

Plan	Anthem BCBS PPO 90/70		Anthem BCBS PPO 80/60		Anthem BCBS PPO 75/50		Anthem BCBS PPO 70 SLV		Anthem BCBS HDHP/HSA	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Annual Medical Deductible	\$250 per person \$500 per family	\$500 per person \$1,000 per family	\$500 per person \$1,000 per family	\$1,000 per person \$2,000 per family	\$900 per person \$1,800 per family	\$1,800 per person \$3,600 per family	\$3,000 per person \$6,000 per family	\$6,000 per person \$12,000 per family	\$2,700 per person \$5,450 per family (deductible includes medical & prescriptions)	\$3,000 per person \$6,000 per family (deductible includes medical & prescriptions)
Annual Out-of-Pocket Maximum	\$1,750 per person \$3,500 per family	\$4,500 per person \$9,000 per family	\$2,500 per person \$5,000 per family	\$6,500 per person \$13,000 per family	\$4,100 per person \$8,200 per family	\$8,200 per person \$16,400 per family	\$4,000 per person \$8,000 per family	\$8,000 per person \$16,000 per family	\$4,200 per person \$8,450 per family	\$7,000 per person \$13,000 per family
Preventive Care										
Routine and Preventive Services, Well-Child Care	\$0 copay	You pay 30%	\$0 copay	You pay 40%	\$0 copay (both PCP and specialist)	You pay 50%	\$0 copay	You pay 50%	\$0 copay	You pay 45%
Physician Services										
Office Visit	\$25 copay	You pay 30%	\$25 copay	You pay 40%	\$35 copay	You pay 50%	\$35 copay	You pay 50%	You pay 20%	You pay 45%
Diagnostic Services	You pay 20%	You pay 20%	You pay 20%	You pay 20%	You pay 25%	You pay 25%	You pay 30%	You pay 30%	You pay 20%	You pay 20%
Specialist Care	\$25 copay	You pay 30%	\$25 copay	You pay 40%	\$45 copay	You pay 50%	\$45 copay	You pay 50%	You pay 20%	You pay 45%
Hospital Services										
Inpatient Services (including inpatient maternity services)	Copay of \$100 per day not to exceed \$600 per admission, then you pay 10%	You pay 30%	Copay of \$100 per day not to exceed \$600 per admission, then you pay 20%	You pay 40%	Copay of \$100 per day not to exceed \$600, then you pay 25%	You pay 50%	\$100 copay per day to \$600 maximum, then 30% coinsurance	You pay 50%	You pay 20%	You pay 45%
Outpatient Surgery	You pay 10%	You pay 30%	You pay 20%	You pay 40%	You pay 25%	You pay 50%	You pay 30%	You pay 50%	You pay 20%	You pay 45%
Emergency Room Care (copay waived if admitted within 24 hours)	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$150 copay	\$150 copay	You pay 20%	You pay 20%
Ambulance Services	You pay 10%	You pay 10%	You pay 20%	You pay 20%	You pay 25%	You pay 25%	You pay 30%	You pay 50%	You pay 20%	You pay 45%
Mental Health/Substance Abuse										
Outpatient Services	\$20 copay	You pay 30%	\$20 copay	You pay 30%	\$20 copay	You pay 30%	\$20 copay	You pay 30%	You pay 20%	You pay 45%
	Services are provided through Cigna Behavioral Health, not through Anthem	Services are provided through Cigna Behavioral Health, not through Anthem	Services are provided through Cigna Behavioral Health, not through Anthem	Services are provided through Cigna Behavioral Health, not through Anthem	Services are provided through Cigna Behavioral Health not through Anthem	Services are provided through Cigna Behavioral Health, not through Anthem	Services are provided through Cigna Behavioral Health not through Anthem	Services are provided through Cigna Behavioral Health, not through Anthem		
Inpatient Services	Covered at 100% after \$100 per day copay/\$600 maximum Services are provided through Cigna Behavioral Health, not through Anthem	You pay 30% Services are provided through Cigna Behavioral Health, not through Anthem	Covered at 100% after \$100 per day copay/\$600 maximum Services are provided through Cigna Behavioral Health, not through Anthem	You pay 30% Services are provided through Cigna Behavioral Health, not through Anthem	Covered at 100% after \$100 per day copay/\$600 maximum Services are provided through Cigna Behavioral Health, not through Anthem	You pay 30% Services are provided through Cigna Behavioral Health, not through Anthem	Covered at 100% after \$100 per day copay/\$600 maximum Services are provided through Cigna Behavioral Health, not through Anthem	You pay 30% Services are provided through Cigna Behavioral Health, not through Anthem	You pay 20%	You pay 45%
Other Medical Services										
Durable Medical Equipment (DME)	You pay 10%	You pay 10%	You pay 20%	You pay 20%	You pay 25%	You pay 25%	You pay 30%	You pay 30%	You pay 20%	You pay 20%
Home Health Care (210 visits per year, combined in- and out-of-network)	You pay 10%	You pay 30%	You pay 20%	You pay 40%	You pay 25%	You pay 50%	You pay 30%	You pay 50%	You pay 20%	You pay 45%
Outpatient Therapy (limits are combined in- and out-of-network)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 30% (includes hearing/ speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/ speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 40% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$35 copay (PCP) \$45 copay (specialist) (includes hearing/ speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 50% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 30% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 50% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 20% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	You pay 45% (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)
Skilled Nursing Facility (60 days per year)	You pay 10%	You pay 30%	You pay 20%	You pay 40%	You pay 25%	You pay 50%	You pay 30%	You pay 50%	You pay 20%	You pay 45%
Urgent Care Services	You pay 10%	You pay 30%	You pay 20%	You pay 40%	You pay 25%	You pay 50%	You pay 30%	You pay 50%	You pay 20%	You pay 45%