Anthem AFL-CIO

Plan Benefit Comparison:
Medicare Advantage Premier PPO and Medicare Advantage Value PPO

Below are two medical and drug plan options available to AFL-CIO retirees. Use this document to compare and choose an option that works best for you. **These benefits are effective July 1 – December 31, 2021.**

	Medicare Advantage Premier PPO	Medicare Advantage Value PPO
FEATURES		
Annual deductible (combined in network and out of network)	**$0**	**$250***
Referrals required?	No	No
Where available?	Anywhere in the United States and its territories	Anywhere in the United States and its territories
Out-of-network services covered?	Yes, at the in-network cost share for any provider who accepts Medicare	Yes, at the in-network cost share for any provider who accepts Medicare
BENEFITS		
Preventive care	All Medicare-covered preventive care covered with **$0** copay	All Medicare-covered preventive care covered with **$0** copay
Annual routine physical	**$0** copay	**$0** copay
Medicare Part B immunizations	**$0** copay	**$0** copay

* For the covered services denoted with an asterisk in the Value plan, the $250 deductible must be met before any applicable copayments or coinsurance are applied.

	Medicare Advantage Premier PPO	Medicare Advantage Value PPO
OUTPATIENT CARE (per visit or procedure — same benefit in network or out of network)		
Primary care physician office visit	**$10** copay	**$25** copay*
Specialty care office visit (no referral required)	**$40** copay	**$40** copay*
Allergy testing/injections	**$0** copay	**$0** copay*
Home healthcare	**$0** copay	**$0** copay*
Routine vision services	**$0** copay. Limited to 1 exam every calendar year.	Not included
Eyewear	**$100** allowance every 2 calendar years ($0 copay)	Not included
Routine hearing services	**$0** copay for routine hearing services. Exams are limited to 1 every 12 months.	**$0** copay for routine hearing services. Exams are limited to 1 every 12 months.
Hearing aids	**$500** allowance every 12 months ($0 copay)	**$500** allowance every 12 months ($0 copay)
Acupuncture for chronic low back pain	**$10** copay	**$15** copay*
Chiropractic services	**$20** copay	**$20** copay*
Podiatry services	**$40** copay	**$40** copay*
Outpatient mental healthcare	**$40** copay	**$40** copay*
Diabetic services	**10%** coinsurance	**10%** coinsurance*
Physical, occupational, and speech therapy	**$40** copay	**$40** copay*
Durable medical equipment (DME)	**20%** coinsurance	**20%** coinsurance*
X-ray visit and/or simple diagnostic test	**$10** copay	**$40** copay*
Complex diagnostic test and/or radiology visit	**$50** copay	**$125** copay*

* For the covered services denoted with an asterisk in the Value plan, the $250 deductible must be met before any applicable copayments or coinsurance are applied.

	Medicare Advantage Premier PPO	Medicare Advantage Value PPO
INPATIENT CARE (per visit or procedure — same benefit in network or out of network)		
Hospital care and professional visits	**$150** copay per day for days 1-5 per admission. No limit to the number of days covered by the plan.	**$150** copay per day for days 1-5 per admission.* No limit to the number of days covered by the plan.
Inpatient mental healthcare	**$150** copay per day for days 1-5 per admission. No limit to the number of days covered by the plan.	**$150** copay per day for days 1-5 per admission.* No limit to the number of days covered by the plan.
Skilled nursing facility care	**$0** copay for days 1-20 and $10 copay per day for days 21-100 per benefit period	**$0** copay for days 1-20 and $184 copay per day for days 21-100 per benefit period*
EMERGENCY AND URGENT CARE -		
Emergency room visit (waived if admitted within 72 hours)	**$75** copay. Waived if admitted within 72 hours.	**$90** copay. Waived if admitted within 72 hours.
Urgent care visit	**$40** copay	**$40** copay
Ambulance service	**$50** copay	**$100** copay
FOREIGN TRAVEL		
Foreign travel — emergency and urgent care only (outside U.S. territories)	**$75** copay for emergency care **$40** copay for urgently needed services **$150** copay per day for days 1-5 per admission for emergency inpatient care	**$90** copay for emergency care **$40** copay for urgently needed services **$150** copay per day for days 1-5 per admission for emergency inpatient care

* For the covered services denoted with an asterisk in the Value plan, the $250 deductible must be met before any applicable copayments or coinsurance are applied.

