


**HSA Qualified Health Plan**
**Summary of Benefits and Coverage**
**Effective 01/01/2026**

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 <b>Includes</b> 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
<b>Office Services</b>		
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
<b>Preventive Services<sup>1</sup></b>		
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
<b>Lab Charges<sup>2</sup></b>		
LabCorp, Quest Diagnostic/LabCard and American Health Network	No Charge after deductible	
Diagnostic Lab Charges – Physician/Facility	20% after deductible	50% after deductible
<b>Outpatient Services</b>		
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

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Pulmonary Rehabilitation	20% after deductible; 20 Day Visit Limitation	50% after deductible; 20 Day Visit Limitation
<b>Inpatient Services</b>		
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
<b>Additional Services</b>		
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**

<sup>1</sup> 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.

<sup>2</sup> This benefit is for blood work lab charges only.