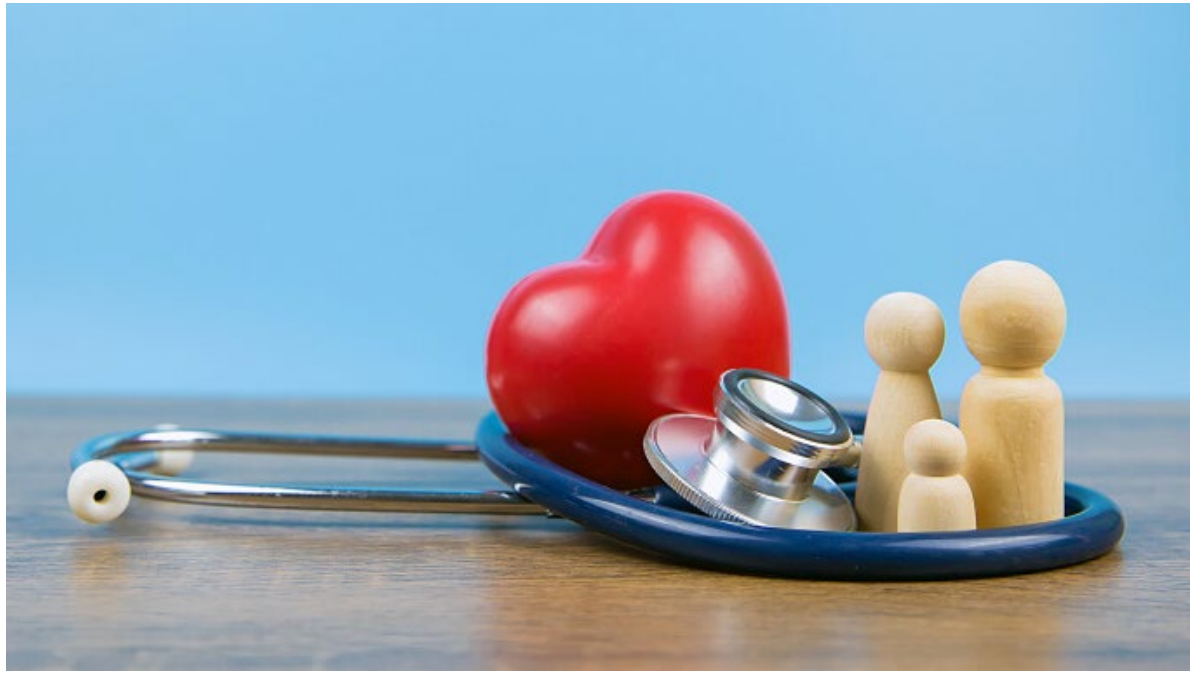
Hrtalks Benefits: All About Our Medical Plans for 2026



85 years of support and expertise*

100 million total lives served

1.7 million doctors and hospitals[1]

Your Anthem Plan

- Nation's largest network of doctors and hospitals
- Coverage for preventive care
- Convenient virtual care options
- Health & wellness resources
- Benefits for urgent care and emergency care
- Advanced digital resources

Things to know about your medical plan

- Health plan benefits are based on the setting in which covered services are received.
- In-Network Providers include Primary Care Physicians (PCPs), Specialists (SCPs), other professional Providers, Hospitals, and other Facilities who contract with us to care for you. Referrals are never needed to visit an In-Network Specialist, including behavioral health Providers.
- No Charge means no deductible, copayment, coinsurance up to the maximum allowable amount in-network.
- Annual deductible: A flat dollar amount you pay each year before the plan begins to pay.
- Copay: A flat fee you pay for care at the point of service. The amount varies based on the plan you choose and the service you receive.
- Coinsurance: The percentage of the bill you pay for certain services after you meet the annual deductible.
- Annual out-of-pocket maximum: The maximum amount you pay for eligible medical expenses in the year (does not include your paycheck premium deductions). After you reach this amount for the year, the plan pays 100% of covered services for the remainder of the year. Copays, coinsurance and deductibles accumulate toward the out-of-pocket max.

