Medical Insurance

Select from the three medical options through Anthem.

Anthem

Find an in-network provider

All plans cover in-network preventive care at 100%, prescription drugs, and include an annual limit on your expenses. The differences are:

- What you pay for the plan
- What you pay when you get care
- How out-of-network care is covered
- Your annual maximum cost for care (out-of-pocket maximum).

See your plan details for out-of-network information.

In-Network Care	**Base PPO $3,500** Anthem PPO	**Buy Up PPO $2,000** Anthem PPO	**HDHP PPO $3,400** Anthem PPO
Calendar Year Deductible Individual / Family	$3,500 / $7,000	$2,000 / $4,000	$3,400 / $6,800
Coinsurance	you pay 20% AD	you pay 20% AD	you pay 20% AD
Calendar Year Out-Of-Pocket Max.	$6,600 / $13,200	$5,000 / $10,000	$5,000 / $10,000
Preventative Services **Primary Care** **Specialist**	no charge you pay $35 copay you pay $60 copay	no charge you pay $20 copay you pay $40 copay	no charge you pay 20% AD you pay 20% AD
Anthem Virtual Primary/Urgent Care **Urgent Care (in-person)** **Emergency Room** **Inpatient Hospital** **Outpatient Hospital**	you pay $0 you pay $50 copay you pay $350 copay you pay 20% AD you pay 20% AD	you pay $0 you pay $50 copay you pay $350 copay you pay 20% AD you pay $500 copay	you pay $0 you pay 20% AD you pay 20% AD you pay 20% AD you pay 20% AD
(Non-Hospital) **Lab** **X-Ray** **MRI, PET, CT Scans**	 you pay $35 copay you pay $60 copay you pay $300 copay	 you pay $15 copay you pay $40 copay you pay $200 copay	 you pay 20% AD you pay 20% AD you pay 20% AD
Prescription Benefit Generic (Tier I) Preferred (Tier II) Non-Preferred (Tier III)	 you pay $15 copay you pay $40 copay you pay $60 copay	 you pay $15 copay you pay $40 copay you pay $60 copay	 you pay 20% AD you pay 20% AD you pay 20% AD
Your Cost for Coverage Employee Only Employee + Spouse Employee + Child(ren) Employee + Family Dual Spouse	**Per Paycheck** $0 $611.89 $489.51 $1223.78 $456.57	**Per Paycheck** $164.05 $940.00 $784.81 $1715.94 $915.90	**Per Paycheck** $0 $495.67 $396.53 $991.33 $190.41

*This information is designed to help you choose a benefit plan for 2025 only. Please refer to the Plan Documents provided by the carrier for information regarding coverage, limitations and exclusions. If there is a difference between this guide and the Plan Documents, the Plan Documents prevail.

** CY (Calendar Year)

*** AD (After Deductible)