

HSA-Eligible Plans

In-Network Benefits	HSA-\$1,500	HSA-\$2,850
Annual Deductible ¹	\$1,500 per member* \$3,000 per family**	\$2,850 per member* \$5,650 per family**
Annual Out-of-Pocket Maximum	\$4,500 per member \$9,000 per family	\$5,500 per member \$11,000 per family
Lifetime Maximum Benefit	None (\$2,000,000 Calendar year maximum)	None (\$2,000,000 Calendar year maximum)
Office Visits	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Other Professional Services	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Emergency Care	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Inpatient Hospital Services and Surgical Facilities	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Inpatient Professional Services for Surgery, Anesthesia, Lab and Physician Visits	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Other Professional Services	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Outpatient Surgical Facility	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Preventive Care (Ages 7 & Up) 1 Physical Per Year	Not subject to the deductible, 100% plan paid	Not subject to the deductible, 100% plan paid
Well Woman Care, Well Baby Care	Not subject to the deductible; 100% plan paid. Well Woman Care - 1 visit per year	Not subject to the deductible; 100% plan paid. Well Woman Care - 1 visit per year
Mental & Nervous - Inpatient	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Mental & Nervous - Outpatient	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Substance Abuse - Inpatient	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Substance Abuse - Outpatient	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Physical Therapy, Occupational Therapy, Chiropractic Care	30% of negotiated fee after deductible, 25 visits/year	30% of negotiated fee after deductible, 25 visits/year
Acupuncture	30% of negotiated fee after deductible. Plan pays up to \$60/visit, maximum 12 visits/year	30% of negotiated fee after deductible. Plan pays up to \$60/visit, maximum 12 visits/year
Durable Medical Equipment	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Skilled Nursing Facility	30% of negotiated fee after deductible, up to 100 days/year	30% of negotiated fee after deductible, up to 100 days/year
Hospice Care	30% of negotiated fee after deductible	30% of negotiated fee after deductible
Home Healthcare	30% of negotiated fee after deductible, up to 90 visits/year	30% of negotiated fee after deductible, up to 90 visits/year
In-Network Prescription Drugs		
Prescription Deductible ¹	No separate deductible	No separate deductible
Retail Pharmacies (30-day supply)	30% of negotiated drug fee after deductible	30% of negotiated drug fee after deductible
Self-Administered Injectable Drugs (Excluding insulin) Retail (30-day supply) Mail Order (60-day supply, Anthem Blue Cross Express Scripts only)	30% of negotiated drug fee after deductible 30% of negotiated drug fee after deductible	30% of negotiated drug fee after deductible 30% of negotiated drug fee after deductible
Mail Order (60-day supply, Anthem Blue Cross Express Scripts only)	30% of negotiated drug fee after deductible Note: Some specialty drugs are available only through Anthem Blue Cross's CuraScript mail order program	30% of negotiated drug fee after deductible Note: Some specialty drugs are available only through Anthem Blue Cross's CuraScript mail order program
Out-of-Network Benefits		
Annual Deductible ¹	No separate deductible, Out-of-Network benefits are included in the annual deductible Benefits are paid after deductible is met	
Annual Out-of-Pocket Maximum	No separate Out-of-Pocket Max., Out-of-Network benefits are included in the annual Out-of-Pocket Max.	
Office Visits	Plan pays 50% of allowable fee	Plan pays 50% of allowable fee
Inpatient Hospital Services	Plan pays 50% of allowable fee, up to a maximum of \$540 per day	Plan pays 50% of allowable fee, up to a maximum of \$540 per day
Outpatient Surgical Facility	Plan pays 50% of allowable fee, up to a maximum of \$350 per day	Plan pays 50% of allowable fee, up to a maximum of \$350 per day
Mental & Nervous - Inpatient	Plan pays 50% of allowable fee, up to a maximum of \$540 per day	Plan pays 50% of allowable fee, up to a maximum of \$540 per day
Mental & Nervous - Outpatient	Plan pays 50% of allowable fee	Plan pays 50% of allowable fee
Substance Abuse - Inpatient	Plan pays 50% of allowable fee, up to a maximum of \$540 per day	Plan pays 50% of allowable fee, up to a maximum of \$540 per day
Substance Abuse - Outpatient	Plan pays 50% of allowable fee	Plan pays 50% of allowable fee
Out-of-Network Prescription Drugs		
Annual Deductible ¹	No separate deductible, Out-of-Network benefits are included in the annual deductible	
Retail Pharmacies	After the deductible is satisfied, member pays 50% of the allowable drug fee, plus any excess charges	After the deductible is satisfied, member pays 50% of the allowable drug fee, plus any excess charges
Mail Order	Not covered	Not covered
Self-Administered Injectable Drugs (Excluding insulin)	Not covered	Not covered

