

Feature	Anthem - NNS Steelworkers Medical Plan	
	In-Network	Out-of-Network
Provider	Anthem Blue Cross 1-800-893-9626 www.anthem.com	
Cost Sharing		
Annual Deductible	\$150 Individual; \$300 Family	\$450 Individual; \$750 Family
Out-of-pocket maximum	\$750 Individual; \$1,500 Family	\$2,000 Individual; \$3,500 Family
Lifetime coverage limit	Limit does not apply	
Policies/Requirements		
Need to file claims	No	Yes
Domestic partner benefits	Not covered	Not covered
Access		
Ability to self-refer to OB/GYN	Yes	Yes
Ability to self-refer to specialists	Yes	Yes
Out-of-area dependent coverage	Yes	Yes
Out-of-area participant coverage	Yes	Yes
Spending Account		
You only	Not applicable	Not applicable
You and spouse	Not applicable	Not applicable
You and child	Not applicable	Not applicable
You and family	Not applicable	Not applicable
Eligible expenses for reimbursement	Not applicable	Not applicable
Outpatient Services		
Primary doctor office visit	\$15 copay	80% covered after deductible is met
Specialist doctor office visit	\$25 copay	80% covered after deductible is met
Preventive Care		
Annual physical exam	\$15 copay; PCP; \$25 copay specialist	80% covered after deductible is met
Well-woman exam (includes pap)	\$15 copay; PCP; \$25 copay specialist	80% covered after deductible is met
Mammogram	90% covered after deductible is met	80% covered after deductible is met
Pediatric exams	\$15 copay; PCP; \$25 copay specialist	80% covered after deductible is met
Immunizations (child)	90% covered after deductible is met	80% covered after deductible is met
Colonoscopy	90% covered after deductible is met	80% covered after deductible is met
Cancer screenings	90% covered after deductible is met	80% covered after deductible is met
Cardiovascular screenings	90% covered after deductible is met	80% covered after deductible is met
Allergy tests and treatments	90% covered after deductible is met	80% covered after deductible is met
Outpatient Care		
Outpatient surgery	90% covered after deductible is met	80% covered after deductible is met
Outpatient laboratory services	90% covered after deductible is met	80% covered after deductible is met
Outpatient physical therapy	90% covered after deductible is met; limited to \$2,000 per calendar year; combined with occupational therapy; in and out-of-network combined	80% covered after deductible is met; limited to \$2,000 per calendar year; combined with occupational therapy; in and out-of-network combined
Outpatient X-ray	90% covered after deductible is met	80% covered after deductible is met

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Outpatient occupational therapy	90% covered after deductible is met; limited to \$2,000 per calendar year; combined with physical therapy; in and out-of-network combined	80% covered after deductible is met; limited to \$2,000 per calendar year; combined with physical therapy; in and out-of-network combined
Outpatient speech therapy	90% covered after deductible is met; limited to \$500 per calendar year; in and out-of-network combined	80% covered after deductible is met; limited to \$500 per calendar year; in and out-of-network combined
Outpatient cardiac rehabilitation	90% covered after deductible is met	80% covered after deductible is met
Family Planning / Maternity Care		
Office visit: pre/postnatal	\$15 copay; PCP; \$25 copay specialist	80% covered after deductible is met
In-hospital delivery services	90% covered after deductible is met	80% covered after deductible is met
Newborn nursery services	90% covered after deductible is met	80% covered after deductible is met
Fertility services	Not covered	Not covered
In vitro fertilization	Not covered	Not covered
Artificial insemination	Not covered	Not covered
Female tubal ligation	90% covered after deductible is met	80% covered after deductible is met
Male vasectomy	90% covered after deductible is met	80% covered after deductible is met
Hearing		
Hearing evaluations	100% covered; limited to \$250 combined per term of plan	80% covered after deductible is met; limited to \$250 combined per term of plan
Hearing aids	Covered; limited to \$250 combined per term of plan	
Vision		
Routine vision exams	Not covered	Not covered
Regular lenses and frames	Not covered	Not covered
Contact lenses	Not covered	Not covered
Dental		
Dental implants	Not covered	Not covered
Accidental injury to teeth	90% covered after deductible is met	80% covered after deductible is met
Surgical removal of tumors, cysts and impacted teeth	90% covered after deductible is met	80% covered after deductible is met
Inpatient Services		
Hospital copay	90% covered; after deductible is met; preauthorization required	80% covered; after deductible is met
Hospital semi-private room	90% covered after hospital copay/deductible; preauthorization required	80% covered after hospital copay/deductible
Inpatient lab and X-ray	90% covered; after deductible is met	80% covered; after deductible is met
Inpatient surgery	90% covered after deductible is met	80% covered; after deductible is met
Inpatient physician and surgeon services	90% covered; after deductible is met; preauthorization required	80% covered; after deductible is met
Emergency Care		
Emergency room (not followed by admission)	\$50 copay	80% covered after deductible is met
Urgent care clinic visit	\$15 copay; PCP; \$25 copay specialist	80% covered after deductible is met

