

## SmartSense Plan Coverage

**OPTION:** 30% Coinsurance

**CALENDAR YEAR DEDUCTIBLE**  
**CALENDAR YEAR OUT-OF-POCKET LIMIT** *(includes deductible)*

**CALENDAR YEAR DEDUCTIBLE**  
**CALENDAR YEAR OUT-OF-POCKET LIMIT** *(includes deductible)*

**PLAN LIFETIME MAXIMUM**

Network							Non-Network						
YOU PAY 30% Coinsurance							YOU PAY 50% Coinsurance						
Individual:	\$500	\$1,000	\$1,500	\$2,500	\$5,000	\$10,000	Individual:	\$500	\$1,000	\$1,500	\$2,500	\$5,000	\$10,000
	\$4,000	\$4,500	\$5,000	\$6,000	\$8,500	\$13,500		\$8,000	\$8,500	\$9,000	\$10,000	\$12,500	\$17,500
Family:	\$1,000	\$2,000	\$3,000	\$5,000	\$10,000	\$20,000	Family:	\$1,000	\$2,000	\$3,000	\$5,000	\$10,000	\$20,000
	\$8,000	\$9,000	\$10,000	\$12,000	\$17,000	\$27,000		16,000	\$17,000	\$18,000	\$20,000	\$25,000	\$35,000
\$7,000,000 per member for network and non-network services combined													

## SmartSense Plan Benefits<sup>1</sup>

**DOCTORS' OFFICE VISITS**

**PREVENTIVE CARE SERVICES**

**DIAGNOSTIC SERVICES**

**HOSPITAL** *(inpatient & outpatient)*, **OUTPATIENT SURGERY**

**EMERGENCY ROOM SERVICES**

**MATERNITY**

**DENTAL**

**LIFE**

Network		Non-Network	
YOU PAY YOUR SHARE AFTER DEDUCTIBLE, UNLESS WAIVED		YOU PAY YOUR SHARE AFTER DEDUCTIBLE, UNLESS WAIVED	
OFFICE VISIT COPAY: \$35 Copay for the first 3 visits per person per calendar year for primary care physician/specialist <i>(deductible waived)</i> ; then 30% Coinsurance for 4+ office visit charges		50% Coinsurance	
OTHER SERVICES: 30% Coinsurance		Not covered	
Not covered		Not covered	
30% Coinsurance		50% Coinsurance	
30% Coinsurance		30% Coinsurance	
Not covered		Not covered	
Coverage available at additional cost		Coverage available at additional cost	

## SmartSense Drug Coverage

**SMARTSENSE INCLUDES DRUG COVERAGE**

**GENERIC ON FORMULARY LIST, PLUS LIMITED NUMBER OF BRAND-NAME DRUGS**

**SMARTSENSE DRUG OPTIONAL COVERAGE**

**WHEN YOU PURCHASE TIER 1 DRUGS** *(generic required if available)*

**WHEN YOU PURCHASE BRAND AND/OR SPECIALTY DRUGS** *(tiers 2, 3, and 4)*

*In network subject to a separate deductible and out-of-pocket limit. Note: Specialty injectable drugs only available through Anthem's Specialty Rx network and are not covered out-of-network.*

Network		Non-Network	
YOU PAY		YOU PAY	
FOR DRUGS ON FORMULARY: Greater of \$15 copay or 40% Coinsurance	FOR DRUGS NOT ON FORMULARY: Member is responsible for entire cost after applied Anthem negotiated discount	FOR DRUGS ON FORMULARY: Greater of \$15 copay or 40% Coinsurance	Member is responsible for difference between Anthem allowable charge and actual cost of drug
		FOR DRUGS NOT ON FORMULARY: Member is responsible for entire cost	
YOU PAY		YOU PAY	
30 day supply: \$15 copay; 90 day mail order supply: \$30 copay	Separate \$250 per person deductible for Brand & Specialty drugs. Greater of \$30 copay or 40% Coinsurance up to \$4,000 max out-of-pocket. Member is responsible for difference in allowable charge between the brand and generic, plus the copayment or coinsurance.	50% coinsurance <i>(minimum \$60)</i> per prescription	<i>Note: Specialty injectable drugs only available through Anthem's Specialty Rx network and are not covered out-of-network</i>

**OTHER COVERED BENEFITS INCLUDE BUT ARE NOT LIMITED TO:**

- Ambulance
- Home Health Care
- Skilled Nursing Care
- Chiropractic
- Hospice Care
- Speech Therapy
- Durable Medical Equipment
- Organ Transplants
- Therapy Services
- Rehabilitation Facilities
- Urgent Care

<sup>1</sup>UNLESS OTHERWISE NOTED, ALL BENEFITS ARE SUBJECT TO THE CALENDAR YEAR DEDUCTIBLE.

**IMPORTANT:** *This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the contract or certificate of coverage. In the event of a conflict between the contract or certificate of coverage and this SmartSense Benefit Guide, the terms of the contract or certificate of coverage will prevail.*

# Understanding SmartSense<sup>®</sup> Coverage

Is your doctor or dentist in  
one of our networks?

[Go to anthem.com](https://www.anthem.com) > [Find a Doctor](#)

## Some definitions

### So we're all on the same page

**Deductible:** The amount of out-of-pocket expenses you have to pay each year before your health plan kicks in and starts paying for services. Network and non-network deductibles are separate and do not accumulate towards each other.

**Coinsurance:** The percentage of money you have to pay out of your own pocket for covered services. It's the portion of the bill not paid by your health plan after your deductible has been reached.

**Copay (copayment):** A specific dollar amount you have to pay out of your own pocket for covered services.

**Out-of-pocket limit:** The total amount of money (not counting your premiums) you have to pay each year for your health care coverage. Your deductible and coinsurance payments for covered services count toward your out-of-pocket limit. Network and non-network out-of-pocket limits are separate and do not accumulate towards each other.

