Your Summary of Benefits

ALT PPO

DEHIC
7/1/2025

Benefit	In-Network [1]	Out-of-Network [2,3]
Deductible	N/A	$300/$750
Coinsurance	N/A	30%
Coinsurance Stop Loss	N/A	$2,500/$4,166 ($750/$1,250 out-of-pocket)
Out-of-Pocket Maximum	$5,080 individual / $12,700 family (All In-Network Medical & Rx Cost Shares)	$1,050 individual / $2,000 family
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to the end of the month of the dependent's birthday)	Dependents to age 26	Dependents to age 26
Covered Preventive Care[4]	**Member Pays In-Network**	**Member Pays Out-of-Network**
Covered Adult Preventive Care	$0	Deductible and Coinsurance
Annual Physical Exam	$0	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	$0	Deductible and Coinsurance
Preventive Well-Woman Care	$0	Deductible and Coinsurance
Home/Office/Outpatient Care	**Member Pays In-Network**	**Member Pays Out-of-Network**
Home/Office Visits / Online Visits	$15 copayment	Deductible and Coinsurance
Urgent Care Center	$15 copayment	$15 copayment
Emergency Room/Facility (initial visit per occurrence)	$35 copayment (Waived if admitted within 24 hours)	$35 copayment (Waived if admitted within 24 hours)
Ambulatory Surgery[5]/ Outpatient Surgery	$0	Deductible and Coinsurance
Presurgical Testing, Anesthesia	$0	Deductible and Coinsurance
Chemotherapy, Radiation Therapy	$0	Deductible and Coinsurance
Routine Maternity Care	$0	Deductible and Coinsurance
Laboratory Tests, X-rays	$0	Deductible and Coinsurance
MRI[7]/MRA[7], CAT Scan[7], PET[7] & Nuclear Cardiology[7]	$0	Deductible and Coinsurance
Allergy Routine Testing and Treatment – Office Visit – Routine Testing – Allergy Injections/Immunotherapy	 $15 copayment (Waived for treatment) $0 $0	Deductible and Coinsurance
Chiropractic Care[7]	$15 copayment	Deductible and Coinsurance
Home Healthcare (Up to 365 visits per calendar year)	$0	Coinsurance (no deductible)
Home Infusion Therapy	$0	Covered in-network only
Hospice Care (Up to 210 days per lifetime)	$0	Covered in-network only
Physical Therapy[5] (Unlimited visits per calendar year combined in home, office or outpatient facility)	$0 copay for outpatient facility $15 copay for home or office	Covered in-network only
Other Short-Term Rehabilitative Therapies – Speech/Language[5], Occupational[5] (Up to 30 visits per calendar year combined in home, office or outpatient facility)	$0 copay for outpatient facility $15 copay for home or office	Covered in-network only
Vision Therapy	$15 copay for home or office	Covered in-network only
Medical Chats and Virtual Visits for Primary Care (From our Online Provider K Health, its affiliated Provider groups, via our mobile app, website or Anthem -enabled device)*	$0 copayment	Covered in-network only

*Anthem -enabled device refers to laptops/tablets/other devices where our app can be downloaded

