

2021-2022	Anthem	Anthem	Anthem
	100-A \$20	100-D \$20	100-G \$20
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$0/\$0	\$300/\$600	\$500/\$1,000
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	\$1,000/\$3,000

PROFESSIONAL SERVICES

Office Visit (OV) co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$20	\$20	\$20
Urgent Care co-pay	\$20	\$20	\$20
Specialists/Consultants co-pay	\$20	\$20	\$20
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20
Scans: CT, CAT, MRI, PET etc.	0%	0%	0%
Diagnostic X-ray & Laboratory Procedures	0%	0%	0%
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	Ded Waived	Ded Waived	Ded Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES

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

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	0%	0%	0%
OUTPATIENT: Facility Based Care (preauth required)	0%	0%	0%

OTHER SERVICES

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

PHARMACY BENEFITS

Plan	5-20	9-35	5-20
Pharmacy Benefit Manager	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i>	\$1,500/\$2,500	\$2,500/\$3,500	\$1,500/\$2,500
Generic co-pay/30 days supply	\$0 at Costco \$5 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$5 at Other Network
Brand co-pay/30 days supply	\$20	\$35.00	\$20.00
Specialty co-pay/up to 30 days supply	\$20 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$20 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$50	\$0-\$90	\$0-\$50
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