Your Anthem Benefits

Anthem®

Fairborn City Schools
Blue Access℠ (PPO)
Summary of Benefits, Effective 10/01/2010

Please note: As we receive additional guidance and clarification from the U.S. Department of Health and Human Services, we may be required to make additional changes to your benefits. At this time, we do not expect rates to be impacted by these changes.

Covered Benefits	Network	Non-Network
Deductible (Single/Family) *(Applies only to percent (%) copayments)*	$150/$300	$300/$600
Out-of-Pocket Maximum (Single/Family)	$1,000/$2,000	$2,000/$4,000
Physician Office Services Including Office Surgeries, allergy serum and injections[1] • Allergy testing	$15 0%	30% 30%
Preventive Care Medical History Mammography[1], Pelvic exams, Pap testing and PSA tests Immunizations[1] Annual diabetic eye exam Annual vision and hearing exams	$15	30%
Outpatient Physical Medicine Therapies (Combined Network & Non-Network limits apply) Physical/Occupational therapy: 60/60 visit limit Spinal manipulations: 24 visit limit Speech therapy: 40 visit limit	Copayments based on place of service	Copayments based on place of service
Inpatient Services Unlimited days except for: 60 days Network/Non-Network combined for physical medicine/rehab	0%	30%
Outpatient Surgery Hospital/Alternative Care Facility	0%	30%
Other Outpatient Services Hospital/Alternative Care Facility	0%	30%
Inpatient and Outpatient Professional Charges	0%	30%
Home Care Services	0%	30%
Hospice Services	0%	0%
Emergency and Urgent Care: **Emergency Care in Emergency Room** *(covers all services, copayment waived if admitted, then inpatient copayment applies)* **Urgent Care Facility**	 $75 $15	 $75 $15
Ambulance Services	0%	0%
Maternity Services	0%	30%
Behavioral Health Services • Inpatient Facility Services • Inpatient Professional Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services. Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional	 0% 0% 0% 0%	 30% 30% 30% 30%

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company.
An independent licensee of the Blue Cross and Blue Shield Association.
®Registered marks Blue Cross and Blue Shield Association.

Covered Benefits	Network	Non-Network
Lifetime Maximum (Combined Network and Non-Network)	Unlimited	Unlimited
Human Organ and Tissue Transplants except Kidney and Cornea transplants[3] A separate Unlimited lifetime maximum applies (Combined Network and Non-Network)	Covered in full	50%
Medical Supplies, Equipment and Appliances	20%	50%
Prescription Drug Options:**		
Network Retail Pharmacies: (30-day supply)	$10 gen form/$20 brand form $30 non-form generic/brand	50%, min $30*
Anthem Rx Direct Mail Service: (90-day supply)	$20 gen form/$40 brand form $60 non-form generic/brand	Not covered

Notes:

- *All deductibles and copayments apply toward the Out-of-Pocket Maximum (except prescription drug, human organ and tissue transplants, excluding kidney and cornea, and flat dollar copayments for Preventive Care, Physician Office Services and Urgent Care).*
- *Deductible(s) apply only to covered services listed with a percentage (%) copayment excluding prescription drugs and allergy testing (**Network**).*
- *Network and Non-network deductibles, copayments and out-of-pocket maximums are separate and do not accumulate toward each other.*
- *Dependent age: to the end of the month of the child's 26th birthday.*
- *Anthem standardly covers up to diagnosis of infertility. For Fairborn City Schools, we will also cover most procedures and tests connected to diagnosing and treating the infertility as long as those tests and procedures are not specifically related to the preparation and actual fertilization process. Benefit will be payable same as any illness. Examples of procedures and supplies which are not covered are: in-vitro fertilization, embryo implantation, gamete intra-fallopian transfer (GIFT), zygote intra-fallopian transfer (ZIFT), artificial insemination, fertility drugs, and reversal of sterilization. All applicable medical coverage deductibles, copayments, etc. will apply and will accumulate to the out-of-pocket maximum and the lifetime maximum.*
- *Certain diabetic and asthmatic supplies are covered in full at network pharmacies including diabetic test strips.*

[1] *These covered services are covered in full if you have a flat dollar copayment and if rendered without an office visit.*

[2] *We encourage you to contact our Mental Health Subcontractor to assure the use of appropriate procedures, settings and Medical Necessity. Refer to Schedule of Benefits for limitations. Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health parity.*

[3] *Kidney and Cornea are treated the same as any other illness and subject to the medical benefits and lifetime maximum.*

***Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.*

**Fourth quarter deductible credit carryover is provided.*

Precertification:

- *Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.*

Pre-existing Exclusion Period:

We will not provide benefits for services, supplies or charges for any pre-existing condition for the time period specified below (subject to HIPAA portability requirements):

Timely enrollee: 12 months after the member's enrollment date (excluding dependents under age 19)

A pre-existing condition is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the member's enrollment date. Pregnancy is not considered a pre-existing condition. Genetic information may not be used as a condition in the absence of a diagnosis.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

Authorized group signature	Date
Underwriting signature	Date