



TRB
Effective July 1, 2018

| 2018 Custom LPP0 Plan 5 | | |
|--|---|---|
| Medical Benefits | Member Pays | |
| | In-Network | Out-of-Network |
| Annual Deductible | \$0 | \$0 |
| Annual Maximum Out-of-Pocket* | \$2,000 combined in-network and out-of-network | \$2,000 combined in-network and out-of-network |
| Inpatient Benefits | In-Network | Out-of-Network |
| Inpatient Hospital Care (Including Substance Abuse) | \$200 copay per admission | 10% coinsurance per admission |
| Inpatient Mental Health Care | \$200 copay per admission | 10% coinsurance per admission |
| Skilled Nursing Facility Care 100 days each benefit period | \$0 copay for days 1-100 | 10% coinsurance for days 1-100 |
| Home Health Care Agency | \$5 copay | 10% coinsurance |
| Outpatient Benefits | In-Network | Out-of-Network |
| Primary Care Physician (PCP) Visits | \$5 copay | 10% coinsurance |
| Specialist Visits | \$5 copay | 10% coinsurance |
| Chiropractic Services (Medicare-Covered) | \$5 copay | 10% coinsurance |
| Podiatry (Medicare-Covered) | \$5 copay | 10% coinsurance |
| Mental Health – Outpatient Professional | \$5 copay | 10% coinsurance |
| Substance Abuse – Outpatient Professional | \$5 copay | 10% coinsurance |
| Outpatient Hospital or Ambulatory Surgical Center for Surgery (Nonemergency) | \$5 copay per visit | 10% coinsurance per visit |
| Ambulance Services | \$100 copay per one-way trip | \$100 copay per one-way trip |
| Emergency Outpatient Care | \$100 copay, waived if admitted within 72 hours | \$100 copay, waived if admitted within 72 hours |
| Urgently Needed Services | \$5 copay, waived if admitted within 72 hours | \$5 copay, waived if admitted within 72 hours |
| Physical, Occupational and Speech Therapy | \$5 copay | 10% coinsurance |
| Durable Medical Equipment (DME) | \$5 copay | 10% coinsurance |
| Prosthetics | \$5 copay | 10% coinsurance |

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|--|--|--|
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| Diabetic Supplies (lancets, lancet devices & blood glucose test strips) | \$5 copay for a 30-day supply on each purchase | 10% coinsurance for a 30-day supply on each purchase |
| Blood Glucose Monitors | \$5 copay | 10% coinsurance |
| Diabetic Therapeutic Shoes | \$5 copay | 10% coinsurance |
| X-Rays | \$5 copay | 10% coinsurance |
| Complex Diagnostic Tests and Radiology Services | \$5 copay for complex diagnostic and/or radiology visit | 10% coinsurance for complex diagnostic and/or radiology visit |
| Radiation Therapy | \$5 copay | 10% coinsurance |
| Laboratory Tests | \$0 copay | \$0 copay |
| Chemotherapy Part B Drugs (Medicare-Covered) | \$5 copay | 10% coinsurance |
| Part B Drugs (Medicare-Covered) | \$5 copay | 10% coinsurance |
| Preventive Care and Screening Tests | In-Network | Out-of-Network |
| Preventive Care and Screening Tests** (Medicare-Covered) | \$0 copay | 10% coinsurance |
| Additional Benefits | In-Network | Out-of-Network |
| Video Doctor Visits (LiveHealth Online) | \$0 copay with the following maximum benefits: \$49 for each visit with a board-certified doctor \$80 for each visit with a therapist \$95 for each visit with a psychologist | \$0 copay with the following maximum benefits: \$49 for each visit with a board-certified doctor \$80 for each visit with a therapist \$95 for each visit with a psychologist |
| Foreign Travel Outpatient Emergency Care (Outside the USA) | \$100 copay, waived if admitted within 72 hours | \$100 copay, waived if admitted within 72 hours |
| Foreign Travel Outpatient Urgently Needed Services (Outside the USA) | \$5 copay, waived if admitted within 72 hours | \$5 copay, waived if admitted within 72 hours |
| Foreign Travel Inpatient Hospital Care (Outside the USA) 60 days per lifetime | \$200 copay per emergency admission | \$200 copay per emergency admission |

| Medical Benefits | 2018 Custom LPPO Plan 5 | |
|--|-------------------------|----------------|
| | Member Pays | |
| Clinical and Wellness Programs | In-Network | Out-of-Network |
| Medicare Advantage Care Management | Included | |
| Care Coordination | Included | |
| Fitness | SilverSneakers included | |
| Nurse Line | 24/7 NurseLine included | |
| SpecialOffers Discount Programs - Vision and Hearing - Vitamins, Alternative Therapy and Personal Care - Diet, Nutrition and Fitness - Home care/adult day care - Assisted living, private nursing services, hospice services | Included | |

* 2018 Medical Member Out-Of-Pocket

All coinsurance, copayments and deductibles listed in this benefit summary are accrued toward the medical plan out-of-pocket maximum with the exception of the foreign travel emergency and urgently needed care cost-sharing amounts. Part D Prescription drug deductibles and copays do not apply to the medical plan out-of-pocket maximum.

** LPPO Preventive Services

All Medicare-covered preventive services are covered at the listed cost shares in-network and out-of-network, except for Immunizations. Immunizations are covered at \$0 cost share in-network and out-of-network. A complete list of the preventive services is available.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.

Benefits, premiums and/or copayments/coinsurance may change upon renewal or on January 1 of each year.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Anthem Blue Cross and Blue Shield is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

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