

HMO Product Comparison



Webster University

Benefit	Blue Cross Current		Anthem New		Change
	Network	Non-Network	Network	Non-Network	
Lifetime Maximum	Unlimited		Unlimited		
Out-of-pocket Maximums (Single/Family)	\$0		\$0		
Physician Home and Office Services (includes PCP and SCP) Including Office Surgeries and allergy serum Allergy injections Allergy testing Routine and non-routine mammograms Diabetic education MRAs, MRIs, PET, CT-scans, nuclear cardiology imaging studies and non-maternity related ultrasounds	\$10 PCP \$20 SPC \$3 \$10/\$20 \$20 \$10/\$20 \$20		\$15 \$5 Covered at 100% \$15 \$15 Covered at 100%		There will be one copay for PCP and Specialists going forward. Not different copays. For all plans most care received in the office is covered under the office visit cost share including surgery performed in the office. MRAs, MRIs, CT-Scans, PETS, nuclear cardiology imaging studies (stress tests), ultrasounds (excluding maternity), and allergy testing are subject to the other outpatient services cost share regardless of the setting where covered services are received. Other outpatient services cost share applies to all DME, DME vendor medical supplies, prosthetic and orthotic devices and/or appliances obtained in the office visit, urgent care, other outpatient services setting, and/or home care services setting (in addition to the place of service cost share).
Preventive Care Services Services include but are not limited to: routine exams, pelvic exams, Pap testing, PSA tests, immunizations, annual diabetic eye exam, routine vision and hearing exams Physician home and office visits Other outpatient services @ hospital/alternative care facility Immunizations through age 5	\$10 / \$20 \$10 / \$20 Covered at 100%		\$15 Covered at 100% Covered at 100%		

The information included here is simply an overview of key benefit changes in our standard product lines. It is not an exhaustive list of changes and is not a legal document. For complete details on all benefits, limitations and exclusions, please refer to the benefit certificate. In the event of a conflict between this document and the contract, the certificate will control.

Benefit	Blue Cross Current	Anthem New	Change
Emergency and Urgent Care Emergency room services at a hospital (facility/other covered services) copayment waived if admitted Urgent care center services Emergency ambulance services	\$75 \$25 \$50	\$75 \$50 Covered at 100%	Copay for emergency ambulance is removed.
Inpatient and Outpatient Professional Services Included but are not limited to: Medical care visits (1 per day), intensive medical care, concurrent care, consultations, surgery and administration of general anesthesia and newborn exams	Covered at 100%	Covered at 100%	
Inpatient Facility Services Unlimited days except for: 60 days for physical medicine/rehab (limit includes day rehabilitation therapy services on an outpatient basis) 90 days for skilled nursing facility	Covered at 100% Covered at 100% Covered at 100%	Covered at 100% Covered at 100% Covered at 100%	Now there is a 60-day limit per benefit period for inpatient physical medicine/rehab. Previously we did not track inpatient physical medicine/rehab. Skilled Nursing now has a 90-day limit per benefit period. The limit was 100 days.
Outpatient Surgery (Hospital/Alternative Care Facility)	\$100	Covered at 100%	

Benefit	Blue Cross Current	Anthem New	Change
<p>Other Outpatient Services (including but not limited to):</p> <p>Non-surgical outpatient services such as MRIs, CT-scans, chemotherapy, ultrasounds, and other diagnostic outpatient services</p> <p>Home health care services 90 visits per benefit series (excludes IV therapy)</p> <p>Durable medical equipment, orthotics \$4,000 benefit period maximum (excluding prosthetic devices and medical supplies)</p> <p>Prosthetic devices \$4,000 benefit period maximum</p> <p>Physical medicine therapy day rehabilitation programs</p> <p>Hospice care</p> <p>Non-emergency ambulance services</p>	<p>\$20</p> <p>Covered at 100%</p> <p>Covered at 100%</p> <p>Covered at 100%</p> <p>Covered at 100%</p> <p>Covered at 100%</p> <p>Covered at 100%</p> <p>\$50</p>	<p>Covered at 100%</p> <p>Covered at 100%</p> <p>Covered at 100%</p> <p>Covered at 100%</p> <p>Covered at 100%</p> <p>Covered at 100%</p> <p>Covered at 100%</p>	<p>Breast prosthesis is covered whether internal or external following a mastectomy and four surgical bras per benefit period. Breast prosthesis is not subject to the maximum for prosthetic devices. This is an enhancement.</p> <p>Foot orthotics now are covered under the plan.</p> <p>HHC now is limited to 90 visits per benefit period. Private duty nursing is covered under home care and has a separate limit of \$50,000 per benefit period and \$100,000 per lifetime.</p> <p>When provided in the home, physical/manipulation therapy (excluding chiropractic services), occupational therapy, and speech therapy will accumulate towards the home care services limit only.</p> <p>DME & orthotics now have a benefit period maximum.</p> <p>Prosthetics now have a benefit period maximum.</p> <p>Copay for non-emergency ambulance is removed.</p>
<p>Outpatient Therapy Services (limits apply)</p> <p>Physician home and office visits (PCP/SCP)</p> <p>Other outpatient services at a hospital/alternative care facility</p> <p>Limits apply to:</p> <p>Physical/manipulation therapy excluding chiropractic services: 20 visits</p> <p>Occupational therapy: 20 visits</p> <p>Chiropractic services: 26 visits</p> <p>Speech therapy: 20 visits.</p>	<p>\$20</p> <p>\$20</p>	<p>\$15</p> <p>Covered at 100%</p>	<p>Outpatient therapy services are covered based on the place of service.</p>

