

Century Preferred Direct (PPO)

Outline of Coverage – Major Medical Expense

Underwritten by Anthem Blue Cross and Blue Shield Insurance
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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. Upon enrollment, it is therefore important that you READ YOUR POLICY CAREFULLY.

Major Medical Expense Coverage – Policies of this category are designed to provide, to persons insured, coverage for major hospital, medical, and surgical expenses incurred as a result of a covered accident or sickness. Coverage is provided for daily hospital room and board, miscellaneous hospital services, surgical services, anesthesia services, in-hospital medical services, and out-of-hospital care, subject to any deductibles, copayment provisions, or other limitations which may be set forth in the policy.

A Brief Description of Benefits

Covered Service	In-Network Services (*Out-of-Network Services)			
Individual Deductible	\$250	\$1,500	\$5,000	\$10,000
Family Deductible	\$500	\$3,000	\$10,000	\$20,000
Member In-Network Coinsurance	20%	N/A	N/A	N/A
(Member Out-of-Network Coinsurance)	(40%)	(20%)	(20%)	(20%)
Member Cost-Share Maximum				
Individual	\$1,500	\$1,500 (\$3,000)	\$5,000 (\$10,000)	\$10,000 (\$15,000)
Family	\$3,000	\$3,000 (\$6,000)	\$10,000 (\$20,000)	\$20,000 (\$30,000)
Lifetime Maximum	\$5,000,000			
Hospital Services				
All Inpatient Admissions	Deductible (Deductible and Out-of-Network Coinsurance)			
Specialty Hospital <i>60 days per Member per Calendar Year (for other than Mental Health and Substance Abuse services only)</i>	Same as Hospital Inpatient Cost-Share (Deductible and Out-of-Network Coinsurance)			
Outpatient Surgery <i>In a licensed ambulatory surgical center (including colonoscopy)</i>	Deductible (Deductible and Out-of-Network Coinsurance)			
Skilled Nursing Facility <i>up to 120 days per Calendar Year</i>	Same as Hospital Inpatient Cost Share (Deductible and Out-of-Network Coinsurance)			
Mental Health and Substance Abuse Services				
Outpatient Treatment for Mental Health Care and Substance Abuse Care	Deductible (Deductible and Out-of-Network Coinsurance)			
Inpatient Hospital Services <i>In a Hospital or Residential Treatment Center for Mental Health Care</i>	Same as Hospital Inpatient Cost Share (Deductible and Out-of-Network Coinsurance)			
Inpatient Rehabilitation Treatment for Substance Abuse Care <i>In a Hospital or Substance Abuse Treatment Facility</i>	Same as Hospital Inpatient Cost Share (Deductible and Out-of-Network Coinsurance)			

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Covered Service	In-Network Services (*Out-of-Network Services)
Miscellaneous Hospital Services	
Emergency Room Treatment	Deductible and In-Network Coinsurance (Paid as an In-Network Service)
Urgent Care Services	Deductible and In-Network Coinsurance (Paid as an In-Network Service)
Surgical Services	
Outpatient surgery <i>In a licensed ambulatory surgical center (including colonoscopy)</i>	Deductible (Deductible and Out-of-Network Coinsurance)
Medical Office Visit	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Anesthesia Services	
Anesthesia, anesthesia supplies and services <i>(In-hospital service)</i>	Included in Hospital Services (Included in Hospital Services)
Out-of-Hospital Care	
Well Child Care: <i>6 exams from birth to 1 year of age</i> <i>6 exams 1 through 5 years of age</i> <i>1 exam every 2 Calendar Years 6 through 10 years of age</i> <i>1 exam every Calendar Year 11 through 21 years of age</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Adult Physical Examinations: <i>1 exam every 5 Calendar Years 22 through 29 years of age</i> <i>1 exam every 3 Calendar Years 30 through 39 years of age</i> <i>1 exam every 2 Calendar Years 40 through 49 years of age</i> <i>1 exam per Calendar Year 50 years of age and older</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Routine gynecological visit <i>1 visit per Calendar Year including pap smear</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Mammography <i>One baseline screening for female 35 through 39 years of age</i> <i>One screening mammogram every Calendar Year for female 40 and older</i> <i>Note: or more frequently if recommended</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Other Benefits	
Immunizations and Vaccinations <i>includes those needed for travel</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Hearing Exams <i>1 hearing exam every 2 Calendar Years</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Diagnostic Services <i>Including: MRI, MRA, CAT, CTA, PET and SPECT scans</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Infertility Services <i>Office Visit</i> <i>Outpatient Hospital</i> <i>Inpatient Hospital</i> <i>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.</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance) Deductible and Out-of-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Outpatient Rehabilitation Services <i>Restorative physical, occupational, speech therapy (max. combined 30 visits per calendar year)</i> <i>Chiropractic therapy (maximum 20 visits per calendar year)</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)

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Covered Service	In-Network Services (*Out-of-Network Services)
Other Therapy Services <i>outpatient cardiac rehabilitation therapy for up to 36 visits per cardiac episode</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Radiation Therapy <i>Chemotherapy for the treatment of cancer</i> <i>Electroshock Therapy</i> <i>Kidney Dialysis in a Hospital or free-standing dialysis center</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Allergy Testing and Treatment <i>Allergy visits/testing</i> <i>Immunotherapy or other therapy treatments to a max. of 80 visits per 3 Calendar Year Period</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Ambulance Services <i>Maximum for land: Paid according to the Department of Public Health Ambulance Service Rate Schedule</i> <i>Maximum for air: Paid according to the Department of Public Health Air Ambulance Service Rate Schedule</i>	Deductible and In-Network Coinsurance (Paid as an In-Network Service)
Human Organ and Tissue Transplant Services <i>\$1,000,000 Lifetime Maximum</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Home Health Care <i>Nursing and therapeutic services and home health aide services</i>	No cost share (\$50 deductible and 20% coinsurance)
Infusion Therapy <i>\$250,000 Lifetime Maximum</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Durable Medical Equipment <i>Hearing Aid Coverage available for dependent children age 12 years and under with a maximum of \$1,000 within a 2 year period.</i> <i>Diabetic equipment, Drugs and supplies purchased at a Durable Medical Equipment supplier</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Diabetic equipment <i>Drugs and supplies purchased at a Pharmacy that is not a Durable Medical Equipment supplier</i>	Not Applicable (Deductible and Out-of-Network Coinsurance)
Private Duty Nursing <i>Limited to \$15,000 per calendar year</i>	Not Applicable (Deductible and Out-of-Network Coinsurance)
Ostomy Related Services	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Hospice Care (inpatient) <i>60 days per Calendar Year.</i>	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Wig <i>Up to \$350 max. per member per calendar year</i>	No cost share
Specialized Formula	Deductible and In-Network Coinsurance (Deductible and Out-of-Network Coinsurance)
Penalty for failure to Prior Authorize Covered Services <i>Please note that the combined penalty amount for Facility Benefit and the Admitting Physician Benefit will be no greater than \$500.</i>	\$200 Hospital and 25% Physician (of Maximum Allowable Amount (MAA)) \$200 Hospital and 25% Physician (of Maximum Allowable Amount (MAA))

*Out-of-Network Services are noted in parentheses.

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.