

Individual Plan Comparison

for current Anthem Blue Cross
members with special options

This is intended to be a brief overview of benefits and services and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions can be found in the Plan. In the event of a conflict between the Plan and this overview, the terms of the Plan will prevail.

This summary of benefits complies with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Individual Plan Comparison (Plans filed with the California Department of Managed Health Care) Premiums will vary based on the particular policy/plan. You may determine the premium for a particular policy/plan by calling 1-866-636-8991.

All benefits are after the deductible unless otherwise stated.	PPO Share 3500		PPO Share 5000		PPO Share 7500		Select HMO	HMO Saver	Individual HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network	In-Network
Annual Deductible: <small>* 2 member max: entire family deductible satisfied once 2 members meet deductible, if applicable</small>	\$3500, 2 member maximum (in-network and out-of-network combined)		\$5000, 2 member maximum (in-network and out-of-network combined)		\$7500, 2 member maximum (in-network and out-of-network combined)		\$0	\$1500 per member Inpatient/Outpatient Hospital Services and Ambulatory Surgical Centers	\$0
Lifetime Maximum	None		None		None		None	None	None
Annual Out-of-Pocket Maximum <small>(in addition to deductible)</small>	\$4000, 2 member maximum (in-network and out-of-network combined)		\$2500, 2 member maximum (in-network and out-of-network combined)		0% after deductible		\$3000 (2 member maximum)	\$1500 (2 member maximum)	\$3000 (2 member maximum)
Doctor's Office Visits	\$40 copay (deductible waived)	50% of negotiated fee plus all excess charges (deductible waived)	\$40 copay (deductible waived)	50% of negotiated fee plus all excess charges (deductible waived)	\$40 copay (deductible waived)	50% of negotiated fee plus all excess charges (deductible waived)	\$25 copay	\$10 copay	\$10 copay
Professional Services	30%	50% of negotiated fee plus all excess charges	30% of negotiated fee	50% of negotiated fee plus all excess charges	\$0	50% of negotiated fee plus all excess charges	No charge for office visit-related services	No charge for office visit-related services	No charge for office visit-related services
Hospital Inpatient	30%	All charges except \$650 per day	30% of negotiated fee	All charges except \$650 per day	\$0	All charges except \$650 per day	\$250 copay per day up to the first four days, then 0% per admission	20% (after deductible)	20%
Hospital Outpatient	30%	All charges except \$380 per day	30% of negotiated fee	All charges except \$380 per day	\$0	All charges except \$380 per day	20% for services; \$250 per surgery	20% (after deductible)	20%
Emergency Services <small>(\$100 copay applies for each visit; waived if admitted as inpatient)</small>	30%	30% of negotiated fee plus all excess charges	30% of negotiated fee	30% of negotiated fee plus all excess charges	\$0	0% of negotiated fee plus all excess charges	20%	20%	20%
Maternity	30%	50% of negotiated fee plus all excess charges	30% of negotiated fee	50% of negotiated fee plus all excess charges	\$0	0% of customary and reasonable fees plus all excess charges	Office Visits: \$25 copay Hospital Inpatient: \$250 copay per day up to the first four days, then 0% per admission	Office visits: \$10 copay Inpatient/Outpatient: 20% (after deductible)	Office visits: \$10 copay Inpatient: 20% Outpatient: 20%
Preventive Care	0% not subject to deductible Healthy Check Center \$0	50% of negotiated fee plus all excess charges	0% not subject to deductible Healthy Check Center \$0	50% of negotiated fee plus all excess charges	0% not subject to deductible Healthy Check Center \$0	50% of negotiated fee plus all excess charges	0%	0% not subject to deductible	0%
Prescription Drug Benefits	Generic: \$15 copay or 40%, whichever is greater Brand: \$15 copay or 40% whichever is greater after \$750 annual brand-name prescription drug deductible	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits; subject to the annual \$750 brand-name prescription drug deductible	Generic: \$15 copay Brand: \$35 copay after \$750 annual brand-name prescription drug deductible	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits; subject to the annual \$750 brand-name prescription drug deductible	Generic: \$15 copay or 40%, whichever is greater Brand: \$15 copay or 40% whichever is greater after \$750 annual brand-name prescription drug deductible	50% of drug limited fee schedule and all excess charges plus the copay/coinsurance as stated for in-network benefits; subject to the annual \$750 brand-name prescription drug deductible	Generic: \$10 Brand: \$30 copay after \$250 brand-name prescription drug deductible (2 member maximum)	Generic: \$10 Brand: \$30 copay after \$250 brand-name prescription drug deductible (2 member maximum)	Generic: \$10 Brand: \$30 copay after \$250 brand-name prescription drug deductible (2 member maximum)