

**Anthem Blue Cross Traditional HMO**

**1-877-359-9653 Customer Service Department for additional information**

Annual Out-of-Pocket Maximum for Certain Services	\$3,000 per Individual \$6,000 per Family
Pharmacy	30 Days
– Generic Drugs on the Prescription Drug List	\$5 Co-payment per prescription
– Preferred Brand – Medically Necessary Name Brand Drugs designated as preferred on the Prescription Drug List, with no Generic Equivalent	\$25 Co-payment per prescription
– Non-Preferred Brand – Non-Medically Necessary Name Brand Drugs on the Prescription Drug List with a Generic Equivalent and drugs designated non-preferred on the Prescription Drug List (including Compound Drugs)	\$45 Co-payment per prescription
– Self-Administered Injectable Drugs, except Insulin	20% of prescription drug maximum allowed (maximum \$100 co-payment)
– Rx Choice Tiered Network	Level 1: Applicable retail copays apply Level 2: Applicable retail copays apply plus an additional \$5.00.
Inpatient Hospital Services	100% after \$100 per admission Co-payment
Outpatient Facility Services	No Co-payment per visit
Hospital Emergency Room or Outpatient Facility	\$50 Co-payment per visit, waived if admitted
Urgent Care Facility	\$20 Co-payment per visit
Rehabilitative Therapy	\$20 Co-payment per visit
Primary Care and Specialist Physician Office Visits	\$20 Co-payment per visit Primary Care \$20 Co-payment per visit Specialist
LiveHealth Online visits	\$20 Co-payment per visit
Preventative Services:	
Annual Physical Exam	No Co-payment
Well Woman Exam	No Co-payment
Routine Vision Care: Eye Exam	No Co-payment
Vision Care: One Pair of Approved Glasses	Not Covered
Durable Medical Equipment	No Co-payment
External Prosthetic Appliances	No Co-payment
Home Health Services ( <i>100 visits maximum per calendar year; one visit by home health aide equals four hours or less</i> )	No Co-payment
Hospice Services	No Co-payment
Skilled Nursing and Rehabilitation Facilities (100 visits maximum per member per calendar year)	No Co-payment
Laboratory and Radiology Services	No Co-payment
Mental Health Inpatient Services	No Co-payment per visit
Mental Health Outpatient Services	\$20 Co-payment per visit

Substance Abuse Detoxification Inpatient Services	No Co-payment per visit
Substance Abuse Detoxification Outpatient Services	\$20 Co-payment per visit
<p><u>Additional Programs offered:</u>  90 Days Mail Drug Order  Generic = \$10 Co-payment per prescription</p> <p>Brand Name = \$50 Co-payment per prescription</p> <p>Non-Formulary = \$90 Co-payment per prescription</p> <p>Self-Administered Injectable Drugs, except Insulin = 20% prescription drug maximum allowed amount (maximum of \$100 co-payment)  Level 1 copays shown. For Level 2, apply an additional \$10 to the mail order copays.</p> <p>The Rx Choice Tiered Network includes pharmacies that give you more choices and flexibility when you fill prescriptions. It's also convenient — you'll find many popular grocery chains, stores and independent drugstores in the network. You can keep using the pharmacy you've been using, but you'll pay more for your prescription drugs unless you transfer your prescription(s) as soon as possible to another participating pharmacy. You can choose a pharmacy from two levels. Level 1 has up to 25,000 pharmacies and offers you a lower copay or coinsurance (the part you pay for your drugs) than pharmacies in Level 2. Filling prescriptions at a Level 1 pharmacy will help you lower your out-of-pocket costs.</p>	