



Health Plan Resource Guide

City of LaCrosse

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800.435.5694
www.pbaclaims.com

Welcome to Professional Benefit Administrators (PBA), your Medical plan administrator.

As the claims administrator, we will process all your Medical claims incurred on or after 1/1/2022.

This guide will provide you with a summary of your benefits and details of available services that complement your employer sponsored group health plan.

We look forward to helping you become more knowledgeable about your benefits and how those benefits can help you when you are healthy, or when you need care for a medical condition.

Ensure your providers have a current version of your ID card

Your ID card gives your providers all the key information necessary to file a claim on your behalf. **Make sure to show your new ID card the next time you visit a doctor, hospital, pharmacy, etc.**

Quick Contact Guide:

If you have questions about your benefits –

- Call **PBA Member Advocacy: 800.435.5694** (7:00 AM to 5:00 PM Monday thru Friday CST)
- Visit the PBA Website at **www.pbaclaims.com**
- Send an email to: **customerservice@pbaclaims.com**



Helpful Tips!

Making smart health care choices is good for your health and wealth. Here are some quick tips for being a conscientious consumer that will help keep you healthy and your wallet happy!

- Maintain good health by using a network provider for your preventive care benefits.
- Know what your health plan covers and how to make the most of your coverage.
- Consider using Retail Clinics or Urgent Care Centers for non-life-threatening situations. It can save you time and money.
- Select generic drugs instead of brand name whenever possible.
- Use network providers so the plan pays more of the cost.

Important Information to Know

Need to **fill a PRESCRIPTION** - for short term medications, go to any pharmacy and hand them your ID card. Please refer to pages 17-20 of this document for more detailed information regarding your prescription drug benefit, including your options for obtaining long term medications. Contact **Serve You Rx** with questions about your prescription drug benefit. Visit www.serve-you-rx.com or call **800.759.3203**.

Need to **find a network provider** - visit www.anthem.com or call **800.810.BLUE (2583)**. Please refer to pages 8-9 of this document for detailed information on how to search for an in-network provider.

Pre-certification is recommended for any inpatient confinement or outpatient surgery. Any emergency care requiring admission to a hospital should be reported within 48 hours. For pre-certification call **HealthLink at 877.284.0102**.

Benefit Resource Information

While PBA will be the primary contact for questions about your medical plan benefits, there are other partners who can assist with questions depend on your need. Below is a chart that outlines who to call based on the service for which you are looking for assistance.

Benefit Provider	Service Provider	Contact Information
<p>Medical and Prescription Drug Third Party Administrator (TPA)</p> 	<p>PBA will provide customer service and assistance in managing the medical benefit plan.</p> <p>Contact PBA with questions about your medical plan. You can register through their website to look up medical plan information, claims status, and print Explanation of Benefits (EOB's)</p>	<p>Phone: (800) 435-5694</p> <p>Website: www.pbaclaims.com</p>
<p>PPO Network</p> 	<p>Search for providers contracted with Anthem network. You may also check provider quality ratings and compare costs for services.</p> <p>You will have access to anthem.com through your PBA member portal.</p>	<p>Phone: (800)810-2583</p>
<p>Precertification</p> 	<p>Precertification is recommended for any inpatient confinement or outpatient surgery. Any emergency care requiring admission to a hospital should be reported within 48 hours.</p>	<p>Phone: (877) 284-0102</p>
<p>Telemedicine</p> 	<p>Speak to a doctor online via video conference 24/7/365.</p>	<p>Website: www.livehealthonline.com</p>
<p>Pharmacy Benefit Manager (PBM)</p> 	<p>Serve you Rx handles the prescription drug component of the medical plan. information can be found using their website.</p> <p>You may contact Serve You RX to fill your prescriptions.</p>	<p>Phone: (800)759.3203</p> <p>Website: www.serve-you-rx.com</p>
<p>City of La Crosse Employee Benefit Website</p> 	<p>Find detailed information on all benefits including benefit summaries & the Master Plan Document/Summary Plan Description.</p>	<p>www.cityoflacrosse.org (HR, then EE Benefit Information)</p> <p>Or</p> <p>www.cityoflacrosse.org/HR/EEbenefits</p>

Mobile Benefits Portal

Access Mobile Benefit Information 24/7/365

PBA's member benefits portal website offers you a robust suite of mobile tools with which you can manage your benefits. With the mobile benefits portal you can:

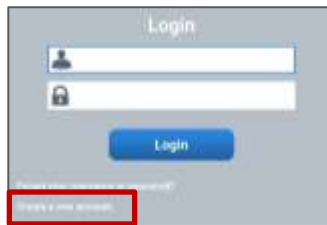
- View your virtual ID card
- Download electronic EOBs
- Access a link to the provider search page for your plan
- View current coverage and enrollment information
- Download your plan document, SBC, and benefit forms.
- Get answers with FAQs or communicate securely with PBA customer service



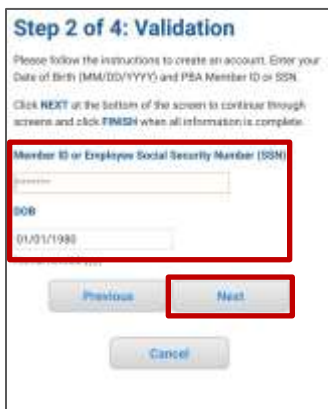
you

Access the Mobile Benefit Portal - New Users

1. Go to pbaclaims.com and touch **Secure Login > Employee**.
2. Click **Create a new account**.
3. Check **Accept** and click **Next** if you agree to the terms and conditions.



4. Enter the employee Social Security Number (SSN) and employee date of birth. Touch **Next**.
5. Enter your email, which will be your username, create your password, and setup your security questions and answers. Touch **Next**.
6. Verify your information and touch **Finish**.

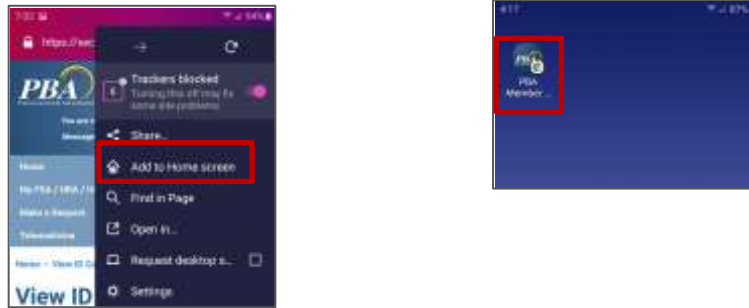


Add the Benefits Portal to Your Mobile Home Screen

The PBA benefits portal can be added to your device's home screen. Once added to your home screen you can launch the web portal with a tap. Follow these instructions to add the benefits portal to your home screen:

Go to the PBA benefits portal on your mobile device using the mobile web browser of your choice

On Android devices, touch the bookmark button then touch **Add to Home Screen**.



On iOS devices, open the browser menu, touch the share icon, then touch **Add to Home Screen**.



Are you looking for a doctor?

