

Your Anthem Benefits



MSD OF PIKE TOWNSHIP (Bargained Group)

Blue AccessSM (PPO)

Summary of Benefits, Effective 10/1/2020

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>	\$100/\$200 combined network/non-network	
Out-of-Pocket Maximum (Single/Family)	\$350/\$700 network/\$600/\$1,200 non-network (commingled network/non-network)	
Office Services • Including Allergy – testing and treatment – serum and injections	\$10 Network/20% Non-network Per Visit NCS Network/Deductible & Coinsurance Non-network	
Preventive Care	No copay/coinsurance network/ 20% Non-network. Included with no age or dollar limits; Non-network benefits apply. Preventive care includes: medical history, mammograms ¹ , pelvic exams immunizations ¹ , routine and annual diabetic eye exams and hearing exams.	
Maternity Services	10% Network/20% Non-network	
Inpatient Services	10% Network/20% Non-network Per Admission	
Outpatient Facility Services	10% Network/20% Non-network	
Professional/Home Care (Inpatient/Outpatient)	10% Network/20% Non-network	
Emergency and Urgent Care:		
Emergency Care in ER Room <i>(covers all services, waived if admitted)</i>	20% 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	10% Network/20% Non-network	
Outpatient Therapy Visit Limits <i>(Limits apply to Network/Non-network combined visits.)</i>		
Physical/Occupational	Unlimited visits Network and Non-network; 10% Network/20% Non-network	
Spinal Manipulation	Unlimited visits Network and Non-network; 10% Network/20% Non-network	
Speech	Unlimited visits Network and Non-network; 10% Network/20% Non-network	
Mental Health and Substance Abuse		
• Inpatient Facility Services	10% network/20% non-network	
• Inpatient Professional Services	10% network/20% non-network	
• Physician Home and Office Visits (PCP/SCP)	NCS network/20% non-network	
• Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional	NCS network/20% 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)	Generic: no cost share/no copay Brand: 20% coinsurance	Generic: no cost share/no copay Brand: 20% coinsurance
Anthem Rx Direct Mail Service: (90-day supply)	Generic: no cost share/no copay Brand: \$5 copay	Not covered