



MEDICAL INSURANCE

NEW! Anthem

MEDICAL COVERAGE HIGHLIGHTS	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$3,200	\$6,400
Family	\$6,400	\$12,800
Coinsurance		
Plan Pays	100%	80%
You Pay	0%	20%
Annual Out-of-Pocket Maximum		
Individual	\$3,200	\$9,600
Family	\$6,400	\$19,200
Covered Services		
Preventive Care	No charge	Deductible, then 20% coinsurance
Office Visits	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Telehealth	Urgent Care: \$49 visit charge Behavioral Health: \$90 visit charge (therapist/psychologist), \$220 visit charge (psychiatrist-initial visit) & \$100 copay (psychiatrist-ongoing), Dermatology: \$85 visit charge then \$0 after deductible	
Emergency Room	Deductible, then 0% coinsurance	
Hospitalization	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Prescription Drugs	In-Network	Out-of-Network
Generic	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Preferred Brand	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Non-Preferred Brand	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Specialty	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance