

2500 High Deducible with HSA

Current Plan 7/1/19 - 6/30/20

Renewal Plan 7/1/20 - 6/30/21

Medical	
Plan Type & Network	
Annual Deductible	
Individual	
Family	
Coinsurance	
Percentage Member Pays	
Maximum Out-of-pocket (includes deductible)	
Individual	
Family	
Physician Services (Member Pays)	
Preventive Care	
Office Visits/Exams	
Office Visits/Specialist	
Urgent Care	
Hospital Services	
Inpatient Care	
Outpatient Surgery	
Emergency Room	
Member Co-Pay Per Visit	
Prescription Drugs	
Deductible	
Generic drugs (Tier 1A)	
Preferred brand drugs (Tier 2)	
Non-Preferred drugs (Tier 3)	
Specialty drugs (Tier 4)	
Mail Order (90 day supply)	

Anthem 2500 High Ded with HSA		
Base - Current		
Blue Access PPO HSA Option 1		
In Network	Out of Network	
\$2,500	\$7,500	
\$5,000	\$15,000	
Coinsurance		
20%	40%	
Maximum Out-of-pocket (includes deductible)		
\$3,425	\$10,275	
\$6,850	\$20,550	
Physician Services (Member Pays)		
No charge	40% coins	
20% coins	40% coins	
Hospital Services		
20% coins	40% coins	
Emergency Room		
20% coins		
Prescription Drugs		
combined with medical		
20% coins	40% coins	
20% coins	40% coins	
20% coins	Not covered	

Anthem 2500 High Ded with HSA		
Base @ Renewal		
Blue Access PPO HSA Option 1		
In Network	Out of Network	
\$2,500	\$7,500	
\$5,000	\$15,000	
Coinsurance		
20%	50%	
Maximum Out-of-pocket (includes deductible)		
\$4,075	\$12,225	
\$8,150	\$24,450	
Physician Services (Member Pays)		
No charge	50% coins	
20% coins	50% coins	
Hospital Services		
20% coins	50% coins	
Emergency Room		
20% coins		
Prescription Drugs		
combined with medical		
20% coins	50% coins	
20% coins	50% coins	
20% coins	Not covered	

2500 PPO with FSA

Current Plan 7/1/19 - 6/30/20

Renewal Plan 7/1/20 - 6/30/21

Medical	
Plan Type & Network	
Annual Deductible	
Individual	
Family	
Coinsurance	
Percentage Member Pays	
Maximum Out-of-pocket (includes deductible)	
Individual	
Family	
Physician Services (Member Pays)	
Preventive Care	
Office Visits/Exams	
Office Visits/Specialist	
Urgent Care	
Hospital Services	
Inpatient Care	
Outpatient Surgery	
Emergency Room	
Member Co-Pay Per Visit	
Prescription Drugs	
Deductible	
Generic drugs (Tier 1A)	
Preferred brand drugs (Tier 2)	
Non-Preferred drugs (Tier 3)	
Specialty drugs (Tier 4)	
Mail Order (90 day supply)	

Anthem 2500 PPO with FSA		
Middle - Current		
Blue Access PPO Option 11 Rx E5		
In Network	Out of Network	
\$2,500	\$7,500	
\$7,500	\$22,500	
Coinsurance		
20%	50%	
Maximum Out-of-pocket (includes deductible)		
\$6,000	\$18,000	
\$12,000	\$36,000	
Physician Services (Member Pays)		
No charge	50% coins	
\$20 copay	50% coins	
\$40 copay	50% coins	
\$75 copay	50% coins	
Hospital Services		
20% coins	50% coins	
Emergency Room		
\$200 copay, then 20%		
Prescription Drugs		
N/A		
\$15 copay	50% coins	
\$40 copay	50% coins	
\$80 copay	50% coins	
25% coins up to \$350	50% coins	
\$38/\$120/\$240/25% coins up to \$350	Not covered	

Anthem 2500 PPO with FSA		
Middle @ Renewal		
Blue Access PPO Option 10 Rx E5		
In Network	Out of Network	
\$2,500	\$7,500	
\$7,500	\$22,500	
Coinsurance		
20%	50%	
Maximum Out-of-pocket (includes deductible)		
\$6,500	\$19,500	
\$13,000	\$39,000	
Physician Services (Member Pays)		
No charge	50% coins	
\$20 copay	50% coins	
\$40 copay	50% coins	
\$50 copay	50% coins	
Hospital Services		
20% coins	50% coins	
Emergency Room		
\$300 copay after deductible		
Prescription Drugs		
N/A		
\$15 copay	50% coins	
\$40 copay	50% coins	
\$80 copay	50% coins	
25% coins up to \$350	50% coins	
\$38/\$120/\$240/25% coins up to \$350	Not covered	

1500 PPO with FSA

Current Plan 7/1/19 - 6/30/20

Renewal Plan 7/1/20 - 6/30/21

Medical	
Plan Type & Network	
Annual Deductible	
Individual	
Family	
Coinsurance	
Percentage Member Pays	
Maximum Out-of-pocket (includes deductible)	
Individual	
Family	
Physician Services (Member Pays)	
Preventive Care	
Office Visits/Exams	
Office Visits/Specialist	
Urgent Care	
Hospital Services	
Inpatient Care	
Outpatient Surgery	
Emergency Room	
Member Co-Pay Per Visit	
Prescription Drugs	
Deductible	
Generic drugs (Tier 1A)	
Preferred brand drugs (Tier 2)	
Non-Preferred drugs (Tier 3)	
Specialty drugs (Tier 4)	
Mail Order (90 day supply)	

Anthem 1500 PPO with FSA Buy Up - Current		
Blue Access PPO Option 9 Rx E5		
	In Network	Out of Network
Individual	\$1,500	\$4,500
Family	\$4,500	\$13,500
Percentage Member Pays	20%	50%
Individual	\$6,000	\$18,000
Family	\$12,000	\$36,000
Preventive Care	No charge	50% coins
Office Visits/Exams	\$20 copay	50% coins
Office Visits/Specialist	\$40 copay	
Urgent Care	\$75 copay	
Inpatient Care	20% coins	50% coins
Outpatient Surgery	\$200 copay, then 20%	
Deductible	N/A	N/A
Generic drugs (Tier 1A)	\$15 copay	50% coins
Preferred brand drugs (Tier 2)	\$40 copay	50% coins
Non-Preferred drugs (Tier 3)	\$80 copay	
Specialty drugs (Tier 4)	25% coins up to \$350	
Mail Order (90 day supply)	\$38/\$120/\$240/25% coins up to \$350	Not covered

Anthem 1500 PPO with FSA Buy UP @ Renewal		
Blue Access PPO Option 6 Rx E5		
	In Network	Out of Network
Individual	\$1,500	\$4,500
Family	\$4,500	\$13,500
Percentage Member Pays	20%	50%
Individual	\$6,000	\$18,000
Family	\$12,000	\$36,000
Preventive Care	No charge	50% coins
Office Visits/Exams	\$25 copay	50% coins
Office Visits/Specialist	\$50 copay	
Urgent Care	\$50 copay	
Inpatient Care	20% coins	50% coins
Outpatient Surgery	\$300 copay after deductible	
Deductible	N/A	N/A
Generic drugs (Tier 1A)	\$15 copay	50% coins
Preferred brand drugs (Tier 2)	\$40 copay	50% coins
Non-Preferred drugs (Tier 3)	\$80 copay	
Specialty drugs (Tier 4)	25% coins up to \$350	
Mail Order (90 day supply)	\$38/\$120/\$240/25% coins up to \$350	Not covered