

Anthem Medical Plan Comparison

	Anthem PPO - Full Network		Anthem PPO - Deductible Plan		Anthem HDHP - HSA	
Calendar Year Deductible(s) The deductible is the amount member pays before the Plan starts to pay at benefit level.	No deductible		\$750 per individual up to \$1,500 per family		\$3,000 per individual up to \$5,200 per family	
Calendar Year Out of Pocket Maximum	\$1,000 per individual up to \$3,000 per family		\$3,000 per individual up to \$6,000 per family		\$5,000 per individual up to \$10,000 per family	
Co-insurance is the member's responsibility to pay when the Plan is paying less than 100% (ie. Plan pays 80%, member pays 20%)	The Annual Out of Pocket Maximum includes the member's co-pays on Medical only.		The Annual Out of Pocket Maximum includes the member's co-pays on Medical only.		This plan's Annual Out of Pocket Maximum includes the member's deductible, 10% coinsurance and co-pays for medical and Rx.	
Services	Participating In-network Providers		Participating In-network Providers		Participating In-network Providers	
Office Visits	\$20 co-pay		\$30 co-pay		10% after deductible	
Routine Preventative Care for Adults and Children all ages + Adult Routine Cancer Screenings (industry standard)	No co-pay		No co-pay		Deductible Waived, 100%	
Outpatient Laboratory and X-Ray	No co-pay		20% after deductible		10% after deductible	
Inpatient Hospital & Ambulatory Surgery Center Room, Board & Support Services (prior authorization required)	No co-pay		20% after deductible		10% after deductible	
Emergency Room/Accident Care Facility & Professional Expenses: *medical emergencies as defined by the Plan	\$100 co-pay, waived if admitted		\$100 co-pay, waived if admitted 20% after deductible		\$100 co-pay, waived if admitted 10% after deductible	
Professional Charges - Physical Medicine (OT, PT, Chiro), DME (rental or purchase), Ambulance (air or ground), Home Health Care and Home Infusion (some limits may apply)	No co-pay, Some limits apply		20% after deductible, Some limits apply		10% after deductible	
Acupuncture (12 visits per year)	No co-pay up to 12 visits		20% after deductible, up to 12 visits		10% after deductible	
Psychiatric & Substance Abuse						
Inpatient	No co-pay		20% after deductible		10% after deductible	
Outpatient (Office Visit)	\$20 co-pay		\$30 co-pay		10% after deductible	
Outpatient Prescription Drugs	SISC Rx Plan 5-20		SISC Rx Plan 7-25		Anthem Rx Plan	
	Retail 30-day supply	Costco Retail or Mail 90-day supply	Retail 30-day supply	Mail 90-day supply	Retail 30-day supply	Mail 90-day supply
Most Generic Drugs	\$5	\$0	\$7	\$0	\$9	\$18
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	\$25	\$60	\$35	\$90
Brand Only - Calendar Year Deductible	Not applicable		Not applicable		Subject to medical deductible. Co-pays only apply after the medical deductible has been met.	
Out of Pocket (OOP) Maximum for outpatient prescription drugs	\$1,500 individual/ \$2,500 family		\$1,500 individual/ \$2,500 family		Included in Medical OOP Maximum	
NOTE: Eff 10-1-2015, Anthem will no longer pay for out-of-network X-ray, Lab, DME or Physical Medicine (Chiro or PT) and In-patient Hip, Knee or Spine procedures will require the use of the Anthem Blue Distinction Plus Network. For Anthem, Out-of-network benefits are paid at non-participating fee (a much lower payment) and subject to additional limits.						