

Medical Summary

	Anthem Blue Cross Premier HMO	Anthem Blue Cross PPO	
	In-Network	In-Network	Out-Of-Network
Annual Deductible (Individual/Family)	\$0 \$0	\$150 \$300	\$350 \$700
Annual Out-of-Pocket Max (Individual/Family)	\$1,000 \$3,000	\$2,650 \$5,300	Unlimited Unlimited
Lifetime Max	Unlimited	Unlimited	Unlimited
Office Visit	\$20 copay per visit	\$20 copay per visit	\$40 copay then 50% after deductible
Outpatient X-ray & Lab	No Charge	10% after deductible	50% after deductible
Maternity Care	\$20 copay for initial prenatal visit; no copay for subsequent visits	10% after deductible	\$300 deductible then 50% after deductible ^{1,2}
Birthing Centers	No Charge	No Charge	No Charge
Ambulatory Surgical Centers	No Charge	10% after deductible	50% after deductible
Home Health Care	No Charge	No charge (limited to combined maximum of 100 visits/calendar year, one visit by home health aide equals four hours or less; not covered while insured person receives hospice care) ²	50% after deductible (in-network limitations apply) ²
Preventive Services	No Charge	No Charge	50% after deductible
Chiropractic Care	\$10 copay per visit (up to 30 visits per year combined with acupuncture) ³	10% after deductible (up to 34 visits per year, combined in and out-of-network)	50% after deductible (up to 34 visits per year, combined in and out-of-network)
Acupuncture	\$10 copay per visit (up to 30 visits per year combined with chiro) ³	10% after deductible (up to 34 visits per year, combined in and out-of-network)	50% after deductible (up to 34 visits per year, combined in and out-of-network)
Lab & X-Ray	No Charge	10% after deductible (at contracted facilities)	50% after deductible
Inpatient Hospitalization	No Charge	10% after deductible ²	\$300 deductible then 50% after deductible ^{1,2}
Outpatient Surgery	No Charge	10% after deductible	50% after deductible

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Emergency Room (copay waived if admitted)	\$100 copay per visit	\$100 copay per visit	\$100 copay per visit
Durable Medical Equipment (Including hearing aids offered one hearing aid per year every three years)	No Charge	10% after deductible	50% after deductible
Physical Therapy	\$10 copay per visit	10% after deductible	50% after deductible
Skilled Nursing Facility (Limited to 100 days per year)	No Charge	10% after deductible ²	50% after deductible ^{1,2}
Hospice Care	No Charge	No Charge	50% ¹
Mental Health & Substance Abuse – Inpatient/Facility Based Care	No Charge for unlimited days; pre-authorization required	10% ²	\$300 deductible then 50% after deductible ^{1,2}
Mental Health & Substance Abuse – Inpatient/Physician Visits	No Charge	10% after deductible	50% after deductible
Mental Health & Substance Abuse – Outpatient/Facility Based	No Charge; pre-authorization required	10% ²	\$300 deductible then 50% after deductible ^{1,2}
Mental Health & Substance Abuse – Outpatient/Physician Visits	\$20 copay per visit	\$20 copay per visit	\$40 copay then 50% after deductible

1. The per confinement deductible and plan coinsurance will apply to facility charges. The calendar year deductible and plan coinsurance will apply to any physician charges.
2. Subject to utilization review.
3. Services must be medically/clinically necessary except for emergency services and initial exam. A referral from your primary care doctor is not necessary but chiropractor/acupuncturist must be in the ASH Plans network.

For additional information and a complete list of benefits, please visit [anthem.com/ca/colb](https://www.anthem.com/ca/colb).

Prescription Drugs

Prescription drug coverage provides a benefit that is important to your overall health, whether you need a prescription for a short-term health issue like bronchitis or an ongoing condition like high blood pressure. If you enroll in medical coverage, you will automatically receive coverage for prescription drugs.

HMO: Prescription drugs under the Anthem Blue Cross HMO plan are administered through Express Scripts.

PPO: The City offers a three-tier prescription drug program through CVS Caremark for employees enrolled in the Anthem Blue Cross PPO plan. PPO members will receive combo medical and prescription ID cards (Anthem Blue Cross and CVS Caremark). When you present your ID card at a participating pharmacy, you will be charged a copay based on the type of prescription you receive.

CVS Caremark Pharmacy offers a unique service, Maintenance Choice, which provides members with choices and savings. Members can receive a 90-day supply of long-term medication(s) through CVS Caremark Mail Service or at a local CVS Pharmacy for the same copay. Note: For prescriptions taken on a long-term basis, members will be allowed to obtain three fills of maintenance drugs at a retail pharmacy. For all subsequent fills of the same prescription, you must use CVS Caremark Mail Service Pharmacy or a

local retail CVS Pharmacy. If you continue to fill your long-term prescription at a retail pharmacy, you will pay 2x the retail copayment and receive a 30-day supply.

