

ANTHEM BLUE ACCESS GATED EPO



This program features a full range of in-network benefits with low out-of-pocket costs, no claim forms, and access to quality health care for you and your family. With Anthem's Blue Access Gated EPO, every family member can choose his or her own Primary Care Physician (PCP).

At a Glance	
Plan Type:	Anthem Blue Access Gated EPO
Geographic Service Area	Anthem's service area includes the 28 county NY service area, the 7 bordering New Jersey counties of Hudson, Union, Sussex, Passaic, Monmouth, Middlesex and Bergen and the 2 bordering Connecticut counties of Fairfield and Litchfield.
Does this plan use a network of providers?	Yes. Visit the website or call for a list of in-network participating providers.
Do I need a referral to see a specialist?	Yes, written approval is required by your primary care physician before you can see a specialist.
Contact Information	Anthem Blue Cross and Blue Shield City of New York - Dedicated Service Center P.O. Box 1407 Church Street Station New York, NY 10008 1-833-924-1055 (Representatives will be available Monday through Friday, 8:30 a.m. to 5:00 p.m.)
Web Site	www.anthem.com/nyc

Plan Features	Cost
What is the Medical Out-of-Pocket Maximum?	<ul style="list-style-type: none"> \$3,000 person/\$7,500 family (all in network medical ONLY no RX) per calendar year
What are the costs when you visit a health care provider's office or clinic?	<ul style="list-style-type: none"> Primary care visit to treat an injury or illness: \$15 co-pay Specialist visit: \$15 co-pay Other practitioner office visit: \$15 co-pay for chiropractor and no charge for acupuncture Preventive care/screening/immunization: No charge
What are the costs if you have a test?	Diagnostic test (x-ray, blood work): No charge Imaging (CT/PET scans, MRIs): No charge Pre certify in-network services
What are the costs if you have outpatient surgery?	Facility fee (e.g., ambulatory surgery center): No charge Not covered for non-participating provider Prior approval is required for cosmetic/reconstructive procedures, outpatient transplants and ophthalmological or eye-related procedures. Physician/surgeon fees: No charge Not covered for non-participating provider
What are the costs if you need immediate medical attention?	Emergency room services: \$35 co-pay/visit \$35 co-pay to non-participating provider Co-pay waived if admitted within 24 hours Emergency medical transportation: No charge No charge to non-participating provider
What are the costs if you have a hospital stay?	Facility fee (e.g., hospital room): \$300 copay per admission Not covered non-participating provider Prior approval required Physician/surgeon fee: No charge Not covered for non-participating provider Urgent care: \$15 co-pay Not covered for non-participating provider

WHAT ARE THE COSTS IF YOU HAVE MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE NEEDS?

Service	Cost
Mental/Behavioral health Outpatient services	<ul style="list-style-type: none"> • \$15 co-pay • Prior approval required
Mental/Behavioral health Inpatient services	<ul style="list-style-type: none"> • \$300 copay per admission • Prior approval required • Not covered for non-participating provider
Substance abuse Outpatient services	<ul style="list-style-type: none"> • \$15 co-pay • Prior approval required • Not covered for non-participating provider
Substance abuse Inpatient services	<ul style="list-style-type: none"> • \$300 copay per admission • Prior approval required • Not covered for non-participating provider

What are the costs if you need help recovering or have other special health needs?

Service	Cost
Home health care	<ul style="list-style-type: none"> • No charge • Coverage limited to 200 visits/year • Not covered for non-participating provider
Skilled nursing care	<ul style="list-style-type: none"> • No charge • (limited to 60 visits/year) • Prior approval required • Not covered for non-participating provider
Durable medical equipment (DME)	<ul style="list-style-type: none"> • 50% coinsurance - Prior approval required • Not covered for non-participating provider
Hospice service	<ul style="list-style-type: none"> • No charge - Unlimited days per lifetime • Not covered for non-participating provider

OPTIONAL RIDER

What is the cost if you need drugs to treat your illness or condition?

	Retail	Mail Order
Generic drugs*	\$10 co-pay/30 day supply	After Anthem Pharmacy management has paid \$3,000 in drug expenses, all drugs have 50% coinsurance for each benefit year.
Preferred brand drugs	\$25 co-pay/30 day supply	After Anthem Pharmacy management has paid \$3,000 in drug expenses, all drugs have 50% coinsurance for each benefit year.
Non-preferred brand drugs	\$50 co-pay/30 day supply	After Anthem Pharmacy management has paid \$3,000 in drug expenses, all drugs have 50% coinsurance for each benefit year.
Specialty drugs	Not covered	Not covered

*Must be dispensed by a Participating Pharmacy.

Please refer to the Summary of Benefits and Coverage (SBC) for additional information and to see what this plan covers and any cost-sharing responsibilities.