LEADING EDGE ADMINISTRATORS

Public Partnership, LLC
Employee Benefit Summary – Anthem Essential Coverage Plan
Network: National PPO (Blue Card PPO) Network
Effective Date: 05/01/2025

Benefit	In-Network	Out-Of-Network
Plan Deductible	$0 – Individual Only	Not Covered
Any Other Deductible	N/A	N/A
Deductible – Accumulation	N/A	N/A
Deductible – INN and OON integration	N/A	
Member Coinsurance	N/A	Not Covered
Out of Pocket Maximum	Unlimited -Individual Only	Not Covered
Out of Pocket – Accumulation	N/A	N/A
Out of Pocket – INN and OON integration	N/A	
Annual Benefit Maximum	Unlimited	Not Covered
Benefit Period	Calendar Year	1/1-12/31

Prescription Drug Benefits
CarelonRx: 1-833-271-2374 or www.anthem.com

Benefit	In-Network	Out-Of-Network
Generic (Tier 1) – Retail only	Only PPACA mandated drugs are covered, covered at 100%	Not Covered
Preferred (Tier 2)	Only PPACA mandated drugs are covered, covered at 100%	Not Covered
Non-Limited/Non-Preferred (Tier 3)	Only PPACA mandated drugs are covered, covered at 100%	Not Covered
Specialty (Tier 4)	Not Covered	Not Covered

Preventive Medical Services

Benefit	In-Network	Out-Of-Network
Primary Care Physician: Adult Routine Physical - 1 visit per year.	No Charge	Not Covered
Gynecological - Adult Routine Physical - 1 visit per year.	No Charge	Not Covered
Maternity (Routine Prenatal /Postnatal Services only)	No Charge	Not Covered
Routine Immunizations (Child & Adult)	No Charge	Not Covered
Flu Shot (Routine)	No Charge	Not Covered
X-Rays and Lab tests (Routine)	No Charge	Not Covered
Mammography (Routine) – 1 per year; Age 40 and more	No Charge	Not Covered
Pap-smear (Routine) – 1 per year	No Charge	Not Covered
Prostate Cancer Screening PSA (Routine) - 1 per year	No Charge	Not Covered
Colon Cancer Screening (Routine) - age 45-75 Colonoscopy – 1 in 10 years Sigmoidoscopy – 1 in 3 years	No Charge	Not Covered

Non-Preventive Medical Services

Benefit	In-Network	Out-Of-Network
Primary Care Physician Visits	Not Covered	Not Covered
Specialist Visits	Not Covered	Not Covered
Retail Health Clinics/Convenience Clinics	Not Covered	Not Covered
Maternity Care – PPACA mandated maternity care is covered at 100%	Not Covered	Not Covered
Chiropractic Care	Not Covered	Not Covered

LEADING EDGE ADMINISTRATORS

Public Partnership, LLC
Employee Benefit Summary – Anthem Essential Coverage Plan
Network: National PPO (Blue Card PPO) Network
Effective Date: 05/01/2025

