

Medical Benefits – California PPO Plans

Non-Medicare

The following chart provides an overview of your health plan options through the City of Glendale. This comparison is intended to give a general description and overview of available plans. See individual plan material for detailed information.

Summary of Services	www.anthem.com/ca Anthem Blue Cross PPO 80 / 60 Plan	
	In-Network Benefits	Out-of-Network Benefits*
Maximum Lifetime Benefit	Unlimited	
Annual Deductible		
• Member	\$200	\$400
• Family	\$400	\$800
Annual Out-of-Pocket Maximum		
• Individual	\$2,000	\$4,000
• Family	\$4,000	\$8,000
	PPO MEMBER COPAY	NON-PPO MEMBER COPAY
Preventive Services		
• Office Visits	\$20 / deductible waived	40%
• Visit to a Specialist	\$20 / deductible waived	40%
• Annual Physicals	No copay	Not covered
• Self-Referral to GYN	Yes	Yes
• Mammograms	No copay	40%
• Well-Child Care	\$25 / deductible waived	40% (limited to \$20 / exam)
• Immunizations (birth to age six)	No copay	40% (limited to \$12 / immunization)
• X-Ray and Laboratory	20%	40%
• Chiropractic Services	20%	40%
Emergency Service		
• Hospital Emergency Room (copay waived if admitted)	\$100 copay + 20%	\$100 copay + 20%
• Urgent Care	\$20 copay	40%
• Hospital Inpatient Services	20%	40%
• Ambulance (Air & Ground)	20%	20%
Inpatient Hospital**		
• Inpatient Surgery	20%	40%
• Mental or Nervous Disorders	20%	40%
• Acute Alcoholism or Drug Dependence	20%	40%

* **Important Note:** Out-of-Network amounts/max you are responsible for may be higher due to no contract with Anthem, and providers could balance bill for anything Anthem does not pay.

** Pre-authorization required for facility-based care.

This comparison is intended to give a general description and overview of available plans. See individual plan material for detailed information.

California PPO Plans (continued)

Non-Medicare

Summary of Services	www.anthem.com/ca Anthem Blue Cross PPO 80 / 60 Plan	
	In-Network Benefits	Out-of-Network Benefits*
Outpatient Hospital**		
• Outpatient Surgery	No copay (deductible waived)	40% (limited to \$350 / day)
• Mental or Nervous Disorders	20%	40%
• Acute Alcoholism or Drug Dependence	20%	40%
Maternity		
• Prenatal Care	\$20	40%
• Postnatal Care	20%	40%
• Hospital Charges	20%	40%
Prescription		
• Generic	\$10 (30 days)	50% up to \$250 after deductible
• Brand	\$20 (30 days)	50% up to \$250 after deductible
• Mail Order Prescription Drugs	\$10 / \$20 (90 days)	Not Covered
• Oral Contraceptives	Yes	

* **Important Note:** Out-of-Network amounts/max you are responsible for may be higher due to no contract with Anthem, and providers could balance bill for anything Anthem does not pay.

** Pre-authorization required for facility-based care.

Hospital Quality Comparison

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This comparison is intended to give a general description and overview of available plans. See individual plan material for detailed information.

Medical Benefits – Anthem Blue Cross High Deductible Health Plan (HDHP) Early Retirees (Non-Medicare) Only Plans

Anthem Blue Cross High Deductible Health Plan (HDHP)

