

# **City of Albany**

## **Summary of Changes for 2025**

### **Anthem PPO Plan**

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This document provides a summary of the changes to your plan's benefits and costs. This summary doesn't list every service that we cover or list every limitation or exclusion. For more details about your benefits and services, please review your *Evidence of Coverage (EOC)*. You can access your *EOC* online, by logging into the member portal at [www.anthembluecross.com](http://www.anthembluecross.com) or you can call Member Services with any questions you may have. The number to call is listed inside.

## Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)		2025 (next year)	
	In-network	Out-of-network	In-network	Out-of-network
<b>Dental services - routine</b>	<p>Must use a LIBERTY Dental participating provider.</p> <p><b>Oral exams</b> \$0 for an oral evaluation 1 oral exam every 12 months combined in-network and out-of-network</p> <p><b>Cleanings</b> \$0 for cleaning 1 cleaning every six months combined in-network and out-of-network</p> <p><b>X-rays</b> \$0 for X-rays 1 full mouth or panoramic X-ray every 12 months combined in-network and out-of-network</p>	<p><b>Oral exams</b> 30% for oral exams 1 oral exam every 12 months combined in-network and out-of-network</p> <p><b>Cleanings</b> 30% for cleaning 1 cleaning every six months combined in-network and out-of-network</p> <p><b>X-rays</b> 30% for X-rays 1 full mouth or panoramic X-ray every 12 months combined in-network and out-of-network</p>	<p>Must use a LIBERTY Dental participating provider.</p> <p><b>Oral exams</b> \$0 for oral exams 2 oral exams every calendar year combined in-network and out-of-network</p> <p><b>Cleanings</b> \$0 for cleaning 2 cleanings every calendar year combined in-network and out-of-network</p> <p><b>X-rays</b> \$0 for X-rays 1 full mouth or panoramic X-ray every calendar year combined in-network and out-of-network</p>	<p><b>Oral exams</b> 30% for oral exams 2 oral exams every calendar year combined in-network and out-of-network</p> <p><b>Cleanings</b> 30% for cleaning 2 cleanings every calendar year combined in-network and out-of-network</p> <p><b>X-rays</b> 30% for X-rays 1 full mouth or panoramic X-ray every calendar year combined in-network and out-of-network</p>

As a member of your plan, you can choose to receive care from out-of-network providers. However, please note, providers that do not contract with us are under no obligation to treat you, except in emergency situations.

## Administrative Changes

Description	2024 (this year)	2025 (next year)
<b>Healthy Meals</b>	<p>A qualifying event to receive Healthy Meals includes:</p> <ul style="list-style-type: none"> <li>1) when you are in a hospital or a skilled nursing facility and are discharged home.</li> <li>2) When your provider determines you have one of the following:</li> </ul> <ul style="list-style-type: none"> <li>a) a Body Mass Index (BMI) of 18.5 or under; or</li> <li>b) a BMI of 25 or higher; or</li> <li>c) an A1C level more than 9.0</li> </ul> <p>This benefit also qualifies as a Special Supplemental Benefit for the Chronically Ill (SSBCI).</p> <p>To receive meals as an SSBCI, you must meet the CMS mandated criteria, which may include providing supporting information from you or at times your physician.</p> <p>This criteria can be found in Chapter 4 in your plan's <i>Evidence of Coverage</i>.</p>	<p>There is no change to the post-discharge portion of the Healthy Meals benefit.</p> <p>However, beginning in 2025 members who qualify for Healthy Meals through their BMI, A1C level, or other chronic condition may need to meet the expanded Special Supplemental Benefits for the chronically ill (SSBCI) CMS criteria, in order to qualify for Healthy Meals:</p> <p>You may qualify for SSBCI if you:</p> <ul style="list-style-type: none"> <li>1) have a high risk for hospitalization; and</li> <li>2) require intensive care coordination to manage chronic conditions such as Chronic Kidney Diseases, Chronic Lung Disorders, Cardiovascular Disorders, Chronic Heart Failure, or Diabetes.</li> </ul> <p>For a full list of chronic conditions or to learn more about other eligibility requirements needed to qualify for SSBCI benefits, please refer to Chapter 4 in your plan's <i>Evidence of Coverage</i>.</p>