## Bowdoin College: HDHP – Option 2

**Coverage Period:** 01/01/2015 – 12/31/2015

**Summary of Benefits and Coverage:** What this Plan Covers & What it Costs  
**Coverage for:** Individual and Family  
**Plan Type:** HSA

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**Important Questions** | **Answers** | **Why this Matters:**
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What is the overall deductible? | $2,500 individual / $5,000 family  
Doesn’t apply to network preventive care. | You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible**.

Are there other deductibles for specific services? | No. | You don’t have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.

Is there an out-of-pocket limit on my expenses? | Yes. For in-network service  
$5,000 individual / $10,000 family  
For out-of-network service  
$5,000 individual / $10,000 family | The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. The limits listed are inclusive of all services including prescriptions.

What is not included in the out-of-pocket limit? | Premiums, balance-billed charges, and health care this plan doesn’t cover. | Even though you pay these expenses, they don’t count toward the **out-of-pocket limit**.

Is there an overall annual limit on what the plan pays? | No. | The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.

Does this plan use a network of providers? | Yes. For a list of **network providers**, see www.anthem.com or call 1-888-224-4896. | If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.

Do I need a referral to see a specialist? | No. | You can see the **specialist** you choose without permission from this plan.

Are there services this plan doesn’t cover? | Yes. | Some of the services this plan doesn’t cover are listed on page 5. See your policy or plan document for additional information about **excluded services**.

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**Questions:** Call 1-888-224-4896 or visit us at www.anthem.com  
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- **Copayments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is your share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan’s **allowed amount** for an overnight hospital stay is $1,000, your **coinsurance** payment of 20% would be $200. This may change if you haven’t met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **network providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

<table>
<thead>
<tr>
<th>Common Medical Event</th>
<th>Services You May Need</th>
<th>Your Cost If You Use a Network Provider</th>
<th>Your Cost If You Use a Non-network Provider</th>
<th>Limitations &amp; Exceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you visit a health care provider’s office or clinic</td>
<td>Primary care visit to treat an injury or illness</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Specialist visit</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Other practitioner office visit</td>
<td>20% coinsurance</td>
<td>40% coinsurance</td>
<td>none</td>
</tr>
<tr>
<td></td>
<td>Preventive care/screening/immunization</td>
<td>No Charge</td>
<td>40% coinsurance</td>
<td>none</td>
</tr>
</tbody>
</table>

| If you have a test | Diagnostic test (x-ray, blood work) | 20% coinsurance | 40% coinsurance | none |
|                    | Imaging (CT/PET scans, MRIs)         | 20% coinsurance | 40% coinsurance | none |

| If you need drugs to treat your illness or condition | Tier 1 – typically Generic drugs | 20% coinsurance | 40% coinsurance | none |
|                                                      | Tier 2 – typically Preferred brand drugs | 20% coinsurance | 40% coinsurance | none |
|                                                      | Tier 3 – typically Non-preferred brand drugs | 20% coinsurance | 40% coinsurance | none |
|                                                      | Tier 4 – typically Specialty drugs       | 20% coinsurance | 40% coinsurance | none |

**Limitations & Exceptions:** Coverage is limited to 40 visits per member per calendar year for Chiropractors.

More information about **prescription drug coverage** is available at [www.anthem.com](http://www.anthem.com).

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| If you need immediate medical attention | Emergency room services | 20% coinsurance | 20% coinsurance | none |
| If you have a hospital stay | Emergency medical transportation | 20% coinsurance | 20% coinsurance | none |
| | Urgent care | 20% coinsurance | 40% coinsurance | none |
| If you have mental health, behavioral health, or substance abuse needs | Facility fee (e.g., hospital room) | 20% coinsurance | 40% coinsurance | none |
| | Physician/surgeon fee | 20% coinsurance | 40% coinsurance | none |
| | Mental/Behavioral health outpatient services | 20% coinsurance | 40% coinsurance | none |
| | Mental/Behavioral health inpatient services | 20% coinsurance | 40% coinsurance | none |
| | Substance use disorder outpatient services | 20% coinsurance | 40% coinsurance | none |
| | Substance use disorder inpatient services | 20% coinsurance | 40% coinsurance | none |
| If you are pregnant | Prenatal and postnatal care | 20% coinsurance | 40% coinsurance | none |
| | Delivery and all inpatient services | 20% coinsurance | 40% coinsurance | none |
| If you need help recovering or have other special health needs | Home health care | 20% coinsurance | 40% coinsurance | 100 visits per calendar year |

Inpatient requires preauthorization. All scheduled inpatient admissions (except maternity admissions – see maternity section) require pre-admission prior authorization. You or your physician should call 1-800-392-1016. In an emergency, seek care immediately. You or someone you designate should call within 48 hours after admission.

Inpatient requires preauthorization. You must call Anthem Behavioral Health at 1-800-755-0851 for preauthorization of all scheduled inpatient admissions.

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### Summary of Benefits and Coverage: What this Plan Covers & What it Costs

<table>
<thead>
<tr>
<th>Coverage for: Individual and Family</th>
<th>Plan Type: HSA</th>
</tr>
</thead>
</table>

#### Rehabilitation services
- 20% coinsurance
- 40% coinsurance
- Occupational, Physical and Speech therapy combined limit to 60 visits per calendar year.
- All rehabilitation and habilitation visits count toward your rehabilitation visit limit.

