Your Anthem Benefits

Anthem

Indiana CPA Society - Plan 2
Blue Access℠ (PPO)
Summary of Benefits, Effective January 1, 2010

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	$1,500/$4,500	$3,000/$9,000
Out-of-Pocket Maximum (Single/Family)	$5,500/$11,000	$11,000/$22,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/Specialty Care Physician (SCP) Including office surgeries and allergy serum:	$30/$40	40%
• allergy injections (PCP and SCP)	$5	40%
• allergy testing	20%	40%
• routine and non-routine mammograms (regardless of outpatient setting)	$30	40%
• diabetic education (regardless of outpatient setting)	$30	40%
• certain medical nutritional therapy (regardless of outpatient setting)	$30	Not Covered
• MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies and non-maternity related Ultrasounds	20%	40%
Preventive Care Services Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, immunizations[1], Annual diabetic eye exam, Routine Vision and Hearing exams		
• Physician Home and Office Visits (PCP/SCP)	$30/$40	40%
• Other Outpatient Services @ Hospital/Alternative Care Facility	20%	40%
Emergency and Urgent Care		
• **Emergency Room Services @ Hospital (facility/other covered services)** *(copayment waived if admitted)*	$100	$100
• **Urgent Care Center Services**	$50	$50
Inpatient and Outpatient Professional Services Include, but are not limited to: • Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams	20%	40%
Inpatient Facility Services Unlimited days except for: • 60 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) • 90 days Network/Non-Network combined for skilled nursing facility	20%	40%
Outpatient Surgery Hospital/Alternative Care Facility • Surgery and administration of general anesthesia	20%	40%
Other Outpatient Services *(including but not limited to):* • Non Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. • Home Care Services (Network/Non-Network combined) 90 visits (excludes IV Therapy) • Durable Medical Equipment and Orthotics (Network/Non-network combined) $4,000 benefit maximum (excluding Prosthetic Devices and Medical Supplies) • Prosthetic Devices $4,000 benefit maximum • Prosthetic Limbs Unlimited • Physical Medicine Therapy Day Rehabilitation programs	20%	40%
• Hospice Care	20%	20%
• Ambulance Services	20%	20%

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Covered Benefits	Network	Non-Network
Outpatient Therapy Services **(Combined Network and Non-Network limits apply)** • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: • Physical therapy: 60 visits • Occupational therapy: 30 visits • Manipulation therapy: 12 visits • Speech therapy: 20 visits	 $30/$40 20%	 40% 40%
Behavioral Health Services: **Mental Health and Substance Abuse**[2] • Inpatient Facility Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services @ Hospital/Alternative Care Facility	 20% $30/$40 20%	 40% 40% 40%
Human Organ and Tissue Transplants[3] • Acquisition and transplant procedures, harvest and storage	No copayment/coinsurance	50%
Prescription Drug Options:[4] **Network Tier structure equals 1/2/3 (and 4, if applicable)** • **Network Retail Pharmacies:** (30-day supply) Includes diabetic test strip	 Tier 1 - $10 Tier 2 - $30 Tier 3 - $60 Tier 4 – 25% $2500 maximum out of pocket	 50%, min $60[5]
• **Anthem Rx Direct Mail Service:** (90-day supply) Includes diabetic test strip	Tier 1 - $20 Tier 2 - $70 Tier 3 - $125 Tier 4 – 25% $2500 maximum out of pocket	Not covered
Medicare Rx - Wrap **Specialty Medications** must be obtained via our Specialty Pharmacy network in order to receive network level benefits		
Prescription Drug – Generic Mandate	Dispensed as written and member pays difference between brand and generic in addition to the brand copay when member requests brand when generic is available (DAW2). Member does not pay the difference between brand and generic when physician prescribes the brand name drug, applicable brand copays do apply.	
Lifetime Maximum (Combined Network and Non-Network)[6] Medical Surgical Treatment of Morbid Obesity (contributes toward the medical lifetime maximum)	 $5 million Not covered	 $5 million Not covered

Notes:

- *Prescription Drug deductibles/copayments/coinsurance and Non-network Human Organ and Tissue Transplants are excluded from the Out-of-pocket limits.*
- *Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services @ Hospital where a percentage (%) coinsurance applies to other covered services.*
- *Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.*
- *Dependent age: to the end of calendar year;which the child attains age 24*
- *Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's and Geriatrics or any other Network Provider as allowed by the plan.*
- *Physicians Home and office visit copayment also applies if the office visit is billed with allergy injections.*
- *No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.*
- *PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.*
- *SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.*
- *Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies except diabetic test strips.*
- *Benefit period = calendar year*
- *Prosthetic limbs are unlimited and do not apply to the plan lifetime maximum.*

[1]These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.
[2]We encourage you to contact Our Mental Health Subcontractor to assure the use of appropriate procedures, setting and medical necessity. Refer to Schedule of Benefits for limitations.
[3]Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.
[4]If applicable, all prescription drug expenses except tier 1, (Network/Non-network, Retail/Mail-service combined) apply to the per individual deductible. Once the deductible is met, the appropriate copayment applies. -Also if applicable, the Prescription Drug out of pocket maximum applies to Network Retail and Mail-Service combined.
[5]Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.
[6]All prescription Drugs do not accumulate toward the Medical Lifetime Maximum. However, once the Medical Lifetime Maximum is met, no additional Prescription Drug claims will be paid.

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Precertification:

- *Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.*

Pre-existing Exclusion Period:

We will not provide benefits for services, supplies or charges for any pre-existing condition for the time period specified below (subject to HIPAA portability requirements):

9 months after the member's enrollment date

A pre-existing condition is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the member's enrollment date. Pregnancy and domestic violence are not considered a pre-existing condition. Genetic information may not be used as a condition in the absence of a diagnosis.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.