

Medical

Anthem Medical (L03977)

Full Network HMO– Medical Member Services – (833) 913-2236

High Deductible PPO – Medical Member Services – (800) 888-8288

Anthem RX Member Services – (833) 261-2460

HMO	In –Network Only
Network	California Care HMO
Deductible	None
Out of Pocket Maximum (OOP Max)	\$2,000 Individual / \$4,000 Family
Coinsurance	10%, 20% or 30% (depending on service)
Office Visit (PCP / Specialist)	\$35 copay / \$40 copay
Annual Preventive Care	No charge
Hospital Inpatient	20%
Outpatient Surgery (Hospital Setting)	20%
Outpatient Surgery (Ambulatory Surgery Center)	20%
Prescription Drugs (retail / mail order)	\$15/ \$30/ \$50 / \$30/\$60/\$100

High Deductible PPO	In-Network	Non-Network
Network	Prudent Buyer PPO Network	Any Provider
Deductible	\$1,500 Individual / \$3,000 Family	\$2,800 Individual / \$5,600 Family
Out of Pocket Maximum (OOP Max)	\$3,000 Individual / \$6,000 Family	\$8,000 Individual / \$16,000 Family
Coinsurance	10%	30%
Office Visit	10%; after deductible	30%; after deductible
Annual Preventive Care	100%; deductible waived	30%; after deductible
Hospital Inpatient	10%; after deductible	30%; after deductible
Outpatient Surgery (Hospital Setting)	10%; after deductible	30%; after deductible
Outpatient Surgery (Ambulatory Surgery Center)	10%; after deductible	30%; after deductible
Prescription Drugs after Deductible (retail / mail order)	\$10/\$30/\$50 / \$20/\$60/!00	

www.anthem.com