

This document is for Anthem Blue Cross Agent Use only; 2010 benefits may not be discussed with consumers until 10/1/2009  
 Agents MUST be fully Medicare Advantage and Part D certified with Anthem Blue Cross for 2010 before discussing 2010 benefits  
 This document is a summary ONLY and is not complete or final; please refer to Summary of Benefits, when available

Brand/Plan Name	Freedom Blue Plan 1		Freedom Blue Plus		Freedom Blue Classic	
Plan Type	RPPO - CA		RPPO - CA		RPPO MA ONLY - NO PART D - CA	
Plan Year	2010		2010		2010	
	In Network	Out-of-Network	In Network	Out-of-Network	In Network	Out-of-Network
Total Premium	\$0		\$31		\$0	
Annual MOOP Max (List all inclusions in section II below)	\$3350 combined In and Out of Network		\$3350 combined In and Out of Network		\$3350 combined In and Out of Network	
Annual Deductible	\$500		\$500		\$500	
<b>Inpatient:</b>						
Hospital Inpatient, per stay / per day	\$850/stay	15%	\$850/stay	15%	\$850/stay	15%
Hospital Inpatient Annual Max	No	No	No	No	No	No
SNF						
Days 1-20	\$0/days 1-20	30%	\$0/days 1-20	30%	\$0/days 1-20	30%
Days 21-100	\$130/days 21-100	30%	\$130/days 21-100	30%	\$130/days 21-100	30%
<b>Outpatient/Professional:</b>						
Primary Care Visits	\$15	\$30	\$10	\$25	\$15	\$30
Physician Specialist	\$25	\$40	\$25	\$40	\$30	\$45
Emergency	\$50	\$50	\$50	\$50	\$50	\$50
Outpatient Hospital (Office Visit)	\$25	30%	\$25	30%	\$30	30%
Outpatient Hospital (Surgery)	\$250	30%	\$200	30%	\$200	30%
Ambulance	\$175	\$175	\$100	\$100	\$100	\$100
Dental (Medicare Covered)	\$0	\$0	\$0	\$0	\$0	\$0
Vision Exams (Medicare Covered)	\$25	30%	\$25	30%	\$30	30%
Eyewear (Medicare Covered)	0%	0%	\$0	0%	\$0	0%
Hearing Exams (Medicare Covered)	\$25	30%	\$25	30%	\$30	30%
<b>Routine &amp; Additional Preventive:</b>						
Fitness (Specify Vendor)	SilverSneakers	SilverSneakers	SilverSneakers	SilverSneakers	SilverSneakers	SilverSneakers
<b>Part D Benefits - (30-retail/90- retail/90- preferred mail)</b>						
Deductible	\$0	\$0	\$0	\$0	NA	NA
Generic Copays - Tier 1	\$7/\$21/\$10.50	\$7/\$21/\$10.50	\$7/\$21/\$10.5	\$7/\$21/\$10.5	NA	NA
Preferred Brand Copays - Tier 2	\$43/\$129/\$107.50	\$43/\$129/\$107.50	\$43/\$129/\$107.50	\$43/\$129/\$107.50	NA	NA
Non-Preferred Brand - Tier 3	\$85/\$255/\$212.50	\$85/\$255/\$212.50	\$85/\$255/\$212.50	\$85/\$255/\$212.50	NA	NA
Specialty Injectibles (Pref Retail/Pref Mail) - Tier 4	33%	33%	33%	33%	NA	NA
Non-specialty Injectibles - Tier 5 (For NextRx)	33%	33%	33%	33%	NA	NA
Coverage Gap	Low Cost Generics	Low Cost Generics	Low Cost Generics	Low Cost Generics	NA	NA
Generic Benzos & Barbs	\$7/\$21/\$10.50	\$7/\$21/\$10.50	\$7/\$21/\$10.5	\$7/\$21/\$10.5	NA	NA
	PDP Premier	PDP Premier	PDP Premier	PDP Premier		
Formulary	Formulary	Formulary	Formulary	Formulary	NA	NA
Part B Covered Drugs	20%	25%	20%	25%	20%	25%
Part B Chemotherapy Drugs	20%	25%	20%	25%	20%	25%
Over-the-Counter Drugs	N/A	N/A	Yes	Yes	N/A	N/A