

# Your Summary of Benefits Advantage HMO



## Advantage HMO 20 or 40 500 Admit

This Summary of Benefits is a brief overview of your plan's benefits only. For more detailed information about the benefits in your plan, please refer to your Certificate of Insurance or Evidence of Coverage (EOC), which explains the full range of covered services, as well as any exclusions and limitations for your plan.

Anthem Blue Cross HMO benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association (IPA), except services provided under the "ReadyAccess" program, OB/GYN services received within the member's medical group/IPA, and services for all mental and nervous disorders and substance abuse. Benefits are subject to all terms, conditions, limitations, and exclusions of the Policy.

**Member's copay: Member's office visit copay will vary depending on which medical group the member selects. By selecting the medical group, the member will choose the office visit copay that will be required under the plan. The member's office visit copay will be either \$20 or \$40 per visit. Please see the Anthem Blue Cross Advantage HMO directory for information regarding the copay indicator for each medical group and the Evidence of Coverage (EOC) for detailed information.**

**Annual copay maximum:** Individual \$2,500; Family \$5,000

The following copay does not apply to the annual copay maximum: for infertility services

Covered Services	Per Member Copay
<b>Preventive Care Services</b>	
Preventive Care Services including*, physical exams, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunizations, health education, intervention services, HIV testing), and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration. *This list is not exhaustive. This benefit includes all Preventive Care Services required by federal and state law.	No copay
<b>Smoking Cessation Program</b>	No copay
<b>Physician Medical Services</b>	
<ul style="list-style-type: none"> <li>Office &amp; home visits</li> <li>Specialists</li> <li>Skilled nursing facility visits</li> <li>Hospital visits</li> <li>Injectable medications in physician's office (excluding allergy serum and immunization)</li> <li>Surgeon &amp; Surgical assistant</li> <li>Anesthesiologist or anesthesiologist</li> </ul>	\$20/visit or \$40/visit \$20/visit or \$40/visit No copay No copay 30%/up to \$150 maximum copay No copay No copay
<b>Acupuncture</b>	\$20/visit or \$40/visit
<b>Outpatient Medical Services</b> (Services received in a hospital, other than emergency room services, or in any facility that is affiliated with a hospital)	
<ul style="list-style-type: none"> <li>Outpatient surgery &amp; supplies</li> <li>Advanced Imaging</li> <li>All other X-ray &amp; laboratory tests (including genetic testing)</li> <li>Radiation therapy, chemotherapy &amp; hemodialysis treatment &amp; Infusion therapy</li> <li>Other Outpatient Medical Services including: Rehabilitation Therapy (Physical, Occupational, or Speech Therapy, limited to a 60-day period of care)</li> </ul>	\$250/admit \$100/test No copay \$40/visit \$40/visit
<b>General Medical Services</b> (when performed in non-hospital-based facility)	
<ul style="list-style-type: none"> <li>Advanced Imaging</li> <li>All other X-ray &amp; laboratory tests (including genetic testing)</li> <li>Allergy testing &amp; treatment (including serums)</li> <li>Radiation therapy, chemotherapy &amp; hemodialysis treatment &amp; Infusion therapy</li> </ul>	\$100/test No copay \$20/visit or \$40/visit \$20/visit or \$40/visit

