

BlueCare Direct (HMO)

Outline of Coverage

Underwritten by Anthem Blue Cross and Blue Shield Insurance
370 Bassett Road, North Haven Connecticut 06473 · 1-866-279-9911

This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company.

Summary

Covered Service

Individual Deductible	\$1,500
Family Deductible	\$3,000
Member Coinsurance	Not applicable
Member Cost-Share Maximum	Not applicable
Lifetime Maximum	\$5,000,000
Daily Hospital Room and Board	
All Inpatient Admissions	Covered in full after payment of deductible
Inpatient Hospital Services <i>In a Hospital or Residential Treatment Center for Mental Health Care</i>	Covered in full after payment of deductible
Inpatient Rehabilitation Treatment for Substance Abuse Care <i>In a Hospital or Substance Abuse Treatment Facility</i>	Covered in full after payment of deductible
Skilled Nursing Facility <i>up to 120 days per Calendar Year</i>	Covered in full after payment of deductible
Specialty Hospital <i>60 days per Member per Calendar Year (for other than Mental Health and Substance Abuse services only)</i>	Covered in full after payment of deductible
Miscellaneous Hospital Services	
Emergency Room Treatment <i>(copayment waived if admitted)</i>	\$75 copayment
Urgent Care Services	\$50 copayment
Surgical Services	
Outpatient surgery <i>In a licensed ambulatory surgical center (including colonoscopy)</i>	Covered in full after payment of deductible
Medical Office Visit <i>(PCP visits only)</i>	\$20 copayment
Anesthesia Services	
Anesthesia, anesthesia supplies and services <i>(In-hospital service)</i>	No cost share
In-Hospital Medical Services	
In-patient hospital/in-patient facility visits during a covered Admission	No cost share
Services of a Physician or Surgeon <i>(other than a medical office visit)</i>	No cost share

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Covered Service

Out-of-Hospital Care

Well Child Care:

6 exams from birth to 1 year of age
 6 exams 1 through 5 years of age
 1 exam every 2 Calendar Years 6 through 10 years of age
 1 exam every Calendar Year 11 through 21 years of age

Up to age 13: No cost share
 Age 13+: \$20 copayment

Adult Physical Examinations:

1 exam every 5 Calendar Years 22 through 29 years of age
 1 exam every 3 Calendar Years 30 through 39 years of age
 1 exam every 2 Calendar Years 40 through 49 years of age
 1 exam per Calendar Year 50 years of age and older

\$20 per visit

Routine gynecological visit

1 visit per Calendar Year including pap smear

\$30 per visit

Mammography

One baseline screening for female 35 through 39 years of age
 One screening mammogram every Calendar Year for female 40 and older

Note: or more frequently if recommended

No cost share

Other Benefits

Maternity Care

Physician: \$30 copay for initial visit
 Hospital: No charge after deductible

Immunizations and Vaccinations *includes those needed for travel*

\$20 per visit

Hearing Exams:

When preformed as part of an exam 1 per Calendar Year

\$20 per visit

Outpatient Diagnostic Services

Including: MRI, MRA, CAT, CTA, PET and SPECT scans

\$75 copayment (max. of \$375 per member per calendar year)

Outpatient Rehabilitation Services

Outpatient rehabilitative and restorative physical, occupational, speech therapy (30 visit max.)
Outpatient chiropractic therapy (20 visit max.)

\$30 per visit
 \$30 per visit

Other Therapy Services

Outpatient cardiac rehabilitation therapy for up to 36 visits per cardiac episode

\$30 per visit

Radiation Therapy

Chemotherapy for the treatment of cancer
Electroshock Therapy
Kidney Dialysis in a Hospital or free-standing dialysis center

No cost share

Allergy Testing and Treatment

Allergy visits/testing
Immunotherapy or other therapy treatments to a max. of 80 visits over 3 Calendar Years

\$30 copayment
 \$25 copayment

Ambulance Services

Maximum for land: Paid according to the Department of Public Health Ambulance Service Rate Schedule
Maximum for air: Paid according to the Department of Public Health Air Ambulance Service Rate Schedule

No cost share

Outpatient treatment for Mental Health Care and Substance Abuse Care

\$30 per visit

Infertility Services

Office Visit
Infertility drugs (with infertility diagnosis). Maximum drug supply for which benefits will be provided when dispensed under any one prescription is a 30 day supply or 100 unit dose, whichever is greater.

