PLAN FEATURES	IN-NETWORK 1,500 HIGH DEDUCTIBLE PLAN			
PER CALENDAR YEAR		AETNA	ANTHEM	
SEE SUMMARY OF BENEFITS FOR DETAILS			NOTE: SOME AMOUNTS COULD	
			CHANGE BASED ON FINAL PLAN DOCUMENT	
ANNUAL DEDUCTIBLE		\$1,500/\$3,000	\$1,500/\$3,000	
CO-INSURANCE		20%	20%	
ANNUAL OUT OF POCKET MAXIMUM		\$3,000/\$6,000	\$3,000/\$6,000	
REFERRAL REQUIREMENT		NONE	NONE	
PRESCRIPTION DRUG ANNUAL OUT OF POCKET	INDIVIDUAL FAMILY	\$4,000 \$8,000	ANTHEM'S MEDICAL MAX APPLIES	
PREVENTIVE CARE				
ROUTINE ADULT PHYSICAL		COVERED 100%	COVERED 100%	
EXAM/IMMUNIZATIONS		1 PER YEAR	DEDUCTIBLE WAIVED	
		DEDUCTIBLE WAIVED		
ROUTINE WELL CHILD		COVERED 100%	COVERED 100%	
EXAM/IMMUNIZATIONS		# VARIES DEDUCTIBLE WAIVED	DEDUCTIBLE WAIVED	
ROUTINE GYNO EXAMS		COVERED 100% DEDUCTIBLE WAIVED	COVERED 100% DEDUCTIBLE WAIVED	
		SESSOCIALE WAIVES	DEDOCTIBLE WAIVED	
ROUTINE MAMMOGRAMS		COVERED 100%	COVERED 100%	
		DEDUCTIBLE WAIVED	DEDUCTIBLE WAIVED	
WOMEN'S HEALTH		COVERED 100%	COVERED 100%	
		DEDUCTIBLE WAIVED	DEDUCTIBLE WAIVED	
ROUTINE DIGITAL RECTAL EXAM		COVERED 100%	COVERED 100%	
		DEDUCTIBLE WAIVED	DEDUCTIBLE WAIVED	
PROSTATE-SPECIFIC ANTIGEN TEST		COVERED 100%	COVERED 100%	
		DEDUCTIBLE WAIVED	DEDUCTIBLE WAIVED	
COLORECTAL CANCER		COVERED 100%	COVERED 100%	
COLONECTAL CANCER		DEDUCTIBLE WAIVED	DEDUCTIBLE WAIVED	
DOUTING EVE EVANG		COVERED 100%	COVERED 100%	
ROUTINE EYE EXAMS		COVERED 100% DEDUCTIBLE WAIVED	COVERED 100% CHILDREN'S EYE EXAMS	
ROUTINE HEARING SCREENING		COVERED 100% DEDUCTIBLE WAIVED	COVERED 100% DEDUCTIBLE WAIVED	
PHYSICIAN SERVICES		SESSONISE WAVES	DEBOGNACE WAVES	
OFFICE VISITS - NON SPECIALIST		\$20 COPAY	20% AFTER DEDUCTIBLE	
		DEDUCTIBLE WAIVED		
SPECIALIST OFFICE VISIT		\$40 COPAY	20% AFTER DEDUCTIBLE	
		DEDUCTIBLE WAIVED		
HEARING EXAMS		NOT COVERED	20% AFTER DEDUCTIBLE	
PRE-NATAL MATERNITY		COVERED 100% DEDUCTIBLE WAIVED	COVERED 100% DEDUCTIBLE WAIVED	
		DEDUCTIBLE WAIVED	DEDOCTIBLE WAIVED	
WALK-IN CLINICS		\$20 COPAY	20% AFTER DEDUCTIBLE	
		DEDUCTIBLE WAIVED		
ALLERGY TESTING		BASED ON SERVICE	20% AFTER DEDUCTIBLE	
ALLERGY INJECTIONS		COVERED 100% DEDUCTIBLE WAIVED	20% AFTER DEDUCTIBLE	
		SESSONIBLE WAIVED		
DIAGNOSTIC PROCEDURES				
DIAGNOSTIC X-RAY		20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE	
DIAGNOSTIC LABORATORY		20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE	
DIAGNOSTIC COMPLEX IMAGING		20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE	
EMERGENCY MEDICAL CARE				
URGENT CARE PROVIDER		\$50 COPAY	20% AFTER DEDUCTIBLE	

		1
EMERGENCY ROOM	\$100 COPAY	20% AFTER DEDUCTIBLE
	WAIVED IF ADMITTED	
EMERGENCY USE OF AMBULANCE	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
HOSPITAL CARE		
INPATIENT COVERAGE	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
INPATIENT MATERNITY COVERAGE	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
INPATIENT WATERWITT COVERAGE	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
OUTPATIENT HOSPITAL EXPENSES	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
OUTPATIENT SURGERY - HOSPITAL	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
CUTDATISHT CUDGEDY EDESCTANDING	200/ AFTER REPUGIENE	200/ AFTER REPUETING
OUTPATIENT SURGERY-FREESTANDING FACILITY	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
FACILITY		
MENTAL HEALTH SERVICES		
INPATIENT	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
	20/0/11 1211 323 3311322	20/6/W YEN BEBOOTIBEE
MENTAL HEALTH OFFICE VISITIS	\$20 COPAY	20% AFTER DEDUCTIBLE
	DEDUCTIBLE WAIVED	
	2011.	