It's easy to find one online

The right doctor can have a positive impact on your health and well-being. Choosing one in your plan can save you money as well. The **Find Care** tool helps you locate doctors, dentists, eye care professionals, hospitals, labs, and other health care providers in your plan. If you decide to see a doctor outside your plan, your costs will be higher and your care may not be covered. Therefore, it is a good idea to learn how this convenient tool can help you find care.



How to find a doctor near you:

1

Go to [anthem.com/find-care](https://www.anthem.com/find-care)

2

You can look for a doctor by using either:

- **Search as a member:** Log in with a username and password or with the member number on your ID card. Once you log in, select the Find Care option on the welcome menu.
- **Search as guest:** Select **Medical (Employer-Sponsored)** as the plan to search with.
 - **Within Wisconsin:** Select **Blue Preferred POS (Select Network)** as the plan/network.
 - **Outside Wisconsin:** Select **National PPO (BlueCard PPO)** as the plan/network.

3

Next, choose who you would like to see. You can search for a doctor nearby or use the doctor's name.

4

Select a provider to see more details, such as:

- Specialties
- Gender
- Languages spoken
- Training
- A map of their office location
- Phone number



Health information that goes where you go

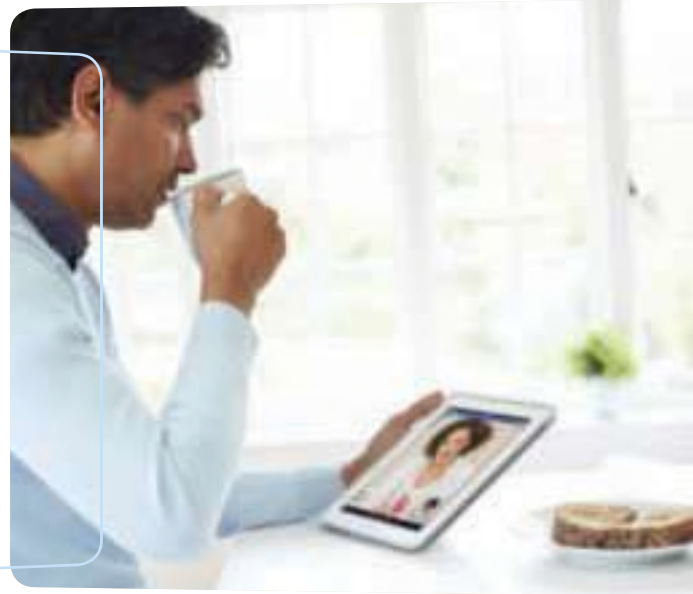
The **Sydney Health app** makes it easy to find information about your plan benefits wherever you are. The app keeps everything you need to know about your plan personalized and in one place. Download the app today.

* If you don't know the name of the plan or network, check with your human resources department or benefits administrator.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

At home or on the go, doctors and mental health professionals are here for you.

Using LiveHealth Online, you can have a private video visit on your smartphone, tablet or computer.



When you're not feeling well you can get the support you need easily using LiveHealth Online. Whether you have a cold, you're feeling anxious or need help managing your medication, doctors and mental health professionals are right there, ready to help you feel your best. Using LiveHealth Online you can have a video visit with a board-certified doctor, psychiatrist or licensed therapist from your smartphone, tablet or computer from home or anywhere.

On LiveHealth Online, you can:

- **See a board-certified doctor 24/7.** You don't need an appointment to see a doctor. They're always available to assess your condition and send a prescription to the pharmacy you choose, if needed.¹ It's a great option when you have pink eye, a cold, the flu, a fever, allergies, a sinus infection or another common health issue.
- **Visit a licensed therapist in four days or less.**² Have a video visit with a therapist to get help with anxiety, depression, grief, panic attacks and more. Schedule your appointment online or call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.
- **Consult a board-certified psychiatrist within two weeks.**³ If you're over 18 years old, you can get medication support to help you manage a mental health condition. To schedule your appointment call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.

You've got access to affordable and convenient care

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually \$59 or less for medical doctor visits, and a 45-minute therapy or psychiatry session usually costs the same as an office mental health visit.

All LiveHealth Online Video Visits are at no cost to Members enrolled in the City's Medical Plan!

Sign up for LiveHealth Online today – it's quick and easy

Go to livehealthonline.com or download the app and register on your phone or tablet.



See a Spanish-speaking doctor with Cuidado Médico on LiveHealth Online



LiveHealth
ONLINE

Benefit Highlights

Use your preventive care benefits

Early detection is key in identifying serious underlying medical conditions. Make sure you take advantage of your preventive care benefits by scheduling routine physicals, screenings and immunizations. Don't forget to schedule your flu shots, mammograms, pap smears and prostate screenings.

