

MEDICAL PLAN COMPARISON CHART



Compare each plan feature by reading down the columns. Plans with out-of-network benefits will display a row for each level of coverage. *See Next Page/Below for Prescription Drug Coverage.*

	Annual Deductible	Annual Out-of-Pocket Maximum	Office Visit	Chiropractic	Lab and X-ray	Urgent Care	Emergency Room	Inpatient Hospital Services	Outpatient Surgery
Anthem Blue Cross – Core PPO Plan									
In –Network	\$5,350 per individual \$10,700 family limit	\$6,500 per individual \$13,000 family limit	\$25 copay \$60 copay for specialist	\$25 copay (up to 30 visits per year)	100% after deductible	\$25 copay	\$250 copay then 100% after deductible (copay waived if admitted)	100% after deductible	100% after deductible
Out-of-Network	\$6,000 per individual \$12,000 family limit	\$16,000 per individual \$32,000 family limit	50% after deductible 50% after deductible for specialist	50% after deductible (in-network limitations apply)	50% after deductible (complex imaging: up to \$800 per service, all other in hospital: up to \$350 per service)	50% after deductible	\$250 copay then 100% after deductible (copay waived if admitted)	50% after deductible (up to \$1,000 per day for non-emergency admission)	50% after deductible (up to \$350 per service)
Anthem Blue Cross – High Deductible Health Plan 2000									
In –Network	\$2,000 per individual; individual in family: \$2,800 per individual \$4,000 family limit	\$6,500 per individual \$13,000 family limit	Plan pays 80% after deductible Plan pays 80% after deductible for specialist	Plan pays 80% after deductible (up to 30 visits per year)	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Out-of-Network	\$4,000 per individual \$8,000 family limit	\$13,000 per individual \$26,000 family limit	Plan pays 60% after deductible Plan pays 60% after deductible for specialist	Plan pays 60% after deductible (in-network limitations apply)	Plan pays 60% after deductible (complex imaging: up to \$800 per service, all other in hospital: up to \$350 per service)	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible (up to \$1,000 per day for non-emergency admission)	Plan pays 60% after deductible (up to \$350 per service)
Anthem Blue Cross – High Deductible Health Plan 1400									
In –Network	\$1,400 per individual; individual in family: \$2,800 per individual \$2,800 family limit	\$3,050 per individual \$6,100 family limit	Plan pays 80% after deductible Plan pays 80% after deductible for specialist	Plan pays 80% after deductible (up to 30 visits per year)	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Out-of-Network	\$2,800 per individual; \$5,600 family limit	\$6,100 per individual \$12,200 family limit	Plan pays 60% after deductible Plan pays 60% after deductible for specialist	Plan pays 60% after deductible (in-network limitations apply)	Plan pays 60% after deductible (complex imaging: up to \$800 per service, all other in hospital: up to \$350 per service)	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible (up to \$1,000 per day for non-emergency admission)	Plan pays 60% after deductible (up to \$350 per service)

This chart is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs).

MEDICAL PLAN COMPARISON CHART



PRESCRIPTION DRUGS Compare Rx coverage under each plan by reading down the columns. Plans with out-of-network benefits will display a row for each level of coverage.

	Prescription Deductible	Prescription Out-of-Pocket Maximum	Lower Cost Generic	Generic	Brand (Formulary/Preferred)	Brand (Non-formulary/Non-Preferred)
Anthem Blue Cross – Core PPO Plan						
30 Day Supply (Retail Pharmacy)						
In –Network	Deductible does not apply	Prescriptions subject to medical out-of-pocket maximums	\$5 copay	\$20 copay	\$40 copay	\$55 copay
Out-of-Network	Deductible does not apply	Prescriptions subject to medical out-of-pocket maximums	50% (up to \$250 per prescription)	50% (up to \$250 per prescription)	50% (up to \$250 per prescription)	50% (up to \$250 per prescription)
90 Day Supply (Home Delivery)						
In –Network	Deductible does not apply	Prescriptions subject to medical out-of-pocket maximums	\$12.50 copay	\$50 copay	\$120 copay	\$165 copay
Out-of-Network	Deductible does not apply	Prescriptions subject to medical out-of-pocket maximums	Not covered	Not covered	Not covered	Not covered
Anthem Blue Cross – High Deductible Health Plan 2000						
30 Day Supply (Retail Pharmacy)						
In –Network	Prescriptions subject to medical deductible	Prescriptions subject to medical out-of-pocket maximums	\$5 copay	\$15 copay	\$40 copay	\$60 copay
Out-of-Network	Prescriptions subject to medical deductible	Prescriptions subject to medical out-of-pocket maximums	40% after deductible (up to \$250 per prescription)	40% after deductible (up to \$250 per prescription)	40% after deductible (up to \$250 per prescription)	40% after deductible (up to \$250 per prescription)
90 Day Supply (Home Delivery)						
In –Network	Prescriptions subject to medical deductible	Prescriptions subject to medical out-of-pocket maximums	\$12.50 copay	\$37.50 copay	\$120 copay	\$180 copay
Out-of-Network	Prescriptions subject to medical deductible	Prescriptions subject to medical out-of-pocket maximums	Not covered	Not covered	Not covered	Not covered
Anthem Blue Cross – High Deductible Health Plan 1400						
30 Day Supply (Retail Pharmacy)						
In –Network	Prescriptions subject to medical deductible	Prescriptions subject to medical out-of-pocket maximums	\$5 copay	\$15 copay	\$40 copay	\$60 copay
Out-of-Network	Prescriptions subject to medical deductible	Prescriptions subject to medical out-of-pocket maximums	40% after deductible (up to \$250 per prescription)	40% after deductible (up to \$250 per prescription)	40% after deductible (up to \$250 per prescription)	40% after deductible (up to \$250 per prescription)
90 Day Supply (Home Delivery)						
In –Network	Prescriptions subject to medical deductible	Prescriptions subject to medical out-of-pocket maximums	\$12.50 copay	\$37.50 copay	\$120 copay	\$180 copay
Out-of-Network	Prescriptions subject to medical deductible	Prescriptions subject to medical out-of-pocket maximums	Not covered	Not covered	Not covered	Not covered