| Benefits | Anthem BlueCard PPO Network | Out-of-Network |
|---|---|---|
| Plan Year | January 1 through December 31 | |
| Deductible<br>Individual or EE+CH*/Family | $1,300 or $3,900 (3X the Individual) | $2,600 or $7,800 (2X the INN* Deductibles) |
| | Only an individual portion of the family deductible ($1,300 or $2,600) can be met by any one family member; once an individual family member's deductible is met, that family member's benefits are paid at the appropriate coinsurance amount | |
| Member Coinsurance | 20% | 50% |
| Out-of-Pocket Maximum (OOPM*)<br>*Amount _Includes_ Deductible | Individual = $4,050<br>EE+CH/Family = $9,750 | Individual = $12,150 (3X INN OOPM)<br>EE+CH/Family = $29,250 (3X INN OOPM) |
| **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/LabCorp and American Health Network | No Charge | |
| 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; Includes Residential Care | 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 |
| Condition Care 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.