INSURANCE TRUST for Delta Retirees

Anthem

Delta Family Values – Quality and Service

2024 Summary of Benefits

A side-by-side comparison of your 2024 Medicare-Supplement Type Plan options

The benefits summarized are extracted from the ITDR 2024 Benefit Guide, pages 28-33.

SUPPLEMENT-TYPE MEDICAL PLANS | Summary of Benefits

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan
CALENDAR YEAR DEDUCTIBLE	**$300** Only applies to Part B services, and **must be satisfied before any Medicare Part B benefits are paid.** The Medicare Part B deductible is included in this $300 calendar year deductible. **Note:** Plan pays entire Medicare Part A deductible; member pays $0 of Medicare Part A deductible.	**$0**
MAXIMUM ANNUAL OUT OF POCKET	**$1,500** Only applies to Part B services. All Part B coinsurance and deductible amounts accrue towards the medical plan maximum annual out-of-pocket amount, with the exception of the foreign travel emergency and urgently needed care deductible or coinsurance amounts.	**$0**
INPATIENT HOSPITAL COVERAGE	$0 copay until 365 days, member pays 100% of all charges beyond 365 days.	$0 copay until 365 days, member pays 100% of all charges beyond 365 days.
OUTPATIENT HOSPITAL COVERAGE	10% coinsurance, deductible applies.	Member pays $0.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan
DOCTOR VISITS (PRIMARY & SPECIALISTS)	10% coinsurance, deductible applies.	Member pays $0.
EMERGENCY CARE	10% coinsurance, deductible applies.	Member pays $0.
SKILLED NURSING FACILITY	$0 copay until 100 days, member pays 100% of all charges beyond 100 days. Prior hospital stay may be required.	$0 copay until 100 days, member pays 100% of all charges beyond 100 days. Prior hospital stay may be required.
URGENT CARE	10% coinsurance, deductible applies.	Member pays $0.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan
PREVENTIVE CARE	$0 for most exams and screenings, Medicare lists screenings that require deductible and coinsurance: https://medicare.gov/coverage/preventive-screening-services. Coverage for expenses incurred for physical exams, preventive screening tests and services and any other tests or preventive measures determined to be appropriate by the attending physician, not otherwise covered by Medicare: Maximum plan benefit of $120 per calendar year; member pays all expenses over $120 calendar year maximum. Diabetes Self-Management Training: $0 copay; 10% coinsurance. Plan deductible applies.	$0 for most exams and screenings, Medicare lists screenings that require deductible and coinsurance: https://medicare.gov/coverage/preventive-screening-services. Coverage for expenses incurred for physical exams, preventive screening tests and services and any other tests or preventive measures determined to be appropriate by the attending physician, not otherwise covered by Medicare: Maximum plan benefit of $120 per calendar year; member pays all expenses over $120 calendar year maximum. Diabetes Self-Management Training: Member pays $0.
DIAGNOSTIC SERVICES/ LABS/IMAGING	10% coinsurance for each x-ray visit and/or simple diagnostic test, complex diagnostic test and/or radiology visit, deductible applies. Member pays $0 for clinical lab services, blood tests, urinalysis.	Member pays $0.
TRANSPORTATION (MEDICALLY NECESSARY)	10% coinsurance, deductible applies. Non-emergency transportation must be medically necessary and supported by written order from a doctor.	Member pays $0. Non-emergency transportation must be medically necessary and supported by written order from a doctor.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan
MEDICAL SUPPLIES*	10% coinsurance, deductible applies.	Member pays $0.
PHYSICAL THERAPY	10% coinsurance, deductible applies.	Member pays $0.
AMBULANCE	10% coinsurance, deductible applies.	Member pays $0.
HOSPICE CARE	Member pays $0.	Member pays $0.
FOREIGN TRAVEL EMERGENCY CARE	$250 annual deductible. Member pays 20% of expenses incurred for emergency care during the first six months of each trip. Lifetime maximum of $100,000. Member pays 100% thereafter. After the plan pays benefits for foreign travel emergency and urgently needed services, you are responsible for the remaining cost. Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months.	Member pays $0 of expenses incurred for emergency care during the first six months of each trip. Lifetime maximum of $100,000. Member pays 100% thereafter. After the plan pays benefits for foreign travel emergency and urgently needed services, you are responsible for the remaining cost. Emergency or urgently needed care services while traveling outside the United States or its territories during a temporary absence of less than six months.

*Medical Supplies refers to Medicare Part B - covered durable medical equipment and supplies, including diabetes testing equipment and supplies.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan
PART B DRUGS	10% coinsurance for Medicare-covered Part B drugs, deductible applies. Member pays $0 for the pneumonia, influenza, hepatitis B, or other Medicare-covered vaccines.	Member pays $0. Member pays $0 for the pneumonia, influenza, hepatitis B, or other Medicare-covered vaccines
MENTAL HEALTH: OUTPATIENT	10% coinsurance, deductible applies.	Member pays $0.
MENTAL HEALTH: INPATIENT	$0 copay until 365 days, member pays 100% of all charges beyond 365 days.	$0 copay until 365 days, member pays 100% of all charges beyond 365 days.
HEARING SERVICES*	10% coinsurance, deductible applies.	Member pays $0.

* Hearing services refer to Medicare-covered basic diagnostic hearing and balance exams; to determine if you need medical treatment, and these services are furnished by a physician, audiologist, or other qualified provider.

DENTAL SERVICES*	10% coinsurance, deductible applies.	Member pays $0.

* Dental services refer to non-routine Medicare-covered services and are limited to: surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician.

If your Medical Plan has a deductible, it must be met before copayments or coinsurance will apply.

	Supplement-Type Standard Plan	Supplement-Type Enhanced Plan
EYE HEALTH*	10% coinsurance, deductible applies.	Member pays $0.

* Eye health refers to glaucoma screenings for high risk members, diabetic retinopathy screening, macular degeneration tests and treatment, and eye prostheses (replacement covered once every five years).

For a complete list of services, refer to the Evidence of Coverage (EOC) for each plan, which is available at anthem.com. An additional resource is the "Medicare & You" handbook, which Medicare will mail to you each year. You can also access it online anytime at **https://medicare.gov/medicare-and-you/medicare-and-you.html**.

This information is not a complete description of benefits. **ITDR Benefit Questions: (877) 325-7265**.