

Your Anthem Benefits



VINCENNES UNIVERSITY

Blue AccessSM (PPO) -

Summary of Benefits, Effective January 1, 2009

COVERED BENEFITS	NETWORK/NON-NETWORK (MEMBER'S RESPONSIBILITY)	
Deductible (Single/Family) <i>(Applies only to percent (%) copayments)</i>	\$500/\$1,000 Network/\$1,000/\$2,000 Non-network	
Out-of-Pocket Maximum (Single/Family)	\$2,000/\$4,000 Network/\$5,000/\$10,000 Non-network	
Office Services • Including Allergy – testing and treatment – serum and injections ¹	\$20 Network/40% Non-network Per Visit	
Preventive Care	\$20 Network/40% Non-network Per Visit. Included with no age or dollar limits; Non-network benefits apply. Preventive care includes: medical history, mammograms ¹ , pelvic exams and Pap tests, immunizations ¹ , routine and annual diabetic eye exams and hearing exams.	
Maternity Services	20% Network/40% Non-network	
Inpatient Services	20% Network/40% Non-network per admission	
Outpatient Facility Services	20% Network/40% Non-network	
Professional/Home Care (Inpatient/Outpatient)	20% Network/40% Non-network	
Emergency and Urgent Care:		
Emergency Care in ER Room <i>(covers all services, waived if admitted)</i>	\$75 Network or Non-network	
Urgent Care Facility	\$35 Network or Non-network	
Hospice/Ambulance	Covered in full Network or Non-network	
Medical Supplies, Equipment and Appliances	20% Network/40% Non-network	
Outpatient Therapy Visit Limits <i>(Limits apply to Network/Non-network combined visits.)</i>		
Physical/Occupational	60 Network and Non-network combined visits; same copay as office services	
Spinal Manipulation	12 Network and Non-network combined visits; same copay as office services	
Speech	20 Network and Non-network combined visits; same copay as office services	
Mental Health and Substance Abuse ^{Anthem}	Covered as any other illness. Subject to same copays, deductibles and maximums.	
Lifetime Maximum	\$5 million Network and Non-network combined (Excluding human organ and tissue transplants)	
Human Organ and Tissue Transplants ²	Covered in full Network/50% Non-network (Does not count toward out-of-pocket maximum)	
Prescription Drug Options:	Network	Non-network
Network Retail Pharmacies: (30-day supply)	20% copayment with the following minimums: \$12 formulary generic/\$24 formulary brand \$40 non-formulary generic/brand	50% copayment (min \$40)
Anthem Rx Direct Mail Service: (90-day supply)	\$24 formulary generic/\$48 formulary brand \$80 non-formulary generic/brand	Not covered Non-network

Notes:

- *The deductibles and copayments (except prescription drug and human organ and tissue transplants, excluding kidney and cornea) apply toward the out-of-pocket maximums.*
- *The deductible(s) apply only to covered services listed with a percentage (%) copayment.*
- *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 calendar year of age 19; age 24 if dependent qualifies as a full-time student.*
- *Certain diabetic and asthmatic supplies are covered in full at network pharmacies.*
- *Office services also includes office surgeries and preconception care/education.*
- ¹ *These covered services are covered in full if you have a flat dollar copayment and if rendered without an office services.*
- ² *Human organ and tissue transplants (except kidney and cornea) are covered in full Network; 50% Non-network. Does not count toward the out-of-pocket maximum. Subject to a separate \$1 million lifetime maximum Network and Non-network combined. Kidney and cornea are covered same as any other illness and subject to the medical lifetime maximum.*
- ³ *If applicable, all prescription drug expenses (Network/Non-network, Retail/Mail-service combined) apply to the per individual deductible. Once the deductible is met, the appropriate copayment applies.*

Non-network Limits:

- *Physical medicine and rehabilitation limited to 60 days per calendar year (Network and Non-network combined).*
- *Home care is limited to 30 visits per calendar year.*

Precertification:

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

Pre-existing Period Limit:

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):

Late and Non-late enrollee: 12 months after the member's enrollment date

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 six 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 benefit description 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.