Summary of Services	Anthem	
	HDHP \$1500/\$3000/\$3200 20/40	
	In-Network	Out-of-Network*
• Annual Deductible/Individual	\$1,500	\$4,500
• Annual Deductible/Family	\$3,000/member / \$3,200 family	\$4,500/member / \$9,000 family
• Coinsurance	80%	60%
• Office Visit/Exam	80%	60%
• Outpatient Specialist Visit	80%	60%
• Annual Out-of-Pocket Limit/Individual	\$3,500	\$9,000
• Annual Out-of-Pocket Limit/Family	\$3,500/member / \$7,000 family	\$9,000/member / \$18,000 family
• Deductible Included in Out-of-Pocket Limits	Yes	Yes
Outpatient Services		
• Preventive Services		
– Most ACA-Mandated Preventive Care Services	100% (deductible waived)	60% (deductible waived)
• Diagnostic X-Ray and Lab Tests	80%	60%
Maternity Care		
• Pregnancy and Maternity Pre-Natal Care	80%	60%
Inpatient Hospital Services		
• Inpatient Hospitalization	80%	60% (\$1k/day for non-emergency)
• Pre-Authorization of Services Required		
Surgical Services		
• Outpatient Facility Charge	80%	60% (\$350 max/service)
Emergency Services		
– Emergency Room Copay (Waived if Admitted)	80%	80%
• Ambulance		
– Air & Ground	80%	80%
Urgent Care		
• Urgent Care Facility	80%	60%
Mental Health & Substance Abuse Benefits		
• Inpatient Care	80%	60% (\$1k/day for non-emergency)
• Outpatient Care	80%	60%

* **Important Note:** Out-of-Network amounts/max you are responsible for may be higher due to no contract with Anthem, and providers could balance bill for anything Anthem does not pay



[Click here to watch a video on High Deductible Health Plans \(HDHP\).](#)

This comparison is intended to give a general description and overview of available plans. See individual plan material for detailed information.

Anthem Blue Cross High Deductible Health Plan (HDHP) Early Retirees (Non-Medicare) Only Plans (continued)

Anthem Blue Cross High Deductible Health Plan (HDHP) (continued)

Summary of Services	Anthem	
	HDHP \$1500/\$3000/\$3200 20/40	
	In-Network	Out-of-Network*
Prescription Drug Benefits		
• Rx Deductible	Medical deductible applies	Medical deductible applies
• Rx Annual Out-of-Pocket Limit/Individual	Medical OOP limit applies	Medical OOP limit applies
• Rx Drug Annual Out-of-Pocket Limit/Family	Medical OOP limit applies	Medical OOP limit applies
• Generic	1a: \$5 copay / 1b: \$15 copay	40% coinsurance up to \$250/rx
• Brand (<i>Formulary/Preferred</i>)	Tier 2: \$40 copay	40% coinsurance up to \$250/rx
• Brand (<i>Non-Formulary/Non-preferred</i>)	Tier 3: \$60 copay	40% coinsurance up to \$250/rx
• Typically Specialty (<i>Brand and Generic</i>)	Tier 4: 30% up to \$250	40% coinsurance up to \$250/rx
• Number of Days Supply	30 days	30 days
• Mail Order		
– Generic	1a: \$12.50 copay / 1b: \$37.50 copay	Not covered
– Brand (<i>Formulary/Preferred</i>)	Tier 2: \$120 copay	Not covered
– Brand (<i>Non-Formulary/Non-preferred</i>)	Tier 3: \$180 copay	Not covered
– Typically Specialty (<i>Brand and Generic</i>)	Tier 4: 30% up to \$250	Not covered
– Number of Days Supply for Mail Order	90 days	N/A
Other Services and Supplies		
• Durable Medical Equipment	50%	50%
• Home Health Care	80% (100 days/year)	60% (100 days/year)
• Skilled Nursing or Extended Care Facility	80% (150 days/year)	60% (150 days/year)
• Hospice Care	80%	60%
• Chiropractic Services	80% (30 visits/year)	60% (30 visits/year)
• Acupuncture	80% (20 visits/year)	60% (20 visits/year)
Outpatient Rehabilitative Therapy Services		
• Physical & Occupational	80% (40 days/year)	60% (40 days/year)
• Speech	80% (40 days/year)	60% (40 days/year)

* **Important Note:** Out-of-Network amounts/max you are responsible for may be higher due to no contract with Anthem, and providers could balance bill for anything Anthem does not pay



