

	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	ANCHOR
2021-2022	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO
	100-D \$20	100-G \$20	90-G \$20	80-G \$20	80-J \$30	Minimum Value	Anchor Bronze
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$300/ \$600	\$500/ \$1,000	\$500/ \$1,000	\$500/ \$1,000	\$750/ \$1,500	\$5,000/ \$10,000*	\$5,000/ \$10,000*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/ \$3,000	\$1,000/ \$3,000	\$1,000/ \$3,000	\$2,000/ \$4,000	\$3,000/ \$6,000	\$6,350/ \$12,700*	\$6,350/ \$12,700*
						*Includes Rx	*Includes Rx
PROFESSIONAL SERVICES							
Office Visit (OV) co-pay	\$20	\$20	\$20	\$20	\$30	30%	30%
Urgent Care co-pay	\$20	\$20	\$20	\$20	\$30	30%	30%
Specialists/Consultants co-pay	\$20	\$20	\$20	\$20	\$30	30%	30%
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	\$20	\$30	30%	30%
Scans: CT, CAT, MRI, PET etc.	0%	0%	10%	20%	20%	30%	30%
Diagnostic X-ray & Laboratory Procedures	0%	0%	10%	20%	20%	30%	30%
Infertility (diagnosis/treatment of causes of infertility)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES							
Emergency Room visit (waived if admitted)	0% \$100 co-pay	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay	30% \$100 co-pay
Inpatient Hospital (preauthorization required)	0%	0%	10%	20%	20%	30%	30%
Outpatient Hospital	0%	0%	10%	20%	20%	30%	30%
Surgery, Outpatient (performed in Surgery Center)	0%	0%	10%	20%	20%	30%	30%
Surgery, Outpatient (performed in a Hospital)	0%	0%	10%	20%	20%	30%	30%



ECS Certificated Members
October 1, 2021 - September 30, 2022

	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F	ANCHOR
2021-2022	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO	Anthem PPO
	100-D \$20	100-G \$20	90-G \$20	80-G \$20	80-J \$30	Minimum Value	Anchor Bronze

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	20%	30%	30%
OUTPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	20%	30%	30%

OTHER SERVICES

Acupuncture - Limits apply	0%	0%	10%	20%	20%	30%	30%
Ambulance (Ground or Air)	0% \$100 co-pay	0% \$100 co-pay	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay	30% \$100 co-pay
Chiropractic - Limits apply	0%	0%	10%	20%	20%	30%	30%
Durable Medical Equipment (DME)	0%	0%	10%	20%	20%	30%	30%
Physical and Occupational Therapy - Limits apply	0%	0%	10%	20%	20%	30%	30%

PHARMACY BENEFITS

Plan	200/10-35	200/10-35	200/10-35	200/10-35	200/10-35	Minimum Value Rx	Anchor Bronze Rx
Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	Included w/ Medical ded	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$2,500/ \$3,500	\$2,500/ \$3,500	\$2,500/ \$3,500	\$2,500/ \$3,500	\$2,500/ \$3,500	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network	\$9	\$9
Brand co-pay/30 days supply	\$35	\$35	\$35	\$35	\$35	\$35	\$35
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	Mail \$35	Mail \$35
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90