

Medical

| | Anthem Blue Cross Blue Shield Key Care \$1000 |
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| Annual Deductible | |
| Individual | \$1,000 |
| Family | \$2,000 |
| Coinsurance After Deductible | 80% Anthem / 20% Employee |
| Maximum Out-of-Pocket* | |
| Individual | \$3,500 |
| Family | \$7,000 |
| Physician Office Visit | |
| Primary Care | 80% Anthem / 20% Employee |
| Specialty Care | 80% Anthem / 20% Employee |
| Preventive Care | |
| Adult Periodic Exams | No cost share |
| Well-Child Care | No cost share |
| Diagnostic Services | |
| X-ray and Lab Tests | 80% Anthem / 20% Employee |
| Complex Radiology | 80% Anthem / 20% Employee |
| Urgent Care Facility | 80% Anthem / 20% Employee |
| Emergency Room Facility Charges* | 80% Anthem / 20% Employee |
| Inpatient Facility Charges | 80% Anthem / 20% Employee |
| Outpatient Facility and Surgical Charges | 80% Anthem / 20% Employee |
| Mental Health | |
| Inpatient | 80% Anthem / 20% Employee |
| Outpatient | 80% Anthem / 20% Employee |
| Substance Abuse | |
| Inpatient | 80% Anthem / 20% Employee |
| Outpatient | 80% Anthem / 20% Employee |
| Other Services | |
| Chiropractic | 80% Anthem / 20% Employee |
| Out-of-Network Coverage | |
| Deductible | \$1,500 Individual / \$3,000 Family |
| Coinsurance | 60% Anthem / 40% Employee |
| Out of Pocket Maximum | \$5250 Individual / \$10,500 Family |

Prescription

| | WellDyne RX | |
|-------------------------------|---|---|
| | Retail Pharmacy 30-Day Supply | Home Delivery 90-Day Supply |
| Generic Drugs | \$10 | \$20 |
| Preferred Brand-Name Drugs | \$25 | \$50 |
| Nonpreferred Brand-Name Drugs | Greater of \$40 or 20% coinsurance up to \$100 maximum per prescription | Greater of \$80 or 20% coinsurance up to \$200 maximum per prescription |
| Maximum Out-of-Pocket | | |
| Individual | \$2,500 | |
| Family | \$14,300 | |

A 90-day supply of Maintenance Medications ONLY can be filled at participating retail pharmacies for 2-times the applicable retail copay.