

**Post-MRMIP Graduate Plan Comparative Benefit Matrix (AB 1401) -- Anthem Blue Cross**

This benefit summary is intended to help you compare coverage and benefits and is a summary only. For a more detailed description of coverage, benefits and limitations, including any related exclusions not contained in this benefit summary, please contact the health care service plan or health insurer and consult the individual plan's evidence of coverage. The comparative benefit summary is updated annually, or more often if necessary to be accurate. The most current version of this comparative matrix is also available on [bluecrossca.com](http://bluecrossca.com). However, the plan may simply provide a link to this website and the DMHC's version of this matrix. You may contact the Department of Managed Health Care at (888) HMO-2219 for further assistance regarding the matrix.

<b>Plan Name</b> Anthem Blue Cross PPO	<b>Plan Contact Phone Number</b> (800) 333-0912
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**Coverage summary**

Eligibility requirements	<p>You are eligible to enroll in the Post-MRMIP Graduate Plan if you meet any of the following criteria:</p> <ul style="list-style-type: none"> <li>· Apply for coverage within 63 days of the termination date of previous coverage under the MRMIP and have had continuous coverage under the MRMIP for a period of 36 consecutive months, or</li> <li>· Have been enrolled in a post-MRMIP standard benefit plan and move to an area within the state that is not in the service area of the plan or insurer you previously selected and you apply for coverage within 63 days of termination of previous coverage, or</li> <li>· Have been enrolled in a post-MRMIP standard benefit plan that is no longer available where you reside and apply for coverage within 63 days of the termination date of the previous coverage</li> <li>· Plans may decline coverage if you are eligible for parts A and B of Medicare at the time of application and are not enrolled in Medicare solely due to end stage renal disease.</li> </ul> <p>Dependent Coverage-The following dependents may also be enrolled: Subscriber's spouse,Subscriber's Domestic Partner, Subscriber's, spouse's, or Domestic Partner's unmarried children; dependent children</p>
The full premium cost if each benefit package in the service area in which the individual and eligible dependents work or reside	Premiums charged by plans vary by region and age of subscribers. See Post-MRMIP Graduate Plan Rate Chart on this website.
When and under what circumstances benefits cease	<p>Coverage may be terminated by the Plan under the following circumstances:</p> <ul style="list-style-type: none"> <li>· Loss of eligibility by Subscriber or enrolled dependents, including (1) Subscriber or dependent(s) move out of the Plan's service area (Please contact the Plan for further details regarding the process for selection of a different Post-MRMIP Graduate plan under such circumstances) or out of California or (2) Enrolled dependents no longer meet eligibility requirements.</li> <li>· Termination of Plan type by Plan in which Subscriber or dependents is enrolled (Please contact the Plan for further details regarding the process for selection of a different Post-MRMIP Graduate Plan under such circumstances)</li> <li>· Non-payment of subscription charges</li> <li>· Fraud or material misrepresentation</li> </ul> <p>(This list represents a general summary. Please consult the Plan's Evidence of Coverage for specific details regarding causes for termination by the Plan).</p>
The terms under which coverage may be renewed	<p>Coverage under the Plan shall continue, except under the following circumstances:</p> <ul style="list-style-type: none"> <li>· Loss of eligibility by Subscriber or by enrolled Dependents</li> <li>· Non-payment of subscription charges</li> <li>· Fraud or material misrepresentation</li> <li>· Termination of plan type by Plan in which Subscriber or dependents is enrolled (Please contact the Plan's Evidence of Coverage for further details regarding the process for selection of a different Post-MRMIP Graduate Plan under such circumstances)</li> <li>· Subscriber moves out of the service area</li> </ul>