\$20 copayment
 No copayment

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Covered Service

Human Organ and Tissue Transplant Services

\$1,000,000 Lifetime Maximum

No cost share after deductible

Home Health Care

Unlimited nursing and therapeutic services and home health aide services

No cost share
(\$50 deductible and 20% coinsurance)

Infusion Therapy

\$250,000 Lifetime Maximum

No cost share
\$250,000 Lifetime Maximum

Durable Medical Equipment

Hearing Aid Coverage available for dependent children age 12 years and under with a maximum of \$1,000 within a 2 year period.

20% cost share

Diabetic equipment - Drugs and supplies

No cost share

20% Coinsurance

Ostomy Related Services

No cost share

Hospice Care (inpatient)

Unlimited

No cost share

Wig

Up to \$350 max. per member per calendar year

No cost share

Specialized Formula

No Copayment

Note: Services applicable after Deductible and Coinsurance. Member is responsible for the difference between Maximum Allowable Amount (MAA) and total charge.

A Prescription Drug Program to Help Keep Costs Down

If you enroll in **BlueCare Direct (HMO)**, you'll automatically get prescription drug coverage under a three-tier program.

If you enroll in **Century Preferred Direct (PPO)**, you'll have the option of also purchasing the three-tier Prescription Drug Program. If you decide to not purchase this coverage, you'll have access to the ScriptSave discount program.

If you enroll in a Lumenos plan, prescriptions can be paid for with funds from your HSA, HIA or HIA Plus account, and then through the traditional PPO coverage, once it kicks in. At all times, you can always save money by:

- Using pharmacies in the Anthem network
- Using generic medications (when they are available)
- Using the online mail order pharmacy

The Three-Tier Drug Program

This prescription drug program gives you access to the medications you need to stay healthy. There are three levels of copayments for prescriptions. The amount of your copay depends on the tier in which the drug falls.

Tier 1 (lowest level copayment)... for most generic medications—Your prescription cost share will usually be lowest when you purchase a generic drug.

Tier 2 (mid-level copayment)... for medications on the Anthem Formulary—Your copayment is higher than for drugs on Tier 1, but less than medications not on the Anthem Formulary (Tier 3).

Tier 3 (highest level copayment)... for medications not included on the Anthem Formulary—You have coverage for non-formulary prescription drugs, but your out-of-pocket costs will be higher than for medications on the formulary.

What is the Anthem Formulary?

An important way that we contribute to the overall quality of your health coverage is by maintaining a drug list called a formulary. This list is created and managed by a committee of practicing physicians and pharmacists. The committee meets periodically to review and update the formulary based on findings in pharmaceutical research and the medical community. You and your doctor can search the Anthem Formulary at anthem.com.

The pharmacy down the street is probably in the network.

As part of your prescription drug benefits, you'll have access to more than 50,000 chain and independent pharmacies across the country.

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Don't feel like driving to the pharmacy? Use the Anthem Rx Direct Mail Service

If you choose, you can purchase your prescription drugs through Anthem Rx Direct. Prescriptions are filled promptly, checked for safety and accuracy by registered pharmacists and delivered to your home in confidential, secure packaging. Depending on your drug benefits and the particular medication prescribed by the doctor, you may be able to order up to a 90-day supply of your medication at a reduced copayment. You can quickly order refills by calling a toll-free number or at [anthem.com](https://www.anthem.com).

ScriptSave (for Century Preferred Direct & Lumenos Members)

All Century Preferred Direct members who do not elect to add prescription drug coverage are eligible to take advantage of our ScriptSave pharmacy discount program. The ScriptSave Prescription Drug Discount Program is available without any enrollment or monthly fees. There's also no waiting period. It provides discounts on prescriptions filled at any of ScriptSave's participating pharmacies. Please note that ScriptSave is not available to BlueCare Direct members.

ScriptSave, administered by The Medical Security Card Company, Inc. of Tucson, Arizona, is a value added service for certain Anthem Blue Cross and Blue Shield health plans that do not have a prescription drug benefit. The ScriptSave Prescription Drug Discount Card is not an insurance policy or benefit, and does not provide insurance coverage. The ScriptSave program may be discontinued at any time. BlueCare Direct members are not eligible for the ScriptSave program.