



# 2011 Large Group Benefit Modifications

For businesses with 51 or more employees

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# 2011 Large Group Benefit Modifications

Summary of changes that are effective upon renewal and for Pooled (P) and Non-Pooled (NP) groups for HMO, PPO, POS and CDHP plans on or after **October 1, 2011**. Modifications do not apply to the 51-99 EmployeeElect portfolio.

Annual Benefit Changes	Products	Description of Changes
<b>Additional Deductibles</b>	All PPO plans (except CDHP)	Remove additional deductibles except out of network no pre-authorization <ul style="list-style-type: none"> <li>Inpatient facility service deductible</li> <li>Outpatient service deductible</li> </ul>
<b>Advanced Imaging</b>	All HMO, POS, PPO and CDH plans	Change Complex Radiology definition (CT or CAT scan, MRI or Nuclear Cardiac Scan, Pet Scan) to Advanced Imaging using AIM radiology list <ul style="list-style-type: none"> <li>HMO – \$100 copay will apply to expanded list</li> <li>Value Copay HMO plans – copay changes from coinsurance to \$100 copay for advanced imaging services</li> <li>PPO, POS (Non-PPO tier) and CDHP – add \$800 max benefit for non-par advanced imaging</li> <li>POS (HMO tier) – Free Standing Imaging Center and outpatient facility change to \$100/per procedure</li> </ul>
<b>Allergy Testing, Shot, Serum</b>	POS	Apply separate copay in addition to office visit copay
<b>Ambulance</b>	All HMO and POS (HMO tier) plans	Add ambulance copay of \$100
<b>Ambulatory Surgical Center (ASC)</b>	All PPO, POS (Non-PPO tier) and CDH plans	ASC Non-Par max language – change from \$350 Non-Par max per day to \$350 Non-Par max per admit
<b>Bariatric CME Travel Benefit</b>	All plans including BC PPO	Consolidating travel benefit to a \$3,000 maximum benefit
<b>BC PPO Changes</b>	BC PPO plans	<ul style="list-style-type: none"> <li>Change to cover bariatric surgery only when performed at a Blue Distinction Centers for Speciality Care [BDCSC] for out of California members. Transplants will now be required to be performed in a Center of Medical Excellence (CME) or Blue Distinction Center [BDC] network.</li> <li>Specialty Drugs under Medical – All health care providers must obtain speciality drugs that they administer through the Specialty Pharmacy Program process.</li> </ul>
<b>Deductible – Cross Application</b>	Classic PPO 500/30/20, GenRxPPO, and Premier Plus 250/20/10	Remove cross application of deductible. In network services will only apply to in network deductible, out of network services only apply to out of network deductible
<b>Deductible – In and Out of Network</b>	Solution PPO 2500/25/20, Solution PPO 3500/35/35, Solution PPO 5000/40/40, Hospital Only, CareAdvocate and POS plans	Change from combined deductible (In network/out of network) to a separate In network and a separate out of network deductible
<b>Deductible - Increase</b>	Premier Plus 250/20/10	Increase deductible to \$250
<b>Deductible and Out-of-Pocket Family Maximum</b>	All PPO plans (except CDHP)	Change family max from 3 member max to a flat dollar family max accumulation
<b>Diagnostic X-ray and Lab Services</b>	Value Copay HMO plans	Change from coinsurance to no copay