#### Habilitation services
- 20% coinsurance
- 40% coinsurance

#### Skilled nursing care
- 20% coinsurance
- 40% coinsurance
- Inpatient requires preauthorization.
- 100 day limit per calendar year.

#### Durable medical equipment
- 20% coinsurance
- 40% coinsurance
- None

#### Hospice service
- 20% coinsurance
- 40% coinsurance
- None

<table>
<thead>
<tr>
<th>If your child needs dental or eye care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye exam</td>
<td>No Charge</td>
</tr>
<tr>
<td>Glasses</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Dental check-up</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>
Excluded Services & Other Covered Services:

### Services Your Plan Does NOT Cover
(This isn’t a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Cosmetic surgery
- Dental care (Adult)
- Hearing Aids
- Infertility treatment
- Long-term care
- Non-emergency care when traveling outside the U.S.
- Private-duty nursing
- Routine foot care
- Weight loss programs
- Massage Therapy

### Other Covered Services
(This isn’t a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Coverage provided outside the United States. (Emergency services only) See [www.BCBS.com/bluecardworldwide](http://www.BCBS.com/bluecardworldwide)
- Routine eye care (Adult) one exam per calendar year.

### Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-888-224-4896. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa), or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

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Your Grievance and Appeals Rights:
If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to appeal or file a grievance. For questions about your rights, this notice, or assistance, you can contact:

Anthem BCBS ME
Attn: Appeals
PO Box 218
North Haven, CT 06473-0218

Maine Bureau of Insurance
34 State House Station
Augusta, ME 04333

Department of Labor’s Employee Benefits Security Administration
1-866-444-EBSA (3272)
www.dol.gov/ebsa/healthreform

Additionally, a consumer assistance program can help you file your appeal. Contact:

Consumers for Affordable Health Care
12 Church Street, PO Box 2490
Augusta, ME 04338-2490
(800) 965-7476
www.mainecahc.org

Does this Coverage Provide Minimum Essential Coverage?
The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” This plan or policy does provide minimum essential coverage.

Does this Coverage Meet the Minimum Value Standard?
The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.
Language Access Services:
Si no es miembro todavía y necesita ayuda en idioma español, le suplicamos que se ponga en contacto con su agente de ventas o con el administrador de su grupo. Si ya está inscrito, le rogamos que llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación.

如果您是非会员并需要中文协助，请联络您的销售代表或小组管理员。如果您已参保，则请使用您ID卡上的号码联络客户服务人员。

Kung hindi ka pa miembro at kailangan ng tulong sa wikang Tagalog, mangyaring makipag-ugnayan sa iyong sales representative o administrator ng iyong pangkat. Kung naka-enroll ka na, mangyaring makipag-ugnayan sa serbisyo para sa customer gamit ang numero sa iyong ID card.

Doo bee a’thah ni’lhiigoo eí dooda’í, shikáa adoolwol ínizinigo t’áá diné k’Éjí’go, t’áá shoodí ba na’alníhí ya sidáhí bich’í naahídíílíkid. Eí doo biigha daago ni ba’nija’go ho’aalagii bich’í hodíílní. Hai’daa ini’taago ciya, t’áá shoodí diné ya atáh halne’ígíi ni béesí bee hane’i wólt’a bí’kíi si’nílííí bì’kéhgo bich’í hodíílní.

To see examples of how this plan might cover costs for a sample medical situation, see the next page.
### About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

<table>
<thead>
<tr>
<th>Having a baby (normal delivery)</th>
<th>Managing type 2 diabetes (routine maintenance of a well-controlled condition)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount owed to providers: $7,540</td>
<td>Amount owed to providers: $5,400</td>
</tr>
<tr>
<td>Plan pays $3,930</td>
<td>Plan pays $2,250</td>
</tr>
<tr>
<td>Patient pays $3,610</td>
<td>Patient pays $3,150</td>
</tr>
</tbody>
</table>

#### Sample care costs:

<table>
<thead>
<tr>
<th>Service</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital charges (mother)</td>
<td>$2,700</td>
</tr>
<tr>
<td>Routine obstetric care</td>
<td>$2,100</td>
</tr>
<tr>
<td>Hospital charges (baby)</td>
<td>$900</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>$900</td>
</tr>
<tr>
<td>Laboratory tests</td>
<td>$500</td>
</tr>
<tr>
<td>Prescriptions</td>
<td>$200</td>
</tr>
<tr>
<td>Radiology</td>
<td>$200</td>
</tr>
<tr>
<td>Vaccines, other preventive</td>
<td>$40</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$7,540</td>
</tr>
</tbody>
</table>

#### Patient pays:

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$2,500</td>
</tr>
<tr>
<td>Copays</td>
<td>$0</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>$960</td>
</tr>
<tr>
<td>Limits or exclusions</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$3,610</td>
</tr>
</tbody>
</table>

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This is not a cost estimator.

Don’t use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.
Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don’t include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren’t specific to a particular geographic area or health plan.
- The patient’s condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn’t covered or payment is limited.

Does the Coverage Example predict my own care needs?

**No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor’s advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

**No.** Coverage Examples are not cost estimators. You can’t use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

**Yes.** When you look at the Summary of Benefits and Coverage for other plans, you’ll find the same Coverage Examples. When you compare plans, check the “Patient Pays” box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

**Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you’ll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.