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California HMO Plans

Non-Medicare

Summary of Services	www.anthem.com/ca	www.kp.org	
	Anthem Blue Cross CaliforniaCare HMO	Kaiser Permanente Traditional HMO	Kaiser Permanente Deductible HMO (Early Retirees Only)
	In-Network Benefits Only	In-Network Benefits Only	In-Network Benefits Only
Maximum Lifetime Benefit	Unlimited	Unlimited	Unlimited
Annual Deductible			
• Member	N/A	N/A	\$1,000
• Family	N/A	N/A	\$2,000
Annual Out-of-Pocket Maximum			
• Member	\$500	\$1,500	\$3,000
• Family	\$1,500	\$3,000	\$6,000
	MEMBER COPAY	MEMBER COPAY	MEMBER COPAY
Preventive Services			
• Office Visits	\$10 copay	\$10 copay	\$20 copay
• Visit to a Specialist	\$10 copay	\$10 copay	\$20 copay
• Annual Physicals	No copay	No copay	No copay
• Self-Referral to GYN	Yes	Yes	Yes
• Mammograms	No copay	No copay	No copay
• Well-Child Care	No copay (birth through age 6)	No copay	No copay (birth to age 23 months)
• Immunizations	No copay (birth through age 6)	No copay	No copay
• X-Ray and Laboratory	No copay	No copay	No copay
• Chiropractic Services	No copay (60 consecutive days)	\$10 copay (30 visits)	\$10 (30 visits)
Emergency Service			
• Hospital Emergency Room (waived if admitted)	\$25 copay / visit	\$50 copay/visit	20%
• Urgent Care	\$10 copay	\$10 copay	\$20 copay
• Hospital Inpatient Services	No copay	No copay	20%
• Ambulance (Air & Ground)	No copay	\$50 copay/trip	\$150 copay/trip

This comparison is intended to give a general description and overview of available plans. See individual plan material for detailed information.

California HMO Plans (continued)

Non-Medicare

Summary of Services	www.anthem.com/ca	www.kp.org	
	Anthem Blue Cross CaliforniaCare HMO	Kaiser Permanente Traditional HMO	Kaiser Permanente Deductible HMO (Early Retirees Only)
	In-Network Benefits Only	In-Network Benefits Only	In-Network Benefits Only
	MEMBER COPAY	MEMBER COPAY	MEMBER COPAY
Inpatient Hospital *			
• Inpatient Surgery	No copay	No copay	20%
• Mental or Nervous Disorders	No copay	No copay	20%
• Acute Alcoholism or Drug Dependence	No copay	No copay	20%
Outpatient Hospital			
• Outpatient Surgery	No copay	\$10 copay/procedure	20%
• Mental or Nervous Disorders	\$10 copay/visit	\$10 copay/ind. \$5 copay/group	\$20 copay/visit (Ind.) \$10 copay/visit (Group)
• Acute Alcoholism or Drug Dependence	\$10 copay/visit	\$10 copay/ind. \$5 copay/group	\$20 copay/visit (Ind.) \$5 copay/visit (Group)
Maternity			
• Prenatal Care	\$10 copay	\$5 copay	No copay
• Postnatal Care	\$10 copay	\$10 copay	No copay
• Hospital Charges	No copay	No copay	20%
Prescription			
• Generic	\$5 copay (30 days)	\$5 copay (100 days)	\$10 copay (30 days)
• Brand (Preferred)	\$10 copay (30 days)	\$10 copay (100 days)	\$30 copay (30 days)
• Brand (Non-Preferred)	N/A	N/A	N/A
• Mail Order Prescription Drugs	\$5 copay / \$20 copay (90 days)	\$5 copay / \$10 copay (100 days)	\$20 copay / \$60 copay (100 days)
• Oral Contraceptives	Yes	Yes	Yes

* Pre-authorization required for facility-based care

This comparison is intended to give a general description and overview of available plans. See individual plan material for detailed information.

California HMO Plans (continued)

Medicare

The following chart provides an overview of your health plan options through the City of Glendale.

