Active Employees	Anthem Blue Cross Basic CDHP*

*Disclaimer: This comparison contains the general features of the plans based on our knowledge at the time of this printing and is not intended to replace the legal documents that contain the complete provisions of each plan. Contract terms are outlined in detail in the certificates issue to you by the respective carriers. Final interpretation of any provision of the plan is governed by the master insurance contract and membership agreements on file in the Aerospace Employee Benefits Department.

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Substance Abuse-Inpatient Plan Maximums None I None I		·		
1.570	Substance Abuse-Inpatient Plan Maximums	None	None	l

Active Employees	Anthem Blue Cross Basic CDHP*

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Acaptersize 70% 50% 50% 50% 50% 50% 50% 50% 50% 50% 5	Alternative Care			
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Other Services Protection Day Numerical Congress Darsels Medical Equipment 70% 10% 10% 10% 10% 10% 10% 10%	Acupressure	70%	50%	
Protein Stage Care Total Control Cont	Massage Therapy	70%	50%	
Durable Medical Equipment 70% 50%	Other Services			
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Contact lenses-elective Not covered Not co				
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	Mail-Order - Brand Non-Formulary	50% \$120 min/ \$240 max	Not Covered	Also, applies for Smart90 (CVS and

Active Employees	Anthem Blue Cross Basic CDHP*

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2026 In-Network	2026 Out-of-Network	Comments
Subject to applicable formulary* or non- formulary copay	Not Covered	
Subject to applicable formulary* or non- formulary copay	Not Covered	
20% up \$100 copay maximum for All Specialty	Not Covered	
Non-Specialty - 90 Day; Specialty - 30 Day	Not Covered	
Not covered	Not Covered	
Rx Only	Not Covered	
\$0 copay for preferred strips; regular copay for supplies	Not Covered	
Regular copays; may be subject to prior authorization	Not Covered	
\$0 copay per ACA guidelines	Not Covered	
Not covered	Not Covered	
\$0 copay per ACA guidelines	Not Covered	
Not covered	Not Covered	
Metabolic Infant Formula only.	Not Covered	
	formulary copay Subject to applicable formulary* or non- formulary copay 20% up \$100 copay maximum for All Specialty Non-Specialty - 90 Day; Specialty - 30 Day Not covered Rx Only \$0 copay for preferred strips; regular copay for supplies Regular copays; may be subject to prior authorization \$0 copay per ACA guidelines Not covered \$0 copay per ACA guidelines Not covered	Subject to applicable formulary* or non- formulary copay Subject to applicable formulary* or non- formulary copay 20% up \$100 copay maximum for All Specialty Non-Specialty - 90 Day; Specialty - 30 Day Not Covered Not covered Not Covered Rx Only \$0 copay for preferred strips; regular copay for supplies Regular copays; may be subject to prior authorization \$0 copay per ACA guidelines Not Covered Not Covered