

\$3,500 High Deductible Health Plan (HDHP) Benefit Summary

Anthem Blue Access for Health Savings AccountSM

www.anthem.com

TYPES OF COVERAGE		PREFERRED (Network)	NON-PREFERRED (Non-Network)
COMBINED MEDICAL/Rx DEDUCTIBLE			
Per calendar year	Individual	\$3,500	\$7,000
	Family (2+ people)	\$7,000	\$14,000
COINSURANCE (after deductible)		80% covered, 20% member coinsurance after deductible	60% covered, 40% member coinsurance after deductible
OUT-OF-POCKET MAXIMUM (including deductible)			
Per calendar year (copayments do apply)	Individual	\$5,800	\$10,000
	Family	\$11,600	\$20,000
WELLNESS BENEFIT*			
Routine adult physical exam / immunizations	Office Visit	100% covered	60/40 after deductible
Well child exams / immunizations to age 18	Office Visit	100% covered	60/40 after deductible
Routine GYN care exam	Office Visit	100% covered	60/40 after deductible
Routine mammogram**		100% covered	60/40 after deductible
OFFICE VISIT (non-surgical)	Primary Care***	80/20 after deductible	60/40 after deductible
	Specialty Care	80/20 after deductible	60/40 after deductible
PRESCRIPTION DRUG COPAY			
30 day supply retail	Generic	\$20 after deductible	50% minimum \$40
	Brand Name Preferred	\$40 after deductible	50% minimum \$40
	Brand Non-Preferred	\$70 after deductible	50% minimum \$40
31-90 day supply mail order (optional)	Generic	\$40 after deductible	Not Covered
	Brand Name Preferred	\$80 after deductible	Not Covered
	Brand Non-Preferred	\$140 after deductible	Not Covered
PHYSICIAN SERVICES	Allergy Injections	80/20 after deductible	60/40 after deductible
	Diagnostic Lab and X-ray	80/20 after deductible	60/40 after deductible
	Office Visit for Surgery	80/20 after deductible	60/40 after deductible
	Outpatient Surgery	80/20 after deductible	60/40 after deductible
	Inpatient Surgery	80/20 after deductible	60/40 after deductible
OTHER MEDICAL SERVICES	Outpatient Therapy Office Visit (Limits Apply)	80/20 after deductible	60/40 after deductible
	Maternity	80/20 after deductible	60/40 after deductible
	Hospital Inpatient & Outpatient	80/20 after deductible	60/40 after deductible
MENTAL HEALTH, CHEMICAL & ALCOHOL DEPENDENCY	Inpatient Treatment	80/20 after deductible	60/40 after deductible
	Outpatient Treatment	80/20 after deductible	60/40 after deductible
EMERGENCY MEDICAL CARE	Urgent Care Office Visit	80/20 after deductible	60/40 after deductible
	Emergency Room	80/20 after deductible	80/20 after deductible
VISION EXAM BENEFIT	One Routine Exam Every 12 Months	\$5 copay	Reimbursement up to \$42

* Wellness exams are subject to calendar year and age limitations.

** Mammogram coverage as permitted based on age and risk.

*** Includes services of an internist, general physician, family practitioner, obstetrics/gynecology, geriatrics or pediatrician.

This is a plan summary and is not a complete description of the plan. The Summary Plan Description provides a more complete explanation of terms of coverage, limitations and exclusions. The Summary Plan Description will supersede if there is a difference between the two.

Family coverage requires two deductibles to be satisfied. Pre-certification is required for some benefits. This includes, but is not limited to inpatient hospitalization, inpatient mental health, inpatient skilled nursing, outpatient surgery and substance abuse.

A dependent child or qualifying child may be covered on your WorkSmart medical plan until the child attains age 26.

★ Compatible with Health Savings Account (HSA) ★

★ Compatible with Limited Flexible Spending Account ★



Important Information About Health Savings Accounts (HSA) Used in Conjunction with HDHP

In order to contribute to a Health Savings Account

- You must be enrolled in an HDHP
- The HDHP must be your only health care coverage. If your spouse has a Flexible Spending Account that covers medical expenses, you are not eligible for an HSA
- You must not be enrolled in Medicare
- You must not be claimed as a dependent on another person's taxes (except for spouse)

The Health Savings Account allows you to have choice and control

- You decide how much money to put into the account
- You decide to pay current health care expenses or save the account for future expenses
- You decide which bank will hold the account
- You decide to invest some of your money in the account and what investments to make

Funding the Account

- Contributions to your HSA can be made by you, your employer or both
- Contributions can be done via payroll deduction
- You may change the amount funded during the year
- The maximum funding for 2014 plan year:
 - \$3,300 for Individual
 - \$6,550 for 2+ People
 - \$1,000 additional funding catch-up contributions if over age 55



Ownership

- The account belongs to you as the account holder
- Funds remain in the account from year to year and gain interest tax-free, just like an IRA. Unused amounts remain available for later years (unlike the forfeit rules for Flexible Spending Accounts)

Tower Bank – The HSA Authority (www.theHSAauthority.com)

