

Your Summary of Benefits HRA



WSWHE Counties Health Insurance Consortium Trust

Annual Employer HRA Contribution	\$1,000 Single / \$2,000 (2P or Family)	
Maximum Rollover is 2x's the annual HRA contribution – No more than \$3,000/\$6,000 can be in the account at one time	100% Employer HRA Contribution if initial enrollment in the HRA is between 7/1 - 1/31 50% Employer HRA Contribution if initial enrollment in the HRA is between 2/1 - 6/30	
Benefit	In-Network¹	Out-of-Network^{2,3}
Deductible (OON combined with INN)	\$1,500/\$3,000	\$1,500/\$3,000
Coinsurance	10%	30%
Annual OOP Max	\$3,425/\$6,850 (includes Rx cost shares)	\$7,500/\$15,000
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 Care⁴	Member Pays In-Network	Member Pays In-Network
Covered Adult Preventive Care	\$0 (covered 100%)	Deductible and Coinsurance
Physical Exam (One per Plan Year)	\$0	Deductible and Coinsurance
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0	Deductible and Coinsurance
Reimbursement for Gym Membership	Up to \$400 annual reimbursement per contract. Reimbursed up to half for the first 6 months and up to half for the second 6 months.	
Home/Office/Outpatient Care	Member Pays In-Network	
Home/Office Visits	Deductible and Coinsurance	Deductible and Coinsurance
Online Visits	Deductible and Coinsurance	Deductible and Coinsurance
Emergency Room/Facility	Deductible and Coinsurance	INN Deductible and Coinsurance
Urgent Care Center	Deductible and Coinsurance	INN Deductible and Coinsurance
Ambulatory Surgery ^{5,9} /Outpatient Surgery	Deductible and Coinsurance	Deductible and Coinsurance
Pre-surgical Testing, Anesthesia		
Chemotherapy, Radiation Therapy	Deductible and Coinsurance	Deductible and Coinsurance
Routine Maternity Care	Deductible and Coinsurance	Deductible and Coinsurance
Laboratory Tests, X-rays ⁴	Deductible and Coinsurance	Deductible and Coinsurance
Cardiac Rehabilitation (Unlimited visits per Plan Year)	Deductible and Coinsurance	Deductible and Coinsurance
Second Surgical Opinion	Deductible and Coinsurance	Deductible and Coinsurance
Kidney Dialysis	Deductible and Coinsurance	Deductible and Coinsurance
MRI ⁶ /MRA ⁶ , CAT ⁷ , PET ⁷ & Nuclear Cardiology ⁷	Deductible and Coinsurance	Deductible and Coinsurance
Allergy Care: Office visit, Routine Testing, & Allergy Injections/Immunotherapy	Deductible and Coinsurance	Deductible and Coinsurance
Chiropractic Care ¹⁰	Deductible and Coinsurance	Deductible and Coinsurance
Home Healthcare (Up to 200 visits per Plan Year)	Coinsurance	Coinsurance
Home Infusion Therapy	Deductible and Coinsurance	Deductible and Coinsurance
Hospice Care (Unlimited days combined IP & OP per lifetime)	Deductible and Coinsurance	Deductible and Coinsurance
Physical Therapy ³ (Up to 90 visits per Plan Year combined in home, office or outpatient facility)	Deductible and Coinsurance	Deductible and Coinsurance
Other Short-Term Rehabilitative Therapies Speech/Language ^{5,9} , Occupational ^{5,9} (Up to 30 visits per Plan Year combined in home, office or outpatient facility)	Deductible and Coinsurance	Deductible and Coinsurance
Vision Therapy	Deductible and Coinsurance	Deductible and Coinsurance

Services provided by Anthem HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

