

My Benefits

Anthem Blue Cross, PPO Actives Plan	Home Delivery (90 days)	Retail (In-Network) 30 days
Generics	\$15.00	\$10.00
Preferred Brands	\$30.00	\$20.00
Non-Preferred Brands	\$50.00	\$35.00
Deductible (Individual/Family)	None	
Out of Pocket Max (Individual/Family)	\$5,350 / \$10,700	

Anthem Blue Cross, Supplement Plan	Home Delivery (90 days)	Retail (In-Network) 30 days
Generics	\$15.00	\$10.00
Preferred Brands	\$30.00	\$20.00
Non-Preferred Brands	\$50.00	\$35.00
Specialty	25% with \$150 Copay Max	
Deductible (Individual/Family)	None	
Out of Pocket Max (Individual/Family)	None	

Anthem Blue Cross, HMO Plan	Home Delivery (90 days)	Retail (In-Network) 30 days
Generics	\$20.00 Out of Network Not Covered	\$10.00 Out of Network 50% up to \$250
Preferred Brands	\$60.00 Out of Network Not Covered	\$30.00 Out of Network 50% up to \$250
Non-Preferred Brands	\$90.00 Out of Network Not Covered	\$45.00 Out of Network 50% up to \$250
Specialty	\$90.00 Out of Network Not Covered	\$45.00 Out of Network 50% up to \$250
Deductible (Individual/Family)	None	
Out of Pocket Max (Individual/Family)	\$1,500 / \$3,000	

Anthem Blue Cross, PPO High Plan	Home Delivery (90 days)	Retail (In-Network) 30 days
Generics	\$15.00 Out of Network Not Covered	\$10.00
Preferred Brands	\$30.00 Out of Network Not Covered	\$20.00
Non-Preferred Brands	\$50.00 Out of Network Not Covered	\$35.00
Specialty	Follows Tier Copays Out of Network Not Covered	
Deductible (Individual/Family)	\$500 / \$1,000	
Out of Pocket Max (Individual/Family)	\$2,000 / \$4,000	

If you are enrolled in the High-Deductible Health Plan (HDHP), this plan includes a combined Medical/Pharmacy deductible and out of pocket maximum. All plans are subject to IRS-mandated changes, including minimum deductible and out-of-pocket maximum requirements