YOUR 2024 MEDICAL PLAN SUMMARY

ANTHEM'S SYDNEY MOBILE APP

KAISER PERMANENTE MOBILE APP

				AVAILABLE IN CALIFORNIA ONLY	
	ANTHEM BASIC PPO	ANTHEM PREMIUM PPO	ANTHEM CDHP WITH HSA	KAISER CDHP WITH HSA	KAISER HMO
	In-Network	In-Network	In-Network	In-Network	In-Network
Annual Deductible (Individual/Family)	$3,700 / $7,400	$800 / $1,600	$1,600 / $3,200	$1,600 / $3,200	$750 / $1,500
Out-of-Pocket Maximum (Individual/Family)	$5,800 / $11,600	$3,500 / $7,000	$5,000 / $10,000	$3,200 / $6,400	$3,000 / $6,000
Company HSA Contribution (Individual/Family)	NA	NA	$500 / $1,000	$500 / $1,000	NA
Preventive Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Primary Care Physician	$40 copay	$25 copay	15% after deductible	10% after deductible	$25 copay
Specialist	40% after deductible	$40 copay	15% after deductible	10% after deductible	$25 copay
Hospital Inpatient	40% after deductible	$250 then 20% after deductible	15% after deductible	10% after deductible	20% after deductible
Outpatient Surgery	40% after deductible	20% after deductible	15% after deductible	10% after deductible	20% after deductible
Outpatient Mental Health / Substance Abuse	$40 copay	$25 copay	15% after deductible	10% after deductible	$25 copay
Retail Clinic	$40 copay	$25 copay	15% after deductible	NA	NA
Urgent Care	40% after deductible	$40 copay	15% after deductible	10% after deductible	$25 copay
Emergency Room	40% after deductible	$250 copay	15% after deductible	10% after deductible	20% after deductible
Telemedicine	LiveHealth Online covered at 100%	LiveHealth Online covered at 100%	LiveHealth Online subject to deductible	Subject to deductible	Covered at 100%
Eye Exam	40% after deductible	$40 copay	15% after deductible	10% coinsurance	Covered at 100%

2024 RATES

				AVAILABLE IN CALIFORNIA ONLY	
BI-WEEKLY RATES* *(Rates include coverage for pharmacy benefits.)*	ANTHEM BASIC PPO	ANTHEM PREMIUM PPO	ANTHEM CDHP WITH HSA	KAISER CDHP WITH HSA	KAISER HMO
Employee Only	$18.45	$59.42	$38.75	$31.62	$56.15
Employee + Spouse / Domestic Partner**	$54.63	$168.99	$116.29	$93.68	$156.69
Employee + Child(ren)	$45.31	$132.31	$99.56	$80.93	$123.83
Family	$78.76	$247.64	$182.76	$148.24	$231.24

** Rates are effective the first paycheck in 2024.*

*** Please refer to the eligibility section on Domestic Partner coverage.*

Out-of-network benefit information is located on the Benefits Portal under each SBC plan option.