



	<u>Medical Benefits</u>	
	In Network	Out-of-Network
Deductible	\$750 per Person	\$1,500 per Person
	\$1,500 per Family	\$3,000 per Family
Out of Pocket Max	\$2,500 per Person	\$5,000 per Person
	\$5,000 per Family	\$10,000 per Family
Plan Maximum	\$2,000,000	
Pre-certification	No Pre-certification penalty when using In Network Providers.	
	Member must Pre-Certify all services from Non-Network Providers.	
	<u>Co-payments</u>	
Primary Care Office Visit Co-payment	\$30 co-pay - All inclusive	Member pays 50%
Specialist Visits	\$30 co-pay	Member pays 50%
Physician Home Visits	\$30 co-pay	Member pays 50%
Urgent Care Facilities	\$50	Member pays 50%
Hospital Emergency Room	\$100	Member pays 50%
Inpatient Hospital	Member pays 20% after deductible	Member pays 50% after deductible
Outpatient Surgery	Member pays 20% after deductible	Member pays 50% after deductible
Family Planning	No Coverage	No Coverage

Medically Necessary Ambulance Transport	Covered in Full - No deductible, No co-insurance	
Allergy Injection Serum	\$30 office visit co-pay	Member pays 50%
Diabetic Supplies	Member pays 20%	Member pays 50%
**Actual policy provisions prevail over any and all summary plan descriptions.		

Important Notice

- **REPORT ALL STATUS CHANGES
TO
THE HOWARD COUNTY PERSONEL OFFICE
WITH IN 30 DAYS OF EVENT:
MARRIAGE, DIVORCE, BIRTH, DEATH, ETC.**

For network provider contact:

(1-800) 280-7293

or

www.anthem.com