Schedule of Benefits

For

City of Greenfield

Plan 1

with Anthem Element Hospital Preferred $1,250/$2,500 Deductible

Effective 07/01/2012

The Employer's Maximum Payment is $4,437.50 for individual and $8875 for family.
Any remaining balance is the member's responsibility.

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

PHASE 1 – Claims applied to Anthem Deductible and or employee's out of pocket

BENEFIT	Employee Pays	Employer Pays
LAB & X-RAYS	20%	80%
INPATIENT HOSPITAL - Hospital Services: Physician & Professional Services:	20% 20%	80% 80%
OUTPATIENT HOSPITAL - Hospital Services: Physician & Professional Services: Emergency Room:	20% 20% 20%	80% 80% 80%
OUTPATIENT SURGERY	20%	80%
MENTAL ILLNESS & SUBSTANCE ABUSE (other than SMI) Subject to Carrier Limitations **Inpatient services – Facility Fee Only**	20%	80%
AMBULANCE (1)	20%	80%
ACUPUNCTURE SERVICES	20%	80%
PRESCRIPTION DRUG COVERAGE **Benefit provided by carrier**	Tier 1 $10 $250 Tier 2 & 3 deductible Tier 2 $35 / Tier 3 $50	0%
PHYSICIAN OFFICE VISITS- Carrier pays 50%	$30 Co-pay	Balance (not subject to maximum)
ADULT ROUTINE & WELL CHILD CARE SERVICES **Benefit provided by carrier**	0%	0%

Phase 2 Benefits *after* the Anthem Deductible

	Employee	Employer	Anthem
MEDICAL **Applies to benefits described under the Anthem benefits only.**	7% Refer to Carrier plan for specific benefit information	13%	80%

TOTAL OUT OF POCKET MAXIMUM *-DOES NOT INCLUDE COPAYS*	Employee	Family
UNDER ANTHEM DEDUCTIBLE	$ 250.00	$ 500
AFTER ANTHEM DEDUCTIBLE	$1,312.50	$2,625
TOTAL	$1,562.50	$3,125

Additional Employer Covered Benefits (2)

The Employer will reimburse up to a maximum of $1,000 per Individual up to $2,000 per Family

Group deductible waived. These benefits are not covered by Anthem.
Coverage provided by employer only.

	Employee	Employer
PHYSICAL, OCCUPATIONAL & SPEECH THERAPY VISITS	20%	80%
MENTAL ILLNESS & SUBSTANCE ABUSE (other than SMI) **Outpatient services**	20%	80%
CHIROPRACTIC THERAPY	20%	80%
DURABLE MEDICAL EQUIPMENT	20%	80%

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.
(1) For example, Anthem limits the ambulance benefit to $750 per occurrence.
(2)The employer provides certain benefits not covered by the Anthem Elements plan. Maximum Out of Pocket may vary based on limits set by the employer for benefits not covered by the carrier.

UPDATED 06/18/12