



**Top-of-the-Line:**  
**Colorado Small Business Health Care Plans**

# **EmployeeElect Premier PPO**

**\$15 Copay**

**A high-end plan offering  
rich benefits and the most  
comprehensive coverage**

# EmployeeElect Premier PPO

## \$15 Copay

All amounts listed are the member's responsibility, unless otherwise noted.

This is an overview of coverage only. Please refer to your *Health Benefit Plan Description* form and *Certificate of coverage* for a comprehensive description of this plan's benefits, limitations and exclusions.

Core Features	In network (Negotiated rates help you save)	Out of network (Higher out-of-pocket costs)
<b>Annual deductible<sup>1</sup></b>	No deductible	Individual: \$500 per member Family: \$1,000 aggregate
<b>Maximum lifetime covered charges</b> In network and out of network combined	\$6,000,000 for most covered services	
<b>Annual out-of-pocket maximum</b> One family member may not contribute any more than the individual out-of-pocket maximum amount toward the family out-of-pocket maximum.	Individual: \$2,500 per member; excludes deductible and copayments Family: \$5,000 aggregate; excludes deductible and copayments	Individual: \$5,000 per member; excludes deductible Family: \$10,000 aggregate; excludes deductible
<b>Office visits</b> In-network benefits are not subject to the annual deductible. Copayments include routine diagnostic, lab and X-ray charges when performed in and billed by the physician's office. <sup>2</sup>	\$15 copayment per visit	30% after deductible
<b>Other professional services</b>	10% after deductible	30% after deductible
<b>Inpatient hospital</b>	10% after \$150 per admission copayment	30% after \$450 per admission copayment*
<b>Outpatient/ambulatory surgical</b>	10% after \$150 per admission copayment	30% after \$450 per admission copayment*
<b>Prescription drugs</b> Tier 1: May include low-cost or preferred medications Tier 2: May include preferred medications that are moderate in cost Tier 3: May include nonpreferred medications that are generally higher in cost Tier 4: May include medications that are generally highest in cost  For drugs on our formulary drug list visit <a href="http://anthem.com">anthem.com</a> or call Customer Service at 877-833-5734.	Tier 1: \$10 copayment Tier 2: \$30 copayment Tier 3: \$50 copayment Tier 4: 30% copayment to a maximum of \$250 Amounts shown are for up to a 30-day supply.	Not covered
<b>Maternity</b> Prenatal care (does not include hospital charges)	\$15 copayment per pregnancy; for all other services performed in and billed by the physician's office (e.g., lab and X-ray services), Anthem pays 100%	30% after deductible
<b>Delivery and inpatient Well Baby care<sup>3</sup></b>	10% after \$150 per admission copayment	30% after \$450 per admission copayment*

<sup>1</sup> A family member may not count an amount greater than the individual deductible amount toward satisfying the family deductible. When one family member has satisfied one-half of the family deductible, that family member is eligible for benefits. The remaining enrolled family members are eligible for benefits when they individually satisfy their individual deductible or collectively satisfy the balance of the family deductible. When no individual family member meets one-half of the family deductible, but the family members collectively meet the entire family deductible, then all family members are eligible for benefits.

<sup>2</sup> Routine diagnostic, lab and X-ray benefits don't include MRI/CT/PET/MRA scans, nuclear medicine and other high-tech services.