Non-Preventive Lab and Radiology		
Benefit	**In-Network**	**Out-Of-Network**
Lab and Pathology	Not Covered	Not Covered
X-Rays / Radiology	Not Covered	Not Covered
MRI / MRA; CT / CTA / PET Scan	Not Covered	Not Covered
Inpatient Services		
Benefit	**In-Network**	**Out-Of-Network**
Pre-Surgical / Pre-Admission Testing	Not Covered	Not Covered
Hospital Stay: Includes Room and Board; Drugs and Medication; Anesthesia and ICU; Maternity Stay, Inpatient Lab	Not Covered	Not Covered
Inpatient Physician Services	Not Covered	Not Covered
Inpatient Mental Health / Substance Abuse Services	Not Covered	Not Covered
Inpatient Physical Medical Rehab	Not Covered	Not Covered
Skilled Nursing Facility	Not Covered	Not Covered
Outpatient Services		
Benefit	**In-Network**	**Out-Of-Network**
Second Opinion - Surgical	Not Covered	Not Covered
Outpatient Surgery	Not Covered	Not Covered
Home Health Care	Not Covered	Not Covered
Hospice – Home or Facility	Not Covered	Not Covered
Mental Health / Substance Abuse - PPACA mandated mental health/substance abuse care is covered at 100% all other services are excluded.	Not Covered	Not Covered
Therapy Services		
Benefit	**In-Network**	**Out-Of-Network**
Cardiac Rehab	Not Covered	Not Covered
Chemotherapy	Not Covered	Not Covered
Radiation Therapy	Not Covered	Not Covered
Infusion Therapy	Not Covered	Not Covered
Occupational Therapy	Not Covered	Not Covered
Physical Therapy	Not Covered	Not Covered
Respiratory Therapy	Not Covered	Not Covered
Speech Therapy	Not Covered	Not Covered
Emergency Services		
Benefit	**In-Network**	**Out-Of-Network**
Emergency Care	Not Covered	
Urgent Care	Not Covered	Not Covered
Emergency Medical Transportation	Not Covered	Not Covered
Other Services		
Benefit	**In-Network**	**Out-Of-Network**
Abortion	Not Covered	Not Covered
Acupuncture	Not Covered	Not Covered
Allergy Testing	Not Covered	Not Covered
Allergy Treatment	Not Covered	Not Covered
Bariatric Surgery	Not Covered	Not Covered

Public Partnership, LLC
Employee Benefit Summary – Anthem Essential Coverage Plan
Network: National PPO (Blue Card PPO) Network
Effective Date: 05/01/2025

Durable Medical Equipment (includes Diabetic Supplies)	Not Covered	Not Covered
Orthotics and Prosthetic Devices	Not Covered	Not Covered
Dialysis / Hemodialysis	Not Covered	Not Covered
Home Visits	Not Covered	Not Covered
Infertility Testing	Not Covered	Not Covered
Infertility Treatment	Not Covered	Not Covered
Injections	Not Covered	Not Covered
Nutritional Counseling - Diabetics	Not Covered	Not Covered
Nutritional Counseling – Non-Diabetics	Not Covered	Not Covered
Online Visits	Not Covered	Not Covered
Oral Surgery	Not Covered	Not Covered
Private Duty Nursing	Not Covered	Not Covered
TMJ Treatment	Not Covered	Not Covered
Transgender Surgery	Not Covered	Not Covered
Wigs/Toupee	Not Covered	Not Covered
Transplant Services		
Benefit	**In-Network**	**Out-Of-Network**
Live Donor Health Services	Not Covered	Not Covered
Bone Marrow Donor Search	Not Covered	Not Covered
Organ Transplant	Not Covered	Not Covered
Travel and lodging for Organ	Not Covered	Not Covered

Preauthorization AlefHealth: 1-813-547-3110
The following services require Preauthorization.

Inpatient Services	Outpatient Services
N/A	N/A

Exclusions
In addition to exclusions listed in the document, the following services are excluded from coverage under the Plan

Abortion	Hearing aids
Acupuncture	Hospice service
Ambulance Services	Imaging (CT / PET scans, MRIs)
Allergy testing except as required by ACA.	Infertility Services
Childbirth/Delivery and Postnatal care	Inpatient services (Hospital Stay)
Chiropractic Care	Long-term care
Dental care	Mental / Behavioral Health and Substance Use Disorder services
Diabetes except as required by ACA.	Private-duty nursing
Diagnostic Lab/Pathology	Rehabilitation Services
Diagnostic Radiology	Skilled nursing care
Durable medical equipment	Specialty Drugs
Emergency Room Treatment	Surgical Procedures
Foot care	Therapy Services
Gene/Cellular Therapy	Urgent Care Services
Growth Hormone Therapy	Vision Exam and Hardware
Habilitative Services	Weight loss programs
Home health care	