

# Side-by-Side Overview of Both Medical Plans

Below is a **general overview** of covered benefits and what **YOU** can expect to pay when goods and services are obtained from Anthem's network of providers.

Refer to the [Summary Plan Document \(SPD\)](#) for full details of the Plan. To compare *your current coverage* to the Carmel Clay Schools coverage, refer to the [Summary of Benefits and Coverage \(SBC\)](#). Both documents may be found at [www.ccs.k12.in.us](http://www.ccs.k12.in.us).

Benefit	Standard Plan	High Deductible/HSA Plan
	You Pay	You Pay
<b>CCS Wellness Center Services</b> Preventative Care (Wellness) PCP Office Visit Specialist Office Visit Physical Therapy Visit Chiropractic Office Visit Urgent Care Visit Emergency Room Visit	\$0 - Covered in Full \$0 - Covered in Full \$25, no deductible \$50, no deductible \$25, no deductible \$25, no deductible \$50, no deductible \$200, no deductible	\$0 - Covered in Full \$0 - Covered in Full \$0, after the deductible is met \$0, after the deductible is met \$0, after the deductible is met \$0, after the deductible is met \$0, after the deductible is met \$0, after the deductible is met
Deductible <i>(resets each January 1st)</i>		
Per Individual with a <i>family limit</i> of	\$ 500 \$1,000	\$3,000 \$6,000
Coinsurance		
Ambulance Durable Medical Equipment Lab, X-Ray and Major Diagnostics Inpatient Hospitalization Outpatient Procedures & Services	20% after the individual's deductible has been met	Covered in Full, after the individual's deductible has been met
Out-of-Pocket Maximum <i>then eligible charges are paid @ 100%*</i>		
Per Individual with a <i>family limit</i> of	\$3,000 \$6,000 <i>*Rx expenses DO NOT count toward OOP</i>	\$3,000 \$6,000 <i>*INCLUDES Rx expenses</i>
Prescription Drugs (Rx) <i>TrueScripts Formulary Drug Listing</i>		
Up to a quantity of 30 days Tier 1 (Generic) \$15 Tier 2 (Preferred Brand) \$30 Tier 3 (Non-Preferred Brand) \$60 Tier 4 (Specialty Medications) 20% (min of \$100, max of \$250)		Covered in Full, after the individual's deductible has been met
Up to a quantity of 90 days Tier 1 (Generic) \$30 Tier 2 (Preferred Brand) \$60 Tier 3 (Non-Preferred Brand) \$120		