Henrico County General Government and Public Schools

Benefit Comparison: January 1, 2021 - December 31, 2021

	Standard POS	Premier POS	HDHP with HSA
IN NETWORK BENEFITS			
Deductible (Individual/Family)	$300 / $300	$300 / $300	$3,000/$6,000 (combined with out of network)
Out-of-Pocket Maximum	Medical: $2,500/$5,000 Pharmacy: $500/$1,000	Medical: $2,500/$5,000 Pharmacy: $500/$1,000	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

	Standard POS	Premier POS	HDHP with HSA
	You Pay	You Pay	You Pay
Outpatient Surgery Facility **Professional Provider**	30% after deductible 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 Health Care (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	$3,000/$6,000 (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**

* As of 1/1/18, prescription drug coverage for the Premier POS and Standard POS plans is being provided by Express Scripts Direct. If you're enrolled in the HDHP with HSA plan, your prescription drug coverage will continue to be provided by Anthem IngenioRx.