- **WorkSmart Systems Employer Code: 141455** (Needed for your online account enrollment)
- WorkSmart sponsors Tower Bank for HSA accounts with pre-tax funding. You can, however, utilize any bank of your choice. Be aware that funding an HSA with a bank other than Tower Bank will be as a post-tax direct deposit and deposits will simply be tax deductible. You are responsible for providing all bank and account information to WorkSmart Systems.
- Money is funded on a pre-tax basis with Tower Bank and will show in your HSA on the Friday of the week following your pay date.
- **You should set up your Tower Bank account prior to your benefit effective date.** If your account is not set up within 60 days of your effective date, Tower Bank will manually set up an account in your name so WorkSmart can deposit your funds. *If Tower Bank must initiate your account, they will charge a \$20 set-up fee, which will be deducted from the initial HSA deposit.*
- FDIC Insured
- No annual fee and no monthly service charge
- Online or paper statements available
- Interest bearing account that grows tax-free
- As long as your money is used for qualified expenses, you will not pay taxes on these dollars
- Access your money via check, debit card, ATM, or by request (in person or via telephone)

Reimbursement – There is no time limit when reimbursement can occur

- Expenses must be incurred after your enrollment in the HDHP/HSA
- Always spend your HSA money on qualified expenses. If you use the funds for ineligible items, you will pay a 20% penalty, plus taxes on the amount you spent. The penalty is waived if the account owner is 65 or older, or due to death or disability. You should keep your records for this account the same period of time you keep your income tax returns.

Portability – Accounts are completely portable, meaning you can keep your HSA even if you:

- Change jobs, move, retire, or change your medical coverage
- Become unemployed (you can pay COBRA premiums with your HSA funds)



Blue View Vision

At Anthem Blue Cross and Blue Shield, we understand that vision benefits are essential to maintaining your overall health and well-being. After all, a slight miscorrection in eyesight can reduce productivity by 10% and work accuracy by nearly 40%. Computer eyestrain can reduce productivity between 10% and 50%.

Blue View Vision, our vision program, provides a cost-effective vision plan. The plan is easy to use and offers savings beyond exam coverage. Blue View Vision provides you with an innovative vision program to meet your unique needs and improve your overall wellness.

Finding a Blue View Vision Provider

Blue View Vision has an extensive national network of participating providers

contracted under a vendor agreement with EyeMed Vision Care. You can easily find a provider conveniently located near you. Nationally, we contract with independent optometrists and ophthalmologists as well as retail locations such as LensCrafters®, Target Optical, Sears Optical, JCPenney Optical, and most Pearle Vision locations. Please call Blue View Vision at 866.723.0515 if you have questions about your vision benefits or need to locate a provider.

Using a Participating Provider

By using a participating provider, you minimize your out-of-pocket expenses and receive the benefits of not having to hassle with paperwork, since the participating provider verifies your eligibility and obtains all the necessary information. You simply

pay your copayment and any remaining balance at the time of your appointment.

Blue View Vision providers offer you discount pricing, which is significantly below retail. You receive substantial savings (15% - 40% or more) on most eyewear pair purchases, conventional contact lenses, lens treatments, specialized lenses and various sundy items.

Using a Non-Participating Provider

If you choose to go to a non-participating (non-network) provider, you must pay the provider directly at the time of service. Out-of-network claims must be submitted by you. Simply submit a claim for reimbursement (up to \$42). When using a non-participating provider, your coverage may be limited and your out-of-pocket expenses may be greater.

Covered Benefits	Member Benefit From Blue View Vision Network Provider	Non-Network Reimbursement
Vision Examination including dilation and refraction as needed. Covered once every 12 months .	\$5 copayment	Up to \$42
Eyeglasses <ul style="list-style-type: none"> ● Eyeglass lenses ● Eyeglass frames 	Available at a discount	Not Covered
Contact Lenses	Discount schedule listed below	Not Covered

Exam Only Additional Savings Discounts	Members with Routine Exam Coverage Only
Service	Member Cost
Complete Eyeglasses	35% off retail price*
Frame	20% off retail price
Standard Plastic Lenses	
Single Vision	\$50
Bifocal Vision	\$70
Trifocal Vision	\$105
Lens Options	
UV Coating	\$15
Tint (Solid and Gradient)	\$15
Standard Scratch-Resistance	\$15
Standard Polycarbonate	\$40
Standard Progressive (Add-on to bifocal cost)	\$65
Standard Anti-Reflective Coating	\$45
Other Add-ons and Services	20% off retail price
Contact Lenses	
Conventional: materials only	15% off retail price**

1-800 CONTACTS is in-network – a Blue View Vision exclusive. With 1-800 CONTACTS as an exclusive in-network provider, Blue View Vision members have the choice and convenience to call or click online at 1-800 CONTACTS.

Find a network provider by logging on to www.anthem.com and searching for a vision provider under your Vision Benefits option. Always call ahead to confirm the provider's participation in your plan, and identify yourself as a Blue View Vision member to ensure you receive your maximum benefits. Blue View Vision plan members should log in to access the exact list of available providers. Even if a provider is displayed on Anthem's site, you should call ahead to confirm the provider still accepts your plan.

* Discounts apply towards a complete pair of eyeglasses. If eyeglass materials are purchased separately, a 20% discount is applied. Discounts only applied when visiting a participating provider.

**Discount does not apply to fitting fees or services.