**Premium:** The amount you pay on a regular basis to keep your health plan active. (Your premiums do not count towards your annual deductible.)

**Covered service:** This refers to the health care services that are covered by your health plan.

**Brand-name drugs:** Drugs that are manufactured and marketed under a registered trade name.

**Generic drugs:** Have the same active ingredients as their brand-name equivalent and provide the same clinical benefits.

**Specialty drugs:** High cost, scientifically engineered drugs that are usually injected or infused.

## About our network providers

### Notice of provider arrangements

Your network provider's agreement for providing covered services may include financial incentives or risk-sharing relationships based on utilization and quality of services. If you have any questions, please contact Anthem or your provider.

### To help you avoid unnecessary out-of-pocket expenses

For some services or supplies (such as prescription drugs), your doctor must receive authorization from Anthem that defines and/or limits the conditions under which the service or supply will be covered. For other services (such as organ transplants), your doctor must certify (and Anthem must approve) that the service is medically necessary and takes place in the appropriate setting. Neither process is a guarantee of coverage.

### Using non-network providers

If you receive covered services from a non-network provider, you are responsible for the difference between the actual charge billed for covered services and the maximum allowable amount your plan covers plus any deductible, copayments, coinsurance and charges that are not covered.

## Prescription coverage

The cost of prescription drugs can be staggering. In fact, prescription drug costs are one of the leading drivers of rising health care costs. Helping control those costs is key to providing affordable health care and health insurance to everyone.

Anthem has a formulary – or special list of prescription drugs that our health plans cover. We've negotiated lower prices on these formulary drugs, so you'll save when your doctor prescribes medications from this list.

## For more complete coverage

### Dental and Term Life Insurance

You can combine this health plan with Dental Blue<sup>®</sup> and/or Blue Preferred<sup>®</sup> Term Life Insurance. Combining coverage is not only easy, it can save you money, too. And you'll only have to deal with one application, one bill and one monthly premium.



# SmartSense<sup>®</sup>

## Benefit Guide for Indiana

### Who can apply?

You can apply for SmartSense<sup>®</sup> coverage for yourself or with your family. You must be a resident of the state in which you are applying, under the age of 65, a legal resident of the U.S. and not currently pregnant. Family health coverage includes you, your spouse or domestic partner and any dependent children. Children are covered to the end of the month in which they turn 25.

**The following dependent children are eligible for coverage: no minimum support is required from you:** Unmarried or married son or daughter; unmarried stepchild; unmarried child for whom you or your spouse is the legal guardian.

**For the following dependent children to be eligible for coverage, you must provide at least 50% of their support:** Married stepchild; married child for whom you or your spouse is the legal guardian, married or unmarried grandchild or other blood relative. Completion of an affidavit form will be required to add these children.

### What's a preexisting condition?

Generally, SmartSense covers preexisting conditions after you've been enrolled in the plan for 12 months. A preexisting condition is any medical or physical condition you had in the 12 months right before you enrolled. If you received medical advice, a diagnosis, care or treatment for the condition — or if it was recommended that you do so — that qualifies it as "preexisting".

If you apply for coverage within 63 days of terminating your membership with another "creditable" health care plan, then you can use your prior coverage for credit toward the 12-month waiting period. Anthem Blue Cross and Blue Shield will credit the time you were enrolled on the previous plan.

### Our appeal rights and confidentiality policy.

If we deny a claim or request for benefits completely or partially, we will notify you in writing. The notice will explain why we denied the claim/request and describe the appeals process. You can appeal decisions that deny or reduce benefits. We encourage you to file appeals right away when you first get an initial decision from us, but we require that you file within six months of getting one. You should send additional information that supports your appeal and state all the reasons why you feel the appeal request should be granted. We will review your appeal and let you know our decision in writing within 30 days of receiving your first appeal. If you are denied coverage based on medical necessity or experimental/investigative exclusions, you can request that a board-eligible or board-certified specialist review your appeal. If we deny coverage for reasons other than medical necessity or experimental/investigative reasons, you can also appeal.

Please call customer service or check your contract or certificate of coverage for more information on our internal appeal and external review processes. Unless our notice of decision includes a different address, send requests for a review of appeal to: **Anthem Blue Cross and Blue Shield, Appeals Coordinator, P.O. Box 33200, Louisville, Kentucky 40232-3200.**

If we uphold our decision throughout the appeals process, you can request a review by the Indiana Department of Insurance. In addition to the appeals processes we just described, Anthem has adopted a confidentiality policy in Indiana. This policy includes guidelines regarding the protection of confidential member information and a member's right to access and change information in Anthem's possession. The policy clearly points out when a member needs to sign a release before Anthem can disclose information to a member's provider, spouse or other family members.

### We want you to be satisfied.

If you aren't satisfied with your SmartSense coverage, you can cancel it within 30 days after you receive your contract or certificate of coverage or have access to it online, whichever is earlier. If you haven't submitted any claims, you'll get a full refund of the premium you paid when coverage is cancelled within the first 30 days. You can view your contract or certificate of coverage online or receive a paper copy of it upon request as outlined in your initial membership letter.

This brochure is only a summary of SmartSense benefits and is not a part of the contract or certificate of coverage. If you are approved for coverage, the contract or certificate of coverage you receive will include all the details of your plan. In the event of a conflict between the information in this brochure and your contract or certificate of coverage, the terms of your contract or certificate of coverage will prevail. Read your contract or certificate of coverage carefully. Anthem has the right to rescind, cancel, terminate or reform your coverage based on provisions described in the contract or certificate of coverage.

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