Summary of Services	www.anthem.com/ca	www.kp.org
	Anthem Blue Cross Senior Secure HMO In-Network Benefits Only	Kaiser Senior Advantage HMO In-Network Benefits Only
Maximum Lifetime Benefit	Unlimited	Unlimited
Annual Out-of-Pocket Maximum		
• Member	N/A	\$1,500
• Family	N/A	\$3,000
	MEMBER COPAY	
Preventive Services		
• Office Visits	No copay	\$10
• Visit to a Specialist	No copay	\$10
• Annual Physicals	No copay	No copay
• Mammograms	No copay	No copay
• Vision Exams and Frames	\$10 (1 exam / year) (\$75 allowance / 24 months)	\$10 (\$150 allowance / 24 months)
• Hearing Exams	No copay (1 exam / year)	\$10
• X-Ray and Laboratory	No copay	No copay
• Chiropractic Services	\$5 (12 visits / cal year)	Not covered
• Dental Coverage	Yes	Not covered
Emergency Service		
• Hospital Emergency Room (waived if admitted)	\$20 / visit	\$50 / visit
• Urgent Care	No copay	\$10 copay
• Hospital Inpatient Services	No copay	\$200 / admission
• Ambulance (Air & Ground)	No copay	\$50 / trip
Inpatient Hospital		
• Inpatient Surgery	No copay	\$200 / admission
• Mental or Nervous Disorders	No copay	\$200 / admission
• Acute Alcoholism or Drug Dependence	No copay	\$200 / admission
Outpatient Hospital		
• Outpatient Surgery	No copay	\$10 / procedure
• Mental or Nervous Disorders	No copay	\$10 / individual; \$5 / group
• Acute Alcoholism or Drug Dependence	No copay	\$10 / individual; \$5 / group
Prescription		
• Generic	\$7 (30 days)	\$10 (100 days)
• Brand	\$7 (30 days)	\$25 (100 days)
• Mail Order Prescription Drugs	\$15 (90 days)	\$10 / \$25 (100 days)

This comparison is intended to give a general description and overview of available plans. See individual plan material for detailed information.

Medical Benefits – Medicare Advantage (MAPD Plan)

Medicare Advantage

The following chart provides an overview of your health plan options through the City of Glendale. This comparison is intended to give a general description and overview of available plans. See individual plan material for detailed information.

Summary of Services	www.anthem.com/ca Anthem Blue Cross Medicare Advantage Plan	
	In-Network Benefits	Out-of-Network Benefits
Maximum Lifetime Benefit	Unlimited	
Annual Deductible		
• Member	\$100	
Annual Out-of-Pocket Maximum		
• Combined in and out-of-network	\$3,400	
	PPO MEMBER COPAY	NON-PPO MEMBER COPAY
Preventive Services		
• Office Visits	\$10 copay/deductible applies	
• Visit to a Specialist	\$25 copay/deductible applies	
• Preventive Care and Screenings	Covered at 100%	
• Bone mass measurement	\$0 copay	
• Colorectal screening	\$0 copay	
• Cardiovascular screening	\$0 copay	
• Diabetes screening	\$0 copay	
• Mammograms	\$0 copay	
• Prostrate screening	\$0 copay	
• Physical Exam	\$0 copay	
• Annual Wellness visit	\$0 copay	
• Chiropractic Services	\$20 copay /deductible applies	
Emergency Service		
• Emergency outpatient care (waived if admitted within 72 hours)	\$75 copay/deductible does not apply	
• Urgent Care	\$25 copay/deductible does not apply	
• Ambulance (provider must get approval if not emergency)	\$50 copay (one way trip) (Deductible does not apply)	

* Pre-authorization required for facility-based care.

This comparison is intended to give a general description and overview of available plans. See individual plan material for detailed information.

Medicare Advantage (MAPD Plan)

Medicare Advantage

Summary of Services	www.anthem.com/ca Anthem Blue Cross Medicare Advantage Plan	
	In-Network Benefits	Out-of-Network Benefits
Inpatient Hospital*		
• Inpatient Surgery	\$300 copay/admit (Deductible applies)	
• Mental or Nervous Disorders	\$300 copay/admit (Deductible applies)	
• Acute Alcoholism or Drug Dependence	\$300 copay/admit (Deductible applies)	
Outpatient Hospital*		
• Outpatient Surgery	\$100 copay/deductible applies	
• Mental or Nervous Disorders	\$25 copay/deductible applies	
• Acute Alcoholism or Drug Dependence	\$25 copay/deductible applies	
Prescription		
• Generic	\$10 (30 days)	Not covered
• Brand	\$20 (30 days)	Not covered
• Mail Order Prescription Drugs	\$10 / \$20 (90 days)	Not Covered
• Oral Contraceptives	Yes	

* Pre-authorization required for facility-based care.

