

GERBS - Option 2 (Basic)—Lower Premiums—Higher 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)	\$225 copay per day for days 1-6 per admission	\$225 copay per day for days 1-6 per admission
Inpatient Mental Health Care	\$240 copay per day for days 1-6 per admission	\$240 copay per day for days 1-6 per admission
Skilled Nursing Facility Care 100 days each benefit period	\$0 copay for days 1-20 \$150 copay per day for days 21-40 \$0 copay for days 41-100	\$0 copay for days 1-20 \$150 copay per day for days 21-40 \$0 copay for days 41-100
Home Health Agency Care	\$0 copay	\$0 copay
Outpatient Benefits	In-Network	Out-of-Network
Primary Care Physician (PCP) Visits	\$25 copay	\$25 copay
Specialist Visits	\$40 copay	\$40 copay
Chiropractic Services (Medicare-Covered)	\$20 copay	\$20 copay
Acupuncture (Medicare-Covered)	\$5 copay	\$5 copay
Podiatry (Medicare-Covered)	\$35 copay	\$35 copay
Mental Health – Outpatient Professional	\$35 copay	\$35 copay
Substance Abuse – Outpatient Professional	\$35 copay	\$35 copay
Outpatient Hospital or Ambulatory Surgical Center for Surgery (Nonemergency)	\$0 copay per visit	\$0 copay 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	\$50 copay, waived if admitted within 72 hours	\$50 copay, waived if admitted within 72 hours
Physical, Occupational and Speech Therapy	\$35 copay	\$35 copay

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	
Durable Medical Equipment (DME)	20% coinsurance	20% coinsurance
Prosthetics	20% coinsurance	20% coinsurance
Diabetic Supplies (lancets, lancet devices & blood glucose test strips)	20% coinsurance for a 30-day supply on each purchase	20% coinsurance for a 30-day supply on each purchase
Blood Glucose Monitors	20% coinsurance	20 coinsurance
Diabetic Therapeutic Shoes	20% coinsurance	20% coinsurance
X-Rays	\$35 copay	\$35 copay
Complex Diagnostic Tests and Radiology Services	\$100 copay for complex diagnostic and/or radiology visit	\$100 copay for complex diagnostic and/or radiology visit
Radiation Therapy	\$35 copay	\$35 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	\$5 copay	\$5 copay
Home Dialysis Equipment and Supplies	20% coinsurance	20% coinsurance
Chemotherapy Part B Drugs (Medicare-Covered)	20% coinsurance	20% coinsurance
Part B Drugs (Medicare-Covered)	20% coinsurance	20% coinsurance
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)	\$100 copay for emergency care, waived if admitted within 72 hours \$50 copay for urgently needed services, waived if admitted within 72 hours \$240 copay per day for days 1-6 per emergency admission (60 days per lifetime)	\$100 copay for emergency care, waived if admitted within 72 hours \$50 copay for urgently needed services, waived if admitted within 72 hours \$240 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	
2021 - Custom 10/20/50/100/25% - No Supplemental Gap Coverage	
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