

Anthem Blue Cross Medical Comparison

	Anthem PPO Rx 5-20		Anthem PPO Deductible Rx 7-25		Anthem HDHP Rx 9-35	
Annual Deductible	\$0		\$500 per individual / \$1,000 per family		\$3,000 per individual / \$5,200 per family	
Annual Out-of-Pocket Maximum	\$1,000 per individual up to \$3,000 per family		\$2,000 per individual / \$4,000 per family		\$5,000 per individual / \$10,000 per family	
Office Visit	\$20 copay		\$20 copay		10% after deductible	
Acupuncture	No copay up to 12 visits		20% after deductible, up to 12 visits		10% after deductible	
Lab and X-ray	No copay		20% after deductible		10% after deductible	
Emergency Room	\$100 copay, waived if admitted		\$100 copay, waived if admitted, then 20% after deductible		\$100 copay, waived if admitted, then 10% after deductible	
Hospitalization	No copay		20% after deductible		10% after deductible	
Outpatient Surgery	0%		20% after deductible		10% after deductible	
PRESCRIPTION DRUGS						
	SISC Rx Plan 5-20		SISC Rx Plan 7-25		SISC Rx Plan 9-35	
Out-of-Pocket Maximum	\$1,500 individual/ \$2,500 family		\$1,500 individual/ \$2,500 family		Included in Medical Out of Pocket Maximum	
	30-day supply	90-day supply	30-day supply	90-day supply	30-day supply	90-day supply
Most Generic Drugs	\$5	\$0	\$7	\$0	\$9	\$0
Single Source Brand Name Drugs	\$20	\$50	\$25	\$60	\$35	\$90
Multi Source Brand Name Drugs	\$5 + brand / generic cost difference	\$15 + brand / generic cost difference	\$7 + brand / generic cost difference	\$18 + brand / generic cost difference	\$9 + brand / generic cost differen ce	\$26 + brand / generic cost difference
Brand Only	Not Applicable		Not Applicable		Subject to medical deductible	