Hospital Quality Comparison

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Out-of-State Plans

Non-Medicare

The following chart provides an overview of your health plan options through the City of Glendale.

Summary of Services	www.anthem.com/ca	
	Anthem Blue Cross Blue Card Network 80 / 60 Plan Non-Medicare	
	In-Network Benefits	Out-of-Network Benefits
Maximum Lifetime Benefit	Unlimited	
Annual Deductible		
• Member	\$200	\$400
• Family	\$400	\$800
Annual Out-of-Pocket Maximum	\$2,000	\$4,000
	PPO MEMBER COPAY	NON-PPO MEMBER COPAY
• Preventive Services	No copay	40%
• Office Visits	\$20 / deductible waived	40%
• Visit to a Specialist	\$20 / deductible waived	40%
• Annual Physicals	No copay	Not covered
• Mammograms	No copay	40%
• Vision Exams and Frames	Not covered	Not covered
• X-Ray and Laboratory	20%	20%
• Chiropractic Services	20%	40% (limit \$25 / visit)
• Dental Coverage	Not covered	Not covered
Emergency Service		
• Hospital Emergency Room	20%/deductible waived if admitted	20%/deductible waived if admitted
• Urgent Care	\$20 copay	40%
• Hospital Inpatient Services	20%	40%
• Ambulance	20%	20%

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Out-of-State Plans (continued)

Non-Medicare

Summary of Services	www.anthem.com/ca	
	Anthem Blue Cross Blue Card Network 80 / 60 Plan Non-Medicare	
	In-Network Benefits	Out-of-Network Benefits
	PPO MEMBER COPAY	NON-PPO MEMBER COPAY
Inpatient Hospital*		
• Inpatient Surgery	20%	40%
• Mental or Nervous Disorders	20%	40%
• Acute Alcoholism or Drug Dependence	20%	40%
Outpatient Hospital		
• Outpatient Surgery	No copay & deductible waived	40%
• Mental or Nervous Disorders	20%	40%
• Acute Alcoholism or Drug Dependence	20%	40%
Prescription		
• Generic	\$10 (30-day supply)	50% up to \$250 after deductible
• Brand	\$20 (30-day supply)	50% up to \$250 after deductible
• Mail Order Prescription Drugs	\$10/20 (90-day supply)	Not covered
• Limits in a Calendar Year	None	

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Out-of-State Plans (continued)

Anthem Blue Cross High Deductible Health Plan (HDHP)

Summary of Services	Anthem	
	HDHP \$1500/\$3000/\$3200 20/40	
	In-Network	Out-of-Network*
• Annual Deductible/Individual	\$1,500	\$4,500
• Annual Deductible/Family	\$3,000/member / \$3,200 family	\$4,500/member / \$9,000 family
• Coinsurance	80%	60%
• Office Visit/Exam	80%	60%
• Outpatient Specialist Visit	80%	60%
• Annual Out-of-Pocket Limit/Individual	\$3,000	\$9,000
• Annual Out-of-Pocket Limit/Family	\$3,500/member / \$7,000 family	\$9,000/member / \$18,000 family
• Deductible Included in Out-of-Pocket Limits	Yes	Yes
Outpatient Services		
• Preventive Services		
– Most ACA-Mandated Preventive Care Services	100% (deductible waived)	60% (deductible waived)
• Diagnostic X-Ray and Lab Tests	80%	60%
Maternity Care		
• Pregnancy and Maternity Pre-Natal Care	80%	60%
Inpatient Hospital Services		
• Inpatient Hospitalization	80%	60% (\$1k/day for non-emergency)
• Pre-Authorization of Services Required		
Surgical Services		
• Outpatient Facility Charge	80%	60% (\$350 max/service)
Emergency Services		
– Emergency Room Copay (Waived if Admitted)	80%	80%
• Ambulance		
– Air & Ground	80%	80%
Urgent Care		
• Urgent Care Facility	80%	60%
Mental Health & Substance Abuse Benefits		
• Inpatient Care	80%	60% (\$1k/day for non-emergency)
• Outpatient Care	80%	60%

