

# Anthem Medical

Here is an overview of the PPO and the HSA plans offered through Anthem. The Anthem plans are available to both California and Non-California employees.

	Anthem PPO		Anthem HDHP (HSA)	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
<b>Annual Deductible</b>	\$500 per individual, up to \$1,500 per family (benefits for an individual within a family are paid once the individual deduction has been met)	\$1,500 per individual, up to \$4,500 per family (benefits for an individual within a family are paid once the individual deduction has been met)	\$3,200 per individual, up to \$6,400 per family (benefits for an individual within a family are paid once the individual deduction has been met)	\$9,600 per individual, up to \$19,200 per family (benefits for an individual within a family are paid once the individual deduction has been met)
<b>Annual Out-of-Pocket Max</b>	\$4,000 per individual, up to \$8,000 per family (entire OOP max must be met prior to plan paying 100% of covered charges for any family member; combined w/out-of-network)	\$12,000 per individual, up to \$24,000 per family (entire OOP max must be met prior to plan paying 100% of covered charges for any family member; combined w/in-network)	\$5,500 per individual, to \$11,000 per family (entire OOP max must be met prior to plan paying 100% of covered charges for any family member; combined w/out-of-network)	\$16,500 per individual, up to \$33,000 per family (entire OOP max must be met prior to plan paying 100% of covered charges for any family member; combined w/in-network)
<b>Lifetime Max</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Office Visit</b>				
Primary Provider	\$30 copay	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Specialist	\$50 copay	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
<b>Preventive Services</b>	No charge	You pay 40% after deductible	No charge (deductible waived)	You pay 40% after deductible
<b>Chiropractic Care</b>	\$30 copay (limited to 30 visits per calendar year, combined w/out-of-network)	You pay 40% after deductible (limited to 30 visits per calendar year, combined w/in-network)	You pay 20% after deductible (limited to 30 visits per calendar)	You pay 40% after deductible (limited to 30 visits per calendar)
<b>Lab &amp; X-Ray</b>	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
<b>Inpatient Hospitalization</b>	You pay 20% after deductible	\$500 copay per admission + You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
<b>Outpatient Surgery</b>	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
<b>Emergency Room</b>	\$150 copay + You pay 20% after deductible (copay waived if admitted)	\$150 copay + You pay 20% after deductible (copay waived if admitted)	You pay 20% after deductible	You pay 20% after deductible

# Anthem Medical, continued

	Anthem PPO		Anthem HSA	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
<b>Pharmacy (30 day supply)</b>				
Tier 1a – Typically Lower Cost Generic	\$5 copay	50% coinsurance up to \$250 per prescription	\$5 copay after deductible	40% coinsurance up to \$250 per prescription after deductible
Tier 1b – Typically Generic	\$15 copay	50% coinsurance up to \$250 per prescription	\$15 copay after deductible	40% coinsurance up to \$250 per prescription after deductible
Tier 2 – Typically Preferred Brand	\$30 copay	50% coinsurance up to \$250 per prescription	\$40 copay after deductible	40% coinsurance up to \$250 per prescription after deductible
Tier 3 – Typically Non-Preferred Brand	\$50 copay	50% coinsurance up to \$250 per prescription	\$60 copay after deductible	40% coinsurance up to \$250 per prescription after deductible
Tier 4 – Typically Specialty	30% coinsurance up to \$250 per prescription after deductible	50% coinsurance up to \$250 per prescription	30% coinsurance up to \$250 per prescription after deductible	40% coinsurance up to \$250 per prescription after deductible
<b>Mail Order – 90 days</b>				
Tier 1a – Typically Lower Cost Generic	\$10 copay	Not Covered	\$10 copay	Not Covered
Tier 1b – Typically Generic	\$30 copay		\$30 copay	
Tier 2 – Typically Preferred Brand	\$75 copay		\$100 copay	
Tier 3 – Typically Non-Preferred Brand	\$125 copay		\$150 copay	
Tier 4 – Typically Specialty	30% coinsurance up to \$250 per prescription after deductible		30% coinsurance up to \$250 per prescription after deductible	

For help finding a provider please visit [anthem.com/find-care](https://www.anthem.com/find-care)



# Kaiser Medical

Medical coverage provides you with benefits that help keep you healthy like preventive care screenings and access to urgent care. It also provides important financial protection if you have a serious medical condition.

[24]7.ai provides you with comprehensive coverage through Kaiser Permanente and Anthem Blue Cross.

Here is an overview of the Kaiser DHMO and the Kaiser DHMO HSA plans. These plans are only available to California employees.

Kaiser DHMO In-Network		Kaiser HMO HSA In-Network
<b>Annual Deductible</b>	\$500 per individual \$500 for each individual in a family of 2 or more \$1,000 for entire family of 2 or more	\$3,200 per individual \$3,200 for each individual in a family of 2 or more \$6,400 for entire family of 2 or more
<b>Annual Out-of-Pocket Max</b>	\$3,000 per individual \$3,000 for each individual in a family \$6,000 per family	\$3,200 per individual \$3,200 for each individual in a family of 2 or more \$6,400 for entire family of 2 or more
<b>Lifetime Max</b>	Unlimited	Unlimited
<b>Office Visit</b>		
Primary Provider	\$20 copay deductible does not apply	No charge after deductible
Specialist	\$20 copay deductible does not apply	No charge after deductible
<b>Preventive Services</b>	No charge	No charge, deductible waived
<b>Chiropractic Care</b>	No charge (20 visits)	Not covered
<b>Lab &amp; X-Ray</b>	X-ray: \$10 copay per visit MRI, CT and PET: 10% coinsurance up to a maximum of \$150	No charge after deductible
<b>Inpatient Hospitalization</b>	10% coinsurance after deductible	No charge after deductible
<b>Outpatient Surgery</b>	10% coinsurance after deductible	No charge after deductible
<b>Emergency Room</b>	10% coinsurance after deductible (If admitted as an inpatient, you will pay the inpatient Cost Share instead of the emergency department Cost Share).	No charge after deductible (If admitted as an inpatient, you will pay the inpatient Cost Share instead of the emergency department Cost Share).
<b>Pharmacy</b>		
Generic	\$10 copay	No charge after deductible
Preferred Brand	\$30 copay	No charge after deductible
Specialty	20% coinsurance (not to exceed \$250)	No charge after deductible
Supply Limit	30 days	30 days
<b>Mail Order</b>		
Generic	\$20 copay	No charge after deductible
Preferred Brand	\$60 copay	No charge after deductible
Specialty	Not Covered	Not Covered
Supply Limit	100 days	100 days