

Getting Started with Anthem Blue Cross PLUS (Point of Service)

For a complete plan description go to <http://www.anthem.com/ca/uc>

**Anthem Blue Cross Plus can be used in two ways.
At the time you need a service you select how you want to use the plan.**

	In-Network (HMO)	Out-of-Network (PPO)
Providers	<p>You select a Primary Care Physician (PCP) who will coordinate your care. If you do not select a PCP at the time you enroll, Blue Cross will assign one.</p> <p>When you select a PCP, you are also selecting a Medical Group. The PCP is affiliated with a local Medical Group (e.g. Sansum Clinic, Santa Barbara Select IPA, Seaview IPA, Physician's Choice, etc.). If you need specialist care, your PCP will refer you to a specialist within this Medical Group.</p> <p>The "in-network" part of your plan it is considered an HMO by your Medical Group.</p> <p>The PCP's name and Medical Group are printed on the Anthem ID card. Call Anthem Member Services at 888-209-7975 to change your PCP.</p>	<p>You select any provider in the Anthem Blue Cross PPO network or a non-Anthem provider who is out of your In-Network (HMO) medical group.</p> <p>When you receive services using the "out-of-network" part of your plan it is considered a PPO by your providers.</p> <p>You can find a list of Anthem Blue Cross PPO providers on the Anthem/UC website.</p>
When you need care	<p>Your Primary Care Physician (PCP) is your first stop for in-network care <u>except</u> when you need Emergency Services or Urgently Needed Services. To visit your Primary Care Physician, simply make an appointment by calling your doctor's office.</p> <p>Prior to seeking specialist care you must meet with your PCP. Your PCP will refer you to a specialist within your assigned Medical Group. Only if a specialist or service is unavailable will you be referred to a health care provider outside your Medical Group.</p> <p>Women may receive obstetrical and gynecological (OB/GYN) services <u>without a referral</u> from their Primary Care Physicians. In all cases, however, the doctor must be affiliated with your Medical Group.</p>	<p>You manage your own care. You do not need a referral from your Primary Care Physician to see a specialist when using your out-of-network option.</p> <p>To visit a physician, simply make an appointment by calling the doctor's office.</p>
Cost of Care	<p>When you visit your Primary Care Physician, a specialist or use one of your health care benefits, you may be required to pay a fee. This fee is called a Copayment or Copay. The amount of a Copayment depends upon the health care service.</p> <p>\$25 Office visit</p> <p>\$0 Diagnostic lab and radiology</p> <p>\$100 Emergency and Urgent Care</p> <p>\$100 Outpatient surgery at surgical center</p> <p>\$250 Inpatient Hospitalization</p> <p>See <i>UC Medical Benefits/Benefit Grid for a complete summary of benefits.</i></p> <p>http://www.anthem.com/ca/uc</p>	<p>\$500 Annual Deductible: Each family member pays the first \$500 of medical and behavioral health services each year. The deductible for a family of 3 or more is limited to \$1500.</p> <p>Coinsurance: After you satisfy the deductible, you and the plan share the expenses.</p> <p>If you select an Anthem Blue Cross PPO provider:</p> <ul style="list-style-type: none"> • Anthem pays 70% of the discounted fee for the service. • You pay 30% of the discounted fee. <p>If you select a non-Anthem provider:</p> <ul style="list-style-type: none"> • Anthem pays 70% of what they determine to be the "allowed" rate for the service • You pay the balance of the billed charges.

