

BENEFIT	Anthem Century Preferred \$20 Plan RSD # 14 - Nurses	ConnectiCare Flex POS \$20 Plan RSD # 14 - Nurses
Costshares	<p>In-Network services subject to copays Out-of-Network services subject to deductible and coinsurance</p> <p>\$20 office visit copay \$35 Emergency Room/\$35 Urgent Care Facility \$50 Outpat Surg Facility / \$50 per Admit to \$150 max Inpat Hosp Out of Pocket Maximum: \$6,600/\$13,200 Out of Network Calendar Year Deductible \$200/\$400/\$500 Coinsurance 80%/20% Calendar Year Out of Pocket Maximum-\$400/\$800/\$1,000 Lifetime Maximum- Unlimited</p>	<p>In-Network services subject to copays Out-of-Network services subject to deductible and coinsurance</p> <p>\$20 office visit copay \$35 Emergency Room/\$35 Urgent Care Facility \$50 Outpat Surg Facility / \$50 per Admit to \$150 max Inpat Hosp Out of Pocket Maximum: \$6,600/\$13,200 Out of Network Calendar Year Deductible \$200/\$400/\$500 Coinsurance 80%/20% Calendar Year Out of Pocket Maximum-\$400/\$800/\$1,000 Lifetime Maximum- Unlimited</p>
Preventive Care Pediatric	<p>No charge 7 exams from birth to 1 year of age 7 exams from 1 to 5 years of age 1 exam every calendar year 5 to 22 years of age</p>	<p>No charge No age or frequency based schedule required</p>
Adult	<p>No charge 1 exam per calendar year 22 years of age and older</p>	<p>No charge No age or frequency based schedule required</p>
Vision	<p>No charge 1 vision exam and refraction every calendar year</p>	<p>No charge 1 vision exam and refraction every calendar year</p>
Hearing	<p>No charge 1 hearing screening every calendar year</p>	<p>No charge 1 hearing screening every calendar year</p>
Gynecological	<p>No charge</p>	<p>No charge</p>
Immunizations & Vaccinations (includes those for travel)	<p>No charge</p>	<p>No charge</p>
Medical Services		
Medical Office Visit	<p>\$20 Copay</p>	<p>\$20 Copay</p>
Outpatient PT/OT/ST/Chiro	<p>No charge 50 combined visits per calendar year</p>	<p>No charge 50 combined visits per calendar year</p>
Allergy Testing Injections	<p>\$20 Copay No charge 80 visits in 3 year calendar period</p>	<p>\$20 Copay No charge 80 visits in 3 year calendar period</p>
Diagnostic Lab & X-ray	<p>No charge</p>	<p>No charge</p>
High Cost Diagnostic Test	<p>No charge</p>	<p>No charge</p>
Office Surgery	<p>\$20 Copay</p>	<p>\$20 Copay</p>
Outpatient MH	<p>\$20 Copay Unlimited visit maximum per calendar year</p>	<p>\$20 Copay Unlimited visit maximum per calendar year</p>

Emergency Care Emergency Room	\$35 copay (waived if admitted)	\$35 copay (waived if admitted)
Urgent Care	\$35 copay	\$35 copay
Ambulance	No charge	No charge
Inpatient Hospital General/Medical/Surgical/Maternity (Semi-Private)	Note: All hospital admissions require pre-cert \$50 per admission to \$150 max per calendar year	Note: All hospital admissions require pre-cert \$50 per admission to \$150 max per calendar year
Ancillary Services (Medication, Supplies)	Covered	Covered
Psychiatric	\$50 per admission to \$150 max per calendar year Unlimited day maximum per calendar year	\$50 per admission to \$150 max per calendar year Unlimited day maximum per calendar year
Substance Abuse/ Detox	\$50 per admission to \$150 max per calendar year Unlimited day maximum per calendar year	\$50 per admission to \$150 max per calendar year Unlimited day maximum per calendar year
Skilled Nursing Facility	\$50 per admission to \$150 max per calendar year Covered up to 120 days	\$50 per admission to \$150 max per calendar year Covered up to 120 days
Hospice	No charge 60 days per calendar year	No charge 60 days per calendar year
Outpatient Hospital Outpatient Surgery Facility Charges	\$50 Copay	\$50 Copay
Diagnostic Lab & X-ray	No charge	No charge
Pre-Admission Testing	Covered	Covered
Other Services Durable Medical Equipment	No charge Unlimited maximum per calendar year	No charge Unlimited maximum per calendar year
Prescription Drugs	Retail: \$5 Generic / \$25 Brand / \$35 Non Preferred Brand Mail Order: \$10 Generic / \$50 Brand / \$70 Non Preferred Brand Unlimited 30 Days Retail, 100 Days Mail Order	Retail: \$5 Generic / \$25 Brand / \$35 Non Preferred Brand Mail Order: \$10 Generic / \$50 Brand / \$70 Non Preferred Brand Unlimited 30 Days Retail, 100 Days Mail Order
Infertility	Place of Service Copay Applies Unlimited	Place of Service Copay Applies Unlimited