

Health Plans

Plan Features	Anthem Classic HMO	Anthem Value HMO	Anthem HRA (PPO)	
			Prudent Buyer	Non-Network
Network	Select*	California Care		
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Employer Annual HRA Contribution	N/A	N/A	\$750/\$1,500	
Deductible (Annual) – Individual / Family	None	None	\$1,500 / \$3,000	\$4,500 / \$9,000
Co-Insurance (Plan Pays)	100%, after copay	100%, after copay	90%	70%
Physician Office Visit	\$25 PCP / \$25 Specialist	\$25 PCP / \$25 Specialist	\$20 copay	30%
Out of Pocket Maximum – Individual / Family	\$2,000 / \$4,000	\$2,000 / \$4,000	\$3,425 / \$6,850	\$10,275 / \$20,550
Hospitalization – Inpatient	\$250 / per day (4 day max)	\$250 / per day (4 day max)	10%	30%, up to \$1,000/day
– Outpatient Surgery	\$100 copay	\$100 copay	10%	30%, up to \$350/admit
Urgent Care Services	\$25 copay	\$25 copay	\$20 copay	30%
Emergency Services (Waived if Admitted)	\$150 copay	\$150 copay	10%	
Wellness Exams – Adult / Children	Covered at 100%	Covered at 100%	Covered at 100%	30%
Chiropractic (Physical, Occu- pational and Speech Therapy)	*\$25 copay/**\$15 copay (self-refer)	*\$25 copay/**\$15 copay (self-refer)	\$20 copay	30%
*Referral needed **ASH Facility only	80 visits combined per calendar year	80 visits combined per calendar year	30 visits per calendar year	
Mental Health & Sub Abuse – Inpatient	\$250 / per day (4 day max)	\$250 / per day (4 day max)	10%	30%, up to \$1,000/day
– Outpatient	\$25 copay	\$25 copay	\$20 copay	30%
Prescription Drugs - Copay – Generic Formulary	\$15 copay	\$15 copay	\$5/15 copay	Not covered
– Brand Name Formulary	\$30 copay	\$30 copay	\$30 copay	
– Non-Formulary	\$45 copay	\$45 copay	\$45 copay	
– Mail Order (90 day supply)	\$30 / \$60 / \$90	\$30 / \$60 / \$90	\$10 / \$30 / \$60 / \$90	

*Hospitals excluded on Anthem Classic HMO Select Plan: St. Joseph, St. Jude, Mission and Hoag.

