

Prepared For:	30318
Prepared By:	Medico
Phone Number:	800.930
Date Prepared:	3/21/20
Zip Code:	30318
Effective Date:	4/15/20
Applicant:	Male,a



Company				
Plan Name	SmartSense Plus PPO		SmartSense Plus PPO with Enhanced Rx	
Apply	Apply		Apply	
Estimated Monthly Premium	\$208.08		\$238.18	
Plan Type	PPO		PPO	
Networks	See provider details		See provider details	
	Network	Non-Network	Network	Non-Network
Copay	\$30	N/A	\$30	N/A
Deductible	Individual: \$750, Family: \$1,500		Individual: \$750, Family: \$1,500	
Coinsurance	30%	40%	30%	40%
Coinsurance Limit	see brochure		see brochure	
Out-of-Pocket Maximum	Individual: \$3,750, Family: \$7,500	Individual: \$8,250, Family: \$16,500	Individual: \$3,750, Family: \$7,500	Individual: \$8,250, Family: \$16,500
Lifetime Maximum	Unlimited		Unlimited	
Office Visit	Doctors' Office Visits: \$30 copay for first 3 visits per member per year with deductible waived; after 3 visits, once deductible is met then 30% coinsurance.	Doctors' Office Visits: 40% after deductible	Doctors' Office Visits: \$30 copay for first 3 visits per member per year with deductible waived; after 3 visits, once deductible is met then 30% coinsurance.	Doctors' Office Visits: 40% after deductible
Prescription Drugs	Retail (up to 34 days supply): Generic and Preferred Brand and Specialty Drugs on Generic Premium Formulary: \$15 copay or 40% coinsurance, whichever is greater; Non-Preferred Brand and Specialty Drugs: Not covered - discount available; Mail Order (90 days supply): Same benefit as retail above	Same benefit and limits as in-network except the member is responsible for filing the claim and for the difference between the pharmacy charge and our allowable charge.	Retail (up to 34 days supply): Tier 1 - \$15 copay; Tier 2 - \$30 copay; Tier 3 - \$60 copay; Tier 4 - 40% coinsurance up to a \$4,000 OOP maximum per member per year; Mail Order (90 days supply): Tier 1 - \$30 copay; Tier 2 - \$75 copay; Tier 3 - \$150 copay; Tier 4 - 40% coinsurance up to a \$4,000 OOP maximum per member per year; Tier 2, 3, and 4 - *If a brand drug is chosen when generic is available, member pays the applicable copay PLUS the difference between the brand and generic.	
Emergency Room	Medical Emergency or Accident(when deemed an emergency as defined by Anthem): Member pays \$500 Copay (waived if admitted), then subject to deductible and coinsurance; Ambulance Service (When Medically Necessary): Member Pays 30% after deductible		Medical Emergency or Accident(when deemed an emergency as defined by Anthem): Member pays \$500 Copay (waived if admitted), then subject to deductible and coinsurance; Ambulance Service (When Medically Necessary): Member Pays 30% after deductible	
Adult Preventive Care	Preventive Services(labs, immunizations, etc.), Age 6 and over: Member Pays 0% Deductible Waived	Preventive Services(labs, immunizations, etc.), Age 6 and over: Member Pays 100%, Deductible waived	Preventive Services(labs, immunizations, etc.), Age 6 and over: Member Pays 0% Deductible Waived	Preventive Services(labs, immunizations, etc.), Age 6 and over: Member Pays 100%, Deductible waived
Child Preventive Care	Preventive Services(labs, immunizations, etc.), Children thru age 5: Member Pays 0% Deductible Waived	Preventive Services(labs, immunizations, etc.), Children thru age 5: Member Pays 30%, Deductible waived	Preventive Services(labs, immunizations, etc.), Children thru age 5: Member Pays 0% Deductible Waived	Preventive Services(labs, immunizations, etc.), Children thru age 5: Member Pays 30%, Deductible waived
Lab/X-ray	Member pays 30% after deductible	Member pays 40% after deductible	Member pays 30% after deductible	Member pays 40% after deductible
Maternity	Not covered		Not covered	
Physical Therapy	Outpatient Physical /Occupational Therapy/Chiro and Athletic Trainer: Member Pays 30% after deductible (30 Visit Limit Combined)	Outpatient Physical /Occupational Therapy/Chiro and Athletic Trainer: Member Pays 40% after deductible (30 Visit Limit Combined)	Outpatient Physical /Occupational Therapy/Chiro and Athletic Trainer: Member Pays 30% after deductible (30 Visit Limit Combined)	Outpatient Physical /Occupational Therapy/Chiro and Athletic Trainer: Member Pays 40% after deductible (30 Visit Limit Combined)
Skilled Nursing	see brochure		see brochure	
Home Health Care	Member Pays 30% after deductible (100 visits)	Member Pays 40% after deductible (100 visits)	Member Pays 30% after deductible (100 visits)	Member Pays 40% after deductible (100 visits)
Mental Health	Inpatient- Member Pays 30% after deductible (30 Visit Limit); Outpatient - Member Pays 30% after deductible (48 Visit Limit)	Inpatient- Member Pays 40% after deductible (30 Visit Limit); Outpatient - Member Pays 40% after deductible (48 Visit Limit)	Inpatient- Member Pays 30% after deductible (30 Visit Limit); Outpatient - Member Pays 30% after deductible (48 Visit Limit)	Inpatient- Member Pays 40% after deductible (30 Visit Limit); Outpatient - Member Pays 40% after deductible (48 Visit Limit)
Hospital Care	Member Pays 30% after deductible	Member Pays 40% after deductible	Member Pays 30% after deductible	Member Pays 40% after deductible
Included Benefits	see brochure		see brochure	
Optional Benefits (not included in base rate quotation)				
Fees				
Policy Form Number	see brochure		see brochure	
Note	see brochure		see brochure	
Product Brochure	Brochure		Brochure	
Optional Riders included in the quote				

