

Plan	Anthem BCBS BlueCard PPO 90		Anthem BCBS BlueCard PPO 80		Anthem BCBS BlueCard PPO 70		Anthem BCBS CDHP 20/HSA	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Annual Medical Deductible	\$500 per person \$1,000 per family	\$1,000 per person \$2,000 per family	\$1,000 per person \$2,000 per family	\$2,000 per person \$4,000 per family	\$3,500 per person \$7,000 per family	\$7,000 per person \$14,000 per family	\$2,800 per person \$5,450 per family	\$3,000 per person \$6,000 per family
Annual Out-of-Pocket Limit	\$2,500 per person \$5,000 per family	\$5,000 per person \$10,000 per family	\$3,500 per person \$7,000 per family	\$7,000 per person \$14,000 per family	\$5,000 per person \$10,000 per family	\$10,000 per person \$20,000 per family	\$4,200 per person \$8,450 per family	\$7,000 per person \$13,000 per family
Preventive Care								
Preventive Services & Well-Child	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	45% coinsurance
Physician Services								
Office Visit	\$30 copay	50% coinsurance	\$30 copay	50% coinsurance	\$30 copay	50% coinsurance	20% coinsurance	45% coinsurance
Diagnostic Services (outpatient)	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Specialist Care	\$45 copay	50% coinsurance	\$45 copay	50% coinsurance	\$45 copay	50% coinsurance	20% coinsurance	45% coinsurance
Hospital Services								
Inpatient Services (including inpatient maternity services)	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Outpatient Surgery	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Emergency Room Care	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	20% coinsurance	20% coinsurance
Ambulance Services	10% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance	20% coinsurance
Mental Health/Substance								
Outpatient Services	\$30 copay	30% coinsurance	\$30 copay	30% coinsurance	\$30 copay	30% coinsurance	20% coinsurance	45% coinsurance
Inpatient Services	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Other Medical Services								
Durable Medical Equipment	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Home Health Care	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Outpatient Therapy	\$30 copay PCP/\$45 copay specialist (includes hearing/speech, physical, & occupational)	50% coinsurance (includes hearing/speech, physical, & occupational)	\$30 copay PCP/\$45 copay specialist (includes hearing/speech, physical, & occupational)	50% coinsurance (includes hearing/speech, physical, & occupational)	\$30 copay PCP/\$45 copay specialist (includes hearing/speech, physical, & occupational)	50% coinsurance (includes hearing/speech, physical, & occupational)	20% coinsurance (includes hearing/speech, physical, & occupational)	45% coinsurance (includes hearing/speech, physical, & occupational)
Skilled Nursing / Acute	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance	20% coinsurance	45% coinsurance
Urgent Care Services	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	20% coinsurance	20% coinsurance

This chart is a general description & is provided for informational purposes only. It should not be viewed as an offer of coverage. In the event of a conflict between this chart & the official Plan documents, the official Plan documents will govern.