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Out-of-State Plans (continued)

Anthem Blue Cross High Deductible Health Plan (HDHP) (continued)

Summary of Services	Anthem	
	HDHP \$1500/\$3000/\$3200 20/40	
	In-Network	Out-of-Network*
Prescription Drug Benefits		
• Rx Deductible	Medical deductible applies	Medical deductible applies
• Rx Annual Out-of-Pocket Limit/Individual	Medical OOP limit applies	Medical OOP limit applies
• Rx Drug Annual Out-of-Pocket Limit/Family	Medical OOP limit applies	Medical OOP limit applies
• Generic	1a: \$5 copay / 1b: \$15 copay	40% coinsurance up to \$250/rx
• Brand (Formulary/Preferred)	Tier 2: \$40 copay	40% coinsurance up to \$250/rx
• Brand (Non-Formulary/Non-preferred)	Tier 3: \$60 copay	40% coinsurance up to \$250/rx
• Typically Specialty (Brand and Generic)	Tier 4: 30% up to \$250	40% coinsurance up to \$250/rx
• Number of Days Supply	30 days	30 days
• Mail Order		
– Generic	1a: \$12.50 copay / 1b: \$37.50 copay	Not covered
– Brand (Formulary/Preferred)	Tier 2: \$120 copay	Not covered
– Brand (Non-Formulary/Non-preferred)	Tier 3: \$180 copay	Not covered
– Typically Specialty (Brand and Generic)	Tier 4: 30% up to \$250	Not covered
– Number of Days Supply for Mail Order	90 days	N/A
Other Services and Supplies		
• Durable Medical Equipment	50%	50%
• Home Health Care	80% (100 days/year)	60% (100 days/year)
• Skilled Nursing or Extended Care Facility	80% (150 days/year)	60% (150 days/year)
• Hospice Care	80%	60%
• Chiropractic Services	80% (30 visits/year)	60% (30 visits/year)
• Acupuncture	80% (20 visits/year)	60% (20 visits/year)
Outpatient Rehabilitative Therapy Services		
• Physical & Occupational	80% (40 days/year)	60% (40 days/year)
• Speech	80% (40 days/year)	60% (40 days/year)

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Out-of-State Plans (continued)

Medicare Advantage

Summary of Services	www.anthem.com/ca Anthem Blue Cross Medicare Advantage Plan	
	In-Network Benefits	Out-of-Network Benefits
Maximum Lifetime Benefit	Unlimited	
Annual Deductible		
• Member	\$100	
Annual Out-of-Pocket Maximum		
• Combined in and out-of-network	\$3,400	
	PPO MEMBER COPAY	NON-PPO MEMBER COPAY
Preventive Services		
• Office Visits	\$10 copay/deductible applies	
• Visit to a Specialist	\$25 copay/deductible applies	
• Preventive Care and Screenings	Covered at 100%	
• Bone mass measurement	\$0 copay	
• Colorectal screening	\$0 copay	
• Cardiovascular screening	\$0 copay	
• Diabetes screening	\$0 copay	
• Mammograms	\$0 copay	
• Prostrate screening	\$0 copay	
• Physical Exam	\$0 copay	
• Annual Wellness visit	\$0 copay	
• Chiropractic Services	\$20 copay /deductible applies	
Emergency Service		
• Emergency outpatient care (waived if admitted within 72 hours)	\$75 copay/deductible does not apply	
• Urgent Care	\$25 copay/deductible does not apply	
• Ambulance (provider must get approval if not emergency)	\$50 copay (one way trip) (Deductible does not apply)	

* Pre-authorization required for facility-based care.

This comparison is intended to give a general description and overview of available plans. See individual plan material for detailed information.

