



Plan	Anthem BCBS BlueCard PPO 100		Anthem BCBS BlueCard PPO 90		Anthem BCBS BlueCard PPO 80		Anthem BCBS BlueCard PPO 70	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Annual Medical Deductible	\$0 per person \$0 per family	\$500 per person \$1,000 per family	\$500 per person \$1,000 per family	\$1,000 per person \$2,000 per family	\$1,000 per person \$2,000 per family	\$2,000 per person \$4,000 per family	\$3,500 per person \$7,000 per family	\$7,000 per person \$14,000 per family
Annual Out-of-Pocket Maximum	\$2,000 per person \$4,000 per family	\$4,000 per person \$8,000 per family	\$2,500 per person \$5,000 per family	\$5,000 per person \$10,000 per family	\$3,500 per person \$7,000 per family	\$7,000 per person \$14,000 per family	\$5,000 per person \$10,000 per family	\$10,000 per person \$20,000 per family
Preventive Care								
Preventive Services & Well-Child Care	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance	\$0 copay	50% coinsurance
Physician Services								
Office Visit	\$30 copay	50% coinsurance	\$30	50% coinsurance	\$30 copay	50% coinsurance	\$30 copay	50% coinsurance
Diagnostic Services (outpatient)	\$30 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
Specialist Care	\$45 copay	50% coinsurance	\$45	50% coinsurance	\$45 copay	50% coinsurance	\$45 copay	50% coinsurance
Hospital Services								
Inpatient Services (including inpatient maternity services)	\$250 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	50% coinsurance
Outpatient Surgery	\$200 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
Emergency Room Care	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$250 copay
Ambulance Services	\$0 copay	\$0 copay	10% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance	30% coinsurance	30% coinsurance

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Plan	Anthem BCBS BlueCard PPO 100		Anthem BCBS BlueCard PPO 90		Anthem BCBS BlueCard PPO 80		Anthem BCBS BlueCard PPO 70	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Mental Health/Substance Abuse								
Outpatient Services	\$30 copay Services are provided through Cigna Behavioral Health, not through Anthem	50% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	\$30 copay Services are provided through Cigna Behavioral Health, not through Anthem	50% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	\$30 copay Services are provided through Cigna Behavioral Health, not through Anthem	50% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	\$30 copay Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem
Inpatient Services	\$250 copay Services are provided through Cigna Behavioral Health, not through Anthem	50% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	10% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	50% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	20% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	50% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	50% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem
Other Medical Services								
Durable Medical Equipment	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
Home Health Care	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
Outpatient Therapy	\$30 copay PCP/\$45 copay specialist (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	50% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$30 copay PCP/\$45 copay specialist (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	50% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$30 copay PCP/\$45 copay specialist (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	50% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$30 copay PCP/\$45 copay specialist (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	50% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)
Skilled Nursing / Acute Rehabilitation Facility	\$0 copay	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	30% coinsurance	50% coinsurance
Urgent Care Services	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay