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Benefit	In-Network[1]	Out-of-Network [2,3]
Cardiac Rehabilitation (Unlimited visits per calendar year)	$15 copayment	Deductible and Coinsurance
Second Surgical Opinion	$15 copayment (no copayment applies if arranged through the Medical Management Program)	Deductible and Coinsurance
Kidney Dialysis	$0	Deductible and Coinsurance
Inpatient Care[9]	**Member Pays In-Network**	**Member Pays Out-of-Network**
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	$0	Deductible and Coinsurance
Surgery, Covered Surgical Assistant, Anesthesia	$0	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Unlimited inpatient days per calendar year)	$0	Deductible and Coinsurance
Skilled Nursing Facility (Up to 365 days per calendar year)	$0	Covered in-network only
Mental Health[8]	**Member Pays In-Network**	
Outpatient Visits in Office	$15 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	$0	Deductible and Coinsurance
Inpatient Care[9] (As many days as medically necessary; semiprivate room and board)	$0	Deductible and Coinsurance
Alcohol/Substance Abuse[8]	**Member Pays In-Network**	**Member Pays Out-of-Network**
Outpatient Visits in Office	$15 copayment	Deductible and Coinsurance
Outpatient Visits in Facility	$0	Deductible and Coinsurance
Inpatient Detoxification[9] (As many days as medically necessary; semiprivate room and board)	$0	Deductible and Coinsurance
Inpatient Rehabilitation[9]	$0	Deductible and Coinsurance
Other	**Member Pays In-Network**	**Member Pays Out-of-Network**
Medical Supplies	$0 when obtained through Anthem's medical supplies vendor	Difference between the allowed amount and the total charge (deductible and coinsurance do not apply)
Durable Medical Equipment[6]	$0	Covered in-network only
Prosthetics & Orthotics[6]	$0	Covered in-network only
Ambulance (Land/Air ambulance)	$0	In-network benefits apply
Prescription Drugs[10] Retail Program – One copayment required for up to a 30-day supply	Retail: $5 copay for generic $5 copay plus ancillary charge for multisource brand $20 copay for single source brand Includes Contraceptives (Retail & Mail-Order)	Covered in-network only
Mail-Order Program[11] – Only two copayments required for a 90-day supply	The Mail-Order Program has the same copayments as the Retail Program listed above.	
Qualified Mail Order Service Options (Maintenance Medications)	**If you are taking a Maintenance Medication, you must select one of the qualified mail order service options through our Pharmacy Benefits Manager, CVS, or a DEHIC designated participating retail pharmacy. For new Maintenance Medication prescriptions, you may get the first 30 day supply and up to one additional 30 day refill of the Maintenance Medication at your local Retail Pharmacy. After that, you will need to select one of the qualified mail order service options to fill your prescription through the mail order supplier, CVS, or a designated participating pharmacy for maintenance drugs in order to realize the In-Network level of benefits.**	

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Routine Vision Care Please see separate Blue View Vision benefit summary for additional detail	$5 copay for 1 exam every 24 months $10 eyeglass lense copay $115 allowance then 20% off remaining balance for frames $75 allowance then 15 % off remaining balance for conventional contacts	$30 exam allowance $64 frame allowance $25-$45 eyeglass lense allowance

(1) Network provider delivers care. Anthem's network provider must precertify in-network services; Anthem network providers cannot bill members beyond the copayment for covered services.
(2) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Anthem's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (8) for Mental Health and Alcohol/Substance Abuse Services.
(3) Out-of-network (O-O-N) providers – those who do not participate in Anthem's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Anthem or with another Blue Cross and Blue Shield Plan, may balance bill over Anthem's allowed amount. Precertification is not required for out-of-network services, nor for out-of-area in-network BlueCard® PPO provider services.
(4) Preventive Care benefits not subject to copayment when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
(5) You are responsible for obtaining precertification from Anthem's Medical Management Program for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, precertification is required for reconstructive surgery, outpatient transplants and ophthalmological or eye-related procedures. Precertification is also required for cosmetic surgery, an excluded benefit except when medically necessary.
(6) For services received from an Anthem PPO provider, the provider must precertify in-network services; Anthem PPO providers cannot bill members beyond the copayment, deductible, or coinsurance for covered services. Outside Anthem's network area, you or your provider must obtain precertification from Anthem's Medical Management Program for services from in-network BlueCard® PPO providers.
(7) You are responsible for obtaining precertification from AIM for MRI, MRA, PET, CAT, Nuclear Cardiology, and Echocardiography services rendered by an Anthem PPO provider. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. Precertification is not required for these services when rendered from an in-network BlueCard® provider outside of Anthem's network area or out-of-network providers.
(8) You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
(9) Network providers must obtain precertification from Anthem's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider.
(10) This prescription drug coverage meets the CMS standard for Creditable Coverage under the Medicare Modernization Act of 2003.
(11) To receive a 90-day supply of prescription drugs through Anthem's Mail-Order Program, the prescription must be written specifically for a 90-day supply.

IMPORTANT NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in your Certificate of Coverage, Schedule of Benefits, and any additional Riders or Contracts your group has purchased. Be sure to consult your benefit Contract or Certificate for full details about your coverage. To the extent that there is a conflict between this Summary and your benefit Contract or Certificate, the terms of the Contract or Certificate will control. Failure to comply with Anthem's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.