

WRIGHT STATE UNIVERSITY

Summary of Benefits Anthem Blue Traditional

Effective Date: January 1, 2008

ANTHEM BC/BS
Traditional CMM Plan
Freedom of Choice

BASIC DESCRIPTION OF PLANS

Employees and their dependents are free to receive care from any licensed doctor or hospital.

Pre-certification for the following services is the responsibility of the employee/dependent:

- * Elective admissions
- * Emergency admissions (Anthem must be notified within 24 hours)
- * OB related medical stay, excludes childbirth
- * Newborn stays beyond discharge of mother
- * Inpatient rehabilitation admissions
- * Transplants (Human Organ Tissue Transplants only)
- * Inpatient hospice
- * Inpatient skilled nursing facility admission
- * Transplant services
- * Home Health Services
- * UPPP surgery (uvulopalatopharyngoplasty)
- * Plastic/reconstructive surgeries
- * Certain DME/Prosthetics
- * PET

This list is subject to change.

Services not pre-certified may result in denial of coverage. Please consult Anthem's Website (Anthem.com) for additional services requiring pre-certification. In addition, the employee/dependent is responsible for the costs of any services determined to be medically unnecessary or the actual cost of the service.

Except for those services which indicate "covered in full" or Reasonable Charge, covered individuals (family) will need to pay the applicable co-insurance percentage for covered services. However, after the out-of-pocket maximum is reached, the eligible benefits are covered at 100% of the reasonable charge.

ANNUAL DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS

ANNUAL DEDUCTIBLE	
Per individual	\$200
Per Family	\$400
COPAYMENTS	
(see description of services pages 3-8)	20% most services
ANNUAL OUT-OF-POCKET MAXIMUM (including deductible)	
Per Individual	\$800
Per Family	\$1,600

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DESCRIPTION OF SERVICES

HOSPITAL CHARGES

INPATIENT HOSPITAL, INTENSIVE CARE
and HOSPITAL ANCILLARY SERVICES

Covered, subject to deductible and 20% copayment;
Semi-Private Room; Surgical Treatment of Morbid Obesity
is NOT Covered

PRE-ADMISSION TESTING

Covered, subject to deductible and 20% copayment

NEWBORN NURSERY CARE

Covered, subject to deductible and 20% copayment

EMERGENCY ROOM

Emergency Accident Care

Covered, subject to deductible and 20% copayment

Emergency Medical Care
(life threatening)

Covered, subject to deductible and 20% copayment

Urgent Care Centers

Covered, subject to deductible and 20% copayment

DIAGNOSTIC X-RAY & LAB

Covered, subject to deductible and 20% copayment

RADIATION/CHEMO THERAPY

Covered, subject to deductible and 20% copayment

SKILLED NURSING FACILITY

Covered, subject to deductible and 20% copayment
Maximum of 180 days per calendar year

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PHYSICIAN CHARGES

SURGERY & ANESTHESIA

Inpatient

Covered, subject to deductible and 20% copayment

Outpatient

Covered, subject to deductible and 20% copayment

PHYSICIANS VISIT IN HOSPITAL (non-surgical)

Covered, subject to deductible and 20% copayment

ASSISTANT SURGEON (medically necessary)

Covered, subject to deductible and 20% copayment

DIAGNOSTIC X-RAY & LAB

Covered, subject to deductible and 20% copayment

PHYSICAL THERAPY

A. Inpatient

Physical Medicine & Rehabilitative medicine
are covered, subject to deductible and 20% copayment;
Maximum 60 days per calendar year

B. Outpatient

Covered, subject to deductible and 20% copayment
Maximum of 60 visits per calendar year

CHIROPRACTOR

Covered, subject to deductible and 20% copayment
Maximum of 12 visits for spinal manipulations and
subluxations per calendar year

OTHER SERVICES

OFFICE VISITS

PRIMARY CARE
REFERRALS

Covered, subject to deductible and 20% copayment
Covered, subject to deductible and 20% copayment

ROUTINE PAP TEST

Covered, subject to deductible and 20% copayment

MAMMOGRAM (routine)
(No diagnosis)