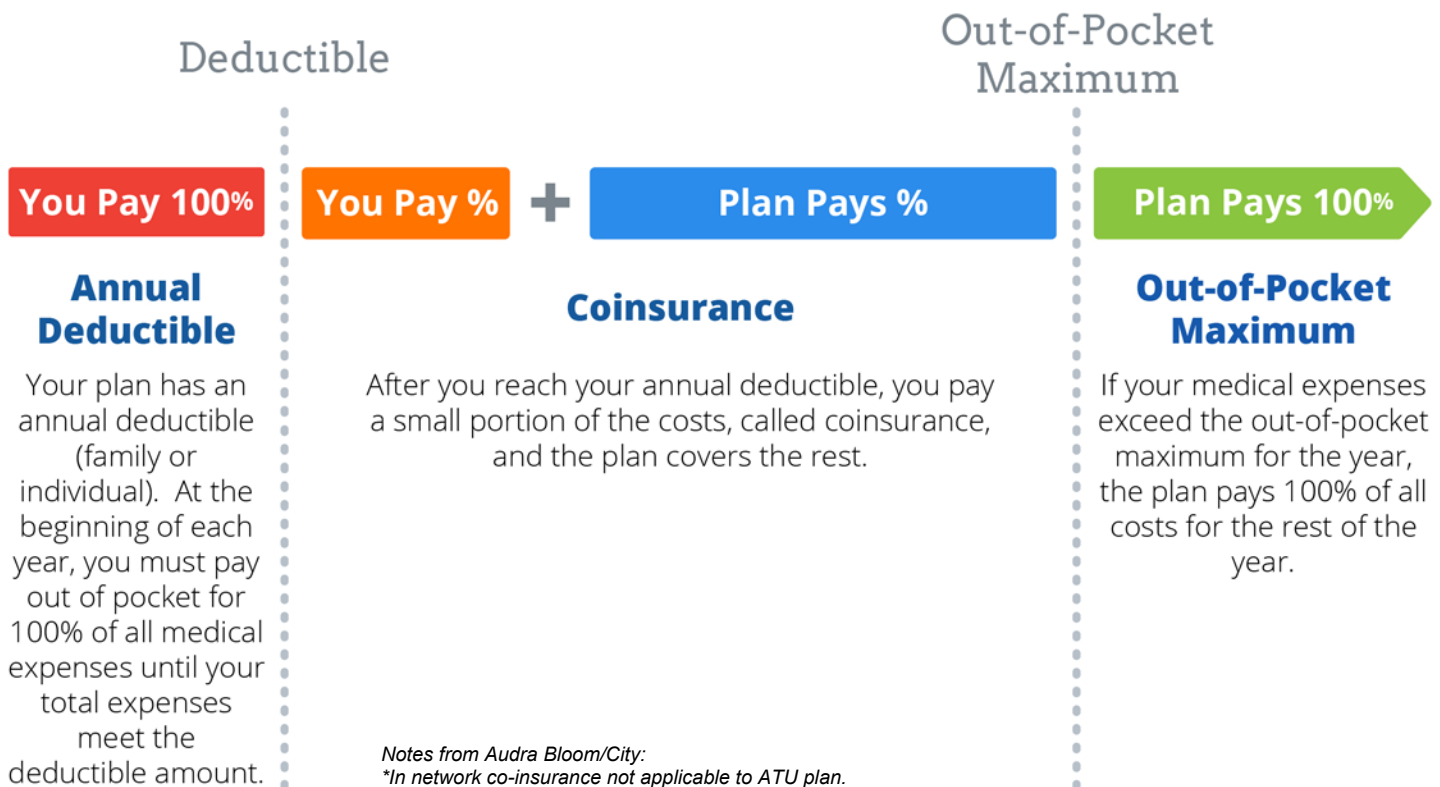
Important terms to know

DEDUCTIBLE means a specified dollar amount of Covered Expenses which must be incurred during a Calendar Year (unless otherwise stated in a benefit schedule) before any other Covered Expenses can be considered for payment according to the applicable benefit percentage.

COINSURANCE means that portion of Eligible Expenses to be paid by the Plan and the Participant in accordance with the coverage provisions stated in the Plan. It is the basis used to determine the amount of Covered Expenses which are to be paid by the Participant.

COPAY means that amount shown in any benefit schedule which is the Participant's responsibility for charges Incurred for doctor's office visits, prescription drugs, or other services.

How the Deductible and Co-Insurance works



*Notes from Audra Bloom/City:
*In network co-insurance not applicable to ATU plan.
*See One Page Benefit Summaries on the following pages
See Q4 of the "Frequently Asked Questions Regarding the Medical Plan" document at the end of this packet for an explanation of the Out of Pocket Maximum.

MEDICAL BENEFIT PLAN SUMMARY

Applicable to Employees Represented Under Employee Handbook, Library, LPPNSA & LPPSA
& IAFF Employees hired on/after 7/1/11

To follow is a *brief* summary of current 2024 benefit. *Please refer to the Schedule of Benefits and/or Master Plan Document/Summary Plan Description for complete details. These documents, the Summary of Benefits and Coverage, and other benefit related information and links can be found at www.cityoflacrosse.org/hr/eebenefits.*

2024 Monthly Contribution Amount

Plan Type	Monthly Rate if did 2023 Health Risk Assessment (12.6% of plan cost)	Monthly Rate if did not do 2023 Health Risk Assessment (16% of plan cost)
Single	\$84.12	\$106.82
Limited Family (2 person)	\$173.98	\$220.94
Family	\$211.80	\$268.94

Brief Summary of Out of Pocket Costs– Please refer to the Schedule of Benefits for More Details

Provision	Coverage										
Annual deductible	<p><u>In-Network</u>: \$400 per Person/maximum of \$1,200 per Family Unit.</p> <p><u>Out-of-Network</u>: \$800 per Person with no Family Unit maximum.</p> <p>*Exception: Ambulance or Emergency Room services paid at the in network rate even when provider is out of network.</p>										
Co-insurance after deductible is met (Any Co-pay is additional)	<p><u>In-Network</u>: Plan generally pays 90% & Member pays 10% with an annual maximum out of pocket to Member of \$600 per Person /\$1,800 per Family Unit. Once this maximum is met, the plan pays 100% (co-pay and fixed dollar or visit limits, when applicable, would still pertain).</p> <p><u>Out-of-Network</u>: Plan generally pays 70% & Member pays 30%.</p>										
Office Visit Co-pay ER Co-pay Chiropractic Co-pay Convenience/Retail Clinic Visit	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>In-Network</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Out-of-Network</u></th> </tr> </thead> <tbody> <tr> <td>\$20 per visit or exam</td> <td>\$25 per visit or exam</td> </tr> <tr> <td>\$75 (waived if admitted within 24 hours)</td> <td>(same as in network)</td> </tr> <tr> <td>\$20 per daily visit or exam</td> <td>\$25 per daily visit or exam</td> </tr> <tr> <td>No Cost to Member</td> <td>20% co-insurance</td> </tr> </tbody> </table>	<u>In-Network</u>	<u>Out-of-Network</u>	\$20 per visit or exam	\$25 per visit or exam	\$75 (waived if admitted within 24 hours)	(same as in network)	\$20 per daily visit or exam	\$25 per daily visit or exam	No Cost to Member	20% co-insurance
<u>In-Network</u>	<u>Out-of-Network</u>										
\$20 per visit or exam	\$25 per visit or exam										
\$75 (waived if admitted within 24 hours)	(same as in network)										
\$20 per daily visit or exam	\$25 per daily visit or exam										
No Cost to Member	20% co-insurance										
Preventive Services as defined under the Patient Protection and Affordable Care Act (ACA)	<p><u>In-Network</u>: Plan pays 100%</p> <p><u>Out-of-Network</u>: \$25 co-pay then Plan pays 70% of UCR charges following the Out-of-Network deductible.</p> <p>Includes but is not limited to: Routine Physical Exam, Well baby exams up to age 2, Routine Gynecological Exam, Specific Immunizations, Routine Colonoscopy, Routine Mammogram, Routine Cholesterol or glucose screening (when not tied to a Diagnosis)</p>										
Covered Services at the Neighborhood Family Clinic Anthem’s LiveHealth On-line (Video Visits with Board-Certified Doctor, Psychiatrist or Licensed Therapist)	At no cost to member (no deductible, co-pay or co-insurance).										
Rx Drug Co-pays	<p>Formulary Generics: \$10 retail (30 day supply) / \$20 mail order (90 day supply) \$30 (90 day at retail)</p> <p>Formulary Brand: \$25 retail (30 day supply) / \$50 mail order (90 day supply) \$75 (90 day at retail)</p> <p>Specialty Medications: \$50 (30 day supply)</p> <p>*90 day mail order (2 copays) OR 90 day at retail (3 copays) required for Maintenance Drugs after first two 30 day retail fills.</p>										

**If there are any discrepancies between this and the MPD/SPD, the MPD/SPD prevails.*

Note: When processing claims, the plan would apply cost sharing in the following order.

- 1) **Co-pay** if the claim is for a physician visit, Behavioral Health visit, ER, Chiropractic or Routine Eye Exam.
- 2) **Deductible** (unless individual or family max is met)
- 3) **10% Co-insurance** (unless individual or family max is met)

A list of Preventive Care services required to be covered at no cost under the ACA can be found at www.healthcare.gov/coverage/preventive-care-benefits/ or member can contact the PBA at 1-800-435-5694 for more information.

