

Anthem Blue Cross HMO Plans



CaICPA ProtectPlus

1235 Radio Road
Redwood City, CA 94065
1-800-556-5771
cpaprotectplus.com

	HMO Advantage 100	HMO Value 80
Annual Deductible	None	None
Annual Out-of-Pocket Maximum	\$1,750 individual \$3,500 family	\$5,000 individual \$10,000 two-party \$15,000 family
Professional Services		
Office Visits	\$10 per visit	\$15 per visit
Specialist & Consultants	\$10 per visit	\$30 per visit
Hospital		
Emergency Care <i>Copay waived if admitted</i>	\$100 per visit	\$100 per visit
Inpatient Hospital Services and Surgical Facilities	No charge	20% of charges
Other Professional Services	No charge	20% of charges
Outpatient Medical Services	No charge	No copay
Health Maintenance & Substance Abuse		
Outpatient Annual Physical Examination, Well Woman and Well Baby Care	\$10 per exam	\$15 per exam
Mental & Nervous		
Mental & Nervous - <i>Inpatient</i>	No charge*	20% of charges*
Mental & Nervous - <i>Outpatient</i>	\$10 copay	\$30 copay
Substance Abuse - <i>Inpatient</i>	No charge	20% of charges
Substance Abuse - <i>Outpatient</i>	\$10 copay	\$30 copay
Other Services		
Home Healthcare <i>(90 visits per year)</i>	No charge	\$15 per visit
Physical Therapy, Occupational Therapy, Chiropractic Care <i>(60-day period of care)</i>	No charge	\$15 per visit
Prescription Drugs		
Prescription Drugs Annual Deductible <i>(Combines in-/out-of-network charges)</i> <i>Note: Some specialty drugs are only available through Anthem Blue Cross' Specialty Rx mail order program</i>	\$150 Brand Deductible per member	\$150 Brand Deductible per member
Participating Pharmacies <i>(30-day supply)</i>	\$10 Generic \$20 Brand Name (if generic not available) Brand if generic is available: \$10 plus the difference in cost between brand and generic, after deductible has been satisfied.	\$10 Generic \$20 Brand Name (if generic not available) Brand if generic is available: \$10 plus the difference in cost between brand and generic, after deductible has been satisfied.
Mail Order <i>(60-day supply)</i> <i>Note: Some specialty drugs are only available through Anthem Blue Cross' Specialty Rx mail order program</i>	\$10 Generic \$20 Brand Name (if generic not available) Brand if generic is available: \$10 plus the difference in cost between brand and generic, after deductible has been satisfied.	\$10 Generic \$20 Brand Name (if generic not available) Brand if generic is available: \$10 plus the difference in cost between brand and generic, after deductible has been satisfied.
Self-Administered Injectable Drugs <i>(Excluding insulin)</i>	30% of negotiated fee plus any excess charge where self-injectable drug price exceeds negotiated drug fee	30% of negotiated fee plus any excess charge where self-injectable drug price exceeds negotiated drug fee

Note: This summary is a brief review of benefits. It is not a contract and does not replace the master policy. It is as accurate as possible, but we cannot be responsible for any errors and make no warranty of any kind.

* In order to receive coverage, services must be rendered by a Blue Cross behavioral health provider.