

**Anthem Preferred Standard (PPO)**

**County of Orange**

**PPO Plan – Effective January 1, 2022**

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

**Pre Member: 1-833-848-8729 / Member: 1-833-848-8730**

**TTY users: 711, Monday- Friday 8:00 a.m. – 9:00 p.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	
	Preferred Pharmacy	Standard Network Pharmacy
	\$0 copay Select Generics	\$0 copay Select Generics
	\$10 copay Generics	\$15 copay Generics
	\$40 copay Preferred Brand	\$45 copay Preferred Brand
	\$40 copay Non -Preferred Brand	\$45 copay Non -Preferred Brand
\$40 copay Specialty	\$45 copay Specialty	
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	In network - \$0 copayment per visit Out of network – 30% coinsurance per visit	
Well Woman Exam	In network - \$0 copayment per visit Out of network – 30% coinsurance	
Routine Vision Care: Eye Exam	\$0 copayment for In network and Out of network routine vision exams	
Eyewear	\$100 maximum benefit allowance every 24 months. Covered eyewear includes prescription glasses, lenses, frames and contact lenses.	

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 programs and health education seminars

LiveHealth Online – Telehealth visits with an in-network board certified doctor 24 hours a day, 7 days a week

Healthy Meals (Healthy Food Delivery)

Medicare Community Resource Support

Smoking Cessation

Foreign Travel Benefit

**For claims and other questions once you become a member, please call:**

1-833-848-8730. TTY users: 711, Monday- Friday 8:00 a.m. – 9:00 p.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.