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Benefit	In-Network ¹	Out-of-Network ^{2,3}
Inpatient Care^{5,9,11}	Member Pays In-Network	Member Pays In-Network
Inpatient Hospital (As many days as are medically necessary; semiprivate room and board)	Deductible and Coinsurance	Deductible and Coinsurance
Physical Therapy, Physical Medicine, or Rehabilitation (Up to 90 inpatient days per Plan Year)	Deductible and Coinsurance	Deductible and Coinsurance
Surgery, Surgical Assistant, Anesthesia	Deductible and Coinsurance	Deductible and Coinsurance
Skilled Nursing Facility (Up to 120 days per Plan Year)	Deductible and Coinsurance	Deductible and Coinsurance
Birth Centers	Deductible and Coinsurance	Deductible and Coinsurance
Mental Health	Member Pays In-Network	Member Pays In-Network
Outpatient Visits in Office or Facility	Deductible and Coinsurance	Deductible and Coinsurance
Inpatient Care ^{8,11} (As many days as are medically necessary; semiprivate room and board)	Deductible and Coinsurance	Deductible and Coinsurance
Alcohol/Substance Abuse	Member Pays In-Network	Member Pays In-Network
Outpatient Visits	Deductible and Coinsurance	Deductible and Coinsurance
Inpatient Detoxification ^{8,11} (As many days as are medically necessary; semiprivate room and board)	Deductible and Coinsurance	Deductible and Coinsurance
Inpatient Rehabilitation ^{8,11}	Deductible and Coinsurance	Deductible and Coinsurance
Other	Member Pays In-Network	Member Pays In-Network
Medical Supplies	Deductible and Coinsurance	Deductible and Coinsurance
Durable Medical Equipment ^{6,9}	Deductible and Coinsurance	Deductible and Coinsurance
Prosthetics & Orthotics ^{6,9}	Deductible and Coinsurance	Deductible and Coinsurance
Ambulance (air ambulance)	Deductible and Coinsurance	In-network benefits apply
Prescription Drugs ¹²	<p>Member must meet integrated In-Network Medical and Rx deductible before 3-tier copayment structure applies to Retail and Mail Order</p> <p>Drugs on the PreventiveRx Enhanced List bypass deductible and will only apply the RX cost share.</p> <p>Retail Program: (Tier 1/Tier 2/Tier 3) \$10/\$20/\$40 Includes Contraceptives (Retail & Mail-Order)</p> <p>Mail Service: (Tier 1/Tier 2/Tier 3) The Mail-Order Program has the same copayments as the Retail Program listed above.</p>	Covered in-network only
Retail Program – One copayment required for up to a 30-day supply		
Mail-Order Program ¹³ – Only two copayments required for a 3-month supply once the integrated medical and RX deductible is met		
Routine Vision Benefits through Blue View Vision Must use the BVV -Insight Network (Every 24 months)	<p>\$5 copay for exam</p> <p>\$115 allowance for frames,</p> <p>\$10 copay for lenses</p> <p>\$75 allowance for contact lenses</p>	<p>Up to \$30 reimbursement for exams</p> <p>Up to \$64 reimbursement for frames</p> <p>Up to \$25 reimbursement for Single vision lenses,</p> <p>\$35 for bifocal lenses, and \$45 for trifocal lenses.</p> <p>Up to \$75 reimbursement for Contact lenses.</p>

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- (1) Network provider delivers care.
- (2) Subject to balance billing over allowed amount.
- (3) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate with Anthem or 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.
- (4) Preventive Care benefits not subject to copayment, deductible and coinsurance; 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, please call the toll-free number on your member ID card to determine exactly which outpatient services require precertification.
- (6) Anthem's network provider must precertify in-network services or services may be denied; Anthem network providers cannot bill members beyond in-network Deductible and Coinsurance for covered services. You are responsible for obtaining precertification from Anthem's Medical Management program for out-of-network services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- (7) Anthem's network provider must precertify in-network services or services may be denied; Anthem network providers cannot bill members beyond in-network Deductible and Coinsurance for covered services. Precertification is not required for out-of-network services or out-of-area.
- (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) You are responsible for obtaining precertification for services received from an out-of-area BlueCard PPO provider. The provider may call for you but you will be responsible for penalties if precertification is not obtained.
- (10) Anthem's network provider must obtain authorization for clinical/medical necessity for in-network services, or services may be denied; Anthem network providers cannot bill members beyond the in-network Deductible and Coinsurance for covered services. Authorization is not required for out-of-network services or for services rendered from in-network BlueCard PPO providers outside of Anthem's network area.
- (11) Network providers must obtain precertification from Anthem's Medical Management Program for these services received from an out-of-area BlueCard PPO provider.
- (12) This prescription drug coverage meets the CMS standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- (13) 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.

HRA

prepared 5.1.2024