

2020 Summary of Benefits

A side by side comparison of your 2020 Plan options

The benefits summarized are extracted from the ITDR 2020 Benefit Guide, pages 28-44.



Retirees Looking Out for Retirees

MEDICAL PLANS | Summary Of Benefits

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
CALENDAR YEAR DEDUCTIBLE	\$300 Only applies to Part B services, and must be satisfied before any Medicare Part B benefits are paid. The Medicare Part B deductible is included in this \$300 calendar year deductible. Note: Plan pays entire Medicare Part A deductible; member pays \$0 of Medicare Part A deductible.	\$0	\$750 Deductible applies to Part A and Part B covered services as noted within each category following, prior to the copay or coinsurance, if any, being applied.	\$0
MAXIMUM ANNUAL OUT OF POCKET	\$1,500 Only applies to Part B services. All Part B coinsurance and deductible amounts accrue towards the medical plan maximum annual out-of-pocket amount, with the exception of the foreign travel emergency and urgently needed care deductible or coinsurance amounts.	\$0 Excludes foreign travel emergency and urgently needed care.	\$2,500 All copays, coinsurance, and deductible amounts accrue towards the medical plan maximum annual out-of-pocket amount, with the exception of the foreign travel emergency and urgently needed care deductible or coinsurance amounts.	\$2,500 All copays, coinsurance, and deductible amounts accrue towards the medical plan maximum annual out-of-pocket amount, with the exception of the foreign travel emergency and urgently needed care deductible or coinsurance amounts.

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	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
INPATIENT HOSPITAL COVERAGE	\$0 copay until 365 days, member pays 100% of all charges beyond 365 days.	\$0 copay until 365 days, member pays 100% of all charges beyond 365 days.	\$250 copay per day for days 1-5 per admission; then covered 100% by the plan. No limit to the number of days covered by the plan. \$0 copay for physician services received while an inpatient during a hospital stay.	\$95 copay per day for days 1-5 per admission; then covered 100% by the plan. No limit to the number of days covered by the plan. \$0 copay for physician services received while an inpatient during a hospital stay.
OUTPATIENT HOSPITAL COVERAGE	10% coinsurance.	Member pays \$0.	Surgical: \$100 copay for each outpatient hospital facility or ambulatory surgical center visit for surgery. Non-surgical: \$5 copay for a visit to a primary care physician in an outpatient hospital setting/clinic for non-surgical services. \$40 copay for a visit to a specialist in an outpatient hospital setting/clinic for non-surgical services including radiation therapy. For both surgical and non-surgical: \$100 copay for each outpatient observation room visit.	Surgical: \$100 copay for each outpatient hospital facility or ambulatory surgical center visit for surgery. Non-surgical: \$10 copay for a visit to a primary care physician in an outpatient hospital setting/clinic for non-surgical services. \$25 copay for a visit to a specialist in an outpatient hospital setting/clinic for non-surgical services including radiation therapy. For both surgical and non-surgical: \$100 copay for each outpatient observation room visit.

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	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
DOCTOR VISITS (PRIMARY & SPECIALISTS)	10% coinsurance.	Member pays \$0.	\$5 copay per visit to a Primary Care Physician (PCP) or retail health clinic. \$40 copay per visit to a specialist. 10% coinsurance for allergy testing and allergy injections.	\$10 copay per visit to a Primary Care Physician (PCP) or retail health clinic. \$25 copay per visit to a specialist. 10% coinsurance for allergy testing and allergy injections.
EMERGENCY CARE	10% coinsurance.	Member pays \$0.	\$75 copay for each emergency room visit.	\$75 copay for each emergency room visit.
SKILLED NURSING FACILITY	\$0 copay until 100 days, member pays 100% of all charges beyond 100 days. Prior hospital stay may be required.	\$0 copay until 100 days, member pays 100% of all charges beyond 100 days. Prior hospital stay may be required.	\$0 copay for days 1-20 and \$50 copay per day for days 21-100 per benefit period. No prior hospital stay required. Your provider must obtain approval from the plan before you get skilled nursing care. This is called getting prior authorization.	\$0 copay for days 1-20 and \$50 copay per day for days 21-100 per benefit period. No prior hospital stay required. Your provider must obtain approval from the plan before you get skilled nursing care. This is called getting prior authorization.

