

Prepared For:	0609
Prepared By:	Med
Phone Number:	800.
Date Prepared:	4/29
Zip Code:	0609
Effective Date:	5/1/2
Applicant:	Male



Company		
Plan Name	SmartSense with Standard Rx	
Apply	<a href="#">Apply</a>	
Estimated Monthly Premium	\$103.05	
Plan Type	PPO	
Networks	<a href="#">See provider details</a>	
	Network	Non-Network
Copay	\$30	30% Coinsurance
Deductible	Individual: \$12,000, Family: \$24,000	
Coinsurance	0%	30%
Coinsurance Limit	<a href="#">see brochure</a>	
Out-of-Pocket Maximum	Individual: \$0, Family: \$0 (Add your chosen deductible to the amount - For family plans with two or more members any combination of family members can meet or contribute toward the family deductible or family out-of-pocket maximum. However, no individual member can contribute more than their individual deductible or out-of-pocket maximum)	Individual: \$7,500, Family: \$15,000 (Add your chosen deductible to the amount - For family plans with two or more members any combination of family members can meet or contribute toward the family deductible or family out-of-pocket maximum. However, no individual member can contribute more than their individual deductible or out-of-pocket maximum)
Lifetime Maximum	None	
Office Visit	Doctors' Office Visits - Office Visit Copay for first 3 yearly visits: \$30 Copay, deductible waived, for primary care physician or specialist visits Office Visit Coinsurance for remaining visits: 0% Coinsurance	Doctors' Office Visits: 30% Coinsurance
Prescription Drugs	Standard Drug Coverage - Separate \$250 per person deductible for Tier 2 preferred brand drugs Tier 1 Drugs: \$15 Copay, deductible waived Tier 2 Drugs: 40% Coinsurance Tier 3 Drugs: Member is responsible for entire cost after Anthem negotiated discount	Standard Drug Coverage - Separate \$250 per person deductible for Tier 2 preferred brand drugs 50% Coinsurance up to the maximum allowable amount. Member is responsible for difference between Anthem allowable charge and actual cost of the drug
Emergency Room	0% Coinsurance	
Adult Preventive Care	0% Coinsurance, not subject to deductible (Covers nationally recommended preventive care for adults including PSA screenings, Pap tests, mammograms and more)	30% Coinsurance (Covers nationally recommended preventive care for adults including PSA screenings, Pap tests, mammograms and more)
Child Preventive Care	0% Coinsurance, not subject to deductible (Covers nationally recommended preventive care for children including immunizations and more)	30% Coinsurance (Covers nationally recommended preventive care for children including immunizations and more)
Lab/X-ray	0% Coinsurance	30% Coinsurance
Maternity	Not Covered	
Physical Therapy	0% Coinsurance (15 visits per year per person, in and out-of-network combined)	30% Coinsurance (15 visits per year per person, in and out-of-network combined)
Skilled Nursing	0% Coinsurance (100 day limit per year per person, in and out-of-network combined)	30% Coinsurance (100 day limit per year per person, in and out-of-network combined)
Home Health Care	Home Health Care: 0% Coinsurance (separate \$50 deductible, 100 visit limited per person, in and out-of-network combined) Hospice Care: 0% Coinsurance (Coverage if member is diagnosed as terminal with life expectancy of 6 months or less and who elect to receive palliative rather than curative care)	Home Health Care: 25% Coinsurance (separate \$50 deductible, 100 visit limited per person, in and out-of-network combined) Hospice Care: 30% Coinsurance (Coverage if member is diagnosed as terminal with life expectancy of 6 months or less and who elect to receive palliative rather than curative care)
Mental Health	Mental Health Care/Substance Abuse - Inpatient: 0% Coinsurance Outpatient: \$30 Copay or 0% Coinsurance after deductible (applies to the 3 office visit copay limit)	Mental Health Care/Substance Abuse - Inpatient: 30% Coinsurance Outpatient: 30% Coinsurance
Hospital Care	Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.): 0% Coinsurance Inpatient Services (overnight hospital/facility stays): 0% Coinsurance Outpatient Services (without overnight hospital/facility stays): 0% Coinsurance	Professional and Diagnostic Services (X-ray, lab, anesthesia, surgeon, etc.): 30% Coinsurance Inpatient Services (overnight hospital/facility stays): 30% Coinsurance Outpatient Services (without overnight hospital/facility stays): 30% Coinsurance
Included Benefits	<a href="#">see brochure</a>	
Optional Benefits (not included in base rate quotation)		
Fees		
Policy Form Number	<a href="#">see brochure</a>	
Note	Network and non-network deductibles are separate and do not accumulate toward each other. Network and non-network out-of-pocket maximums are separate and do not accumulate toward each other To view your Summary of Benefits and Coverage please visit <a href="http://www.healthcare.gov">www.healthcare.gov</a> .	
Product Brochure	<a href="#">Brochure</a>	
Summary of Benefits and Coverage		
Optional Riders included in the quote		
Optional Riders not included in the quote		

## 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

### Anthem Blue Cross and Blue Shield of Connecticut

**No More Annual Maximums or Lifetime Dollar Limits:** These plans will not include annual dollar limits or maximums on essential health benefits, or lifetime dollar limits or maximums. **Expanded Dependent Coverage:** Adult children can remain on your plan until their 26th birthday regardless of student or marital status.

**Pre-Existing Condition Exclusion for Kids:** There are no pre-existing condition limits for dependent children under the age of 19.

**No Cost-Sharing on Preventive Care Services:** These plans will not have any copayment, coinsurance or deductible requirement for in-network preventive care services recommended by the U.S. Department of Health and Human Services. This includes certain screenings, immunizations and physician visits for any covered member of your family.

**New Patient Protection Benefits:** Depending on the plan you are viewing, these benefits may already be included. No preauthorization will be required for emergency services, whether the emergency room is in- or out of network. If you need to use an out-of-network emergency room, you're covered, and copayments and coinsurance will not exceed the costs for in-network emergency room services.

If the plan requires that you select a Primary Care Physician (PCP), you may choose any available in-network physician and seek care from an in-network OB-GYN specialist provider without requiring a preauthorization or referral from your PCP. Preauthorization for specific obstetrical or gynecological services is still allowed and may be required. You can also choose a pediatrician as the PCP for your child.

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.

To view your Summary of Benefits and Coverage please visit [www.healthcare.gov](http://www.healthcare.gov) (Not applicable for Short Term plans)