

*This is a high level summary for plan comparison only.
 Please refer to the Summary of Benefits Coverage for full benefit details.*

Note: All benefits are listed below as "member pays."

	2020 Anthem HealthKeepers 30 5000/30%/7900	2020 Anthem HealthKeepers 30 2000/30%/6000	2020 Anthem HealthKeepers 25/30%/5000
In-network			
Deductible and Out-of-Pocket Accumulation	Embedded	Embedded	Embedded
Deductible Individual	\$5,000	\$2,000	N/A
Deductible Family	\$10,000	\$4,000	N/A
Out-of-pocket maximum - individual	\$7,900	\$6,000	\$5,000
Out-of-pocket maximum - family	\$15,800	\$12,000	\$10,000
Coinsurance	30% after deductible	30% after deductible	30%
Office Visit (PCP) Copay	\$30	\$30	\$25
Office Visit (specialist) Copay	\$50	\$50	\$50
Online Visit Copay (medical)	\$20	\$20	\$15
Urgent Care Copay	\$50	\$50	\$50
Emergency Room Copay - facility	30% after deductible	30% after deductible	\$350/20% (waived if admitted)
Inpatient - facility	30% after deductible	30% after deductible	\$350 day; \$1750 max
Outpatient surgery - facility	30% after deductible	30% after deductible	\$350

Out-of-network			
Deductible (individual/family)	\$10000/\$20000	\$4000/\$8000	\$1000/\$2000
Out-of-pocket maximum (individual/family)	\$19750/\$39500	\$15000/\$30000	\$12500/\$25000
Coinsurance	30% after deductible	30% after deductible	30% after deductible
Pharmacy			
Deductible	N/A	N/A	N/A
Tier 1 - Retail	\$15.00	\$15.00	\$15.00
Tier 2 - Retail	\$50.00	\$50.00	\$50.00
Tier 3 - Retail	\$85.00	\$85.00	\$85.00
Tier 4 - Retail	20%	20%	20%
Out-of-Pocket - Retail	\$250.00	\$250.00	\$250.00
Tier 1 - Home Delivery	\$38.00	\$38.00	\$38.00
Tier 2 - Home Delivery	\$125.00	\$125.00	\$125.00
Tier 3 - Home Delivery	\$213.00	\$213.00	\$213.00
Tier 4 - Home Delivery	20%	20%	20%
Out-of-Pocket - Home Delivery	\$250.00	\$250.00	\$250.00