

2022 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 ¹	HDHP In-Network	HDHP Non-Network ¹
Deductible <i>Non-Embedded²</i>	Single \$1,000 Family \$2,000	Single \$2,000 Family \$4,000	Single \$2,500 Family \$5,000	Single \$5,000 Family \$10,000
Out-of-Pocket Maximum (OOPM) <i>Non-Embedded³</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
Primary Care Physician (PCP) Specialty Care Physician (SCP)	\$20 Copay \$40 Copay	40% after Deductible 40% after Deductible	10% after Deductible 10% after Deductible	30% after Deductible 30% after Deductible
Preventative Care Services	<i>No Cost Share</i>	40% after Deductible	<i>No Cost Share</i>	30% after Deductible
https://livehealthonline.com/ LiveHealth Online <i>visit with a doctor 24/7,</i> Behavioral Health	\$20 \$40	n/a	10% after Deductible (cost \$59) (cost \$75 - \$175)	n/a
Urgent Care Services	\$50 Copay	40% after Deductible	10% after Deductible	30% after Deductible
Ambulance Services	20% after Deductible	20% after Deductible	10% after Deductible	30% after Deductible
Emergency Room <i>(Copay waived if admitted)</i>	\$300 Copay	\$300 Copay or 40% after Deductible if non-emergency	10% after Deductible	10% after Deductible or 30% after Deductible if non-emergency
Inpatient Facility Services	20% after Deductible	40% after Deductible	10% after Deductible	30% after Deductible
Outpatient Facility Services	20% after Deductible	40% after Deductible	10% after Deductible	30% after Deductible
Outpatient Therapy Services: Physician (PCP/SCP) Other Services	\$20 / \$40 20% after Deductible	40% after Deductible 40% after Deductible	10% after Deductible 10% after Deductible	30% after Deductible 30% after Deductible
Home Care Services	<i>No Cost Share</i>	40% after deductible	<i>No Cost Share</i>	30% after Deductible
Hospice Care	<i>No Cost Share</i>	<i>No Cost Share</i>	<i>No Cost Share</i>	<i>No Cost Share</i>
Human Organ & Tissue Transplants	<i>No Cost Share</i>	50% after Deductible	<i>No Cost Share</i>	30% after Deductible
Durable Medical Equipment: Orthotics & Prosthetics	20% after Deductible	40% after Deductible	10% after Deductible	30% after Deductible
Pharmacy: Retail, 30-day supply <i>Tier 1: Generic</i> <i>Tier 2: Brand Formulary</i> <i>Tier 3: Non Formulary</i> <i>Tier 4: Specialty</i>	\$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
Select maintenance drugs are required to be filled at an In-Network 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 3 months at 30-day retail, but 4 th refill will need to move to a 90-day supply.				
Pharmacy: Mail Order, 90-day supply <i>Tier 1: Generic</i> <i>Tier 2: Brand Formulary</i> <i>Tier 3: Non Formulary</i> <i>Tier 4: Specialty</i>	\$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

¹**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.

²**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.

³**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.