

EIA HEALTH MEDICARE PPO PLANS



	Anthem Choice Medicare PPO		Anthem Select Medicare PPO		Anthem Care Medicare PPO		Anthem Peace Officer Medicare PPO**	
NETWORK	Prudent Buyer		Select (Narrow Network)		Prudent Buyer		Prudent Buyer	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible								
Individual Family	None		None		None		None	
Annual Out-of-Pocket Maximum								
Individual Family	None		None		\$3,000 individual coinsurance Embedded	None	\$1,500 Calendar year stop loss	N/A
Physician Office Visit Deductible Waived	No Charge		No Charge		No Charge		No Charge	
Specialist Copay Deductible Waived	No Charge		No Charge		No Charge		No Charge	
Preventative Care	No Charge		No Charge		No Charge		No Charge	
Lab and X-Ray								
CT, MRI, PET scans	No Charge		No Charge		No Charge		No Charge	
Other lab and x-ray tests	No Charge		No Charge		No Charge		No Charge	
Hospitalization								
Inpatient	No Charge		No Charge		No Charge		No Charge	
Outpatient	No Charge		No Charge		No Charge		No Charge	
Emergency Room	No Charge		No Charge		No Charge		No Charge	
Urgent Care Services	No Charge		No Charge		No Charge		No Charge	
Durable Medical Equipment	No Charge		No Charge		No Charge		No Charge	
Chiropractic Acupuncture Care	*No Charge *\$15		*No Charge *\$15		*No Charge *\$15		*20%	

*Under Medicare benefits, there is no charge. Benefits beyond Medicare, there is a \$15/visit with 20 visits per calendar year combined with acupuncture.

**Only Peace Officers or retired Peace Officers are eligible to participate.

EIA HEALTH MEDICARE EPO PLAN



	Anthem EPO
NETWORK	Prudent Buyer
	In-Network
Calendar Year Deductible Individual / Family	None
Annual Out-of-Pocket Maximum Individual / Family	\$1,500 / \$3,000
Physician Office Visit	\$15 / visit
Specialist Copay	\$15 / visit
Preventative Care	No Charge
Lab and X-Ray CT, MRI, PET scans Other lab and x-ray tests	No charge No Charge
Hospitalization Inpatient Outpatient	No Charge No Charge
Emergency Room	\$50 per visit (waived if admitted)
Urgent Care Services	\$15 copay
Durable Medical Equipment	No Charge
Chiropractic Acupuncture Care	\$15 / visit (20 visits per calendar year combined with acupuncture) \$15 / visit (20 visits per calendar year combined with chiropractic)

There are no out-of-network benefits with this plan. When members use non-preferred providers, they must pay the applicable provider services cost. Charges do not count toward the calendar year deductible or out-of-pocket maximum.