

## Schedule of Benefits

For

# City of Greenfield

### Plan 2

with Anthem Blue Cross Solution PPO Plan \$3,500 & \$7,000 Deductible

Effective 7/1/2011

**The Employer's Maximum Payment is \$2,489.29 for individual and \$4,978.58 for family.  
Any remaining balance is the member's responsibility.**

*In-Network Benefits under the Anthem Blue Cross Plan Deductible are self-funded and shared by the Member & Employer*

### PHASE 1 – Claims applied to Anthem Blue Cross Deductible

BENEFIT	Employee Pays	Employer Pays
<b>DEDUCTIBLE</b>	\$250 Individual/\$500 Family	\$0
<b>LAB &amp; X-RAY</b>	30%	70%
<b>INPATIENT HOSPITAL</b> - Hospital Services	30%	70%
Physician & Professional Services	30%	70%
<b>OUTPATIENT HOSPITAL</b> - Hospital Services:	30%	70%
Physician & Professional Services:	30%	70%
Emergency Room:	30%	70%
<b>OUTPATIENT SURGERY</b>	30%	70%
<b>MENTAL ILLNESS</b> (other than SMI)*Subject to Carrier limitations		
*Inpatient services	30%	70%
*Outpatient services	30%	70%
<b>AMBULANCE</b>	30%	70%
<b>PHYSICAL, OCCUPATIONAL &amp; SPEECH THERAPY VISITS</b>	30%	70%
<b>CHIROPRACTIC THERAPY</b>	30%	70%
<b>ACUPUNCTURE SERVICES</b>	30%	70%
<b>DURABLE MEDICAL EQUIPMENT</b> (Please refer to the Evidence of Coverage for more information)	30%	70%
<b>ALL OTHER SERVICES &amp; SUPPLIES</b>	30%	70%

### Not subject to annual Anthem Blue Cross Deductible for these Benefits

	Employee Pays	Anthem Blue Cross Pays
<b>PHYSICIAN OFFICE VISITS</b>	\$35 Carrier co-pay	100% after co-pay
<b>PREVENTIVE WELL BABY AND ADULT</b>	\$0	100%
<b>PRESCRIPTION DRUG COVERAGE</b>	\$10 Generic \$250 Brand Deductible \$35 Brand/\$50 Non-formulary	100% after co-pay and applicable deductible

### Phase 2 Benefits *after* the Anthem Blue Cross Deductible

	Employee Pays	Employer Pays	Anthem Blue Cross
<b>MEDICAL</b>	30%	5%	65%
<b>PHYSICIAN OFFICE VISITS</b>	\$35 Carrier co-pay	\$0	100% after co-pay

### TOTAL OUT OF POCKET MAXIMUM -DOES NOT INCLUDE COPAYS

	Employee	Family
<b>UNDER ANTHEM BLUE CROSS DEDUCTIBLE</b>	\$1,225.00	\$2,450.00
<b>AFTER ANTHEM BLUE CROSS DEDUCTIBLE</b>	<u>\$1,285.74</u>	<u>\$2,571.48</u>
<b>TOTAL</b>	\$2,510.74	\$5,021.48

This is a summary of the most frequently asked-about benefits. This document is a summary of your benefits and is not meant to thoroughly explain the benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations nor does it list all benefits and cost sharing. For more detailed information about the carrier benefits, please refer to your Evidence of Coverage booklet.

UPDATED 06/14/11