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Ambulance services	90% covered after deductible is met; limited to \$3,000 per calendar year ground ambulance; in and out of network combined	
Prescription Drug Coverage		
Annual prescription deductible	Not applicable	Not applicable
Prescription drug website	www.anthem.com	
Prescription drug member services	1-800-893-9626	
Prescription drug vendor	Anthem Prescription Management	
Annual Rx out-of-pocket maximum	Not applicable	
Retail		
Retail generic	\$10 copay; 31 day supply	\$10 copay; 31 day supply
Retail formulary brand	\$20 copay; 31 day supply	\$20 copay; 31 day supply
Retail nonformulary brand	\$35 copay; 31 day supply	\$35 copay; 31 day supply
Mail Order		
Mail order generic	\$20 copay; 90 day supply	Not covered
Mail order formulary brand	\$40 copay; 90 day supply	Not covered
Mail order nonformulary brand	\$70 copay; 90 day supply	Not covered
Other		
Oral contraceptives	Not covered	Not covered
Fertility drugs	Not covered	Not covered
Injectables	Applicable medical or prescription drug coinsurance or copays apply; check with Plan for details	Applicable medical or prescription drug coinsurance or copays apply; check with Plan for details
Mental Health		
Mental Health: Combined with substance abuse	Yes	Yes
Mental Health: Outpatient coverage	\$15 copay; PCP; \$25 copay specialist; preauthorization required; 1-800-991-6045	80% covered after deductible is met; preauthorization required; 1-800-991-6045
Mental Health: Inpatient coverage	90% covered after deductible is met; preauthorization required	80% covered after deductible is met; preauthorization required
Substance Abuse		
Detox: Outpatient coverage	90% covered after deductible is met; preauthorization required; 1-800-991-6045; partial days covered under inpatient benefits	80% covered after deductible is met; preauthorization required; 1-800-991-6045
Detox: Inpatient coverage	90% covered after deductible is met; preauthorization required; residential treatment facilities not covered	80% covered after deductible is met; preauthorization required
Rehab: Outpatient coverage	\$15 copay; PCP; \$25 copay specialist; preauthorization required; 1-800-991-6045	80% covered after deductible is met; preauthorization required; 1-800-991-6045
Rehab: Inpatient coverage	90% covered after deductible is met; preauthorization required; residential treatment facilities not covered	80% covered after deductible is met; preauthorization required

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	Alternative Care	
Chiropractic	\$25 copay; limited to \$500 calendar year	80% covered after deductible is met; limited to \$500 calendar year; in and out of network combined
Acupuncture	Not covered	Not covered
	Care Management Programs	
Heart disease care management	Yes; Anthem Better Prepared 1-800-445-7922	
Hypertension care management	Yes; Anthem Better Prepared 1-800-445-7922	
Diabetes care management	Yes; Anthem Better Prepared 1-800-445-7922	
Asthma care management	Yes; Anthem Better Prepared 1-800-445-7922	
Prenatal care management	Yes; Anthem Better Prepared 1-800-445-7922	
Cancer care management	No	
Smoking cessation program	No	
Weight control program	No	
	Other	
Noncustodial home health care	90% covered after deductible is met; limited to 90 visits per calendar year; in and out-of-network combined	80% covered after deductible is met; limited to 90 visits per calendar year; in and out-of-network combined
Hospice care	90% covered after deductible is met	80% covered after deductible is met
Prescribed care in noncustodial skilled nursing facility	90% covered after deductible is met; limited to 100 day stay; in and out-of-network combined	80% covered after deductible is met; limited to 100 day stay; in and out-of-network combined
Durable medical equipment	90% covered after deductible is met; limited to \$5,000 per calendar year	80% covered after deductible is met; limited to \$5,000 per calendar year
Prosthetic devices	90% covered after deductible is met	80% covered after deductible is met