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Plan	Anthem BCBS PPO 90/70		Anthem BCBS PPO 80/60		Anthem BCBS PPO 75/50		Anthem BCBS EPO 90	Anthem BCBS EPO 80	Anthem BCBS PPO High Option		Anthem BCBS CDHP 15/HSA		Anthem BCBS CDHP 20/HSA		Anthem BCBS CDHP 40/HSA	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network Only	Network Only	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Annual Medical Deductible	\$250 per person \$500 per family	\$500 per person \$1,000 per family	\$500 per person \$1,000 per family	\$1,000 per person \$2,000 per family	\$900 per person \$1,800 per family	\$1,800 per person \$3,600 per family	\$200 per person \$500 per family	\$350 per person \$700 per family	\$200 per person \$500 per family	\$500 per person \$1,000 per family	\$1,400 per person \$2,800 per family (deductible includes medical & prescriptions) (deductible is non-embedded)	\$2,800 per person \$5,600 per family (deductible includes medical & prescriptions) (deductible is non-embedded)	\$2,700 per person \$5,450 per family (deductible includes medical & prescriptions)	\$3,000 per person \$6,000 per family (deductible includes medical & prescriptions)	\$3,500 per person \$7,000 per family (deductible includes medical & prescriptions)	\$7,000 per person \$14,000 per family (deductible includes medical & prescriptions)
Annual Out-of-Pocket Maximum	\$1,750 per person \$3,500 per family	\$4,500 per person \$9,000 per family	\$2,500 per person \$5,000 per family	\$6,500 per person \$13,000 per family	\$4,100 per person \$8,200 per family	\$8,200 per person \$16,400 per family	\$1,700 per person \$3,500 per family	\$2,350 per person \$4,700 per family	\$2,200 per person \$4,500 per family	\$3,500 per person \$7,000 per family	\$2,400 per person \$4,800 per family	\$4,800 per person \$9,600 per family	\$4,200 per person \$8,450 per family	\$7,000 per person \$13,000 per family	\$6,000 per person \$12,000 per family	\$10,000 per person \$20,000 per family
Preventive Care																
Preventive Services & Well-Child Care	\$0 copay	30% coinsurance	\$0 copay	40% coinsurance	\$0 copay	50% coinsurance	\$0 copay	\$0 copay	\$0 copay	30% coinsurance	\$0 copay	40% coinsurance	\$0 copay	45% coinsurance	\$0 copay	60% coinsurance
Physician Services																
Office Visit	\$25 copay	30% coinsurance	\$25 copay	40% coinsurance	\$35 copay	50% coinsurance	\$25 copay	\$25 copay	\$30 copay	30% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance	40% coinsurance	60% coinsurance
Diagnostic Services (outpatient)	10% coinsurance	30% coinsurance	20% coinsurance	40% coinsurance	25% coinsurance	50% coinsurance	10% coinsurance	20% coinsurance	\$30 copay	30% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance	40% coinsurance	60% coinsurance
Specialist Care	\$25 copay	30% coinsurance	\$25 copay	40% coinsurance	\$45 copay	50% coinsurance	\$25 copay	\$25 copay	\$30 copay	30% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance	40% coinsurance	60% coinsurance
Hospital Services																
Inpatient Services (including inpatient maternity services)	Copay of \$100 per day not to exceed \$600 per admission, and 10% coinsurance	30% coinsurance	Copay of \$100 per day not to exceed \$600 per admission, and 20% coinsurance	40% coinsurance	Copay of \$100 per day not to exceed \$600, and 25% coinsurance	50% coinsurance	10% coinsurance	20% coinsurance	Copay of \$150 per admission	30% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance	40% coinsurance	60% coinsurance
Outpatient Surgery	10% coinsurance	30% coinsurance	20% coinsurance	40% coinsurance	25% coinsurance	50% coinsurance	10% coinsurance	20% coinsurance	\$150 copay	30% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance	40% coinsurance	60% coinsurance
Emergency Room Care	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	15% coinsurance	15% coinsurance	20% coinsurance	20% coinsurance	40% coinsurance	40% coinsurance
Ambulance Services	10% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance	25% coinsurance	10% coinsurance	20% coinsurance	\$0 copay	\$0 copay	15% coinsurance	15% coinsurance	20% coinsurance	20% coinsurance	40% coinsurance	40% coinsurance