<p>Out of Pocket Maximum</p>	<p>\$1500 individual maximum per year</p> <p>After you pay \$1500 in coinsurance expenses for in-network services, the plan pays 100% of the remaining claims in the calendar year. See plan documents for exclusions.</p> <p>\$4500 family maximum per year</p>	<p>\$5000 individual maximum per year</p> <p>After you pay \$5000 in deductible and coinsurance expenses for out-of-network services, the plan pays 100% of the remaining claims in the calendar year. See plan documents for exclusions.</p> <p>\$15,000 family maximum per year</p>		
<p>Behavioral Health Care</p>	<p>In-Network with United Behavioral Health</p> <p>Mental health and substance abuse benefits are coordinated by Optum (formerly United Behavioral Health - UBH), a separate behavioral health insurance plan.</p> <p>Providers:</p> <p>You select a clinician who is contracted with Optum.</p> <p>When you need care:.</p> <p>Phone Optum Member Services before you visit a clinician. An Intake Counselor will ask you a few questions and confirm that your practitioner is in the Optum network.</p> <p>Optum Member Services: 888-440-8225</p> <p>Optum Providers: http://www.liveandworkwell.com Enter Access Code: 11280</p> <p>Cost of care:</p> <p>Outpatient copay: Visits 1 – 3: No copay Visits 4+: \$25</p> <p>Inpatient copay: \$250 per admittance</p> <p><i>See Evidence of Coverage booklet on the website for complete copay and benefit information.</i></p>	<p>Out-of-Network</p> <p>Providers:</p> <p>You may select any behavioral health clinician.</p> <p>When you need care:</p> <p>It is recommended that you notify Optum which clinician you have selected. Phone Optum Member Services before you visit the clinician.</p> <p>UBH Member Services: 888-440-8225</p> <p>Cost of Care:</p> <p>\$500 Annual Deductible:</p> <p>This deductible is combined with the medical deductible. Each family member pays the first \$500 of services each year for medical and behavioral health services. The deductible for a family of 3 or more is limited to \$1500.</p> <p>Coinsurance: After you satisfy the deductible you and the plan share the expenses.</p> <ul style="list-style-type: none"> • UBH pays 70% of what they determine to be the "allowed" rate for the service. • You pay the balance of the billed charges. 		
<p>Prescription Drugs</p>	<p>You will make a copayment each time a prescription is filled at a participating retail pharmacy or use the mail order pharmacy. The mail order pharmacy is the most cost effective way to purchase medication that you take over a long period of time.</p> <p>Each medical plan has a formulary – a list of preferred drugs that are covered by the plan. You will pay more for medication that is not listed on the formulary. Formularies usually give alternative medications that often have the same therapeutic action on your body but are available at a lower cost. <i>See the Anthem website for the list of preferred drugs.</i></p> <table border="0"> <tr> <td data-bbox="292 1417 779 1564"> <p>Retail Copay– 30 day supply</p> <p>\$10 Generic \$30 Brand \$45 Non-formulary</p> </td> <td data-bbox="779 1417 1568 1564"> <p>Mail Order Copay – 90 day supply</p> <p>\$20 Generic \$60 Brand \$90 Non-formulary</p> </td> </tr> </table> <p>Express Scripts is the mail order service for “maintenance medication”, prescription drugs needed for long-term conditions. Prescriptions will be delivered to your home free of postage and handling charges. The mail order form is available from Anthem Member Services or can be printed at http://www.anthem.com/ca/uc .</p>		<p>Retail Copay– 30 day supply</p> <p>\$10 Generic \$30 Brand \$45 Non-formulary</p>	<p>Mail Order Copay – 90 day supply</p> <p>\$20 Generic \$60 Brand \$90 Non-formulary</p>
<p>Retail Copay– 30 day supply</p> <p>\$10 Generic \$30 Brand \$45 Non-formulary</p>	<p>Mail Order Copay – 90 day supply</p> <p>\$20 Generic \$60 Brand \$90 Non-formulary</p>			
<p>Chiropractic and Acupuncture Care</p>	<p>Chiropractic and acupuncture services are provided by American Specialty Health (ASH) practitioners. You do NOT need a referral from your Primary Care Physician to seek care from an ASH practitioner. Just phone a participating ASH practitioner to make an appointment when you or a family member needs chiropractic or acupuncture care.</p> <p>ASH Customer Service: (800) 678-9133 ASH Providers: http://www.ashcompanies.com</p> <p>Copay per visit: \$25</p>			