

# ANTHEM BENEFITS SUMMARY

Description	HSA
Individual/Family Deductible	\$3,000/\$6,000
Individual/Family Out of Pocket Limit	\$4,000/\$8,000
Preventative Care	100%
Primary Care Visit	80% Coins after Ded
Specialist Visit	80% Coins after Ded
Diagnostic Testing – (x-ray, blood work)	80% Coins after Ded
Imaging – (CT/PET scans, MRI's)	80% Coins after Ded
Prescription Deductible	N/A
Generic Drugs	\$15 Copay after Ded
Preferred Brand Drugs	\$60 Copay after Ded
Non-Preferred Brand Drugs	\$100 Copay after Ded
Specialty Drugs	\$400 Copay after Ded
Outpatient Surgery – Facility Fee (ambulatory surgery center)	80% Coins after Ded
Outpatient Surgery – Physician/Surgeon Fees	80% Coins after Ded
Emergency Room Care	80% Coins after Ded
Emergency Medical Transportation	80% Coins after Ded
Urgent Care	80% Coins after Ded
Inpatient Stay – Facility Fee (hospital room)	80% Coins after Ded
Inpatient Stay – Physician/Surgeon Fees	80% Coins after Ded
Mental Health, Behavioral Health or Substance Abuse Services – Outpatient Services	80% Coins after Ded
Mental Health, Behavioral Health or Substance Abuse Services – Inpatient Services	80% Coins after Ded
Pregnancy – Office Visits	80% Coins after Ded

Description	HSA
Pregnancy – Childbirth/Delivery Professional Services	80% Coins after Ded
Pregnancy – Childbirth/Delivery Facility Services	80% Coins after Ded
Home Health Care	80% Coins after Ded
Rehabilitation Services	80% Coins after Ded
Habilitation Services	80% Coins after Ded
Skilled Nursing Care	80% Coins after Ded
Durable Medical Equipment	50% Coins
Hospice Services	80% Coins after Ded
Children’s Eye Exam	No Charge
Children’s Glasses	No Charge
Children’s Dental Check-Up	100% Coins

	HSA
Monthly Total Premium	\$5,445.54