Anthem POS Plan

The POS plan covers both in-network and out-of-network services

Office Visits	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	Tier 3: (Out-of-Network)[2]
Office Visits[1] *primary care/specialist*	$0 Primary/ $0 Specialist Copay	$45 Primary/ $70 Specialist Copay	Deductible and 45% Coinsurance
Preventive Care	$0 Copay	$0 Copay	Deductible and 45% Coinsurance
Maternity Care[1]	$0 Copay	$45 Copay for initial visit, then covered 100%	Deductible and 45% Coinsurance
Allergy Testing and Treatment[1]	$0 Copay	$70 Specialist Copay (Copay waived for treatment)	Deductible and 45% Coinsurance
Chiropractic Care[1]	N/A	$70 Specialist Copay	Deductible and 45% Coinsurance

Inpatient/Outpatient	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	Tier 3: (Out-of-Network)[2]
Deductible	$0	$1,150 Individual/$2,300 Family	$3,000 Individual/$6,000 Family
Inpatient	$0 Copay	Deductible and 30% Coinsurance	Deductible and 45% Coinsurance
Cardio and Ortho Services	$0 Copay	50% Coinsurance (deductible does not apply)	50% Coinsurance (deductible does not apply)
Outpatient	$0 Copay	Deductible and 30% Coinsurance	Deductible and 45% Coinsurance
Cardio and Ortho Services	$0 Copay	50% Coinsurance (deductible does not apply)	50% Coinsurance (deductible does not apply)
Emergency Department (Waived if admitted)	$50 Copay	$200 Copay	$200 Copay
Urgent Care Center	$25 at CH and Excel Urgent Care; $40 Copay at CityMD	$75 Copay	Deductible and 45% Coinsurance
Out-of-Pocket Maximum	$6,100 Individual/$12,200 Family		$11,000 Individual/$27,500 Family (Deductible and 45% Coinsurance)
Rx Out-of-Pocket Maximum	$3,000 Individual/$6,000 Family		N/A

Home/Office/ Outpatient care	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	Tier 3: (Out-of-Network)[2]
Home Health Care (up to 200 visits PCY)	Covered 100%	$70 Copay	45% Coinsurance (no deductible)
Home Infusion Therapy	Covered 100%	Covered 100%	Deductible and 45% Coinsurance
Hospice Care (up to 210 days per life time)	Covered 100%	Covered 100%	Deductible and 45% Coinsurance
Ambulatory Out-Patient Surgery	Covered 100%	Deductible and 30% Coinsurance	Deductible and 45% Coinsurance
Anesthesia	Covered 100%	Covered 100%	Deductible and 45% Coinsurance
Chemotherapy, Radiation Therapy	Covered 100%	$45 Copay	Deductible and 45% Coinsurance
Kidney Dialysis	Covered 100%	Covered 100%	Deductible and 45% Coinsurance

Inpatient Care	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	Tier 3: (Out-of-Network)[2]
Physical Therapy	Covered 100%	Deductible and 30% Coinsurance	Deductible and 45% Coinsurance
Skilled Nursing Facility	Covered 100%	Deductible and 30% Coinsurance	Deductible and 45% Coinsurance
Surgery, Surgical Asst, Anesthesia	Covered 100%	Deductible and 30% Coinsurance	Deductible and 45% Coinsurance

Member cost share (deductible, coinsurance and/or copay as applicable depending on the plan) will apply to all non-Tier 1 (non-Catholic Health) facility services, including admissions through the emergency room.

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Mental Health	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	Tier 3: (Out-of-Network)[2]
Inpatient Care (as many days as medically necessary)	Covered 100%	Covered 100%	Deductible and 45% Coinsurance
Outpatient visits to an Office or Facility (as many days as medically necessary)	Covered 100%	$35 Copay	Deductible and 45% Coinsurance
Substance Abuse	**Tier 1: Catholic Health Facilities and Providers (In-Network)**	**Tier 2: Anthem Network (In-Network)**	**Tier 3: (Out-of-Network)[2]**
Outpatient rehab visits to an Office or Facility	Covered 100%	$35 Copay	Deductible and 45% Coinsurance
Inpatient Detox (as many days as medically necessary)	Covered 100%	Covered 100%	Deductible and 45% Coinsurance
Inpatient Rehab	Covered 100%	Covered 100%	Deductible and 45% Coinsurance
Office/Outpatient care	**Tier 1: Catholic Health Facilities and Providers (In-Network)**	**Tier 2: Anthem Network (In-Network)**	**Tier 3: (Out-of-Network)[2]**
Presurgical Testing	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: Covered 100%	Deductible and 45% Coinsurance
Laboratory Tests	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: Covered 100%	Deductible and 45% Coinsurance
X-Rays	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: $45 Copay	Deductible and 45% Coinsurance
Radiology (MRI, MRA, CAT Scan, PET and Nuclear Cardiology)	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: $70 Copay	Deductible and 45% Coinsurance
Physical Therapy (20 visits PCY Combined Institutional/ Professional)	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: $45 Copay	Deductible and 45% Coinsurance
Other Short-Term Therapies - Speech/ Language, Occupational, Vision (20 visits PCY Combined Institutional/ Professional)	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: $45 Copay	Deductible and 45% Coinsurance

Other	In-Network	Out-of-Network
Medical Supplies	Covered 100%	Deductible and 45% Coinsurance
Durable Medical Equipment	Covered 100%	Deductible and 45% Coinsurance
Prosthetics and Orthotics	Covered 100%	Deductible and 45% Coinsurance
Ambulance (Air Ambulance)	Covered 100%	Deductible and 45% Coinsurance
Routine Vision Care	$5 copay for 1 exam every 24 months plus discounts on frames and lenses	Covered In-Network Only

Member cost share (deductible, coinsurance and/or copay as applicable depending on the plan) will apply to all non-Tier 1 (non-Catholic Health) facility services, including admissions through the emergency room.

[1] Tier 1 physician copays apply to physicians in the Catholic Health Providers directory. Coverage for other providers depends on whether or not they are in the Anthem network: consult Tier 2 to find out what your coverage is for the providers you choose.

[2] Reimbursement for out-of network care (POS only) is based on 175% of the National Medicare fee schedule. (Emergency room visits may be reimbursed differently.) You are responsible for 45% of this amount after deductible, which may be different from what a provider charges. Members who use out-of-network providers and facilities may also be subject to "balance billing" by the provider or facility, which occurs when a provider requires the member to pay the difference between what the provider bills and what the plan reimburses. You can contact Anthem to learn the reimbursement schedule for a particular service.