

# Your Anthem Benefits



## MSD OF PIKE TOWNSHIP (Plan 2)

### Blue Access<sup>SM</sup> (PPO)

### Summary of Benefits, Effective 10/01/25

**Please Note:** As we receive additional guidance and clarification from the U.S. Department of Health and Human Services, we may be required to make additional changes to your benefits.

COVERED BENEFITS	NETWORK/NON-NETWORK (MEMBER'S RESPONSIBILITY)	
<b>Deductible</b> (Single/Family) <i>(Applies only to percent (%) copayments)</i>	\$400/\$800 Network/\$800/\$1,600 Non-network	
<b>Out-of-Pocket Maximum</b> (Single/Family)	\$2,000/\$4,000 Network/\$4,000/\$8,000 Non-network	
<b>Office Services</b> • Including Allergy – testing and treatment – serum and injections	\$20 Network/40% Non-network Per Visit NCS Network/Deductible & Coinsurance Non-network	
<b>Preventive Care</b>	\$20 Network/40% Non-network Per Visit. Included with no age or dollar limits; Non-network benefits apply. Preventive care includes: medical history, mammograms <sup>1</sup> , pelvic exams and Pap tests, immunizations <sup>1</sup> , routine and annual diabetic eye exams and hearing exams.	
<b>Maternity Services</b>	20% Network/40% Non-network	
<b>Inpatient Services</b>	20% Network/40% Non-network Per Admission	
<b>Outpatient Facility Services</b>	20% Network/40% Non-network	
<b>Professional/Home Care</b> (Inpatient/Outpatient)	20% Network/40% Non-network	
<b>Emergency and Urgent Care:</b>		
<b>Emergency Care in ER Room</b> <i>(covers all services, waived if admitted)</i>	\$50 Network or Non-network	
<b>Urgent Care Facility</b>	\$35 Network or Non-network	
<b>Hospice/Ambulance</b>	Covered in full Network or Non-network	
<b>Medical Supplies, Equipment and Appliances</b>	20% Network/40% Non-network	
<b>Outpatient Therapy Visit Limits</b> <i>(Limits apply to Network/Non-network combined visits.)</i>		
<b>Physical/Occupational</b>	90 Network and Non-network combined visits; same copay as office services	
<b>Spinal Manipulation</b>	24 Network and Non-network combined visits; same copay as office services	
<b>Speech</b>	40 Network and Non-network combined visits; same copay as office services	
<b>Mental Health and Substance Abuse</b>		
• Inpatient Facility Services	20% network/40% non-network	
• Inpatient Professional Services	20% network/40% non-network	
• Physician Home and Office Visits (PCP/SCP)	NCS network/40% non-network	
• Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional	NCS network/40% non-network	
<b>Lifetime Maximum</b>	UNLIMITED	
<b>Human Organ and Tissue Transplants</b>	Covered in full Network/50% Non-network (Does not count toward out-of-pocket maximum)	
<b>Prescription Drug Options: Anthem National Drug List</b>	<b>Network</b>	<b>Non-network</b>
<b>Network Retail Pharmacies:</b> (30-day supply)	\$10 formulary generic/\$20 formulary brand \$30 non-formulary generic/brand	50% Non-network
<b>Anthem Rx Direct Mail Service:</b> (90-day supply)	\$20 formulary generic/\$40 formulary brand \$60 non-formulary generic/brand	Not covered Non-network

**Notes:**

- The deductibles and copayments (except prescription drug and human organ and tissue transplants, excluding kidney and cornea) apply toward the out-of-pocket maximums.
- The deductible(s) apply only to covered services listed with a percentage (%) copayment.
- Network and Non-network copayments do accumulate toward each other.
- Dependent age: to the end of the year which child attains age 26.
- Certain diabetic and asthmatic supplies are covered in full at network pharmacies.
- Office services also includes office surgeries and preconception care/education.
- Abortion coverage is limited to coverage in cases of rape or incest, or if it is necessary to avert the pregnant women's death or irreversible impairment of a major bodily function.
- LiveHealth Online (LO) is covered at the PCP costshare.

**Precertification:**

Members are encouraged to always obtain prior approval when using Non-network providers. Precertification will avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

**Grandfathered Health Plan**

We believe this coverage is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from a grandfathered health plan status can be directed to the plan administrator or your Employer.

You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).

This benefit description is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

**Benefit information contained herein is not final, pending approval of the Indiana Dept. of Insurance.**

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