

GERBS - Option 1 with RX—High Premiums—Lower Co-Pays

Effective January 1, 2021

The benefits and description of covered services within this summary are pending CMS approval and subject to change.

Anthem Medicare Preferred (PPO) Benefit Chart

Medical and Drug Benefits	2021 Custom PPO Plan 5P 2021 - Custom 10/20/50/100/25% - No Supplemental Gap Coverage	
	Member Pays	
	In-Network	Out-of-Network
Annual Deductible*	\$0 combined in-network and out-of-network	\$0 combined in-network and out-of-network
Annual Maximum Out-of-Pocket**	\$3,000 combined in-network and out-of-network	\$3,000 combined in-network and out-of-network
Inpatient Benefits	In-Network	Out-of-Network
Inpatient Hospital Care (Including Substance Abuse)	\$0 Copay per day	\$0 copay per day
Inpatient Mental Health Care	\$0 copay per day	\$0 copay per day
Skilled Nursing Facility Care 100 days each benefit period	\$0 copay for days 1-20 \$50 copay per day for days 21-100	\$0 copay for days 1-20 \$50 copay per day for days 21-100
Home Health Agency Care	\$0 copay	\$0 copay
Outpatient Benefits	In-Network	Out-of-Network
Primary Care Physician (PCP) Visits	\$10 copay	\$10 copay
Specialist Visits	\$25 copay	\$25 copay
Chiropractic Services (Medicare-Covered)	\$20 copay	\$20 copay
Acupuncture (Medicare-Covered)	\$5 copay	\$5 copay
Podiatry (Medicare-Covered)	\$25 copay	\$25 copay
Mental Health – Outpatient Professional	\$35 copay	\$35 copay
Substance Abuse – Outpatient Professional	\$25 copay	\$25 copay
Outpatient Hospital or Ambulatory Surgical Center for Surgery (Nonemergency)	\$50 copay per visit	\$50 copay per visit
Ambulance Services	\$70 copay per one-way trip	\$70 copay per one-way trip
Emergency Outpatient Care	\$90 copay, waived if admitted within 72 hours	\$90 copay, waived if admitted within 72 hours
Urgently Needed Services	\$30 copay, waived if admitted within 72 hours	\$30 copay, waived if admitted within 72 hours
Physical, Occupational and Speech Therapy	\$25 copay	\$25 copay

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2021 Custom PPO Plan 5P		
2021 - Custom 10/20/50/100/25% - No Supplemental Gap Coverage		
Medical and Drug Benefits		
Durable Medical Equipment (DME)	\$0 copay	\$0 copay
Prosthetics	\$0 copay	\$0 copay
Diabetic Supplies (lancets, lancet devices & blood glucose test strips)	\$0 Copay for a 30-day supply on each purchase	\$0 Copay for a 30-day supply on each purchase
Blood Glucose Monitors	\$0 copay	\$0 copay
Diabetic Therapeutic Shoes	\$0 copay	\$0 copay
X-Rays	\$25 copay	\$25 copay
Complex Diagnostic Tests and Radiology Services	\$25 copay for complex diagnostic and/or radiology visit	\$25 copay for complex diagnostic and/or radiology visit
Radiation Therapy	\$25 copay	\$25 copay
Laboratory Tests	\$0 copay	\$0 copay
Outpatient Dialysis Treatments	\$5 copay	\$5 copay
Kidney Disease Education Sessions	\$0 copay	\$0 copay
Home Dialysis	\$0 copay	\$0 copay
Self-Dialysis Training	\$0 copay	\$0 copay
Home Dialysis Equipment and Supplies	\$0 copay	\$0 copay
Chemotherapy Part B Drugs (Medicare-Covered)	\$0 copay	\$0 copay
Part B Drugs (Medicare-Covered)	\$0 copay	\$0 copay
Preventive Care and Screening Tests	In-Network	Out-of-Network
Preventive Care and Screening Tests*** (Medicare-Covered)	\$0 copay	\$0 copay
Additional Benefits	In-Network	Out-of-Network
Video Doctor Visits (LiveHealth Online)	\$0 copay	
Foreign Travel Emergency Care (Outside the USA)	\$90 copay for emergency care, waived if admitted within 72 hours \$30 copay for urgently needed services, waived if admitted within 72 hours \$0 copay per day for days 1-6 per emergency admission (60 days per lifetime)	\$90 copay for emergency care, waived if admitted within 72 hours \$30 copay for urgently needed services, waived if admitted within 72 hours \$0 copay per day for days 1-6 per emergency admission (60 days per lifetime)
Medicare Community Resource Support	\$0 copay	

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2021 Custom PPO Plan 5P	
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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	Included
Part D Benefits	
Outpatient Prescription Part D Drugs	In-Network
Part D Drug Coverage Options	Closed Basic
Non-Part D Extra Covered Drug Options	None
Part D Gap Drug Coverage	No Supplemental Gap
Part D Deductible Options	\$0
Part D True Out-of-Pocket Amount	\$6,550
Retail Day Supply	30 Day
Mail Order Day Supply	90 Day
Specialty Drug Day Supply	30 Day
Part D Drugs Retail Standard Initial Coverage	In-Network
Select Generics	\$0 copay
Tier 1 Drugs	\$10 copay
Tier 2 Drugs	\$20 copay
Tier 3 Drugs	\$50 copay
Tier 4 Drugs	\$100 copay
Tier 5 Drugs	25% coinsurance

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Medical and Drug Benefits	
Part D Drugs Mail Order Initial Coverage	In-Network
Select Generics	\$0 copay
Tier 1 Drugs	\$20 copay
Tier 2 Drugs	\$40 copay
Tier 3 Drugs	\$100 copay
Tier 4 Drugs	\$200 copay
Tier 5 Drugs	25% coinsurance
Part D Drugs Retail Standard GAP	In-Network
Select Generics	\$0 copay
Tier 1 Drugs	25% coinsurance
Tier 2 Drugs	25% coinsurance
Tier 3 Drugs	25% coinsurance
Tier 4 Drugs	25% coinsurance
Tier 5 Drugs	25% coinsurance
Part D Drugs Mail Order GAP	In-Network
Select Generics	\$0 copay
Tier 1 Drugs	25% coinsurance
Tier 2 Drugs	25% coinsurance
Tier 3 Drugs	25% coinsurance
Tier 4 Drugs	25% coinsurance
Tier 5 Drugs	25% coinsurance
Part D Drugs Catastrophic	In-Network
Select Generics	\$0 copay
Generic Drugs	\$3.70 copay or 5% coinsurance whichever is greater
Brand-Name Drugs	\$9.20 copay or 5% coinsurance whichever is greater