Covered, subject to deductible and 20% copayment

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ROUTINE PSA TEST	Covered, subject to deductible and 20% copayment
SECOND SURGICAL OPINION	Covered, subject to deductible and 20% copayment when authorized by pre-certification department
PRESCRIPTION DRUGS	Covered, subject to deductible and 20% copayment Fertility drugs covered, subject to deductible and 50% co-payment Diabetic Test Strips subject to drug copayments. Certain other diabetic supplies will continue to be covered in full at network pharmacies. Mail Order - NOT an Anthem BC/BS Plan WSU Self Funded Maintenance Drug Program 90 day supply \$12 generic - all generic drugs 10% (\$22 min) - Brand name drugs with no suitable equivalent generic substitution 10% (\$60 min) - Brand name drugs with a suitable equivalent generic substitution Viagra Pills - limited to 18 per 90 day period Injectable Fertility Medications - 50% copay
MATERNITY CARE	All covered persons; covered subject to deductible and 20% copayment
AMBULANCE	Covered, subject to deductible and 20% copayment
ALLERGY SERVICES	Testing/Treatment - subject to deductible and 20% copayment Injections/Serum - subject to deductible and 20% copayment

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PERIODIC ROUTINE
PHYSICAL EXAMS

Covered in full (\$500 preventive care annual max, over age 18)
(not covered if exam is for medical research, employment or insurance purposes)

BLOOD

Covered, subject to deductible and 20% copayment

HOME HEALTH CARE

Covered, subject to deductible and 20% copayment

HOSPICE

Covered, subject to deductible and 20% copayment

**FACILITIES FOR CARE OF
MENTAL HEALTH AND/OR
CHEMICAL DEPENDENCY**

**ALL LICENSED PSYCHIATRISTS/
QUALIFIED PSYCHOLOGIST**

Mental Health
(inpatient)

Covered, subject to deductible and 20% copayment
Maximum 20 days per calendar year

Mental Health
(out-patient)

Covered, subject to deductible and 20% copayment
Maximum 30 visits per calendar year

Chemical Dependency
(inpatient)

Covered, subject to deductible and 20% copayment
Maximum 20 days per calendar year

Chemical Dependency
(out-patient)

Covered, subject to deductible and 20% copayment
Maximum 30 visits per calendar year

Two inpatient or outpatient substance abuse programs per lifetime per member. Includes Detoxification Authorized Referral Required - Call 1-800-788-4003

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WELL BABY CARE and IMMUNIZATIONS	Covered in full (\$200 annual max. for children under age 18)
WELL CHILD CARE	Covered in full (\$200 annual max. for children under age 18)
HUMAN ORGAN TRANSPLANTS (patient meets criteria)	Covered in Full at designated transplant facilities; 50% copayment at non-designated transplant facilities. A separate \$1,000,000 lifetime maximum applies to transplant benefits
FAMILY PLANNING SERVICES	See Infertility Services
INFERTILITY SERVICES	Not Covered (coverage for services to diagnose infertility are covered, subject to deductible and 20% copayment)
MEDICAL EQUIPMENT & SUPPLIES	Covered, subject to deductible and 20% copayment
EMERGENCY ACCIDENT DENTAL TREATMENT	Covered, subject to deductible and 20% copayment
TEMPOROMANDIBULAR, MANDIBULAR or ORTHOGNATHIC TREATMENT	Covered, subject to deductible and 20% copayment if considered medically necessary
EYE EXAMS	Covered in full (Subject to preventive care annual maximum of Under age 18 - \$200 Over age 18 - \$500)
ROUTINE HEARING TESTS	Covered in full (Subject to preventive care annual maximum of Under age 18 - \$200 Over age 18 - \$500)

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UNMARRIED DEPENDENT CHILDREN

To end of the calendar year of age 19; To age 24 if IRS eligible dependent

LIFETIME MAXIMUM

\$5,000,000 per person

\$1,000,000 per person for Human Organ
and Tissue Transplants

**Two inpatient or outpatient substance abuse
programs per lifetime per member. Includes Detoxification
Authorized Referral Required - Call 1-800-788-4003**

BENEFIT PERIOD

Calendar year

PRE-EXISTING CONDITION LIMITATIONS
(for an illness or condition for which you have
received medical advice and/or treatment
within 6 months prior to your effective date)

No limitations

ANTHEM BC/BS CUSTOMER SERVICE DEPARTMENT TOLL FREE #1-800-223-9717

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ANTHEM BC/BS WEBSITE
www.Anthem.com

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This benefit description is intended to be a brief outline of benefits available to you and eligible dependents. It does not include all of the benefits or exclusions. The entire provisions of benefits and exclusions are contained in the Group Certificate Contract. In the event of a conflict between the Group Certificate and this description, the terms of the Certificate will prevail.