Benefit comparison

January 1, 2024 – December 31, 2024

Anthem HealthKeepers
Offered by HealthKeepers, Inc.

	Standard POS	Premier POS	HDHP with HSA
IN-NETWORK BENEFITS			
Deductible (individual/family)	$300 / $300	$300 / $300	$3,200 / $6,400 (combined with out of network)
Out-of-pocket maximum	Medical and pharmacy combined: $2,500/$5,000	Medical and pharmacy combined: $2,500/$5,000	Medical and pharmacy combined: $4,000 / $8,000
Inpatient benefits	**You pay**	**You pay**	**You pay**
Hospital	30% after deductible	5% after deductible	0% after deductible
Physician charges	30% after deductible	5% after deductible	0% after deductible
Maternity (Facility charges for delivery)	30% after deductible	5% after deductible	0% after deductible
Mental health and substance abuse (Facility charges)	30% after deductible	5% after deductible	0% after deductible
Outpatient benefits	**You pay**	**You pay**	**You pay**
Referrals to specialist required	No	No	No
Preventive care	No charge	No charge	No charge
Primary care physician (PCP) or OB-GYN office visit	$25	$20	0% after deductible
Specialist office visit	$45	$40	0% after deductible
Urgent care center	$25 PCP / $45 specialist	$20 PCP / $40 specialist	0% after deductible
Allergy testing	$25 PCP / $45 specialist	$20 PCP / $40 specialist	0% after deductible
Allergy serum and injections	$25 PCP / $45 specialist	$10	0% after deductible
Mammogram	No charge	No charge	No charge
Labs, diagnostic X-rays	No charge	No charge	0% after deductible
Advanced diagnostic imaging: in office setting	10% after deductible	5% after deductible	0% after deductible
Advanced diagnostic imaging: all other settings	30% after deductible	5% after deductible	0% after deductible
Maternity outpatient services			
Initial office visit to confirm diagnosis	$25	$20	0% after deductible
Pre- and post-natal care and delivery	$50 per pregnancy	$50 per pregnancy	0% after deductible
Maternity ultrasounds	No charge	No charge	0% after deductible
Emergency room (waived if admitted to the hospital)	$150	$150	0% after deductible

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	Standard POS	Premier POS	HDHP with HSA
	You pay	**You pay**	**You pay**
Outpatient surgery facility professional provider	30% after deductible	5% after deductible	0% after deductible
Outpatient therapy: occupational, speech, and physical	$45	$25	0% after deductible
Spinal manipulation (30 visit limit per CY)	$25	$25	0% after deductible
Outpatient mental health and substance abuse	$25	$20	0% after deductible
Durable medical equipment	No charge after deductible	No charge after deductible	0% after deductible
Home healthcare (90 visit limit per CY)	$45 per visit after deductible	No charge after deductible	0% after deductible
Skilled nursing facility (100 days per admission)	30% after deductible	5% after deductible	0% after deductible
Hospice care	30% after deductible	5% after deductible	0% after deductible
Prescription drugs	**Mandatory generic**	**Mandatory generic**	**Mandatory generic**
Rx deductible (individual/family)	$150/$150	$150/$150	Plan deductible applies
Retail pharmacy (30 day supply)	After deductible: $10/$30/$55	After deductible: $10/$30/$55	After deductible: $10/$30/$55
Mail order (90 day supply)	After deductible: $10/$60/$165	After deductible: $10/$60/$165	After deductible: $10/$60/$165
Retail 90 (90 day supply purchased at a participating retail pharmacy)	After deductible: $30/$90/$165	After deductible: $30/$90/$165	After deductible: $30/$90/$165
Routine vision — Blue View Vision			
Annual routine eye exam	$15	$15	$15 (deductible does not apply)
OUT-OF-NETWORK BENEFITS			
Deductible (Individual/Family)	$400/$800	$400/$800	$3,200/$6,400 (combined with in- network)
Coinsurance	30%	30%	30%
Out-of-pocket maximum	$2,500/$5,000	$2,500/$5,000	$6,000/$12,000
Lifetime maximum	**Unlimited**	**Unlimited**	**Unlimited**