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<p><b>Coverage Summary</b></p> <p>Other coverage that may be available if benefits under the described benefit package cease</p>	<p>Individual Conversion Coverage is available to a subscriber who was covered at the time Anthem Blue Cross ceases to offer individual coverage in the state if the subscriber meets certain requirements described in the Evidence of Coverage and Disclosure Form.</p> <p>&gt;Members who are 65 years of age or older may apply for an Anthem Blue cross Plan which supplements Medicare benefits.</p> <p>&gt;Family Members who lose eligibility for coverage under this Agreement may apply for their own coverage.</p> <p>&gt;If your dependent does not meet the qualifications to remain as a dependent on your plan, Anthem Blue Cross will automatically enroll your dependent, if a resident of California, on the same plan, under his/her own identification number.</p> <p>&gt;The written application for Conversion coverage must be submitted to us within thirty-one (31) days of the loss of eligibility. We will not need proof of good health.</p> <p>&gt;If you move outside California, you will not be eligible for a Conversion Plan or Medicare Supplement Plan with Anthem Blue Cross. Options to continue individual coverage include the following: Transfer your coverage to the Blue Cross or Blue Shield Plan serving your new address. The type of coverage offered will be at the discretion of the new Blue Cross or Blue Shield Plan.</p>		
<p>The circumstances under which choice in the selection of physicians and providers is permitted</p>	<p>This is a PPO plan. This plan allows members under all circumstances to chose the physicians and providers for all services. However if they select a non-participating physician or provider they are responsible for a larger co-payment amount and any amounts in excess of network rates. Also the co-payments they pay to non-participating providers do not accumulate toward their yearly maximum copayment limit.</p>		
<p>Lifetime and annual maximums</p>	<p>\$200,000 annual maximum / \$750,000 lifetime maximum</p>		
<p>Deductibles</p>	<p>\$500 per member (subscriber only) or \$500 per family (subscriber plus one or more dependents on the same policy) Preventive care services are not subject to the Deductible. Benefits for pregnancy and Maternity care do not apply to the Deductible. The yearly Deductible for covered services will apply towards the Yearly Maximum Copayment Limit.</p>		
<p><b>Benefit Summary (*1)</b></p>		<p><b>Co-payments</b></p>	<p><b>Limitation</b></p>
		<p>\$ 2,500 per member Yearly Maximum Copayment Limit \$4,000 per family.</p> <p>Once you meet the yearly maximum copayment limit, Anthem pays 100%.</p> <p>No yearly maximum for Non- Participating Providers.</p>	

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Benefit Summary (*1)		Co-payments	Limitation
Professional Services	Physician office visits, including, but not limited to preventive care, immunizations, screenings and diagnostic visits.	<p>OFFICE VISITS: For Participating Providers \$25 per office visit.</p> <p>For Non-Participating Providers 50% of the Negotiated Fee Rate or billed charges, whichever is less and any amount in excess of the Negotiated Fee Rate.</p> <p>OTHER SERVICES: 15% of the negotiated rate for other services utilizing Participating Providers.</p> <p>Copayment for Non-Participating Providers is 50% of the Negotiated Fee Rate or billed charges, whichever is less, and any amount in excess of the Negotiated Fee Rate.</p>	
Preventive Care Services	These services are covered even if you have not met the calendar year deductible and do not apply towards the deductible.	<p>15% of the Negotiated Fee Rate for Participating Providers.</p> <p>50% of the Negotiated Fee Rate plus any excess charges for Non-Participating Providers.</p>	Breast Exams, Pelvic Exams, Pap Smears and Mammograms for women, Human Papillomavirus (HPV) screening, Cytology Examinations, Human Immunodeficiency Virus (HIV) testing, Family Planning Services, Health Education Services, Periodic Health Examinations, Hearing tests and eye exams for children up to age 16, Newborn Blood Tests, Prenatal care (care during pregnancy), Prostate Exams for Men, Sexually Transmitted Disease (STD) testing, Well-Baby and Well-Child visits, and Immunizations for children and adults. Also includes Disease Management programs for asthma, diabetes, cardiovascular and prenatal.

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Benefit Summary (*1)		Co-payments	Limitation
Outpatient Services	Outpatient services including but not limited to, surgery and diagnostic procedures.	<p>PROFESSIONAL SERVICES: 15% of the Negotiated Fee Rate for Participating Providers.</p> <p>For Non-Participating Providers 50% of the Negotiated Fee Rate or billed charges whichever is less and any amount in excess of the Negotiated Fee Rate.</p>	Anthem Blue Cross limits payment to \$380 per day for Non Participating facilities. (No benefits are provided in a non-contracting hospital in California except in the case of medical emergency).

