



SmartValue Plan Comparison Sheet

To help you decide which plan may best suit your needs, the following are highlights of some of the benefits included in the SmartValue plans:

Plan Benefits	SmartValue Classic	SmartValue Plus	SmartValue Enhanced	SmartValue Enhanced Plus
Monthly Plan Premium*	\$35	\$46	\$60	\$91
Medicare Part D Prescription Drug Coverage	No	Yes	No	Yes
Primary Care Physician Office Visit Copayment	\$10	\$10	\$10	\$10
Specialist Physician Office Visit Copayment	\$10	\$25	\$10	\$10
Outpatient Surgery Copayment	\$100 per visit	\$100 per visit	\$25 per visit	\$25 per visit
Inpatient Hospitalization Copayment(s):				
- Days 1-5	\$150 per day	\$200 per day	\$50 per admit	\$50 per admit
- Days 6 and beyond	\$0	\$0	\$0	\$0
Skilled Nursing Facility Copayment(s):				
- Days 1-20	\$0 per day	\$0 per day	\$0 per day	\$0 per day
- Days 21-100	\$25 per day	\$100 per day	\$0 per day	\$0 per day
Emergency Room Visit Copayment	\$50	\$50	\$25	\$25
Urgent Care Visit Copayment	\$10	\$25	\$10	\$10
Ambulance Services Copayment Per One-way Trip	\$100	\$150	\$25	\$25

Please refer to the Summary of Benefits for a more comprehensive comparison and to see what Original Medicare covers. See the Summary of Benefits for a complete list of counties included in this service area.

* You must also continue to pay the monthly Medicare Part B premium. Services are based on medical necessity, unless otherwise indicated. Drug coverage benefits are subject to limitations. Members will incur additional costs for certain services and supplies if SmartValue is not notified in advance. This is a brief description of some of the benefits included in our plans. It does not include complete details or list all limitations and exclusions. For complete plan benefits, please contact Anthem and request a copy of the SmartValue Evidence of Coverage. Benefits, formulary, pharmacy, copayments and coinsurance may change on January 1, 2008. Please contact Anthem Blue Cross Blue Shield for details.

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