	Preferred Provider Organization (PPO) w/Optum HRA	UofL Health Plan (ULH) No out of network benefits – other than emergency services		Consumer Driven Health Plan (CDHP) w/ Optum HSA
	Anthem Network DED/OOP EMBEDDED	T1: ULH (UofL) Provider Network DED/OOP EMBEDDED	T2: Anthem Network	Anthem Network DED/OOP AGGREGATE
ANNUAL PER PERSON and PER FAMILY DEDUCTIBLE	▪ $250 Person ▪ $750 Family	▪ $0 Person ▪ $0 Family	▪ $500 Person ▪ $1,000 Family	▪ $2000 Person ▪ $4,000 Family
ANNUAL PER PERSON and PER FAMILY OUT OF POCKET MAXIMUM	▪ $2,250 Person ▪ $4,750 Family	▪ $2,000 Person ▪ $4,000 Family	▪ $4,500 Person ▪ $9,000 Family	▪ $4,600 Person ▪ $9,200 Family
MEMBER COINSURANCE	10% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	20% coinsurance after deductible
PREVENTIVE CARE, SCREENINGS AND IMMUNIZATIONS	No Charge	No Charge	No Charge	No Charge
PROFESSIONAL OFFICE, HOME and VIRTUAL VISITS ❖ OBGYN visits covered as primary/PCP doctor	▪ ULP PCP: No charge ▪ PCP: $20 per visit ▪ SCP: $35 per visit	No Charge	▪ PCP: $25 per visit ▪ SCP: $50 per visit	20% coinsurance after deductible
ANTHEM MOBILE APP OR WEBSITE VIRTUAL CARE OPTIONS THROUGH LIVEHEALTH ONLINE PROVIDER	▪ PCP: $20 per visit	Not Applicable Not a UofL Physician	▪ PCP: $25 per visit	
DIAGNOSTIC SERVICES | LAB & X-RAY	▪ Office/Lab: No Charge ▪ X-Ray – Office: 10% coinsurance after deductible	▪ Office/Lab: No Charge ▪ Outpatient: No Charge	Office/Lab or Outpatient: 30% coinsurance after deductible	
ADVANCED DIAGNOSTIC IMAGING FOR EXAMPLE: MRI, PET AND CAT SCANS	10% coinsurance after deductible	▪ Office/Lab: $75 per visit ▪ Outpatient: $75 per visit	30% coinsurance after deductible	
AMBULANCE | GROUND, AIR AND WATER	$100 per trip	$100 per trip	$100 per trip	

	Preferred Provider Organization (PPO) w/Optum HRA	UofL Health Plan (ULH) No out of network benefits – other than emergency services		Consumer Driven Health Plan (CDHP) w/ Optum HSA
	Anthem Network	ULH (UofL) Provider Network	Anthem In-Network	Anthem Network
EMERGENCY ROOM FACILITY SERVICES ❖ Emergency Services Covered - At the INN benefit level	ER Care: $150 per visit Copay waived if admitted.	ER Care: $150 per visit Copay waived if admitted.	ER Care: $150 per visit Copay waived if admitted.	20% coinsurance after deductible
URGENT CARE	Urgent Care: $30 per visit	Urgent Care: $30 per visit	Urgent Care - $50 per visit	
OUTPATIENT SERVICES ❖ Includes maternity	▪ ULP (PCP): No charge ▪ PCP: $20 ▪ Other Outpatient and Therapies: 10% coinsurance after deductible	▪ ULP Provider Office: No charge ▪ Therapies: $20 Per visit	▪ PCP: $25 Per visit ▪ SPC: $50 Per visit ▪ Therapies: 30% coinsurance after deductible	
INPATIENT SERVICES ❖ Includes maternity	10% coinsurance after deductible	$300 per admission	30% coinsurance after deductible	
IF YOU NEED HELP RECOVERING OR HAVE OTHER SPECIAL HEALTH NEEDS ❖ Home Health Care: 100 visits per benefit period. ❖ Skilled Nursing: 120-day limit per benefit period.	10% coinsurance after deductible	▪ Home Health Care: No Charge ▪ Rehabilitation Services: $20 per visit ▪ Habilitation Services: $20 per visit ▪ Skilled Nursing: No Charge	30% coinsurance after deductible	
SURGERY BENEFITS	▪ Inpatient & Outpatient: 10% coinsurance after deductible per admit/visit ▪ Office - PCP: $20 per visit ▪ Office - SPC: $35 per visit	▪ Inpatient: $300 per admission ▪ Outpatient: $100 per visit ▪ Office PCP: No charge ▪ Office SPC: No charge	▪ Inpatient & Outpatient: 30% coinsurance after deductible ▪ Office PCP: $25 per visit ▪ Office SPC: $50 per visit	
DURABLE MEDICAL EQUIPMENT	10% coinsurance after deductible	No Charge	30% coinsurance after deductible	

