

ERNST CONCRETE
ANTHEM OPTIONS

Carrier: Plan Type	Anthem Option 1		Anthem Options 2		Anthem Option 3	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Other Outpatient Services (including but not limited to): • Non Surgical Outpatient Services for example: MRIs C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. • Home Care Services (Network/Non-network combined) • 90 visits (excludes IV Therapy) • Durable Medical Equipment and Orthotics (Network/ Non-network combined) • \$4,000 benefit maximum (excluding Prosthetic Devices and Medical Supplies) • Prosthetic Devices \$4,000 benefit maximum • Physical Medicine/Therapy Day Rehabilitation programs • Hospice Care • Ambulance Services	No copayment/coinsurance	20%	20%	40%	20%	40%
Outpatient Therapy Services (Combined Network & Non-network limits apply) • Physician Home and Office Visits (PCP/SCF) • Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: • Physical therapy: 30 visits • Occupational therapy: 30 visits • Manipulation therapy: 12 visits • Speech therapy: 20 visits	\$15/\$20 No Copayment/coinsurance	20% 20%	\$20/\$25 20%	40% 40%	\$30/\$40 20%	40% 40%
Behavioral Health Services: Mental Health and Substance Abuse (2) (Limits and maximums apply) • Inpatient Facility Services • Physician Home and Office Visits (PCP/SCF) • Other Outpatient Services @ Hospital/Alternative Care Facility • Inpatient: 30 Network days (includes inpatient mental health Non-network) • Outpatient: 50 Network days • 10 Non-network mental health visits • Combined inpatient and outpatient substance abuse \$550 Non-network (Substance abuse rehabilitation programs are limited to two per lifetime Network and Non-network combined)	\$150 \$15/\$20 No copayment/coinsurance	20% 20% 20%	20% \$20/\$25 20%	40% 40% 40%	20% \$30/\$40 20%	40% 40% 40%
Human Organ and Tissue Transplants (2): • Acquisition and transplant procedures; harvest and storage.	No copayment/coinsurance	50%	No copayment/coinsurance	50%	No copayment/coinsurance	50%

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Carrier
Plan Type
Prescription Drugs (4)
Network Tier structure equals 1/2/3
Network Retail Pharmacies - up to 30 day supply

Anthem Option 1	
In Network	Out of Network
\$10 Generic Formulary/ \$20 Brand Formulary/ \$30 Brand Non Formulary	50%, min \$30
\$20 Generic Formulary/ \$40 Brand Formulary/ \$60 Brand Non Formulary	Not Covered

Anthem Options 2	
In Network	Out of Network
\$10 Generic Formulary/ \$20 Brand Formulary/ \$40 Brand Non Formulary	50% min \$40 (5)
\$20 Generic Formulary/ \$40 Brand Formulary/ \$80 Brand Non Formulary	Not Covered

Anthem Option 3	
In Network	Out of Network
\$12 Generic Formulary/ \$24 Brand Formulary/ 50% Non Formulary(min \$40 max \$80)	50% min \$40 (5)
\$24 Generic Formulary/ \$48 Brand Formulary/ \$80 Brand Non Formulary	Not Covered

NOTES:

- * Flat dollar copayments are excluded from the out-of-pocket limits. Also Prescription Drug deductibles/copayments/coinsurance and Non-network Human Organ and Tissue Transplants are excluded from the out-of-pocket limits.
- * Deductibles apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services @ Hospital where a percentage (%) coinsurance applies to other covered services.
- * 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 19; or to the end of the month which the child attains age 23 if the child qualifies as a full-time student.
- * Specialist copayment is applicable to all Specialist excluding General Physicians, Internist, Pediatricians, OB/GYN's and Geriatrics or any other Network Provider as allowed by the plan.
- * Physicians Home and office visit copayment also applies if the office visit is billed with allergy injections.
- * 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.
- * Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies except diabetic test strips.
- * **Benefit period = calendar year.**

- (1) These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.
- (2) We encourage you to contact Our Mental Health Subcontractor to assure the use of appropriate procedures, setting and medical necessity. Refer to Schedule of Benefits for limitations.
- (3) Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.
- (4) If applicable, all prescription drug expenses except tier 1, (Network/Non-network, Retail/Mail-service combined) apply to the per individual deductible. Once the deductible is met, the appropriate copayment applies.
Also if applicable, the Prescription Drug out of pocket maximum applies to Network Retail and Mail-Service combined.
- (5) Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.
- (6) Prescription Drugs do not accumulate toward the Medical Lifetime Maximum. However, once the Medical Lifetime Maximum is met, no additional Prescription Drug claims will be paid.

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.

Pre-existing Exclusion Period: We will not provide benefits for services, supplies or charges for any pre-existing condition for the time period specified below (subject to HIPAA portability requirements): 12 months after the member's enrollment date.