

Your Summary of Benefits



University of Dayton -- Retirees
Blue Traditional®
Effective 1/1/2011

Please note: As we receive additional guidance and clarification from the U.S. Department of Health and Human Services, we may be required to make additional changes to your benefits.

Covered Benefits	Coverage
Deductible (Single/Family)	\$250/\$500
Out-of-Pocket Maximum (Single/Family)	\$1,000/\$2,000
Physician Home and Office Services Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> • allergy injections • allergy testing • MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, and non-maternity related Ultrasounds 	20%
Preventive Care¹ Services include but are not limited to: <ul style="list-style-type: none"> • Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Vision and Hearing screenings 	No copayment/coinsurance; limit of \$500
Emergency and Urgent Care: <ul style="list-style-type: none"> • Emergency Room Services • Urgent Care Center Services 	20% 20%
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> • Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	20%
Inpatient Facility Services Unlimited days except for: <ul style="list-style-type: none"> • 60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) • 90 days for skilled nursing facility 	20%
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> • Surgery and administration of general anesthesia 	20%
Blue 4.0	

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<p>Other Outpatient Services (including but not limited to):</p> <ul style="list-style-type: none"> ○ Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services ○ Home Care Services Unlimited (excludes IV Therapy) ○ Durable Medical Equipment and Orthotics Unlimited (excluding Prosthetic Devices and Limbs and Medical Supplies) ○ Prosthetic Devices Unlimited ○ Prosthetic Limbs Unlimited ○ Physical Medicine Therapy Day Rehabilitation programs ○ Hospice Care ○ Ambulance Services 	<p>20%</p> <p>20%</p> <p>20%</p>
<p>Outpatient Therapy Services</p> <ul style="list-style-type: none"> ○ Physical therapy: 30 visits ○ Occupational therapy: 30 visits ○ Manipulation therapy: 12 visits ○ Speech therapy: 20 visits ○ Cardiac Rehabilitation 36 visits ○ Pulmonary Rehabilitation 20 visits 	<p>20%</p>
<p>Accidental Dental: \$3,000 limit</p>	<p>20%</p>
<p>Behavioral Health Services</p> <ul style="list-style-type: none"> ○ Inpatient Facility Services ○ Inpatient Professional Services ○ Physician Home and Office Visits (PCP/SCP) ○ Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional 	<p>20%</p>
<p>Human Organ and Tissue Transplants²</p> <ul style="list-style-type: none"> ○ Acquisition and transplant procedures, harvest and storage 	<p>No copayment/coinsurance at participating transplant facilities. 50% coinsurance at non-participating transplant facilities.</p>
<p>Prescription Drug Options:³ Network Tier structure equals 1/2/3</p> <ul style="list-style-type: none"> ○ Participating Retail Pharmacies: ○ Anthem Rx Direct Mail Service: 	<p>Covered under Medicare Part D</p> <p>Covered under Medicare Part D</p>

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Medicare Rx - Wrap Member may be responsible for additional cost when not selecting the available generic drug.	
Lifetime Maximum	Unlimited

Notes:

- All medical deductibles and coinsurance apply toward the Out-of-Pocket Maximum (except Non-participating Human Organ and Tissue Transplant Services).
- Dependent Age: : to the end of the calendar year which the child attains age 26⁵
- No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount.
- Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at participating pharmacies except diabetic test strips
- Benefit period = calendar year
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.

1 Only mandated routine or preventive services are covered when Preventive Care reflects Not Covered .

2 Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

3 If applicable, all prescription drug expenses except tier 1, (Retail/Mail-service combined) apply to the per individual deductible. Once the deductible is met, the appropriate copayment/coinsurance applies. Also, if applicable, the Prescription Drug out-of-pocket maximum applies to Participating Retail and Mail-Service combined.

4 RX non-network diabetic/asthmatic supplies not covered except diabetic test strips.

5 Dependents that are eligible for employer sponsored health coverage will not be offered benefits under this plan.

Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

Pre-existing Exclusion Period:

We will not provide benefits for services, supplies or charges for any pre-existing condition for the time period specified below (subject to HIPAA portability requirements and excludes members under age 19):

12 months after the member's enrollment date

A pre-existing condition is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within the 6-month period ending on the member's enrollment date. Pregnancy and domestic violence are not considered a pre-existing condition. Genetic information may not be used as a condition in the absence of a diagnosis.

Grandfathered Health Plan

We believe this coverage is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator or your Employer.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform.

This website has a table summarizing which protections do and do not apply to grandfathered health plans.

You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

Benefit information contained herein is not final, pending approval by the Ohio Department of Insurance