

Medical Insurance

Anthem



Below is a summary of the 3 plans available to you for the upcoming plan year.

	KeyCare 25 PPO	HealthKeepers POS 20/20/500	HealthKeepers Lumenos HSA 1658 2800/80
In Network Benefits	In Network	In Network	In Network
Accumulators (Calendar Year or Plan Year)	Plan Year	Plan Year	Plan Year
Network	PPO	POS	POS
Deductible (Ind/Fam)	\$500/\$1,000	\$500/\$1,000	\$2,800/\$5,600
Out of Pocket Max (Ind/Fam)	\$4,000/\$8,000	\$4,500/\$9,000	\$5,000/\$10,000
Embedded or Non Embedded	Embedded	Embedded	Embedded
Preventive Care	No Charge	No Charge	No Charge
Office Visit - (PCP/Specialist)	\$25/\$50	\$20/\$40	20% after ded
Telemedicine (LiveHealth)	\$15	\$10	20% after ded
Urgent Care	\$50	\$40	20% after ded
Emergency Room (waived if admitted)	20% after ded	20% after ded	20% after ded
Inpatient Hospital	20% after ded	20% after ded	20% after ded
Outpatient Surgery	20% after ded	20% after ded	20% after ded
Labs/Xrays	20% after ded	Office: \$20/\$40 Facility: 20% after ded	20% after ded
Advanced Diagnostic Imaging	20% after ded	20% after ded	20% after ded
Routine Eye Exam	\$15	\$15	\$15
Prescription Drug Benefits			
Deductible Tier 1/2/3/4 (Ind/Fam)	N/A	N/A	After medical ded
Retail (Tier 1/2/3/4)	\$10/\$40/\$60/20% to \$250	\$10/\$40/\$60/20% to \$250	20% after ded
90 Day Retail (Tier 1/2/3)	\$30/\$120/\$180	\$30/\$120/\$180	20% after ded
Mail Order (Tier 1/2/3)	\$25/\$100/\$150	\$25/\$100/\$150	20% after ded
Out of Network Benefits	Out of Network	Out of Network	Out of Network
Deductible (Ind/Fam)	\$750/\$1,500	\$1,000/\$2,000	\$5,600/\$11,200
Out of Pocket Max (Ind/Fam)	\$5,500/\$11,000	\$5,500/\$11,000	\$10,000/\$20,000
Coinsurance	40%	30%	30%

This is a summary of benefits only. Actual benefits are governed by the plan document. If discrepancies exist, the plan document will prevail.

Your Costs for the Anthem Health Medical Plan*

Per Pay Period	KeyCare 25 PPO	HealthKeepers POS 20/20/500	HealthKeepers Lumenos HSA 1658 2800/80
Employee Only	\$131.53	\$17.78	\$0.00*
Employee + Child	\$301.67	\$146.28	\$26.18
Employee + Children	\$611.73	\$380.47	\$201.73
Employee + Spouse	\$707.96	\$453.14	\$256.21
Employee + Family	\$1,100.76	\$749.83	\$478.60

*Charles City contributes \$666.66 per month to the cost of the medical premium. **\$140.29 will be deposited into the Health Savings Account per month when the employee elects the employee only option on the HealthKeepers Lumenos HSA 1658 2800/80 plan. This represents the difference in the defined contribution that all employees receive and the premium.