

Plan Highlights

Anthem HDHP 2800

	In-Network	Out-of-Network
Provider Network	CA: Prudent Buyer Large Group Non-CA: National PPO (BlueCard PPO)	Not Applicable
Calendar Year Deductible		
Individual	\$2,800	\$3,500
Family	\$5,600	\$7,000
Calendar Year Out-of-pocket Maximum ⁽¹⁾		
Individual	\$3,000	\$7,000
Family	\$6,000	\$14,000
Lifetime Maximum		
Individual	Unlimited	Unlimited
Professional Services		
Primary Care Physician (PCP)	20% after deductible	40% after deductible
Specialist	20% after deductible	40% after deductible
Preventive Care Exam	No Copay	40% after deductible
Well-baby Care	No Copay	40% after deductible
Diagnostic X-ray and Lab	20% after deductible	40% after deductible
Complex Diagnostics (MRI/CT Scan)	20% after deductible	40% after deductible
Chiropractic (30 visits / calendar year)	20% after deductible	40% after deductible
Acupuncture (20 visits / calendar year)	20% after deductible	40% after deductible
Therapy, including Physical, Occupational and Speech	20% after deductible	40% after deductible
Hospital Services		
Inpatient	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Emergency Room (waived if admitted)	20% after deductible	
Urgent Care	20% after deductible	40% after deductible
Maternity Care		
Physician Services (prenatal or postnatal)	20% after deductible	40% after deductible
Hospital Services	20% after deductible	40% after deductible
Mental Health & Substance Abuse		
Inpatient	20% after deductible	40% after deductible
Outpatient	20% after deductible	40% after deductible
Retail Prescription Drugs (30-day supply)	Medical Deductible Applies	
Tier 1	\$10 Copay	Copay plus 40% of remaining maximum and costs in excess of allowed maximum up to \$250 per prescription for Retail Pharmacy
Tier 2	\$30 Copay	
Tier 3	\$50 Copay	
Tier 4	30% up to \$150 per Rx	
Mail Order Prescription Drugs (90-day supply)	Medical Deductible Applies	
Tier 1	\$10 Copay	Not Covered
Tier 2	\$60 Copay	
Tier 3	\$100 Copay	
Tier 4 (30 Day Supply)	30% up to \$150 per Rx	

⁽¹⁾ Out-of-pocket maximum is based on the maximum allowable charge the carrier allows. This does not include any balance billing that may occur when using an out-of-network provider

The above information is a summary only. Please refer to your Evidence of Coverage for complete details of Plan benefits, limitations and exclusions.