

Health Plans

Plan Features	Anthem Select HMO	Anthem Full HMO	Anthem HRA (PPO)	
Network	Select	California Care	Prudent Buyer	Non-Network
Lifetime Maximum	Unlimited	Unlimited	Unlimited	
Employer Annual HRA Contribution	-	-	\$750/\$1,500	
Deductible (Annual) – Individual / Family	None	None	\$1,500 / \$3,000	\$4,500 / \$9,000
Co-Insurance (Plan Pays)	100%, after copay	100%, after copay	90%	70%
Physician Office Visit	\$20 PCP / \$20 Specialist	\$25 PCP / \$25 Specialist	\$20 copay	30%
Out of Pocket Maximum – Individual / Family	\$2,000 / \$4,000	\$2,000 / \$4,000	\$3,425 / \$6,850	\$10,275 / \$20,550
Hospitalization – Inpatient – Outpatient Surgery	\$250 / admit Covered at 100%	\$250 / per day (4 day max) \$100 copay	10% 10%	30%, up to \$1,000 per day 30%, up to \$350 per admission
Emergency Services (Waived if Admitted)	\$100 copay	\$150 copay	10%	
Wellness Exams – Adult / Children	Covered at 100%	Covered at 100%	Covered at 100%	30%
Chiropractic	\$15 20 visits per calendar year	\$15 20 visits per calendar year	\$20 30 visits / calendar year	30%
Mental Health & Sub Abuse – Inpatient – Outpatient	\$250 / admit \$20	\$250 / per day (4 day max) \$25	10% \$20	30%, up to \$1,000 per day 30%
Prescription Drugs - Copay – Generic Formulary – Brand Name Formulary – Non-Formulary – Mail Order (90 day supply)	\$15 copay \$30 copay \$45 copay \$30 / \$60 / \$90	\$15 copay \$30 copay \$45 copay \$30 / \$60 / \$90	\$5/15 copay \$30 copay \$45 copay \$10 / \$30 / \$60 / \$90	30%

