

**Medical Insurance with Anthem** (Visit [anthem.com](http://anthem.com) for provider network information.)

2025 Medical Plan Options	Standard Plan	Pay Saver Plan
<b>Per-Pay Premium Deduction from Paycheck</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employee Only</li> <li><input type="checkbox"/> Employee + Spouse*</li> <li><input type="checkbox"/> Employee + 1 or 2 Children*</li> <li><input type="checkbox"/> Employee + 3 or More children*</li> <li><input type="checkbox"/> Family*</li> </ul>	\$84.36 \$439.00 \$309.00 \$452.00 \$566.24	\$23.10 \$312.82 \$227.22 \$338.00 \$415.80
<b>Deductible</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employee Only</li> <li><input type="checkbox"/> Employee + Dependents</li> </ul>	\$3,500 \$7,000	\$5,500 \$11,000
<b>Coinsurance</b>	25% In-Network 50% Out-of-Network	30% In-Network 50% Out-of-Network
<b>Annual In-Network Out-Of-Pocket Maximum</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Employee Only</li> <li><input type="checkbox"/> Employee + Dependents</li> </ul>	\$5,500 \$11,000	\$6,450 \$12,900
<b>Office Visit</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anthem LiveHealth Online Telemedicine Co-Pay</li> <li><input type="checkbox"/> Primary Care Co-Pay</li> <li><input type="checkbox"/> Specialist Co-Pay</li> <li><input type="checkbox"/> Urgent Care Co-Pay</li> </ul>	\$5 Co-Pay \$30 Co-Pay \$30 Co-Pay \$60 Co-Pay	\$5 Co-Pay \$30 Co-Pay \$60 Co-Pay \$80 Co-Pay
<b>Inpatient/Outpatient Hospitalization</b>	Deductible then Coinsurance	
<b>Emergency Room</b>	\$400 Co-Pay then Deductible and Coinsurance	
<b>Preventative Care</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Annual Checkups</li> <li><input type="checkbox"/> Wellness Mammograms</li> <li><input type="checkbox"/> Preventative Colonoscopies</li> </ul>	Covered at 100%	
<b>Prescriptions – Retail (30 day supply)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Generic</li> <li><input type="checkbox"/> Preferred Brand</li> <li><input type="checkbox"/> Non-Preferred Brand</li> </ul>	\$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)
<b>Prescriptions filled at CVS/Walgreens/Rite-Aid</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Generic</li> <li><input type="checkbox"/> Preferred Brand</li> <li><input type="checkbox"/> Non-Preferred Brand</li> </ul>	\$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)
<b>Prescriptions – Mail Order (90 day supply)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Generic</li> <li><input type="checkbox"/> Preferred Brand</li> <li><input type="checkbox"/> Non-Preferred Brand</li> </ul>	\$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 <a href="mailto:customerservice@TrueRx.com">customerservice@TrueRx.com</a> .		

\*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.

Deductibles can be reduced by using the **Garner Health Benefit** which reimburses deductibles and co-pays for qualifying services. More information about Garner Health can be found in this Guide and on the ASC Employee Benefits Portal.