Out-of-State Plans (continued)

Medicare Advantage

Summary of Services	www.anthem.com/ca Anthem Blue Cross Medicare Advantage Plan	
	In-Network Benefits	Out-of-Network Benefits
Inpatient Hospital*		
• Inpatient Surgery	\$300 copay/admit (Deductible applies)	
• Mental or Nervous Disorders	\$300 copay/admit (Deductible applies)	
• Acute Alcoholism or Drug Dependence	\$300 copay/admit (Deductible applies)	
Outpatient Hospital*		
• Outpatient Surgery	\$100 copay/deductible applies	
• Mental or Nervous Disorders	\$25 copay/deductible applies	
• Acute Alcoholism or Drug Dependence	\$25 copay/deductible applies	
Prescription		
• Generic	\$10 (30 days)	Not covered
• Brand	\$20 (30 days)	Not covered
• Mail Order Prescription Drugs	\$10 / \$20 (90 days)	Not Covered
• Oral Contraceptives	Yes	

* Pre-authorization required for facility-based care.

Hospital Quality Comparison

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Dental

The City offers three dental care plans for qualified retirees, two of which provide you with more flexibility in selecting dentists (PPO), while the other requires you to choose your dentist from a list (DMO).

The dental care plan helps pay for preventive and restorative dental services for you and your dependents. The plan has three options, all of which are administered by Guardian.

1. **High Option PPO** – can only elect if enrolled in Anthem PPO plan or waived medical coverage.
2. Buy-Up PPO
3. MDC-G90 DMO

High Option PPO & Buy-Up PPO

The High Option and Buy-Up are standard PPO programs in which members have the freedom to choose any dentist. The program pays a percentage for covered services. You can search for contracted in-network providers on the Guardian website at www.guardiananytime.com under the Preferred Network

MDC-G90 DMO

The MDC-G90 DMO is a dental program that provides you and your family with quality dental benefits at an affordable cost. The MDC-G90 DMO program is designed to encourage you and your family to visit the dentist regularly to maintain your dental health. To receive your benefits, you must select a primary care network dentist when you enroll. The network consists of private practice dental offices that have been carefully screened for quality.

Note

In order to be eligible for the High Option PPO Plan, retirees must be enrolled in the Anthem Blue Cross PPO health plan or waive medical coverage.

This is only applicable to retirees who qualify per their Association's Memorandum of Understanding (MOU) at retirement.

Dental (continued)

The following chart provides an overview of your dental plan options through the City of Glendale.

Plan Benefits	www.guardiananytime.com				
	High Option PPO <i>Only Available if Enrolled in Anthem Blue Cross Prudent Buyer (PPO) Medical Plan or waived medical coverage</i>		Buy-Up PPO		MDC-G90 DMO
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network Only
Annual Maximum Benefit	\$1,500	\$1,000	\$1,000	\$1,000	Unlimited
Annual Deductible: Individual (3 individual deductibles / family)	\$50 Deductible waived for Preventive Services			\$50	N/A
	PPO % PAID	NON-PPO % PAID	PPO % PAID	NON-PPO % PAID	IN-NETWORK COPAY
Preventive Services					
• Oral Exam	100%	100%	80%	80%	No charge
• Teeth Cleaning	100%	100%	80%	80%	No charge
• X-Rays	100%	100%	80%	80%	No charge
Basic Services					
• Fillings	90%	80%	80%	60%	No charge
• Extractions	90%	80%	80%	60%	\$0 – \$40
• Endodontic Services / Root Canal Therapy	90%	80%	80%	60%	\$0 – \$90
• Periodontal Services	90%	80%	80%	60%	\$0 – \$95
• Oral Surgery	90%	80%	80%	60%	\$0 – \$55
• General Anesthesia (Surgical Procedures Only)	90%	80%	80%	60%	Not covered
Major Services					
• Crowns	60%	50%	50%	40%	\$90
• Dentures (Full / Partial)	60%	50%	50%	40%	\$110 – \$130
• Bridges	60%	50%	50%	40%	\$110 – \$130
Orthodontic Services					
• Children	60% (\$1,500 lifetime max)	50% (\$1,500 lifetime max)	N/A		\$1,975
• Adults	N/A	N/A	N/A		\$2,175

* **Important Note:** Out-of-Network amounts/max you are responsible for may be higher due to no contract with Anthem, and providers could balance bill for anything Anthem does not pay.

This comparison is intended to give a general description and overview of available plans. See individual plan material for detailed information.

Vision

As a VSP member, you have access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at low out-of-pocket costs.

You'll like what you see with VSP.

