

Blue 4.0 Health Care Reform Benefit Plan Comparison Guide Ohio

This Blue 4.0 plan comparison guide has been developed to assist you in determining whether you will choose to Grandfather your existing Blue 4.0 group health plan or move to a non Grandfathered Blue 5.0 group health plan.

There are certain requirements that all group health plans must adopt, regardless of whether you choose a Grandfathered Blue 4.0 or non Grandfathered Blue 5.0 health plan. There are also additional requirements you must include if choosing not to Grandfather your existing Blue 4.0 Plan.

Beginning October 1, 2010, renewals will generally include a Grandfathered option.*

As you review these provisions and how they apply to Grandfathered and non Grandfathered plans, please be sure to contact your broker or Anthem sales representative with any questions. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to Grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

These Grandfathered and non Grandfathered plan changes are being made based on the interim final regulations published by the U.S. Department of Health and Human Services, and our analysis of these regulations.

As we receive additional guidance and clarification from the U.S. Department of Health and Human Services, we may be required to make additional changes to your benefits.

Pending Department of Insurance approval.



Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross and Blue Shield Association.

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Health Care Reform Provision	Current Blue 4.0 Benefits	Grandfathered Blue 4.0 Benefits	Non Grandfathered Blue 5.0 Benefits
<p>Lifetime Maximum Based on the interim final regulations and our analysis of these regulations, lifetime maximums are not permitted for essential health benefits.</p> <p>We will no longer include lifetime dollar limits at the plan level for Grandfathered or non Grandfathered plans.</p>	<p>\$5 Million</p> <p>\$2 Million for Anthem Essential plans</p>	<p>No lifetime maximum for all plans</p>	<p>No lifetime maximum for all plans</p>
<p>Annual Dollar Limits Based on the interim final regulations and our interpretation of these regulations, annual dollar limits for essential health benefits are not allowed. While a formal definition of essential health benefits has not been provided, we have made a good faith effort to comply with what we believe is the intent.</p>	<p>Small Group (2-50) only: \$550 out-of-network inpatient and outpatient combined maximum for Alcoholism</p>	<p>Small Group (2-50) only: Out-of-network inpatient and outpatient dollar limit maximum for Alcoholism has been replaced with day limits: Inpatient: 1 day Outpatient: 10 visits</p>	<p>Small Group (2-50) only: Out-of-network inpatient and outpatient dollar limit maximum for Alcoholism has been replaced with day limits: Inpatient: 1 day Outpatient: 10 visits</p>
	<p>\$4,000 Durable Medical (DME) Equipment maximum Anthem Essential plans exclude DME</p>	<p>Durable Medical Equipment (DME) maximum removed Anthem Essential plans will continue to exclude DME</p>	<p>Durable Medical Equipment (DME) maximum removed Anthem Essential plans will continue to exclude DME</p>
	<p>\$4,000 Prosthetic device maximum Anthem Essential plans exclude Prosthetic device coverage</p>	<p>Prosthetic device maximum removed Anthem Essential plans will continue to exclude Prosthetic device coverage</p>	<p>Prosthetic device maximum removed Anthem Essential plans will continue to exclude Prosthetic device coverage</p>
	<p>\$10,000 Prosthetic limb maximum Anthem Essential plans exclude Prosthetic limb coverage</p>	<p>Prosthetic limb maximum removed Anthem Essential plans will continue to exclude Prosthetic limb coverage</p>	<p>Prosthetic limb maximum removed Anthem Essential plans will continue to exclude Prosthetic limb coverage</p>
	<p>\$300 Outpatient Diagnostic maximum for Anthem Essential plans only</p>	<p>Outpatient Diagnostic maximum removed from Anthem Essential plans</p>	<p>Outpatient Diagnostic maximum removed from Anthem Essential plans</p>
	<p>Pre-existing Exclusion Period</p>	<p>We will not provide benefits for services, supplies, or charges for any pre-existing condition for 12 months after the member's enrollment date (subject to HIPAA portability requirements).</p>	<p>We will not provide benefits for services, supplies or charges for any pre-existing condition for 12 months after the member's enrollment date (subject to HIPAA portability requirements and excludes members under age 19).</p>
<p>Preventive Care Based on interim final regulations and our interpretation of these regulations, only non Grandfathered plans must meet the provision requirements. This includes 100% 'in network' coverage for preventive services (based on the recommendations of USPSTF, ACIP, and HRSA) and no requirement to cover out-of-network preventive care services.</p>	<p>Cost shares apply for in-network and out-of-network preventive care services, except for our consumer driven products where preventive services are covered with no member cost sharing.</p> <p>Anthem Essential and Anthem Traditional plans only cover state-mandated preventive benefits.</p> <p>Preventive services/screenings covered under the preventive benefit for current Blue 4.0 will remain unchanged.</p>	<p>Cost shares apply for in-network and out-of-network preventive care services, except for our consumer driven products where preventive services are covered with no member cost sharing.</p> <p>Anthem Essential and Anthem Traditional plans will continue to cover only state-mandated preventive services.</p> <p>Preventive services/screenings covered under the preventive benefit for grandfathered Blue 4.0 will remain unchanged.</p>	<p>No cost shares apply for in-network preventive care services.</p> <p>Cost shares apply for out-of-network preventive care services.</p> <p>Preventive services/screenings under Blue 5.0 will be expanded to meet the new Health Care Reform requirements.</p>
<p>Dependent Age Based on interim final regulations and interpretation of these regulations, coverage must be offered for a subscriber's or participant's children or dependents who are under the age of 26. This requirement applies to Grandfathered and non Grandfathered plans. Financial dependency on or residency with the subscriber or participant is not required. Additionally, there is no requirement for the dependent to be unmarried, a student, unemployed, or any combination of these factors'.</p>	<p>Age 19 or 24 - at the end of the calendar year, if full time student.</p>	<p>Age 26- at the end of their birth month, unless extension to age 28 is requested by member, and submission of Affidavit of Dependency.</p>	<p>Age 26- at the end of their birth month, unless extension to age 28 is requested by member, and submission of Affidavit of Dependency.</p>