

RETIREES - Anthem Health Insurance Comparison Chart

Benefits are subject to change.

* PCP refers to Primary Care Physician.

Effective January 1, 2010

** Major Medical

BENEFIT	BLUE ACCESS Carve Out		BLUE ACCESS Modified		BLUE ACCESS 80/20	
	Network	Non-Network	Network	Non-Network	Network	Non-Network
	Level 200		Level 200		Level 200	
<p>The benefits comparison sheet is meant to be a summary of your benefits only. Once a plan is selected, the Benefits Certificate will serve as the final document for detailing coverage.</p> <p>ALL CHARGES LISTED WITH A PERCENTAGE ARE FIRST SUBJECT TO AN ANNUAL DEDUCTIBLE.</p> <p>The City of Cincinnati's Anthem Customer Service Number is 1-800-887-6055. They are open Monday through Friday from 8:30 a.m. to 5:00 p.m. except Tuesday 9:30 a.m. to 5:00 p.m.</p>						
Paycheck Deduction	None	Not applicable	None	Not applicable	2009 Single - \$13.84 @ mth. Family - \$38.22 @ mth. 2010 Single - \$15.80 @ mth. Family - \$43.74 2 mth.	
Maximum Annual Out of Pocket	Single - 20% coins. until you reach maximum of \$500. Family - 20% coins. until you reach maximum of \$1,000. Rx is not included above. Rx always requires a copay	Single - 50% coinsur. until you reach \$1,000 out of pocket expenses. Family - 50% coinsur. until you reach \$2,000 expenses. Then coverage is at 100% of the out of network level. Rx is not included above. Rx always requires a copay.	Single - \$100 deductible then 20% coinsurance until you reach \$900. Total = \$1,000 Family - \$200 deductible then 20% coinsurance until you reach \$1,800 Total = \$2,000 Then claims are paid at 100%. Rx is not included above. Rx always requires a copay.	Single - \$200 deductible then 50% coinsurance until you reach \$1,800. Total = \$2,000. Family - \$400 deductible then 50% coinsurance until you reach \$3,600. Then coverage is at 100% Rx is not included above. Rx always requires a copay.	Single - \$300 deductible then 20% coinsurance until you reach \$1,200. Total = \$1,500. Family - \$600 deductible then 20% coinsurance until you reach \$2,400. Then coverage at 100%. Total = \$3,000. Rx is not included above. Prescriptions always requires a copay.	Single - \$600 deductible then 50% coinsurance until you reach \$2,400. Then coverage at 100%. Total = \$3,000. Family - \$1,200 deductible then 50% coinsurance until you reach \$4,800. Then coverage at 100%. Total = \$6,000. Rx is not included above. Rx always requires a copay.

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Network Sizes	Apprx. 1400 pcp and 2,200 specialists	Not applicable.	Apprx. 1400 pcp and 2,200 specialists	Not applicable.	Apprx. 1400 pcp and 2,200 specialists	Not applicable.
Dependents over age 19)	Unmarried children to end of the year age 24, if main residence is with subscriber & are eligible as Federal tax exemptions.	Unmarried children to end of the year age 24, if main residence is with subscriber & are eligible as Federal tax exemptions.	Unmarried children to end of the year age 24, if main residence is with subscriber & are eligible as Federal tax exemptions.	Unmarried children to end of the year age 24, if main residence is with subscriber & are eligible as Federal tax exemptions.	Unmarried children to end of the year age 24, if main residence is with subscriber & are eligible as Federal tax exemptions.	Unmarried children to end of the year age 24, if main residence is with subscriber & are eligible as Federal tax exemptions.
Lifetime Maximum amount per individual	\$2 million combined. Network and non-network.	\$2 million combined. Network and non-network.	\$2 million combined. Network and non-network.	\$2 million combined. Network and non-network.	\$2 million combined. Network and non-network.	\$2 million combined. Network and non-network.
Disease Management Program	Covered.	Not covered.	Covered.	Not covered.	Covered.	Not covered.