Additional Features	In network (Negotiated rates help you save)	Out of network (Higher out-of-pocket costs)
<b>Emergency care</b>	10% after \$100 copayment per visit (copayment is waived if admitted)	10% after \$100 copayment per visit (copayment is waived if admitted)*
<b>Ambulance</b> Ground Air	\$200 copayment per trip 10%	\$200 copayment per trip 10% (deductible is waived)
<b>Skilled nursing facility</b> Limited to 100 days per calendar year, in network and out of network combined	10% after \$150 per admission copayment	30% after \$450 per admission copayment*
<b>Home health care</b> Limited to 100 visits per calendar year	\$15 copayment per visit	Not covered
<b>Outpatient physical, occupational and speech therapy</b> Limited to 20 visits each for physical, occupational and speech therapy per calendar year, in-network and out-of-network combined	\$15 copayment per visit	30% after deductible
<b>Biologically-based mental illness<sup>4</sup></b>	Coverage is no less extensive than the coverage provided for any other physical illness.	Coverage is no less extensive than the coverage provided for any other physical illness.
<b>Other mental health care</b> <b>Inpatient care:</b> Limited to 45 full or 90 partial days per calendar year combined with alcohol abuse benefits  <b>Outpatient care:</b> Limited to 30 visits, with a minimum of \$1,000 in benefits per calendar year	50% after \$150 per admission copayment  \$15 copayment per visit	Not covered  Not covered
<b>Alcohol and substance abuse</b> <b>Inpatient Care:</b> <i>Alcohol abuse</i> - Limited to 45 full or 90 partial days per calendar year combined with mental health benefits <i>Substance abuse</i> - Limited to 30 days per calendar year or 60 days per lifetime  <b>Outpatient care:</b> Limited to 20 visits, with a minimum of \$500 in benefits per calendar year for alcohol abuse; limited to 15 visits per calendar year for substance abuse	50% after \$150 per admission copayment  50%	Not covered  Not covered

<sup>3</sup> Well Baby care includes an in-hospital newborn pediatric visit and newborn hearing screening. The hospital coinsurance amount applies to mother and Well Baby together; there are not separate coinsurance amounts.

<sup>4</sup> Severe mental illnesses include schizophrenia, schizoaffective disorder, bipolar affective disorder, major depression disorder, specific obsessive-compulsive disorder and panic disorder.

**Please note:** The benefits listed are based on the maximum benefit allowance (MBA). Nonparticipating providers may charge more than the MBA. In-network providers and out-of-network participating providers accept Anthem Blue Cross and Blue Shield's MBA as payment in full for covered services. For most out-of-network benefits, when a member receives services from a nonparticipating provider, the member must pay any difference between the MBA and the provider's billed charges, plus any applicable copayment, deductible and coinsurance.

\*Covered services subject to a copayment and coinsurance are not subject to the deductible.

## Anthem.com – a wealth of health resources and services

### MyAnthem

- Find and compare doctors or hospitals.
- Check the status of a claim.
- Order a new ID card.
- View your benefits, including deductibles and maximums.
- Refill a mail order prescription or check your order's status.
- Learn which services need prior approval.
- See if your medication is on the Anthem formulary.

### MyHealth@Anthem

Find the information, tips, tools and support you need to help you take control of your health – and make smart health care decisions.

- Learn about your own health risks and ways to reduce them with MyHealth Assessment.
- Keep your health records organized, secure and accessible with MyHealth Record.
- Make the health improvements that matter to you with a little help from the Lifestyle Centers.
- Research health topics in the Condition Centers or surf the Health Channels.
- Make more informed decisions with the Healthcare Advisor™ or LEAP® to a higher fitness level.

It's all just a few clicks away! If you have not already done so, sign up today at [anthem.com](http://anthem.com).  
Go to [anthem.com](http://anthem.com) > **member** > **Colorado**.

## 360° Health® - health guidance and other extras

360° Health brings together all the resources, tools and programs Anthem has in place to help you and your family manage and maintain your health, make more informed health care decisions, and get the most value from your health care dollars.

- **Tools and Resources** - online health information, health trackers, interactive tools, and SpecialOffers - savings on various health-related products and services
- **Guidance** - from hospital quality information to our 24/7 NurseLine and Future Moms maternity management program
- **Management** - for chronic or serious health concerns, including one-on-one nurse support, case management when needed, and complex care if you have multiple high-risk health issues

### Introducing Healthy Lifestyles

With Healthy Lifestyles, you have access to:

- Nutrition and fitness trackers
- Healthy recipes and educational articles
- Smoking cessation program

It's **FREE** to sign up. Visit [anthem.com](http://anthem.com) today.



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