

# 2019 MEDICAL COVERAGE

## PHBP Classic Plus PPO (Anthem Classic PPO 500/30/20)

	<b>In-Network</b> Member pays:	<b>Out-of-Network</b> Member pays:
<b>Annual Deductible</b>		
Individual/Family	\$500/\$1,000	\$1,500/\$3,000
<b>Annual Out-of-Pocket Maximum</b>		
Individual/Family	\$4,000/\$8,000	\$12,000/\$24,000
<b>Physician Services</b>		
Office Visit copay	\$30 copay	
Preventive Care	100% covered	
Diagnostic Lab/X-Ray Imaging (CT/PET/MRIs) Rehabilitation/Habilitation (PT/OT/ST)	20% coinsurance	50% coinsurance
Chiropractic Care	\$30 copay	
Accupuncture	\$30 copay	
<b>Prescription Drugs</b>		
Tier 1 (Generic Formulary)	\$5 min/\$20 max	
Tier 2 (Preferred Brand Formulary)	\$40	
Tier 3 (Non-Preferred Brand Formulary)	\$65	
Tier 4 (Specialty)	30% up to \$250	50% coinsurance up to \$250
Mail Order	T1: \$12.50/T2: \$120 T3: \$165/T4: 30% up to \$250*	
<b>Hospital Facility Charges</b>		
Inpatient Services/ Outpatient Surgery in Hospital,Ambulatory Surgical Center	20% coinsurance	50% coinsurance
<b>Emergency Services</b>		
Emergency Room	\$150 + 20% coinsurance	\$150 + 20% coinsurance
Emergency Transport/Ambulance	20% coinsurance	20% coinsurance
Urgent Care	\$30 copay	50% coinsurance
<b>Mental Health</b>		
Outpatient	\$30 copay	50% coinsurance
Inpatient	20% coinsurance	
<b>Maternity</b>		
Prenatal and Postnatal Care	\$30 copay	50% coinsurance
Delivery and Inpatient Services	20% coinsurance	

### How does the plan work?

- Preventive care is 100% covered.
- You must first meet an annual deductible before the Plan begins to pay benefits.
- Once you satisfy your **annual deductible**, coinsurance applies for most services, so you'll pay a percentage of your health care expenses and the Plan will pay the rest.
- You are protected with an annual **out-of-pocket maximum**. This is the most you will pay for covered services in a given year. Once you meet this amount, your plan covers eligible health care expenses at 100%.

### Find a doctor at [www.anthem.com/ca/](http://www.anthem.com/ca/)

You have access to the Anthem Blue Cross network of participating providers.

\*T1, T2, T3, T4 refers to the medication tier

# 2019 MEDICAL COVERAGE

## Current PHBP Classic Premier PPO (Anthem Classic PPO 500/25/20)

	<b>In-Network</b> Member pays:	<b>Out-of-Network</b> Member pays:
<b>Annual Deductible</b>		
Individual/Family	\$500/\$1,000	\$1,500/\$3,000
<b>Annual Out-of-Pocket Maximum</b>		
Individual/Family	\$2,500/\$5,000	\$5,000/\$10,000
<b>Physician Services</b>		
Office Visit copay	\$25	
Preventive Care	100% covered	
Diagnostic Lab/X-Ray Imaging (CT/PET/MRIs) Rehabilitation/Habilitation (PT/OT/ST)	20% coinsurance	50% coinsurance
Chiropractic Care	\$20 copay	
Accupuncture	\$25 copay	
<b>Prescription Drugs</b>		
Tier 1 (Generic Formulary)	\$10	\$10 + 50% coinsurance
Tier 2 (Preferred Brand Formulary)	\$30	\$30 + 50% coinsurance
Tier 3 (Non-Preferred Brand Formulary)	\$50	\$50 + 50% coinsurance
Tier 4 (Specialty)	\$500 deductible 30% up to \$150	50% coinsurance
Mail Order	T1: \$10/T2: \$60 T3: \$100/T4: 30% up to \$300*	50% coinsurance
<b>Hospital Facility Charges</b>		
Inpatient Services/Outpatient Surgery in Hospital, Ambulatory Surgical Center	20% coinsurance	50% coinsurance
<b>Emergency Services</b>		
Emergency Room	\$150 + 20% coinsurance	\$150 + 20% coinsurance
Emergency Transport/Ambulance	20% coinsurance	20% coinsurance
Urgent Care	\$25 copay	50% coinsurance
<b>Mental Health</b>		
Outpatient	\$20 copay	50% coinsurance
Inpatient	20% coinsurance	
<b>Maternity</b>		
Prenatal and Postnatal Care	\$25 copay	50% coinsurance
Delivery and Inpatient Services	20% coinsurance	

### How does the plan work?

- Preventive care is 100% covered.
- You must first meet an annual deductible before the Plan begins to pay benefits.
- Once you satisfy your **annual deductible**, coinsurance applies for most services, so you'll pay a percentage of your health care expenses and the Plan will pay the rest.
- You are protected with an annual **out-of-pocket maximum**. This is the most you will pay for covered services in a given year. Once you meet this amount, your plan covers eligible health care expenses at 100%.

### Find a doctor at [www.anthem.com/ca/](http://www.anthem.com/ca/)

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## Additional Freelance Benefits Included With Your 2019 Coverage

### Bundle 1: Dental and Vision

DENTAL - ANTHEM BLUE CROSS		
DEDUCTIBLE	In Network	Non-Network
Individual	\$50	\$50
Family	3x Individual Ded.	3x Individual Ded.
Waived Tier for Deductible	Tier 1	Tier 1
TIER COPAYS		
Tier 1   Diagnostic & Preventative	100%	100%
Tier 2   Basic Services	80%	80%
Tier 3   Major Services	50%	50%
Tier 4   Orthodontia	50%	50%
Tier 1-3   Benefit Maximum	\$1,500	\$1,500
Tier 4   Benefit Maximum	\$1,500	\$1,500

VISION -MET LIFE / VSP		
DEDUCTIBLE	In Network Copay	Frequency
Exams	\$10	12 Months
Frames	\$200 allowance	12 Months
FRAME ALLOWANCES		
Single Vision	\$25	12 Months
Bifocal	\$25	12 Months
Trifocal	\$25	12 Months
Polycarbonate	\$25	12 Months
Anti-Reflective Coating	up to \$41 - \$85 copay	12 Months
Standard Progressive Lenses	up to \$55 copay	12 Months

### Bundle 2: Disability and a \$25,000 Life Insurance Policy

Included for all covered Freelancers is a \$25,000 Life Insurance Policy with Met Life

SHORT TERM DISABILITY - MET LIFE	
Benefit Amount	60%
Benefit Reduction?	Reduced by amount paid by state disability
Weekly Benefit Maximum	\$3,000
Benefit Duration	26 Weeks
Elimination Period	7 days
Preexisting Condition Period	3/12

LONG TERM DISABILITY - MET LIFE	
Benefit Amount	60%
Benefit Reduction?	Reduced by amount paid by other disability policies
Monthly Benefit Maximum	\$12,500
Benefit Duration	Until Social Security Retirement Age
Elimination Period	180 Days
Preexisting Condition Period	3/12