

2010 Plan Discontinuation

High Level Benefit Comparison – Current vs. New Plan



Your Current Health Plan: Advantage PPO \$25 Copay (PE24, X364)
New Health Plan Mapped To At Group's Renewal: PPO \$20 Copay (EF37, EF60)

Below is a high level, side-by-side comparison of one of your current health plans (one that is being discontinued at your group's upcoming renewal) with the most-similar available plan in our portfolio. At your group's renewal, your employees on the discontinuing plan will be transitioned into the new plan listed, unless you (and / or your employee) make alternative plan selections. Please consult this package and your forthcoming Group Renewal Kit for a full description of your plan selection options. Also, a more detailed description of the plan benefits can be found in the Summary of Features for this plan at www.anthem.com/easyrenew or by requesting a copy of the plan's Certificate.

Benefit Category	Current Benefits on Advantage PPO \$25 Copay Plan	New Benefit Upon Renewal for PPO \$20 Copay Plan
Annual Deductible In-network & Out-of-network Combined	\$250 per member; Two member maximum.	\$250 per member; Two member maximum
Annual Out-of-Pocket Maximum In-network	\$3,600 per member; Two member maximum.	\$3,500 per member; Two member maximum.
Out-of-network	Once Anthem Blue Cross payments reach \$10,000 per member for covered expenses, member pays nothing for covered services for the remainder of the calendar year except charges in excess of allowed amounts.	Once Anthem Blue Cross payments reach \$10,000 per member for covered expenses, member pays nothing for covered services for the remainder of the calendar year except charges in excess of allowed amounts.
Office Visits In-network	\$25 copay for first 12 visits; Additional office visits 45% of negotiated fee up to \$900 and then 10% from \$901 to \$3,600	\$20 copay
Out-of-network	50% of negotiated fee plus 100% of excess charges after annual deductible	50% of negotiated fee plus 100% of excess charges after annual deductible
Professional Services <i>Including maternity, diagnostic lab and x-rays</i> In-network	30% of negotiated fee up to \$900 and then 10% from \$901 to \$3,600 after annual deductible	20% of negotiated fee after annual deductible
Out-of-network	50% of negotiated fee plus 100% of excess charges after annual deductible	50% of negotiated fee plus 100% of excess charges after annual deductible
Hospital Inpatient Facility Services In-network	30% of negotiated fee up to \$900 and then 10% from \$901 to \$3,600 after annual deductible	20% of negotiated fee after annual deductible
Out-of-network	All charges in excess of \$650 per day after annual deductible	All charges in excess of \$650 per day after annual deductible

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Outpatient Facility Services In-network Out-of-network	30% of negotiated fee up to \$900 and then 10% from \$901 to \$3,600 after annual deductible All charges in excess of \$380 per day after annual deductible	20% of negotiated fee after annual deductible All charges in excess of \$380 per day after annual deductible
Prescription Drugs In-network <i>30-day supply retail</i>	Generic Drugs: \$15 copay Brand Drugs: After \$0 brand-name prescription drug deductible is met: <i>Formulary Brand Drugs: \$25 copay</i> <i>Non-Formulary Brand Drugs: Not covered (unless physician writes "dispense as written" or "do not substitute")</i> <i>Self-injectable Drugs: 30%</i>	Generic Drugs: \$10 copay Brand Drugs: After \$150 brand-name prescription drug deductible is met: <i>Formulary Brand Drugs: \$30 copay</i> <i>Non-Formulary Brand Drugs: \$45 copay</i> <i>Self-injectable Drugs: 30% up to \$100 max copay per fill</i>
Preventive Care In-network Out-of-network	\$25 copay for office visit (not subject to annual deductible); 30% of negotiated fee up to \$900 and then 10% from \$901 to \$3,600 for all other covered services after annual deductible 50% of negotiated fee plus 100% of excess charges after annual deductible	\$20 copay for office visit (not subject to annual deductible); 20% of negotiated fee for all other covered services after annual deductible 50% of negotiated fee plus 100% of excess charges after annual deductible
Annual Preventive Care Options - Physical Exam In-network Out-of-network	Not subject to annual deductible. \$25 copay for office visit; 30% of negotiated fee up to \$900 and then 10% from \$901 to \$3,600 for all other covered services. Maximum Anthem Blue Cross payment of \$200 per year (\$100 if member enrolled less than 6 months) in-network and out-of-network combined. Or, HealthyCheck screening option: Not subject to annual deductible. \$25 or \$75 copay.	Not subject to annual deductible. \$20 copay for office visit; 20% of negotiated fee for all other covered services. Maximum Anthem Blue Cross payment of \$500 per year (\$250 if member enrolled less than 6 months) in-network and out-of-network combined. Or, HealthyCheck screening option: Not subject to annual deductible. \$25 or \$75 copay.