

2011-2012 Plan Changes

Effective 7/1/2011

Medical Insurance

Anthem HMO

- **Medical Office Visits** – copay increased from \$20 to \$30 for PCP and from \$40 to \$50 for Specialist
- **Preventive Care (Children's and Adult's services)** – copay decreased to \$0
- **Vision Care** - copay decreased from \$40 to \$30
- **Chiropractic Care** - copay decreased from \$40 to \$30
- **Annual Maximum Out-of-Pocket** - increased from \$2,000 Individual/\$4,000 Family to \$3,500 Individual/\$7,000 Family
- **Durable Medical Equipment** - \$1,000 maximum benefit limit removed; no copay, 100% covered
- **Oxygen** - \$1,000 maximum benefit limit removed; no copay, 100% covered
- **Organ Transplants** - \$1 million limit per transplant benefit limit removed

Anthem POS

In-Network

- **Medical Office Visits** – copay increased from \$25 to \$35 for PCP and from \$50 to \$60 for Specialist
- **Preventive Care (Children's and Adult's services)** – copay decreased to \$0
- **Vision Care** - copay decreased from \$50 to \$35
- **Chiropractic Care** - copay decreased from \$50 to \$35
- **Annual Maximum Out-of-Pocket** - increased from \$2,000 Individual/\$4,000 Family to \$3,500 Individual/\$7,000 Family
- **Durable Medical Equipment** - \$1,000 maximum benefit limit removed; no copay, 100% covered
- **Oxygen** - \$1,000 maximum benefit limit removed; no copay, 100% covered
- **Organ Transplants** - \$1 million limit per transplant benefit limit removed

Out-of-Network

- **Annual Maximum Out-of-Pocket** - increased from \$3,000 Individual/\$6,000 Family to \$4,500 Individual/\$9,000 Family
- **Lifetime or Benefit Maximum Paid by the Plan for all care** - was increased to unlimited lifetime maximum (with exception on Infertility Diagnosis of \$2,000 and Bariatric Surgery of \$1,500 per occurrence).
- **Durable Medical Equipment** - \$1,000 maximum benefit limit removed; 30% coinsurance after deductible
- **Oxygen** - \$1,000 maximum benefit limit removed; 30% coinsurance after deductible

Anthem PPO –

In-Network

- **Pre-existing Condition Exclusion** - applies to only those members age 19 or older
- **Office Visit/Specialist** – copay increased from \$30 to \$40 PCP and from \$30 to \$70 Specialist
- **Preventive Care (Children's and Adult's services)** – copay decreased to \$0 with no coinsurance for additional services
- **Vision Care** - copay increased from \$30 to \$40
- **Chiropractic Care** - copay increased from \$30 to \$40
- **Annual Maximum Out-of-Pocket** – increased from \$4,500 Individual/\$10,500 Family to \$6,000 Individual/\$13,500 Family
- **Lifetime or Benefit Maximum Paid by the Plan for all care** - increased to unlimited lifetime maximum (with exception on Infertility Diagnosis of \$2,000; Bariatric Surgery of \$1,500 per occurrence)
- **Durable Medical Equipment** - \$1,000 maximum benefit limit removed; 20% coinsurance after deductible
- **Oxygen** - \$1,000 maximum benefit limit removed; 20% coinsurance after deductible
- **Organ Transplants** - \$1 million limit per transplant benefit limit removed

Out-of-Network

- **Pre-existing Condition Exclusion** - applies to only those members age 19 or older
- **Preventive Care** - copay increased to \$70 per PCP or \$100 copay per Specialist office visit
- **Annual Maximum Out-of-Pocket** – increased from \$9,000 Individual/\$21,000 Family to \$12,000 Individual/\$27,000 Family
- **Lifetime or Benefit Maximum Paid by the Plan for all care** - increased to unlimited lifetime maximum (with exception of Infertility Diagnosis maximum of \$2,000; Bariatric Surgery maximum of \$1,500 per occurrence)

Kaiser

- **Areas of Colorado where plan is available** – eligibility has been expanded to include those that live and work in the Kaiser Denver-Metro service area

VSP

- **Out-of-Network Examination** – reimbursement increased from up to \$35 to up to \$50
- **Out-of-Network Single Vision Lenses** – reimbursement increased from up to \$25 to up to \$50
- **Out-of-Network Bifocal Lenses** – reimbursement increased from up to \$50 to up to \$75
- **Out-of-Network Trifocal Lenses** – reimbursement increased from up to \$55 to up to \$100
- **Out-of-Network Frame** – reimbursement increased from up to \$45 to up to \$70