

TOWN OF ROCKY HILL – ACTIVE EMPLOYEES



CENTURY PREFERRED \$15/\$250/\$100/\$200

Century Preferred is a preferred provider organization (PPO) plan.

JULY 1, 2016 - June 30, 2017

COST SHARE PROVISIONS	In-Network Member pays:	Out-of-Network Member pays:
Office Visit (OV) Copayment	\$15 per visit	Deductible & Coinsurance
Specialist Visit (SV) Copayment	\$15 per visit	Deductible & Coinsurance
Hospital (HSP) Copayment	\$250 per admission	Deductible & Coinsurance
Urgent Care (UR) Copayment	\$15	Not Covered
Emergency Room (ER) Copayment – <i>waived if admitted</i>	\$100	\$50
Outpatient Surgery (OS) Copayment	\$200	Deductible & Coinsurance
Ambulatory Surgery (ASC) Copayment	\$200	Deductible & Coinsurance
Calendar Year Deductible (<i>individual/2-member family/3+ member family</i>)	Not Applicable	\$400/\$800/\$1,200
Coinsurance		20% after deductible up to
Coinsurance Maximum (<i>individual/2-member family/3+ member family</i>)		\$2,000/\$4,000/\$6,000
Cost Share Maximum (<i>individual/2-member family/3+ member family</i>)	\$6,600/\$13,200/\$13,200	\$2,400/\$4,800/\$7,200
Lifetime Maximum	Unlimited	Unlimited

PREVENTIVE CARE - Included are the preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits

Well child care	No Charge	Deductible & Coinsurance
Periodic, routine health examinations	No Charge	
Routine OB/GYN visits	No Charge	
Mammography	No Charge	
Hearing screening	No Charge	

MEDICAL CARE

Office visits <i>Primary Care</i> <i>Specialist</i>	OV Copayment OV Copayment	Deductible & Coinsurance
Outpatient mental health & substance abuse	OV Copayment	
OB/GYN care	OV Copayment	
Surgical fees of a Physician or Surgeon	No Copayment	
Maternity care – <i>initial visit subject to copayment, no charge thereafter</i>	OV Copayment	
Diagnostic lab - In an outpatient hospital setting - In an office or reference laboratory	No Copayment No Charge	
Diagnostic x-ray	No Copayment	
High-cost outpatient diagnostic – <i>prior authorization required</i>	No Copayment	
Allergy services <i>Office visits/testing</i> <i>Injections—80 visits in 3 years</i>	OV Copayment No Copayment	

HOSPITAL CARE – Prior authorization required

Semi-private room (<i>General/Medical/Surgical/Maternity</i>)	HSP Copayment	Deductible & Coinsurance
Inpatient mental health & substance abuse	HSP Copayment	
Skilled nursing facility – <i>up to 120 days per calendar year</i>	HSP Copayment	
Rehabilitative services – <i>up to 60 days per person per calendar year</i>	No Charge	
Outpatient surgery – <i>in a hospital</i>	OS Copayment	
Ambulatory surgery – <i>in other than a hospital setting</i>	ASC Copayment	

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EMERGENCY CARE

Walk-in centers	OV Copayment	Deductible & Coinsurance
Urgent care – at participating centers only	UR Copayment	Not Covered
Emergency care – copayment waived if admitted	ER Copayment	ER Copayment
Ambulance	No Charge	No Charge

OTHER HEALTH CARE

	In-Network Member pays:	Out-of-Network Member pays:
Outpatient rehabilitative services - 50 combined visit maximum for PT, OT, ST and Chiro calendar year.	No Copayment	Deductible & Coinsurance
Durable medical equipment / Prosthetic devices Unlimited maximum per calendar year	No Copayment	Deductible & Coinsurance
Infertility services – Some restrictions may apply	Applicable Copayment	Deductible & Coinsurance
Home health care	No Copayment	\$50 Deductible & 20 % Coinsurance

PREVENTIVE CARE SCHEDULES

Mammography

- ◆ 1 baseline screening, ages 35 – 39
- ◆ 1 screening per year, ages 40+
- ◆ Additional exams when medically necessary

Vision Exams: 1 exam every 2 calendar years

Hearing Exams: 1 exam every 2 calendar years

Notes To Benefit Descriptions

- ◆ In situations where the member is responsible for obtaining the necessary prior authorization and fails to do so, benefits may be reduced or denied.
- ◆ Inpatient Hospital Per Admission Copay is waived if readmitted within 30 days for same diagnosis.
- ◆ Members must utilize participating Blue Quality Centers for Transplant hospitals to receive benefits for Human Organ & Tissue Transplant services. This network of the finest medical transplant programs in the nation is available to members who are candidates for an organ or bone marrow transplant. A nurse consultant trained in case management is dedicated to managing members who require organ and/or tissue transplants.
- ◆ For services rendered by out-of-network providers, members are responsible for paying any charges in excess of the Maximum Allowable Amount. Please reference your Subscriber Agreement/Certificate of Coverage for additional details.

Please refer to the *SpecialOffers@Anthem* brochure in your enrollment kit for information on the discounts we offer on health-related products and services.

This does not constitute your health plan or insurance policy. It is only a general description of the plan. The following are examples of services NOT covered by your Century Preferred Plan. Please refer to your Subscriber Agreement/Certificate of Coverage/Summary Booklet for more details: Cosmetic surgeries and services; custodial care; genetic testing; hearing aids; refractive eye surgery; services and supplies related to, as well as the performance of, sex change operations; surgical and non-surgical services related to TMJ syndrome; travel expenses; vision therapy; services rendered prior to your contract effective date or rendered after your contract termination date; and workers' compensation.

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.

A product of Anthem Blue Cross and Blue Shield serving residents and businesses in the State of Connecticut.

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