



Anthem Bronze Plan 2021 – 2022 Plan Year

ANTHEM ANCHOR BRONZE PPO PLAN

Attention!

All Adjuncts have an opportunity to enroll in the Anthem Anchor Bronze PPO medical plan that will be effective October 1, 2021. You and your eligible dependent children can enroll on this plan, however, spouses will not be eligible. The district will not be contributing to this plan, therefore, the full tenthly cost will be payroll deducted if you choose to enroll in the plan.

Below is a highlight of the PPO plan design offering. If you choose to enroll, please complete an enrollment form and return back to Sharon Remacle for processing. If you have any questions, please contact Sharon Remacle at ext. 2713.

HEALTH BENEFITS	Anthem Blue Cross Anchor Bronze PPO Plan	
	PPO Network	Non-Network ¹
Calendar Year Deductible		
- Individual	\$5,000	Combined with In-Network
- Family	\$10,000	Combined with In-Network
Out-of-Pocket Maximum		
- Individual	\$6,350	Combined with In-Network
- Family	\$12,700	Combined with In-Network
Office Visits	Deductible, 30%	Deductible, 0%
Preventive Care	100%	Not covered
Inpatient Hospitalization²	Deductible, 30%	Deductible, 30% Max \$600/Day Benefit
Other Services		
- Diagnostic Lab and X-Ray	Deductible, 30%	Not covered
- Emergency Services	Deductible, \$100 Copay, 30%	Deductible, \$100 Copay, 0%
- Urgent Care	Deductible, 30%	Deductible, 0%
PHARMACY BENEFITS	Navitus	
Pharmacy Deductible	Medical Deductible Applies	
Out-of-Pocket Maximum	Medical Out-of-Pocket Maximum Applies	
Pharmacy Copay	<u>Retail</u>	<u>Mail Order</u>
- Generic Drug	\$9 Copay	\$18 Copay
- Brand Name Drug	\$35 Copay	\$90 Copay
- Supply Limit	30 Days	90 Days

Premiums

Your cost on a tenthly basis are as follows:

**Employee Only Coverage
Cost: \$554.40**

**Employee + Child(ren)
Coverage Cost: \$1,087.20**

FOOTNOTES:

1. When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.
2. Subject to utilization review or medical necessity.