

Medical Insurance with Anthem (Visit anthem.com for provider network information.)

2023 Medical Plan Options	Standard Plan	Pay Saver Plan
Per-Pay Premium Deduction from Paycheck <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse* <input type="checkbox"/> Employee + 1 or 2 Children* <input type="checkbox"/> Employee + 3 or More children* <input type="checkbox"/> Family*	\$74.00 \$392.50 \$294.30 \$430.50 \$539.30	\$22.00 \$279.30 \$216.40 \$321.90 \$396.00
Deductible <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Family	\$2,500 \$5,000	\$5,250 \$10,500
Coinsurance	25% In-Network 50% Out-of-Network	30% In-Network 50% Out-of-Network
Annual In-Network Out-of-Pocket Maximum <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Family	\$5,500 \$11,000	\$6,450 \$12,900
Office Visit <input type="checkbox"/> Anthem LiveHealth Online Telemedicine Co-Pay <input type="checkbox"/> Primary Care Co-Pay <input type="checkbox"/> Specialist Co-Pay <input type="checkbox"/> Urgent Care Co-Pay	\$5 Co-Pay \$30 Co-Pay \$30 Co-Pay \$60 Co-Pay	\$5 Co-Pay \$30 Co-Pay \$60 Co-Pay \$80 Co-Pay
Inpatient/Outpatient Hospitalization	Deductible then Coinsurance	
Emergency Room	\$400 Co-Pay then Deductible and Coinsurance	
Preventative Care <input type="checkbox"/> Annual Checkups <input type="checkbox"/> Wellness Mammograms <input type="checkbox"/> Preventative Colonoscopies	Covered at 100%	
Prescriptions – Retail (30 day supply) <input type="checkbox"/> Generic <input type="checkbox"/> Preferred Brand <input type="checkbox"/> Non-Preferred Brand	\$15 Co-Pay \$30 Co-Pay +30% (max. \$65) \$50 Co-Pay +30% (max. \$85)	\$15 Co-Pay \$30 Co-Pay +30% (max. \$85) \$50 Co-Pay +30% (max. \$110)
Prescriptions filled at CVS/Walgreens/Rite-Aid <input type="checkbox"/> Generic <input type="checkbox"/> Preferred Brand <input type="checkbox"/> Non-Preferred Brand	\$30 Co-Pay \$60 Co-Pay +30% (max. \$130) \$100 Co-Pay +30% (max. \$170)	\$30 Co-Pay \$60 Co-Pay +30% (max. \$130) \$100 Co-Pay +30% (max. \$170)
Prescriptions – Mail Order (90 day supply) <input type="checkbox"/> Generic <input type="checkbox"/> Preferred Brand <input type="checkbox"/> Non-Preferred Brand	\$30 Co-Pay \$70 Co-Pay \$130 Co-Pay	\$30 Co-Pay \$110 Co-Pay \$160 Co-Pay
The pharmacy benefit does not cover specialty drugs. Consult our pharmacy benefit manager, TrueRx, for questions about your pharmacy needs: 866-921-4047 or customerservice@TrueRx.com .		

*See Definitions section for more information on Eligible Dependents

See Important Notices About Your Medical Plan Coverage for more detailed information about the Medical plans and your rights.