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Benefit Summary (*1)		Co-payments	Limitation
		<p>HOSPITAL SERVICES: 15% of the Negotiated Fee Rate for Participating Providers.</p> <p>Copayment for Non-Participating Providers all charges in excess of an Anthem Blue Cross maximum payment of \$380 per day.</p>	
Hospitalization Services	Inpatient and Outpatient services including but not limited to, room and board and supplies.	<p>PROFESSIONAL SERVICES: 15% of the Negotiated Fee Rate.</p> <p>For Non-Participating Providers 50% of the Negotiated Fee Rate or billed charges, whichever is less and any amount in excess of the Negotiated fee Rate.</p> <p>HOSPITAL SERVICES: 15% of the Negotiated Fee Rate for Participating Providers.</p> <p>For Non-Participating Providers all charges in excess of an Anthem Blue Cross maximum payment of \$650 per day for Inpatient services or \$380 per day for Outpatient services.</p>	Blue Cross payment is limited to \$650 per day for Inpatient services or \$380 per day for Outpatient services at Non Participating facilities. (No benefits are provided in a non-contracting hospital in California except in the case of medical emergency).

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Benefit Summary (*1)		Co-payments	Limitation
Emergency Health Care Services	Emergency room services at contracted and non contracted facilities for medically necessary emergencies.	<p>HOSPITAL SERVICES: 15% of Negotiated Fee Rate for Participating Providers.</p> <p>Co-payment for Non-Participating Providers is 15% of customary and reasonable, or billed charges, whichever is less, plus any amount in excess of customary and reasonable.</p>	<p>Initial treatment of an acute serious illness or accidental injury. Includes hospital, professional and supplies.</p> <p>TRIAGE OR SCREENING SERVICES: Should you have questions about a particular condition or you need someone to help you determine whether or not care is needed, triage or screening services are available to you from us by telephone. Triage or screening services are the evaluation of a Member's health by a doctor or nurse who is trained to screen or triage for the purpose of determining the urgency of the Member's need for care. Please contact the 24/7 NurseLine at the telephone number listed on your Anthem Blue Cross identification card 24 hours a day, 7 days a week.</p>
		<p>AMBULATORY SURGICAL CENTERS: 15% of the Negotiated Fee Rate for Participating Providers.</p> <p>Co-payment for Non-Participating Providers is 15% of customary and reasonable, or billed charges, whichever is less, plus any amount in excess of customary and reasonable.</p> <p>PROFESSIONAL SERVICES: 15% of the Negotiated Fee Rate for Participating Providers.</p> <p>Co-payment for Non-Participating Providers is 15% of customary and reasonable, or billed charges, whichever is less, plus any amount in excess of customary and reasonable.</p>	<p>Services for non-emergencies in an emergency care or urgent care setting will not be covered - 100% of all charges are payable by the member.</p>

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Benefit Summary (*1)		Co-payments	Limitation
Ambulance Services	Emergency ambulance transport. Includes air ambulance.	<p>20% of the Negotiated Fee Rate for Participating Providers.</p> <p>For Non-Participating Providers 20% of customary and reasonable or billed charges, whichever is less, and any amount in excess of customary and reasonable.</p>	Non-emergency transportation is not covered- 100% of all charges are payable by the member unless medically necessary and pre-approved by Anthem Blue Cross.
Prescription Drug Benefits	Medically necessary drugs prescribed by a physician.	<p>RETAIL PHARMACY (In California): \$5 for generic drugs, \$15 for brand name drugs for participating Pharmacies.</p> <p>For Non-Participating Pharmacies member copayment is all charges except 50% of the Prescription Drug Maximum Allowed Amount for generic and brand name drugs.</p> <p>RETAIL PHARMACY (outside California): \$5 for generic drugs or \$15 for brand name drugs plus any amount in excess of the Prescription Drug Maximum Allowed Amount.</p> <p>MAIL ORDER: \$5 for generic drugs, \$15 for brand name drugs at a participating Mail Order Pharmacy; Mail order not available through Non-Participating Mail Order Pharmacies.</p>	<p>Limited to 30-day supply for retail.</p> <p>Limited to 60-day supply for mail order.</p>

