

**Murray State University
Blue Access (PPO)
2009 Health Benefits**

Benefits 2009	PPO Basic Plan		PPO Standard Level		PPO Enhanced Level	
	Network	Non Network	Network	Non Network	Network	Non Network
Annual Deductible (Applies to percentage (%) copayments)	\$2,000 Single \$4,000 Family	\$4,000 Single \$8,000 Family	\$1,000 Single \$2,000 Family	\$2,000 Single \$4,000 Family	\$400 Single \$800 Family	\$800 Single \$1,600 Family
Maximum Out-of Pocket (includes deductible)	\$5,000 Single \$10,000 Family	\$10,000 Single \$20,000 Family	\$3,000 Single \$6,000 Family	\$6,000 Single \$12,000 Family	\$2,000 Single \$4,000 Family	\$4,000 Single \$8,000 Family
Lifetime Maximum	\$1,000,000		\$1,000,000		\$1,000,000	
Physician Services: Office Visit All other services in office (except preventive care)	\$30 70%*	50%* 50%*	\$25 80%*	60%* 60%*	\$25 80%*	60%* 60%*
Preventive Care	Covered in full up to a \$200 maximum per adult or well child per year.	Not Covered	Covered in full up to \$400 maximum per adult and well child per year.	Not Covered	Covered in full up to \$400 maximum per adult and well child per year.	Not Covered
Outpatient Physical Medicine Therapies (Combined Network & Non-Network calendar year limits apply)(1): Physical – 30 visit limit Occupational – 30 visit limit Speech – 20 visit limit Spinal Manipulations – 20 visit limit	70%*	50%*	80%*	60%*	80%*	60%*
Inpatient Services	70%*	50%*	80%*	60%*	80%*	60%*
Skilled Nursing Facility 180 days Network/Non-Network combined	70%*	50%*	80%*	60%*	80%*	60%*
Outpatient Surgery Hospital/Alternative Care Facility	70%*	50%*	80%*	60%*	80%*	60%*
Other Outpatient Hospital/Alternative Care Facility	70%*	50%*	80%*	60%*	80%*	60%*
Inpatient and Outpatient Professional Charges	70%*	50%*	80%*	60%*	80%*	60%*
Home Care Services 30 visit limit for Non Network, excludes IV therapy	70%*	50%*	80%*	60%*	80%*	60%*
Hospice	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Emergency Room (covers all services, copayment waived if admitted, then inpatient copayment applies)	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$100 copay	\$100 copay
Urgent Care	\$35	\$35	\$35	\$35	\$35	\$35
Ambulance	70%*	70%*	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%

Benefits 2009 continued	PPO Basic Plan		PPO Standard Level		PPO Enhanced Level	
	Network	Non Network	Network	Non Network	Network	Non Network
Mental Health and Substance Abuse (combined maximum) Inpatient – 21 days per calendar year. Outpatient – 30 visits per calendar year.	Covered same as any other illness		Covered same as any other illness		Covered same as any other illness	
Human Organ and Tissue Transplants	70%*	50%*	80%*	60%*	80%*	60%*
Prescription Drugs Retail: 30 day supply Includes diabetic test strips						
Generic Formulary	\$20	Not Covered	\$10	50%	\$10	50%
Brand Formulary	\$40	Not Covered	\$20	50%	\$20	50%
Gen/Brand Non-Formulary	\$80	Not Covered	\$40	50%	\$40	50%
Mail Order: 90 day supply						
Generic Formulary	\$40	Not Covered	\$20	Not Covered	\$20	Not Covered
Brand Formulary	\$80	Not Covered	\$40	Not Covered	\$40	Not Covered
Gen/Brand Non-Formulary	\$160	Not Covered	\$80	Not Covered	\$80	Not Covered
Medical Supplies, Equipment, and Appliances	70%*	50%*	80%*	60%*	80%*	60%*

*Services subject to deductible and co-insurance.

- Deductible is included in the Out of Pocket Maximum.
- Deductibles and Out of Pocket limits are separate for in and out of network.
- Once the deductible is met, the member pays the co-insurance percentage that is indicated for that service.
- Certain diabetic and asthmatic supplies are covered in full at network pharmacies except diabetic test strips.
- Dependents covered to age 19, full-time students to age 24.
- (1) When therapy services are rendered in provider's office, the office visit copay and coinsurance may both apply.

This summary of benefits is intended to be a brief outline of benefits. The entire provisions of benefits and exclusions are contained in the Group Contract, Benefit Booklet and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail. Anthem provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.