Benefits	Anthem BlueCard PPO Network	Out-of-Network
Plan Year	January 1 through December 31	
Deductible Individual or EE+CH*/Family	$2,500 or $5,000 EE+CH/Family coverage requires that the full EE+CH/Family deductible to be met before coinsurance applies; the individual deductible does not apply to EE+CH/Family coverage. Non-Preventive Prescription expenses are included in the medical deductible.	$2,500 or $5,000
Member Coinsurance	20%	50%
Out-of-Pocket Maximum (OOPM*) *Amount _**Includes**_ Deductible	Individual Plan (Employee Only) = $4,750 EE+CH/Family = $8,250 (Individual Max OOP of $7,150)	Individual = $6,450 EE+CH/Family = $12,900
Office Services		
Office Exam Physician – Illness Injury	20% after deductible	50% after deductible
Office Exam Nurse Practitioner – Illness Injury	20% after deductible	50% after deductible
Chronic Disease Illness Visits	20% after deductible	50% after deductible
Preventive Services[1]		
Routine exams, tests and immunizations	No Charge	50% after deductible
Routine Mammograms, pap tests and colonoscopies	No Charge	50% after deductible
Tobacco Cessation	No Charge	50% after deductible
Lab Charges[2]		
LabCorp, Quest Diagnostic/LabCard and American Health Network	No Charge after deductible	
Diagnostic Lab Charges – Physician/Facility	20% after deductible	50% after deductible
Outpatient Services		
Surgical Expenses – Facility	20% after deductible	50% after deductible
Surgical Expenses – Physician	20% after deductible	50% after deductible
Diagnostic X-ray Expenses – Facility	20% after deductible	50% after deductible
Diagnostic X-ray Expenses – Physician	20% after deductible	50% after deductible
Manipulation Therapy	20% after deductible; 24 Day Visit Limitation	50% after deductible; 24 Day Visit Limitation

Physical, Speech and Occupational Therapy	20% after deductible; 60 Day Visit Limitation	50% after deductible; 60 Day Visit Limitation
Cardiac Rehabilitation	20% after deductible; 36 Day Visit Limitation	50% after deductible; 36 Day Visit Limitation
Pulmonary Rehabilitation	20% after deductible; 20 Day Visit Limitation	50% after deductible; 20 Day Visit Limitation
Inpatient Services		
Pre-Admission Testing – Facility	20% after deductible	50% after deductible
Pre-Admission Testing – Physician	20% after deductible	50% after deductible
Surgical Expenses – Facility	20% after deductible	50% after deductible
Surgical Expenses – Physician	20% after deductible	50% after deductible
Inpatient Care – Facility	20% after deductible	50% after deductible
Inpatient Care – Physician	20% after deductible	50% after deductible
Skilled Nursing Facility	20% after deductible	50% after deductible
Additional Services		
Emergency Room Illness and Accident Benefit	20% after $200 copay after deductible (copay is waived if admitted)-must satisfy emergency criteria	
Ambulance Benefit	20% after deductible	
Substance Abuse Benefit	20% after deductible	50% after deductible
Mental Health Benefit	20% after deductible	50% after deductible
Durable Medical Equipment	20% after deductible	50% after deductible
Prosthetics/Orthotics	20% after deductible	50% after deductible
Home Health Care	20% after deductible	50% after deductible
Hospice Care	20% after deductible	50% after deductible
Bariatric Services for Morbid Obesity	20% after deductible; additional criteria required	50% after deductible; additional criteria required
ConditionCare Disease Management Solution Program	N/A	N/A
Anthem Engage Cost & Quality Tool	N/A	N/A
Advanced Imaging Management (AIM)	N/A	N/A

*Abbreviations: **EE+CH = Employee Plus Children**   **INN = In-Network**   **OOPM = Out-of-Pocket-Maximum**

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[1] Preventive care is provided when there are no current symptoms or history of medical conditions associated with a particular screening; all preventive services are limited to one of each service per year per covered member.

[2] This benefit is for blood work lab charges only.