

# Your Summary of Benefits



**The Archdiocese of Cincinnati - ACTIVES**  
**Blue Access® (PPO)**  
**Effective 07/01/2019**

Covered Benefits	Network	Non-Network
<b>Deductible (Single/Family)</b> <i>Calendar Year</i>	\$480/\$960	\$960/\$1,920
<b>Out-of-Pocket Limit (Single/Family)</b> <i>Includes Deductible</i>	\$2,480/\$4,960	\$3,720/\$7,440
<b>Physician Home and Office Services (PCP/SCP)</b> Primary Care Physician (PCP)/ Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> <li>allergy injections (PCP and SCP)</li> <li>allergy testing</li> <li>MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology, Imaging Studies, and non-maternity related Ultrasounds</li> <li>Pharmaceutical products</li> </ul>	\$25/\$35  \$5 20% 10%; no deductible  NCS	40%  40% 40% 40%  40%
<b>Preventive Care Services</b> Services include but are not limited to: Routine Exams, Routine Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Vision and Hearing screenings <ul style="list-style-type: none"> <li>Physician Home and Office Visits (PCP/SCP)</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul>	NCS NCS	40% 40%
<b>Emergency and Urgent Care</b> <b>Emergency Room Services</b> <ul style="list-style-type: none"> <li>facility/other covered services (copayment waived if admitted)</li> </ul> <b>Urgent Care Center Services</b> <ul style="list-style-type: none"> <li>MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology, Imaging Studies, and non-maternity related Ultrasounds and pharmaceutical products</li> <li>Allergy injections</li> <li>Allergy testing</li> </ul>	20%  20%  \$5 20%	20%  40%  40% 40%
<b>Inpatient and Outpatient Professional Services</b> Include but are not limited to: <ul style="list-style-type: none"> <li>Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams</li> </ul>	20%	40%
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<b>Inpatient Facility Services</b> (Network/Non-Network combined) Unlimited days except for: <ul style="list-style-type: none"> <li>60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)</li> <li>90 days for skilled nursing facility</li> </ul>	20%	40%
<b>Outpatient Surgery Hospital/Alternative Care Facility</b> <ul style="list-style-type: none"> <li>Surgery and administration of general anesthesia</li> </ul>	20%	40%
<b>Other Outpatient Services</b> (Combined Network & Non-Network limits) including but not limited to: <ul style="list-style-type: none"> <li>Non-Surgical Outpatient Services for example: MRIs, C-Scans, Ultrasounds, and other diagnostic outpatient services               <ul style="list-style-type: none"> <li><i>Free standing Facility (non-hospital)</i> 10%; no deductible</li> <li><i>Facility Based (hospital)</i> 20%</li> </ul> </li> <li>Home Care Services 90 visits (excludes IV Therapy) 20%</li> <li>Chemotherapy 20%</li> <li>Durable Medical Equipment and Orthotics Unlimited (excluding Prosthetic Devices, Limbs and Medical Supplies) 20%</li> <li>Prosthetic Devices Unlimited 20%</li> <li>Prosthetic Limbs Unlimited 20%</li> <li>Physical Medicine Therapy Day Rehabilitation programs 20%</li> <li>Hospice Care 20%</li> <li>Ambulance Services 20%</li> </ul>		40%
<b>Outpatient Therapy Services</b> (Combined Network & Non-Network limits) <ul style="list-style-type: none"> <li>Physician Home and Office Visits (PCP/SCP) \$25/\$35</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility 20%</li> </ul> Limits apply to: <ul style="list-style-type: none"> <li>Cardiac Rehabilitation Unlimited</li> <li>Pulmonary Rehabilitation Unlimited</li> <li>Physical Therapy: 20 visits</li> <li>Occupational Therapy: 20 visits</li> <li>Chiropractic Therapy: 12 visits</li> <li>Speech therapy: 20 visits</li> </ul>		40%
<b>Accidental Dental: Unlimited</b> (Network and Non-network combined)	Copayments/Coinsurance based on setting where covered services are received	40%

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<b>Behavioral Health:</b> <b>Mental Illness and Substance Abuse<sup>1</sup></b> <ul style="list-style-type: none"> <li>Inpatient Facility Services</li> <li>Inpatient Professional Services</li> <li>Physician Home and Office Visits (PCP/SCP)</li> <li>Other Outpatient Services. Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional</li> </ul>	20% 20% \$25 20%	40% 40% 40% 40%
<b>Human Organ and Tissue Transplants<sup>2</sup></b> <ul style="list-style-type: none"> <li>Acquisition and transplant procedures, harvest and storage.</li> </ul>	20%	50%
<b>Prescription Drugs</b> <b>Network Tier structure equals 1/2/3</b> <ul style="list-style-type: none"> <li><b>Network Retail Pharmacies:</b> (30-day supply) Includes diabetic test strip</li> <li><b>Anthem Rx Direct Mail Service:</b> (90-day supply) Includes diabetic test strip</li> </ul>	Rx plan is not covered by Anthem.  Pharmacy is provided by Optum Rx; pharmacy copays do not go toward your medical OOP maximum.	Rx plan is not covered by Anthem.  Pharmacy is provided by Optum Rx; pharmacy copays do not go toward your medical OOP maximum.
<b>Lifetime Maximum</b>	Unlimited	Unlimited

**Notes:**

- Flat dollar copayments are excluded from the out-of-pocket limits. Also Non-network Human Organ and Tissue Transplants are excluded from the out-of-pocket limits.
- NCS: No member cost share for copayment, deductible or coinsurance.
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
- When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies.
- No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.

1 We encourage you to review the Schedule of Benefits for limitations.

2 Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

**Precertification:**

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

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## **Grandfathered Health Plan**

Anthem Blue Cross and Blue Shield believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections of the Affordable Care Act apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Anthem Blue Cross and Blue Shield at the telephone number printed on the back of your member identification card, or contact your group benefits administrator if you do not have an identification card. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). *This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. For nonfederal governmental plans, you may also contact the U.S. Department of Health and Human Services at [www.healthcare.gov](http://www.healthcare.gov).*

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.