

2010 Plan Discontinuation

High Level Benefit Comparison – Current vs. New Plan



Your Current Health Plan: Basic PPO (5033, X363)
New Health Plan Mapped To At Group's Renewal: Elements Hospital (EF49, EF66)

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 Basic PPO Plan | New Benefit Upon Renewal for Elements Hospital Plan |
|--|---|---|
| Annual Deductible In-network & Out-of-network Combined | \$1,250 per member; Two member maximum. | \$1,250 per member; Two member maximum |
| Annual Out-of-Pocket Maximum In-network & Out-of-network Combined | \$2,000 plus annual deductible per member; Two member maximum. | \$2,500 plus annual deductible per member; Two member maximum. |
| Office Visits In-Network | Not covered | Not covered |
| Out-of-network | Not covered | Not covered |
| Inpatient/Outpatient Professional Services <i>Inpatient: lab, physician, anesthesia; Outpatient: limited professional services covered</i> In-network | 20% of negotiated fee after annual deductible | 30% 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 | 20% of negotiated fee after annual deductible | 30% 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 <i>Limited to surgery, medical emergency, radiation therapy, hemodialysis treatment and infusion therapy)</i> In-network Out-of-network | 20% of negotiated fee after annual deductible All charges in excess of \$380 per day after annual deductible | 30% 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> | Maximum Anthem Blue Cross payment of \$500 per member per year: <i>Generic Drugs: \$10 copay</i> <i>Brand Drugs: \$25 copay</i> <i>Self-injectable Drugs: 30%</i> Member continues to have access to Anthem Blue Cross negotiated pharmacy discounts after \$500 maximum benefit is met | Coverage only for generic drugs listed on the Generic Drug Formulary <i>Generic Drugs: \$10 copay</i> <i>Brand Drugs: Not covered</i> <i>Generic Self-injectable Drugs: 30% up to \$100 max copay per fill</i> |
| Preventive Care In-network Out-of-network | 20% of negotiated fee after annual deductible 50% of negotiated fee plus 100% of excess charges after annual deductible | 30% of negotiated fee 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 or \$75 copay for HealthyCheck health screening options. Not covered | Not subject to annual deductible. 30% for office visit and 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. Not subject to annual deductible. 50% of negotiated fee plus 100% of excess charges. Maximum Anthem Blue Cross payment of \$500 per year (\$250 if member enrolled less than 6 months) in-network and out-of-network combined. |