

2025 Plan Comparison

Anthem Plans	Blue HPN		HDHP		PPO 80/20	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ²	In-Network	Out-of-Network ²
Deductible <i>Non-Embedded³</i>	Single \$1,150 Family \$2,300	<i>No coverage</i>	Single \$3,000 Family \$6,000	Single \$6,000 Family \$12,000	Single \$1,400 Family \$2,800	Single \$2,800 Family \$5,600
Out-of-Pocket Maximum (OOPM) <i>Non-Embedded⁴</i>	Single \$4,600 Family \$9,200	<i>No coverage</i>	Single \$3,750 Family \$7,500	Single \$7,500 Family \$15,000	Single \$4,600 Family \$9,200	Single \$9,200 Family \$18,400
Wright State's Annual Contribution to Health Savings Account (HSA)	<i>None</i>		Single \$500 Family \$1,000		<i>None</i>	
Primary Care Physician (PCP) Specialty Care Physician (SCP)	\$15 Copay \$50 Copay	<i>No coverage</i>	20% after Deductible 20% after Deductible	40% after Deductible 40% after Deductible	\$30 Copay \$50 Copay	40% after Deductible 40% after Deductible
Preventative Care Services	<i>No Cost Share</i>	<i>No coverage</i>	<i>No Cost Share</i>	40% after Deductible	<i>No Cost Share</i>	40% after Deductible
https://livehealthonline.com/ LiveHealth Online visit with a doctor 24/7 Behavioral Health	\$15 \$15	<i>No coverage</i>	20% after Deductible (cost \$55) (cost \$85 - \$125)	<i>No coverage</i>	\$30 \$30	<i>No coverage</i>
Urgent Care Services	\$50 Copay	<i>No coverage</i>	20% after Deductible	40% after Deductible	\$50 Copay	40% after Deductible
Ambulance Services	20% after Deductible	20% after Deductible	20% after Deductible	40% after Deductible	20% after Deductible	20% after Deductible
Emergency Room <i>(Copay waived if admitted)</i>	\$300 Copay	\$300 Copay or no coverage if non-emergency	20% after Deductible	20% after Deductible or 40% after Deductible if non-emergency	\$300 Copay	\$300 Copay or 40% after Deductible if non-emergency
Inpatient Facility Services	20% after Deductible	<i>No coverage</i>	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Outpatient Facility Services	20% after Deductible	<i>No coverage</i>	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible
Outpatient Therapy Services: Physician (PCP/SCP) Other Services	\$15/\$50 20% after Deductible	<i>No coverage</i>	20% after Deductible 20% after Deductible	40% after Deductible 40% after Deductible	\$30/\$50 20% after Deductible	40% after Deductible 40% after Deductible
Home Care Services	<i>No Cost Share</i>	<i>No coverage</i>	No Cost Share	40% after Deductible	<i>No Cost Share</i>	40% after deductible
Hospice Care	<i>No Cost Share</i>	<i>No coverage</i>	No Cost Share	No Cost Share	<i>No Cost Share</i>	<i>No Cost Share</i>
Durable Medical Equipment: Orthotics & Prosthetics	20% after Deductible	<i>No coverage</i>	20% after Deductible	40% after Deductible	20% after Deductible	40% after Deductible

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Pharmacy: Retail, 30-day supply Tier 1: Generic Tier 2: Brand Formulary Tier 3: Non-Formulary Tier 4: Specialty	\$10 20%, Max \$60 40%, Max \$100 25%, Max \$250	<i>No coverage</i>	20% after Deductible 20% after Deductible 20% after Deductible 20% after Deductible	40% after Deductible 40% after Deductible 40% after Deductible 40% after Deductible	\$15 20%, Max \$60 40%, Max \$100 25%, Max \$250	50%, Min \$40 50%, Min \$40 50%, Min \$40 50%, Min \$40

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 4th refill will need to move to a 90-day supply.

Pharmacy: Mail Order, 90-day supply Tier 1: Generic Tier 2: Brand Formulary Tier 3: Non-Formulary Tier 4: Specialty	\$25 20%, Max \$125 40%, Max \$200 25%, Max \$200	<i>No coverage</i>	20% after Deductible 20% after Deductible 20% after Deductible 20% after Deductible	<i>No coverage</i>	\$25 20%, Max \$125 40%, Max \$200 25%, Max \$200	<i>No coverage</i>
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For additional information, please refer to the Summary of Benefits and Coverages and Anthem Medical Plan Booklets which are available on the HR Benefits' website.

¹**Blue HPN Out-of-Network** services are not covered for any reason with the exception of emergency room hospitalization.

²**HDHP and PPO 80/20 Out-of-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.

³**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.

⁴**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.

Anthem's Sydney app is simple, smart — and all about you!

With Sydney, you can find everything you need to know about your Anthem benefits -- personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health. **With just one click, you can:** find care, view claims and what you owe, and access your digital ID card(s) and share via fax or email from your device. **Get started with Sydney, download the app today!**

