<table>
<thead>
<tr>
<th>Service Category</th>
<th>Service</th>
<th>2021-2022</th>
<th>2021-2022</th>
<th>2021-2022</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</strong></td>
<td>Individual/Family Deductibles</td>
<td>$0/$0</td>
<td>$300/$600</td>
<td>$500/$1,000</td>
</tr>
<tr>
<td></td>
<td>Individual/Family Out-of-Pocket (OOP) Max</td>
<td>$1,000/$3,000</td>
<td>$1,000/$3,000</td>
<td>$1,000/$3,000</td>
</tr>
</tbody>
</table>

**PROFESSIONAL SERVICES**

- **Office Visit (OV) co-pay (50 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)**
  - Anthem: $20
  - 100-A: $20
  - 100-D: $20

- **Urgent Care co-pay**
  - Anthem: $20
  - 100-A: $20
  - 100-D: $20

- **Specialists/Consultants co-pay**
  - Anthem: $20
  - 100-A: $20
  - 100-D: $20

- **Scans: CT, CAT, MRI, PET etc.**
  - Anthem: $0
  - 100-A: 0%
  - 100-D: 0%
  - 100-G: 0%

- **Diagnostic X-ray & Laboratory Procedures**
  - Anthem: $0
  - 100-A: 0%
  - 100-D: 0%
  - 100-G: 0%

- **Infertility (Refer to Plan Document)**
  - Anthem: Not covered
  - 100-A: Not covered
  - 100-D: Not covered

- **Preventive Care (includes physical exams & screenings)**
  - Anthem: % Ded Waived
  - 100-A: % Ded Waived
  - 100-D: % Ded Waived

**HOSPITAL & SKILLED NURSING FACILITY SERVICES**

- **Emergency Room visit (waived if admitted)**
  - Anthem: $0
  - 100-A: $100 co-pay
  - 100-D: $100 co-pay

- **Inpatient Hospital (preauthorization required) - limits may apply**
  - Anthem: 0%
  - 100-A: 0%
  - 100-D: 0%

- **Outpatient Hospital**
  - Anthem: 0%
  - 100-A: 0%
  - 100-D: 0%

- **Surgery, Outpatient (performed in Surgery Center)**
  - Anthem: 0%
  - 100-A: 0%
  - 100-D: 0%

- **Surgery, Outpatient (performed in a Hospital) - limits may apply**
  - Anthem: 0%
  - 100-A: 0%
  - 100-D: 0%

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

- **INPATIENT: Facility Based Care (preauthorization required)**
  - Anthem: 0%
  - 100-A: 0%
  - 100-D: 0%

- **OUTPATIENT: Facility Based Care (preauthorization required)**
  - Anthem: 0%
  - 100-A: 0%
  - 100-D: 0%

**OTHER SERVICES**

- **Ambulance (Ground or Air)**
  - Anthem: %
  - 100-A: $100 co-pay
  - 100-D: $100 co-pay

- **Acupuncture - limits apply**
  - Anthem: 0%
  - 100-A: 0%
  - 100-D: 0%

- **Chiropractic - limits apply**
  - Anthem: 0%
  - 100-A: 0%
  - 100-D: 0%

- **Durable Medical Equipment (DME)**
  - Anthem: 0%
  - 100-A: 0%
  - 100-D: 0%

- **Physical and Occupational Therapy - limits apply**
  - Anthem: 0%
  - 100-A: 0%
  - 100-D: 0%

- **Hearing Aids**
  - Amount in excess of $700 allowance/24 months
  - Anime: $0-$50
  - 100-A: $0-$50
  - 100-D: $0-$50

**PHARMACY BENEFITS**

- **Plan**
  - 5-20
  - 9-35
  - 5-20

- **Pharmacy Benefit Manager**
  - Anime: Navitus
  - 100-A: Navitus
  - 100-D: Navitus

- **Individual/Family/Brand Specialty Rx Deductibles**
  - Anime: none
  - 100-A: none
  - 100-D: none

- **Individual/Family Rx Out-of-Pocket (OOP) Max (Includes Rx deductibles and co-pays)**
  - Anime: $1,500/$2,500
  - 100-A: $2,500/$3,500
  - 100-D: $1,500/$2,500

- **Generic co-pay/30 days supply**
  - Anime: $0 at Costco
  - 100-A: $0 at Costco
  - 100-D: $0 at Costco

- **Brand co-pay/30 days supply**
  - Anime: $0
  - 100-A: $0
  - 100-D: $0

- **Mail Order Pharmacy (Generic-Brand co-pay/90 days supply)**
  - Anime: $0-$50
  - 100-A: $0-$50
  - 100-D: $0-$50

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