

# Medical – Anthem HDHP 3000 PPO

Below is an overview of the High Deductible Anthem Blue Cross 3000 PPO – Health Savings Account (HSA) Compatible plan.



## Anthem HDHP 3000 PPO

	In-Network	Out-Of-Network
<b>Annual Deductible</b>	\$3,000 per individual \$6,000 per family	\$5,000 per individual \$10,000 per family
<b>Annual Out-of-Pocket Max</b>	\$5,000 per individual \$10,000 per family	\$6,000 per individual \$12,000 per family
<b>Lifetime Max</b>	Unlimited	Unlimited
<b>Office Visit</b>		
Primary Provider	\$25 copay after deductible	Plan pays 50% after deductible
Specialist	\$25 copay after deductible	Plan pays 50% after deductible
<b>Preventive Services</b>	Plan pays 100% deductible waived	Plan pays 50% after deductible
<b>Chiropractic Care</b> (limited to 24 visits per calendar year)	\$35 copay after deductible	Plan pays 50% after deductible
<b>Acupuncture Care</b> (limited to 12 visits per calendar year)	\$35 copay after deductible	Plan pays 50% after deductible
<b>Lab and X-ray</b>	Plan pays 100% for most services, except in Hospitals, Plan pays 80% after deductible	Plan pays 50% after deductible (max \$800 per test)
<b>Inpatient Hospitalization</b>	\$150 per day + Plan pays 80% after deductible	Plan pays 50% after deductible (max \$600 per day)
<b>Outpatient Hospitalization</b>	\$200 copay + Plan pays 80% after deductible	Plan pays 50% after deductible (max \$350 per day)
<b>Urgent Care</b>	\$35 copay after deductible	Plan pays 50% after deductible
<b>Emergency Room</b>	\$200 copay + Plan pays 80% after deductible (copay waived if admitted)	\$200 copay + Plan pays 80% after deductible (copay waived if admitted)

Have questions? Please contact Anthem Member Services at (800) 967-3015 or visit [www.anthem.com/ca/eiahealth](http://www.anthem.com/ca/eiahealth).

# Prescription Drugs – Anthem HDHP 3000 PPO



## Anthem HDHP 3000 PPO

	In-Network	Out-Of-Network
<b>Prescription Drug Deductible</b>	Prescriptions subject to medical deductible	N/A
<b>Annual Out-of-Pocket Limit</b>	Prescriptions subject to medical out-of-pocket	Out of network claims do not apply to out of pocket limit
<b>Pharmacy</b>		
Generic	\$25 copay after deductible	Not covered
Preferred Brand	\$45 copay after deductible	Not covered
Non-preferred Brand	\$55 copay after deductible	Not covered
Supply Limit	31 days	31 days
<b>Mail Order</b>		
Generic	\$50 copay after deductible	N/A
Preferred Brand	\$80 copay after deductible	N/A
Non-preferred Brand	\$110 copay after deductible	N/A
Supply Limit	90 days	N/A

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