



Gallipolis City Schools 2021 Plan Comparison

Plan Info	GOLD PPO 1000	SILVER PPO 3000	BRONZE HSA 3000
DEDUCTIBLE	ANTHEM	ANTHEM	ANTHEM
Individual / Family- Network	\$1,000 / \$2,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Individual / Family Non-Network	\$2,000 / \$4,000	\$5,000 / \$10,000	\$6,000 / \$12,000
COINSURANCE	ANTHEM	ANTHEM	ANTHEM
Network	20%	20%	20%
Non-Network	40%	50%	40%
OUT OF POCKET LIMITS	ANTHEM	ANTHEM	ANTHEM
Individual / Family Network	\$4,000 / \$8,000	\$5,000 / \$10,000	\$4,000 / \$8,000
Individual / Family Non-Network	\$4,500 / \$9,000	\$10,000 / \$20,000	\$8,000 / \$16,000
CO-PAYMENTS & SERVICES	ANTHEM	ANTHEM	ANTHEM
Primary Office Visit	\$30	\$30	Deductible – 20%
Specialist Visit	\$30	\$30	Deductible – 20%
Virtual Visit	\$10	\$10	\$49
Diagnostic Lab/X-Rays	No Charge- Office Deductible-20%- Outpatient	No Charge- Office Deductible-20%- Outpatient	Deductible-20%
Advanced Diagnostics (MRAs, MRIs, PETS, C-Scans, Imaging)	Deductible - 20%	Deductible - 20%	Deductible - 20%
Hospital (Inpatient/Outpat Serv)	Deductible - 20%	Deductible - 20%	Deductible - 20%
Rehabilitation Services (Physical/Speech/Occup Therapy)	\$30 Office Deductible-20%- Outpatient	\$30 Office Deductible-20%- Outpatient	Deductible – 20%
Urgent Care	\$30	\$30	Deductible – 20%
Emergency Room	\$300 Co-Pay Waived if Admitted	\$250 – 20% Co-Pay Waived if Admitted	Deductible – 20%
Preventive Care	No Cost Share	No Cost Share	No Cost Share
PRESCRIPTION DRUGS	ANTHEM (IngenioRx)	ANTHEM (IngenioRx)	ANTHEM (IngenioRx)
Tier 1- Usually Generic	\$10	\$30	\$10 AFTER DED
Tier 2- Usually Brand Formulary	\$30	\$50	\$30 AFTER DED
Tier 3- Usually Brand Non-Formulary	\$50	\$70	\$70 AFTER DED
Tier 4- Usually Specialty	\$50	\$70	\$70 AFTER DED
Mail Orders (Co-Pays Above)	2x Copay- 90 Day Supply	2.5x Copay- 90 Day Supply	2x Copay- 90 Day Supply

Disclaimer: This is not a contract of insurance. Please refer to your certificate of coverage for a full description of benefits