HSA-Eligible Plans

In-Network Benefits		HSA-\$2,500
Annual Deductible ¹		\$2,500 per member* \$5,000 per family**
Annual Out-of-Pocket Maximum		\$2,500 per individual*, \$5,000 per family**
Lifetime Maximum Benefit		None (\$2,000,000 calendar year maximum)
Office Visits		100% paid after deductible
Other Professional Services		100% paid after deductible
Emergency Care		100% paid after deductible
Inpatient Hospital Services and Surgical Facilities		100% paid after deductible
Inpatient Professional Services for Surgery, Anesthesia, Lab and Physician Visits		100% paid after deductible
Other Professional Services		100% paid after deductible
Outpatient Surgical Facility		100% paid after deductible
Preventive Care (Ages 7 & Up) 1 Physical Per Year		Not subject to the deductible; 100% plan paid.
Well Woman Care, Well Baby Care		Not subject to the deductible, 100% plan paid. Well Woman Care – 1 Visit Per Year
Mental & Nervous - Inpatient		100% paid after deductible
Mental & Nervous - Outpatient		100% paid after deductible
Substance Abuse - Inpatient		100% paid after deductible
Substance Abuse - Outpatient		100% paid after deductible
Physical Therapy, Occupational Therapy, Chiropractic Care		100% paid after deductible up to 25 visits/year (combined with out-of-network visits)
Acupuncture		Plan pays up to \$60/visit after deductible, maximum 12 visits/year (combined with out-of-network visits)
Durable Medical Equipment		100% paid after deductible
Skilled Nursing Facility		100% paid after deductible, up to 100 days per year (combined in-/out-of-network)
Hospice Care		100% paid after deductible
Home Healthcare		100% paid after deductible, up to 90 visits/year (combined in-/out of network)
In-Network Prescription Drugs		
Prescription Deductible ¹		No separate deductible
Retail Pharmacies (30-day supply)		Plan pays 100% of negotiated drug rate after deductible
Self-Administered Injectable Drugs (Excluding insulin) Retail (30-day supply) Mail Order (60-day supply , Anthem Blue Cross Express Scripts only)		Plan pays 100% of negotiated drug rate after deductible Plan pays 100% of negotiated drug rate after deductible
Mail Order (60-day supply , Anthem Blue Cross Express Scripts only)		Plan pays 100% of negotiated drug rate after deductible Note: Some specialty drugs are available only through Anthem Blue Cross's CuraScript mail order program
Out-of-Network Benefits		
Annual Deductible ¹		No separate deductible, Out-of-Network benefits are included in the annual deductible. Benefits are paid after deductible is met.
Annual Out-of-Pocket Maximum		\$5,000 per individual* \$10,000 per family**
Office Visits		Plan pays 70% of allowable fee after deductible
Inpatient Hospital Services		Plan pays 70% of allowable fee, up to a maximum of \$650 per day
Outpatient Surgical Facility		Plan pays 70% of allowable fee up to a maximum of \$380 per day
Mental & Nervous - Inpatient		Plan pays 70% of allowable fee, up to a maximum of \$650 per day
Mental & Nervous - Outpatient		Plan pays 70% of allowable fee, up to a maximum of \$380 per day
Substance Abuse - Inpatient		Plan pays 70% of allowable fee, up to a maximum of \$650 per day
Substance Abuse - Outpatient		Plan pays 70% of allowable fee, up to a maximum of \$380 per day
Out-of-Network Prescription Drugs		
Annual Deductible ¹		No separate deductible, Out-of-Network benefits are included in the annual deductible. Benefits are paid after deductible is met.0
Retail Pharmacies		After the deductible is satisfied, member pays 30% of the allowable drug fee, plus any excess charges
Mail Order		Not covered
Self-Administered Injectable Drugs (Excluding insulin)		Not covered



* **Individual Coverage:** Individual Coverage refers to a subscriber without covered dependents. Individual subscribers are subject to the Individual Deductible and Individual Out-of-Pocket Maximum.

** **Family Coverage:** Family Coverage refers to a subscriber and covered dependents. Benefits will not be paid for any family member until the full Family Deductible is met. Likewise, the Family Out-of-Pocket Maximum will not be considered met for any family member until the full Family Out-of-Pocket Maximum is met.

Note: Annual Out-of-Pocket Maximum includes Annual Deductible. Family Aggregate: Once one or more family members eligible covered expenses (combined) meet this amount, the requirement is satisfied for all covered family members.

1. Annual Deductible is combined, In- and Out-of-Network. The co-insurance applies after the deductible has been satisfied.