Covered Services	Per Member Copay
<ul style="list-style-type: none"> <li>Rehabilitation Therapy (<i>Physical, Occupational, or Speech Therapy or Chiropractic Care, limited to 60-days period of care</i>)</li> </ul>	\$20/visit or \$40/visit
<b>Emergency Care</b> <ul style="list-style-type: none"> <li>Physician &amp; medical services</li> <li>Outpatient hospital emergency room services</li> </ul>	No copay \$150/visit ( <i>waived if admitted inpatient</i> )
<b>Inpatient Medical Services</b> Semi-private room or private room, medically necessary services & supplies	\$500/admit
<b>Urgent Care</b> <i>(out of service area)</i>	\$40/visit ( <i>copay waived if admitted inpatient and outpatient ER. For in area, contact your PCP or medical group</i> )
<b>Skilled Nursing Facility</b> <i>(limited to 100 days/calendar year)</i> <ul style="list-style-type: none"> <li>All necessary services &amp; supplies (<i>excluding take-home drugs</i>)</li> </ul>	No copay
<b>Ambulance Services</b> <ul style="list-style-type: none"> <li>Transportation when medically necessary</li> </ul>	\$100/trip
<b>Ambulatory Surgical Center</b> <ul style="list-style-type: none"> <li>Outpatient surgery &amp; supplies</li> </ul>	\$250/admit
<b>Pregnancy and Maternity Care</b> Prenatal & postnatal Professional ( <i>physician</i> ) services <i>(For your Inpatient copay, see Inpatient Medical Services. For your Outpatient Services copay, see Outpatient Medical Services)</i>	\$20/visit or \$40/visit
<b>Elective Abortions</b> ( <i>including prescription drug for abortion, mifepristone</i> )	\$150
<b>Prosthetic devices</b> ( <i>including Orthotics</i> )	No copay
<b>Durable medical equipment</b> <ul style="list-style-type: none"> <li>Rental and Purchase of DME (<i>breast pump and supplies are covered under preventive care at no charge</i>)</li> </ul>	50%
<b>Family Planning Services</b> <ul style="list-style-type: none"> <li>Infertility studies &amp; tests</li> <li>Female Sterilization (<i>including tubal ligation and counseling/consultation</i>)</li> <li>Male Sterilization</li> <li>Counseling &amp; consultation</li> </ul>	50% of covered expense <sup>†</sup> No copay \$50 \$20/visit or \$40/visit
<b>Mental or Nervous Disorders and Substance Abuse</b> Inpatient Care <ul style="list-style-type: none"> <li>Facility-based care (<i>pre-authorization required</i>)</li> <li>Physician hospital visits</li> </ul> Outpatient Care <ul style="list-style-type: none"> <li>Facility-based care (<i>pre-authorization required</i>)</li> <li>Outpatient physician visits (<i>Behavioral Health treatment for Autism or Pervasive Development disorders require pre-service review</i>)</li> </ul>	\$500/admit No copay No copay \$20/visit or \$40/visit
<b>Home Health Care</b> <i>(limited to 100 visits/calendar year; one visit by a home health aide equals four hours or less)</i>	\$20/visit or \$40/visit
<b>Hospice Care</b> ( <i>Inpatient or outpatient services; family bereavement services</i> )	No copay
<b>Organ and Tissue Transplant</b> <ul style="list-style-type: none"> <li>Inpatient Care</li> <li>Physician office visits</li> </ul>	\$500/admit \$20/visit or \$40/visit

This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits. This Summary of Benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).

<sup>†</sup> Not applicable to the annual copay maximum

## Southern California Anthem Blue Cross Advantage HMO Copayment Guide

Primary Medical Group Name	County	Copay
ACCOUNTABLE HEALTH CARE IPA	Los Angeles	Low
ALL CARE MEDICAL GROUP	Los Angeles	Low
ALLIED HEALTHCARE PROVIDERS INC	Los Angeles	Low
ALLIED PHYSICIANS OF CALIFORNIA	Los Angeles	Low
ALTAMED MEDICAL GROUP- PICO RIVERA	Los Angeles	Low
ANGELES IPA	Los Angeles	Low
APPLECARE MEDICAL GROUP-DOWNEY REGION	Los Angeles	Low
APPLECARE MEDICAL GROUP-ST.FRANCIS REGION	Los Angeles	Low
AXMINSTER MEDICAL GROUP - SLAUSON	Los Angeles	Low
BRIGHT HEALTH PHYSICIANS	Los Angeles	High
BRIGHT HEALTH PHYSICIANS OF PIH-IPA DIVISION	Los Angeles	High
BROOKSHIRE IPA	Los Angeles	Low
CEDARS-SINAI HEALTH ASSOCIATES	Los Angeles	High
CEDARS-SINAI MEDICAL GROUP	Los Angeles	High
CENTINELA VALLEY IPA	Los Angeles	Low
CITRUS VALLEY PHYSICIANS GROUP	Los Angeles	Low
COMMUNITY MEDICAL GROUP OF THE WEST VALLEY-CONEJO	Los Angeles	Low
COMMUNITY MEDICAL GROUP-IPA	Los Angeles	Low
CROWN CITY MEDICAL GROUP IPA	Los Angeles	Low
DIAMOND BAR MEDICAL GROUP	Los Angeles	Low
EASTLAND MEDICAL GROUP INC	Los Angeles	Low
FACEY MEDICAL FOUNDATION, AT MISSION HILLS	Los Angeles	Low
FAMILY CARE SPECIALISTS	Los Angeles	Low
GOOD SAMARITAN MEDICAL PRACTICE ASSOCIATION	Los Angeles	Low
GREATER NEWPORT PHYSICIAN/LONG BEACH MEMORIAL	Los Angeles	Low
HARRIMAN JONES-WILLOW/HCP	Los Angeles	Low
HEALTHCARE PARTNERS MEDICAL GROUP-EAST	Los Angeles	Low
HEALTHCARE PARTNERS MEDICAL GROUP	Los Angeles	Low
KOREAN AMERICAN MEDICAL GROUP	Los Angeles	Low
LA SALLE MEDICAL ASSOCIATES	Los Angeles	Low
LAKESIDE CENTRAL VALLEY	Los Angeles	Low
LAKESIDE GLENDALE	Los Angeles	Low
LAKESIDE MEDICAL-BURBANK/NORTHHOLLYWOOD	Los Angeles	Low
LAKESIDE NORTH VALLEY	Los Angeles	Low
LAKESIDE SANTA CLARITA VALLEY	Los Angeles	Low
LAKESIDE VERDUGO HILLS	Los Angeles	Low
LAKELAND IPA INC.	Los Angeles	Low
MEDICO HISPANO/CLINICA MEDICA GENERAL	Los Angeles	Low
NORTHRIDGE MEDICAL GROUP	Los Angeles	Low
PACIFIC ALLIANCE MEDICAL GROUP	Los Angeles	Low
PACIFIC INDEPENDENT PHYSICIANS ASSOCIATES	Los Angeles	Low
PHYS ASSOC OF THE GREATER SAN GABRIEL VALLEY	Los Angeles	Low
PHYSICIAN HEALTHWAY'S IPA	Los Angeles	Low

