

Business Options		Blue Preferred® Plus Select (POS)						
\$5,000,000 per member maximum lifetime benefit on all plans	Blue Preferred Plus for HSAs \$2,000 (HO3)		Blue Preferred Plus \$1,000 (O3)		Blue Preferred Plus \$500 (O6)		Blue Preferred Plus \$250 (O8)	
PLAN FEATURES	Network Providers	Out-of-Network Providers	Network Providers	Out-of-Network Providers	Network Providers	Out-of-Network Providers	Network Providers	Out-of-Network Providers
Annual Deductible per Member*	\$2,000	\$4,000	\$1,000	\$2,000	\$500	\$1,000	\$250	\$500
Coinsurance	0%	30%	20%	40%	20%	40%	20%	40%
Out-of-Pocket Limit* per Calendar Year	\$2,000	\$7,000	\$3,000	\$6,000	\$2,500	\$5,000	\$2,250	\$4,500
Office Visits	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	\$30 copay-Primary \$45 copay-Specialist	Subject to deductible and coinsurance.	\$30 copay-Primary \$45 copay-Specialist	Subject to deductible and coinsurance.	\$30 copay-Primary \$45 copay-Specialist	Subject to deductible and coinsurance.
Preventive Care Please refer to the back of this flyer for Preventive Care features.	100%, not subject to deductible and coinsurance.	Subject to deductible and coinsurance	Paid based on place of service.	Subject to deductible and coinsurance.	Paid based on place of service.	Subject to deductible and coinsurance.	Paid based on place of service.	Subject to deductible and coinsurance.
Emergency Care Copays will be waived upon inpatient admission.	Subject to deductible and coinsurance.	Paid at the Network level.**	\$100 copay and 20% coinsurance	Paid at the Network level.**	\$100 copay and 20% coinsurance	Paid at the Network level.**	\$100 copay and 20% coinsurance	Paid at the Network level.**
Urgent Care	Subject to deductible and coinsurance.	Paid at the Network level.**	\$50 copay	Paid at the Network level.**	\$50 copay	Paid at the Network level.**	\$50 copay	Paid at the Network level.**
Prescription Drugs*** A 30-day supply per retail prescription is the maximum allowed.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	\$10 Tier 1 \$25 Tier 2 \$50 Tier 3****	50% (minimum \$50 per prescription)	\$10 Tier 1 \$25 Tier 2 \$50 Tier 3****	50% (minimum \$50 per prescription)	\$10 Tier 1 \$25 Tier 2 \$50 Tier 3****	50% (minimum \$50 per prescription)
Childhood Immunizations Covered services limited to immunizations from birth through age 18.	100%, not subject to deductible and coinsurance.	Subject to deductible and coinsurance.	100%, not subject to deductible and coinsurance.	Subject to deductible and coinsurance.	100%, not subject to deductible and coinsurance.	Subject to deductible and coinsurance.	100%, not subject to deductible and coinsurance.	Subject to deductible and coinsurance.
Inpatient Hospital Days Precertification required.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.
Diagnostic Services Inpatient, Outpatient or Physician's Office	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	Paid based on place of service.	Subject to deductible and coinsurance.	Paid based on place of service.	Subject to deductible and coinsurance.	Paid based on place of service.	Subject to deductible and coinsurance.
Allergy Injections	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	\$5 copay when billed without an office visit.	Subject to deductible and coinsurance.	\$5 copay when billed without an office visit.	Subject to deductible and coinsurance.	\$5 copay when billed without an office visit.	Subject to deductible and coinsurance.

*The out-of-pocket limit includes the deductible and coinsurance. The family deductible will be three (3) times the individual deductible and the family coinsurance maximum will be two (2) times the individual coinsurance maximum. This does not apply to the HSA plans which will be two (2) times the individual amount for both deductible and coinsurance maximums.

**Out-of-network services are paid up to the maximum allowable amount. Member may be responsible for additional cost.

***Non-HSA plans do not subject Prescription Drugs to the medical deductibles.

****Member may be responsible for additional cost when not selecting the available generic drug.

100% means no deductible/copayment/coinsurance up to the maximum allowable amount.

