



Benefits for 2008



Design Element	HMO Anthem Blue Cross	POS 90 Anthem Blue Cross	POS 80 Anthem Blue Cross
Plan name	Anthem Blue Cross HMO	Anthem Blue Cross CA POS 90	Anthem Blue Cross POS 80
Plan design type	HMO	POS	POS
Carrier Name	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
Carrier's Web site address	www.anthem.com/cvs	www.anthem.com/cvs	www.anthem.com/cvs
Carrier's Member Services phone number	1-866-406-0980	1-866-406-0980	1-866-406-0980
Group ID(s)	174012	174012	174012
Benefit Level	In-Network Only	3 Tier Network	3 Tier Network
Plan year deductibles			
Individual	\$0	Tier 1: None; Tier 2&3: \$1,000	Tier 1: None; Tier 2&3: \$1,000
Family	\$0	Tier 1: None; Tier 2&3: \$2,000	Tier 1: None; Tier 2&3: \$2,000
Annual out-of-pocket maximum per person			
Individual	\$1,000	Tier 1: \$1,000; Tier 2&3: \$5,000	Tier 1: \$1,000; Tier 2&3: \$5,000
Family	\$3,000	Tier 1: \$3,000; Tier 2&3: \$15,000	Tier 1: \$3,000; Tier 2&3: \$15,000
Is plan year deductible included in OOP max amounts	n/a	YES	YES
Lifetime maximum coverage per person	None	Tier 1: None; Tier 2&3: \$5,000,000 maximum per member	Tier 1: None; Tier 2&3: \$5,000,000 maximum per member
Coinsurance Percentage	100%	Tier 1: 90% covered; Tier 2: 70%; Tier 3: 60% of UCR covered	Tier 1: 80% covered; Tier 2: 70%; Tier 3: 50% of UCR covered
Copayment/coinsurance for primary doctor office visit	\$15	Tier 1: \$15 copay; Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: \$25 copay; Tier 2: 70%; Tier 3: 50% of UCR
Copayment/coinsurance for specialist office visit	\$30	Tier 1: \$30 copay; Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: \$30 copay; Tier 2: 70%; Tier 3: 50% of UCR
Copayment/coinsurance for MinuteClinic visit	\$10	\$10	\$10
Copayment/coinsurance for annual physical exam	\$15 copay		
Frequency	1 exam per year	Tier 1: \$15 copay; 1 exam per year; Tier 2: 70% and 3 Not Covered	Tier 1: \$25 copay; 1 exam per year; Tier 2: 70% and 3 Not Covered
Copayment/coinsurance for Well-woman exam (includes pap)	\$15 copay		
Frequency	1 exam per year	Tier 1: \$15 copay; 1 exam per year; Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: \$25 copay; 1 exam per year; Tier 2: 70%; Tier 3: 50% of UCR
Copayment/coinsurance for pediatric well-child visits	\$15 copay		
Frequency		Tier 1: \$15 copay; 1 exam per year; Tier 2: 70% and 3 Not Covered	Tier 1: \$25 copay; Tier 2: 70% and 3 Not Covered

