

Plan	Anthem BCBS PPO 90/70		Anthem BCBS PPO 80/60		Anthem BCBS PPO 75/50		Anthem BCBS PPO 70 SLV		Anthem BCBS CDHP 20/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
<b>Preventive Care</b>										
Preventive Services & Well-Child Care	\$0 copay	30% coinsurance	\$0 copay	40% coinsurance	\$0 copay (both PCP and specialist)	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	45% coinsurance
<b>Physician Services</b>										
Office Visit	\$25 copay	30% coinsurance	\$25 copay	40% coinsurance	\$35 copay	50% coinsurance	\$35 copay	50% coinsurance	20% coinsurance	45% coinsurance
Diagnostic Services (outpatient)	10% coinsurance	30% coinsurance	20% coinsurance	40% coinsurance	25% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Specialist Care	\$25 copay	30% coinsurance	\$25 copay	40% coinsurance	\$45 copay	50% coinsurance	\$45 copay	50% coinsurance	20% coinsurance	45% coinsurance
<b>Hospital Services</b>										
Inpatient Services (including inpatient maternity services)	Copay of \$100 per day not to exceed \$600 per admission, and 10% coinsurance	30% coinsurance	Copay of \$100 per day not to exceed \$600 per admission, and 20% coinsurance	40% coinsurance	Copay of \$100 per day not to exceed \$600, and 25% coinsurance	50% coinsurance	\$100 copay per day to \$600 maximum, and 30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Outpatient Surgery	10% coinsurance	30% coinsurance	20% coinsurance	40% coinsurance	25% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Emergency Room Care	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$150 copay	\$150 copay	20% coinsurance	20% coinsurance
Ambulance Services	10% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance	25% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	20% coinsurance
<b>Mental Health/Substance Abuse</b>										
Outpatient Services	\$20 copay	30% coinsurance	\$20 copay	30% coinsurance	\$20 copay	30% coinsurance	\$20 copay	30% coinsurance	20% coinsurance	45% coinsurance
	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	Services are provided through Cigna Behavioral Health, not through Anthem	
Inpatient Services	Covered at 100% after \$100 per day copay/\$600 maximum	30% coinsurance	Covered at 100% after \$100 per day copay/\$600 maximum	30% coinsurance	Covered at 100% after \$100 per day copay/\$600 maximum	30% coinsurance	Covered at 100% after \$100 per day copay/\$600 maximum	30% coinsurance	20% coinsurance	45% coinsurance
	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	Services are provided through Cigna Behavioral Health, not through Anthem	
<b>Other Medical Services</b>										
Durable Medical Equipment	10% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance	25% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance	20% coinsurance
Home Health Care	10% coinsurance	30% coinsurance	20% coinsurance	40% coinsurance	25% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Outpatient Therapy	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	30% coinsurance (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)	40% coinsurance (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)	50% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$30/\$45 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	50% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	20% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	45% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)
Skilled Nursing / Acute Rehabilitation Facility	10% coinsurance	30% coinsurance	20% coinsurance	40% coinsurance	25% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Urgent Care Services	10% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance	25% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance	20% coinsurance