MEDICAL BENEFIT PLAN SUMMARY

Applicable to Employees Represented Under IAFF Hired before 7/1/11 & Post 1/6/12 IAFF Retirees

To follow is a *brief* summary of current 2024 benefit. *Please refer to the Schedule of Benefits and/or Master Plan Document/Summary Plan Description for complete details. These documents, the Summary of Benefits and Coverage, and other benefit related information and links can be found at www.cityoflacrosse.org/hr/eebenefits.*

2024 Monthly Contribution Amount

Plan Type	Monthly Rate if did 2023 Health Risk Assessment (12.6% of plan cost)	Monthly Rate if did not do 2023 Health Risk Assessment (16% of plan cost)
Single	\$73.18	\$92.94
Limited Family (2 person)	\$151.36	\$192.22
Family	\$184.26	\$233.98

Brief Summary of Out of Pocket Costs– Please refer to the Schedule of Benefits for More Details

Provision	Coverage
Annual deductible	\$2,500 per Person/maximum of \$7,500 per Family Unit. (Deductible for in and out of network cross apply)
Co-insurance after deductible is met (Any Co-pay is additional)	<u>In-Network</u> : Plan generally pays 90% & Member pays 10% with an annual maximum out of pocket to Member of \$600 per Person /\$1,800 per Family Unit. Once this maximum is met, the plan pays 100% (co-pay and fixed dollar or visit limits, when applicable, would still pertain). <u>Out-of-Network</u> : Plan generally pays 70% & Member pays 30%.
Office Visit Co-pay	<u>In Network</u> \$20 per visit or Exam <u>Out-of-Network</u> \$25 per visit or Exam
ER Co-pay	\$75 (waived if admitted within 24 hours) (same as in network)
Chiropractic Co-pay	\$20 per daily visit or exam \$25 per visit or Exam
Convenience Clinic Visit	No Cost to Member 20% co-insurance
Preventive Services as defined under the Patient Protection and Affordable Care Act (ACA)	<u>In-Network</u> : Plan pays 100% <u>Out-of-Network</u> : \$25 co-pay then Plan pays 70% of UCR Includes but is not limited to: Routine Physical Exam, Well baby exams up to age 2, Routine Gynecological Exam, Specific Immunizations, Routine Colonoscopy, Routine Mammogram, Routine Cholesterol or glucose screening (when not tied to a Diagnosis)
Covered Services at the Neighborhood Family Clinic	At no cost to member (no deductible, co-pay or co-insurance)
Anthem’s LiveHealth On-line Video Visits with Board-Certified Doctor, Psychiatrist or Licensed Therapist	At no cost to member (no deductible, co-pay or co-insurance).
Rx Drug Co-pays	Formulary Generics: \$10 retail (30 day supply) / \$20 mail order (90 day supply) \$30 (90 day at retail) Formulary Brand: \$25 retail (30 day supply) / \$50 mail order (90 day supply) \$75 (90 day at retail) Specialty Medications: \$50 (30 day supply) *90 day mail order (2 copays) OR 90 day at retail (3 copays) required for Maintenance Drugs after first two 30 day retail fills.

**If there are any discrepancies between this and the MPD/SPD, the MPD/SPD prevails.*

Note: When processing claims, the plan would apply cost sharing in the following order.

- 1) **Co-pay** if the claim is for a physician visit, Behavioral Health visit, ER, Chiropractic or Routine Eye Exam.
- 2) **Deductible** (unless individual or family max is met)
- 3) **10% Co-insurance** (unless individual or family max is met)

A list of Preventive Care services required to be covered at no cost under the ACA can be found at www.healthcare.gov/coverage/preventive-care-benefits/ or member can contact the PBA at 1-800-435-5694 for more information.

MEDICAL BENEFIT PLAN SUMMARY

Applicable to Employees Represented Under ATU

To follow is a *brief* summary of current 2024 benefit. *Please refer to the Schedule of Benefits and/or Master Plan Document/Summary Plan Description for complete details. These documents, the Summary of Benefits and Coverage, and other benefit related information and links can be found at www.cityoflacrosse.org/hr/eebenefits.*

2024 Monthly Contribution Amount

Plan Type	Monthly Rate if did 2023 Health Risk Assessment (12.6% of plan cost)	Monthly Rate if did not do 2023 Health Risk Assessment (16% of plan cost)
Single	\$109.72	\$139.34
Limited Family (2 person)	\$226.94	\$288.18
Family	\$276.26	\$350.80

Brief Summary of Out of Pocket Costs– Please refer to the Schedule of Benefits for More Details

Provision	Coverage										
Annual deductible	<p><u>In-Network</u>: \$275 per Person/maximum of \$825 per Family Unit.</p> <p><u>Out-of-Network</u>: \$600 per Person with no Family Unit maximum.</p> <p>* Exception: Ambulance or Emergency Room services paid at the in network rate even when provider is out of network.</p>										
Co-insurance after deductible is met (Any Co-pay is additional)	<p><u>In-Network</u>: Plan generally pays 100% & Member pays 0%</p> <p><u>Out-of-Network</u>: Plan generally pays 80% & Member pays 20%.</p>										
Office Visit Co-pay ER Co-pay Chiropractic Co-pay Convenience Clinic Visit	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><u>In Network</u></td> <td style="width: 50%;"><u>Out-of-Network</u></td> </tr> <tr> <td>\$20 per visit or Exam</td> <td>\$25 per visit or Exam</td> </tr> <tr> <td>\$75 (waived if admitted within 24 hours)</td> <td>(same as in network)</td> </tr> <tr> <td>\$20 per daily visit or exam</td> <td>\$25 per visit or Exam</td> </tr> <tr> <td>No Cost to Member</td> <td>20% co-insurance</td> </tr> </table>	<u>In Network</u>	<u>Out-of-Network</u>	\$20 per visit or Exam	\$25 per visit or Exam	\$75 (waived if admitted within 24 hours)	(same as in network)	\$20 per daily visit or exam	\$25 per visit or Exam	No Cost to Member	20% co-insurance
<u>In Network</u>	<u>Out-of-Network</u>										
\$20 per visit or Exam	\$25 per visit or Exam										
\$75 (waived if admitted within 24 hours)	(same as in network)										
\$20 per daily visit or exam	\$25 per visit or Exam										
No Cost to Member	20% co-insurance										
Preventive Services as defined under the Patient Protection and Affordable Care Act (ACA)	<p><u>In-Network</u>: Plan pays 100%</p> <p><u>Out-of-Network</u>: \$25 co-pay then Plan pays 80% of UCR charges following the Out-of-Network deductible.</p> <p>Includes but is not limited to: Routine Physical Exam, Well baby exams up to age 2, Routine Gynecological Exam, Specific Immunizations, Routine Colonoscopy, Routine Mammogram, Routine Cholesterol or glucose screening (when not tied to a Diagnosis)</p>										
Anthem’s LiveHealth On-line Video Visits for Medical or Mental Health Visits	At no cost to member (no deductible or co-pay).										
Rx Drug Co-pays	<p>Formulary Generics: \$10 retail (30 day supply) / \$20 mail order (90 day supply)</p> <p>Formulary Brand: \$20 retail (30 day supply) / \$40 mail order (90 day supply)</p> <p><i>*Mail order required for Maintenance Drugs after first two retail fills.</i></p>										

Note: When processing claims, the plan would apply cost sharing in the following order.