	Medicare Advantage Premier PPO	Medicare Advantage Value PPO
OTHER PROGRAMS AND SERVICES AVAILABLE		
SilverSneakers®[1] fitness benefit	**$0** copay	**$0** copay
Virtual doctor visits LiveHealth Online[2] lets you see board-certified doctors and licensed therapists, psychologists, and psychiatrists through live, two-way video on your smartphone, tablet, or computer.	**$0** copay	**$0** copay
24/7 NurseLine 24-hour nurse line, seven days a week, 365 days a year	**$0** copay	**$0** copay
Medicare Community Resource Support Access a team member who can explain and coordinate benefits, as well as assist with locating helpful resources within your community, such as food pantries, home maintenance programs, utility assistance programs, social activities, and much more.	**$0** copay	**$0** copay
Healthy meals Provides up to 14 meals per qualifying event; allows up to four events each year (56 meals in total)	**$0** copay	Not included

1 SilverSneakers is a registered trademark of Tivity Health, Inc. © 2021 Tivity Health, Inc. All rights reserved.

2 LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of this plan.

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Healthy pantry Upon approval, you are eligible for: • Monthly nutritional counseling sessions via phone. • A monthly delivery of nonperishable pantry items sent directly to your home. Your monthly box of staples will consist of a variety of nonperishable foods that can vary each month. Your nutritional consultations will help you utilize these items and provide you with information on how to supplement them with additional food resources.	**$0** copay	Not included
Routine transportation Covers up to 36 one-way trips each year. A trip is defined as a ride from one destination to another. A trip is limited to 60 miles.	**$0** copay	Not included
OUT-OF-POCKET ANNUAL MAXIMUM		
Out-of-pocket annual maximum (combined in network and out of network)	**$2,750** All copays, coinsurance, and deductibles listed in this benefits chart are accrued toward the medical plan out-of-pocket maximum with the exception of the routine hearing services, routine vision services, and the foreign travel emergency and urgently needed care copay or coinsurance amounts. Part D prescription drug deductibles and copays do not apply to the medical plan out-of-pocket maximum.	**$4,800** All copays, coinsurance, and deductibles listed in this benefits chart are accrued toward the medical plan out-of-pocket maximum with the exception of the routine hearing services, routine vision services, and the foreign travel emergency and urgently needed care copay or coinsurance amounts. Part D prescription drug deductibles and copays do not apply to the medical plan out-of-pocket maximum.

	Medicare Advantage Premier PPO	Medicare Advantage Value PPO
PRESCRIPTION DRUGS		
Annual deductible	**$100**	**$300**
Gap coverage	Full gap coverage	Generic gap coverage
Preferred retail pharmacies	Your retiree drug plan has a large nationwide retail pharmacy network, plus mail-order pharmacies for convenient home delivery. When you want to use a retail pharmacy, you will save on most fills if you choose to use one of the network's preferred retail pharmacies. Preferred retail pharmacies are identified in your group Medicare prescription drug plan's pharmacy directory.	Your retiree drug plan has a large nationwide retail pharmacy network, plus mail-order pharmacies for convenient home delivery. When you want to use a retail pharmacy, you will save on most fills if you choose to use one of the network's preferred retail pharmacies. Preferred retail pharmacies are identified in your group Medicare prescription drug plan's pharmacy directory.
Part D initial coverage	Below is your payment responsibility from the time you meet your deductible until the amount paid by you and the Coverage Gap Discount Program for covered Part D prescriptions reaches your true out-of-pocket limit of $6,550.	Below is your payment responsibility from the time you meet your deductible until the amount paid by you and your retiree drug plan for covered Part D prescriptions reaches your initial coverage limit of $4,130.
Retail pharmacy — preferred network (per 30-day supply)		
Select Generics	**$0** copay. Prescription deductible does not apply.	**$0** copay. Prescription deductible does not apply.
Generics	**$0** copay. Prescription deductible does not apply.	**$0** copay. Prescription deductible does not apply.
Preferred brands	**$5** copay	**$5** copay
Nonpreferred brands	**$35** copay	**28%** coinsurance
Specialty brands	**33%** coinsurance	**33%** coinsurance

