

City of Vernon

2024 Summary of Benefits

HMO Plan 5

Anthem.com/CA

About this Plan:

Anthem Blue Cross gives you the tools and resources to make the best decisions for your health, like this summary of benefits. It's a snapshot of your plan's covered benefits and services and what they cost. This Summary of Benefits doesn't list every service we cover or every limitation or exclusion. For more details about your benefits and services, please review your *Evidence of Coverage* (EOC). You can access your EOC online by logging into the member portal, or you can call Member Services with any questions you may have.

Doctor and hospital choice: It is important to know which providers are part of our network because, with limited exceptions, you must use in-network providers while you are a member of our plan.

This plan offers coverage in our Centers for Medicare & Medicaid Services (CMS) defined geographic service area of all 50 states, Washington, DC, and all United States territories.

How much is the monthly premium? Contact your group plan benefit administrator to determine your actual premium amount, if applicable.

In-network:

Annual medical deductible:	\$0
Maximum out-of-pocket responsibility: (Does not include Part D prescription drugs)	\$3,000

Covered medical benefits	In-network, members pay:
Inpatient hospital care*	For Medicare-covered hospital stays: \$0 copay per admission
Outpatient hospital facility or ambulatory surgical center visit for surgery*	\$0 copay per visit
Outpatient hospital services observation room	\$0 copay per visit
Primary care office visit	\$5 copay per visit
Specialty care office visit	\$15 copay per visit
Preventive care, screenings, and tests	\$0 copay per visit
Emergency care	\$50 copay for each Medicare-covered emergency room visit Emergency outpatient copay is waived if the member is admitted to the hospital within 72 hours for the same condition.
Urgently needed services	\$15 copay for each Medicare-covered urgently needed care visit The urgently needed services copay is waived if the member is admitted to the hospital within 72 hours for the same condition.
X-ray visit and/or simple diagnostic test*	\$15 copay per visit
Complex diagnostic test and/or radiology visit*	\$50 copay per visit
Radiation therapy treatment*	\$15 copay per visit
Clinical/diagnostic lab test*	\$0 copay per visit
Medicare-covered basic hearing and balance exams performed by your specialist*	\$15 copay per visit

Covered medical benefits	In-network, members pay:
Routine hearing services	<p>Must use a Hearing Care Solutions participating provider.</p> <p>\$0 copay for routine hearing exams, one exam every calendar year</p> <p>\$0 copay for hearing aid fitting evaluations, one evaluation per covered hearing aid</p> <p>\$0 copay for hearing aids</p> <p>Hearing aids are limited to a \$500 benefit per ear with a maximum benefit of \$1,000 every three calendar years.</p>
Medicare-covered dental is non-routine care performed by your specialist*	\$15 copay per visit
Medicare-covered exams performed by your specialist to diagnose and treat eye diseases and conditions	\$15 copay per visit
Medicare-covered glaucoma screening	\$0 copay per visit
Medicare-covered eyewear following cataract surgery	\$0 copay per surgery
Routine vision eye exam	<p>Must use a Blue View Vision provider.</p> <p>\$0 copay for routine vision exams, one exam every calendar year.</p>
Routine vision eyewear	<p>Must use a Blue View Vision provider.</p> <p>\$0 copay for eyewear</p> <p>Eyewear is limited to a \$100 maximum benefit every two calendar years.</p>
Inpatient services in a psychiatric hospital*	<p>For Medicare-covered hospital stays:</p> <p>\$0 copay per admission</p>
Mental health professional individual therapy visit	\$15 copay per visit
Substance abuse professional individual therapy visit	\$15 copay per visit

Covered medical benefits	In-network, members pay:
Skilled nursing facility (SNF) care*	For Medicare-covered SNF stays: \$0 copay for days 1-100 per benefit period 100-day limit per benefit period
Outpatient rehabilitation services*	\$15 copay per visit
Ambulance services	Your provider must get an approval from the plan before you get ground, air, or water transportation that is not an emergency. All nonemergent ambulance services must be coordinated by your Primary Care Physician (PCP). \$50 copay per one-way trip for Medicare-covered ambulance services
Medicare Part B prescription drugs*	\$0 copay for Medicare-covered Part B drugs
Chiropractic services* Medicare-covered	\$15 copay per visit
Acupuncture for chronic low back pain* Medicare-covered	\$5 copay per visit
Cardiac rehabilitation services*	\$0 copay per visit
Pulmonary rehabilitation services*	\$15 copay per visit
Blood glucose test strips, lancets, lancet devices, and glucose control solutions	If purchased through a pharmacy: \$0 copay for a 30-day supply on each Medicare-covered purchase of OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics) blood glucose test strips, lancets, lancet devices, and glucose control solutions or a \$10 copay for all other brands when purchased through the pharmacy
Blood glucose monitors	If purchased through a pharmacy: \$0 copay for Medicare-covered OneTouch® (made by LifeScan, Inc.) and ACCU-CHECK® (made by Roche Diagnostics) blood glucose monitors or a \$10 copay for all other brands when purchased through the pharmacy
Therapeutic shoes	\$0 copay per purchase
Diabetes self-management training	\$0 copay per visit
Continuous glucose monitors (CGMs)*	\$0 copay per purchase
Durable medical equipment (DME) and related supplies*	\$0 copay per purchase
Opioid treatment program services*	\$15 copay per visit