Benefit	Blue Cross Current	Anthem New	Change				
<p>Behavioral Health Services Mental Health and Substance Abuse</p> <p>Mental Health</p> <p>Inpatient facility services</p> <p>Physician home and office visits</p> <p>Other outpatient services (hospital/alternative care facility)</p> <p>Substance Abuse Limit</p> <p>Inpatient: 30 days</p> <p>Outpatient facility: 30 visits</p> <p>Outpatient office visits: 30 visits</p> <p>(Substance abuse rehabilitation programs are limited to 2 per lifetime.)</p>	<p>Covered at 100%</p> <p>\$20 per visit</p> <p>Covered at 100%</p> <p>\$50 copay</p> <p>\$20 per visit</p>	<p>Covered at 100%</p> <p>\$15</p> <p>Covered at 100%</p> <p>Covered at 100%</p> <p>\$15</p>	<p>There was a limit of 20 visits per benefit period on outpatient substance abuse. There was also a limit of 35 days per benefit period on inpatient substance abuse.</p>				
<p>Human Organ and Tissue Transplants</p> <p>Acquisition and transplant procedures, harvest and storage</p>	<p>Covered at 100%</p>	<p>Covered at 100%</p>	<p>Cornea and kidney transplants are covered the same as any other medical condition and are not included under the HOTT benefits. No cost share for HOTT services received from a Network transplant provider. HOTT benefits do not apply to a covered service (related to a covered transplant procedure) received prior to or after the transplant benefit period. Transplant benefit period is defined as the period starting one day prior to the transplant and covered by the case rate/global fee arrangement. HOTT services apply to the medical lifetime maximum.</p>				
<p>Prescription Drugs</p> <p>Network Retail Pharmacy</p> <p>30-day supply (includes diabetic test strip)</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Tier 1, 2 and 3: \$10/\$25/\$40</p> <p>Tier 4: 20% up to a \$100 coinsurance maximum per prescription, with a \$2,000 coinsurance maximum per calendar year</p> </td> <td style="width: 50%;"> <p>Not available</p> </td> </tr> </table>	<p>Tier 1, 2 and 3: \$10/\$25/\$40</p> <p>Tier 4: 20% up to a \$100 coinsurance maximum per prescription, with a \$2,000 coinsurance maximum per calendar year</p>	<p>Not available</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Tier 1, 2 and 3: \$10/\$25/\$40</p> <p>Tier 4: 20% up to a \$100 coinsurance maximum per prescription, with a \$2,000 coinsurance maximum per calendar year</p> </td> <td style="width: 50%;"> <p>Not available</p> </td> </tr> </table>	<p>Tier 1, 2 and 3: \$10/\$25/\$40</p> <p>Tier 4: 20% up to a \$100 coinsurance maximum per prescription, with a \$2,000 coinsurance maximum per calendar year</p>	<p>Not available</p>	<p>Diabetic test strips are copay</p> <p>The mail order vendor will continue to be Precision Rx.</p>
<p>Tier 1, 2 and 3: \$10/\$25/\$40</p> <p>Tier 4: 20% up to a \$100 coinsurance maximum per prescription, with a \$2,000 coinsurance maximum per calendar year</p>	<p>Not available</p>						
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Benefit	Blue Cross Current		Anthem New		Change
Anthem Rx Direct Mail Services (90-day supply includes diabetic test strip)	Tier 1, 2 and 3: \$20/\$50/\$80 Tier 4: 20% up to a \$200 coinsurance maximum per prescription, with a \$2,000 calendar maximum	Not available	Tier 1, 2 and 3: \$20/\$50/\$80 Tier 4: 20% up to a \$200 coinsurance maximum per prescription, with a \$2,000 calendar maximum	Not available	

Administrative Changes	Blue Cross Current	Anthem Change	Change
Network Name Changes	Blue Choice	Blue Preferred	A simple name change.
Pharmacy Vendors	Wellpoint Pharmacy Management for Retail and Precision Rx for Mail Order	WellNextRx for Retail and Precision Rx for Mail Order	A simple name change
E-bill functionality	Have the ability to pull up Excel-document report with current employees enrolled on plan.	Will not have this functionality for several months.	
Dependent Child Ages	25/25 end of calendar year	A dependent is eligible until the end of the year in which he/she turns age 19 or to the end of the year in which the dependent turns age 24 if he/she qualifies as a full-time student in an accredited college, university, trade or secondary school on a full-time basis.	25/25 end of calendar year
Non-par Ologist	If a member receives services from a <u>network</u> facility and is seen by a <u>non-par ologist</u> ; the member is reimbursed in full for the billed charge from the non-par ologist (the member does not have any OOP).	If a member receives covered services from a <u>network</u> facility and is seen by a <u>non-par ologist</u> ; the provider will be reimbursed 50. The provider could balance bill the member for the remainder of the charge.	