



Medical Plans Summary

The deductibles, copays, and coinsurance percentages below indicate the amounts for which you are responsible.

Key Features	Anthem Blue Cross HMO ¹		Anthem Blue Cross PPO		Kaiser HMO
	Anthem HMO Providers Only	In-Network	Out-of-Network	Kaiser HMO Providers Only	
Annual Calendar Year Deductible					
Individual	None	\$500		None	
Family	None	\$1,500		None	
Annual Out-of-Pocket Maximum					
Individual (includes deductible)	\$2,500	\$3,500	\$7,000	\$1,500	
Family (includes deductible)	\$5,000	\$7,000	\$14,000	\$3,000	
Physician Services					
Office Visit	\$15	\$20 (deductible waived)	40%	\$25	
Specialist Visit	\$30	\$20 (deductible waived)	40%	\$25	
Preventive Care	No charge	No charge	40%	No charge	
Diagnostic Lab and X-Ray Services	No charge	20%	40%	No charge	
Complex Lab and Advanced Imaging	\$100 per test	20%	40% (limited to \$800/procedure) ⁴	No charge	
Medical Services					
Inpatient (per admission)	\$250	20%	40% (limited to \$1,000/Non –Emergency admit) ^{3,4}	\$500	
Outpatient (per procedure)	\$125	20%	40% (limited to \$350/admit) ^{3,4}	\$100	
Emergency Treatment					
Urgent Care Copay	\$15	\$20 (deductible waived)	40%	\$25	
Emergency Room Copay (waived if admitted)	\$100	\$150 deductible + 20% (deductible waived if admitted)		\$100	
Retail Prescriptions (30-day supply)					
Tier 1	\$10 ²	\$10	\$10 + 50% of drug cost	\$10	
Tier 2	\$25 ²	\$30	\$30 + 50% of drug cost	\$25	
Tier 3	30% (\$150 copay max) ²	\$50	\$50 + 50% of drug cost	n/a	
Tier 4	Covered as Tier 2 if medically necessary	30% (\$250 copay max)	30%+50% of drug cost	n/a	
Mail-Order Prescriptions (90-day supply)					
Tier 1	\$10 ²	\$10	\$10 + 50% of drug cost	\$20	
Tier 2	\$50 ²	\$60	\$60 + 50% of drug cost	\$50	
Tier 3	30% (\$300 copay max) ²	\$100	\$100 + 60% of drug cost	n/a	
Tier 4	Covered as Tier 2 if medically necessary	30% (\$300 copay max)	30%+50% of drug cost	n/a	

1. Anthem HMO – offers Healthy Support Enhancements
2. Anthem formulary based on the Generic Premium Prescription Drug Formulary
3. Additional \$500 deductible for non Anthem PPO hospital or residential treatment center if utilization review not obtained
4. Based on allowable amount. Benefit limits apply. See Evidence of Coverage for details