

Your Anthem Benefits



MSD OF PIKE TOWNSHIP (Plan 1) Blue AccessSM (PPO) Summary of Benefits, Effective 10/1/20

Please Note: As we receive additional guidance and clarification from the U.S. Department of Health and Human Services, we may be required to make additional changes to your benefits.

COVERED BENEFITS	NETWORK/NON-NETWORK (MEMBER'S RESPONSIBILITY)	
Deductible (Single/Family) <i>(Applies only to percent (%) copayments)</i>	\$150/\$300 Network/\$300/\$600 Non-network	
Out-of-Pocket Maximum (Single/Family)	\$500/\$1,000 Network/\$1,000/\$2,000 Non-network	
Office Services • Including Allergy – testing and treatment – serum and injections	\$15 Network/30% Non-network Per Visit NCS Network/Deductible & Coinsurance Non-network	
Preventive Care	\$15 Network/30% Non-network Per Visit. Included with no age or dollar limits; Non-network benefits apply. Preventive care includes: medical history, mammograms ¹ , pelvic exams and Pap tests, immunizations ¹ , routine and annual diabetic eye exams and hearing exams.	
Maternity Services	10% Network/30% Non-network	
Inpatient Services	10% Network/30% Non-network Per Admission	
Outpatient Facility Services	10% Network/30% Non-network	
Professional/Home Care (Inpatient/Outpatient)	10% Network/30% Non-network	
Emergency and Urgent Care:		
Emergency Care in ER Room <i>(covers all services, waived if admitted)</i>	\$50 Network or Non-network	
Urgent Care Facility	\$35 Network or Non-network	
Hospice/Ambulance	Covered in full Network or Non-network	
Medical Supplies, Equipment and Appliances	20% Network/40% Non-network	
Outpatient Therapy Visit Limits <i>(Limits apply to Network/Non-network combined visits.)</i>		
Physical/Occupational	90 Network and Non-network combined visits; same copay as office services	
Spinal Manipulation	24 Network and Non-network combined visits; same copay as office services	
Speech	40 Network and Non-network combined visits; same copay as office services	
Mental Health and Substance Abuse		
• Inpatient Facility Services	10% network/30% non-network	
• Inpatient Professional Services	10% network/30% non-network	
• Physician Home and Office Visits (PCP/SCP)	NCS network/30% non-network	
• Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional	NCS network/30% non-network	
Lifetime Maximum	UNLIMITED	
Human Organ and Tissue Transplants	Covered in full Network/50% Non-network (Does not count toward out-of-pocket maximum)	
Prescription Drug Options: Anthem National Drug List	Network	Non-network
Network Retail Pharmacies: (30-day supply)	\$5 generic/\$12 brand	50% Non-network
Anthem Rx Direct Mail Service: (90-day supply)	\$10 generic/\$24 brand	Not covered Non-network

Your Anthem Benefits



MSD OF PIKE TOWNSHIP (Plan 2)

Blue AccessSM (PPO)

Summary of Benefits, Effective 10/1/20

Please Note: As we receive additional guidance and clarification from the U.S. Department of Health and Human Services, we may be required to make additional changes to your benefits.

COVERED BENEFITS	NETWORK/NON-NETWORK (MEMBER'S RESPONSIBILITY)
Deductible (Single/Family) <i>(Applies only to percent (%) copayments)</i>	\$400/\$800 Network/\$800/\$1,600 Non-network
Out-of-Pocket Maximum (Single/Family)	\$2,000/\$4,000 Network/\$4,000/\$8,000 Non-network
Office Services • Including Allergy – testing and treatment – serum and injections	\$20 Network/40% Non-network Per Visit NCS Network/Deductible & Coinsurance Non-network
Preventive Care	\$20 Network/40% Non-network Per Visit. Included with no age or dollar limits; Non-network benefits apply. Preventive care includes: medical history, mammograms ¹ , pelvic exams and Pap tests, immunizations ¹ , routine and annual diabetic eye exams and hearing exams.
Maternity Services	20% Network/40% Non-network
Inpatient Services	20% Network/40% Non-network Per Admission
Outpatient Facility Services	20% Network/40% Non-network
Professional/Home Care (Inpatient/Outpatient)	20% Network/40% Non-network
Emergency and Urgent Care: Emergency Care in ER Room <i>(covers all services, waived if admitted)</i> Urgent Care Facility	 \$50 Network or Non-network \$35 Network or Non-network
Hospice/Ambulance	Covered in full Network or Non-network
Medical Supplies, Equipment and Appliances	20% Network/40% Non-network
Outpatient Therapy Visit Limits <i>(Limits apply to Network/Non-network combined visits.)</i> Physical/Occupational Spinal Manipulation Speech	 90 Network and Non-network combined visits; same copay as office services 24 Network and Non-network combined visits; same copay as office services 40 Network and Non-network combined visits; same copay as office services
Mental Health and Substance Abuse • Inpatient Facility Services • Inpatient Professional Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional	20% network/40% non-network 20% network/40% non-network NCS network/40% non-network NCS network/40% non-network
Lifetime Maximum	UNLIMITED
Human Organ and Tissue Transplants	Covered in full Network/50% Non-network (Does not count toward out-of-pocket maximum)
Prescription Drug Options: Anthem National Drug List	Network Non-network
Network Retail Pharmacies: (30-day supply)	\$10 formulary generic/\$20 formulary brand \$30 non-formulary generic/brand 50% Non-network
Anthem Rx Direct Mail Service: (90-day supply)	\$20 formulary generic/\$40 formulary brand \$60 non-formulary generic/brand Not covered Non-network