

My Benefits

Anthem HMO Select Plan	Home Delivery (90 days)	Retail (In-Network) 30 days
Generics	50% up to \$20 Out of Network Not Covered	50% up to \$10 Out of Network 50% up to \$250
Preferred Brands	45% up to \$50 Out of Network Not Covered	45% up to \$25 Out of Network 50% up to \$250
Non-Preferred Brands	45% up to \$80 Out of Network Not Covered	45% up to \$40 Out of Network 50% up to \$250
Specialty	20% up to \$300 Out of Network Not Covered	20% up to \$150 Out of Network 50% up to \$250
Deductible (Individual/Family)	\$100 / \$300	
Out of Pocket Max (Individual/ Family)	\$1,500 / \$3,000	

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