

Century Preferred Comp
\$200 / \$400 / \$600 Annual Deductible
Benefits at a Glance Stamford BOE Teachers grp 005

Century Preferred Comp is a preferred provider organization (PPO) plan.

	In Network You pay:	Out-of-Network You pay:
Annual Deductible (<i>individual/2-member family/3+ member family</i>)	\$200 / \$400 / \$600	
Coinsurance	20% after deductible up to	30% after deductible up to
Coinsurance Maximum (<i>individual/2-member family/3+ member family</i>)	\$1,000 / \$2,000 / \$3,000	
Lifetime Maximum	Unlimited	

	In Network After Annual Deductible You pay:	Out-of-Network After Annual Deductible You pay:
PREVENTIVE CARE		
Well child care*	20%	30%
Periodic, routine health examinations*	20%	30%
Routine eye exams – <i>one exam every 2 years</i>	20%	30%
Routine OB/GYN visits – <i>one exam per year</i>	20%	30%
Mammography*	20%	30%
Hearing screening – <i>covered once every two years</i>	20%	30%

	In Network After Annual Deductible You pay:	Out-of-Network After Annual Deductible You pay:
MEDICAL CARE		
Primary care office visits	20%	30%
Specialist consultations	20%	30%
OB/GYN care	20%	30%
Maternity care – <i>initial visit subject to copayment, no charge thereafter</i>	20%	30%
Laboratory	20%	30%
X-ray and Diagnostic Testing	20%	30%
Allergy Services		
<i>Office visits/testing</i>	20%	30%
<i>Injections—80 visits in 3 years</i>	20%	30%

	In Network After Annual Deductible You pay:	Out-of-Network After Annual Deductible You pay:
HOSPITAL CARE – Prior authorization required.		
Semi-private room	20%	30%
Maternity and newborn care	20%	30%
Skilled nursing facility – <i>up to 120 days per calendar year</i>	20%	30%
Rehabilitative services – <i>up to 60 days per person per calendar year</i>	20%	30%
Outpatient surgery – <i>in a hospital or surgi-center</i>	20%	30%

	In Network After Annual Deductible You pay:	Out-of-Network After Annual Deductible You pay:
EMERGENCY CARE		
Walk-in centers	20%	30%
Urgent care – <i>at participating centers only</i>	20%	Not covered
Emergency care – <i>copayment waived if admitted</i>	20%	20%
Ambulance – <i>air subject to maximum per trip</i>	20%	20%

OTHER HEALTH CARE		
Outpatient rehabilitative services <i>50 visit maximum for PT, OT, ST and Chiro. per year</i>	20%	30%
Prosthetic devices	20%	30%
Durable medical equipment	20%	30%

MENTAL HEALTH/SUBSTANCE ABUSE CARE		
Inpatient	20%	30%
Outpatient/office visits	20%	30%

*** Schedule of health examinations:**

- 7 exams birth to age 1
- 7 exams age 1 to 5
- 1 exam annually age 5 to adult

***Mammography:**

- 1 baseline screening age 35-39
- 1 screening per year age 40+
- Additional exams when medically necessary

Note: In situations where the member is responsible for obtaining the necessary prior authorization and fails to do so, benefits may be reduced or denied.

Please refer to the *SpecialOffers@Anthem* brochure in your enrollment kit for information on the discounts we offer on health-related products and services.

This does not constitute your health plan or insurance policy. It is only a general description of the plan. The following are examples of services NOT covered by your Century Preferred Health Plan. Please refer to your Certificate/Evidence of Coverage/Summary Booklet for more details: Cosmetic surgeries and services; custodial care; genetic testing; hearing aids; refractive eye surgery; services and supplies related to, as well as the performance of, sex change operations; surgical and non-surgical services related to TMJ syndrome; travel expenses; vision therapy; services rendered prior to your contract effective date or rendered after your contract termination date; and workers' compensation.

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