

Your Anthem Benefits



Greater Cincinnati Insurance Consortium
Blue AccessSM (PPO)
Summary of Benefits, Effective 07/01/2006

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$250/\$500	\$300/\$600
Out-of-Pocket Limit (Single/Family)	\$1,250/\$2,500	\$1,800/\$3,600
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum:	\$20/\$30	30%
<ul style="list-style-type: none"> allergy injections (PCP and SCP) 	20%	30%
<ul style="list-style-type: none"> allergy testing 	10%	30%
<ul style="list-style-type: none"> routine and non-routine mammograms (regardless of outpatient setting) 	\$20	30%
<ul style="list-style-type: none"> diabetic education (regardless of outpatient setting) 	\$20	30%
<ul style="list-style-type: none"> certain medical nutritional therapy (regardless of outpatient setting) 	\$20	Not Covered
<ul style="list-style-type: none"> MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies and non-maternity related Ultrasounds 	10%	30%
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		
<ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) 	\$20/\$30	30%
<ul style="list-style-type: none"> Other Outpatient Services @ Hospital/Alternative Care Facility 	10%	30%
Emergency and Urgent Care		
<ul style="list-style-type: none"> Emergency Room Services @ Hospital (facility/other covered services) (copayment waived if admitted) 	\$100	\$100
<ul style="list-style-type: none"> Urgent Care Center Services 	\$35	\$35
Inpatient and Outpatient Professional Services Include but are not limited to:	No copayment/coinsurance	30%
<ul style="list-style-type: none"> Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 		
Inpatient Facility Services Unlimited days except for:	10%	30%
<ul style="list-style-type: none"> 180 days Network/Non-Network combined for skilled nursing facility 180 days Network/Non-Network combined for physical medicine/rehabilitation (limit includes Day Rehabilitation Therapy Services on an Outpatient basis) 		
Outpatient Surgery Hospital/Alternative Care Facility	10%	30%
<ul style="list-style-type: none"> Surgery and administration of general anesthesia 		
Other Outpatient Services (including but not limited to):		
<ul style="list-style-type: none"> Non Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. 	10%	30%
<ul style="list-style-type: none"> Home Care Services 	No copayment/coinsurance	30%
<ul style="list-style-type: none"> Durable Medical Equipment and Orthotics 	20%	30%
<ul style="list-style-type: none"> Prosthetic Devices 	20%	30%
<ul style="list-style-type: none"> Physical Medicine Therapy Day Rehabilitation programs 	10%	30%
<ul style="list-style-type: none"> Hospice Care 	No copayment/coinsurance	No copayment/coinsurance
<ul style="list-style-type: none"> Ambulance Services 	20%	20%

Greater Cincinnati Insurance Consortium – Blue Access PPO Benefit Summary (continued)

Covered Benefits	Network	Non-Network
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Physical therapy: 30 visits Occupational therapy: 30 visits Manipulation therapy: unlimited visits Speech therapy: 30 visits 	\$20/\$30 10%	30% 30%
Behavioral Health Services: Mental Health and Substance Abuse² (limits and maximums apply) <ul style="list-style-type: none"> Inpatient Facility Services Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Inpatient: 30 days each MH/SA, Network and Non-Network combined Outpatient: 30 visits each MH/SA, Network and Non-Network combined	No copayment/coinsurance \$20/\$30 \$20/\$30	30% 30% 30%
Human Organ and Tissue Transplants³ <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	No copayment/coinsurance	50%
Prescription Drugs⁴ Network Tier structure equals 1/2/3 <ul style="list-style-type: none"> Network Retail Pharmacies: (31-day supply) Includes diabetic test strip Anthem Rx Direct Mail Service: (90-day supply) Includes diabetic test strip 	\$15/\$25/\$40 \$30/\$50/\$80	50%, min. \$40 ⁵ Not covered
Lifetime Maximum⁶	Unlimited	\$1 Million

Notes:

- Flat dollar copayments are excluded from the out-of-pocket limit. Also 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.
- 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 the month in which the child attains age 19; or to the end of the month in which the child attains age 25 if the child qualifies as a full-time student.
- 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.