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Dialysis and Hemodialysis	All HMO and POS (HMO tier) plans	<ul style="list-style-type: none"> <li>HMO professional – change from no copay to a specialist copay (or default to PCP copay)</li> <li>HMO facility – change from no copay to specialist copay (or default to PCP copay) (except Value Coinsurance, Value Deductible plans)</li> <li>HMO Facility for Value Copay HMO 20/40/250/3 day; Value Copay HMO 30/40/500/3 day; Value Copay HMO 30/40/750/3 day; Value Copay HMO 30/45/1000/3 day – change from coinsurance to specialist copay</li> <li>POS (HMO tier) professional and facility – change from no copay to PCP copay</li> </ul>
Durable Medical Equipment (DME)	All plans	<ul style="list-style-type: none"> <li>HMO plans – increase DME coinsurance to 50% (except prosthetics benefit)</li> <li>POS (HMO tier) – change from no copay to 50% coinsurance)</li> <li>PPO, POS and CDHP – change DME coinsurance to 50% (in and out of network)</li> </ul>
Durable Medical Equipment (DME) – Hearing Aids	All plans	Exclude hearing aid coverage (will offer as optional rider). Rider will be a combined DME rider (Hearing Aid and Special Footwear).
ER Copay	All HMO plans (except Premier HMO), POS and specific PPO plans	<ul style="list-style-type: none"> <li>Increase ER copay</li> <li>Classic HMO, Value Copay HMO, Value Deductible HMO and Classic Choice HMO – \$150; Value Coinsurance HMO – \$200</li> <li>Premier Plus PPO 250/20/10 – increase ER copay to \$100</li> <li>Premier PPO 250/15/20 – decrease ER copay to \$100</li> <li>All other PPO/POS plans – increase ER copay to \$150</li> </ul>
Family Planning	All HMO and POS (HMO tier) plans	Apply PCP copay to family planning counseling and consultation
Genetic Testing	Value Coinsurance HMO plans	This benefit falls under Diagnostic X-ray/Lab therefore in an outpatient facility coinsurance applies <ul style="list-style-type: none"> <li>Benefit summary update – move genetic testing under Outpatient and General Medical Service X-ray and Laboratory test (including genetic testing)</li> </ul>
Hemodialysis	All plans (except HMO)	Change from \$350 max per day to \$350 max per visit
Home Health	All HMO and POS (HMO tier) plans	<ul style="list-style-type: none"> <li>Including Home Dialysis and Home Infusion</li> <li>Apply PCP (non specialist) copay</li> </ul>
Home Infusion Therapy Out of Network	Premier Plus 0/10/10 and Premier 150/10/10	Change coinsurance from 50% to 30% to match plan out of network coinsurance
Hospice	All PPO plans (except CDHP)	<ul style="list-style-type: none"> <li>Change in network to covered at 100% (major medical deductible waived)</li> <li>Change out of network to plan % coinsurance (major medical deductible applies)</li> </ul>
Increase PCP Copay	Value Copay HMO 30/40/750/3 day	Increase copay from \$25 to \$30 for all services where the PCP copay applies

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Infertility	Premier Plus 250/20/10	Change the coinsurance to match the plan coinsurance (from 20% to 10%/30%)
Injectable Medications in Physician's Office	All HMO and POS (HMO tier) plans	<ul style="list-style-type: none"> <li>Change from no copay to a coinsurance for office/professional with \$150 copay maximum. Excluding preventive immunizations and allergy serum.</li> <li>Premier HMO will be 20% coinsurance, all other plans are 30% coinsurance.</li> </ul>
Inpatient Hospital Facility	Premier HMO 15, Premier HMO 20, Premier HMO 30 and POS (HMO tier) plans	Change from no copay to copay (including mental health facilities)
Maximum Allowed Amount	All PPO and CDH plans	Change definition of negotiated fee rate and customary and reasonable charge to maximum allowed amount
Non-contracting Penalty	Premier PPO, CareAdvocate, OnePlan, and Student Health Plans	Remove non-contracting penalty for out of network inpatient hospital benefits
Non-Participating Provider Reimbursement	All PPO and CDH (except Classic PPO and Solution PPO)	Change non-par provider fee schedule. See separate flyer with description of schedule.
Online Clinic Visit	All plans (except HMO)	Add online care. Covered services include a medical consultation using the internet via a webcam, chat or voice. Benefits covered for in network and out of network are the same as office visits except EPO covers in network only.
Other Outpatient Facility Services	Premier HMO 15, Premier HMO 20, Premier HMO 30, Classic HMO, Value Copay HMO, and POS (HMO tier) plans	<p>Example of other outpatient facility services – blood services and clinic visits, excludes services that are already called out separately (i.e., surgery)</p> <ul style="list-style-type: none"> <li>HMO – change from no copay to specialist copay (or default to PCP copay)</li> <li>Value Copay HMO 20/40/250/3 day; Value Copay HMO 30/40/500/3 day; Value Copay HMO 30/40/750/3 day; Value Copay HMO 30/45/1000/3 day – change from coinsurance to specialist copay</li> <li>POS – change from no copay to PCP copay</li> </ul>
Out-of-Pocket Maximum – HMO	Premier HMO 30, Classic HMO 20/40/250 Admit/125OP, Value Copay HMO 20/40/250/3 day, Value Copay HMO 30/40/500/3 day, Value Coinsurance HMO 20/30/20,; Advantage HMO 20 or 40 500 admit, and Classic Choice plans	<p>Increase calendar year out-of-pocket maximum for individual and family</p> <ul style="list-style-type: none"> <li>Premier HMO 30 and Classic HMO 20/40/250 Admit/125OP – \$2,000/\$4,000</li> <li>Value Copay HMO 20/40/250/3 day; Value Copay HMO 30/40/500/3 day – \$3,000/\$6,000</li> <li>Value Coinsurance HMO 20/30/20% – \$3,500/\$7,000</li> <li>Advantage HMO 20 or 40 500 admit – \$2,500/\$5,000</li> <li>Classic Choice HMO 10/30 – \$3,500/\$7,000; Classic Choice HMO 15/30 – \$5,000/\$10,000</li> </ul>
Out-of-Pocket Maximum – POS	POS plans	<ul style="list-style-type: none"> <li>HMO tier – increase annual out-of-pocket max</li> <li>PPO tier – Change from combined out-of-pocket (in network/out of network) to a separate in network and a separate out of network out-of-pocket</li> </ul>

