EPC BENEFIT PLAN SUMMARY – ANTHEM BLUE ACCESS PPO

District: **Clinton MRDD**

Dependents: Spouse and unmarried children to age 19. From age 19 to 24 (end of calendar year): fulltime student or unemployed IRS qualified dependent.

More information: Anthem Customer Service 1 800-552-9159 or www.Anthem.com

This is a **P**referred **P**rovider **O**rganization plan with a Network of medical providers who have contracts with Anthem. You will pay less out of pocket by using Network providers.

Covered Benefits	**Network** [3]	**Non-Network** [4]
Deductible (Single/Family max) [1]	$100/$200	$200/$400
Out of Pocket Maximum (Single/Family max) [2]	$1,000/$2,000	$2,000/$4,000
Physician Home & Office Services Including Office Surgeries & allergy serum: • Allergy injections • Allergy testing • Routine & non routine mammograms – office or outpatient • Diabetic education • Certain medical nutritional therapy • MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies & non Maternity Ultrasounds	$20 copay • $5 copay • 10% • $20 copay • $20 copay • $20 copay • 10%	30% • 30% • 30% • 30% • 30% • Not covered • 30%
Preventive Care Medical History, Routine exams Pelvic Exams, Pap tests and PSA tests Immunizations, Annual diabetic eye exam Annual Vision & Hearing exams Services at: • Physician home & office • Outpatient services @ hospital/alternative care facility	• $20 copay • 10%	30%
Emergency & Urgent Care • Emergency room @ Hospital (Copay waived if admitted) • Urgent Care	• $100 copay • $50 copay	• $100 copay • $50 copay
Inpatient Facility Services Unlimited days except for: 60 days for physical medicine/rehab 180 days for skilled nursing facility (Calendar year limits apply to Network + Non-Network services)	10%	30%
Inpatient and Outpatient Professional Services	10%	30%
Outpatient Surgery Hospital/Alternative Care Facility • Surgery & administration of gen. anesthesia	10%	30%

Other Outpatient Services including: • Non surgical OP services i.e. MRIs, C-Scans, Chemotherapy, Ultrasounds & other diagnostic services • Home care services – 90 visits • Durable Medical Equipment & Orthotics - $4000 benefit max • Prosthetic Devices - $4000 benefit max • Physical Medicine Therapy Day Rehab • Hospice care • Ambulance services	10% • 10% • No copay or % pay	30% • 10% • No copay or % pay
Outpatient Therapy Services Physician home & office services OP services @Hospital or Alternative care facility Cal Yr. Network + NonNetwork limts apply to: • Physical therapy: 30 visits • Occupational therapy: 30 visits • Manipulation therapy: 12 visits • Speech therapy: 20 visits	• $20 copay • 10%	30% 30%
Mental Illness and Substance Abuse (see notes below [6]) • Inpatient Facility Services • Physician home & office visits • Outpatient services @ hospital/alt. care facility: Inpatient: 30 days max / cal yr In + Out of Network Outpatent: 50 network visits; 10 non network mental health visits Substance Abuse: Non network $550 In & OP combined	• 10% • $20 copay • 10%	30% 30% 30%
Human Organ Transplants (see note below [7])	No copy or % pay	50%
Prescription Drug Options [5] Retail Pharmacies – 30 day supply Anthem Rx Direct Mail Service – 60 day supply Specialty Medications must be obtained via Anthem's Specialty Pharmacy network for network benefits to apply	Tier 1: $10 Tier 2: $20 Tier 3: $30 same copays	50%, minimum $30 Not covered
Lifetime Maximum combined Network + Non-Network	$5,000,000	

The most recent plan changes were effective: October 1, 2007.

More details: This is a brief summary of benefits. For plan details and exclusions which may apply, please refer to your Certificate of Coverage or call Customer Service. In the event of a conflict between this summary and the Group Contract, the terms of the Group Contract will prevail.

[1] **Deductible**: The deductible applies to expenses that are paid at a percentage less than 100%, unless noted otherwise. The family deductible caps deductible expenses for a family. No more than the single deductible amount will be applied to an individual.

[2] **Out of Pocket Maximum**: This is the sum of covered expenses which you are liable to pay during a calendar year – your Maximum Out of Pocket expenses. The Out of Pocket max includes deductibles and coinsurance (the amount you pay as a percentage of the charge). It does **not include** copays such as office visit and Rx copays. Any Non-Network expenses that are over Anthem's Maximum Allowable

Charge are not included in the Out of Pocket max. Also, any expenses that are not covered by the plan are not included.

When you reach your Out of Pocket maximum during the calendar year, additional covered expenses that would be paid at a percentage less than 100% will be paid at 100% for the remainder of the year.

Network and Non-Network deductibles, copayments and out-of-pocket maximums are separate and do not accumulate toward each other.

[3] **Network Providers**: These are medical providers who have a contract with Anthem. They bill directly to Anthem, and you should not be charged more than your share of the cost according to the Network column. Anthem's network is **national** and includes some **international** providers. For a current list of Anthem providers refer to www.Anthem.com. For expenses paid at a percentage less than 100%, payment is based on the Anthem discounted amount.

[4] **Non-Network Providers**: Non Network providers do not have contracts with Anthem and can bill you according to their own fee schedule which may exceed Anthem's Maximum Allowable Charge (MAC). The percentage that Anthem pays Non-Network is based on the MAC, not the amount billed by the provider. Non-Network providers can bill you for the amount their fee exceeds the MAC. **Always** contact Anthem to pre-certify Non-Network hospitalization or potentially expensive services.

[5] **Rx:** **Mail Order:** For mail order forms and instructions go to www.Anthem.com
Tier 1: Usually generic Rx that are on Anthem's preferred drug list
Tier 2: Usually brand name Rx that are on Anthem's preferred drug list
Tier 3: Usually Rx that are **not** on Anthem's preferred drug list
For complete information on the Rx list go to www.Anthem.com
Non Network Rx: Diabetic and asthmatic supplies are not covered Non-Network except for diabetic test strips.

[6] **Mental Health**: Mental health / substance abuse must be authorized by the mental health administrator for services to be covered at the highest level. Call Customer Service for authorized referral. Substance abuse rehabilitation programs are limited to 2 per lifetime, Network and Non-Network combined.

[7] **Human Organ Transplants**: Kidney and cornea transplants are covered the same as any other illness and are not included under the organ transplant benefit. Non network organ and tissue transplant expenses are not included in the Out of Pocket maximum calculation.

This is a brief summary of your plan. More details of the plan including plan exclusions are available in your plan booklet or online at www.Anthem.com