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Benefit Summary (*1)		Co-payments	Limitation
Durable Medical Equipment	Home medical equipment, including but not limited to, oxygen, parenteral and enteral nutrition, colostomy supplies, corrective prosthetics and aids, and diabetic supplies.	<p>15% of the Negotiated Fee Rate for Participating Providers.</p> <p>Copayment for Non-Participating Providers in 50% of the Negotiated Fee Rate or billed charges, whichever is less, and any amount in excess of the Negotiated Fee Rate.</p>	Must be certified by a physician and required for care of an illness or injury.
Mental Health Care Services	Inpatient and outpatient mental care health services, including but not limited to, mental health parity services (**2) for serious mental disorders and severe emotional disturbances for children.	<p>INPATIENT:</p> <p>For Participating Providers, 15% of the Negotiated Fee Rate.</p> <p>For Non Participating Providers, member pays all charges, except for \$175 per day.</p> <p>OUTPATIENT:</p> <p>For Participating Providers, 15% of the Negotiated Fee Rate.</p> <p>For Non Participating Providers, the members pays 50% of the Negotiated Fee Rate or billed charges, whichever is less, plus any charges in excess of the Negotiated Fee Rate.</p>	<p>Inpatient and outpatient services for Severe Mental Illness (SMI) and Serious Emotional Disturbances (SED) of a child are not limited as to day and visit maximums. Benefits are provided the same as for other medical conditions.</p> <p>Inpatient services limited to 10 days each calendar year Participating and Non-Participating Providers combined. Member responsible for all costs for visits over 10 days for inpatient services.</p> <p>Out-patient service limited to 15 visits each calendar year Participating and Non-Participating Providers combined. Member responsible for all costs over 15 visits for outpatient services.</p>

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Residential Treatment	Transitional residential recovery services.	Not a covered benefit	
Chemical Dependence Services	Substance abuse treatment or rehabilitation  Inpatient Alcohol and Drug Abuse Detoxification	15% of the Negotiated Fee Rate for Participating Providers. For Non Participating Providers.  20% of the Negotiated Fee Rate or billed charges whichever is less, and any amount in excess of the Negotiated Fee Rate.	No benefits will be provided for chemical dependency, substance abuse, alcoholism, or drug addiction.  Inpatient Alcohol and Substance Abuse Detoxification is covered on an inpatient basis only, when medically necessary. Benefits limited to removal of toxic substances. Outpatient not a covered benefit.
Home Health Service	Home health services through a home health agency  Home health and hospice care services (**3)	15% of the Negotiated Fee Rate for Participating Providers.  For Non-participating Providers: 50% of the Negotiated Fee Rate or billed charges, whichever is less, and any amount in excess of the Negotiated Fee Rate.	Services require Anthem Blue Cross Preservice Review.

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Custodial care and skilled nursing facilities	Skilled nursing care and skilled nursing facilities services.	<p>Not Covered unless Anthem Blue Cross recommends as a medically appropriate more cost effective alternative plan of treatment. Requires prior authorization by Anthem Blue Cross.</p> <p>For Participating Providers, 15% of the Negotiated Fee Rate.</p> <p>For Non-Participating Providers 50% of the Negotiated Fee Rate or billed charges, whichever is less and any amount in excess of the Negotiated Fee Rate, is the responsibility of the member.</p> <p>Custodial Care is not covered.</p>	

(\*1) Percentage co-payments represent a percentage of actual cost. In a PPO, percentage co-payments for services provided by non-participating providers are a percentage of usual, customary or reasonable rates or billed charges, whichever is less, and enrollees are also responsible for any excess amount.

(\*2) Health Plans in California are required by law to provide certain mental health services according to the same terms as and conditions as other similar medical benefits. Please contact the individual plan for further information regarding the conditions subject to mental health parity.

(\*3) Hospice benefits are available through the plan. Please consult the plan's Evidence of Coverage.