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Plan	Anthem BCBS PPO 90/70		Anthem BCBS PPO 80/60		Anthem BCBS PPO 75/50		Anthem BCBS EPO 90	Anthem BCBS EPO 80	Anthem BCBS PPO High Option		Anthem BCBS CDHP 15/HSA		Anthem BCBS CDHP 20/HSA		Anthem BCBS CDHP 40/HSA	
	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network Only	Network Only	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network	Network	Out-of-Network
Mental Health/Substance Abuse																
Outpatient Services	\$20 copay Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	\$20 copay Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	\$20 copay Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	Network - \$20 copay Out-of-Network - 30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	Network - \$20 copay Out-of-Network - 30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	\$20 copay Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance	40% coinsurance	60% coinsurance
Inpatient Services	Covered at 100% after \$100 per day copay/\$600 maximum Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	Covered at 100% after \$100 per day copay/\$600 maximum Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	Covered at 100% after \$100 per day copay/\$600 maximum Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	Network - 10% coinsurance Out-of-Network - 30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	Network - 20% coinsurance Out-of-Network - 30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	Covered at 100% after \$150 copay per admission Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance	40% coinsurance	60% coinsurance
Other Medical Services																
Durable Medical Equipment	10% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance	25% coinsurance	10% coinsurance	20% coinsurance	\$0 copay	\$0 copay	15% coinsurance	15% coinsurance	20% coinsurance	20% coinsurance	40% coinsurance	40% coinsurance
Home Health Care	10% coinsurance	30% coinsurance	20% coinsurance	40% coinsurance	25% coinsurance	50% coinsurance	10% coinsurance	20% coinsurance	\$0 copay	30% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance	40% coinsurance	60% coinsurance
Outpatient Therapy	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	30% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	40% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$35 copay (PCP) \$45 copay (specialist) (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	50% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$30 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	30% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	15% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	40% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	20% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	45% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	40% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	60% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)
Skilled Nursing / Acute Rehabilitation Facility	10% coinsurance	30% coinsurance	20% coinsurance	40% coinsurance	25% coinsurance	50% coinsurance	10% coinsurance	20% coinsurance	\$0 copay	30% coinsurance	15% coinsurance	40% coinsurance	20% coinsurance	45% coinsurance	40% coinsurance	60% coinsurance
Urgent Care Services	10% coinsurance	10% coinsurance	20% coinsurance	20% coinsurance	25% coinsurance	25% coinsurance	10% coinsurance	20% coinsurance	\$50 copay	\$50 copay	15% coinsurance	15% coinsurance	20% coinsurance	20% coinsurance	40% coinsurance	40% coinsurance

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Plan	Anthem BCBS PPO 70 SLV		Cigna Open Access Plus (OAP)		Cigna Open Access Plus In-Network (OAP-IN)	Cigna CDHP 20/HSA		Kaiser EPO High	Kaiser EPO 80	Kaiser CDHP 20/HSA
	Network	Out-of-Network	Network	Out-of-Network	Network Only	Network	Out-of-Network	Network Only	Network Only	Network Only
Annual Medical Deductible	\$3,000 per person \$6,000 per family	\$6,000 per person \$12,000 per family	\$500 per person \$1,000 per family	\$1,000 per person \$2,000 per family	\$0 per person \$0 per family	\$2,700 per person \$5,450 per family (deductible includes medical and prescription drugs)	\$3,000 per person \$6,000 per family (deductible includes medical and prescription drugs)	\$0 per person \$0 per family	\$500 per person \$1,000 per family	\$2,700 per person \$5,450 per family
Annual Out-of-Pocket Maximum	\$4,000 per person \$8,000 per family	\$8,000 per person \$16,000 per family	\$2,500 per person \$5,000 per family	\$6,500 per person \$13,000 per family	\$2,000 per person \$4,000 per family	\$4,200 per person \$8,450 per family	\$7,000 per person \$13,000 per family	\$1,750 per person \$3,500 per family	\$3,500 per person \$7,000 per family	\$4,200 per person \$8,450 per family
Preventive Care										
Preventive Services & Well-Child Care	\$0 copay	50% coinsurance	\$0 copay	40% coinsurance	\$0 copay	\$0 copay	45% coinsurance	\$0 copay (Frequency and age limits for those age 24 months and older are managed by the KP provider. Well-child check-ups are limited to those less than 24 months old.)	\$0 copay (Frequency and age limits for those age 24 months and older are managed by the KP provider. Well-child check-ups are limited to those less than 24 months old.)	\$0 copay (Frequency and age limits for those age 24 months and older are managed by the KP provider. Well-child check-ups are limited to those less than 24 months old.)
Physician Services										
Office Visit	\$35 copay	50% coinsurance	\$25 copay	40% coinsurance	\$25 copay	20% coinsurance	45% coinsurance	\$25 copay	\$25 copay	20% coinsurance
Diagnostic Services (outpatient)	30% coinsurance	50% coinsurance	20% coinsurance	40% coinsurance	\$0 copay	20% coinsurance	45% coinsurance	\$50 copay	20% coinsurance	20% coinsurance
Specialist Care	\$45 copay	50% coinsurance	\$25 copay	40% coinsurance	\$25 copay	20% coinsurance	45% coinsurance	\$25 copay	\$35 copay	20% coinsurance
Hospital Services										
Inpatient Services (including inpatient maternity services)	\$100 copay per day to \$600 maximum, and 30% coinsurance	50% coinsurance	20% coinsurance after copay of \$250 per admission	40% coinsurance	Copay of \$250 per admission	20% coinsurance	45% coinsurance	\$100 per day copay to maximum of \$600	20% coinsurance	20% coinsurance
Outpatient Surgery	30% coinsurance	50% coinsurance	20% coinsurance	40% coinsurance	\$250 copay	20% coinsurance	45% coinsurance	\$100 copay	20% coinsurance	20% coinsurance
Emergency Room Care	\$150 copay	\$150 copay	\$100 copay	\$100 copay	\$100 copay	20% coinsurance	20% coinsurance	\$100 copay	20% coinsurance	20% coinsurance
Ambulance Services	30% coinsurance	50% coinsurance	20% coinsurance	20% coinsurance	\$0 copay	20% coinsurance	20% coinsurance	\$0 copay	20% coinsurance	20% coinsurance

