

SJVIA Benefit Plan Matrix - HMO
Anthem Blue Cross Plan Designs



	HMO - Current	HMO - \$25 OV	HMO - \$35 OV	Classic HMO 20/40	Value HMO 30/40
Benefits:	In-Network	In-Network	In-Network	In-Network	In-Network
DEDUCTIBLE					
Per Individual	\$0	\$0	\$0	\$0	\$0
Per Family	\$0	\$0	\$0	\$0	\$0
OUT OF POCKET MAX					
Per Individual	\$1,000	\$1,000	\$1,000	\$2,000	\$3,000
Per Family	\$2,000	\$2,000	\$2,000	\$4,000	\$6,000
PREVENTATIVE SERVICES					
Adult Preventive Visits	No Charge	No Charge	No Charge	No Charge	No Charge
Routine Physical Exams (age 7 & older)	No Charge	No Charge	No Charge	No Charge	No Charge
Well Baby Routine Physical Exams (birth to age 6)	No Charge	No Charge	No Charge	No Charge	No Charge
PHYSICIAN SERVICES					
Office Visits Primary/Specialist	\$15	\$25	\$35	\$20/\$40	\$30/\$40
Lab and X-Rays	No charge	No charge	No charge	No charge	No charge
OUTPATIENT SERVICES					
Surgery	No charge	No Charge	No Charge	\$125	\$250
HOSPITALIZATION SERVICES					
Inpatient Services	No Charge	\$250/Admit	\$500/Admit	\$250/Admit	\$500/day up to 3 days
EMERGENCY SERVICES	\$100	\$100	\$100	\$100	\$100
CHIROPRACTIC SERVICES	\$15 (60 days)	\$15 (60 days)	\$15 (60 days)	\$15 (60 days)	\$15 (60 days)
PRESCRIPTON DRUG					
Generic	\$10	\$10	\$10	\$10	\$10
Brand	\$20	\$20	\$20	\$20	\$20
Non-Formulary	\$35	\$35	\$35	\$35	\$35
Monthly Rates					
Savings	N/A	-0.55%	-1.64%	-1.97%	-5.18%