

Selected In-Network Benefits Comparison

(Note: This chart is simplified and is for comparative purposes only. There are many other benefit differences. Amounts shown are per member costs.)

Benefit	Protect 10	Protect 15	Protect 25	Protect 35	Protect 40	Protect 45	Protect HSA \$1,500	Protect HSA \$2,850	Protect HSA \$3,500	Protect HSA \$2,500
Annual Deductible	\$250 Individual, \$500 Family	\$250 Individual, \$500 Family	\$500 Individual, \$1,000 Family	\$500 Individual, \$1,000 Family	\$1,500 Individual, \$3,000 Family	\$0 in-network	\$1,500 Individual, \$3,000 Family	\$2,850 Individual, \$5,650 Family	\$3,500 Individual, \$7,000 Family	\$2,500 Individual, \$5,000 Family
Annual Out-of Pocket Maximum	\$2,500 Individual, \$5,000 Family	\$3,000 Individual, \$6,000 Family	\$4,000 Individual, \$8,000 Family	\$5,000 Individual, \$10,000 Family	\$5,000 Individual, \$10,000 Family	\$8,000 Individual, \$16,000 Family	\$4,500 Individual, \$9,000 Family	\$5,500 Individual, \$11,000 Family	\$5,500 Individual, \$11,000 Family	\$2,500 Individual, \$5,000 Family
Office Visits	\$10 subject to the deductible	\$15 subject to the deductible*	\$25 subject to the deductible*	\$35 subject to the deductible*	\$40 subject to the deductible*	\$45	30% after deductible is met	30% after deductible is met	20% after deductible is met	100% paid after deductible is met
Lifetime Maximum Benefit	None \$2,000,000 calendar year maximum	None \$2,000,000 calendar year maximum	None \$2,000,000 calendar year maximum	None \$2,000,000 calendar year maximum	None \$2,000,000 calendar year maximum	None \$2,000,000 calendar year maximum	None \$2,000,000 calendar year maximum	None \$2,000,000 calendar year maximum	None \$2,000,000 calendar year maximum	None \$2,000,000 calendar year maximum
Inpatient Hospital & other services including Mental Health/Substance Abuse in-/out-patient	10% subject to the deductible	20% subject to the deductible	30% subject to the deductible	40% subject to the deductible	40% subject to the deductible	50% plus \$3,000 1 st hospital admission copay	30% after deductible is met	30% after deductible is met	20% after deductible is met	100% paid after deductible is met
Preventive Services	100% plan paid	100% plan paid	100% plan paid	100% plan paid	100% plan paid	100% plan paid	100% plan paid	100% plan paid	100% plan paid	100% plan paid
Prescription Drug Deductible (Brand only)	\$150 ind. \$300 fam.	\$150 ind. \$300 fam.	\$150 ind. \$300 fam.	\$150 ind. \$300 fam.	\$150 ind. \$300 fam.	\$150 ind. \$300 fam.	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible	Combined with Medical Deductible
Prescription Drug Retail (30 day supply) Mail Order (60 day supply)										
Generic Brand/Formulary Brand Non-Formulary	\$10 \$25 \$45	\$10 \$25 \$45	\$10 \$25 \$45	\$10 \$25 \$45	\$10 \$25 \$45	\$10 \$25 \$45	30% after deductible is met	30% after deductible is met	20% after deductible is met	Plan pays 100% after deductible is met
Self-Injectable Drugs	30% of prescription drug maximum allowed amt.	30% of prescription drug maximum allowed amt	30% of prescription drug maximum allowed amt	30% of prescription drug maximum allowed amt	30% of prescription drug maximum allowed amt	30% of prescription drug maximum allowed amt	30% of prescription drug maximum allowed amt	30% of prescription drug maximum allowed amt	30% of prescription drug maximum allowed amt	Plan pays 100% after deductible is met

***The first 6 visits per person, per year are not subject to the deductible for the Protect 15, Protect 25 Protect 35 and Protect 40 copay plans. ProtectPlus prescription drug services are provided through Medco. Specialty drug services are provided through Accredo.**

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Anthem Blue Cross HMO Plans Are Not Available to Solo Practitioners

Benefit	HMO Advantage 100	HMO Value 80
Annual Deductible	None	None
Annual Out-of Pocket Maximum	\$1,750 Individual, \$3,500 Family	\$5,000 Individual \$10,000 Two-party, \$15,000 Family
Office Visits	\$10	\$15
Lifetime Maximum Benefit	None	None
Inpatient Hospital/Mental health and Substance Abuse/Other Services	No charge	20%
Out-patient Hospital/Mental health and Substance Abuse/Other Services	No Charge	No Charge
Preventive Services	100% plan paid	100% plan paid
Prescription Drug Deductible (Brand only)	\$150 per member	\$150 per member
Prescription Drug Retail (30 day supply) Mail Order (60 day supply)		
Generic	\$10	\$10
Brand/Formulary	\$25	\$25
Brand Non-Formulary	\$45	\$45
Self-Injectable Drugs	30% of prescription drug maximum allowed amt	30% of prescription drug maximum allowed amt

Prescription drug benefits for Anthem HMO plans are provided through Express Scripts Inc. Specialty drugs are provided through CuraScript.