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
Annual Deductible	$3,000 per individual $6,000 per family	$5,000 per individual $10,000 per family
Annual Out-of-Pocket Max	$5,000 per individual $10,000 per family	$6,000 per individual $12,000 per family
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	$25 copay after deductible	Plan pays 50% after deductible
Specialist	$25 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)	$35 copay after deductible	Plan pays 50% after deductible
Acupuncture Care (limited to 12 visits per calendar year)	$35 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	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	$35 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 https://www.anthem.com/ca/ms/prism/home.html

Prescription Drugs – Anthem HDHP 3000 PPO

	Anthem HDHP 3000 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

Have questions? Please contact Anthem Member Services at (800) 967-3015 or visit https://www.anthem.com/ca/ms/prism/home.html