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<b>Out-of-Pocket Maximum – PPO</b>	Premier Plus, Premier Plans: 250/15/10, 250/20/20 and 500/20/20, GenRx 500, CareAdvocate, Solution and Select PPO plans	Increase out-of-pocket maximum
<b>Outpatient Hospital Facility and ASC Copay</b>	Premier HMO 15, Premier HMO 20, Premier HMO 30, Classic HMO 20/40/250 admit/25 OP, Value Copay HMO 20/40/250/3 day, Value Copay HMO 30/4/500/3 day, Value Copay HMO 30/40/750/3 day, Value Copay HMO 30/45/1000/3 day, and POS (HMO tier)	<ul style="list-style-type: none"> <li>• Premier HMO plans and Classic HMO 20/40/250 admit/250 OP – change from no copay to copay per surgical admission</li> <li>• Value Copay HMO 20/40/250/3 day; Value Copay HMO 30/40/500/3 day; Value Copay HMO 30/40/750/3 day; Value Copay HMO 30/45/1000/3 day – change from coinsurance to copay per surgical admission</li> <li>• POS (HMO tier) – change from no copay to copay per surgical admission</li> </ul>
<b>Outpatient Hospital Facility and ASC Services</b>	Value Coinsurance HMO 20/30/20% and Classic Choice HMO plans	Change from no copay to coinsurance for all outpatient hospital and ASC services
<b>Pharmacy</b>	All Pooled plans (except Premier Plus PPO and GenRx PPO )	<p>Increase pharmacy copays as follows:</p> <ul style="list-style-type: none"> <li>• Premier HMO; Premier PPO – change to \$10/\$30/\$45/20%</li> <li>• Classic HMO; Classic PPO – change to \$15/\$30/\$50/30%</li> <li>• Value Copay HMO: Value Copay HMO 20/40/250/3 day and Value Copay HMO 30/40/500/3 day change to \$15/\$30/\$50/30%; Value Copay HMO 30/40/750/3 day change to \$15/\$30/\$50/30% – \$150 deductible; Value Copay HMO 30/45/1000/3 day change to \$15/\$30/\$50/30% – \$250 deductible</li> <li>• Value Coinsurance HMO: Value Coinsurance HMO 20/30/20% and Value Coinsurance HMO 25/40/20% change to \$15/\$30/\$50/30%; Value Coinsurance HMO 30/40/30% change to \$15/\$30/\$50/30% – \$150 deductible; Value Coinsurance HMO 45/50/50% change to \$15/\$30/\$50/30% – \$250 deductible</li> <li>• Value Deductible HMO: Value Deductible HMO \$1000/25/40/0% and Value Deductible HMO \$1000/25/40/10% change to \$15/\$30/\$50/30%; Value Deductible HMO \$2000/30/45/20% change to \$15/\$30/\$50/30% – \$250 Brand Deductible</li> <li>• Advantage HMO – Increase Brand Non-Formulary copay from \$45 to \$50</li> <li>• Solution PPO – \$10/\$25/\$50/30% \$250 deductible</li> <li>• OnePlan PPO – \$10/\$30/\$50/30%</li> </ul> <p>For plans with deductibles, deductible administration changed from “waived if no generic equivalent exists” to “applies even if no generic equivalent exists.”</p>
<b>Pharmacy Deductible Administration</b>	All Rx plans with a deductible	Deductible will now apply to Tier 2, Tier 3 and Tier 4 drugs. It will only be waived for Tier 1. 10/25/50/20% \$250 – change to apply deductible to self injectables (except Insulin)
<b>Pharmacy Drug Tier Definition</b>	All Rx plans	<ul style="list-style-type: none"> <li>• Change RX tier definitions from generic/brand/formulary/non-formulary/self-injectables to Tiers 1-4</li> <li>• Redefine self injectable tier to “Tier 4” to include all forms of administration including self injectables, oral, inhaled drugs. Non-specialty self injectables will move to Tiers 1-3.</li> </ul>

