

## 2021 Plan Comparison – All Employees

For additional information, please refer to the Anthem Plan Summaries, Summary of Benefits and Coverages, and Anthem Plan Certificates which are available on the HR Benefits' website.

Plan	PPO 80/20 In-Network	PPO 80/20 Non-Network <sup>1</sup>	HDHP In-Network	HDHP Non-Network <sup>1</sup>
<b>Deductible</b> <i>Non-Embedded<sup>2</sup></i>	Single \$800 Family \$1,600	Single \$1,600 Family \$3,200	Single \$2,000 Family \$4,000	Single \$4,000 Family \$8,000
<b>Out-of-Pocket Maximum (OOPM)</b> <i>Non-Embedded<sup>3</sup></i>	Single \$4,000 Family \$8,000	Single \$8,000 Family \$16,000	Single \$3,000 Family \$6,000	Single \$6,000 Family \$12,000
<b>Primary Care Physician (PCP)</b> <b>Specialty Care Physician (SCP)</b>	\$20 Copay \$40 Copay	40% after Deductible 40% after Deductible	10% after Deductible 10% after Deductible	30% after Deductible 30% after Deductible
<b>Preventative Care Services</b>	<i>No Cost Share</i>	40% after Deductible	<i>No Cost Share</i>	30% after Deductible
<b>LiveHealth Online</b> <i>visit with a doctor 24/7, <a href="https://livehealthonline.com/">https://livehealthonline.com/</a></i>	\$20	n/a	10% after Deductible (cost \$59)	n/a
<b>Urgent Care Services</b>	\$50 Copay	40% after Deductible	10% after Deductible	30% after Deductible
<b>Ambulance Services</b>	20% after Deductible	20% after Deductible	10% after Deductible	30% after Deductible
<b>Emergency Room</b> <i>(Copay waived if admitted)</i>	\$300 Copay	\$300 Copay <b>or</b> 40% after Deductible if non-emergency	10% after Deductible	10% after Deductible <b>or</b> 30% after Deductible if non-emergency
<b>Inpatient Facility Services</b>	20% after Deductible	40% after Deductible	10% after Deductible	30% after Deductible
<b>Outpatient Facility Services</b>	20% after Deductible	40% after Deductible	10% after Deductible	30% after Deductible
<b>Outpatient Therapy Services:</b> <b>Physician (PCP/SCP)</b> <b>Other Services</b>	\$20 / \$40 20% after Deductible	40% after Deductible 40% after Deductible	10% after Deductible 10% after Deductible	30% after Deductible 30% after Deductible
<b>Home Care Services</b>	<i>No Cost Share</i>	40% after deductible	<i>No Cost Share</i>	30% after Deductible
<b>Hospice Care</b>	<i>No Cost Share</i>	<i>No Cost Share</i>	<i>No Cost Share</i>	<i>No Cost Share</i>
<b>Human Organ &amp; Tissue Transplants</b>	<i>No Cost Share</i>	50% after Deductible	<i>No Cost Share</i>	30% after Deductible
<b>Durable Medical Equipment:</b> <b>Orthotics &amp; Prosthetics</b>	20% after Deductible	40% after Deductible	10% after Deductible	30% after Deductible
<b>Pharmacy: Retail, 30-day supply</b> <b>Tier 1: Generic</b> <b>Tier 2: Brand Formulary</b> <b>Tier 3: Non Formulary</b> <b>Tier 4: Specialty</b>	\$10 20%, Max \$50 40%, Max \$80 25%, Max \$200	50%, Min \$40 50%, Min \$40 50%, Min \$40 50%, Min \$40	10% after Deductible 10% after Deductible 10% after Deductible 10% after Deductible	30% after Deductible 30% after Deductible 30% after Deductible 30% after Deductible
<b>New for 2021:</b> Select maintenance drugs are required to be filled at 90-day retail pharmacy or 90-day mail order. If prescribed a new maintenance drug (on the list), you will be able to fill up to three months at 30-day retail, but then must move to a 90-day supply.				
<b>Pharmacy: Mail Order, 90-day supply</b> <b>Tier 1: Generic</b> <b>Tier 2: Brand Formulary</b> <b>Tier 3: Non Formulary</b> <b>Tier 4: Specialty</b>	\$25 20%, Max \$125 40%, Max \$200 n/a	n/a n/a n/a n/a	10% after Deductible 10% after Deductible 10% after Deductible n/a	n/a n/a n/a n/a

<sup>1</sup>**Non-Network Provider** rates are higher than the rates negotiated between Anthem and its In-Network providers. Even if Anthem pays some Non-Network services, you are responsible for the “balance” of the bill; there is no discount.

<sup>2</sup>**Non-Embedded Deductible:** For employee + child(ren), employee + spouse and employee + family, only the family deductible applies. For employee only coverage, the single deductible applies.

<sup>3</sup>**Non-Embedded Out-of-Pocket Maximum (OOPM):** For employee + child(ren), employee + spouse and employee + family, only the family OOPM applies. For employee only coverage, the single OOPM applies.