Anthem BlueCare 100 Plan

In-network services		You pay
Routine wellness		
• an annual checkup visit • an annual gynecological exam • Pap tests • an annual routine mammogram for members age 35 and older	• prostate exams • an annual Prostate Specific Antigen (PSA) test for men age 40 and older • routine laboratory services • routine x-rays	**No charge**
• well baby visits • immunizations		**20%** of the amount the health care professionals in our network have agreed to accept for their services
Routine vision • an annual routine eye examination ***Plus — valuable discounts on eyewear***		**$15** for each visit
All other in-network services		
You will pay all the costs associated with your care until you have paid **$100** in one calendar year. This is known as your deductible. • If two people are covered under your plan, each of you will pay the first **$100** of the cost of your care ($200 total). • If three or more people are covered under your plan, together you will pay the first **$200** of the cost of your care. However, the most one family member will pay is **$100**. ***Once you reach your deductible you pay:***		
Doctor visits		
• office visits • urgent care visits • home visits • physical and occupational therapy visits in an office setting (combined $2,000 maximum) • speech and therapy visits in an office setting ($500 maximum)	• pre- and postnatal office visits • mental health and substance abuse visits • spinal manipulations and other manual medical intervention visits ($500 maximum) • in-office surgery	**20%** of the amount the health care professionals in our network have agreed to accept for their services

For the benefits listed with specific limits, all services received during the calendar year from January 1 to December 31 for that benefit (whether received in-network or out-of-network) are applied to that limit.

Labs, x-rays and other outpatient services	
diagnostic lab services • diagnostic x-rays • shots and therapeutic injections • medical appliances, supplies and medications, including infusion medications • durable medical equipment ($5,000 maximum) • dialysis • chemotherapy not given orally, IV, radiation and respiratory therapy • professional ground ambulance services ($3,000 maximum)	**20%** of the amount the health care professionals in our network have agreed to accept for their services
In-network services	**You pay**
Outpatient visits in a hospital or facility	
• emergency room • surgery • physician services • physical therapy and occupational therapy (combined $2,000 maximum) • speech therapy ($500 maximum)	**20%** of the amount the health care professionals in our network have agreed to accept for their services
Care at home	
• home health care visits by a nurse or aide • private duty nursing ($500 maximum)* • hospice care **Since there is no network for this service, you may be billed for the difference between what we pay for this service and the amount the private duty nursing service charged.*	**20%** of the amount the health care professionals in our network have agreed to accept for their services
Inpatient stays in a network hospital or facility	
• semi-private room, intensive care or similar unit • physician, nursing and other medically necessary professional services in the hospital including anesthesia, surgical and maternity delivery services • skilled nursing facility care (100 days for each admission) • mental health and substance abuse partial day treatment programs	**20%** of the amount the health care professionals in our network have agreed to accept for their services
Out-of-network services	
Using doctors, hospitals and other health care professionals not contracted to provide benefits	
It's important to remember that health care professionals not in our network can charge whatever they want for their services. If what they charge is more than the fee our network health care professionals have agreed to accept for the same service, they may bill you for the difference between the two amounts.	
If you go to an eye care professional not in our network for your routine eye examination, we will pay $30 (whether or not you have reached the $100 deductible) and you will pay the rest of what the professional charges.	
Out-of-pocket maximums	
What you will pay for covered services in one calendar year (January 1 – December 31)	
If you are the only one covered by your plan, you will pay $1,000 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is $0, except for services listed below that do not count toward the annual out-of-pocket maximum.* • If two people are covered under your plan, each of you will pay $1,000 ($2,000 total). • If three or more people are covered under your plan, together you will pay $2,000. However, no family member will pay more than $1,000 toward the limit. ***The following do not count toward the calendar year out-of-pocket maximum:** • your share of the cost of prescription drugs and routine vision care • the cost of care received when the benefit limits have been reached • the cost of services and supplies not covered under your Anthem BlueCare 100 plan • the additional amount health care professionals not in our network may bill you when their charge is more than what we pay	

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This benefits overview insert is only one piece of your entire enrollment package.
See the enrollment brochure for a list of your plan's exclusions and limitations and applicable policy form numbers.

For the benefits listed with specific limits, all services received during the calendar year from January 1 to December 31 for that benefit (whether received in-network or out-of-network) are applied to that limit.