necessary.
<b>Infertility</b>	Deductible & then 20% co-insurance applies. Applicable copays depends on place of service & covered to diagnosis. Fertility treatment is not covered.	Deductible & then 50% co-insurance applies. Only to diagnosis. Fertility treatment is not covered.
<b>Inpatient Hospital Medical /Surgical Stay</b>	Deductible & then 20% co-insurance applies. No annual day limit, length of stay based on medical necessity. Must have authorization to admission for scheduled admissions. 60 day limit on stays for physical medicine and rehab.	Deductible & then 50% co-insurance applies. No annual day limit, length of stay based on medical necessity. Must have authorization to admission for scheduled admissions. 60 day limit on stays for physical medicine and rehab.
<b>Inpatient Treatment of Mental /Nervous Disorders</b>	Limited to 30 days annually. Deductible & then 20% co-insurance applies.	Deductible & then 50% co-insurance applies. Limited to 30 days annually.

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<b>Local Ambulance</b>	Deductible & then 20% co-insurance applies.	Deductible & then 50% co-insurance applies.
<b>Maxillary or Mandibular Osteotomies of Temporo-mandibular Joint dysfunction (TMJ)</b>	Deductible & then 20% co-insurance applies if medically necessary and authorized in advance.	Deductible & then 50% co-insurance applies. If medically necessary and authorized in advance.
<b>Oral Surgery</b>	Deductible & then 20% co-insurance applies. Expenses will be covered if for repair to an injury as a result of an accident. For initial repair of an injury to jaw, sound natural teeth, mouth or face which are required as a result of an accident. Initial repair must be within 12 months.	Deductible & then 20% co-insurance applies. Expenses will be covered if for repair to an injury as a result of an accident. For initial repair of an injury to jaw, sound natural teeth, mouth or face which are required as a result of an accident. Initial repair must be within 12 months.
<b>Out-of-area Emergency</b>	Deductible & then 20% co-insurance applies.	Deductible & then 20% co-insurance applies.
<b>Out patient diagnostic services</b>	Deductible & then 20% co-insurance applies.	Deductible & then 50% co-insurance applies.
<b>Out patient Hemodialysis</b>	Deductible & then 20% co-insurance applies.	Deductible & then 50% co-insurance applies.
<b>Out patient Surgery</b>	Deductible & then 20% co-insurance applies.	Deductible & then 50% co-insurance applies.

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<b>Out patient Treatment of Mental /Nervous Disorders</b>	Limited to 50 visits annually. Deductible & then 20% co-insurance applies.	Limited to 50 visits annually combined with network. Deductible & then 50% co-insurance applies.
<b>Physical Therapy and Occupational Therapy</b>	Phy & occupational - Outpatient (60 visit limit annually) Deductible & then 20% co-insurance applies. Inpatient (60 days for physical med. & rehab. (annual)),	Phy & occupational - Outpatient (60 visit limit annually) Deductible & then 50% co-insurance applies. Inpatient (60 days for physical med. & rehab. (annual)).
<b>Pre-admission testing</b>	Deductible & then 20% co-insurance applies.	Deductible & then 50% co-insurance applies.
<b>Private duty nursing</b>	Deductible & then 20% co-insurance applies. Must be pre-approved	Deductible & then 50% co-insurance applies. Must be pre-approved.
<b>Prosthetic Devices/ Durable Medical Equipment</b>	Deductible & then 20% co-insurance applies. Repair or replacement due to growth or additional needs of affected member is subject to medical necessity	Deductible & then 50% co-insurance applies. Repair or replacement due to growth or additional needs of affected member is subject to medical necessity
<b>Radiotherapy &amp; Chemotherapy</b>	Deductible & then 20% co-insurance applies.	Deductible & then 50% co-insurance applies.
<b>Skilled Nursing Facility</b>	Deductible & then 20% co-insurance applies. Days must be pre-authorized.	Deductible & then 50% co-insurance applies. Days must be pre-authorized.

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<b>Surgery</b>	Deductible & then 20% co-insurance applies.	Deductible & then 50% co-insurance applies.
<b>Surgical Assistance</b>	Deductible & then 20% co-insurance applies. If medically necessary.	Deductible & then 50% co-insurance applies. If medically necessary.
<b>Urgent Care Center</b>	Deductible & then 20% co-insurance applies.	Deductible & then 50% co-insurance applies.
<b>Transplants - Kidney, Cornea, heart, lung &amp; pancreas, liver. Tissue Transplant Including Bone Marrow</b>	Covered in full. \$1 million lifetime maximum applies.	Deductible & then 50% co-insurance applies. Does not apply towards out of pocket maximums.  \$1 million lifetime maximums applies, combined with network.

Refer to Page 1 for maximum lifetime benefit amounts.

If you go out-of-network, the City cannot control the doctor's offices from balance billing for any differences between what Anthem pays and what Anthem states is your co-pay.