

# Medical

		Anthem Blue Cross Blue Shield Key Care \$1000
<b>Annual Deductible</b>		
Individual		\$1,000
Family		\$2,000
Coinsurance After Deductible		80% Anthem / 20% Employee
<b>Maximum Out-of-Pocket*</b>		
Individual		\$3,500
Family		\$7,000
<b>Physician Office Visit</b>		
Primary Care		80% Anthem / 20% Employee
Specialty Care		80% Anthem / 20% Employee
<b>Preventive Care</b>		
Adult Periodic Exams		No cost share
Well-Child Care		No cost share
<b>Diagnostic Services</b>		
X-ray and Lab Tests		80% Anthem / 20% Employee
Complex Radiology		80% Anthem / 20% Employee
Urgent Care Facility		80% Anthem / 20% Employee
Emergency Room Facility Charges*		80% Anthem / 20% Employee
Inpatient Facility Charges		80% Anthem / 20% Employee
Outpatient Facility and Surgical Charges		80% Anthem / 20% Employee
<b>Mental Health</b>		
Inpatient		80% Anthem / 20% Employee
Outpatient		80% Anthem / 20% Employee
<b>Substance Abuse</b>		
Inpatient		80% Anthem / 20% Employee
Outpatient		80% Anthem / 20% Employee
<b>Other Services</b>		
Chiropractic		80% Anthem / 20% Employee
<b>Out-of-Network Coverage</b>		
Deductible		\$1,500 Individual / \$3,000 Family
Coinsurance		60% Anthem / 40% Employee
Out of Pocket Maximum		\$5250 Individual / \$10,500 Family

# Prescription

WellDyne RX		
	Retail Pharmacy 30-Day Supply	Home Delivery 90-Day Supply
Generic Drugs	\$10	\$20
Preferred Brand-Name Drugs	\$25	\$50
Nonpreferred Brand-Name Drugs	Greater of \$40 or 20% coinsurance up to \$100 maximum per prescription	Greater of \$80 or 20% coinsurance up to \$200 maximum per prescription
<b>Maximum Out-of-Pocket</b>		
Individual	\$2,500	
Family	\$14,300	

A 90-day supply of Maintenance Medications ONLY can be filled at participating retail pharmacies for 2-times the applicable retail copay.