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Copayment/coinsurance for immunizations -- Child	100% covered	Tier 1: 100%; Tier 2: 70% and 3 Not Covered	Tier 1: 100%; Tier 2: 70% and 3 Not Covered
Mammogram (Routine)	100% covered	Tier 1: 100% covered if included in routine exam; office visit copay will apply; Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: 100% covered if included in routine exam; office visit copay will apply; Tier 2: 70%; Tier 3: 50% of UCR
Mammogram (Diagnostic)	100% covered	Tier 1: 100% covered if included in routine exam; office visit copay will apply; Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: 100% covered if included in routine exam; office visit copay will apply; Tier 2: 70%; Tier 3: 50% of UCR
Allergy testing, treatment, and serum	\$15 copay - PCP; \$30 copay-specialist; injection-only visits 100% covered	Tier 1: \$15 copay - PCP; \$30 copay-specialist; injection-only visits 100% covered. Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: \$25 copay - PCP; \$30 copay-specialist; injection-only visits 100% covered. Tier 2: 70%; Tier 3: 50% of UCR
Copayment/coinsurance for outpatient surgery	100% covered	Tier 1: 90% covered after deductible is met; Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: 80% covered after deductible is met; Tier 2: 70%; Tier 3: 50% of UCR
Copayment/coinsurance for outpatient laboratory services (Preventive)	100% covered	Tier 1: 100%; Tier 2: 70%; Tier 3: Not Covered	Tier 1: 100%; Tier 2: 70%; Tier 3: Not Covered
Copayment/coinsurance for outpatient laboratory services (Diagnostic)	100% covered	Tier 1: 100%; Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: 100%; Tier 2: 70%; Tier 3: 50% of UCR
Copayment/coinsurance for outpatient xray services (Preventive)	100% covered	Tier 1: 100%; Tier 2: 70%; Tier 3: Not Covered	Tier 1: 100%; Tier 2: 70%; Tier 3: Not Covered
Copayment/coinsurance for outpatient xray services (Diagnostic)	100% covered	Tier 1: 100%; Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: 100%; Tier 2: 70%; Tier 3: 50% of UCR
Copayment/coinsurance for outpatient physical therapy and occupational therapy Limits per year	\$30 copay Limited to 60 visits per year combined with OT, ST, and Chiro	Tier 1: \$30 copay; Tier 2: 70%; Tier 3: 60% of UCR Limited to 60 visits per year combined with OT, ST, and Chiro	Tier 1: \$30 copay; Tier 2: 70%; Tier 3: 50% of UCR Limited to 60 visits per year combined with OT, ST, and Chiro
Copayment/coinsurance for office visit for pre- and post-natal care (applies to first visit only)	\$15 copay initial visit only	Tier 1: \$15 copay initial visit only; Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: \$25 copay initial visit only; Tier 2: 70%; Tier 3: 50% of UCR
Copayment for hospital visit Limits per year	\$250 copay per admission	Tier 1: 90%, deductible does not apply; Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: 80%, deductible does not apply; Tier 2: 70%; Tier 3: 50% of UCR
Coinsurance for semi-private room	100% covered	Tier 1: 90%; Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: 80%; Tier 2: 70%; Tier 3: 50% of UCR
Coinsurance for inpatient lab and x-ray services	100% covered	Tier 1: 90%; Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: 80%; Tier 2: 70%; Tier 3: 50% of UCR
Coinsurance for inpatient physician/surgeon services	100% covered	Tier 1: 90%; Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: 80%; Tier 2: 70%; Tier 3: 50% of UCR
Copayment/coinsurance for emergency room (not followed by admission)	\$75 copay	\$100 copay	\$125 copay
Copayment/coinsurance for chiropractic services Limits per year	\$30 copay Limited to 60 visits per year combined with PT, OT, and ST	Tier 1: \$30 copay; Tier 2: 70%; Tier 3: 60% of UCR Limited to 60 visits per year combined with PT, OT, and ST	Tier 1: \$30 copay; Tier 2: 70%; Tier 3: 50% of UCR Limited to 60 visits per year combined with PT, OT, and ST