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	Level 200		Level 200		Level 200	
Mental Health Providers	Anthem Blue Cross & Blue Shield Mental Health Network - Anthem Behavioral Health. Go to www.Anthem.com or 1-800-887-6055.	See inpatient &/or outpatient treatment of mental/nervous disorders for amounts of coinsurance.	Blue Access uses the Anthem Behavioral Health Network. Go to www.Anthem.com for providers or call 1-800-887-6055. No referral needed.	See inpatient &/or outpatient treatment of mental/nervous disorders for amounts of coinsurance.	Blue Access uses the Anthem Behavioral Health Network. Go to www.Anthem.com for providers or call 1-800-887-6055. No referral needed.	See inpatient &/or outpatient treatment of mental/nervous disorders for amounts of coinsurance.
Maternity	20% coinsurance applies. Dependent female children are covered for maternity benefits. Their newborn will be covered after legal guardianship is obtained.	50% coinsurance applies. Dependent female children are covered for maternity benefits. Their newborn will be covered after legal guardianship is obtained.	Deductible and then 20% coinsurance applies. Dependent female children are covered for maternity benefits. Their newborn will be covered after legal guardianship is obtained.	Deductible & then 50% coinsurance applies. Dependent female children are covered for maternity benefits. Their newborn will be covered after legal guardianship is obtained.	Deductible and then 20% coinsurance applies. Dependent female children are covered for maternity benefits. Their newborn will be covered after legal guardianship is obtained.	Deductible & then 50% coinsurance applies. Dependent female children are covered for maternity benefits. Their newborn will be covered after legal guardianship is obtained.
Office Calls	20% coinsurance applies.	50% coinsurance applies	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.

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	Level 200		Level 200		Level 200	
Prescription drugs.	Member pharmacy - 30 day supply \$5 - formulary generic \$15 - formulary brand name \$30 - non-formulary brand name Mail order-90 day supply \$10-formulary generic \$30-formulary brand name \$60-non-formulary brand name Rx maximum out of pocket - \$500 per member Supplies for diabetes and asthma clients may be covered from 80-100%	Covered at 50% Does not count for out-of pocket maximums. Minimum order of \$30.00 Mail order - not covered	Member pharmacy -30 day supply \$5-formulary generic \$15-formulary brand name \$30-non-formulary brand name. Mail Order-90 day supply \$10-formulary generic \$30-formulary brand name \$60-non-formulary brand name. Rx maximum out of pocket - \$1,000 per member Supplies for diabetes and asthma clients may be covered from 80-100%	Covered at 50% Does not count for out of pocket maximums Minimum order of \$30.00 Mail Order - not covered.	Member pharmacy -30 day supply \$10-formulary generic \$20-formulary brand name \$30-non-formulary brand name. Mail Order-90 day supply \$20-formulary generic \$40-formulary brand name \$60-non-formulary brand name. Supplies for diabetes and asthma clients may be covered from 80-100%.	Covered at 50% Does not count for out of pocket maximums. Minimum order of \$30.00 Mail Order - not covered.
Referrals	No referral unless phy requires it.		No referral unless phy requires it.		No referral unless phy requires it.	
Routine Mammograms & Routine PAP testing	Covered in full.	50% coinsurance applies	Covered in full.	Deductible and then 50% coinsurance applies.	Covered in full.	Deductible and then 50% coinsurance applies.

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Routine vision exam	Covered in full	50% coinsurance applies	Covered in full.	Deductible and then 50% coinsurance applies.	Covered in full.	Deductible and then 50% coinsurance applies.
Routine Hearing Evaluation	Covered in full -One routine test covered per year.	50% coinsurance applies	Covered in full -One routine test covered per year.	Deductible & then 50% coinsurance applies.	Covered in full -One routine test covered per year.	Deductible & then 50% coinsurance applies.
Wellness /Preventive (physical exams) & Immunizations	Covered in full.	50% coinsurance applies.	Covered in full.	Deductible and then 50% coinsurance applies.	Covered in full.	Deductible and then 50% coinsurance applies.