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	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
URGENT CARE	10% coinsurance.	Member pays \$0.	\$40 copay for each visit.	\$30 copay for each visit.
PREVENTIVE CARE	<p>\$0 for most exams and screenings, Medicare lists screenings that require deductible and coinsurance: https://www.medicare.gov/coverage/preventive-screening-services.</p> <p>Coverage for expenses incurred for physical exams, preventive screening tests and services and any other tests or preventive measures determined to be appropriate by the attending physician, not otherwise covered by Medicare: Maximum plan benefit of \$120 per calendar year; member pays all expenses over \$120 calendar year maximum.</p> <p>Diabetes Self-Management Training: \$0 copay; 10% coinsurance.</p>	<p>\$0 for most exams and screenings, Medicare lists screenings that require deductible and coinsurance: https://www.medicare.gov/coverage/preventive-screening-services.</p> <p>Coverage for expenses incurred for physical exams, preventive screening tests and services and any other tests or preventive measures determined to be appropriate by the attending physician, not otherwise covered by Medicare: Maximum plan benefit of \$120 per calendar year; member pays all expenses over \$120 calendar year maximum.</p> <p>Diabetes Self-Management Training: Member pays \$0.</p>	<p>\$0 copay.</p> <p>For all preventive services that are covered at no cost under Original Medicare, we also cover the service at no cost to you. However, if you are treated or monitored for an existing medical condition or an additional non-preventive service, during the visit when you receive the preventive service, a copay or coinsurance may apply for that care received.</p>	<p>\$0 copay.</p> <p>For all preventive services that are covered at no cost under Original Medicare, we also cover the service at no cost to you. However, if you are treated or monitored for an existing medical condition or an additional non-preventive service, during the visit when you receive the preventive service, a copay or coinsurance may apply for that care received.</p>

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	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
DIAGNOSTIC SERVICES/LABS/IMAGING	<p>10% coinsurance for each x-ray visit and/or simple diagnostic test, complex diagnostic test and/or radiology visit.</p> <p>Member pays \$0 for clinical lab services, blood tests, urinalysis.</p>	<p>Member pays \$0.</p>	<p>\$40 copay for each X-ray visit and/or simple diagnostic test.</p> <p>\$0 copay for testing to confirm chronic obstructive pulmonary disease. Deductible does not apply.</p> <p>10% coinsurance for complex diagnostic test and/or radiology visit.</p> <p>\$0 copay for each clinical/diagnostic lab test.</p> <p>Your provider must obtain approval from the plan for certain diagnostic studies including but not limited to PET, CT, and MRI scans. This is called getting prior authorization.</p>	<p>10% coinsurance for each X-ray visit and/or simple diagnostic test.</p> <p>\$0 copay for testing to confirm chronic obstructive pulmonary disease.</p> <p>10% coinsurance for complex diagnostic test and/or radiology visit.</p> <p>\$0 copay for each clinical/diagnostic lab test.</p> <p>Your provider must obtain approval from the plan for certain diagnostic studies including but not limited to PET, CT, and MRI scans. This is called getting prior authorization.</p>
TRANSPORTATION (MEDICALLY NECESSARY)	<p>10% coinsurance.</p> <p>Non-emergency transportation must be medically necessary and supported by written order from doctor.</p>	<p>Member pays \$0.</p>	<p>Non-emergency transportation is covered at 10% coinsurance with prior authorization from the plan.</p>	<p>Non-emergency transportation is covered at 10% coinsurance with prior authorization from the plan.</p>

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	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
MEDICAL SUPPLIES*	10% coinsurance.	Member pays \$0.	10% coinsurance.	10% coinsurance.
PHYSICAL THERAPY	10% coinsurance.	Member pays \$0.	\$40 copay for physical therapy, occupational therapy, and speech language therapy visits. Your provider must obtain approval before receiving services. This is called getting prior authorization.	\$25 copay for physical therapy, occupational therapy, and speech language therapy visits. Your provider must obtain approval before receiving services. This is called getting prior authorization.
AMBULANCE	10% coinsurance.	Member pays \$0.	10% coinsurance per one-way trip. Your provider must obtain approval before non-emergency ground, air, or water transportation. This is called getting prior authorization.	10% coinsurance per one-way trip. Your provider must obtain approval before non-emergency ground, air, or water transportation. This is called getting prior authorization.
HOSPICE CARE	Member pays \$0.	Member pays \$0.	\$40 copay for the one time only hospice consultation. Deductible does not apply.	\$25 copay for the one time only hospice consultation.

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	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
FOREIGN TRAVEL EMERGENCY CARE	<p>\$250 annual deductible. Member pays 20% of expenses incurred for emergency care during the first 60 days of each trip. Lifetime maximum of \$100,000. Member pays 100% thereafter.</p>	<p>\$250 annual deductible. Member pays 20% of expenses incurred for emergency care during the first 60 days of each trip. Lifetime maximum of \$100,000. Member pays 100% thereafter.</p>	<p>\$250 annual deductible. Member pays 20% of expenses incurred for emergency care during the first 60 days of each trip. Lifetime maximum of \$100,000. Member pays 100% thereafter. After the plan pays benefits for foreign travel emergency and urgently needed services, you are responsible for the remaining cost. Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months.</p>	<p>\$250 annual deductible. Member pays 20% of expenses incurred for emergency care during the first 60 days of each trip. Lifetime maximum of \$100,000. Member pays 100% thereafter. After the plan pays benefits for foreign travel emergency and urgently needed services, you are responsible for the remaining cost. Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months.</p>
PART B DRUGS	<p>10% coinsurance.</p>	<p>Member pays \$0.</p>	<p>10% coinsurance for Part B drugs, drug administration, chemotherapy drugs and chemotherapy drug administration. Your provider must obtain approval before you get certain injectable/infusion drugs. This is called getting prior authorization.</p>	<p>10% coinsurance for Part B drugs, drug administration, chemotherapy drugs and chemotherapy drug administration. Your provider must obtain approval before you get certain injectable/infusion drugs. This is called getting prior authorization.</p>

