



What are the differences between the Keycare 10 and 25 Anthem Health plans?

Plan Features	Keycare 10	Keycare 25
Wellness Benefits	100% coverage for preventative services; such as annual physical, yearly screenings, flu shots, Hep B shots...	100% coverage for preventative services; such as annual physical, yearly screenings, flu shots, Hep B shots...
<p style="text-align: center;">Calendar Year Deductible</p> <p>The deductible is a set amount of medical expenses you must pay to become eligible for the benefits under the insurance program. The deductible only applies to diagnostic visits. (for example, an ER visit)</p>	\$0	\$500 for individuals and \$1,000 for families
<p style="text-align: center;">Physician Co-pays</p> <p>A specialist is a physician that is focused in a branch of medicine other than general practice. A co-pay is the amount that a patient is expected to pay at the time of service.</p>	\$10 for a general physician and \$20 for a specialist	\$25 for any physician
<p style="text-align: center;">Diagnostics, Shots, or Injections</p> <p>Diagnostics are tests, such as blood work.</p>	10% of total bill	20% of total Bill
<p style="text-align: center;">Outpatient Surgery</p> <p>An outpatient is a patient who is not hospitalized overnight but who visits a hospital, clinic, or associated facility for diagnosis or treatment.</p>	For Surgery: \$100 co-pay and 10% of total bill For Physician: \$10 or \$20 co-pay	After calendar year deductible is met, 20% of total bill
Facility Medical Services	For Facility: \$100 co-pay and 10% of total bill For Physician: \$10 or \$20 co-pay	After calendar year deductible is met, 20% of total bill
Physical/Occupational/Speech Therapy	For Facility: \$20 co-pay and 10% of total bill For Therapy Professional: \$10 or \$20 co-pay	For Facility: After calendar year deductible is met, 20% of total bill For Therapy Professional: After calendar year deductible is met, 20% of total bill
Cardiac, Chemo, Infusion, Radiation, Respiratory Therapy	10% of total bill	After calendar year deductible is met, 20% of total bill



<p align="center">Mental Health</p>	<p align="center">\$10 for a general physician and \$20 for a specialist</p>	<p align="center">\$25 for any physician</p>
<p align="center">Home Health Care</p>	<p align="center">\$0 (with a 90 visit cap per calendar year)</p>	<p align="center">After calendar year deductible is met, 20% of total bill</p>
<p align="center">Inpatient An inpatient has a condition that requires hospitalization.</p>	<p>For Facility: \$200 co-pay and 10% of total bill For Physician: 10% of total bill</p>	<p>For Facility: After calendar year deductible is met, 20% of total bill For Physician: After calendar year deductible is met, 20% of total bill</p>
<p align="center">Skilled Nursing Facility A skilled nursing facility is a place of residence for people who require constant nursing care and have significant deficiencies with activities of daily living.</p>	<p align="center">For Facility and Physician: 10% of total bill</p>	<p align="center">For Facility and Physician: After calendar year deductible is met, 20% of total bill</p>
<p align="center">Out of Pocket Maximum (per calendar year) The out of pocket includes deductibles, co-pays, and bill amounts paid by the employee. Once you reach the out of pocket cost for the calendar year Anthem will cover 100% over that amount.</p>	<p align="center">\$1,000 for individuals and \$2,000 for families</p>	<p align="center">\$2,500 for individuals and \$5,000 for families</p>
<p align="center">Prescription</p>	<p align="center">Tiered System (mandatory generic) \$10/\$20/\$35 or 20% if over \$175</p>	<p align="center">Tiered System (mandatory generic) \$10/\$20/\$35 or 20% if over \$175</p>
<p align="center">Vision</p>	<p>Annual Routine Eye Exam: \$15 co-pay Frames: \$130 allowance + 20% discount Contacts: \$130 allowance + 15% discount Lenses: \$15 co-pay and up (depending on type of lense)</p>	<p>Annual Routine Eye Exam: \$15 co-pay Frames: \$130 allowance + 20% discount Contacts: \$130 allowance + 15% discount Lenses: \$15 co-pay and up (depending on type of lense)</p>