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	Level 200		Level 200		Level 200	
Alcoholism /Drug Addiction	20% coinsurance applies.	50% coinsurance applies.	Deductible and 20% coinsurance applies.	Deductible and 50% coinsurance applies.	Deductible and then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.
Allergy Treatment	Testing & treatment. 20% coinsurance applies.	Testing & Treatment 50% coinsurance applies.	Testing & treatment Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.	Testing & treatment Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.
Anesthesia	20% coinsurance applies.	50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance.
Blood	20% coinsurance applies	50% coinsurance applies	Deductible & then 20% coinsurance applies	Deductible & then 50% coinsurance.	Deductible & then 20% coinsurance applies	Deductible & then 50% coinsurance.
Chiropractor Spinal manipulation services)	20% coinsurance applies. Limit 12 visits per year.	50% coinsurance applies. Limit 12 visits per year combined with network.	Deductible & then 20% coinsurance applies. Limit 12 visits per year.	Deductible & then 50% coinsurance applies. Limit 12 visits @ yr. combined with network.	Deductible & then 20% coinsurance applies. Limit 12 visits per year.	Deductible & then 50% coinsurance applies. Limit 12 visits @ yr. combined with network.

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	Level 200		Level 200		Level 200	
Durable Medical & Surgical Supplies	Covered at 80%. Certain supplies are covered under prescription drug card. Does NOT cover general items such as bandages, thermometers, etc. May need claim form.	Covered at 50%. Certain supplies are covered under prescription drug card. Does NOT cover general items such as bandages, thermometers, etc. May need claim form.	Deductible & then 20% coinsurance applies. Certain supplies are covered under prescription drug card. DOES NOT cover general items such as bandages, thermometers, etc. May need claim form.	Deductible & then 50% coinsurance applies. Certain supplies are NOT covered. DOES NOT cover general items such as bandages, thermometers, etc. May need claim form.	Deductible & then 20% coinsurance applies. Certain supplies are covered under prescription drug card. DOES NOT cover general items such as bandages, thermometers, etc. May need claim form.	Deductible & then 50% coinsurance applies. Certain supplies are NOT covered. DOES NOT cover general items such as bandages, thermometers, etc. May need claim form.
Emergency Room	20% coinsurance applies.	20% coinsurance applies	Deductible & then 20% coinsurance applies.	Deductible & then 20% copinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 20% copinsurance applies.
Home Health Care	20% coinsurance applies. Custodian care is not covered under any plan.	50% coinsurance applies. Non-network is limited to 30 visits. Custodial care is not covered under any plan.	Deductible & then 20% coinsurance applies. Custodial care is not covered under any plan.	Deductible & then 50% coinsurance applies. Non-network is limited to 30 visits. Custodial care is not covered under any plan.	Deductible & then 20% coinsurance applies. Custodial care is not covered under any plan.	Deductible & then 50% coinsurance applies. Non-network is limited to 30 visits. Custodial care is not covered under any plan.
Hospice	20% coinsurance applies if medically necessary.	20% coinsurance applies if medically necessary.	Deductible & then 20% coinsurance applies. If medically necessary.	Deductible & then 20% coinsurance applies. If medically necessary.	Deductible & then 20% coinsurance applies. If medically necessary.	Deductible & then 20% coinsurance applies. If medically necessary.

