BENEFITS-AT-A-GLANCE 2024

PPO MEDICAL PLAN

	In-Network (PPO)	Out-of-Network (Non-PPO)
Prior Authorization	**Some services require prior authorization. Refer to the Plan Document and your ID card.**	
PPO Network	Anthem Blue Cross	Not Applicable (where used below, "RC" refers to the "Recognized Charges" allowances as defined in the Plan Document.
Calendar Year Deductible	$0	$250 per individual / $500 per family (2 family members must meet $250)
Medical Calendar Year Out-of-Pocket Maximum	$1,500 per individual / $3,000 per family (2 family members must meet $1,500)	$2,500 per individual / $5,000 per family (2 family members must meet $2,500)
Lifetime Maximum	Unlimited	
Primary Care Physician Visit	$20 copay	70% coverage RC (after deductible)
Specialist Physician Visits	$30 copay	70% coverage RC (after deductible)
Allergy Injections and Testing	$20 copay	70% coverage RC (after deductible)
Ambulance	$0 copay	$0 copay (deductible waived)
Bariatric Surgery (Pre-Authorized) (including any complications resulting from such surgery)	Maximum Plan Payment: $15,000 Lifetime (The $15,000 Bariatric Surgery Lifetime maximum does not apply to charges for complications resulting from surgical procedures to treat morbid obesity performed before October 1, 2010.)	
Chiropractic Care (maximum of 30 visits per calendar year)	$20 maximum benefit per visit	$20 maximum benefit per visit
Diabetic Education (4 visits lifetime)	$25 copay	70% coverage RC (after deductible)
Diagnostic, X-ray and Laboratory	90%	70% coverage RC (after deductible)
Disposable Medical Supplies	$0 copay	70% coverage RC (after deductible)
Durable Medical Equipment (amounts over $500 require pre-authorization)	$0 copay	70% coverage RC (after deductible)
ER Facility – (facility fee)	$100 copay (waived if admitted)	100% coverage RC after a $100 copay (copay waived if admitted)
ER Facility – (physician fee)	$0 copay	100% coverage RC (deductible waived)
Hearing Aids (including exams and fittings) (Up to $3,000 per 3-year period)	90%	70% coverage RC (after deductible)
Home Health Care (maximum of 40 visits per calendar year)	90%	70% coverage RC (after deductible)
Hospice Care	$0 copay	70% coverage RC (after deductible) (maximum $7,500 / Lifetime)
Hospital Services – Inpatient	$150 copay / day (maximum copays of $750 / cal yr)	70% coverage RC (after deductible)
Hospital Services – Outpatient	90%	70% coverage RC (after deductible)
Maternity Care	$200 copay	70% coverage RC (after deductible)
Outpatient Mental Health and Chemical Dependency	$20 copay	70% coverage RC (after deductible)
Inpatient Mental Health and Chemical Dependency	$150 copay / day (maximum copays of $750 / calendar year)	70% coverage RC (after deductible)
Outpatient Surgery (facility fee)	$100 copay	70% coverage RC (after deductible) (maximum of $1,000 per surgery)
Physical, Speech and Occupational Therapy (maximum of 60 visits combined per calendar year)	$20 copay	70% coverage RC (after deductible)
Preventive Care (Refer to the SPD for a complete list of Preventive Care)	$0 copay	Not Covered
Immunizations	$0 copay (now available at participating pharmacies with no up-front costs)	Not Covered
Preventive Well Child Care Office Visit	$0 copay	70% coverage RC (after deductible) (maximum $200 / year for all well child care)
Skilled Nursing Facility (maximum of 120 days per calendar year)	90%	70% coverage RC (after deductible)
Urgent Care - Facility	$20 copay	70% coverage RC (after deductible)
Urgent Care - Physician	$0 copay	70% coverage RC (after deductible)
Prescription Drugs (Express Scripts) ● Generic ● Brand* ● Non-Formulary*	In-Network Pharmacy Calendar Year Out-of-Pocket Maximum: **$7,950 per individual / $15,900 per family** Retail: 30-day supply for 1 copay / Mail Order: 90-day supply for 2 copays $10 copay (waived for oral contraceptives) $20 copay $40 copay *If an FDA-approved Generic equivalent is available, and the Brand is still requested, you will be responsible for the difference in cost between the Brand and Generic in addition to the Brand copay.	

This is a summary of benefits only. Actual Plan provisions and benefits are governed by the formal Plan Document.