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Plan	Anthem BCBS PPO 70 SLV		Cigna Open Access Plus (OAP)		Cigna Open Access Plus In-Network (OAP-IN)	Cigna CDHP 20/HSA		Kaiser EPO High	Kaiser EPO 80	Kaiser CDHP 20/HSA
	Network	Out-of-Network	Network	Out-of-Network	Network Only	Network	Out-of-Network	Network Only	Network Only	Network Only
Mental Health/Substance Abuse										
Outpatient Services	\$20 copay Services are provided through Cigna Behavioral Health not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	\$20 copay Services are provided through Cigna Behavioral Health	30% coinsurance Services are provided through Cigna Behavioral Health	Network - \$20 copay Out-of-Network - 30% coinsurance Services are provided through Cigna Behavioral Health	20% coinsurance	45% coinsurance	\$25 copay per visit for individual visit; \$10 for group visit	\$25 copay per visit for individual visit; \$12 for group visit	20% coinsurance
Inpatient Services	Covered at 100% after \$100 per day copay/\$600 maximum Services are provided through Cigna Behavioral Health, not through Anthem	30% coinsurance Services are provided through Cigna Behavioral Health, not through Anthem	Covered at 100% after \$150 per day admission Services are provided through Cigna Behavioral Health	30% coinsurance Services are provided through Cigna Behavioral Health	Network - Covered at 100% after \$150 copay per admission Out-of-Network - 30% coinsurance Services are provided through Cigna Behavioral Health	20% coinsurance	45% coinsurance	\$100 per day copay to maximum of \$600	20% coinsurance	20% coinsurance
Other Medical Services										
Durable Medical Equipment	30% coinsurance	30% coinsurance	20% coinsurance	20% coinsurance	\$0 copay	20% coinsurance	45% coinsurance	\$0 copay	20% coinsurance	20% coinsurance
Home Health Care	30% coinsurance	50% coinsurance	20% coinsurance	40% coinsurance	\$0 copay	20% coinsurance	45% coinsurance	\$0 copay	\$0 copay	\$0 copay
Outpatient Therapy	\$30/\$45 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	50% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	40% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	20% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	45% coinsurance (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	\$25 copay (includes hearing/speech, physical, and occupational) (60 visits per year per each type of therapy)	20% coinsurance
Skilled Nursing / Acute Rehabilitation Facility	30% coinsurance	50% coinsurance	20% coinsurance	40% coinsurance	\$0 copay	20% coinsurance	45% coinsurance	\$0 copay	20% coinsurance	20% coinsurance
Urgent Care Services	30% coinsurance	30% coinsurance	\$50 copay	\$50 copay	\$50 copay	20% coinsurance	20% coinsurance	\$50 copay	\$50 copay	20% coinsurance

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