

	Anthem BCBS GHSA186(HSA)		Anthem BCBS POE Basic 5000/30/45(HMO)	Anthem BCBS CprefPPO 30-45/500/NG(PPO)		
	In-Network	Out-Network	In-Network	In-Network	Out-Network	
Drug Card						
Prescription Card	10/25/40 Intgrd Ded GenPrem		10/25/40/UL GenPrem	10/25/40/UL GenPrem		
Major Medical						
Deductible Ind/Fam	\$3,000/\$6,000 Combined	\$3,000/\$6,000 Combined	N/A	N/A	\$2,000/\$6,000	
Co-Insurance	80%	60%	N/A	N/A	70%	
Out-of-Pocket	\$5,000/\$10,000	\$10,000/\$20,000	N/A	N/A	\$8,000/\$24,000 (incl ded)	
Office Co-pay	Ded & Colns	Ded & Colns	\$30	\$30	Ded & Colns	
DXL/Lab Fees	Ded & Colns	Ded & Colns	No charge	No charge	Ded & Colns	
Specialist Co-pay	Ded & Colns	Ded & Colns	\$45	\$45	Ded & Colns	
Lifetime Maximum	Unlimited	\$1,000,000	Unlimited	Unlimited	\$1,000,000	
Hospital Benefits						
Hospital In-Patient	Ded & Colns Pre-approval required	Ded & Colns Pre-approval required	Hospital ded: \$5,000 ind/ \$15,000 fam Pre-approval required	\$500/day; \$2,000/yr Pre-authorization req	Ded & Colns Pre-authorization req	
Hospital Out-Patient	Ded & Colns Pre-approval required	Ded & Colns Pre-approval required	Hospital ded: \$5,000 ind/ \$15,000 fam Pre-approval required	\$500 copay Pre-authorization req	Ded/Colns Pre-authorization req	
Emergency Room	Ded & Colns	Ded & 80% Colns	\$100 (waived if admitted)	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)	
Private Nursing	Refer to carrier	Refer to carrier	Refer to carrier	Not covered	Not covered	
Surgical Benefits						
Surgical In-Patient	Ded & Colns	Ded & Colns	Included in Hospital In-Patient	\$500/day; \$2,000/yr	Ded & Colns	
Surgical Out-Patient	Ded & Colns	Ded & Colns	Included in Hospital Out-Patient	\$500	Ded & Colns	
Mental Health						
Mental Nervous In-Patient	Ded & Colns Pre-approval required	Ded & Colns Pre-approval required	Hospital ded: \$5,000 ind/ \$15,000 fam Pre-approval required	\$500/day; \$2,000/yr Pre-authorization req	Ded & Colns Pre-authorization req	
Substance Abuse In-Patient	Ded & Colns Pre-approval required	Ded & Colns Pre-approval required	Hospital ded: \$5,000 ind/ \$15,000 fam Pre-approval required	\$500/day; \$2,000/yr Pre-authorization req	Ded & Colns Pre-authorization req	
Mental Nervous Out-Patient	Ded & Colns	Ded & Colns	\$45 Pre-approval required	\$45 Pre-authorization req	Ded & Colns Pre-authorization req	
Substance Abuse Out-Patient	Ded & Colns	Ded & Colns	\$45 Pre-approval required	\$45 Pre-authorization req	Ded & Colns Pre-authorization req	
Other						
Preventive	No charge	Ded & Colns	\$0 age 0 to 12 years; \$30 12+ (schedule)	\$30 (schedule)	Ded & Colns (schedule)	
Chiropractic Care	Ded & Colns; 12 visits/cal yr	Ded & Colns; 12 visits/cal yr	\$45; 20 visits/cal yr	\$45; 20 visits/cal yr	Ded & Colns; 20 visits/cal yr	
Home Health Care	Ded & Colns; 100 visits/cal yr	Ded & Colns; 100 visits/cal yr	No charge; 200 visits/cal yr	No charge; 200 visits/cal yr	80% after \$50 ded; 200 visits/cal yr	
Non-Authorization	Refer to carrier	Refer to carrier	Refer to carrier	Refer to carrier	Refer to carrier	
Single EE with Spouse EE with Child(ren) Family Medicare	Please refer to Employee Rate Breakdown Report for rate information		Please refer to Employee Rate Breakdown Report for rate information		Please refer to Employee Rate Breakdown Report for rate information	
Monthly Cost	4	\$3,723.84	4	\$4,012.18	4	\$5,495.56
Annual Cost		\$44,686.08		\$48,146.16		\$65,946.72