	Preferred Provider Organization (PPO) w/Optum HRA	UofL Health Plan (ULH) No out of network benefits – other than emergency services		Consumer Driven Health Plan (CDHP) w/ Optum HSA
	Anthem Network	ULH (UofL) Provider Network	Anthem Network	Anthem Network
MATERNITY SERVICES ❖ Benefits are based on the setting in which Covered Services are received. ❖ Maternity care may include specific tests and services (i.e., ultrasound).	▪ ULP PCP - Office Visit: No charge ▪ PCP - Office Visit: $20 ▪ Childbirth/delivery professional & facility services: 10% coinsurance after deductible ❖ Copay applies for 1st prenatal office visit; remainder of services are included in the "Global Fee" (10% coinsurance after ded.)	▪ Office Visit: No Charge ▪ Childbirth/delivery professional services: No Charge ▪ Childbirth/delivery facility services: $300 per admission	▪ Office Visit: $25 per visit ▪ Childbirth/delivery professional & facility services: 30%coinsurance after deductible ❖ Copay applies for 1st prenatal office visit; remainder of services are included in the "Global Fee" (30% coinsurance after ded.)	20% coinsurance after deductible
OTHER COVERED SERVICES ❖ This summary does not reflect each benefit, exclusion and limitation which may apply to the coverage.	▪ **Physical and Occupational Therapy:** 50 visits combined per benefit period. ▪ **Speech Therapy:** 25 visits per benefit period ▪ **Cognitive Therapy:** 25 visits per benefit period ▪ **Chiropractic/Manipulation therapy:** 30 visits per benefit period		▪ **Cardiac Rehabilitation:** Unlimited ▪ **Pulmonary Rehabilitation:** 25 visits per benefit period ▪ **Respiratory Therapy:** 25 visits per benefit period	
	Note: ❖ The limits for physical, occupational, and speech therapy will not apply if you receive care as part of the Hospice benefit or Mental Health and Substance Use Disorder benefit, including Autism Services. ❖ When you get physical, occupational, speech therapy, cardiac rehabilitation, or pulmonary rehabilitation in the home, the Home Care Visit limit will apply instead of the Therapy Services limits listed above. ❖ If pulmonary rehabilitation is given as part of physical therapy, the Physical Therapy limit will apply instead of the Pulmonary Rehabilitation limit. ❖ Benefits are based on the setting in which Covered Services are received.			

	Preferred Provider Organization (PPO) w/Optum HRA	UofL Health Plan (ULH) No out of network benefits – other than emergency services		Consumer Driven Health (CDHP) w/ Optum HSA
	Anthem Network	ULH (UofL) Provider Network	Anthem Network	Anthem Network
CONTINUED….OTHER COVERED SERVICES ❖ Benefits are based on the setting in which Covered Services are received.	UofL will cover one **hearing aid** per hearing impaired ear every 36 months up to $3,000 applying the in-network deductible and coinsurance.			
	In-Network Infertility Benefit Maximum ▪ $5,000 medical claims per covered person per Lifetime ▪ $5,000 pharmacy claims per covered person per Lifetime ▪ This Maximum applies to all medical infertility treatments			
	Bariatric Surgery			
	Blue Cross Blue Shield Global Core® Program- See www.bcbsglobalcore.com			
	Your Plan includes benefits for Medically Necessary **allergy testing and treatment**, including allergy serum and allergy shots.			
	Diabetes - Benefits are available for medical services, supplies, equipment, insulin, and prescription drugs needed to treat diabetes. Covered Services also include diabetic self-management training and education programs, including medical nutrition therapy.			
	Benefits are available for certain types of **orthotics** (braces, boots, splints). Covered Services include the initial purchase, fitting, and repair of a custom made rigid or semi-rigid supportive device used to support, align, prevent, or correct deformities or to improve the function of movable parts of the body, or which limits or stops motion of a weak or diseased body part.			