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Copayment/coinsurance for urgent care clinic visit (facility)	\$15 copay	Tier 1: \$15 copay; Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: \$25 copay; Tier 2: 70%; Tier 3: 50% of UCR
Copayment/coinsurance for speech therapy Limits per year	\$30 per visit; Limited to 60 visits per plan year combined with PT, OT, and Chiro	Tier 1: \$30 copay; Tier 2: 70%; Tier 3: 60% of UCR Limited to 60 visits per year combined with PT, OT, and Chiro	Tier 1: \$30 copay; Tier 2: 70%; Tier 3: 50% of UCR Limited to 60 visits per year combined with PT, OT, and Chiro
Copayment/coinsurance for durable medical equipment (Diabetic supplies available at the pharmacy are carved out to Pharmacare and not covered under the medical plan)	100% covered; \$5,000 maximum per plan year	Tier 1: 90%; Tier 2: 70%; Tier 3: 60% of UCR; \$5,000 maximum per plan year all tiers combined.	Tier 1: 80%; Tier 2: 70%; Tier 3: 50% of UCR; \$5,000 maximum per plan year all tiers combined.
Copayment/coinsurance for prosthetic appliances (internal and external)	100% covered	Tier 1: 100%, no limit; Tier 2: 70%; Tier 3: 60% of UCR; Tier 2&3 combined \$1,000 maximum	Tier 1: 100%, no limit; Tier 2: 70%; Tier 3: 50% of UCR; Tier 2&3 combined \$1,000 maximum
Copayment/coinsurance for home health care (includes doctor, nurse, and home health aid visits; private duty nursing not covered)	\$15 copay; Limited to 100 visits per plan year with maximum of 4 hours per visit	Tier 1: \$15 copay; Limited to 100 visits per plan year with maximum of 4 hours per visit; Tier 2: 70%; Tier 3: 60% of UCR	Tier 1: \$25 copay; Limited to 100 visits per plan year with maximum of 4 hours per visit; Tier 2: 70%; Tier 3: 50% of UCR
Copayment/coinsurance for skilled nursing facility (private duty nursing not covered)	100% covered; up to 100 days per benefit period	Tier 1: 90%; Tier 2: 70%; Tier 3: 60% of UCR; Limited to 100 days per benefit period for medical/severe mental conditions	Tier 1: 80%; Tier 2: 70%; Tier 3: 50% of UCR; Limited to 100 days per benefit period for medical/severe mental conditions
Copayment/coinsurance for hospice care	100% covered for less than 12 month life expectancy	Covered for less than 12 month life expectancy; Tier 1: 100%; Tier 2: 70%; Tier 3: 70%	Covered for less than 12 month life expectancy; Tier 1: 100%; Tier 2: 70%; Tier 3: 70%
Copayment/coinsurance for inpatient mental health Limits per year	\$250 copay per admission Limited to 30 days per plan year; unlimited for AB88 diagnosis	Tier 1 and 2: 90%, deductible does not apply; Tier 2: Tier 3: 60% of UCR Limited to 30 days per plan year. Preauthorization required.	Tier 1 and 2: 90%, deductible does not apply; Tier 2: Tier 3: 50% of UCR Limited to 30 days per plan year. Preauthorization required.
Copayment/coinsurance for inpatient chemical dependency Limits per year	\$250 copay per admission Limited to 60 days per plan year; Limit does not apply to detox. Preauthorization required.	Tier 1 and 2: 90%, deductible does not apply; Tier 2: Tier 3: 60% of UCR Limited to 60 days per plan year excluding detox; Preauthorization required	Tier 1 and 2: 90%, deductible does not apply; Tier 2: Tier 3: 50% of UCR Limited to 60 days per plan year excluding detox; Preauthorization required

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Copayment/coinsurance for outpatient mental health	\$30 copay	Tier 1 and 2: \$30 copay; Tier 3: 60% of UCR	Tier 1 and 2: \$30 copay; Tier 3: 50% of UCR
Limits per year	Limited to 20 visits per plan year with maximum of 1 visit per day	Limited to 20 visits per plan year with maximum of 1 visit per day.	Limited to 20 visits per plan year with maximum of 1 visit per day.
Copayment/coinsurance for outpatient chemical dependency	\$30 copay	Tier 1 and 2: \$30 copay; Tier 3: 60% of UCR	Tier 1 and 2: \$30 copay; Tier 3: 50% of UCR
Limits per year	Unlimited visits	Unlimited visits	Unlimited visits
Ambulance	100% covered when medically necessary	Tier 1: 100% covered when medically necessary; Tier 2: 70%; Tier 3: 70% of UCR	Tier 1: 100% covered when medically necessary; Tier 2: 70%; Tier 3: 70% of UCR