Covered medical benefits	In-network, members pay:
Podiatry services*	\$5 copay per visit
Routine foot care	\$5 copay per visit, 12 visits per year
Home health agency care*	\$0 copay per visit
Hospice care When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and B services are paid for by Original Medicare, not this plan.	\$15 copay for the one time only hospice consultation One visit per lifetime

Additional supplemental benefits, services, and discounts

Additional covered benefits and services	Members pay:
Video doctor visits LiveHealth Online†	\$0 copay for video doctor visits using LiveHealth Online
Health and wellness programs SilverSneakers® Membership† Take fitness classes virtually or visit a participating location.	\$0 copay for the SilverSneakers fitness benefit
24/7 NurseLine†	\$0 copay for 24/7 NurseLine
Foreign travel emergency (outside U.S. territories) Emergency care Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months	\$50 copay for emergency care Emergency outpatient copay is waived if the member is admitted to hospital within 72 hours for the same condition.
Foreign Travel - Urgently Needed Services	\$15 copay for urgently needed services The urgently needed services copay is waived if the member is admitted to hospital within 72 hours for the same condition.
Foreign Travel - Inpatient Care	\$0 copay per admission for emergency inpatient care 60 days per lifetime
Healthy Meals†* Meals delivered after being discharged from inpatient hospital visit or for members living with a chronic condition	\$0 copay for Healthy Meals Provides up to 14 meals per qualifying event, allows up to four (4) events each year (56 meals in total).
Medicare Community Resource Support	\$0 copay for Medicare Community Resource Support

* Some services that fall within this benefit category require prior authorization. Based on the service you are receiving, your provider will know if prior authorization is needed. This means an approval in advance is needed, by your plan, to get covered services. Benefit categories that include services that require prior authorization are marked with an asterisk in the benefits chart.

This document reflects cost shares only.

†Must use the plan approved provider

All services below must be coordinated by your Primary Care Physician (PCP).

- Inpatient hospital care
- Inpatient services in a psychiatric hospital
- Skilled nursing facility (SNF) care
- Home health agency care
- Specialty care office visit
- Mental health professional individual therapy visit
- Substance abuse professional individual therapy visit
- Outpatient hospital facility or ambulatory surgical center visit for surgery
- Outpatient hospital services observation room
- X-ray visit and/or simple diagnostic test
- Complex diagnostic test and/or radiology visit
- Radiation therapy treatment
- Clinical/diagnostic lab test
- Medicare-covered basic hearing and balance exams performed by your specialist
- Medicare-covered dental is non-routine care performed by your specialist
- Medicare-covered exams performed by your specialist to diagnose and treat eye diseases and conditions
- Medicare-covered glaucoma screening
- Medicare-covered eyewear following cataract surgery
- Podiatry services
- Outpatient rehabilitation services
- Chiropractic services
- Acupuncture for chronic low back pain
- Opioid treatment program services
- Medicare Part B prescription drugs
- Blood glucose test strips, lancets, lancet devices, and glucose control solutions
- Blood glucose monitors
- Therapeutic shoes
- Diabetes self-management training
- Continuous glucose monitors (CGMs)
- Cardiac rehabilitation services
- Pulmonary rehabilitation services
- Durable medical equipment (DME) and related supplies

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, coinsurance, and restrictions may apply. If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.

Some of the benefits mentioned are part of a special supplement program for the chronically ill. Not all members may qualify for these benefits.

Benefits, premiums, and/or copayments/coinsurance may change upon renewal or on January 1 of each year.

Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our member service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Medicare & You 2024 resource: For more information, we encourage you to read Medicare & You 2024. This booklet is mailed to people with Medicare every year in the fall. It has a summary of Medicare benefits, rights, and protections. It also includes answers to the most frequently asked questions. If you don't have a copy of this booklet, request one at www.medicare.gov. Or call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, seven days a week. TTY users should call **1-877-486-2048**.

LiveHealth Online is the trade name of Caredon Health, Inc., a separate company, providing telehealth services on behalf of the plan.

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