

CCCCD Health Net vs. Anthem Benefit Plan Comparison EPO - May 2013

Medical	Health Net HMO	Anthem HMO	Health Net ELECT POS		Anthem EPO 5	Health Net PPO (Retirees Only)		Anthem PPO (Retirees Only)	
			HMO Tier - 1	PPO Tier - 2		In Network	Out of Network	In Network	Out of Network
Network	CA Only	CA Only	Elect CA Only	CA Only	Anthem National PPO Only	In CA HN OOS National/1st Health		National	National
Deductibles (indvl/fam)	\$0	\$0	\$0	\$0	\$0	None	\$250/\$750	None	\$250/\$750
Cal Year Copay Max - Individual	\$1,500	\$1,500	\$1,500	\$3,000	\$1,500	\$1,500	\$3,000	\$1,500	\$3,000
- Family	\$4,500	\$3,000	\$4,500	\$6,000	\$4,500	\$4,500	\$9,000	\$4,500	\$9,000
Lifetime Max	None	None	None	None	None	None	None	None	None
Physician - Specialist Office Visits	\$15	\$15	\$15	\$25	\$15	\$15	30% limited fee	\$15	30% of schedule
Acupuncture	\$15/30 visits p/y	\$15/30 comb w/Chiro	\$15/30 visits p/y	Not Covered	\$0 Copay/30 visits p/y	Not Covered	Not Covered	10%	30% of schedule
Lab, X-Ray, and Diagnostic testing	\$0 Copay	\$0 Copay	No Charge/Auth	20% Copay	\$0 Copay	10%	30%	10%	30% of schedule
Advanced Imaging (CT, CAT, MRI)	\$0 Copay	\$100 per test	\$0 Copay	20% Copay	\$0 Copay	10%	30% limited fee	10%	30%/\$800 max
Allergy testing	\$0 Copay	\$15	\$0 Copay	Serum 50% Copay	\$15	\$15	30% limited fee	10%	30%/\$800 max
Annual routine phys exam, eye/ear	\$0 Copay	\$0 Copay	\$0/exam - \$15/eye/ear	Not Covered	\$0 Copay	No Copay	Not Covered	No Copay/no ded	30% of schedule
Outpatient Surgery	\$0 Copay	\$50	\$0 Copay	20% Copay	\$0 Copay	10%	30% limited fee	10%	30% of schedule
Inpatient Hospital	\$100	\$100	\$100 Copay/NC Inpt	20% Copay	\$0 Copay	10%	30% limited fee	10%	30% of schedule
Emgcy Rm Srvc (unless admitted)	\$50	\$100	\$50/facility - NC/prfrsnl	\$75/fclty - 20%/prfrsnl	\$50	10%	10%	10%/\$150 deduct	10%/\$150 deduct
Ambulance	\$0 Copay	\$100	\$0 Copay	20% Copay	\$0 Copay	\$50 deduct+10%	\$50 deduct+30%	10%	10%/non ER 30%
Prosthetics/Orthotics	\$0 Copay	\$0 Copay	\$0 Copay	20% Copay	\$0 Copay	10%	30% limited fee	10%	30% of schedule
Durable Medical Equipment	\$0 Copay	50%	\$0 Copay	50% Copay	20%	10%/\$2,000 max	30%/\$2,000 max	10%	30% of schedule
Mental Health - inpatient	\$0 Copay	\$0 Copay	\$100 Copay	20% Copay	\$0 Copay	10%/\$250 deduct	30%/\$600 per day	10%	30% of schedule
Mental Health - outpatient	\$15	\$15	\$15	\$25	\$15	\$15	40% limited fee	\$15/no deduct	30% of schedule
Hospice	\$0 Copay	\$0 Copay	\$0 Copay	20% Copay	\$0 Copay	10%	30% limited fee	No Copay/no ded	30% of schedule
Pregnancy - prenatal & postnatal	\$15	\$15	\$100/dlrvy - \$15/OV	20% Copay	\$15	10%	30% limited fee	\$15/no deduct	30% of schedule
Diagnosis/treatment of infertility	50%	50%	50%; invitro NC	Not Covered	Not Covered	10%/\$2,000 life	30%/\$2,000 life	Not Covered	Not Covered
Tubal Ligation/Elective Abortion	\$150	\$150	\$150	Not Covered	\$0 Copay	10%	30% limited fee	10%	30% of schedule
Vasectomy	\$50	\$50	50% Copay	Not Covered	\$0 Copay	10%	30% limited fee	10%	30% of schedule
Diabetes self-management training	\$15	\$15	\$15	\$25	\$15	10%	30% limited fee	\$15/no deduct	30% of schedule
Chiropractic	\$15/30 visits p/y	\$15/30v-comb Acup	\$15/30 visits p/y	\$15/30 visits p/y	\$0 Copay/24 visits/cal year	\$15	30%/\$25 max allow	10%	30%/\$25 max
Skilled Nursing Facility	\$100/100 days	No Charge	\$100/60 days p/y	20%/60 days p/y	\$0 Copay/100 day cal year	10%/\$250 deduct	30%/\$250 deduct	10%	30% of schedule
Physical Therapy	\$0 Copay	\$0 Copay	\$15	\$25	\$0 Copay/24 visits/cal year combined w/Chiro	10%	30% limited fee	10%	30% of sch/\$30 vs
Pharmacy Retail	\$5/\$15	\$5/\$15	\$5/\$15 - 30 days suply	\$5/\$15 - 30 days suply	\$5/\$15	\$5/\$15/\$50	\$5/\$15/\$50	\$5/\$15	50% of max
Home Healthcare	No Charge	\$15/100 visits yr	\$15/100 days cal yr	\$25 100 max cal yr	\$0 Copay/100 visits cal yr	10% 110 max day	30% 110 day max	10%	30% of schedule
Phrmcy Mail Order - 90 day suply	\$5/\$15	\$5/\$15	One Copay Rqrd	One Copay Rqrd	\$5/\$15	2 Copays/90 day	HN Parm Only	\$5/\$15	50% of max

Monthly Premiums:	Active	Active	Active		Under 65 CA Only	Under 65 OOS	Under 65
- Subscriber	\$837.64	\$747.23	\$891.30	\$806.88	\$1,261.14	\$1,016.81	\$1,166.08
- Subscriber + 1 dependent	\$1,726.22	\$1,569.17	\$1,836.93	\$1,694.44	\$2,523.07	\$2,184.41	\$2,448.77
- Subscrbr + 2 or more deps	\$2,268.38	\$2,241.68	\$2,413.72	\$2,420.63	\$3,657.28	\$2,997.18	\$3,498.24
NO MEDICARE							
					Over 65 CA Only	Over 65 OOS	Over 65
					\$2,263.65	\$1,016.81	\$1,389.79
					\$4,527.30	\$2,184.41	\$2,918.55
	1-Jul-13	1-Jul-13	1-Jul-13	1-Jul-13	1-Jul-13	1-Jul-13	1-Jul-13
	Effective Date	Effective Date	Effective Date	Effective Date	Effective Date	Effective Date	Effective Date

NOTE: The benefits listed above for both Anthem and Health Net do not list benefit limitations or exclusions of the contracts. For specific questions regarding benefits please refer to actual contracts for Health Net and Anthem as the above is just a summary.