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Infertility	20% coinsurance applies. Applicable copays depends on place of service & covered to diagnosis. Fertility treatment is not covered.	50% coinsurance applies. Only to diagnosis. Fertility treatment is not covered.	Deductible & then 20% coinsurance applies. Applicable copays depends on place of service & covered to diagnosis. Fertility treatment is not covered.	Deductible & then 50% coinsurance applies. Only to diagnosis. Fertility treatment is not covered.	Deductible & then 20% coinsurance applies. Applicable copays depends on place of service & covered to diagnosis. Fertility treatment is not covered.	Deductible & then 50% coinsurance applies. Only to diagnosis. Fertility treatment is not covered.
Inpatient Hospital Medical /Surgical Stay	20% coinsurance applies. No annual day limit. Length of stay based upon medical necessity. Must have authorization to admission for scheduled admissions. 60 day limit on stays for physical medicine & rehab.	50% coinsurance applies. No annual day limit. Length of stay based upon medical necessity. Must have authorization to admission for scheduled admissions. 60 day limit on stays for physical medicine & rehab.	Deductible & then 20% coinsurance applies. No annual day limit, length of stay based upon medical necessity. Must have authorization to admission for scheduled admissions. 60 day limit on stays for physical medicine & rehab.	Deductible & then 50% coinsurance applies. No annual day limit, length of stay based upon medical necessity. Must have authorization to admission for scheduled admissions. 60 day limit on stays for physical medicine & rehab.	Deductible & then 20% coinsurance applies. No annual day limit, length of stay based upon medical necessity. Must have authorization to admission for scheduled admissions. 60 day limit on stays for physical medicine & rehab.	Deductible & then 50% coinsurance applies. No annual day limit, length of stay based upon medical necessity. Must have authorization to admission for scheduled admissions. 60 day limit on stays for physical medicine & rehab.
Inpatient Treatment of Mental /Nervous Disorders	20% coinsurance applies.	50% coinsurance applies.	Deductible & then 20% coinsurance applies.	50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.

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Local Ambulance	20% coinsurance applies.	20% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 20% coinsurance applies.
Maxillary or Mandibular Osteotomies of Temporomandibular Joint dysfunction (TMJ)	20% coinsurance applies if medically necessary and authorized in advance.	50% coinsurance applies if medically necessary and authorized in advance.	Deductible & then 20% coinsurance applies. if medically necessary and authorized in advance.	Deductible & then 50% coinsurance applies. If medically necessary and authorized in advance.	Deductible & then 20% coinsurance applies. if medically necessary and authorized in advance.	Deductible & then 50% coinsurance applies. If medically necessary and authorized in advance.
Oral Surgery	20% coinsurance applies. Expenses will be covered if for repair to an injury as a result of an accident. For initial repair of an injury or jaw, sound natural teeth, mouth or face which are required as a result of an accident. Initial repair must be within 12 months.	50% coinsurance applies. Expenses will be covered if for repair to an injury as a result of an accident. For initial repair to an injury or jaw, sound natural teeth, mouth or face which are required as a result of an accident. Initial repair must be within 12 months.	Deductible & then 20% coinsurance applies. Expenses will be covered if for repair to an injury as a result of an accident. For initial repair of an injury to jaw, sound natural teeth, mouth or face which are required as a result of an accident. Initial repair must be within 12 months.	Deductible & then 50% coinsurance applies. Expenses will be covered if for repair to an injury as a result of an accident. For initial repair of an injury to jaw, sound natural teeth, mouth or face which are a required as a result of an accident. Initial repair must be within 12 months.	Deductible & then 20% coinsurance applies. Expenses will be covered if for repair to an injury as a result of an accident. For initial repair of an injury to jaw, sound natural teeth, mouth or face which are required as a result of an accident. Initial repair must be within 12 months.	Deductible & then 50% coinsurance applies. Expenses will be covered if for repair to an injury as a result of an accident. For initial repair of an injury to jaw, sound natural teeth, mouth or face which are a required as a result of an accident. Initial repair must be within 12 months.

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	Level 200		Level 200		Level 200	
Out-of-area Emergency	20% coinsurance applies.	20% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 20% coinsurance applies.
Out patient diagnostic services	20% coinsurance applies.	50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.
Out patient Hemodialysis	20% coinsurance applies.	50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.
Out patient Surgery	20% coinsurance applies.	50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.
Out patient Treatment of Mental /Nervous Disorders	20% coinsurance applies.	50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.
Physical Therapy, Occupational Therapy and Speech Therapy	Subject to facility coinsurance. Physical and Occupational - in-patient & out- patient (60 visit limit annually combined.) Speech (20 visit limit annually.)	Covered at 50% Phy. & occupational - in-patient and out- patient (60 visit limit annually combined.) Speech (20 visit limit annually.)	Subject to facility coinsurance. Physical and Occupational - In-patient & out- patient (60 visit limit annually combined.) Speech (20 visit limit annually.)	Covered at 50% Phy. & occupational - In-patient and out- patient (60 visit limit annually combined.) Speech (20 visit limit annually.)	Subject to facility coinsurance.. Physical and Occupational - In-patient & out- patient (60 visit limit annually combined.) Speech (20 visit limit annually.)	Covered at 50% Phy. & occupational - In-patient and out- patient (60 visit limit annually combined.) Speech (20 visit limit annually.)

