

Michigan City Area Schools Teacher 2021-22 School Year

Carrier Network		Anthem Anthem	Anthem Anthem	Anthem Anthem
Benefit Details	Plan A	Plan B	Plan C	Plan D
Coinsurance (In / Out)	85% / 65%	80% / 50%	90% / 60%	100% / 70%
Single Deductible (In / Out)	\$200 / \$300	\$750 / \$1,500	\$1,500 / \$3,000	\$5,000 / \$10,000
Family Deductible (In / Out)	\$600 / \$800	\$2,250 / \$4,500	\$3,000 / \$6,000	\$10,000 / \$20,000
Embedded Deductible	No	No	Yes	Yes
Single Out-of-Pocket Maximum (In / Out)	\$700 / \$2,300	\$3,000 / \$6,000	\$3,000 / \$6,000	\$6,050 / \$20,000
Family Out-of-Pocket Maximum (In / Out)	\$2,300 / \$4,800	\$6,000 / \$12,000	\$6,000 / \$12,000	\$12,100 / \$40,000
Preventative Care Co-Pay (In-Network Only)	No copayment/coins.	No copayment/coins.	No copayment/coins.	No copayment/coins.
Office Visit Co-Pay (PCP / SCP)	\$10	\$30 / \$30	Ded + Coins	Ded + Coins
Emergency Care Services	\$50	\$200	Network + Coins	Network + Coins
Urgent Care (In-Network Only)	\$10	\$75	Ded + Coins	Ded + Coins
Retail Prescription Drugs	\$10 / \$20 / \$40	\$10 / \$25 / \$40	Ded + Coins	Medical Ded. Applies before copayments \$10/\$30/\$60/25% (\$200 max)
Mail Order Prescription Drugs (In-Network Only)	\$20 / \$40 / \$60	\$10 / \$65 / \$120	Ded + Coins	\$10/\$75/\$180/25% (\$200 max)