- 1) **Co-pay** if the claim is for a physician visit, Behavioral Health visit, ER, Chiropractic or Routine Eye Exam.
- 2) **Deductible** (unless individual or family max is met)

A list of Preventive Care services required to be covered at no cost under the ACA can be found at www.healthcare.gov/coverage/preventive-care-benefits/ or member can contact the PBA for more information.

Frequently Asked Questions Regarding the Medical Benefit Plan

Prepared by City of La Crosse Benefits Specialist, Audra Bloom

1) Q: Where can I find information on what is covered under the medical plan?
A: The Master Plan Document/Summary Plan Description (MPD/SPD) is the document that contains all of the details regarding the City's Medical Benefit Plan (coverage, eligibility, exclusions, HIPAA, COBRA, appeal rights, etc). It can be found directly at www.cityoflacrosse.org/hr/eebenefits or at www.cityoflacrosse.org under "Your Government", "HR" then "Employee Benefits". A hard copy can be obtained from the City HR office.

2) Q: Who administers the medical plan?
A: The City hires third party administrators to perform administrative functions such as paying claims, utilization review and customer service for its self-funded medical benefit plan.

Medical plan administrator: Professional Benefits Administrators (PBA).
1-800-435-5694 www.pbaclaims.com

Prescription Drug plan administrator:
Serve You Rx
1-800-759-3203 www.serve-you-rx.com

3) Q: What is meant by "network" and how do I know if my provider is in the network?
A: The administrator, PBA, partners with Anthem Blue Cross Blue Shield for access to Anthem's nationwide & international network. Anthem's network is a list of facilities, providers and suppliers that contract with Anthem and agree to lower pricing. For example, in this area Gundersen Health System and Mayo Health System facilities and medical staff are all in network. Members are encouraged to check the network for other providers (including chiropractors and suppliers of durable medical equipment) using PBA's member portal (containing a link to Anthem's site to search their network) or the instructions found at www.cityoflacrosse.org/hr/eebenefits.

4) Q: What is the "Maximum Out of Pocket" of \$9,450/\$18,900 that is listed on my 2024 ID card, my Explanation of Benefits or on the Schedule of Benefits?
A: Under the Affordable Care Act, health plans are required to have the Maximum Out of Pocket often referred to as a MOOP. Under the law, if a covered person would ever reach that much in out of pocket costs from in network services, the plan would then be required to pay 100%. It would be almost mathematically impossible for a member under the City's plan to have that much out of pocket as the members' in network out of pocket would consist of their deductible, co-insurance (if applicable to their plan) and copays (i.e. physician, ER, chiropractic or prescription drug).

5) Q: How long can my child stay on the plan?
A: Dependents are eligible until the end of the month in which they turn age 26 regardless of marital status, school status or whether or not you support them. A dependent with a total and permanent disability (as defined in the Master Plan Document) can continue coverage beyond age 26.

6) Q: Are routine vision exams covered under the medical plan?
A: Yes. Routine vision exams are covered as follows and are limited to one per calendar year:
All plans except ATU: In network: \$10 Copay / Deductible / 10% Co-insurance
Out of network: \$10 Copay / In net Deductible / 30% Co-insurance
ATU plan: In network: \$10 Copay / Deductible
Out of network: \$10 Copay / In net Deductible / 20% Co-insurance

- 7) Q: *Is a shingles shot covered?*
A: *Yes. The Shingrix shingles vaccination is covered at no cost when obtained at your in network provider.*
- 8) Q: *Are continuous glucose monitors & sensors for diabetes management covered under the plan?*
A: *Yes, they can be obtained through either the medical plan through an in network durable medical equipment provider or new in 2023 they can be obtained through your pharmacy benefit at a retail pharmacy with a tier 2 copayment. A prescription and a Prior Authorization is required.*
- 9) Q: *Is the “Cologuard” or “FIT” test covered?*
A: *Yes, it would be covered at no cost if ordered by your in network doctor and if it is coded as a preventive screening. If due to the test a member then requires a colonoscopy, the colonoscopy would be subject to cost sharing as it would be based on a diagnosis and no longer preventive.*
- 10) Q: *Is a colonoscopy covered?*
A: *One routine colonoscopy is covered per year without cost to the member when obtained in network. Removal of polyps and the pathology charge as a result of the routine colonoscopy would also be covered without cost to the member. IF the lab/pathology claim has cost sharing applied for a routine colonoscopy, please call PBA to request that they review the claim to reprocess at 100%.*
- 11) Q: *Can I go to the Neighborhood Family Clinic for services?*
A: *Employees/Retirees, spouses and dependents that are enrolled in the medical plan can obtain services at the Neighborhood Family Clinic (NFC) at no cost. Exception: the NFC benefit is not available for those covered under the ATU plan. Note that the La Crosse & Onalaska NFC locations share office space with Breidenbach Chiropractic, however, they are not a part of the NFC and their services would fall under the member’s normal benefit (co-pay, deductible, etc). Reminder: Anthem’s LiveHealth Online (video doctoring) and Gundersen’s Express Care are also available at no cost to covered members.*
- 12) Q: *Does the medical plan cover any oral surgeries or dental related services?*
A: *Yes. The plan covers 16 different oral surgeries as well as the following services as listed in the MPD/SPD (note cleanings, fillings, basic dental services including crowns except where noted below are not covered under the medical). Services for a & b below are limited to \$3,000/year.*
- a. *Root canal therapy and related filling, or crown within six months thereafter regardless of whether such crown was necessary due to such tooth being defective at such time.*
 - b. *Major Restorative: Simple non-cutting extraction of a natural erupted tooth with the initial replacement with an artificial tooth including initial partial dentures or bridgework when such replacement is functionally necessary for each extracted tooth.*
 - c. *Repair or replacement of a natural tooth due to injury by blunt external force other than chewing within six months of such injury, when such replacement is functionally necessary.*
 - d. *Surgical exposure or removal of impacted un-erupted teeth.*
- Due to the shortage of in network providers that perform services under “a”, “b” or “c” above, out of network claims are paid at the in network level at this time by exception. The medical plan would be primary over the City’s voluntary dental plan (for members enrolled in the City’s Dental Insurance).*
- 13) Q: *Is there a form that I need to complete to add a new family member to the plan (i.e. marriage/birth-adoption of a child).*
A: *Yes. Employees/Retirees need to complete and submit an enrollment form to HR within 31 days of event (marriage or birth/adoption of a child) to add a new spouse (and/or dependents) to their existing coverage. Please contact HR for a benefit packet which includes the enrollment form.*

**See the MPD/SPD for complete details. If this summary and the MPD/SPD conflict, the MPD/SPD will control.*



Welcome to Serve You Rx!

