

Option 1 & 2 - HMO

Anthem HMO Platinum 0/25 800V & 800S

Health Maintenance Organization

Opt 1 Select HMO Network | Opt 2 Full California Care HMO Network

No Deductible

\$2,300 co-pay limit per member / 2 max per family

\$25 Co-Pay for primary care visits / \$50 co-pay for specialists

No charge

\$300 in-patient co-pay per day (3 day maximum co-pay)
Out-Patient Surgery \$150 co-pay

\$25/\$50 co-pay / no co-pay for basic lab & x-ray / advanced imaging (ie: CT Scan, MRI, PET Scan) \$100 Co-Pay Freestanding Center

None

\$5/\$15 Co-Pay

\$20/\$30 Co-Pay

\$50/\$60 Co-Pay

30% co-insurance/Max \$250 Co-pay (See plan summary)

On the HMO you must use the provider/medical group you elected (see your ID card). If a life threatening emergency and you go out-of-network, please notify your primary care physician and/or the plan within 48 hours or as soon as possible so care can be coordinated.

Option 3 - PPO

Anthem PPO Platinum 5/200 8049

Preferred Provider Organization

Option 3 PPO Full Prudent Buyer Network

\$200 Deductible except for routine office visits. Max 3 separate deductibles per family

\$3,600 co-insurance limit per member / 2 max per family

\$5 Co-Pay for routine care office visits / \$45 co-pay specialist visits / otherwise 15% after plan deductible until M-OOP limit met.

No charge

15% after plan deductible until M-OOP limit met.

15% after plan deductible until M-OOP limit met.

None

\$5/\$15 Co-Pay

\$30/\$40 Co-Pay

\$50/\$60 Co-Pay

30% co-insurance/Max \$250 Co-pay (See plan summary)

On the PPO you may use any provider but PPO in-network benefits are paid at a higher reimbursement and an agreed discount schedule. The PPO provider cannot "balance-bill" you amounts over the agreed contract price. Using Out of Network providers lowers the reimbursement levels from the plan and increases the surprises to you the member.

Maximum Out of Pocket (M-OOP) refers to the MAXIMUM amount a member pays in a calendar year, and protects you in "worst case" large claims situations.

Above co-pays are based on using **in network providers**. Please see plan summary for out of network levels.

Always verify at the time of service, that the provider is contracted with the plan you selected.

Important - Read your Summary Plan Document for complete description of benefits and limitations.

Calendar Year Plan Deductible

Calendar Year Maximum Out of Pocket (M-OOP) / Not Including Deductible

Office Visits: Routine / Specialists

Preventative Services (see full benefit summaries for list of preventative services)

In-Patient Hospital and Out Patient Surgery

Professional Services, including maternity, and basic diagnostic lab and x-ray

RX Prescription Drugs

Rx Deductible

Tier 1 (typically low cost generic drugs)

Tier 2 (typically pref brand | non-pref generic)

Tier 3 (most non-preferred brand drugs)

Tier 4 (\$\$\$specialty drugs)

Important Notes & Helpful Hints: