



2024 Benefits-at-a-Glance



Free Preventive Care

Preventive Services for All:

- Age-appropriate immunizations
- Blood pressure screening
- Cholesterol and lipid level screening
- Depression screening
- Type 2 diabetes screening
- Height, weight, BMI
- STI: screening and counseling
- Tobacco use: screening and counseling

Specific Preventive Services for Children

- Development & behavioral counseling
- Hearing screening

Specific Preventive Services for Women

- Well-women visits
- Breast cancer screenings
- Pregnancy screenings
- Pelvic exam and Pap test

Specific Preventive Services for Men

- Prostate cancer screenings

For a detailed listing of all services considered to be Preventive Care, contact Anthem Customer Service at **1-866-802-0510**.

Your SMP Medical Benefits

Option 1: Preferred Provider Organization (PPO)

A PPO plan gives you the flexibility to go to any doctor or hospital you wish. A PPO plan also gives you the freedom to go outside the network for care whenever you like. **However, you'll pay more for your care if you use an out-of-network provider.** A PPO has higher employee contributions with lower deductible and coinsurance.

If you elect the PPO plan, you have the option to enroll in the Health Care FSA, but not the Health Savings Account (HSA).

Option 2: HDHP Base Plan and Option 3: HDHP Value Plan

The HDHP Base and HDHP Value Plans have lower employee contributions with a higher deductible and coinsurance. With the exception of preventive care, a covered member must meet the annual deductible before the plan begins to pay benefits.

If you elect either of these HDHPs, you have the option to establish a Health Savings Account (HSA), provided you meet the IRS' eligibility guidelines. If you contribute to an HSA, you cannot contribute to a Health Care FSA.

About Out-of-Network Providers

Both medical plan options have out-of-network benefits, which means you can see any provider you wish. **Keep in mind that out-of-network providers can charge in excess of Anthem BCBS' covered amount.** Neither Anthem BCBS nor SMP are responsible for the amount billed by an out-of-network provider above the allowed amount for a service. For assistance with locating an in-network provider in your area, contact Anthem BCBS.

See next page for a comparison of benefits between both plans.

Medical Plan Comparison

Anthem Blue Cross Blue Shield	Option 1: PPO Plan	
	In-Network	Out-of-Network
Calendar Year Deductible • Individual • Family	\$1,300 \$2,400	\$2,400 \$4,600
Calendar Year Out-of-Pocket Maximum • Individual • Family	\$2,400 \$4,600	\$5,700 \$11,200
Coinsurance (Member Pays)	10%	30%
Preventive Care Well Child (to age 19), Routine Physicals (age 19+), Office Visits, Cancer Screening, Routine Hearing & Vision Exams, Immunizations	100%	Covered in-network only
Office Visits • Primary Care Physician • Specialist	10% after deductible 10% after deductible	30% after deductible 30% after deductible
Lab and X-Rays	10% after deductible	30% after deductible
Mental Health Office Visit (unlimited visits per plan year)	10% after deductible	30% after deductible
Emergency Care	\$250 copay	30% after deductible
Inpatient Hospital Admission	10% after deductible	30% after deductible
Outpatient Hospital Visit	10% after deductible	30% after deductible
Prescription Drug Coverage		
Retail Pharmacy (30-day supply): • Tier I • Tier II • Tier III • Tier IV	\$5 copay \$30 copay \$60 copay \$75 copay	\$10 copay \$35 copay \$90 copay \$120 copay
Mail Order (90-day supply): • Tier I • Tier II • Tier III • Tier IV	\$7.50 copay \$45 copay \$90 copay \$112.50 copay	N/A N/A N/A N/A

- Tiered Pharmacy Surcharge: A \$10/per prescription surcharge applies for using a Level 2 Pharmacy (see page 8).
- Mail Order: Members are required to fill maintenance medications through CarelonRx mail program (see page 8). Or, pickup at CVS pharmacy only for a 90-day supply of maintenance medications.

Out-of-network means the doctor/facility providing care does not have a contract with Anthem. If seeking out-of-network services, the deductible, coinsurance and out-of-pocket maximum will apply to the in-network rate. You will be responsible for any amount billed in excess of the in-network rate, therefore, your out-of-pocket maximum will likely exceed the amounts indicated.