Serve You Rx, located in Milwaukee, Wisconsin, is the national pharmacy benefit manager selected by the City of La Crosse to provide the pharmacy benefit to you and your covered family members

As a Serve You Rx member, we want you to have the tools and services you need to be an active member of your health care team and drive positive health outcomes. **The following are steps you can take to make the most of your pharmacy benefit:**

SIGN UP FOR THE SERVE YOU RX MEMBER PORTAL

Visit www.serve-you-rx.com and register with our password-protected Member Portal to:

- Research your medications;
- Estimate and compare drug costs;
- Find participating network pharmacies;
- Track and view your prescription claim history; and more.

FIND AN IN-NETWORK PHARMACY

The Serve You Rx pharmacy network has more than 66,000 pharmacies nationwide, including the mail service pharmacies operated by Serve You Rx. To confirm that your current pharmacy is in our network or to find other nearby participating network pharmacies, use the Pharmacy Search feature in the Member Portal.

2024 Rx DRUG COPAYS

	ATU (MTU) Plan	All Other Plans
Formulary Tier 1		
• At retail pharmacy (up to 30-day supply)	\$10	\$10
• At mail order (Serve You Direct Rx) (up to 90-day supply)	\$20	\$20
• At retail pharmacy (up to 90-day supply)	Not Covered	\$30
Formulary Tier 2		
• At retail pharmacy (up to 30-day supply)	\$20	\$25
• At mail order (Serve You Direct Rx) (up to 90-day supply)	\$40	\$50
• At retail pharmacy (up to 90-day supply)	Not Covered	\$75
Tier 3 (considered non-formulary)	100%	100%
• Specialty medications (up to 30-day supply)	\$20	\$50

Mail order of maintenance drugs required (or 90-day at retail for applicable plans) after first two fills at retail pharmacy.

MAXIMIZE SAVINGS WITH MAIL SERVICE OR A 90-DAY SUPPLY AT RETAIL

For Applicable Plans

Depending on which plan you have, the City of La Crosse prescription drug plan may require mandatory use of mail service for maintenance medications after two 30-day fills at a retail pharmacy, or you may have the option of filling a 90-day supply of your medication at a retail pharmacy as an alternative to mail service. Check your plan details. Purchasing your medication supply in a larger amount can often save you money. For the medications you take regularly to treat chronic conditions — such as high blood pressure, high cholesterol, and diabetes — Serve You DirectRx mail service offers the advantages of:

- Up to a 90-day supply for the price of two copays;
- Free standard home delivery;
- 24/7 availability of pharmacists to answer questions about your orders;
- Convenient refill options online, by phone, and by mail; and
- Secure and confidential packaging that is tamper-evident and weather-resistant.

With Serve You DirectRx, you also have the option to enroll in our Preferred Status and Autofill programs. The Preferred Status program authorizes us to complete the first fill of any medication when the prescription is received from your prescriber without needing to contact you. The Autofill program allows us to automatically refill your medications and ship them to you before you run out — no need to contact us and request a refill. To enroll in one or both of these programs, simply call 1-800-759-3203 and a customer service representative will assist you.

If you have the 90-day-at-retail benefit as part of your plan (all plans except ATU), you can receive up to a three-month supply of your medications at a retail pharmacy for the price of three retail copays.

REFER TO YOUR PLAN'S PREFERRED DRUG LIST: SERVE YOU Rx SELECT FORMULARY

A Preferred Drug List (PDL) is a list of prescription medications covered by your prescription drug plan. Its purpose is to help you and your prescriber choose safe, effective, and cost-efficient drug treatments. Using drugs on this list often results in lower out-of-pocket costs.

The Serve You Rx Select Formulary can be found on our website. Select “Serve You Rx Members” under the Members menu list, scroll to the “Preferred Drug List” section, and choose “Preferred Drug List – Select.”

To view the list of excluded medications, select “Serve You Rx Select Formulary Excluded Product List.” For each medication that is excluded, there is at least one preferred alternative medication listed.

PROGRAMS THAT SUPPORT CLINICALLY APPROPRIATE, COST-EFFECTIVE MEDICATION USE

Programs that are part of your pharmacy benefit now, such as prior authorization, step therapy, and quantity limits, will continue to be part of your benefit with Serve You Rx. These programs help ensure medications are used most appropriately and in dosages as recommended by the U.S. Food and Drug Administration. For conditions that can be treated with multiple medication options, these programs also help ensure that treatment is first tried using preferred medications that are lower cost and clinically appropriate. These programs help the City of La Crosse better contain prescription cost, which in turn allows the City of La Crosse to continue to offer you a robust and comprehensive prescription benefit program.

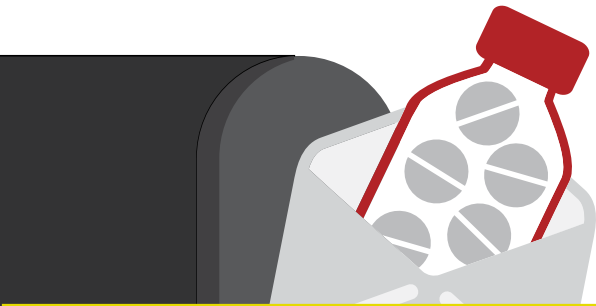
Questions?

We are excited to help you make the most of your prescription benefits. Our customer service representatives are located at our Wisconsin facility and are available seven days per week at **800-759-3203**. Our call center hours are as follows (CST):

- Monday–Friday, 7:30 a.m.–9 p.m.
- Saturday, 8 a.m.–6 p.m.
- Sunday, 9 a.m.–3 p.m.

We look forward to the opportunity to *serve you*.

Free and Convenient Home Delivery



Use of mail order is mandatory for obtaining maintenance medications for employees (& family members on the medical plan) covered under the ATU/Transit contract. Member pays two copays for the three month supply. Member can get their first two monthly fills at their local pharmacy and then would need to set up mail order by the third fill.

Home Delivery (& one copay saving for three month supply) is optional for all other members.

of Maintenance Medications Through

SERVE YOU 
DIRECT

Getting started is easy!



Call your prescriber and request an electronic prescription be sent or faxed to:

Serve You DirectRx Pharmacy
10201 West Innovation Drive
Suite 600
Milwaukee, WI 53226
Fax: 866-494-0364

Or ...



To transfer a prescription, download and complete the **Prescription Transfer Form** available at ServeYouRx.com or call us at 800-759-3203 with your prescription number and current pharmacy's phone number.

Ordering items from the comfort of your home and having them delivered to your doorstep can save time and money. Enjoy the same convenience with **FREE** home delivery of your medications provided by **Serve You DirectRx Pharmacy**.

The mail service of Serve You DirectRx Pharmacy is part of the pharmacy benefit offered by your employer. Easy to use and ideal for medications you take regularly on a long-term basis, Serve You DirectRx Pharmacy offers:

- **FREE** standard home delivery
- Up to a 90-day supply of most maintenance medications
- Shipping confirmation and tracking details sent via email
- Discreet, tamper-evident, and weather-resistant packaging
- Receipt, re-order form, and drug details included with orders
- **EZRefillRx** available online or by phone for hassle-free prescription refills
- **FREE EZAUTOFill** for automatic refilling and mailing of your medications — no need to call for refills
- Serve You Rx customer service representatives available to answer questions and help place orders
- 24/7 access to consult with pharmacists for Serve You DirectRx Pharmacy orders

Frequently Asked Questions: Serve You DirectRx Pharmacy

HOW DO I PLACE MY FIRST ORDER THROUGH SERVE YOU DIRECTRX PHARMACY?