- **Value and Savings:** You'll enjoy more value and low out-of-pocket costs.
- **High Quality Vision Care:** You'll get great care from a VSP network doctor, including a WellVision Exam® — a comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers:** The decision is yours to make — with the largest national network of private-practice doctors, plus participating retail chains, it's easy to find the in-network doctor who's right for you.
- **Great Eyewear:** It's easy to find the perfect frame at a price that fits your budget.

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

Using Your VSP Benefit is Easy

- Create an account at [vsp.com](https://www.vsp.com). Once your plan is effective, review your benefit information.
- Find an eye doctor who's right for you. Visit [vsp.com](https://www.vsp.com) or call 800.877.7195.
- At your appointment, tell them you have VSP. There's no ID card necessary. If you'd like a card as a reference, you can print one on [vsp.com](https://www.vsp.com).

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit [vsp.com](https://www.vsp.com) to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at [eyeconic.com](https://www.eyeconic.com)®, VSP's preferred online eyewear store.

Visit www.vsp.com or call 800.877.7195 for more details on your vision coverage and exclusive savings and promotions for VSP members.

Vision (continued)

Good vision is an important component to your overall health. Retirees are now eligible to purchase voluntary vision coverage through VSP.

Vision Service Plan (VSP) Eligibility

The City provides the Vision Service Plan for employees and their eligible dependents at no cost. The plan pays benefits and offers discounts for most vision care expenses you incur while covered by the plan, subject to the maximum amounts shown below.

Vision Plan At-a-Glance – Your Coverage with a VSP Provider

Benefit	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$10 for exam and glasses	Every 12 months
Prescription Glasses			
Frame	<ul style="list-style-type: none">• \$150 allowance for a wide selection of frames• \$170 allowance for featured frame brands• 20% savings on the amount over your allowance• \$80 Costco® frame allowance	Combined with exam	Every 12 months
Lenses	<ul style="list-style-type: none">• Single vision, lined bifocal, and lined trifocal lenses• Polycarbonate lenses for dependent children	Combined with exam	Every 12 months
Lens Enhancements	<ul style="list-style-type: none">• Standard progressive lenses• Premium progressive lenses• Custom progressive lenses Average savings of 20-25% on other lens enhancements	\$55 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (<i>instead of glasses</i>)	<ul style="list-style-type: none">• \$130 allowance for contacts and contact lens exam (<i>fitting and evaluation</i>)	\$0	Every 12 months
Diabetic Eyecare Plus Program	<ul style="list-style-type: none">• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none">• Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details.• 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.		
	Retinal Screening <ul style="list-style-type: none">• No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam		
	Laser Vision Correction <ul style="list-style-type: none">• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities		

Your Coverage with Out-of-Network Providers

Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.

- **Exam:** up to \$45
- **Frame:** up to \$70
- **Single Vision Lenses:** up to \$30
- **Lined Bifocal Lenses:** up to \$50
- **Lined Trifocal Lenses:** up to \$65
- **Progressive Lenses:** up to \$50
- **Contacts:** up to \$105

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Vision (continued)

THE ULTIMATE PROVIDER PLAYLIST

The right song can set the mood, and the right vision provider can set the tone for a great eye care experience. With VSP®, your employees have the freedom to choose a provider they can really groove with.



**MORE CHOICES.
MORE FREEDOM.**

**VSP NETWORK PROVIDERS
84K ACCESS POINTS**



When it comes to choices, VSP has your employees and their eyes covered with a huge network of independent doctors, popular retailers, and an online option.

Independent Doctors

91% offer early morning, evening, and weekend appointments.

24-hour access to emergency care.

Eye Health Management Program®.

VSP Premier Program gives members the most out of their eye care experience at one location.



Retail Chains

For employees who prefer their favorite retailer, our network includes tons of participating retail chains, including:



Effortless Out-of-network Shopping

Buy Online, Anytime! Want even more options? You got it! Your employees can shop the latest designer glasses and name brand contacts online at Eyeconic.com®.

They can also choose any provider they wish. Saying, "I have VSP," is all it takes to shop out-of-network. We'll do the rest!



Enjoy the sweet song of employee satisfaction with true freedom of choice from VSP.