

**City of Riverside
2012 Anthem Blue Cross Comparison Chart**

	ANTHEM BLUE CROSS 2012 Preferred (High) <i>HMO 15/100% w/Chiro 10/30 HMO Provider</i>	ANTHEM BLUE CROSS 2012 Standard (Mid) <i>HMO Classic 20/250A w/Chiro 10/30 HMO PROVIDER</i>	ANTHEM BLUE CROSS 2012 Value (Low) <i>Value HMO 20/40/250/3 day HMO PROVIDER</i>
Benefits			
Annual Deductible (Individual / Family)	None	None	None
Out-of-Pocket Maximum			
Individual / Family	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$6,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Physician Services			
Office Visits	\$15	\$20 PCP / \$40 Specialist	\$20 PCP / \$40 Specialist
Adult Preventative Services	No Charge	No Charge	No Charge
Well Child Preventative Services	No Charge	No Charge	No Charge
Outpatient Services			
General Lab, X-Ray	No Charge	No Charge	No Charge
Complex Radiology & Imaging	No Charge	\$100 Per Test	\$100 Per Test
Emergency Services			
Urgent Care	Contracted PMG UC Facility: \$15 Out of service area: \$15 (Wvd if Adm)	Contracted PMG UC Facility: \$20 Out of service area: \$40 (Wvd if Adm)	Contracted PMG UC Facility: \$20 Out of service area: \$40 (Wvd if Adm)
Emergency Room (True Emergency)	\$50 (Waived If Admitted)	\$150 (Waived If Admitted)	\$150 (Waived If Admitted)
Ambulance	No Charge	\$100/Trip	\$100/Trip
Hospital Services (Prior Authorization)			
Inpatient, Semi-Private Room	No Charge	\$250/Admission	\$250/Day - 3 Day Copay Max/Adm
Outpatient-Surgery	No Charge	\$125/Adm	\$125/Adm
Prescription Drugs			
Generic / Brand / Non-Formulary	\$10 / \$25 / \$40 - \$100 Brand Rx Ded.	\$10 / \$25 / \$40 - \$100 Brand Rx Ded.	\$10 / \$25 / \$40, \$100 Brand Rx Ded.
Miscellaneous			
Chiropractic	\$10/Visit (30 Visits Per Year)	\$10/Visit (30 Visits Per Year)	Not Covered
Durable Medical Equipment	No Charge	50%	50%

Plan Changes are noted in Red