WISCONSIN

Individual

Blue Access Economy

PLAN BENEFITS GUIDE

Calendar-year deductible

Out-of-Pocket Maximum (including deductible)

Physician Office Services

Preventive Care
NOTE: Lab/X-Ray for routine pap smear, annual mammogram, colorectal cancer screening, PSA screening only. Other preventive care services are not covered.

Well Child Care
NOTE: Childhood immunizations up to age 6 only. Other well child care services are not covered.

Diagnostic Services

Inpatient Hospital Services

Outpatient Services

Emergency Room

Urgent Care

Ambulance (includes air)

Maternity Services

Outpatient Therapy Services
Maximum visits per benefit period for Network and Non-network combined:
- Physical Therapy - 10 visits maximum
- Speech Therapy - 10 visits maximum
- Occupational Therapy - 10 visits maximum
- Spinal Manipulation - no maximum

Mental Health
- Inpatient
- Outpatient

Substance Abuse
- Inpatient
- Outpatient

Home Health Care (Maximum visits per benefit period - 40 visits)

Hospice

Durable Medical Equipment (Maximum per benefit period - $4,000)

Human Organ and Tissue Transplant Services
NOTE: Kidney Disease covered up to $30,000 per person per calendar year

Lifetime Maximum

Preexisting Waiting Period

ECONOMY PLAN

NETWORK YOU PAY	NON-NETWORK YOU PAY
$1,000 individual / $3,000 family $1,500 individual / $4,500 family $2,500 individual / $7,500 family $5,000 individual / $15,000 family	$2,000 individual / $6,000 family $3,000 individual / $9,000 family $5,000 individual / $15,000 family $10,000 individual / $30,000 family
$5,000 individual / $10,000 family $5,500 individual / $11,000 family $6,500 individual / $13,000 family $9,000 individual / $18,000 family	$10,000 individual / $20,000 family $11,000 individual / $22,000 family $13,000 individual / $26,000 family $18,000 individual / $36,000 family
$35 copay for first 3 office visits[2,4] 30%[1] for 4+ office visits 30%[1] for other services	50%[1]
30%[1]	50%[1]
0% (not subject to deductible)	50%[1]
30%[1]	50%[1]
30%[1]	50%[1]
30%[1]	50%[1]
30%[1]	30%[1]
30%[1]	30%[1]
30%[1]	30%[1]
Not Covered	Not Covered
$35 copay for first 3 office visits[2,4] 30%[1] for 4+ office visits 30%[1] for other services	50%[1]
Not Covered Not Covered	Not Covered Not Covered
Not Covered Not Covered	Not Covered Not Covered
30%[1]	50%[1]
30%[1]	30%[1]
30%[1]	50%[1]
30%[1]	50%[1] (Non-network transplant facility), deductible and coinsurance does not apply to out-of-pocket maximums
Unlimited	Unlimited
12 months	12 months

Exclusions and limitations apply to the plan. Please see contract or certificate of coverage for details.

[1] Services subject to calendar-year deductible. Network and Non-network deductibles are separate and do not accumulate towards each other.

[2] Copayment does not apply to deductible or out-of-pocket maximums.

[3] If brand name drug is purchased when a generic equivalent is available, you are responsible for the difference between the allowed charges for the generic and the brand name drug, in addition to the generic copay.

[4] $35 copay for the first 3 office visits includes Physician office visits and Outpatient Therapy office visits combined. Subsequent office visits are subject to deductible and 30% coinsurance.

PRESCRIPTION DRUG BENEFITS

You can choose from three prescription benefit options as shown below.

PRESCRIPTION DRUG BENEFIT OPTION: $500 DEDUCTIBLE $15/$30/$60/25%

NETWORK YOU PAY	NON-NETWORK YOU PAY
Retail (30-day supply): · Tier 1 - $15 per prescription · Tier 2 - $30 per prescription (subject to a $500 drug deductible) · Tier 3 - $60 per prescription (subject to a $500 drug deductible) · Tier 4 - 25% per prescription ($2,500 out-of-pocket maximum) **Mail Service (90-day supply):** · Tier 1 - $30 per prescription · Tier 2 - $75 per prescription (subject to a $500 drug deductible) · Tier 3 - $150 per prescription (subject to a $500 drug deductible) · Tier 4 - 25% per prescription ($2,500 out-of-pocket maximum)	**Retail (30-day supply):** · Tier 1 - 50% with a minimum of $60 · Tier 2 - 50% with a minimum of $60 (subject to a $500 drug deductible) · Tier 3 - 50% with a minimum of $60 (subject to a $500 drug deductible) · Tier 4 - 50% with a minimum of $60 (no maximum) **Mail Service -** Not covered

PRESCRIPTION DRUG BENEFIT OPTION: $15 GENERIC ONLY

NETWORK YOU PAY	NON-NETWORK YOU PAY
Retail (30-day supply): · Generic Prescription Drugs - $15 per prescription, $500 maximum per person per calendar year. Brand-name prescription drugs are not covered. However, you can get discounts on brand-name drugs with your Anthem Blue Cross and Blue Shield ID card. **Mail Service (90-day supply):** · Generic Prescription Drugs - $30 per prescription, $500 maximum per person per calendar year. Brand-name prescription drugs are not covered.	**Retail (30-day supply):** · Generic Prescription Drugs - 50% with a minimum of $15, $500 maximum per person per calendar year. Brand-name prescription drugs are not covered. Prescription discounts are not applicable if the provider is non-network. **Mail Service -** Not covered

PRESCRIPTION DRUG BENEFIT OPTION: DISCOUNT ONLY

NETWORK YOU PAY	NON-NETWORK YOU PAY
Prescription drugs are not covered. However, you can get discounts on prescription drugs with your Anthem Blue Cross and Blue Shield ID card.	Prescription drugs are not covered. Prescription discounts are not applicable if the provider is non-network.

Tier 1 - Nearly all Tier 1 drugs are Preferred Generic Prescription Drugs, but tier 1 may also include some lower cost brand-name drugs with the greatest therapeutic value.

Tier 2 - Preferred Brand-Name and/or Generic Drugs that are lower-cost and provide greater therapeutic value than comparable brand-name drugs.

Tier 3 - Nearly all Tier 3 drugs are Brand-Name drugs that cost more or are less efficient than comparable drugs on lower tiers, but Tier 3 may also include some high-cost generic drugs.

Tier 4 - Generally includes self-injectable drugs. The list of Tier 4 Drugs can be found at www.anthem.com or by calling the number on the back of your ID card.

NOTE: If a brand-name drug is purchased when a generic equivalent is available, you are responsible for the difference between the allowed charges for the generic and the brand-name drug, in addition to the generic copay.

Prescription drug benefits administered by WellPoint NextRx, an affiliate of Anthem Blue Cross and Blue Shield. Mail order prescription drug benefits administered by Precision Rx.