

Anthem Medical Benefits

	In Network	Out of Network
Lifetime Maximum	\$5,000,000	
Deductible - Single/Family	\$2,000/\$6,000	\$4,000/\$12,000
Coinsurance	0%	20%
Coinsurance Out-of-Pocket Maximum	\$2,000/\$6,000	\$8,000/\$16,000
HRA Reimbursement	<u>Perry Hocking ESC will reimburse the last \$1,500 for singles and \$4,500 for families of the In Network deductible.</u>	
Office Visit (Illness/Injury)	\$25 copay, then 0%	20% after deductible
PREVENTATIVE CARE		
All Immunizations/ Allergy Testing	\$25 copay, then 0%	20% after deductible
Allergy Injections	\$5 copay	20% after deductible
Routine Physical Exams	\$25 copay, then 0%	20% after deductible
Well Child Exam/ Immunizations (To age 9)	\$25 copay, then 0%	20% after deductible
Well Child Care Laboratory Tests (To age 9)	\$25 copay, then 0%	20% after deductible
Routine Vision/Hearing Exams	\$25 copay, then 0%	20% after deductible
Routine Mammogram/Pap Test	\$25 copay, then 0%	20% after deductible
Routine Laboratory, X-ray, Endoscopic Services and Medical Tests	\$25 copay, then 0%	20% after deductible
OUTPATIENT SERVICES		
Surgical/ Diagnostic Service	0% after deductible	20% after deductible
Physical Therapy	0% after deductible; 20 visits	20% after deductible
Occupational Therapy	0% after deductible; 20 visits	20% after deductible
Chiropractic Therapy	0% after deductible; 12 visits	20% after deductible
Speech Therapy	0% after deductible; 20 visits	20% after deductible
Cardiac Rehabilitation	0% after deductible: 36 visits	20% after deductible
Urgent Care Office Visit	\$75 copay	20% after deductible
Emergency Room	\$200 copay, then 0%	
Outpatient Mental Health and Substance Abuse Services	\$25 copay, then 0%	20% after deductible
INPATIENT FACILITY		
Semi-Private Room and Board	0% after deductible	20% after deductible
Diagnostic/ Professional Services	0% after deductible	20% after deductible
Maternity	0% after deductible	20% after deductible
Skilled Nursing Facility (90 days)	0% after deductible	20% after deductible
Inpatient Rehabilitation (60 days)	0% after deductible	20% after deductible
Ambulance	0% after deductible	0% after deductible
Durable Medical Equipment	0% after deductible	20% after deductible
Home Healthcare	0% after deductible	20% after deductible (30 visits)
Hospice	0% after deductible	0% after deductible
Organ Transplants	0% after deductible	50% after deductible
Inpatient Mental Health and Substance Abuse Services	0% after deductible	20% after deductible
PRESCRIPTION DRUGS		
Retail Prescriptions- 30 days	\$10/ \$25/ \$40	50% min \$40
Mail Order Prescriptions- 90 days	\$10/ \$65/ \$120	Not Covered