PHARMACY

Express Scripts ("PBM") has been designated by your employer to provide **pharmacy services** by the Plan.

- Cost share shown is per prescription.
- Certain preventive prescription drugs may be covered at a reduced cost share or no cost share.
- Infertility drugs are subject to a $5,000 lifetime limit.
- Penalties may apply to brands that have generic equivalents.
- Penalties do not apply to the deductible or out-of-pocket limit.
- Prior authorization or step therapy may be required. Select drugs have quantity limits.
- Formulary exclusions may apply.
- Specialty drugs are required to be filled at Specialty Pharmacy.
- Specialty drugs are limited to a 30-day supply.

Note: A formulary is a list of preferred drugs from Express Scripts (your pharmacy benefit manager) based on evaluations by independent physicians. The Express Scripts formulary for UofL is available online at express-scripts.com.

The formulary may change during the year when:

- A generic drug becomes available to replace the brand-name drug
- A drug becomes available over the counter (no longer covered under the pharmacy benefit)
- New drugs are approved

Pharmacy Administered By **Express Scripts**	**Preferred Provider Organization** (PPO) w/Optum HRA	**UofL Health Plan (ULH)** The ULH plan has no out of network benefits.	**Consumer Driven Health Plan** (CDHP) w/Optum HSA
Non-Specialty Drugs | Retail 30-day and Mail Order 90-day ❖ Annual Prescription Out-of-pocket Maximum for In-network Pharmacy (**not available for out-of-network**)			
Deductible	▪ $0 Person ▪ $0 Family	• $0 Person • $0 Family	▪ $2,000 Person ▪ $4,000 Family ❖ Combined with medical
OUT OF POCKET MAXIMUM	▪ $2,600 Person ▪ $5,200 Family ❖ Rx Expenses Only	▪ $4,600 Person ▪ $9,200 Family ❖ Rx Expenses Only	▪ $4,600 Person ▪ $9,200 Family ❖ Combined with medical
GENERIC FORMULARY	▪ Retail 30-day supply[1] = $10 ▪ Mail Order 90-day supply = $20[2]		❖ Same copay as the column to the left after the deductible has been satisfied. ❖ Select drugs will bypass the deductible[4]
BRAND FORMULARY	▪ Retail 30-day supply[1] = 25% (max $60) ▪ Mail Order 90-day supply = 15% (max $120)		
NON-FORMULARY	▪ Retail 30-day supply[1] = 40% (max $100) ▪ Mail Order 90-day supply = 35% (max $200)		

1. Retail 90-day supply is available for 3x the retail 30-day cost
2. Select generic drugs that are maintenance therapy are available through mail order home delivery at $0 member cost
3. UofL Rx Benefit utilizers the National Preferred Formulary for coverage. Medications included on that list are considered "formulary" and anything not listed is either non-formulary or not covered
4. The "Preventive List" is available on the benefits website and contains a complete listing of all the drugs that 'bypass' the deductible requirement for coverage

❖ Please refer to KYRx for specific drug questions such as formulary status, coverage, cost, or general therapeutic questions about the medications. Pharmacists are ready to take your call or email 855-218-5979 or kyrx@uky.edu

Pharmacy Administered By **Express Scripts**	**Preferred Provider Organization** (PPO) w/Optum HRA	**UofL Health Plan (ULH)** The ULH plan has no out of network benefits.	**Consumer Driven Health Plan** (CDHP) w/Optum HSA
SPECIALTY RX ❖ Mail Order 30-DAYS			
GENERIC	25% (max $100)		25% (max $100) after deductible
Brand Formulary	25% (max $150)		25% (max: $150) after deductible
Non-Formulary	40% (max $250)		40% (max: $250) after deductible

❖ Please refer to KYRx for specific drug questions such as formulary status, coverage, cost, or general therapeutic questions about the medications.

❖ Pharmacists are ready to take your call or email 855-218-5979 or kyrx@uky.edu

Register on anthem.com and download the Sydney app

Go to

anthem.com/signup.

OR

Text

SYDHEALTH to **268436** to download the app and log in.

OR

Scan

this code with your smartphone to download the app and log in.

Your ID card is always available on Sydney Health, and works the same as a printed ID card.

Thank you for choosing Anthem

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