

2023 Medical Benefit Overview

Anthem

CVS caremark

	Choice Plan (CDHP)		Standard Plan (PPO)	
ANNUAL DEDUCTIBLE	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$1,900	\$3,800	\$1,900	\$10,000
Family	\$3,800	\$7,600	\$3,800	\$30,000
OUT-OF-POCKET-MAXIMUM	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual	\$3,500	\$7,000	\$5,000	\$20,000
Family	\$7,000	\$14,000	\$10,000	\$60,000
COVERED SERVICES	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care	Covered at 100%	50% after deductible	Covered at 100%	45% after deductible
Office Visits	20% after deductible	50% after deductible	\$35 copay	45% after deductible
Specialist Office Visit	20% after deductible	50% after deductible	\$70 copay	45% after deductible
Urgent Care	20% after deductible	Covered as In-Network	\$100 copay	Covered as In-Network
Emergency Room	20% after deductible	Covered as In-Network	\$300 copay	Covered as In-Network
Inpatient Facility Services	20% after deductible	50% after deductible	\$300 copay, 30% after deductible	\$300 copay, 45% after deductible
Outpatient Charges	20% after deductible	50% after deductible	30% after deductible	45% after deductible
PHARMACY	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Prescriptions	100% (see approved list on benefits website)	50% after deductible	100% (see approved list on benefits website)	50%/\$30 minimum copay
Retail Tier 1 (generic)	20% after deductible	50% after deductible	\$10 copay	50%/\$30 minimum copay
Retail Tier 2 (brand; formulary)	20% after deductible	50% after deductible	\$50 copay	50%/\$30 minimum copay
Retail Tier 3 (brand; non-formulary)	20% after deductible	50% after deductible	\$100 copay	50%/\$30 minimum copay
Retail Tier 4 (specialty)	20% after deductible	50% after deductible	10% to \$200 copay	50%/\$30 minimum copay
Mail Order (90 day supply)	20% after deductible	50% after deductible	\$20/\$150/\$300/10% to \$400	50%/\$30 minimum copay