

Compare your Benefits

A side-by-side comparison of the plans you selected.

	Anthem BCBS EPO Anthem BCBS PPO		Anthem BCBS HRA		Anthem BCBS HSA Blue	
	Mail/MChoice	Retail	Mail/MChoice	Retail	Mail/MChoice	Retail
Your cost: Generic Drugs	\$20	\$10	20%	20%	20%	20%
Your cost: Preferred Brand Drugs	25% with \$60 Min, \$150 Max	25% with \$30 Min, \$60 Max	20%	20%	20%	20%
Your cost: Non-Preferred Brand Drugs	40% with \$100 Min, \$250 Max	40% with \$50 Min, \$100 Max	20%	20%	20%	20%
Deductible	N/A		\$1,500 & \$3,000/ Medical Combined		\$1,500 & \$3,000/ Medical Combined	
Maximum Out of Pocket	\$2,800, \$5,600, \$8,400 Pharmacy		\$3,000 & \$6,000/ Medical Combined		\$3,000 & \$6,000/ Medical Combined	
Refill Limit	No limit	3 Limit	No limit	3 Limit	No limit	3 Limit
When to Use	For long-term (up to a 90-day supply)	For short-term (30 day supply)	For long-term (up to a 90-day supply)	For short-term (30 day supply)	For long-term (up to a 90-day supply)	For short-term (30 day supply)
Getting your Meds	Mail your original prescription and a completed mail service order form to CVS/Caremark, and have your drugs delivered directly to your home or office at no extra charge.	Fill your prescription at any location in the CVS/Caremark Retail Pharmacy Network.	Mail your original prescription and a completed mail service order form to CVS/Caremark, and have your drugs delivered directly to your home or office at no extra charge.	Fill your prescription at any location in the CVS/Caremark Retail Pharmacy Network.	Mail your original prescription and a completed mail service order form to CVS/Caremark, and have your drugs delivered directly to your home or office at no extra charge.	Fill your prescription at any location in the CVS/Caremark Retail Pharmacy Network.
Supply Limits	90-day supply	30-day supply	90-day supply	30-day supply	90-day supply	30-day supply

	Anthem BCBS HSA Green		BCBSAL Plan		Hawaii Plan	
	Mail/MChoice	Retail	Mail/MChoice	Retail	Mail/MChoice	Retail
Your cost: Generic Drugs	20%	20%	N/A	100%	\$20	\$10
Your cost: Preferred Brand Drugs	20%	20%	N/A	100%	25% with \$60 Min, \$150 Max	25% with \$30 Min, \$60 Max
Your cost: Non-Preferred Brand Drugs	20%	20%	N/A	100%	40% with \$100 Min, \$250 Max	40% with \$50 Min, \$100 Max
Deductible	\$2,500 & \$5,000/ Medical Combined		None		N/A	
Maximum Out of Pocket	\$5,000 & \$10,000/ Medical Combined		None		\$2,800 & \$5,600 Pharmacy Only	
Refill Limit	No limit	3 Limit	N/A	No Limit	No limit	3 Limit
When to Use	For long-term (up to a 90-day supply)	For short-term (30 day supply)	N/A	For short-term (30 day supply)	For long-term (up to a 90-day supply)	For short-term (30 day supply)
Getting your Meds	Mail your original prescription and a completed mail service order form to CVS/Caremark, and have your drugs delivered directly to your home or office at no extra charge.	Fill your prescription at any location in the CVS/Caremark Retail Pharmacy Network.	Mail your original prescription and a completed mail service order form to CVS/Caremark, and have your drugs delivered directly to your home or office at no extra charge.	Fill your prescription at any location in the CVS/Caremark Retail Pharmacy Network.	Mail your original prescription and a completed mail service order form to CVS/Caremark, and have your drugs delivered directly to your home or office at no extra charge.	Fill your prescription at any location in the CVS/Caremark Retail Pharmacy Network.
Supply Limits	90-day supply	30-day supply	90-day supply	30-day supply	90-day supply	30-day supply