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Pre-admission testing	20% coinsurance applies.	50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.
Private duty nursing	20% coinsurance applies. Must be pre-approved.	50% coinsurance applies. Must be pre-approved.	Deductible & then 20% coinsurance applies. Must be pre-approved.	Deductible & then 50% coinsurance applies. Must be pre-approved.	Deductible & then 20% coinsurance applies. Must be pre-approved.	Deductible & then 50% coinsurance applies. Must be pre-approved.
Prosthetic Devices/ Durable Medical Equipment	20% coinsurance applies. Repair or replacement due to growth or additional needs of affected member is subject to medical necessity.	50% coinsurance applies. Repair or replacement due to growth or addition needs of affected member is subject to medical necessity.	Deductible & then 20% coinsurance applies. Repair or replacement due to growth or additional needs of affected member is subject to medical necessity.	Deductible & then 50% coinsurance applies. Repair or replacement due to growth or additional needs of affected member is subject to medical necessity.	Deductible & then 20% coinsurance applies. Repair or replacement due to growth or additional needs of affected member is subject to medical necessity.	Deductible & then 50% coinsurance applies. Repair or replacement due to growth or additional needs of affected member is subject to medical necessity.
Radiotherapy & Chemotherapy	20% coinsurance applies.	50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.
Skilled Nursing Facility	20% coinsurance applies. Days must be preauthorized. Custodial care is not covered.	50% coinsurance applies. Days must be preauthorized. Custodial care is not covered.	Deductible & then 20% coinsurance applies. Days must be pre-authorized. Custodial care is not covered.	Deductible & then 50% coinsurance applies. Days must be pre-authorized. Custodial care is not covered.	Deductible & then 20% coinsurance applies. Days must be pre-authorized. Custodial care is not covered.	Deductible & then 50% coinsurance applies. Days must be pre-authorized. Custodial care is not covered.

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	Level 200		Level 200		Level 200	
Surgery	20% coinsurance applies.	50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 50% coinsurance applies.
Surgical Assistance	20% coinsurance applies if medically necessary.	50% coinsurance applies if medically necessary.	Deductible & then 20% coinsurance applies if medically necessary.	Deductible & then 50% coinsurance applies if medically necessary.	Deductible & then 20% coinsurance applies if medically necessary.	Deductible & then 50% coinsurance applies if medically necessary.
Urgent Care Center	20% coinsurance applies.	20% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 20% coinsurance applies.	Deductible & then 20% coinsurance applies.
Transplants - Kidney, Cornea, heart, lung & pancreas, liver. Tissue Transplant Including Bone Marrow	Covered in full \$1 million lifetime maximum applies.	50% coinsurance applies. Does not apply towards out of pocket max. \$1 million lifetime maximums applies, combined with network.	Covered in Full \$1 million lifetime maximum applies.	Deductible & then 50% coinsurance applies. Does not apply towards out of pocket maximums. \$1 million lifetime maximums applies, combined with network.	Covered in Full \$1 million lifetime maximum applies.	Deductible & then 50% coinsurance applies. Does not apply towards out of pocket maximums. \$1 million lifetime maximums applies, combined with network.

Refer to Page 1 for maximum lifetime benefit amounts.

If you go out-of-network, the City cannot control the doctor's offices from balance billing for any differences between what Anthem pays and what Anthem states is your co-pay.

To check for providers in your network go to www.Anthem.com or if out of the area use www.bluecares.com.