



2021-2022	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO
MEDICAL PLAN DESCRIPTION	100-A \$20	90-C \$20	80-G \$30	80-M \$40	Anchor Bronze (HSA Compatible)
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0/\$0	\$200/\$500	\$500/\$1,000	\$3,000/\$6,000	\$5,000/\$10,000*
Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000	\$6,350/\$12,700*

**PROFESSIONAL SERVICES**

Office Visit (OV) co-pay <i>(\$0 Copay for 1st 3 calendar year Primary Care OV on Non-HSA PPO plans)</i>	\$20	\$20	\$30	\$40	Deductible, then 30%
Urgent Care and Specialist/Consultants co-pay	\$20	\$20	\$30	\$40	30%
Prenatal, postnatal office visit co-pay	\$20	\$20	\$30	\$40	30%
Scans: CT, CAT, MRI, PET etc.	0%	10%	20%	20%	30%
Diagnostic X-ray & Laboratory Procedures	0%	10%	20%	20%	30%
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived

**HOSPITAL & SKILLED NURSING FACILITY SERVICES**

Emergency Room visit (waived if admitted)	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	0%	10%	20%	20%	30%
Outpatient Hospital	0%	10%	20%	20%	30%
Surgery, Outpatient (performed in Surgery Center)	0%	10%	20%	20%	30%
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	10%	20%	20%	30%

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)	0%	10%	20%	20%	30%
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	0%	10%	20%	20%	30%

**OTHER SERVICES**

Acupuncture - Limits apply	0%	10%	20%	20%	30%
Ambulance (Ground or Air)	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay
Chiropractic - Limits apply	0%	10%	20%	20%	30%
Durable Medical Equipment (DME)	0%	10%	20%	20%	30%
Physical and Occupational Therapy - Limits apply	0%	10%	20%	20%	30%
Hearing Aids - <b>\$700 Allowance/24 months</b>	Amount in excess of allowance	10% and Amount in excess of allowance	20% and Amount in excess of allowance	20% and Amount in excess of allowance	10% and Amount in excess of allowance

PHARMACY BENEFITS	9-35	9-35	9-35	200/15-50	Anchor Bronze Rx
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	\$200/\$500	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i>	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$9 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$9 at Other Network	\$5 at Costco \$15 at Other Network	Deductible then \$0 at Costco or \$9 at Other Network
Brand co-pay/30 days supply	\$35	\$35	\$35	\$50	Deductible, then \$35
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$50 Must Use Navitus Mail	Deductible, then \$35 (Must Use Navitus Mail)
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$90	\$15-\$135	Deductible, then \$0-\$90
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.