

**Pulaski County Schools
Anthem Medical Options
Effective July 1, 2011**

Current Plans	KeyCare 200	HSA2
	Employee Pays	Employee Pays
In-Network		
CY Deductible	\$200/\$400	\$1,250/\$2,500**
Out-of-Pocket Maximum	\$2,500/\$5,000	\$5,000/\$10,000
Hospital Benefits		
Inpatient	\$300 copay plus 20%; no calendar year deductible	20%
Outpatient Surgery	\$100 copay plus 20%; no calendar year deductible	20%
Emergency Room	\$100 copay plus 20%; no calendar year deductible	20%
Physician		
Referral Required	No	No
PCP/Specialist Office Visit	\$20/\$40	20%
Chiropractic Care	20% (30 visits per member per year)	20% (30 visits per member per year)
Physical, Occupational, and Speech Therapy	20% (30 visits per member per year combined PT and OT) 20%(30 visits per member per year ST)	20% (30 visits per member per year combined PT and OT) 20%(30 visits per member per year ST)
Diagnostic X-ray, Lab, and Therapeutic Services	20%; no deductible	20%
Preventive Care		
Well Baby/Child Care (thru age 17)	\$0 - no deductible	\$0 - no deductible
Well Adult Care	\$0 - no deductible	\$0 - no deductible
Mental Health/ Substance Abuse		
Inpatient	20% coinsurance; no calendar year deductible	Same as medical
Outpatient	20% coinsurance; no calendar year deductible	Same as medical
Other		
Dependent Age	Age 26, end of the month	Age 26, end of the month
Vision Exam	\$15 annual exam	\$15 annual exam
Home Health Care	20%; 90 visits per calendar year	20% (90 visit limit)
Durable Medical Equipment	20% unlimited	20% unlimited
Hospice	20%	20%
Skilled Nursing Facility	\$300 copay plus 20%; no calendar year deductible (100 day limit)	20% (100 day limit)
Ambulance	20% (\$3,000 limit)	20% (\$3,000 limit)
Prescription Drugs		
Mandatory Generic	Yes	Yes
Calendar Year Dedcutible	None	None
Generic/Preferred/Non Preferred	\$10/\$30/\$50	20%
Mail Order copays (90 day supply)	\$10/\$60/\$150	20%
Out-of-Network		
CY Deductible	\$300/\$600	\$1,250/\$2,500 (combined with in network)
Out-Of -Pocket Max	\$3,750/\$7,500	\$10,000/\$20,000 separate from in network)
Coinsurance	30%	40%

Please refer to Anthem's Evidence of Coverage (EOC) for more extensive benefit information. If a discrepancy arises please use the Anthem EOC information.