

Carrier Plan Name	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
	HMO 20 - \$5/25/40 Rx	HMO 20 Select - \$5/25/40 Rx	HMO 30 - \$10/30/60 Rx	HMO 30 Select - \$19/50/75 Rx	DHMO 500 Select - \$10/30/60 Rx
<b>Prescription Drug Benefits</b>					
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
Prescription Drug Annual Out-of-Pocket Limit/Family	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000
Generic	\$5 copay/Tier 1 Pharmacy; \$5 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$5 copay/Tier 1 Pharmacy; \$5 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$10 copay/Tier 1 Pharmacy \$10 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$19 copay/Tier 1 Pharmacy \$19 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$10 copay/Tier 1 Pharmacy 10 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Formulary/Preferred)	\$25 copay/Tier 1 Pharmacy \$25 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$25 copay/Tier 1 Pharmacy \$25 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$30 copay/Tier 1 Pharmacy \$30 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$50 copay/Tier 1 Pharmacy \$50 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$30 copay/Tier 1 Pharmacy \$30 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Non-Formulary/Non-preferred)	\$40 copay/Tier 1 Pharmacy \$40 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$40 copay/Tier 1 Pharmacy \$40 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$60 copay/Tier 1 Pharmacy \$60 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$75 copay/Tier 1 Pharmacy \$75 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$60 copay/Tier 1 Pharmacy \$60 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)
Number of Days Supply	30 days	30 days	30 days	30 days	30 days
<b>Mail Order</b>					
Generic	\$10 copay provided by Express Scripts	\$10 copay provided by Express Scripts	\$20 copay provided by Express Scripts	\$38 copay provided by Express Scripts	\$20 copay provided by Express Scripts
Brand (Formulary/Preferred)	\$50 copay provided by Express Scripts	\$50 copay provided by Express Scripts	\$60 copay provided by Express Scripts	\$100 copay provided by Express Scripts	\$60 copay provided by Express Scripts
Brand (Non-Formulary/Non-preferred)	\$80 copay provided by Express Scripts	\$80 copay provided by Express Scripts	\$120 copay provided by Express Scripts	\$150 copay provided by Express Scripts	\$120 copay provided by Express Scripts
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days	90 days
<b>Other Services and Supplies</b>					
Durable Medical Equipment & Prosthetic Devices	100%	100%	100%	100%	100%
Home Health Care	100% limited to 100 visits/calendar year; one visit equals four hours or less	100% limited to 100 visits/calendar year; one visit equals four hours or less	100% limited to 100 visits/calendar year; one visit equals four hours or less	100% limited to 100 visits/calendar year; one visit equals four hours or less	100% limited to 100 visits/calendar year; one visit equals four hours or less
Skilled Nursing or Extended Care Facility	100% limited to 100 days/calendar year	100% limited to 100 days/calendar year	100% limited to 100 days/calendar year	100% limited to 100 days/calendar year	100% limited to 100 days/calendar year
Hospice Care	100%	100%	100%	100%	100%
Chiropractic Services	Not covered	Not covered	Not covered	Not covered	Not covered
Acupuncture	\$20 copay; when approved by your medical group	\$20 copay; when approved by your medical group	\$30 copay when approved by your medical group	\$30 copay when approved by your medical group	\$40 copay when approved by your medical group
<b>Vision</b>					
<b>Copay</b>					
Examination	100%	100%	100%	100%	100%
<b>Benefit Frequency</b>					
Examination	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months	Once every 12 months
<b>Hearing</b>					
Screening	100%	100%	100%	100%	100%
Aid(s)	100% limited to one hearing aid per ear every 3 years	100% limited to one hearing aid per ear every 3 years	100% limited to one hearing aid per ear every 3 years	100% limited to one hearing aid per ear every 3 years	100% limited to one hearing aid per ear every 3 years
<b>Infertility</b>					
Diagnosis	See plan certificate	See plan certificate	See plan certificate	See plan certificate	See plan certificate
Treatment	See plan certificate	See plan certificate	See plan certificate	See plan certificate	See plan certificate
<b>Outpatient Rehabilitative Therapy Services</b>					
Physical, Occupational & Speech Therapy	100% limited to a 60-day period of care after illness or injury. Phys./occ/chiro/speech combined	100% limited to a 60-day period of care after illness or injury. Phys./occ/chiro/speech combined	100% limited to a 60-day period of care after illness or injury. Phys./occ/chiro/speech combined	100% limited to a 60-day period of care after illness or injury. Phys./occ/chiro/speech combined	100% limited to a 60-day period of care after illness or injury. Phys./occ/chiro/speech combined