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	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
MENTAL HEALTH: OUTPATIENT	10% coinsurance.	Member pays \$0.	<p>\$40 copay for each:</p> <ul style="list-style-type: none"> • professional or group therapy visit. • professional partial hospitalization visit. <p>\$0 copay for each:</p> <ul style="list-style-type: none"> • outpatient hospital facility individual or group therapy visit. • partial hospitalization facility visit. <p>Your provider must obtain prior plan approval for intensive outpatient mental health services or partial hospitalization for mental health.</p>	<p>\$25 copay for each:</p> <ul style="list-style-type: none"> • professional or group therapy visit. • professional partial hospitalization visit. <p>\$0 copay for each:</p> <ul style="list-style-type: none"> • outpatient hospital facility individual or group therapy visit. • partial hospitalization facility visit. <p>Your provider must obtain prior plan approval for intensive outpatient mental health services or partial hospitalization for mental health.</p>
MENTAL HEALTH: INPATIENT	\$0 copay until 365 days, member pays 100% of all charges beyond 365 days.	\$0 copay until 365 days, member pays 100% of all charges beyond 365 days.	<p>\$250 copay per day for days 1-5 per admission; then covered by the plan 100%.</p> <p>No limit to the number of days covered by the plan.</p> <p>\$0 copay for physician services received while an inpatient during a hospital stay.</p>	<p>\$95 copay per day for days 1-5 per admission; then covered by the plan 100%.</p> <p>No limit to the number of days covered by the plan.</p> <p>\$0 copay for physician services received while an inpatient during a hospital stay.</p>

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	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
HEARING SERVICES*	10% coinsurance.	Member pays \$0.	\$5 copay per visit to a Primary Care Physician (PCP) or retail health clinic. \$40 copay per visit to a specialist.	\$10 copay per visit to a Primary Care Physician (PCP) or retail health clinic. \$25 copay per visit to a specialist.

*Hearing services refer to Medicare-covered basic diagnostic hearing and balance exams; to determine if you need medical treatment, and these services are furnished by a physician, audiologist, or other qualified provider.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan	Medicare Advantage Standard Plan	Medicare Advantage Enhanced Plan
DENTAL SERVICES*	Deductible applies. 10% coinsurance.	Member pays \$0.	\$5 copay per visit to a Primary Care Physician (PCP) or retail health clinic. \$40 copay per visit to a specialist.	\$10 copay per visit to a Primary Care Physician (PCP) or retail health clinic. \$25 copay per visit to a specialist.

*Dental services refer to non-routine Medicare-covered services and are limited to: surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician.

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EYE HEALTH*	10% coinsurance.	Member pays \$0.	<p>\$5 copay for visits to a primary care physician for exams to diagnose and treat diseases of the eye.</p> <p>\$40 copay for visits to a specialist for exams to diagnose and treat diseases of the eye.</p> <p>\$0 copay for glaucoma and diabetic retinopathy screenings. Deductible does not apply.</p> <p>10% coinsurance for glasses/contacts following cataract surgery.</p>	<p>\$10 copay for visits to a primary care physician for exams to diagnose and treat diseases of the eye.</p> <p>\$25 copay for visits to a specialist for exams to diagnose and treat diseases of the eye.</p> <p>\$0 copay for glaucoma and diabetic retinopathy screenings.</p> <p>10% coinsurance for glasses/contacts following cataract surgery.</p>

*Eye health refers to glaucoma screenings for high risk members, diabetic retinopathy screening, macular degeneration tests and treatment, and eye prostheses (replacement covered once every five years).

For a complete list of services, refer to the Evidence of Coverage (EOC) for each plan, which is available at www.anthem.com. An additional resource is the “Medicare & You” handbook, which Medicare will mail to you each year. You can also access it online anytime at <https://www.medicare.gov/medicare-and-you/medicare-and-you.html>.

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. Anthem Insurance Companies, Inc. (AICI) is the legal entity that has contracted with the Centers for Medicare & Medicaid Services (CMS) to offer the LPPO plan noted above or herein. AICI is the risk-bearing entity licensed under applicable state law to offer the LPPO plan(s) noted. AICI has retained the services of its related companies and the authorized agents/brokers/producers to provide administrative services and/or to make the LPPO plan(s) available in this region. Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

This information is not a complete description of benefits. Call **1-844-889-6357** for more information.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our member services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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