This flyer is only intended to highlight and give a general description of some of the benefits available. It is not a legal document. For a complete listing of the benefits, limitations and exclusions, please refer to the contract. These plans are intended for employers with two to fifty employees eligible for health benefits.

STANDARD FEATURES

BlueCard®

Our cost-saving advantages stay with you even when you are outside of Wisconsin. Our BlueCard grants access to network providers nationally and worldwide. When members are traveling and need care, they can simply call the BlueCard number on the back of their member ID cards to find the provider closest to them. The closest network provider or hospital can also be found online at anthem.com. Click on **Find a Doctor** and then **Search the National BlueCard Directory**.

MyAnthem for Members

MyAnthem for Members provides members with access to their health information at their convenience. **MyAnthem** is a secure, individually tailored site that helps members access health plan services online. Members have more control with Subimo's decision-support tools accessed through **MyAnthem – Healthcare Advisor** helps with health care decisions, *PharmaAdvisor™* helps members learn more about their prescriptions with easy-to-use information on more than 11,000 drugs and *Treatment Cost Advisor* allows members to estimate medical costs before they receive care. In addition, members have access to MyHealth@Anthem® powered by WebMD®, a powerful resource that offers members tools to better manage chronic and acute conditions, test their health IQ, organize their health information, check their health risk level and find prevention information for men and women. Members register for this secure site at anthem.com.

SpecialOffers@AnthemSM

SpecialOffers@Anthem provides members with valuable discounts on a variety of health and lifestyle-related products and services. Please visit anthem.com, select the **Member** tab, choose **Wisconsin** and click **Enter**. Click on **SpecialOffers@Anthem** to find the discounts you want and start saving. Please note the program is not part of your insurance program and may be changed or discontinued at any time.

Dependent Coverage

Unmarried dependents are covered until the end of the calendar year in which they reach age 19, or age 24 if a full-time student.

Precertification Program

We perform precertification reviews to ensure efficient and effective care is provided in the most appropriate setting. For in-network services, providers should call the Precertification Program for inpatient certification. If a member chooses to use a non-network provider, the member is responsible for obtaining precertification

If this call is not made, a retrospective review of the care provided will be completed to determine if services were medically necessary. Precertification of services does not guarantee those services are covered. If you have any questions about covered services, refer to your benefit handbook.

Pre-existing Condition Limitation

A pre-existing condition is defined as a condition for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period preceding the date the member enrolled in the employer's group health plan. Pregnancy and domestic violence are not considered to be pre-existing conditions. No benefits are payable for a pre-existing condition for 12 months. Time satisfied under prior creditable coverage will be counted toward the waiting period for a pre-existing condition, unless there was a 63-day or more break in coverage.

Preventive Care

Preventive care is an important component in reducing health care costs because problems can be caught during early, less-serious stages. We are pleased to offer an extensive preventive care benefit in our health plans. Covered services include routine mammograms and school, eye, hearing and routine exams.

Childhood Immunizations and Lead Poisoning Screening

Our plans also provide benefits for childhood immunizations and lead poisoning screening. Childhood immunizations are covered for members from birth through age 18, and lead poisoning screening is available for dependents under 6 years of age.

Mammograms

Routine mammograms are paid under preventive care. Covered services include an annual mammogram and additional mammograms, when medically necessary. The additional mammograms will be covered under the Diagnostic Services benefit.

3-Tier Pharmacy Benefit Plans

Our 3-Tier Pharmacy Benefit Plans help reduce health care costs by allowing members to control their out-of-pocket prescription drug expenses. A 30-day supply per prescription is the maximum allowed. The formulary is carefully monitored by physicians and pharmacists to ensure generic and brand-name medications meet all of the standards for clinical effectiveness, safety and cost. An extensive network of pharmacies, including local, independent pharmacies and national chains, participate in our 3-Tier Pharmacy Plans. For more information or to find out about medications on the formulary, please call the customer service number listed on the back of the Member ID Card. Information is also available on our Web site at anthem.com.

\$5,000,000 Lifetime Benefit

All plans feature a \$5,000,000 per member maximum lifetime benefit.