	Medicare Advantage Premier PPO	Medicare Advantage Value PPO
Retail pharmacy — standard network (per 30-day supply)		
Select Generics	**$0** copay. Prescription deductible does not apply.	**$0** copay. Prescription deductible does not apply.
Generics	**$5** copay. Prescription deductible does not apply.	**$10** copay. Prescription deductible does not apply.
Preferred brands	**$15** copay	**$25** copay
Nonpreferred brands	**$45** copay	**33%** coinsurance
Specialty brands	**33%** coinsurance	**33%** coinsurance
Mail-order pharmacy (per 90-day supply) -		
Select Generics	**$0** copay. Prescription deductible does not apply.	**$0** copay. Prescription deductible does not apply.
Generics	**$10** copay. Prescription deductible does not apply.	**$20** copay. Prescription deductible does not apply.
Preferred brands	**$30** copay	**$50** copay
Nonpreferred brands	**$90** copay	**33%** coinsurance
Specialty brands	**33%** coinsurance	**33%** coinsurance
PART D GAP COVERAGE		
Retail pharmacy — preferred network (per 30-day supply)		
Select Generics	**$0** copay	**$0** copay
Generics	**$0** copay	**$0** copay
Preferred brands	**$5** copay	**25%** coinsurance
Nonpreferred brands	**$35** copay	**25%** coinsurance
Specialty brands	**33%** coinsurance	**25%** coinsurance

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Retail pharmacy — standard network (per 30-day supply)		
Select Generics	**$0** copay	**$0** copay
Generics	**$5** copay	**$10** copay
Preferred brands	**$15** copay	**25%** coinsurance
Nonpreferred brands	**$45** copay	**25%** coinsurance
Specialty brands	**33%** coinsurance	**25%** coinsurance
Mail-order pharmacy (per 90-day supply) -		
Select Generics	**$0** copay	**$0** copay
Generics	**$10** copay	**$20** copay
Preferred brands	**$30** copay	**25%** coinsurance
Nonpreferred brands	**$90** copay	**25%** coinsurance
Specialty brands	**33%** coinsurance	**25%** coinsurance
PART D CATASTROPHIC COVERAGE		
Your payment responsibility changes after the cost you and the Coverage Gap Discount Program have paid for covered drugs reaches your true out-of-pocket limit of $6,550.		
Select Generics	**$0** copay	**$0** copay
Generics	**$0** copay	**$0** copay
Brand-name drugs	**$5** copay	**$5** copay
Monthly plan cost (what you pay for medical and prescription drug benefits)	**$198.90**	**$99.30**

This information is not a complete description of benefits. Call our First Impressions Welcome Team at **1-833-371-1160**, TTY: **711**, Monday to Friday, 8 a.m. to 9 p.m. ET, except holidays, for more information.

Out-of-network/noncontracted providers are under no obligation to treat Anthem members, except in emergency situations. Please call our First Impressions Welcome Team at **1-833-371-1160**, TTY: **711**, Monday to Friday, 8 a.m. to 9 p.m. ET, except holidays, for more information.

Anthem Blue Cross and Blue Shield is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal. Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.