Low = \$20

High = \$40

Primary Medical Group Name	County	Copay
PIONEER PROVIDER NETWORK-LONG BEACH	Los Angeles	Low
POMONA VALLEY MEDICAL GROUP	Los Angeles	High
PREMIER PHYSICIAN NETWORK/VALLEY DIVISION	Los Angeles	Low
PROSPECT HEALTH SOURCE MEDICAL GROUP	Los Angeles	High
PROSPECT PROFESSIONAL CARE MEDICAL GROUP, INC	Los Angeles	Low
PRUDENT MEDICAL GROUP, INC.	Los Angeles	Low
REGAL-GLENDALE PHYSICIANS ALLIANCE INC	Los Angeles	Low
REGAL MEDICAL GROUP	Los Angeles	Low
SEOUL MEDICAL GROUP	Los Angeles	Low
SERRA COMMUNITY MEDICAL CLINIC	Los Angeles	Low
SIERRA MEDICAL GROUP	Los Angeles	Low
ST. MARY IPA	Los Angeles	High
ST. VINCENT IPA MEDICAL CORPORATION	Los Angeles	Low
TORRANCE HOSPITAL IPA MEDICAL GROUP	Los Angeles	High
UCLA MEDICAL GROUP	Los Angeles	High
UNIVERSAL CARE MED GRP-LONG BEACH	Los Angeles	Low
WEST COVINA MEDICAL CLINIC	Los Angeles	Low
AFFILIATED DOCTORS OF ORANGE COUNTY MEDICAL	Orange	Low
AMVI MEDICAL GROUP INC	Orange	Low
ARTA HEALTH NETWORK	Orange	Low
EDINGER MEDICAL GROUP, IPA	Orange	High
FAMILY CHOICE MEDICAL GROUP	Orange	Low
GATEWAY MED GRP ANAHEIM MEMORIAL MED CTR NET	Orange	Low
GENESIS HEALTHCARE	Orange	Low
GREATER NEWPORT PHYSICIANS	Orange	High
GREATER NEWPORT PHYSICIANS/ORANGE COAST	Orange	Low
GREATER NEWPORT PHYSICIANS/SADDLEBACK	Orange	Low
MEMORIAL CARE MEDICAL GROUP	Orange	Low
MISSION HERITAGE MEDICAL GROUP	Orange	High
MISSION HOSPITAL AFFILIATED PHYSICIANS	Orange	High
MONARCH HEALTHCARE MEDICAL GROUP	Orange	Low
NOBLE AMA IPA MEDICAL GROUP	Orange	Low
PROSPECT MEDICAL GROUP	Orange	Low
PROSPECT NWOC MEDICAL GROUP INC	Orange	Low
ST. JOSEPH HERITAGE MEDICAL GROUP/ORANGE-CHA	Orange	High
ST. JOSEPH HOSPITAL AFFILIATED PHYSICIANS	Orange	High
ST.JUDE AFFILIATED PHYSICIANS	Orange	High
ST.JUDE HERITAGE MEDICAL GROUP	Orange	High
TALBERT MEDICAL GROUP/FOUNTAIN VALLEY	Orange	Low
COMMUNITY MED GRP OF VENTURA CTY - IPA	Ventura	Low
COMMUNITY MED GRP OF VENTURA CTY- SIMI VALLEY	Ventura	Low
SEAVIEW IPA	Ventura	Low
VALLEY CARE IPA	Ventura	Low
VALLEY CARE SELECT IPA	Ventura	Low

Low = \$20

High = \$40