Ask your prescriber to send an electronic prescription to Serve You DirectRx Pharmacy for the maximum days' supply of your long-term use medications, including orders for refills if appropriate. Your prescriber also has the option to fax (866-494-0364) or call us with the prescription (800-759-3203).

You can also submit a new prescription to us directly. To do so:

1. Visit ServeYouRx.com
2. Download the **New Prescription Mail-In Order Form** from the Serve You Rx Members page
3. Complete the form and mail it along with the original prescription and copay to:

Serve You DirectRx Pharmacy
10201 West Innovation Drive, Suite 600
Milwaukee, WI 53226

To learn your copay amount, check your prescription plan details or call us at 800-759-3203.

IF I'VE BEEN USING A RETAIL PHARMACY, HOW DO I TRANSFER MY PRESCRIPTIONS FOR HOME DELIVERY? DO I NEED TO WAIT UNTIL A NEW PRESCRIPTION IS WRITTEN?

You can transfer prescriptions from a retail pharmacy to our mail service at any time, even if you have refills remaining on your current prescriptions. To transfer a prescription to us, simply:

Complete and mail the **Prescription Transfer Form**, available for download from the Serve You Rx Members page at ServeYouRx.com

OR

Call Serve You DirectRx Pharmacy at 800-759-3203 and provide the following:

- Name and phone number of current pharmacy
- Prescription name and number found on medication label
- Prescriber name and phone number
- Number of refills remaining

HOW DO I PAY FOR MY SERVE YOU DIRECTRX PHARMACY ORDER?

Serve You Rx accepts Visa, MasterCard, American Express, Discover, and personal checks. Payment must be received before medications are shipped. To learn your copay amount, check your prescription plan details or call us at 800-759-3203.

CAN I ORDER REFRIGERATED ITEMS OR CONTROLLED SUBSTANCES THROUGH SERVE YOU DIRECTRX PHARMACY?

Items requiring refrigeration are shipped overnight in special packaging that keeps the medication at the desired temperature. Controlled substance orders can be filled; however, regulations may apply and you must provide the original written prescription from your prescriber for each order.

WHERE CAN I FIND THE COST/COPAY AMOUNT FOR FILLING MY MEDICATIONS THROUGH SERVE YOU DIRECTRX PHARMACY?

Go to ServeYouRx.com, log in to the **Member Portal**, and use the **Drug Pricing** tool to get an estimate on your cost/copay amount. You can also call Serve You Rx customer service at 800-759-3203.

HOW DO I REFILL MY MEDICATIONS THROUGH SERVE YOU DIRECTRX PHARMACY?

There are four easy ways to refill your medications:

- Enroll in **EZAutoFill**, a free service that automatically refills your prescription based on an estimated supply remaining and mails you the medication at no extra charge. You only pay the cost of your copay. (EZAutoFill is not available for certain medications or to patients using Medicare.)
- Visit ServeYouRx.com and use EZRefillRx, available 24/7.
- Call 800-759-3203 and use our 24/7 automated refill service. Please have your prescription number and payment information on hand.
- Complete the order form that was included with your previous shipment and submit it according to the form instructions.

HOW LONG WILL IT TAKE TO RECEIVE MY ORDER THROUGH SERVE YOU DIRECTRX PHARMACY?

If you are ordering a new medication through Serve You DirectRx Pharmacy, please ask your prescriber for two prescriptions:

- One for a 14-day supply that you can initially fill at a local retail pharmacy
- One for the maximum days' supply, plus refills if appropriate, that your prescriber can submit to Serve You DirectRx Pharmacy

Most orders are processed within two business days, with additional time needed for shipping and delivery. If you are mailing an order form to refill your prescription, we recommend mailing it when you have at least two weeks supply left of your medication.


For faster delivery, we suggest using our automated services of **EZRefillRx** or **EZAutoFill**.

How to Read Your Claim Summary

This sample statement will show you where to look for information when your claims are processed. You will receive a Claim Summary that includes all family members during the noted period. (mailed monthly)


You can see your weekly claims activity on our website by logging into your benefits portal website account at pbaclaims.com.

- 1** PBA contact information appears here. If you have any questions regarding your Claim Summary, please have your user ID number and claim number available when you call.
- 2** Your name and address will appear here.
- 3** Your group number, group name, and check generation date will appear here.
- 4** **For the Period:** Shows the period that claims were incurred.
- 5** **Date(s) of Service:** The date the services were incurred.
- 6** **Type of Service:** The type of service performed by your provider (office visit, lab, x-ray, etc.)
- 7** **Total Charge:** The total amount charged by the provider.
- 8** **Ineligible Amount:** Any amount not covered by the plan. Ineligible Amount will be further explained with a reason code description in section 18 and may be included in the amount you may owe.
- 9** **Reason Code:** Reflects any comments about why a service may not have been covered or any other important information.
- 10** **Discount Amount:** The savings amount applied to this claim will be reflected here. The patient is not responsible for this amount.
- 11** **Covered by Plan:** The new allowed amount of the claim after the ineligible and discount amounts are applied.
- 12** **Deductible Amount:** This reflects how much of the claim will be applied to your deductible.
- 13** **Co-Pay Amount:** This reflects the amount you will be responsible for as defined by your plan.
- 14** **Balance Amount:** The amount after all deductions (ineligible, discount, deductible, and co-pay amounts) are applied.
- 15** **Paid At:** The percentage of benefit paid by the plan.
- 16** **Payment Amount:** Reflects the total benefit that was paid by the plan.
- 17** **Patient's Responsibility:** Any amount you may be responsible for will appear here (deductible, coinsurance, copayments or services that are not covered).



Professional Benefit Administrators
PO Box 4687
Oak Brook IL 60522-4687


Page 1 of 2



Explanation of Benefits

RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL

Forwarding Service Requested

2 
DONALD ABBOTT
121 ANNARBOR ST
OAK BROOK, IL 60452

Customer Service

1 If you have questions or need an explanation of this form, contact Customer Service at (800) 435-5694 www.pbaclaims.com

3 Group: 09601 - ABC COMPANY
Date: 5/21/2013

4 **For the Period:** 04/01/2013 through 04/22/2013

Dear DONALD ABBOTT,

The information below is a summary of your healthcare claims for the period referenced above. This information is commonly referred to as an "Explanation of Benefits" (EOB). This is a summary, followed by the claim details, of how your recent claims were processed. It includes any co-pay, deductible, coinsurance (%) or non-covered amounts that you may owe to the plan.

Total Amount Billed

\$224.95

Total Amount Paid By Plan

\$68.00

Your Financial Responsibility

\$37.00

This is the total amount for bills received for the dates of service 04/01/2013 through 04/22/2013.

This is the amount the plan paid for services billed. Please see the claim detail section below for more information.

This is the amount the provider of service may bill you after your health plan benefits were paid. Typically a plan participant may be billed by the provider of service because they may have a deductible, co-pay, coinsurance (%), or the service is not covered by the health plan. A breakdown of your total financial responsibility is shown in the claim detail for each member.

