

**Anthem Medicare Preferred (PPO)**

**County of Orange**

**Standard Plan – Effective January 1, 2020**

**For additional information, contact First Impressions:**

**Prior to 01/01/2020 at 1-877-411-1647. After 01/01/2020 at 1-833-848-8729**

**TTY users: 711, Monday- Friday 8a.m. – 9p.m. ET**

Pharmacy - Retail <ul style="list-style-type: none"> <li>- Generic Drugs on the Prescription Drug List</li> <li>- Preferred Brand - Medically Necessary Name Brand Drugs designated as preferred on the Prescription Drug List, with no Generic Equivalent</li> <li>- Non-Preferred Brand - Medically Necessary Name Brand Drugs on the Prescription Drug List with a Generic Equivalent and drugs designated non-preferred on the Prescription Drug List</li> </ul>	\$200 deductible <table border="1" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;">Preferred Pharmacy</td> <td style="width: 50%;">Non Preferred Pharmacy</td> </tr> <tr> <td>\$10 copay Generics</td> <td>\$15 copay Generics</td> </tr> <tr> <td>\$40 copay Preferred Brand</td> <td>\$45 copay Preferred Brand</td> </tr> <tr> <td>\$40 copay Non-preferred Brand</td> <td>\$45 copay Non-preferred Brand</td> </tr> </table>	Preferred Pharmacy	Non Preferred Pharmacy	\$10 copay Generics	\$15 copay Generics	\$40 copay Preferred Brand	\$45 copay Preferred Brand	\$40 copay Non-preferred Brand	\$45 copay Non-preferred Brand
Preferred Pharmacy	Non Preferred Pharmacy								
\$10 copay Generics	\$15 copay Generics								
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\$40 copay Non-preferred Brand	\$45 copay Non-preferred Brand								
Annual Deductible	\$300								
Annual Out-Pocket Maximum for Certain Services	\$3400 combined In and Out of Network for each Medicare eligible retiree								
Inpatient Hospital Services	In network - \$200 copayment, days 1-5 Out of network - 30% coinsurance per admission								
Outpatient Facility Services	In network - \$100 co-payment Out of network - 30% coinsurance								
Hospital Emergency Room or Outpatient	\$65 copayment per visit, waived if admitted								
Urgent Care Facility	\$40 copayment per visit								
Rehabilitative Therapy	In network - \$40 copayment per visit Out of network - 30% coinsurance								
Primary Care and Specialist Physician Office Visits	In network - \$25 copayment for Primary Care physician per visit & \$40 copayment for Specialist per visit Out of Network - 30% coinsurance per visit								
Preventative Services: Annual Physical Exam  Well Woman Exam	In network - \$0 copayment per visit Out of network - 30% coinsurance per visit  In network - \$0 copayment per visit Out of network - 30% coinsurance								
Vision Care: Eye Exam	In network - \$25 copayment for physician & \$40 copayment for Specialist per visit Out of network - 30% coinsurance								
Vision Care: One Pair of Approved Glasses	In network - 20% coinsurance, following cataract surgery Out of network - 30% coinsurance, following cataract surgery								

Durable Medical Equipment	In network - 10% coinsurance Out of network - 10% coinsurance
External Prosthetic Appliances	In network - 10% coinsurance Out of network - 10% coinsurance
Home Health Services	In network - \$0 copayment Out of network - 30% coinsurance
Hospice Services	In network - \$40 copayment for consultation Out of network - 30% coinsurance for consultation Original Medicare pays for Hospice Services
Skilled Nursing and Rehabilitation Facilities	In network - \$0 per days 1-20, \$50 per days 21-100 Out of network - 30% coinsurance per admit
Laboratory and Radiology Services	Lab – In network \$0 copayment Out of network - \$0 copayment X-ray – In network - \$40 copayment for simple and \$125 for complex Out of network - 30% coinsurance
Mental Health Inpatient Services	In-network \$200 copayment, days 1-5 Out of network-30% coinsurance per admit
Mental Health Outpatient Services	In network - \$25 copayment per visit Out of network - 30% coinsurance
Substance Abuse Detoxification Inpatient Services	In-network \$200 copayment, days 1-5 Out of network-30% coinsurance per admit
Substance Abuse Detoxification Outpatient Services	In network - \$25 copayment per visit Out of network - 30% coinsurance

Additional Services & Programs offered:

Health & Wellness Programs

24-hour Nurseline and Audio Library

SilverSneakers -Opportunities to join in fitness promotions and health education seminars.

Special Offers – such as offers from Jenny Craig, Medical ID bracelets, Allergy Relief products, Discounted LASIK laser vision correction

Smoking Cessation

Foreign Travel Benefit

**For claims and other questions once you become a member, please call:** Prior to 01/01/20 call LPPO at 1-877-411-1640, HMO at 1-800-225-2273. After 01/01/2020 call LPPO and HMO at 1-833-848-8730. TTY users: 711, Monday- Friday 8a.m. – 9p.m. ET.

County of Orange website: <http://anthem.com/ca/countyoforange>

Note: The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information contact the plan.

- With the exception of emergencies or urgent care, it may cost more to get care from out-of-network providers.
- Eligible beneficiaries must use network pharmacies to access their prescription drug benefit, except under non-routine circumstances, and quantity limitations and restrictions may apply.

