

## Medical Plan - Effective 10/1/16

Compliance is required at 10/16 renewal for the HHS Notice of Benefit and Payment Parameters for 2016. The annual limitation for out-of-pocket maximums is \$6,850 for individuals. Changes at 10/16 are in red.

	Anthem		
	High PPO - KeyCare 200	Middle PPO - KeyCare 1000	Low PPO - HSA 2325
<b>In-network benefits</b>			
Deductible (indiv/family)	\$200/\$400 embedded	\$1,000/\$2,000 embedded	\$1,300/\$2,600 nonembedded
Out-of-pocket maximum (indiv/family)	\$3,500/\$7,000 embedded	\$5,000/\$10,000 embedded	<b>Required changes: \$3,425/\$6,850 nonembedded</b> (from \$5,050/\$10,100 nonembedded)
OOP include the deductible?	Yes	Yes	Yes
OOP includes	All expenses	All expenses	All expenses
<b>Inpatient services</b>			
Inpatient facility	\$300 plus 20%, no deductible	20% after deductible	20% after deductible
<b>Outpatient services</b>			
Doctors office visit	\$20	20% after deductible	20% after deductible
Specialist visit	\$40	20% after deductible	20% after deductible
Lab/x-ray	20%, no deductible	20% after deductible	20% after deductible
Specialty diagnostics	20%, no deductible	20% after deductible	20% after deductible
Outpatient Surgery	Facility: \$100 plus 20%, no deductible Physician: 20%, no deductible	20% after deductible	20% after deductible
Emergency room	Facility: \$100, plus 20%, no deductible Physician: 20% after deductible	20% after deductible	20% after deductible
<b>Prescription drugs</b>		\$150 deductible on 2nd and 3rd tier	
Retail (30-day supply)	\$10/\$30/\$50	\$15/\$30/\$60	20% after deductible
Mail order (90-day supply)	\$10/\$60/\$150	\$15/\$60/\$180	20% after deductible
Specialty drugs (most drugs are limited to 30-day supply)	20% up to \$200/script	20% up to \$200/script	20% up to \$200/script after deductible
<b>Out-of-network services</b>			
	Deductible: \$300/\$600 Coinsurance: 70% OOP Max: \$3,750/\$7,500	Deductible: \$1,500/\$3,000 Coinsurance: 60% OOP Max: \$5,250/\$10,500	Deductible: \$1,300/\$2,600 Coinsurance: 60% OOP Max: \$10,000/\$20,000