

# ClearProtection<sup>SM</sup> Is this the right plan for you?

If you're looking for a lower-cost plan with immediate coverage for some doctors visits and long-term coverage for other benefits you may need, ClearProtection could be the right plan for you. ClearProtection offers three deductibles (\$1,000, \$3,300 and \$5,000) and moderate cost-sharing helps lower your monthly premiums. ClearProtection offers up to \$4 million per member in lifetime benefits.

## ClearProtection Plan Highlights

This plan offers a valuable combination of affordable coverage with some immediate benefits, plus a broad range of benefits once the out-of-pocket maximum is met.

### Features:

- Some of our lowest monthly rates plus 2-year rate guarantees with \$3,300 and \$5,000 deductible plans.
- Immediate coverage for first two office visits; Basic preventive services and childhood immunizations covered after 6 months on the plan.
- Broad range of coverage once the out-of-pocket maximum is met.
- Coverage for prescription drugs.

### You should know:

- Only inpatient services, outpatient surgery and emergency room services apply to the deductible; all covered medical services apply to the out-of-pocket maximum.
- This plan has its own Drug Formulary.
- Maternity benefits are not included with this plan.

## ClearProtection Preventive Care

With ClearProtection, certain basic preventive care and immunizations for adults and children are covered (40% member cost share), after you've been on the plan for six months. You also have the option of going to a HealthyCheck<sup>SM</sup> Center which provides immediate coverage for annual preventive screenings. For more information about HealthyCheck<sup>SM</sup>, go to [anthem.com/healthycheck](http://anthem.com/healthycheck).

## Prescription Drug Coverage

The cost of prescription drugs can be overwhelming, so ClearProtection includes prescription drug coverage to help you manage those costs.

- **Drug Formulary:** This is a special list of prescription drugs the ClearProtection plan covers. We've negotiated lower prices on these formulary drugs, so you'll save when your doctor prescribes from the Plan Formulary posted at [www.wellpointnextrx.com/Formulary1](http://www.wellpointnextrx.com/Formulary1).
- **Tier 1:** These drugs have the lowest copay and include low-cost or preferred medications. This tier includes lower cost generic and brand name drugs.
- **Tier 2:** These drugs have a higher copay than those in Tier 1 and include preferred medications that are generally moderate in cost. They include higher cost generic and brand name drugs.
- **Specialty:** These are typically high-cost, scientifically engineered drugs and are paid at a coinsurance level instead of copay.

## How to Customize your ClearProtection Plan

With ClearProtection, you have some choice and flexibility to change the plan to better meet your needs. ClearProtection offers a choice of:

**Deductible:** ClearProtection deductibles range from \$1,000 to \$5,000. You can usually lower your premium by choosing a higher deductible. Simply choose the deductible and premium combination that works best for you.

**Other Optional Coverage:** You can add more protection for you and your family by purchasing optional dental or life insurance. See the following pages for details.

## Good news!

**2-Year Rate Guarantees\* are provided with ClearProtection \$3,300 and \$5,000 deductible plans.**

\* 2-year rate guarantee applies provided member does not change or add coverage or move to a different rating area. Anthem Blue Cross reserves the right to change this rating methodology in the future.

**Benefits**

**Calendar Year Deductible**

		<b>ClearProtection<sup>SM</sup></b>			
Individual	<b>NETWORK:</b>	\$1,000	\$3,300	\$5,000	(Both network and non-network services accumulate toward these deductibles)
	<b>NON-NETWORK:</b>				
Family	<b>NETWORK:</b>	\$2,000	\$6,600	\$10,000	(Both network and non-network services accumulate toward these deductibles)
	<b>NON-NETWORK:</b>				
Network Coinsurance Options		40%	40%	40%	

**Calendar Year Out-of-Pocket Maximum**

**Add Your Chosen Deductible to the Amount Below**  
All covered medical services apply toward the out-of-pocket maximums below.

