CSURMA

My Benefits

Anthem PPO 90 Plan	Home Delivery (90 days)	Retail (In-Network) 30 days
Generics	$5	$5
Preferred Brands	$40	$20
Non-Preferred Brands	$120	$60
Specialty	20% up to $300	20% up to $150
Deductible (Individual/Family)	None	
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

Out of Pocket Max (Individual/ Family)	**$4,000 / $8,000** **Out of Network $8,000 / $16,000**

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**	

Anthem HMO Traditional Plan	**Home Delivery (90 days)**	**Retail (In-Network) 30 days**
Generics	**$5** **Out of Network Not Covered**	**$5** **Out of Network 50% up to $250**
Preferred Brands	**$40** **Out of Network Not Covered**	**$20** **Out of Network 50% up to $250**
Non-Preferred Brands	**$120** **Out of Network Not Covered**	**$60** **Out of Network 50% up to $250**
Specialty	**20% up to $300** **Out of Network Not Covered**	**20% coinsurance up to $150** **Out of Network 50% up to $250**
Deductible (Individual/Family)	**None**	
Out of Pocket Max (Individual/ Family)	**$1,500 / $3,000**	