

Benefits	TRAD 500	PPO 500	PPO 1,000	PPO 2,500	HSA 4,000/8,000
		Network / Non-Network	Network / Non-Network	Network / Non-Network	Network / Non-Network
Deductible: Single Family	\$500 \$1,500	\$500 / \$1,000 \$1,500 / \$3,000	\$1,000 / \$2,000 \$3,000 / \$6,000	\$2,500 / \$5,000 \$7,500 / \$15,000	\$4,000 / \$8,000 \$8,000 / \$16,000
Out of Pocket Maximum : **** Single Family	\$3,000 \$6,000	\$2,000 / \$4,000 \$4,000 / \$8,000	\$3,000 / \$6,000 \$6,000 / \$12,000	\$6,000 / \$12,000 \$12,000 / \$24,000	\$4,000 / \$8,000 \$8,000 / \$16,000
Coinsurance*	20%	20% / 40%	20% / 40%	20% / 40%	0% / 30%
Hospital Services	20%	20% / 40%	20% / 40%	20% / 40%	0% / 30%
Office Visit	20%	\$25 Co-pay / 40%	\$25 Co-pay / 40%	\$30 Co-pay / 40%	0% / 30%
Urgent Care Facility	20%	\$75 Co-pay	\$75 Co-pay	\$75 Co-pay	0% / 30%
Outpatient Facility	20%	20% / 40%	20% / 40%	20% / 40%	0% / 30%
Prescription Drug Co-pay applies at all Anthem participating network pharmacies (30 day supply max.)	\$200 Deductible** \$15 Tier 1 \$40 Tier 2 \$60 Tier 3	\$200 Deductible** \$15 Tier 1 \$40 Tier 2 \$60 Tier 3	\$200 Deductible** \$15 Tier 1 \$40 Tier 2 \$60 Tier 3	\$200 Deductible** \$15 Tier 1 \$40 Tier 2 \$60 Tier 3	0%
Anthem Mail Order Prescription Drug (up to 90 day supply)	\$15 Tier 1 \$100 Tier 2 \$180 Tier 3	\$15 Tier 1 \$100 Tier 2 \$180 Tier 3	\$15 Tier 1 \$100 Tier 2 \$180 Tier 3	\$15 Tier 1 \$100 Tier 2 \$180 Tier 3	0%
Emergency Room	20%	\$200 Co-pay	\$200 Co-pay	\$200 Co-pay	0%
Human Organ Transplant	0% in network 50% out-of-network	0% in-network 50% out-of-network	0% in-network 50% out-of-network	0% in-network 50% out-of-network	0% / 30%
Ambulance	20%	20%	20%	20%	0%
Outpatient Therapy Services Spinal Manipulations	12 visits per calendar year	12 visits per calendar year	12 visits per calendar year	12 visits per calendar year	0% / 30%
Behavioral Health In-patient Physician Office	20% 20%	Admin. by Anthem Behavior Health and network providers 20% / 40% \$25 Co-pay / 40%	Admin. by Anthem Behavior Health and network providers 20% / 40% \$25 Co-pay / 40%	Admin. by Anthem Behavior Health and network providers 20% / 40% \$30 Co-pay / 40%	Admin. by Anthem Behavior Health and provider network 0% / 30%

*Coinsurance percentages indicate your share of billed services after you have met your deductible.

**Prescription deductible does not apply to Generic prescriptions.

***Maternity coverage is included on all IDA Group Health Plans.

****All copays track toward out-of-pocket maximum along w/deductibles and coinsurance.