



## 2019 Medical Plan Highlights Medicare Eligible Hourly Retirees

<i>Preferred Provider Plan (PPO)</i>		
<i>Secondary to Medicare</i>		
Deductibles	\$400 per person \$800 family maximum	
Co-Insurance	80% / 20%	
Annual Out-Of-Pocket Maximum (excludes Deductible and Co-payments)	\$1,700 per person \$3,400 per family	
Lifetime Maximum	\$1,000,000	
<b>P R E V E N T</b>	Routine Adult Physical Exams (including PSA)	Deductible/Co-Insurance Subject to a \$400 annual maximum
	Routine GYN exam and PAP test (annual)	Deductible/Co-Insurance
	Routine Mammograms	Covered 100%
	Well Child Care	Deductible/Co-Insurance Age 6 & under
	Immunizations	Deductible/Co-Insurance Age 6 & under
<b>H O S P I T A</b>	Semi-Private Room and Board	Deductible/Co-Insurance
	Physician/Surgical Services	Deductible/Co-Insurance
	Lab Tests	Deductible/Co-Insurance
	Anesthesiology/Pathology/Radiology Services	Deductible/Co-Insurance
	Inpatient Physical Rehabilitation	Deductible/Co-Insurance
<b>O U T P A T I E N T</b>	Primary Care Physician and Specialist Office Visits	Deductible/Co-Insurance
	Surgical Care	Deductible/Co-Insurance
	Tests/Treatments in Diagnostic Facility	Deductible/Co-Insurance
	Tests/Treatments in Physician's Office	Deductible/Co-Insurance
	Laboratory Tests/X-Rays	Deductible/Co-Insurance
	Physical, Occupational and Restorative Speech Therapy	Deductible/Co-Insurance Up to 25 days per calendar year
	Radiation/Chemotherapy	Deductible/Co-Insurance
	Durable Medical Equipment	Deductible/Co-Insurance



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<b>Comprehensive Plan Secondary to Medicare</b>		
<b>M A T E R</b>	Infertility Counseling, Testing and Treatment	Deductible / Co-Insurance - Up to \$5,000 Lifetime Maximum
	Prenatal/Postnatal Care	Deductible/Co-Insurance
	Hospital Care for Mother and Child	Deductible/Co-Insurance
<b>O T H E R C A R E</b>	Emergency Room Fee	*\$50 Co-payment - No deductible (waived if admitted)
	Urgent Care Facility	Deductible/Co-Insurance
	Ambulance Services Traditional, Air or Boat (Medically necessary)	Deductible/Co-Insurance
	Skilled Nursing Facility Care	Deductible/Co-Insurance Up to 100 days per calendar year
	Home Health Care	Deductible/Co-Insurance Up to 100 days per calendar year
	Chiropractic	Deductible/Co-Insurance Up to \$1,000 per calendar year
	Hearing Aids	Covered 100% (includes initial testing & fitting) Up to \$3,000 per 3 year period
	Allergy Testing/Therapy	Deductible/Co-Insurance
Hospice	Covered 100% - No deductible - \$12,000 Lifetime maximum	
<b>R X</b>	Anthem Prescription Drug Program Retail (Up to a 30 day supply)	20% Co-Insurance - After \$250 per person combined retail & mail order annual deductible Retail - Minimum \$7; Maximum \$70 No coverage for Non-formulary
	Anthem Prescription Drug Program Mail Order (Up to a 90 day supply)	20% Co-Insurance -After \$250 per person combined retail & mail order annual deductible Mail Order - Minimum \$14; Maximum \$140 No coverage for Non-formulary

**Note:**

- a) *This benefit highlight is a summary only. It does not fully describe your benefit coverage. For details on your benefit coverage, please contact Anthem at 1-833-861-1322.*
- b) *All Co-payments are on a per visit basis unless otherwise specifically stated*
- c) *To be considered for coverage, all claims must be for medically necessary services or supplies.*

**\* If not a medical emergency -- Deductible / Co-Insurance may apply**