

# 2010 Plan Discontinuation

## High Level Benefit Comparison – Current vs. New Plan



Your Current Health Plan: Power HealthFund 750 (P942, Y366)

New Health Plan Mapped To At Group's Renewal: Lumenos HIA+ 750 (EF43, EF53)

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](http://www.anthem.com/easyrenew) or by requesting a copy of the plan's Certificate.

Benefit Category	Current Benefits on Power HealthFund 750 Plan	New Benefit Upon Renewal for Lumenos HIA+ 750 Plan
<b>First Dollar Coverage</b> In-network & Out-of-network Combined	First dollar coverage of; Single member: \$750; Family contract: \$1,500 aggregate. (limit \$750 per member or \$1,500 per family of unused annual allocation may be rolled over from previous calendar year)  Allocation available for immediate use to pay for all covered services EXCEPT prescription drugs; amounts paid will NOT apply toward annual deductible or out-of-pocket maximum.	Annual HIA allocation of; Single member: \$750; Family contract: \$1,500 aggregate. (amounts pro-rated in first year based on enrollment date; limit \$750 per member or \$1,500 per family of unused annual allocation may be rolled over from previous calendar year)  Allocation available for immediate use to pay for all covered services; amounts paid WILL apply toward combined medical & pharmacy annual deductible or out-of-pocket maximum.
<b>Annual Deductible</b> In-network & Out-of-network Combined	\$500 Single member; \$1,000 Family aggregate. Deductible accrues AFTER first dollar coverage is exhausted.	\$1,500 Single member; \$3,000 Family aggregate. Combined for Medical and Pharmacy; First dollar coverage payments APPLY to meeting annual deductible.
<b>Annual Out-of-Pocket Maximum</b> In-network  Out-of-network	\$5,000 Single member; \$10,000 Family aggregate.  \$10,000 Single member; \$20,000 Family aggregate.	\$5,000 Single member; \$10,000 Family aggregate. Combined for Medical and Pharmacy.  \$10,000 Single member; \$20,000 Family aggregate. Combined for Medical and Pharmacy.
<b>Office Visits</b> In-network  Out-of-network	\$35 copay after annual deductible  50% of negotiated fee plus 100% of excess charges after annual deductible	25% of negotiated fee after annual deductible  50% of negotiated fee plus 100% of excess charges after annual deductible

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<b>Professional Services</b> <i>Including maternity, diagnostic lab and x-rays</i> In-network  Out-of-network	25% of negotiated fee after annual deductible  50% of negotiated fee plus 100% of excess charges after annual deductible	25% of negotiated fee after annual deductible  50% of negotiated fee plus 100% of excess charges after annual deductible
<b>Hospital Inpatient Facility Services</b> In-network  Out-of-network	25% of negotiated fee after annual deductible  All charges in excess of \$650 per day after annual deductible	25% of negotiated fee after annual deductible  All charges in excess of \$380 per day after annual deductible
<b>Outpatient Facility Services</b> In-network  Out-of-network	25% of negotiated fee after annual deductible  All charges in excess of \$380 per day after annual deductible	25% of negotiated fee after annual deductible  All charges in excess of \$380 per day after annual deductible
<b>Prescription Drugs</b> In-network 30-day supply retail	Generic Drugs: \$10 copay Brand Drugs: After \$250 brand-name prescription drug deductible is met: <i>Formulary Brand Drugs: \$30 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>	After health incentive allocation is exhausted and combined annual medical & pharmacy deductible is met: <i>Generic Drugs: \$10 copay</i> <i>Formulary Brand Drugs: \$30 copay</i> <i>Non-Formulary Brand Drugs: \$50 copay</i> <i>Self-injectable Drugs: 30%</i>  After combined annual medical & pharmacy out-of-pocket maximum is met, member responsibility for covered prescription drugs is 0% of negotiated fee
<b>Preventive Care</b> In-network  Out-of-network	\$35 copay for office visit; plus 25% for all other covered services after annual deductible  50% of negotiated fee plus 100% of excess charges after annual deductible	Not subject to annual deductible. 0% of negotiated fee (includes nationally recommended preventive services)  50% of negotiated fee plus 100% of excess charges after annual deductible (includes nationally recommended preventive services)

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Benefit Category	Current Benefits on Power HealthFund 750 Plan	New Benefit Upon Renewal for Lumenos HIA+ 750 Plan	
<b>Annual Preventive Care Options - Physical Exam</b>			
In-network	Not applicable	Not subject to annual deductible. 0% of negotiated fee (includes nationally recommended preventive services)	
Out-of-network	Not applicable	50% of negotiated fee plus 100% of excess charges after annual deductible (includes nationally recommended preventive services)	