



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

<b>Medically Necessary Ambulance Transport</b>	Covered in Full - No deductible, No co-insurance	
<b>Allergy Injection Serum</b>	\$30 office visit co-pay	Member pays 50%
<b>Diabetic Supplies</b>	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](http://www.anthem.com)