OTHER MENTAL HEALTH SERVICES	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
SUBSTANCE ABUSE		
INPATIENT	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
INFATIENT	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
RESIDENTIAL TREATMENT FACILTY	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
SUBSTANCE ABUSE OFFICE SERVICES	\$20 COPAY	20% AFTER DEDUCTIBLE
	DEDUCTIBLE WAIVED	
OTHER SUBSTANCE ABUSE SERVICES	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
OTHER SOBSTANCE ABOSE SERVICES	20% ATTEN DEDOCTIBLE	20% ATTEN DEDOCTIBLE
OTHER SERVICES		
SKILLED NURSING FACILITY	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
HOME HEALTH CARE	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
HOSPICE CARE-INPATIENT	COVERED 100%	20% AFTER DEDUCTIBLE
	DEDUCTIBLE WAIVED	
HOSPICE CARE-OUTPATIENT	COVERED 100%	20% AFTER DEDUCTIBLE
	DEDUCTIBLE WAIVED	
PRIVATE DUTY NURSING	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
SPINAL MANIPULATION THERAPY	\$40 COPAY	20% AFTER DEDUCTIBLE
STINAL IVIANIFOLATION THERAPT	DEDUCTIBLE WAIVED	20/0 AFTEN DEDUCTIBLE
OUTPATIENT REHABILITATIVE SPEECH THERAPY	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
OUTPATIENT REHABILITATIVE PHYSICAL THERAPY	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE

OUTPATIENT REHABILITATIVE OCCUPATIONAL THERAPY		20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
DURABLE MEDICAL EQUIPMENT		20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
DIABETIC SUPPLIES		COVERED SAME AS	COVERED SAME AS
		ANY OTHER MEDICAL EXPENSE	ANY OTHER MEDICAL EXPENSE
AFFORDABLE CARE ACT MANDATED		COVERED 100%	20% AFTER DEDUCTIBLE
WOMEN'S CONTRACEPTIVES		DEDUCTIBLE WAIVED	20% AT TER BEDGETIBLE
WOMEN'S CONTINUES IT VES		DEBOGNIBLE WAIVED	
WOMEN'S CONTRACEPTIVE DRUGS		COVERED 100%	20% AFTER DEDUCTIBLE
AND DEVICES NOT OBTAINABLE AT A PHARMACY		DEDUCTIBLE WAIVED	
INFUSION THERAPY	•	20% AFTER DEDUCTIBLE	20% AFTER DEDUCTIBLE
TRANSPLANTS		COVERED 100%	20% AFTER DEDUCTIBLE
TRANSPLANTS		COVERED 100%	20% AFTER DEDUCTIBLE
BARIATRIC SURGERY		NOT COVERED	N/A
			·
PHARMACY			
GENERIC DRUGS	RETAIL	\$10	20% AFTER DEDUCTIBLE
	MAIL	\$20	20% AFTER DEDUCTIBLE
PREFERRED BRAND-NAME DRUGS		\$30	20% AFTER DEDUCTIBLE
	MAIL	\$60	20% AFTER DEDUCTIBLE
NON-PREFERRED BRAND-NAME DRUGS	RETAII	\$60	20% AFTER DEDUCTIBLE
	MAIL	\$120	20% AFTER DEDUCTIBLE
		,	
STANDARD SPECIALTY DRUGS			
		25%	SEE CVSHEALTH.COM
PREFERRED BRAND SPECIALTY		MAX \$350	COUNTY HAS A DISCOUNT PROGRAM
NON DESCRIPTION OF THE PERSON.		2504	655 61615 171 6014
NON-PREFERRED BRAND SPECIALITY	1	25%	SEE CVSHEALTH.COM
	<u> </u>	MAX \$350	COUNTY HAS A DISCOUNT PROGRAM