Anthem

Capital Area Health Consortium
Century Preferred
Description of Benefits

Century Preferred is a preferred provider organization (PPO) plan.

COST SHARE PROVISIONS	**In-Network** *Member pays:*	**Out-of-Network** *Member pays:*
Hospital (**HSP**) Copayment	No Charge	Deductible & Coinsurance
Urgent Care (**UR**) Copayment	$25	Not Covered
Emergency Room (**ER**) Copayment – *waived if admitted*	$25	$25
Outpatient Surgery (**OS**) Copayment	No Charge	Deductible & Coinsurance
Annual Deductible (*individual/2-member family/3+ member family*)	Not Applicable	$200/$400/$600
Coinsurance		20% after deductible up to
Coinsurance Maximum (*individual/2-member family/3+ member family*)		$1,000
Cost Share Maximum *(individual/2-member family/3+member family)*		$1,200/$1,400/$1,600
Lifetime Maximum	Unlimited	Unlimited
PREVENTIVE CARE		
Well child care	No Charge	Deductible & Coinsurance
Periodic, routine health examinations	No Charge	
Routine eye screening	No Charge	
Routine OB/GYN visits	No Charge	
Mammography	No Charge	
Hearing screening (*as part of preventive exam)*	No Charge	
MEDICAL CARE		
Office visits	$15	Deductible & Coinsurance
Specialist visits	$20	
Outpatient mental health & substance abuse - *prior authorization required*	No charge	
OB/GYN care	$20	
Maternity care – *initial visit subject to copayment, no charge thereafter*	$20	
Diagnostic lab and x-ray	No Charge	
High-cost outpatient diagnostic – *prior authorization required*	No Charge	
Allergy services *Office visits/testing* *Injections—80 visits in 3 years*	 $20 No Charge	
HOSPITAL CARE – *Prior authorization required*		
Semi-private room *(General/Medical/Surgical/Maternity)*	No Charge	Deductible & Coinsurance
Inpatient mental health & substance abuse	No Charge	
Skilled nursing facility – *up to 120 days per calendar year*	No Charge	
Rehabilitative services – *up to 60 days per person per calendar year*	No Charge	
Outpatient surgery – *in a hospital or surgi-center*	No Charge	
EMERGENCY CARE		
Walk-in centers	$15	Deductible & Coinsurance
Urgent care – *at participating centers only*	UR Copayment	Not Covered
Emergency care – *copayment waived if admitted*	ER Copayment	ER Copayment
Ambulance	No Charge	No Charge

OTHER HEALTH CARE	In-Network *Member pays:*	Out-of-Network *Member pays:*
Outpatient rehabilitative services *50 visit maximum for PT, OT, ST and Chiro. per year*	No Charge	Deductible & Coinsurance
Durable medical equipment / Prosthetic devices	No Charge	
Hospice *60 day maximum*	$200 copay	
Infertility services *(diagnosis and treatment)*	$20	Deductible & Coinsurance
Home health care	No Charge	$50 Deductible & Coinsurance
Prescription drugs – *filled at a pharmacy*	See drug plan	See drug plan

PREVENTIVE CARE SCHEDULES

Mammography
- 1 baseline screening, ages 35-39
- 1screening per year, ages 40+
- Additional exams when medically necessary

Vision Exams: 1 exam every 2 calendar years

Hearing Exams: 1 exam every 2 calendar years *copay applies*

Notes To Benefit Descriptions
- In situations where the member is responsible for obtaining the necessary prior authorization and fails to do so, benefits may be reduced or denied.
- Inpatient Hospital Per Admission Copay is waived if readmitted within 30 days for same diagnosis. Maximum of 3 copays per person per year.
- Skilled Nursing Facility Copay is waived if admitted within 3 days of hospital discharge.
- Home Health Care services are covered when in lieu of hospitalization. Includes infusion (IV) therapy.
- Members must utilize participating Blue Quality Centers for Transplant hospitals to receive benefits for Human Organ & Tissue Transplant services. This network of the finest medical transplant programs in the nation is available to members who are candidates for an organ or bone marrow transplant. A nurse consultant trained in case management is dedicated to managing members who require organ and/or tissue transplants.
- Members are responsible for the balance of charges billed by out-of-network providers after payment for covered services has been made by Anthem Blue Cross and Blue Shield according to the Comprehensive Schedule of Professional Services.

Please refer to the *SpecialOffers@Anthem* brochure in your enrollment kit for information on the discounts we offer on health-related products and services.

This does not constitute your health plan or insurance policy. It is only a general description of the plan. The following are examples of services NOT covered by your Century Preferred Plan. Please refer to your Subscriber Agreement/Certificate of Coverage/Summary Booklet for more details: Cosmetic surgeries and services; custodial care; genetic testing; hearing aids; refractive eye surgery; services and supplies related to, as well as the performance of, sex change operations; surgical and non-surgical services related to TMJ syndrome; travel expenses; vision therapy; services rendered prior to your contract effective date or rendered after your contract termination date; and workers' compensation.This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits

A product of Anthem Blue Cross and Blue Shield serving residents and businesses in the State of Connecticut.

Effective 7/1/13 NGF