Benefit Sheet

	Anthem Blue Cross Gold HMO 500/20%/5000		Anthem Blue Cross Platinum PPO 200/10%/3000	
Benefit	**In Net**	**Out Net**	**In Net**	**Out Net**
Individual Ded	$500		$200	$600
Family Ded	$1,500 (embedded)		$600 (embedded)	$1,200 (embedded)
Individual OOP Max	$5,000 (incl ded)		$3,000 (incl ded)	$6,000 (incl ded)
Family OOP Max	$10,000 (incl ded)		$6,000 (incl ded)	$12,000 (incl ded)
Co-insurance	20%		10%	50%
Lifetime Max	Unlimited		Unlimited	Unlimited
PC/Specialist	$30/$60 ded waived		$10/$30 ded waived	50% after ded
Adult Preventive Care	No charge		No charge	50% after ded
Child Preventive Care	No charge		No charge	50% after ded
Pre/Postnatal Care	No charge/$30 ded waived		No charge/$10 ded waived	50% after ded
Physical Therapy	$30 ded waived		$10 ded waived	50% after ded
Chiropractic Care	$30 ded waived; 20 visits/cal yr		$10 ded waived; 20 visits/cal yr	50% after ded; $25 max/visit; 20 visits/cal yr
Inpatient Hospital	20% after ded		10% after ded	50% after ded; $650 max/day
Inpatient Surgery	No charge		10% after ded	50% after ded
Maternity Delivery/IP	20% after ded		10% after ded	50% after ded; $650 max/day
Mental Health IP	20% after ded		10% after ded	50% after ded; $650 max/day
Substance Abuse IP	20% after ded		10% after ded	50% after ded; $650 max/day
Outpatient Facility	20% after ded		10% after ded	50% after ded; $380 max/admit
Outpatient Surgery	No charge		10% after ded	50% after ded
Lab/X-Ray	No charge		10% after ded	50% after ded
Advanced Radiology	$60 ded waived		10% after ded	50% after ded; $800 max/procedure
Mental Health OP	$30 ded waived		$10 ded waived	50% after ded
Substance Abuse OP	$30 ded waived		$10 ded waived	50% after ded
Emergency Room	$200 + 20% after ded		$200 + 10% after ded	Paid as in-network
Ambulance	20% after ded		10% after ded	Paid as in-network
Urgent Care	$100 ded waived		$100 ded waived	50% after ded
Rx Generic	$15 ded waived		$10 ded waived	50% ded waived
Rx Preferred	$40 after $250		$35 ded waived	50% ded waived
Rx Non-Preferred	$80 after $250		$70 ded waived	50% ded waived
Rx Specialty	25% after $250; $250 max/script		25% ded waived; $250 max/script	50% ded waived
Rx Mail Order	$37.50/$120/$240 after $250 T2-3		$25/$105/$210 ded waived	Refer to carrier
Home Health Care	$30 ded waived; 100 visits/cal yr		$10 ded waived; 100 visits/cal yr	50% after ded; $75 max/visit; 100 visits/cal yr
Skilled Nursing	20% after ded; 100 days/yr		10% after ded; 100 days/yr	50% after ded; $150 max/day; 100 days/yr
Infertility Treatment	Refer to carrier		Refer to carrier	Refer to carrier
DME	20% after ded		10% after ded	50% after ded
Hospice Services	Refer to carrier		Refer to carrier	Refer to carrier
Pediatric Vision	Covered; See brochure		Covered; See brochure	Covered; See brochure
Pediatric Dental	Covered; See brochure		Covered; See brochure	Covered; See brochure