

City of Cincinnati Retirement System

2024 Summary of Benefits

PPO Coinsurance Plan 4

Anthem.com

About this plan:

Anthem Blue Cross and Blue Shield 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: You may go to doctors, specialists, and hospitals in or out of the network. You do not need a referral.

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:	Out-of-network:
Annual medical deductible:	\$300 Combined in-network and out-of-network	
Maximum out-of-pocket responsibility: (Does not include Part D prescription drugs)	\$1,500	\$3,000

Covered medical benefits	In-network, members pay:	Out-of-network, members pay:
Inpatient hospital care*	For Medicare-covered hospital stays: 4% coinsurance per admission	For Medicare-covered hospital stays: 10% coinsurance per admission
Outpatient hospital facility or ambulatory surgical center visit for surgery*	4% coinsurance per visit	10% coinsurance per visit
Outpatient hospital services observation room	4% coinsurance per visit	10% coinsurance per visit
Primary care office visit	4% coinsurance per visit	10% coinsurance per visit
Specialty care office visit	4% coinsurance per visit	10% coinsurance per visit
Preventive care, screenings, and tests	\$0 copay per visit	10% coinsurance 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	4% coinsurance 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*	4% coinsurance per visit	10% coinsurance per visit
Complex diagnostic test and/or radiology visit*	4% coinsurance per visit	10% coinsurance per visit
Radiation therapy treatment*	4% coinsurance per visit	10% coinsurance per visit
Clinical/diagnostic lab test*	0% coinsurance per visit	0% coinsurance per visit
Medicare-covered basic hearing and balance exams performed by your specialist*	4% coinsurance per visit	10% coinsurance per visit
Medicare-covered dental is non-routine care performed by your specialist*	4% coinsurance per visit	10% coinsurance per visit
Medicare-covered exams performed by your specialist to diagnose and treat eye diseases and conditions	4% coinsurance per visit	10% coinsurance per visit

Covered medical benefits	In-network, members pay:	Out-of-network, members pay:
Medicare-covered glaucoma screening	0% coinsurance per visit	0% coinsurance per visit
Medicare-covered eyewear following cataract surgery	4% coinsurance per surgery	10% coinsurance per surgery
Routine vision eye exam	<p>\$0 copay for routine vision exams, one exam per year.</p> <p>The routine vision exam and refraction are limited to a \$50 maximum benefit per year combined in-network and out-of-network.</p>	<p>\$0 copay for routine vision exams, one exam per year.</p> <p>The routine vision exam and refraction are limited to a \$50 maximum benefit per year combined in-network and out-of-network.</p>
Inpatient services in a psychiatric hospital*	<p>For Medicare-covered hospital stays:</p> <p>4% coinsurance per admission</p>	<p>For Medicare-covered hospital stays:</p> <p>10% coinsurance per admission</p>
Mental health professional individual therapy visit	4% coinsurance per visit	10% coinsurance per visit
Substance abuse professional individual therapy visit	4% coinsurance per visit	10% coinsurance per visit
Skilled nursing facility (SNF) care*	<p>For Medicare-covered SNF stays:</p> <p>\$5 copay per day for days 1-20 and 4% coinsurance for days 21-180 per benefit period</p> <p>180-day limit per benefit period</p>	<p>For Medicare-covered SNF stays:</p> <p>\$5 copay per day for days 1-20 and 10% coinsurance for days 21-180 per benefit period</p> <p>180-day limit per benefit period</p>
Outpatient rehabilitation services*	4% coinsurance per visit	10% coinsurance per visit
Ambulance services	<p>Your provider must get an approval from the plan before you get ground, air, or water transportation that is not an emergency.</p> <p>4% coinsurance per one-way trip for Medicare-covered ambulance services</p>	
Medicare Part B prescription drugs*	4% coinsurance for Medicare-covered Part B drugs	10% coinsurance for Medicare-covered Part B drugs
Chiropractic services* Medicare-covered	4% coinsurance per visit	10% coinsurance per visit

Covered medical benefits	In-network, members pay:	Out-of-network, members pay:
Acupuncture for chronic low back pain* Medicare-covered	4% coinsurance per visit	10% coinsurance per visit
Cardiac rehabilitation services*	\$0 copay per visit	10% coinsurance per visit
Pulmonary rehabilitation services*	4% coinsurance per visit	10% coinsurance 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	If purchased through a pharmacy: 10% coinsurance for a 30-day supply on each Medicare-covered purchase of blood glucose test strips, lancets, lancet devices, and glucose control solutions 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	If purchased through a pharmacy: 10% coinsurance for Medicare-covered blood glucose monitors when purchased through the pharmacy
Therapeutic shoes	\$0 copay per purchase	10% coinsurance per purchase
Diabetes self-management training	\$0 copay per visit	10% coinsurance per visit
Continuous glucose monitors (CGMs)*	0% coinsurance per purchase	10% coinsurance per purchase
Durable medical equipment (DME) and related supplies*	4% coinsurance per purchase	10% coinsurance per purchase
Opioid treatment program services*	4% coinsurance per visit	10% coinsurance per visit
Podiatry services*	4% coinsurance per visit	10% coinsurance per visit
Home health agency care*	\$0 copay per visit	10% coinsurance per visit

Covered medical benefits	In-network, members pay:	Out-of-network, members pay:
<p>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.</p>	<p>4% coinsurance for the one time only hospice consultation</p> <p>One visit per lifetime</p>	<p>4% coinsurance for the one time only hospice consultation</p> <p>One visit per lifetime</p>

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	4% coinsurance 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	4% coinsurance 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	4% coinsurance 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. In the network portion of a PPO, some in-network medical services are covered only if your doctor or other in-network provider gets prior authorization from our plan. In a PPO, you do not need prior authorization to obtain out-of-network services. However, we recommend you ask for a pre-visit coverage decision to confirm that the services you are getting are covered and medically necessary. Benefit categories that include services that require prior authorization are marked with an asterisk in the benefits chart.

Note: While you can get your care from an out-of-network provider for Medicare-covered services, the provider must be eligible to participate in Medicare. Except for emergency care, we cannot pay a

provider who is not eligible to participate in Medicare. If the provider is not eligible to participate in Medicare, you will be responsible for the full cost of the services you receive. Providers that do not contract with us are under no obligation to treat you, except in emergency situations.

This document reflects cost shares only.

†Must use the plan approved provider

Some of the benefits and limitations listed above are combined in-network and out-of-network.

This information is not a complete description of the 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. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service.

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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