Medical Plan Comparison

Anthem Blue Cross Blue Shield	Option 2: HDHP Base Plan		Option 3: HDHP Value Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible • Individual • Family	\$2,200 \$4,200*	\$3,950 \$7,700*	\$4,000 \$8,000*	\$12,000 \$24,000*
Calendar Year Out-of-Pocket Maximum • Individual • Family	\$3,950 \$7,700	\$7,450 \$14,700	\$6,350 \$12,700	\$19,050 \$38,100
Coinsurance (Member Pays)	10%	30%	20%	50%
Preventive Care Well Child (to age 19), Routine Physicals (age 19+), Office Visits, Cancer Screening, Routine Hearing & Vision Exams, Immunizations	100%	Covered in-network only	100%	Covered in-network only
Office Visits • Primary Care Physician • Specialist	10% after deductible 10% after deductible	30% after deductible 30% after deductible	20% after deductible 20% after deductible	50% after deductible 50% after deductible
Lab and X-Rays	10% after deductible	30% after deductible	20% after deductible	50% after deductible
Mental Health Office Visit (unlimited visits per plan year)	10% after deductible	30% after deductible	20% after deductible	50% after deductible
Emergency Care	10% after deductible	30% after deductible	20% after deductible	50% after deductible
Inpatient Hospital Admission	10% after deductible	30% after deductible	20% after deductible	50% after deductible
Outpatient Hospital Visit	10% after deductible	30% after deductible	20% after deductible	50% after deductible
Prescription Drug Coverage				
Retail Pharmacy (30-day supply): • Tier I • Tier II • Tier III • Tier IV	All non-preventive prescriptions are subject to deductible and coinsurance. There are several preventive drugs available for free under the following categories: Birth Control, Diabetes, Heart Health, High Blood Pressure, High Cholesterol, Smoking Cessation. A complete list of covered drugs is available under the Document Library at SMPbenefits.com .			
Mail Order (90-day supply): • Tier I • Tier II • Tier III • Tier IV				

- Tiered Pharmacy Surcharge: A \$10/per prescription surcharge applies for using a Level 2 Pharmacy (see page 8).
- Mail Order: Members are required to fill maintenance medications through CarelonRx mail program (see page 8). Or, pickup at CVS pharmacy only for a 90-day supply of maintenance medications.

* *Combined Deductible: If you have Employee +1 or Family coverage, all collective member claims under the plan must meet the full \$4,200 deductible before the plan goes into the 10% coinsurance. Once the total member responsibility exceeds \$4,200, the entire family (or employee +1) goes into coinsurance.*

Out-of-network means the doctor/facility providing care does not have a contract with Anthem. If seeking out-of-network services, the deductible, coinsurance and out-of-pocket maximum will apply to the in-network rate. You will be responsible for any amount billed in excess of the in-network rate, therefore, your out-of-pocket maximum will likely exceed the amounts indicated.

Medical Plan Comparison



Comparing Key Medical Plan Features

Choosing the right medical plan for you and your family may seem overwhelming at first. Everyone’s budget and medical needs are different. It all depends on what matters most to you.

The chart below highlights some of the key features of our plans.

Key Features	PPO Medical Plan	HSA Health Plan
Health Savings Account (Partially Funded by SMP)	No	Yes
Per Paycheck Cost	\$\$\$	\$\$
Deductible	\$	\$\$
In-Network Benefits	Yes	Yes
Out-of-Network Benefits	Yes	Yes
Office Visit Copays	No	No
Prescription Drug Coverage	Yes; subject to copays	Yes, subject to medical deductible before plan pays
Preventive Care Benefits (in-network only)	Free	Free

Prescription Drug Benefits

When you enroll in an Anthem BCBS medical plan, you have prescription drug coverage automatically through CarelonRx. Under both Anthem plans, we have programs in place for efficiency and cost management.

