

Feature	Anthem Avondale Represented EPO
Provider	Anthem Blue Cross 1-800-948-3648 www.anthem.com/ca
	Cost Sharing
Annual Deductible	\$250 Individual; \$500 Family; applies only to durable medical equipment, appliances, and ambulance services
Out-of-pocket maximum	\$0 Individual; \$0 Family
Lifetime coverage limit	\$1,000,000
	Policies/Requirements
Need to file claims	No; except for out-of-network services
Domestic partner benefits	No
	Access
Ability to self-refer to OB/GYN	Yes
Ability to self-refer to specialists	Yes
Out-of-area dependent coverage	Yes
Out-of-area participant coverage	Yes
	Spending Account
You only	Not applicable
You and spouse	Not applicable
You and child	Not applicable
You and family	Not applicable
Eligible expenses for reimbursement	Not applicable
	Outpatient Services
Primary doctor office visit	\$15 copay
Specialist doctor office visit	\$15 copay
	Preventive Care
Annual physical exam	Not covered
Well-woman exam (includes pap)	Applicable copays apply; limited to two routine gynecological exams and Pap tests per benefit plan year; no limit for medically necessary services
Mammogram	100% covered; limited to one routine mammogram per benefit plan year for members after age 35 and maximum benefit of \$150
Pediatric exams	Not covered; applicable copays apply for newborn nursery charges and circumcision only
Immunizations (child)	Not covered
Colonoscopy	100% covered; limited to one per benefit plan year after age 50
Cancer screenings	Applicable copays apply; prostate exams limited to one screening after age 50
Cardiovascular screenings	Not covered
Allergy tests and treatments	100% covered after office visit copay
	Outpatient Care
Outpatient surgery	100% covered
Outpatient laboratory services	100% covered
Outpatient physical therapy	\$15 copay; limited to 60 visits per benefit plan year
Outpatient X-ray	100% covered
Outpatient occupational therapy	\$15 copay; limited to 60 visits per benefit plan year
Outpatient speech therapy	\$15 copay; limited to 60 visits per benefit plan year
Outpatient cardiac rehabilitation	\$15 copay; limited to Phase 1 and Phase 2 care

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	Family Planning/Maternity Care
Office visit: pre/postnatal	\$15 copay
In-hospital delivery services	100% covered; preauthorization required
Newborn nursery services	100% covered; preauthorization required
Fertility services	Not covered
In vitro fertilization	Not covered
Artificial insemination	Not covered
Female tubal ligation	Applicable copays apply
Male vasectomy	Applicable copays apply
	Hearing
Hearing evaluations	Not covered
Hearing aids	Not covered
	Vision
Routine vision exams	Not covered
Regular lenses and frames	Not covered
Contact lenses	Not covered
	Dental
Dental implants	Not covered
Accidental injury to teeth	\$15 copay
Surgical removal of tumors, cysts and impacted teeth	Applicable copays apply
	Inpatient Services
Hospital copay	100% covered; preauthorization required
Hospital semi-private room	100% covered; preauthorization required
Inpatient lab and X-ray	100% covered; preauthorization required
Inpatient surgery	100% covered; preauthorization required
Inpatient physician and surgeon services	100% covered; preauthorization required
	Emergency Care
Emergency room (not followed by admission)	\$50 copay; limited to emergencies only
Urgent care clinic visit	100% covered; \$15 office visit copay may apply
Ambulance services	80% covered after deductible is met; limited to nearest hospital and emergencies only
	Prescription Drug Coverage
Annual prescription deductible	\$250 Individual; \$500 Family; two family members must meet the individual deductible before family deductible is satisfied
Prescription drug website	www.express-scripts.com
Prescription drug member services	1-800-655-1971
Prescription drug vendor	Express Scripts
Annual Rx out-of-pocket maximum	\$0 Individual; \$0 Family
	Retail
Retail generic	90% covered; 30 day supply
Retail formulary brand	80% covered; 30 day supply
Retail nonformulary brand	80% covered; 30 day supply

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	Mail Order
Mail order generic	90% covered; 90 day supply
Mail order formulary brand	80% covered; 90 day supply
Mail order nonformulary brand	80% covered; 90 day supply
	Other
Oral contraceptives	Retail and mail order available
Fertility drugs	Not covered
Injectables	Applicable medical or prescription drug coinsurance or copays apply; check with Anthem or Express Scripts for details
	Mental Health
Mental Health: Combined with substance abuse	Yes; outpatient only
Mental Health: Outpatient coverage	80% covered after deductible is met; limited to 24 hour crisis intervention and evaluation/outpatient counseling; limited to 50 visits per year
Mental Health: Inpatient coverage	Plan pays \$80 per day; limited to \$1,000 per admission; limited to 30 days per year
	Substance Abuse
Detox: Outpatient coverage	80% covered after deductible is met; limited to 24 hour crisis intervention and evaluation/outpatient counseling; limited to 50 visits per year
Detox: Inpatient coverage	Plan pays \$80 per day; limited to \$1,000 per admission; limited to 30 days per year and 2 episodes per lifetime; dependents not covered
Rehab: Outpatient coverage	80% covered after deductible is met; limited to 24 hour crisis intervention and evaluation/outpatient counseling; limited to 50 visits per year
Rehab: Inpatient coverage	Not covered
	Alternative Care
Chiropractic	50% covered; limited to \$500 per benefit plan year; including x-rays
Acupuncture	Not covered
	Care Management Programs
Heart disease care management	No
Hypertension care management	No
Diabetes care management	No
Asthma care management	No
Prenatal care management	No
Cancer care management	No
Smoking cessation program	No
Weight control program	No
	Other
Noncustodial home health care	100% covered; limited to 30 days; preauthorization required
Hospice care	100% covered
Prescribed care in noncustodial skilled nursing facility	100% covered; limited to 50 days; preauthorization required
Durable medical equipment	80% covered after deductible is met; limited to \$1,500 per benefit plan year; preauthorization required
Prosthetic devices	80% covered after deductible is met; limited to \$1,500 each for prosthetics and orthotics per benefit plan year; preauthorization required