

2024 NATIONAL EPO PLANS

National EPO Plan Summaries for plans administered by Anthem

Anthem Network: BlueHPN



	ANTHEM HPN \$400 EPO IN-NETWORK ONLY	ANTHEM HPN \$900 EPO IN-NETWORK ONLY	ANTHEM HPN \$1,850 EPO WITH HSA * IN-NETWORK ONLY	ANTHEM HPN \$3,200 EPO WITH HSA IN-NETWORK ONLY
Deductible (Single/Family)	\$400/\$800	\$900/\$1,800	\$1,850/\$3,700	\$3,200/\$6,400
Out-of-Pocket Max (Single/Family)	\$2,200/\$4,400	\$3,000/\$6,000	\$3,500/\$6,500	\$5,500/\$11,000
Coinsurance	80%	80%	80%	70%
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
PCP Office Visit	You pay \$20	You pay \$40	Plan pays 80% after deductible	Plan pays 70% after deductible
Specialist Office Visit	You pay \$40	You pay \$80	Plan pays 80% after deductible	Plan pays 70% after deductible
MDLive Telehealth Consultation	You pay \$10	You pay \$10	You pay \$40, or \$10 after you have met your deductible	You pay \$40, or \$10 after you have met your deductible
Prenatal Office Visits	You pay \$40 first visit, then covered in full	You pay \$80 first visit, then covered in full	Plan pays 80% after deductible	Plan pays 70% after deductible
Urgent Care Visit	You pay \$50	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible

**True Family Deductible: Under the \$1,850 Deductible Plan, the plan begins to pay benefits for any person covered under a family plan only after the entire family deductible has been met.*

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Lab/Radiology Annual Preventive	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Lab/Radiology Other	Plan pays 100% in doctor's office, copay applies	Plan pays 100% in doctor's office, copay applies; 80% after deductible outside doctor's office (including maternity)	Plan pays 80% after deductible (including maternity)	Plan pays 70% after deductible (including maternity)
Emergency Room	You pay \$150 copay and deductible, then Plan pays 100% Non-emergency care is not covered	Plan pays 80% after deductible Non-emergency care is not covered	Plan pays 80% after deductible Non-emergency care is not covered	Plan pays 70% after deductible Non-emergency care is not covered
Ambulance (Emergency only)	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Hospitalization (Including maternity)	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Surgery (Inpatient & Outpatient)	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Mental Health/ Substance Abuse Inpatient	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
Mental Health/ Substance Abuse Outpatient	You pay \$20	You pay \$40	Plan pays 80% after deductible	Plan pays 70% after deductible
Chiropractic Services	You pay \$40 30 visits/year max	You pay \$80 30 visits/year max	Plan pays 80% after deductible 30 visits/year max	Plan pays 70% after deductible 30 visits/year max

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Physical, Speech, Occupational, Pulmonary, Cognitive Therapies (Unlimited)	You pay \$40	You pay \$80	Plan pays 80% after deductible	Plan pays 70% after deductible
Acupuncture	You pay \$40	You pay \$80	Plan pays 80% after deductible	Plan pays 70% after deductible
Allergy Care/Injections	Plan pays 100% in doctor's office, copay may apply 80% after deductible outside doctor's office	Plan pays 100% in doctor's office copay may apply 80% after deductible outside doctor's office	Plan pays 80% after deductible	Plan pays 70% after deductible
Assisted Reproductive Techniques (Includes artificial insemination, GIFT, ZIFT and in-vitro)	Plan pays 80% after deductible \$15,000 lifetime maximum	Plan pays 80% after deductible \$15,000 lifetime maximum	Plan pays 80% after deductible \$15,000 lifetime maximum	Plan pays 70% after deductible \$15,000 lifetime maximum
Home Health Care	Plan pays 80% after deductible 120-day max per year	Plan pays 80% after deductible 120-day max per year	Plan pays 80% after deductible 120-day max per year	Plan pays 70% after deductible 120-day max per year
Skilled Nursing Facility, Rehab Hospital, Sub-Acute Facility	Plan pays 80% after deductible 120-day max per year	Plan pays 80% after deductible 120-day max per year	Plan pays 80% after deductible 120-day max per year	Plan pays 70% after deductible 120-day max per year
Durable Medical Equipment	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible

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Breastfeeding Equipment and Supplies (Limited to one rental or purchase of one breast pump per birth)	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Hearing Aids (Adults and children, one per ear every three years)	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
PCP Referral Required?	No	No	No	No

Prescription Drugs Administered by CVS Caremark⁽¹⁾

Retail (you pay)	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%
Generic	\$10	\$10	20% after deductible	30% after deductible
Preferred Brand	\$30	30% (min \$25/max \$50)	20% after deductible	30% after deductible
Non-Preferred Brand	\$60	45% (min \$40/max \$80)	20% after deductible	30% after deductible
Mail Order (you pay)	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%
Generic	\$25	\$25	20% after deductible	0% after deductible
Preferred Brand	\$75	30% (min \$62.50/max \$125)	20% after deductible	30% after deductible
Non-Preferred Brand	\$150	45% (min \$100/max \$200)	20% after deductible	30% after deductible

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⁽¹⁾CDHP Preventive Drug list (separate from the Affordable Care Act (ACA) preventive drug list) is covered at the applicable coinsurance level. This drug list does not apply to the \$400 or \$900 Deductible plans.