- **Exclusive Specialty Program:** Members must fill specialty medication prescriptions through CarelonRx's Specialty Pharmacy.
- **Prior Authorization:** Providers will be required to obtain approval from Anthem when prescribing certain medications to ensure drugs are being appropriately used as recommended by the FDA.
- **Step Therapy:** If your doctor prescribes a specific medication, you may need to try one or more other drugs before Anthem will cover the medication your doctor ordered.
- **Tiered Pharmacy Surcharge:** Members can fill prescriptions at Level 1 and Level 2 pharmacies. If you go to a Level 2 pharmacy, you will pay a surcharge (PPO: \$10 / HDHP: 10%). Log on to [anthem.com](https://www.anthem.com) to find a Level 1 pharmacy near you.
- **Quantity Limits:** Members may not exceed filling a maximum covered amount of medications (number of pills) filled in a certain time period.
- **Preferred Generic:** Members must purchase the generic equivalent of a brand-name drug unless the doctor received prior authorization for the drug to be filled as a brand name. If you choose a brand name when a generic is available and the doctor does not receive an approved prior authorization, you will be responsible for paying the difference between the brand name cost and the generic cost.
- **Mail Order Program:** SMP requires that you fill maintenance drugs using CarelonRx home delivery mail order program, which will save you and the company money! You receive a 90-day supply of maintenance medications at home instead of going to the pharmacy every 30 days. With mail order, you may save approximately 33% on the cost of the medications.
- **90-Day Supply at CVS:** Members can get a 90-day supply of a maintenance medication filled at a CVS retail pharmacy for the same copay/cost as the mail order program.
- **Cost Relief:** This feature combines an innovative specialty copay plan design strategy with an improved member experience to help optimize savings from available manufacturer assistance programs — reducing member and company specialty drug costs.
- **Specialty Cost Optimization:** This feature combines the strength of CarelonRx medical specialty programs into a single offering, providing end-to-end management of specialty utilization and spend.

Employee Monthly Medical Contributions

Below are the monthly, pre-tax employee contributions for medical coverage. Contributions are based on salary bands. To determine your salary band, refer to the chart below. Then, locate your band in the rate charts for each medical plan option.

Band	Minimum Range	Maximum Range	Band	Minimum Range	Maximum Range
1	—	\$30,000	9	\$90,001	\$100,000
2	\$30,001	\$35,000	10	\$100,001	\$110,000
3	\$35,001	\$40,000	11	\$110,001	\$120,000
4	\$40,001	\$50,000	12	\$120,001	\$130,000
5	\$50,001	\$60,000	13	\$130,001	\$140,000
6	\$60,001	\$70,000	14	\$140,001	\$150,000
7	\$70,001	\$80,000	15	\$150,000	\$1,000,000
8	\$80,001	\$90,000			

Band	Option 1: PPO Plan			Option 2: HDHP Base Plan			Option 3: HDHP Value Plan		
	Employee Only	Employee + 1	Family	Employee Only	Employee + 1	Family	Employee Only	Employee + 1	Family
1	\$119	\$264	\$335	\$72	\$192	\$239	\$34	\$91	\$113
2	\$149	\$309	\$394	\$102	\$237	\$299	\$48	\$112	\$142
3	\$155	\$316	\$405	\$107	\$244	\$309	\$51	\$116	\$146
4	\$165	\$331	\$424	\$117	\$259	\$329	\$56	\$123	\$156
5	\$174	\$346	\$444	\$127	\$274	\$348	\$60	\$130	\$165
6	\$184	\$361	\$465	\$137	\$288	\$369	\$65	\$137	\$175
7	\$195	\$376	\$484	\$147	\$304	\$388	\$70	\$144	\$184
8	\$204	\$390	\$504	\$157	\$318	\$408	\$74	\$151	\$193
9	\$214	\$406	\$524	\$167	\$334	\$428	\$79	\$158	\$203
10	\$225	\$420	\$544	\$177	\$348	\$448	\$84	\$165	\$212
11	\$234	\$436	\$563	\$186	\$364	\$468	\$88	\$172	\$222
12	\$244	\$450	\$584	\$197	\$378	\$488	\$93	\$179	\$231
13	\$254	\$466	\$604	\$207	\$393	\$508	\$98	\$186	\$241
14	\$264	\$480	\$623	\$216	\$408	\$527	\$102	\$193	\$250
15	\$269	\$487	\$633	\$221	\$416	\$538	\$105	\$197	\$255

Wellness Surcharge ▼

If you were hired prior to July 15 and/or had a spouse covered under our medical plan, but did not complete the wellness program, add \$50 per month to your monthly medical plan contribution.

