

Medical – Anthem HDHP 5000 PPO

New for 2020! Below is an overview of the High Deductible Anthem Blue Cross 5000 PPO – Health Savings Account (HSA) Compatible plan.



Anthem HDHP 5000 PPO

	In-Network	Out-Of-Network
Annual Deductible	\$5,000 per individual \$10,000 per family	
Annual Out-of-Pocket Max	\$6,750 per individual \$13,500 per family	
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	\$30 copay after deductible	Plan pays 50% after deductible
Specialist	\$30 copay after deductible	Plan pays 50% after deductible
Preventive Services	Plan pays 100% deductible waived	Plan pays 50% after deductible
Chiropractic Care (limited to 24 visits per calendar year)	\$30 copay after deductible	Plan pays 50% after deductible
Acupuncture Care (limited to 12 visits per calendar year)	\$30 copay after deductible	Plan pays 50% after deductible
Lab and X-ray	Plan pays 100% for most services, except in Hospitals, Plan pays 80% after deductible	Plan pays 50% after deductible (max \$800 per test)
Inpatient Hospitalization	\$150 per day + Plan pays 80% after deductible (max 3 days)	Plan pays 50% after deductible (max \$600 per day)
Outpatient Hospitalization	\$200 copay + Plan pays 80% after deductible	Plan pays 50% after deductible (max \$350 per day)
Urgent Care	\$40 copay after deductible	Plan pays 50% after deductible
Emergency Room	\$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.

Prescription Drugs – Anthem HDHP 5000 PPO



Anthem HDHP 5000 PPO

	In-Network	Out-Of-Network
Prescription Drug Deductible	Prescriptions subject to medical deductible	N/A
Annual Out-of-Pocket Limit	Prescriptions subject to medical out-of-pocket	Out of network claims do not apply to out of pocket limit
Pharmacy		
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
Mail Order		
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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