Individual	<b>NETWORK:</b>	\$3,500	\$3,500	\$3,500	(Both network and non-network services accumulate toward these out-of-pocket maximums)
	<b>NON-NETWORK:</b>				
Family	<b>NETWORK:</b>	\$7,000	\$7,000	\$7,000	(Both network and non-network services accumulate toward these out-of-pocket maximums)
	<b>NON-NETWORK:</b>				

How family deductibles and family out-of-pocket maximums work

Once one family member reaches their individual deductible or out-of-pocket maximum, the remaining amount of the family deductible or out-of-pocket maximum needs to be met by one or more other family members. The family deductible or out-of-pocket maximum can be met by the family combined.

**Plan Lifetime Maximum**

Plan pays up to: \$4 million per member, network and non-network services combined

**Covered Services**

**Your Share of Costs** (after deductible, if applicable)

Doctors' Office Visits	<b>NETWORK:</b>	\$40 copay for first 2 office visits (immediate coverage); then 0% Coinsurance after out-of-pocket maximum is met			
	<b>NON-NETWORK:</b>	100% Coinsurance; then 50% Coinsurance after out-of-pocket maximum is met			
Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.)	<b>NETWORK:</b>	Inpatient: 40% Coinsurance Outpatient: 100% of negotiated fee; then 0% Coinsurance after out-of-pocket maximum is met			
	<b>NON-NETWORK:</b>	Inpatient: 50% Coinsurance Outpatient: 100% Coinsurance; then 50% Coinsurance after out-of-pocket maximum is met			
Inpatient Services (overnight hospital/facility stays)	<b>NETWORK:</b>	40% Coinsurance			
	<b>NON-NETWORK:</b>	All charges except \$650 per day			
Outpatient Services (without overnight hospital/facility stays)	<b>NETWORK:</b>	Surgery: 40% Coinsurance Other Services: 100% of negotiated fee; then 0% Coinsurance after out-of-pocket maximum is met			
	<b>NON-NETWORK:</b>	All charges except \$380 per day			
Emergency Room Services	<b>NETWORK:</b>	40% Coinsurance plus \$100 Emergency Room copay (copay waived if admitted)			
	<b>NON-NETWORK:</b>	40% Coinsurance plus \$100 Emergency Room copay (copay waived if admitted)			
Preventive Care Services	<b>NETWORK:</b>	HealthyCheck <sup>SM</sup> Centers (immediate coverage): \$25 Basic/\$75 Premium (for ages 7 and older) For members covered more than 6 months <sup>1</sup> (deductible does not apply): Routine mammogram, Pap and PSA tests: 40% Coinsurance Childhood immunizations through age 6: 40% Coinsurance			
	<b>NON-NETWORK:</b>	For members covered more than 6 months <sup>1</sup> (deductible does not apply): Routine mammogram, Pap and PSA tests: 50% Coinsurance Childhood immunizations through age 6: 50% Coinsurance			
Maternity	Not Covered				
Optional Coverage (at additional cost)	Dental, Life				

**Prescription Drug Coverage**

**ClearProtection<sup>2</sup>**

Retail Drugs (and Mail Order Drugs when available)

**NETWORK:**

- Tier 1 (Lower cost Generic and Brand name drugs): \$15 Copay
- \$2,000 annual deductible per member for Tier 2/Specialty drugs applies before the following:
- Tier 2 (Higher cost Generic and Brand name drugs): \$35 Copay
- Specialty: 25% Coinsurance up to a \$2,500 annual out-of-pocket maximum (the most you'll have to pay), for network only and in addition to \$2,000 annual deductible.
- For Drugs Not on Formulary: Not covered, discounts apply.

**NON-NETWORK:** Not Covered

Optional Drug Coverage  
(when available)

Not Available

Other Covered Benefits include but are not limited to:

Ambulance, Home Health Care, Physical/Occupational Therapy, Urgent Care

**IMPORTANT:** This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the Policy. In the event of a conflict between the Policy and this Benefit Guide, the terms of the Policy will prevail.

<sup>1</sup> Members covered less than 6 months will pay 100% of negotiated fee for network covered services; then 0% Coinsurance after out-of-pocket maximum is met (plus all charges in excess of allowable amount if non-network).

<sup>2</sup> ClearProtection has its own Plan Formulary.

Notes: Discounted network rates apply for network covered services. For non-network services, member is responsible for the coinsurance plus charges in excess of the allowable amount. Copays/Coinsurance to network and non-network providers apply to annual out-of-pocket maximum except where specifically noted in the policy.