Class:	6 2323456	7	8	9	10	11	12	13	14	15	16
Patient:	DONALD ABBOTT	17	18	19	20	21	22	23	24	25	26
Date of Service	Type of Service	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Covered By Plan	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
04/01/2013	SUPPLIES	\$82.00	\$82.00	15	\$0.00	\$0.00	\$82.00	\$8.00	\$90.00	0%	\$0.00
04/01/2013	SUPPLIES	\$19.00	\$19.00	15	\$0.00	\$0.00	\$0.00	\$8.00	\$27.00	0%	\$0.00
Customer Totals		\$101.00	\$101.00		\$0.00	\$0.00	\$82.00	\$16.00	\$117.00		\$0.00
Patient's Responsibility:											\$0.00
Other Credits or Adjustments											\$0.00
Total Net Payment											\$0.00

Claim:	123123457	Member:	FRANK DEMONSTRIC	Provider:	DONALD ABBOTT						
Patient:	ASHLY ABBOTT	Plan:	123456	Specialty:	N/A						
Date of Service	Type of Service	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Covered By Plan	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
04/22/04/22/2013	OFFERVICES	\$100.00	\$0.00		\$41.00	\$118.00	\$0.00	\$20.00	\$59.00	80%	\$88.00
Customer Totals		\$100.00	\$0.00		\$41.00	\$118.00	\$0.00	\$20.00	\$59.00		\$88.00
Patient's Responsibility:											\$37.00
Other Credits or Adjustments											\$0.00
Total Net Payment											\$88.00

18 Reason Code Description: Reflects any comments about why a service may not have been covered or any other important information.

19 Payment Details: Reflects who received a benefit payment for this claim.

20 Plan Status: Reflects your deductible, and out-of-pocket amounts remaining as defined by your plan.

21 You Should Know: Special reminders and announcements appear here.

Page 2 of 2

Reason Code Description	
10	DUPLICATE OF CHARGES PREVIOUSLY COVERED

Payment Details			
Paid To	Check Date	Check No.	Amount
DONALD ABBOTT	09/21/15	29688	\$88.00

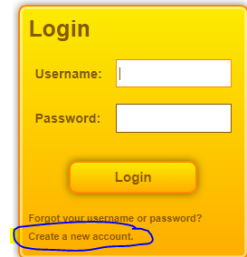
Plan Status	
These totals are accurate as of the last claim shown on this document. If you received care more recently, unprocessed claims for that care will not yet be reflected in the totals shown here.	
Accumulation	Amount Remaining
Ind. Deductible	\$0.00
Fam. Deductible	\$0.00
Ind. Coinsurance	\$233.88
Fam. Coinsurance	\$0.00

You Should Know
Are you tired of receiving paper statements? View & Print Statements online . Go to www.pbaclaims.com , click on the employee tab to create your own account, and go paperless!

Instructions on how to download claims from your PBA member portal into an Excel spreadsheet

1) Go to www.pbaclaims.com. On right side, click  and choose “employee”

2) Login or “create a new account” if it’s your first time logging

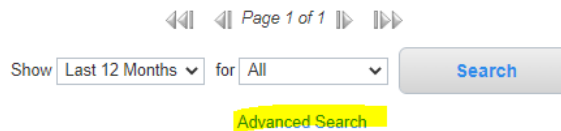


in.

3) Click on “View Claims”



5) Click on “Advanced Search” at the bottom of the page.




6) Choose search criteria such as “last 12 months” and specific member and click on “Search”. This will bring up all of the claims using that search criteria.

7) Click the Download claim detail button found on the right side above the list of claims.

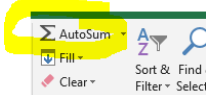
Search & View Claims

22 records found



Claim Number	Date of Service	Patient Name	Provider	Claim Status	Amount Paid	Check Paid To
222-0000908607-00	8/23/2022			PAID	\$226.00	
222-0000880477-00	8/12/2022			PAID	\$287.37	

- You can total columns to see how much has been applied to your out of pocket costs (deductible, copays & co-insurance if applicable to your plan). To do that, highlight the cells you want to total and then click on the auto sum button found on the upper right on your Excel spreadsheet.



- I recommend sorting rows by date of service. That way, if there was a claim originally denied, you can easily see if it was reprocessed.
- Reasons for a possible claim being denied: 1) COB (other insurance) information not received by PBA if you have other family members covered; 2) An accident letter not being completed if requested by PBA; or 3) medical necessity not established. These reasons would show on the Explanations of Benefits that you and the provider would have received. Contact PBA directly with any questions.

PBA contact information: Call 1-800-435-5694 (M-F 7 a.m. – 5 p.m.), send an email to customerservice@pbaclaims.com or send a message through your member portal.

If you still have questions after contacting PBA, please contact Audra Bloom, Employee Benefits Coordinator at or 608-789-8310.

Important Notice of Changes to the City's Medical Benefit Plan Due to the End of the COVID-19 Emergency

This Notice is intended to replace information previously released concerning your benefits during the COVID-19 Emergency.

Earlier this year, the Secretary of Health and Human Services announced the COVID-19 Public Health Emergency will end on May 11, 2023. As a result, temporary rules that apply to health plans during the COVID-19 Public Health Emergency will end. Please review the following for an overview of the changes that will occur to your benefits due to the end of the Public Health Emergency.

COVID-19 Diagnostic Testing

During the Public Health Emergency all group health plans were required to provide coverage for COVID-19 diagnostic testing, and services related to administration of the test, without member cost sharing, prior authorization, or medical management requirements. This requirement also applies to the purchase of up to 8 over-the-counter tests per month.

Beginning on May 12, 2023, coverage for COVID-19 diagnostic testing, and services related to administration of the test, will be as follows:

- Benefits will no longer be paid at 100%.
- Benefits will be payable at the level that applies to all other diagnostic lab services: subject to your deductible and co-insurance (if applicable to your plan).
- Over-the-counter tests will no longer be covered.

Note: The cost of an OTC COVID-19 test is an eligible expense under a flexible spending plan.

COVID-19 Vaccines

During the Public Health Emergency all group health plans were required to provide coverage for COVID-19 vaccines without member cost sharing.

Beginning on May 12, 2023, coverage for COVID-19 vaccines will be as follows:

- Benefits will be paid at 100% only when an In-Network provider is used.
- Benefits obtained at an Out-of-Network provider will be processed at the Out-of-Network level of benefits.

Questions regarding your medical plan benefits? Contact PBA, the medical plan administrator, at (800) 435-5694 or visit your member portal at www.pbaclaims.com or contact Audra Bloom at the City Human Resources Department at (608) 789-8310 or blooma@cityoflacrosse.org.

Visit www.cityoflacrosse.org/hr/eebenefits and click under "Medical Benefit Plan" to view resources such as the 2023 Health Resource Guide, the City's Medical Plan Master Plan Document/Summary Plan Description, a one-page summary of your plan or a more detailed Schedule of Benefits. Hard copies can be obtained from City Human Resources.

Powered by People



Driven by Results