Active Employees and Pre-65 Retirees (Non-Medicare Only)

Anthem Blue Cross EPO - Non-California*

Benefits Department.				
Plan Changes are in Orange	2026 In-Network	2026 Comments		
General Information				
Lifetime Maximum Benefit	N/A			
Annual Maximum Benefit	N/A			
Coinsurance Percentage	100.00%			
Precertification Requirements	Precertification is required for certain			
'	services.			
Precertification Penalty	No Penalty			
Health Savings Account (HSA)	N/A			
Health Reimbursement Account (HRA)	N/A			
R&C	N/A			
Deductibles				
Individual Annual Deductible	N/A			
Family Annual Deductible	N/A			
Applies to Out-of-Pocket Maximum	N/A			
Prescription benefits are covered under	N/A			
medical deductible	1.071			
Out-of-Pocket Mx per Plan Year				
Individual Out-of-Pocket Maximum Per	\$3,000.00			
Family Out-of-Pocket Maximum Per Year	\$6,000.00			
Outpatient Services	ψ0,000.00			
-	Ф20			
Primary Care Physician Visits	\$20 copay			
Specialist Visit	\$35 copay			
Lab tests and X-ray	100.00%			
Specialized Imaging	\$100 copay			
Outpatient Surgery	100.00%			
Allergy Testing	100.00%			
Allergy Injections	100.00%			
Preventive Care				
Well Child Care Office Visit	100.00%			
Well Child Age limit	through age 18			
Adult Routine Physical Exams	100.00%			
Adult Immunizations	100.00%			
Routine Mammogram	100.00%			
Pap Smear	100.00%			
Prostate Screening (PSA)	100.00%			
Colon Cancer Screenings	100.00%			
Cardiovascular screenings	100.00%			
Hearing Evaluations	100.00%			
Inpatient Hospital				
Deductible per Confinement	N/A			
Deductible per Day	N/A			
Hospital Services	100.00%			
Physicians and Surgeons' Services	100.00%			
Emergency Services				
Emergency Room Treatment	\$75 copay			
Non-emergency or non-urgent use of ER	\$75 copay			
Ambulance	100.00%			
Urgent Care Facility Services	\$20 copay if services billed as office visit. If facility located and billed by a hospital, then ER copay applies.			
Physician Office Visit	\$20 copay			
After Hours	\$20 copay			
Maternity Care				
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Active Employees and Pre-65 Retirees
(Non-Medicare Only)

Anthem Blue Cross EPO - Non-California*

Physician Office Visit Maternity Care - Inpatient Delivery Midwife delivery services Mental Health Deductible per Confinement Deductible per Day N/A Mental Health Inpatient Mental Health Inpatient Mental Health Inpatient Mental Health Outpatient Mental Health - Group Therapy Mental Health - Group Therapy Mental Health - Group Therapy More More Mental Health - Group Therapy N/A Substance Abuse - Inpatient Treatment 100.00% Substance Abuse - Inpatient Treatment 100.00% Substance Abuse - Outpatient Plan Maximums Substance Abuse - Outpatient Plan Maximums Substance Abuse - Outpatient Plan Maximums More More More More More More More More	Plan Changes are in Orange	2026 In-Network	2026 Comments
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Active Employees and Pre-65 Retirees (Non-Medicare Only)

Anthem Blue Cross EPO - Non-California*

Benefits Department.				
Plan Changes are in Orange	2026 In-Network	2026 Comments		
Tubal ligation	\$0 copay			
Vasectomy	\$50 copay			
Contraceptive Drugs	Covered under pharmacy benefit			
Contraceptive Devices	100,00%			
Infertility Testing	50,00%			
Infertility Treatments - Office Visit	50.00%			
Infertility Treatments - Surgery	Not covered			
In Vitro Fertilization	Not covered			
Infertility Treatments - Lifetime Maximum	Not covered			
Vision Care	1101 0010100			
	Ф25 · · ·			
Eye Examination	\$35 copay			
Lenses	Not covered			
Frames	Not covered			
Contact lenses- necessary	Not covered			
Contact lenses-elective	Not covered			
Lasik Eye Surgery	Not covered			
Organ and Tissue Transplants				
Organ Transplant -Inpatient	100.00%			
Organs covered	100.00%			
Transplant Travel	100% subject to limitations			
Transplant donor expenses				
Lifetime Maximum	N/A			
Prescription Drug Coverage	13// \			
	NI/A			
Annual Prescription Deductible - Family	N/A			
Annual Prescription Deductible - Individual Out-of-Pocket Maximums - Individual	N/A \$3,600.00			
Out-of-Pocket Maximums - Family	\$3,600.00			
Annual Maximum Benefit	\$7,200.00 N/A			
Lifetime Maximum Benefit	N/A			
Generic Substitution	N/A N/A			
Retail Refill Penalty	N/A			
Prescription Drug Retail	IV/A			
	0.40			
Retail - Generic	\$10 copay			
Retail - Brand Formulary	\$30 copay			
Retail - Brand Non-Formulary	\$60 copay			
Single Source Brand	Subject to applicable formulary* or non-			
Mali Oarras Brand	formulary copay			
Multi Source Brand	Subject to applicable formulary* or non- formulary copay			
Charielty Injectable Madications	, , , , , , , , , , , , , , , , , , , ,			
Specialty Injectable Medications	20% up \$100 copay maximum for Self-			
Proporintian Drug Mail Order	Injectable Specialty medications only			
Prescription Drug Mail Order	Φ00	Al		
Mail-Order - Generic	\$20 copay	Also, applies for Smart90 (CVS and Walgreens)		
Mail-Order - Brand Formulary	\$60 copay	Also, applies for Smart90 (CVS and Walgreens)		
Mail-Order - Brand Non-Formulary	\$120 copay	Also, applies for Smart90 (CVS and Walgreens)		
Single Source Brand	Subject to applicable formulary* or non- formulary copay	<u>,</u>		
Multi Source Brand	Subject to applicable formulary* or non-			
Main Couloc Brand	formulary copay			
Specialty Injectable Medications	20% up \$100 copay maximum for Self-			
	Injectable Specialty medications only			
Day Supply	Non-Specialty - 90 Day; Specialty - 30 Day			

Blue Cross EPO - Non-California*
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Plan Changes are in Orange	2026 In-Network	2026 Comments
Other Services - Prescription Drugs		
Over the Counter	Exclusion	
Prenatal Vitamins	Subject to applicable formulary* or non- formulary copays	
Diabetic Supplies	\$0 copay for preferred strips; regular copay for supplies	
Lifestyle Drugs	Subject to applicable formulary* or non- formulary copays; may be subject to prior authorization	
Contraceptives - Injectable	\$0 copay per ACA guidelines	
Fertility Drugs	Exclusion	
Smoking Cessation	\$0 copay per ACA guidelines	
Cosmetic Medications	Exclusion	
Nutritional Supplements	Metabolic Infant Formula only.	