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Pharmacy Edits	CDH plans	Add edits for Prior Authorization, Dose optimization, Quantity limits and Step therapy programs
Pharmacy Flu/Pneumonia vaccine	All Rx plans	Cover at no charge; includes vaccines and administration
Pharmacy Out-of-Pocket	All Rx plans (excluding CDHP)	Accumulate Tier 4 drugs to new \$3,500 calendar year out-of-pocket max per member; combined retail and mail order and combined par and non-par providers
Pharmacy Out-of-Pocket	CDHP HIA+, HIA and HRA (except HSA)	Exclude Rx copays from out-of-pocket max. Note: tier 4 coinsurance continues to apply to out-of-pocket max
Physical Therapy, Occupational Therapy, Chiropractic	Specific PPO plans	<ul style="list-style-type: none"> <li>• Premier PPO and BC Premier Plus – change in network from \$10 copay/visit to 10%</li> <li>• Premier PPO, BC Plus 1, Premier Plus 2, BC Premier Plus 2 and Gen Rx plans – change calendar year visit limits from 12 to 24 and 40 to 24.</li> <li>• POS – change the limit from 60 day period of care to 24 visits per calendar year (combined HMO, PPO and non-PPO); Remove “after an illness or injury.”</li> </ul>
Physical Therapy, Occupational Therapy, Speech Therapy	All HMO and POS (HMO tier) plans	<ul style="list-style-type: none"> <li>• HMO outpatient rehab or facility setting – change from no copay to specialist copay (or default to PCP copay)</li> <li>• Value Copay HMO 20/40/250/3 day; Value Copay HMO 30/40/500/3 day; Value Copay HMO 30/40/750/3 day; Value Copay HMO 30/45/1000/3 day – change from coinsurance to specialist copay</li> <li>• POS (HMO tier) – change from no copay to PCP copay</li> </ul>
Physical Therapy, Physical Medicine, Occupational Therapy, including Chiropractic Services	FFS plans	Remove the \$ copay benefit limit max/visit
Pre-notification Requirement	CareAdvocate plans	Remove pre-notification requirement for services with utilization review requirements such as inpatient facility, outpatient facility, and skilled nursing facility services
Preventive Care	All plans	<ul style="list-style-type: none"> <li>• Make preventive care consistent across all PPOs – remove age limits; remove out of network benefit limitations; change out of network from not covered to covered at the out of network coinsurance; apply deductible to out of network where currently waived</li> <li>• POS – add in- and out of network preventive care benefit on PPO/Non-PPO tier</li> </ul>
Skilled Nursing Facility	Advantage HMO plans	Change from copay to no copay
Retail Health Clinic	All plans (except HMO)	Add retail health clinic benefit – benefits covered for in network and out of network the same as office visits except EPO covers in network only
Specialist Copay	Classic HMO 20/40/250 admit/125 OP, Classic HMO 30/40/500 admit/250 OP, Classic HMO 35/45/750 admit/375 OP, and Classic Choice HMO 10/30	Add separate PCP/specialist copays to specific HMO plans

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Annual Benefit Changes	Products	Description of Changes
<b>Speech Therapy</b>	All plans	Remove reference to "injury or organic disease"; No visit limits
<b>Therapy: Radiation, Chemo and Infusion Therapy</b>	All HMO and POS (HMO tier) plans	<ul style="list-style-type: none"> <li>• Professional – change from no copay to specialist copay (or default to PCP copay)</li> <li>• Facility – change from no copay to specialist copay (or default to PCP copay) (applicable to HMO Copay plans)</li> <li>• Value Copay HMO 20/40/250/3 day; Value Copay HMO 30/40/500/3 day; Value Copay HMO 30/40/750/3 day; Value Copay HMO 30/45/1000/3 day – change from coinsurance to specialist copay in a facility</li> <li>• POS (HMO tier) professional and facility settings – change from no copay to PCP copay</li> </ul>
<b>Transplant</b>	CDHP, POS and BC PPO	Standardize transplant CME travel benefit and unrelated donor search <ul style="list-style-type: none"> <li>• Revise to \$10,000 Travel benefit max. Lodging and ground transport subject to Internal Revenue Code limits. Meals are excluded.</li> <li>• \$30,000 unrelated donor search max</li> </ul>
<b>Urgent Care</b>	All plans	<ul style="list-style-type: none"> <li>• HMO professional – apply specialist copay (or default to PCP copay)</li> <li>• HMO facility – apply specialist copay (or default to PCP copay)</li> <li>• All other plans – add professional and facility urgent care benefits (physician with office visit copay; facility with outpatient cost shares (deductible/coinsurance))</li> </ul>



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