WellGuard 3500 Anthem PPO

Summary of Benefits · Anthem BCBS BlueCard Network · L514

Benefit	In network	Out of network
Deductible (ind/fam)	$3,500 / $7,000	$10,000 / $20,000
Coinsurance (plan pays)	70%	70%
Out-of-pocket max (ind/fam)	$8,700 / $17,400	$20,000 / $40,000
Telehealth / Teletherapy	$0	
PCP / specialist / urgent care	$40 / $80 / $60	70% after Deductible
Emergency room	70% after Deductible	70% after Deductible
Inpatient hospitalization	70% after Deductible	70% after Deductible
PREVENTIVE & WELLNESS SERVICES		
ACA preventive health services	$0	70% after Deductible
HOSPITAL / FACILITY SERVICES		
Inpatient surgery	70% after Deductible	70% after Deductible
Outpatient or freestanding facility services and surgery	70% after Deductible	70% after Deductible
Anesthesia	70% after Deductible	70% after Deductible
OUTPATIENT DIAGNOSTIC SERVICES		
Lab & minor diagnostic services: non-hospital based	70% after Deductible	70% after Deductible
Lab & minor diagnostic services: hospital based	70% after Deductible	70% after Deductible
Radiology: non-hospital based	70% after Deductible	70% after Deductible
Radiology: hospital based	70% after Deductible	70% after Deductible
CT / MRI / MRA / PET scan: non-hospital based	70% after Deductible	70% after Deductible
CT / MRI / MRA / PET scan: hospital based	70% after Deductible	70% after Deductible
PREGNANCY BENEFITS		
Office visits	$40	70% after Deductible
Professional services	70% after Deductible	70% after Deductible
Maternity / childbirth / delivery	70% after Deductible	70% after Deductible
OTHER SERVICES		
Chemotherapy / radiation therapy	70% after Deductible	70% after Deductible
Chiropractic care	70% after Deductible	70% after Deductible
Dialysis	70% after Deductible	70% after Deductible
Durable medical equipment	70% after Deductible	70% after Deductible
Emergency medical transportation	70% after Deductible	70% after Deductible
GLP-1 sourcing program*	$50: Semaglutide injectable, tablets, or liquid drops $65: Tirzepatide injectable, tablets, or liquid drops	
Home health care	70% after Deductible	70% after Deductible
Hospice care	70% after Deductible	70% after Deductible
Mental health / substance abuse: inpatient / outpatient services	70% after Deductible	70% after Deductible
Mental health / substance abuse: office visits	$80	70% after Deductible
Rehabilitation / habilitation services	70% after Deductible	70% after Deductible
Skilled nursing care	70% after Deductible	70% after Deductible
Sleep apnea	70% after Deductible	70% after Deductible
Transplant: facility	70% after Deductible	70% after Deductible
Transplant: physician and anesthesiologist	70% after Deductible	70% after Deductible
PHARMACY BENEFITS		
Tier 1 drugs	$0 per fill	
Tier 2 drugs	$35 per fill	
Tier 3 drugs	$75 per fill	
Specialty drugs	$500 per fill	

"70% after Deductible" means the plan pays 70% after the deductible is met.

* GLP-1 sourcing program benefits include eligibility for weight loss, are provided outside of the Group Health Plan through a service contract, and are subject to the provisions and limitations thereof.

This is a summary of the plan's benefits taken from the B.A.T. benefit plan sheet (Silver PPO Plan). It is not the plan's Summary of Benefits and Coverage (SBC), and it does not guarantee benefits; the plan documents govern.