Important: If you request a brand-name drug when there is a generic equivalent, you must either purchase the generic drug, or pay 100% of the difference between the brand-name price and the generic price, plus the generic copayment. The only exception to this rule is if your doctor writes “Dispense As Written,” or “DAW,” on your prescription, in which case the brand-name drug will be dispensed at the brand name formulary or brand name non-formulary copay (depending on the drug).

Save With Mail Order: If you take maintenance medications for conditions such as high blood pressure, diabetes, or asthma, you can save money by purchasing your prescriptions through CVS Caremark for PPO members and Express Scripts for HMO members. For two copays, you receive a 90-day supply rather than a 30-day supply.

CVS Caremark Vaccine Services allows members to visit any CVS/pharmacy for approved vaccinations. Vaccinations are available whenever there is an immunizing pharmacist or MinuteClinic® Practitioner on duty. No appointment is necessary and there is no cost to you or your family.

	Anthem Blue Cross Premier HMO	Anthem Blue Cross Medical PPO	
	In-Network	In-Network	Out-Of-Network
Annual Out-of-Pocket Limit (Individual/Family)	\$1,000 (combined with medical) \$3,000 (combined with medical)	\$3,950 \$7,900	Unlimited Unlimited
Pharmacy Generic Preferred Brand Non-preferred Brand Supply Limit	\$10 copay then 100% \$25 copay then 100% \$40 copay then 100% 30 days	\$10 copay then 100% \$25 copay then 100% \$40 copay then 100% 30 days	When you use a non CVS/Caremark pharmacy, you must file a claim form with CVS/Caremark; benefit amount paid will be reduced.
Mail Order Generic Preferred Brand Non-preferred Brand Supply Limit	\$10 copay then 100% \$50 copay then 100% \$80 copay then 100% 90 days	\$10 copay then 100% \$50 copay then 100% \$80 copay then 100% 90 days	When you use a non CVS/Caremark pharmacy, you must file a claim form with CVS/Caremark; benefit amount paid will be reduced.

Medical

Medical coverage provides you with benefits that help keep you healthy such as preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

City of Long Beach provides you with comprehensive coverage through Anthem Blue Cross.

HMO PLAN

When you enroll in the Anthem Blue Cross HMO plan, you agree to use only Anthem Blue Cross doctors, facilities and medical groups for all of your medical care. You must choose a Participating Medical Group (PMG) or Independent Physician Association (IPA), and Primary Care Physician (PCP) to manage your care. Anthem Blue Cross covers most services at 100%, with no deductible, as long as you use providers who belong to your PMG/IPA. Office visit copayments are \$20, and there are no claim forms. Any care you receive without approval from your PCP is not covered. Emergency room services require a \$100 copayment per visit. This copayment is waived if you are admitted to the hospital.

PPO PLAN

The PPO plan offers you access to a large network of physicians who agree to discount their fees for services. Under this plan, you are not required to select a Primary Care Physician (PCP) and you can access different physicians and specialists at your own discretion. While you may go to any doctor or hospital each time you need care, your copay or coinsurance will be lowest when you go to an in-network PPO provider. As long as you use providers who participate in the network, your care will be covered at the highest benefit level – 90% after deductible for most services.

You also have the option to see a non-PPO provider, but services are then covered at 50% of Usual, Customary, and Reasonable charges (UCR), higher deductible amounts apply, and claim forms are required. Some providers may also require payment in full at the time of service. Out-of-network benefits are paid based on 90th percentile of UCR charges, which means the plan pays charges for non-network providers based on fees charged by 9 out of 10 doctors in their geographic area. This means you could receive a bill for any charges over UCR. If the UCR amount is lower than the actual charge, the provider may take a loss or you, the patient, may be responsible for the difference. **Note: If you use non-network providers, Anthem will mail the reimbursement check to you (not to the non-network provider). It is your responsibility to reimburse non-network providers with the money you receive from Anthem.**

ABOUT THE HEALTH CARE PROVIDER GROUPS

Here are some things to keep in mind as you weigh your medical plan options:

- Consider the location of your physician. They should be within a reasonable distance (about 30 miles) of your home or office.
- You must select a PCP if you enroll in the Anthem Blue Cross HMO plan. You may choose different PCPs for yourself and each of your family members, if you wish.
- The Anthem Blue Cross PPO plan has national networks of physicians and hospitals. Network providers are often available when you travel or if your dependents live in other areas.
- The Anthem Blue Cross HMO plan covers urgent and emergency services outside your service area when you travel.