Pre-65 Medical Plan Details

Anthem

$884.95/month

Medical PPO Pre-65

Network Details

Insurer	Anthem PPO

All plan details and costs displayed below are for in-network providers.

Plan Basics

Deductible	$1,000 You Only $2,000 You + One Adult, You + Child(ren) $3,000 You + Family
Deductible Type	Embedded
Out-of-Pocket Maximum Type	Embedded
Coinsurance	Plan pays 80%
Out-of-Pocket Maximum	$5,000 You Only $10,000 (all other coverage levels)
Prescription Drugs	Deductible $615 (You Only) $1,230 (all other coverage levels) Out-of-Pocket Maximum $1,800 (You Only) $3,600 (all other coverage levels)

— Additional Details

Preventive Care

Routine Physical Exam	Plan pays 100%

Routine Gynecological Exam	Plan pays 100%
Routine Mammography	Plan pays 100%
Routine Colonoscopy Screening	Plan pays 100%
Well Baby/Child Care Visit	Plan pays 100%

Local Pharmacy, 30-Day Supply

Generic	$5 copay after deductible
Preferred Brand Formulary	Plan pays 80% after deductible Your minimum cost is $15 Certain specialty medications are covered 100% through the SaveonSP program
Non-Preferred Brand	Plan pays 70% after deductible Your minimum cost is $30 Certain specialty medications are covered 100% through the SaveonSP program

Mail Order Pharmacy, 90-Day Supply

Generic	$15 copay (no deductible)
Preferred Brand	Plan pays 85% (no deductible) Your minimum cost is $35 Certain specialty medications are covered 100% through the SaveonSP program
Non-Preferred Brand	Plan pays 75% (no deductible) Your minimum cost is $75 Certain specialty medications are covered 100% through the SaveonSP program

Outpatient Medical Services

Primary Care Office Visit	90% Plan coverage after 10% coinsurance; $25 max per visit
Specialist Office Visit	90% Plan coverage after 10% coinsurance; $40 max per visit
X-ray, Radiology and Laboratory	Plan pays 80% after deductible

Mental Health / Substance Use Outpatient Services	90% Plan coverage after 10% coinsurance; $25 max per visit
Outpatient Surgery	Plan pays 80% after deductible
Physical, Speech and Occupational Therapy	$40 copay per office visit Plan pays 80% for therapy in an outpatient facility (90 visit limit per calendar year)

Inpatient Hospital Services

Inpatient Admission (excludes maternity) - room & board and other charges related to a hospital stay	Plan pays 80% after deductible
Mental Health / Substance Use Services	Plan pays 80% after deductible

Family Planning/Maternity Care

Prenatal/Maternity - Hospital Birth & Delivery	Plan pays 80% after deductible
Infertility Treatment	Plan pays 80% after deductible (Lifetime limit of $60,000)
Family Planning Services	Plan pays 80% after deductible

Emergency Medical Services

Emergency Room	$250 copay per visit
Urgent Care Visit	$40 copay per visit, deductible does not apply
Emergency - Ambulance	Plan pays 80% after deductible

Miscellaneous Services

Chiropractic Care	$40 copay per office visit (20 visit limit per calendar year)
Durable Medical Equipment	Plan pays 80% after deductible Pre-notification required for any item with a purchase price or cumulative rental price over $1,000
Home Health Care	Plan pays 80% Pre-notification required

	(60 visit limit per calendar year)
Skilled Nursing Facility	Plan pays 80% after deductible Pre-notification required (1,000 hours or 120 day limit per calendar year)
Organ Transplant	Inpatient and Outpatient services are covered when received from Participating Providers/Facilities at the cost share that would be paid if the service was not related to a transplant. Some limitations may apply. See plan document for more details.
Bariatric Surgery	Covered benefit; limitations may apply. See plan document for details.