

City of Atlanta 2024 Non-Medicare Retiree Medical Plan Options

Plan Provisions	Anthem BCBS POS Blue Open Access Plan		Kaiser Permanente HMO
	In-Network	Out-of-Network	In-Network Only
Lifetime Maximum	Unlimited		
Deductible (individual/family)	\$500/\$1,500	\$800/\$2,400	\$500/\$1,500
Annual Out-of-Pocket Maximum (individual/family)	\$2,500/\$7,500	\$4,000/\$12,000	\$2,500/\$7,500
Preventive Care			
Immunizations	100% (no copay)	70% after deductible	100% (no copay)
Pap Smear/Mammography/Prostate Screening			
Routine Physicals			
Health Care			
Primary Care	\$20 copay	70% after deductible	\$20 copay
Specialist	\$40 copay	70% after deductible	\$35 copay
Emergency Services	\$300 copay (waived if admitted)		
Inpatient Hospital	90% after deductible		
Outpatient Hospital Services • Hospital Charges • Diagnostic X-ray/Lab Services • Physician Services	90% after deductible		
Mental Health/Substance Abuse			
Inpatient and Partial Hospitalization Fees/Services	90% after deductible	70% after deductible	90% after deductible
Outpatient Mental Health Treatment	90% after deductible	70% after deductible	\$20 copay (unlimited visits)
Additional Services			
Ambulance Service	100% after \$300 copay		
Skilled Nursing Facility (100-day max)	90% after deductible	70% after deductible	90% after deductible
Home Health Care	100% after deductible (40 visits per year max)	70% after deductible	No charge (120 visits per year max)
Hospice Care	100% after deductible	100% after deductible	No charge
Prescription Drugs*			
Generic (30-day supply)	\$15	70% after deductible	\$20 KP/\$30 NWK
Preferred Brand (30-day supply)	\$30	70% after deductible	\$40 KP/\$50 NWK
Non-Preferred Brand (30-day supply)	\$40	70% after deductible	N/A
Specialty Drugs	80% (\$80 min/\$120 max)	N/A	80% (\$80 min/\$250 max)
Mail Order (90-day supply)	2x retail copay	Not covered	2x retail copay
Vision			
Eye Exam (only for injury or disease of the eye)	\$20 copay PCP \$40 copay Specialist	70% after deductible	\$35 copay

* Medications with a generic equivalent will be filled as generic unless the physician indicates DAW (dispense as written). If DAW is not indicated, members who choose the brand over the generic will pay the applicable copay plus the difference in cost between the brand name and the generic. All specialty medications must be filled through the mail order program.