



Retiree Medical Access Plan (Pre-65) Covered Services

Covered Benefits	Anthem Network	Non-Network
Deductible (Individual/Family)	\$750/\$1,500	\$1,500/\$3,000
Out-of-Pocket Limit (Individual/Family)	\$2,500/\$5,000	\$5,000/\$10,000
Rx Maximum Out-of-Pocket	\$2,500 per person	N/A
Physician Office Visit	\$25 PCP/\$50 SCP	Deductible & 20%
Emergency Room Services (copayment waived if admitted)	\$150	\$150
Urgent Care Center Services	\$50	\$50
Diagnostic Imaging	Deductible & 0%	Deductible & 20%
Inpatient/Outpatient Services	Deductible & 0%	Deductible & 20%
Hospice Care	Deductible & 0%	Deductible & 0%
Ambulance Services	Deductible & 0%	Deductible & 0%
Outpatient Therapy Services (limited visits apply)	\$25 PCP/\$50 SCP	Deductible & 20%
Mental Health/Substance Abuse Physician Home & Office Visits Inpatient/Outpatient Services	\$25 PCP/\$50 SCP Deductible & 0%	Deductible & 20%
Human Organ & Tissue Transplants	\$0	Deductible & 50%
Prescription Drugs		
Network Retail Pharmacies <ul style="list-style-type: none"> 30-day supply Includes diabetic test strip Specialty medications must be obtained via WellPoint NextRx Specialty Pharmacy to receive network level benefits 	\$15 generic \$50 formulary brand 50% non-formulary brand (\$75 min - \$150 max)	50%, minimum \$60 Exclusions apply
Mail Order <ul style="list-style-type: none"> 90-day supply Includes diabetic test strip 	\$30 generic \$125 formulary brand 50% non-formulary brand (\$185 min - \$370 max)	Not covered
Lifetime Maximum Benefit	\$2 million	

Coverage Costs

Coverage Tier	Monthly Rate
Retiree only	\$497.95
Retiree & spouse	\$1,045.69
Retiree & child(ren)	\$946.10
Retiree & family	\$1,543.63
Spouse only	\$547.74
Child(ren) only	\$448.41
Spouse & child(ren)	\$1,045.68