

2010 Plan Discontinuation

High Level Benefit Comparison – Current vs. New Plan



Your Current Health Plan:

Saver PPO (NM01, X362)

New Health Plan Mapped To At Group's Renewal: Elements Hospital Preferred (EF51, EF68)

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 Saver PPO Plan	New Benefit Upon Renewal for Elements Hospital Preferred Plan
Annual Deductible In-network & Out-of-network Combined	Covered hospital benefits and initial professional services: \$500 per member. Two member maximum. Subsequent office visits with continued access to Anthem Blue Cross in-network savings: \$5,000 per member. Two member maximum.	\$750 per member. Two member maximum.
Annual Out-of-Pocket Maximum In-network & Out-of-network Combined	Covered hospital benefits and initial professional services: \$2,000 per member. Two member maximum. Subsequent office visits with continued access to Anthem Blue Cross in-network savings: \$5,000 per member. Two member maximum.	\$2,500 plus annual deductible per member. Two member maximum.
Office Visits In-network Out-of-network	\$20 copay for initial 2 visits (adults) and 4 visits (children) (not subject to annual deductibles); 100% of negotiated fee for subsequent visits until \$5,000 annual deductible is met 50% of negotiated fee plus 100% of excess charges for initial 2 visits (adults) and 4 visits (children) (not subject to annual deductibles); 100% of negotiated fee plus excess charges for subsequent visits until \$5,000 annual deductible is met	50% of negotiated fee for first \$1,500 of covered expenses for office visit, including diagnostic, lab & x-ray services (not subject to annual deductible) 50% of negotiated fee plus 100% of excess charges for first \$1,500 of covered expenses for office visit, including diagnostic, lab & x-ray services (not subject to annual deductible)

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Benefit Category	Current Benefits on Saver PPO Plan	New Benefit Upon Renewal for Elements Hospital Preferred Plan
Inpatient/Outpatient Professional Services <i>Inpatient: lab, physician, anesthesia; Outpatient: limited professional services covered</i> In-network Out-of-network	20% of negotiated fee after \$500 annual deductible 50% of negotiated fee plus 100% of excess charges after \$500 annual deductible	20% of negotiated fee after annual deductible 50% of negotiated fee plus 100% of excess charges after annual deductible
Hospital Inpatient Facility Services In-network Out-of-network	20% of negotiated fee after \$500 annual deductible All charges in excess of \$650 per day after \$500 annual deductible	20% of negotiated fee after annual deductible All charges in excess of \$650 per day after annual deductible
Outpatient Facility Services <i>Limited to surgery, medical emergency, radiation therapy, hemodialysis treatment and infusion therapy</i> In-network Out-of-network	20% after annual deductible All charges in excess of \$380 per day after \$500 annual deductible	20% of negotiated fee after annual deductible All charges in excess of \$380 per day after annual deductible
Prescription Drugs In-network 30-day supply retail	Maximum Anthem Blue Cross payment of \$500 per member per year: <i>Generic Drugs: \$10 copay</i> <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> Member continues to have access to Anthem Blue Cross negotiated pharmacy discounts after \$500 maximum benefit is met	Generic Drugs: \$10 copay Brand Drugs: After \$250 brand name prescription drug deductible is met: <i>Formulary Brand Drugs: \$35 copay</i> <i>Non-Formulary Brand Drugs: \$50 copay</i> <i>Self-injectable Drugs: 30% up to \$100 max copay per fill</i>
Preventive Care In-network Out-of-network	Not subject to annual deductibles. 20% of negotiated fee Not subject to annual deductibles. 50% of negotiated fee plus 100% of excess charges	20% of negotiated fee after annual deductible 50% of negotiated fee plus 100% of excess charges after annual deductible

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