

## BlueCare HMO \$20/\$500/\$100/\$100

*Benefits at a Glance for Town of Madison Police Active HMO FD 600/602/603/607*

July 1, 2010

**BlueCare is a health maintenance organization (HMO) plan that features a primary care physician (PCP) who works with you to coordinate your health care. PCP referrals are not required to receive care from a specialist provider.**

	<b>In-Network You pay:</b>
Office Visit (OV) Copayment	\$20 per visit
Specialist Visit (SV) Copayment	\$30 per visit
Hospital (HSP) Copayment	\$500 per visit
Urgent Care (UR) Copayment	\$50
Emergency Room (ER) Copayment – <i>waived if admitted</i>	\$100
Outpatient Surgery (OS) Copayment	\$100

### PREVENTIVE CARE

Well child care	
Periodic, routine health examinations*	NO Copayment
Routine eye exams – <i>one exam every 2 years</i>	NO Copayment
Routine OB/GYN visits – <i>one exam per year</i>	NO Copayment
Mammography*	No charge
Hearing screening – <i>as part of the preventive exam</i>	NO Copayment

### MEDICAL CARE

Primary care office visits	OV Copayment
Specialist consultations	SV Copayment
OB/GYN care	SV Copayment
Maternity care – <i>initial visit subject to copayment, no charge thereafter</i>	SV Copayment
Laboratory	SV Copayment
X-ray and Diagnostic Testing	No charge
Allergy Services	No charge
<i>Office visits/testing</i>	
<i>Injections—60 visits in 2 years</i>	SV Copayment No charge

### HOSPITAL CARE – *Prior authorization required.*

Semi-private room	
Maternity and newborn care	HSP Copayment
Skilled nursing facility – <i>up to 90 days per calendar year</i>	HSP Copayment
Rehabilitative services – <i>up to 60 days per person per calendar year</i>	HSP Copayment
Outpatient surgery – <i>in a hospital or surgi-center</i>	NO Charge OS Copayment

### EMERGENCY CARE

Walk-in centers	
Urgent care – <i>at participating centers only</i>	OV Copayment
Emergency care – <i>copayment waived if admitted</i>	UR Copayment
Ambulance – <i>air and land are unlimited</i>	ER Copayment No charge

**OTHER HEALTH CARE**

Outpatient rehabilitative services <i>Unlimited visit maximum for PT, OT, ST and Chiro. per year subject to medical necessity</i>	NO Copayment
Prosthetic devices - limited to certain items \$1,000 calendar year maximum	20%
Durable medical equipment - limited to certain items \$1,000 calendar year maximum	20%

**MENTAL HEALTH/SUBSTANCE ABUSE CARE**

Inpatient	HSP Copayment
Outpatient/office visits	SV Copayment

**\* Schedule of health examinations:**

- 6 exams birth to 1 year
- 6 exams 1 through 5 years
- 1 exam every 2 years from 6 through 10 years
- 1 exam every year from 11 through 21 years
- 1 exam every 5 years from 22 through 29 years
- 1 exam every 3 years from 30 through 39 years
- 1 exam every 2 years from 40 through 49 years
- 1 exam annually from 50 years and older

**\*Mammography:**

- 1 baseline age 35 – 39 years
- 1 screening per year age 40+
- Additional exams when medically necessary

**Note:** In situations where the member is responsible for obtaining the necessary prior authorization and fails to do so, benefits may be reduced or denied.

Please refer to the *SpecialOffers@Anthem* brochure in your enrollment kit for information on the discounts we offer on health-related products and services.

*This does not constitute your health plan or insurance policy. It is only a general description of the plan. The following are examples of services NOT covered by your BlueCare Health Plan. Please refer to your Subscriber Agreement/Certificate of Coverage/Summary Booklet for more details: Cosmetic surgeries and services; custodial care; genetic testing; hearing aids; refractive eye surgery; services and supplies related to, as well as the performance of, sex change operations; surgical and non-surgical services related to TMJ syndrome; travel expenses; vision therapy; services rendered prior to your contract effective date or rendered after your contract termination date; and workers' compensation.*