<p>Optional Riders not included in the quote</p>	<p><input type="checkbox"/> Term Life \$25,000 : \$4.65 <input type="checkbox"/> Dental : \$27.00 <input type="checkbox"/> Term Life \$75,000 : \$11.25 <input type="checkbox"/> Term Life \$15,000 : \$2.80 <input type="checkbox"/> Term Life \$100,000 : \$13.00 <input type="checkbox"/> Term Life \$50,000 : \$9.30</p>	<p><input type="checkbox"/> Term Life \$25,000 : \$4.65 <input type="checkbox"/> Dental : \$27.00 <input type="checkbox"/> Term Life \$75,000 : \$11.25 <input type="checkbox"/> Term Life \$15,000 : \$2.80 <input type="checkbox"/> Term Life \$100,000 : \$13.00 <input type="checkbox"/> Term Life \$50,000 : \$9.30</p>
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General Disclaimers

The quotes shown above are estimates only, and are subject to change based on the proposed insured's medical history, the underwriting practices of the health plan, the selection of the appropriate Provider Network, the optional benefits selected, occupation (where allowed by state), if any, and other relevant factors. The insurance company reserves the right to change the terms of a policy upon proper notification.

The quotes shown above are for the requested effective date ONLY. If the actual effective date of coverage is different from the requested effective date, the actual cost may differ from the quote above due to rate increases or policy changes from the insurance company and/or one or more family members having a birthday. (Rates are highly dependent on age.) The carrier selected may not guarantee its rates for any period of time.

Applicants should not cancel any in-force health coverage until written formal approval from the insurance company selected is received.

This is not a complete solicitation of health insurance coverage. Please refer to sales brochure and applicable inserts for further information. Sales brochures and applicable inserts may be downloaded or can be obtained by calling our contact number near the top of this page.

The benefits shown in the details summary are not guaranteed. Please refer to the sales brochure and applicable inserts for further information.

Carrier Specific Disclaimers

Blue Cross Blue Shield of Georgia

Blue Cross Blue Shield of Georgia is an Independent Licensee of the Blue Cross Blue Shield Association.

Due to ongoing uncertainty, Anthem has made the decision to suspend the sale of child-only policies and policies where the primary subscriber is under 19 years of age, for effective dates of 9/23 or later.

The Short Term quotes noted above are for 30 days of coverage, which may be more or less than a full month. Coverage is available in daily increments only between 30 and 180 days. The new 5/1/12 application is attached.

Norvax form #DS-1