

# 2025 NATIONAL EPO PLANS

National EPO Plan Summaries for plans administered by Anthem

Anthem Network: BlueHPN



	<b>ANTHEM HPN \$400 EPO IN-NETWORK ONLY</b>	<b>ANTHEM HPN \$900 EPO IN-NETWORK ONLY</b>	<b>ANTHEM HPN \$1,850 EPO WITH HSA * IN-NETWORK ONLY</b>	<b>ANTHEM HPN \$3,300 EPO WITH HSA IN-NETWORK ONLY</b>
<b>Deductible</b> (Single/Family)	\$400/\$800	\$900/\$1,800	\$1,850/\$3,700	\$3,300/\$6,600
<b>Out-of-Pocket Max</b> (Single/Family)	\$2,200/\$4,400	\$3,000/\$6,000	\$3,500/\$6,500	\$5,500/\$11,000
<b>Coinsurance</b>	80%	80%	80%	70%
<b>Preventive Care</b>	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>PCP Office Visit</b>	You pay \$20	You pay \$40	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Specialist Office Visit</b>	You pay \$40	You pay \$80	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>LiveHealth Online Telehealth Consultation</b>	You pay \$10	You pay \$10	You pay \$55, or \$10 after you have met your deductible	You pay \$55, or \$10 after you have met your deductible
<b>Prenatal Office Visits</b>	You pay \$40 first visit, then covered in full	You pay \$80 first visit, then covered in full	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Urgent Care Visit</b>	You pay \$50	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible

*\*True Family Deductible: Under the \$1,850 Deductible Plan, the plan begins to pay benefits for any person covered under a family plan only after the entire family deductible has been met.*

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<b>Lab/Radiology</b> Annual Preventive	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Lab/Radiology</b> Other	Plan pays 100% in doctor's office, copay applies	Plan pays 100% in doctor's office, copay applies; 80% after deductible outside doctor's office (including maternity)	Plan pays 80% after deductible (including maternity)	Plan pays 70% after deductible (including maternity)
<b>Emergency Room</b>	You pay \$150 copay and deductible, then Plan pays 100% Non-emergency care is not covered	Plan pays 80% after deductible Non-emergency care is not covered	Plan pays 80% after deductible Non-emergency care is not covered	Plan pays 70% after deductible Non-emergency care is not covered
<b>Ambulance</b> (Emergency only)	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Hospitalization</b> (Including maternity)	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Surgery</b> (Inpatient & Outpatient)	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Mental Health/ Substance Abuse</b> Inpatient	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Mental Health/ Substance Abuse</b> Outpatient	You pay \$20	You pay \$40	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Chiropractic Services</b>	You pay \$40 30 visits/year max	You pay \$80 30 visits/year max	Plan pays 80% after deductible 30 visits/year max	Plan pays 70% after deductible 30 visits/year max

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<b>Physical, Speech, Occupational, Pulmonary, Cognitive Therapies</b> (Unlimited)	You pay \$40	You pay \$80	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Acupuncture</b>	You pay \$40	You pay \$80	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Allergy Care/Injections</b>	Plan pays 100% in doctor's office, copay may apply 80% after deductible outside doctor's office	Plan pays 100% in doctor's office copay may apply 80% after deductible outside doctor's office	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>Assisted Reproductive Techniques</b> (Includes artificial insemination, GIFT, ZIFT and in-vitro)	Plan pays 80% after deductible \$15,000 lifetime maximum	Plan pays 80% after deductible \$15,000 lifetime maximum	Plan pays 80% after deductible \$15,000 lifetime maximum	Plan pays 70% after deductible \$15,000 lifetime maximum
<b>Home Health Care</b>	Plan pays 80% after deductible 120-day max per year	Plan pays 80% after deductible 120-day max per year	Plan pays 80% after deductible 120-day max per year	Plan pays 70% after deductible 120-day max per year
<b>Skilled Nursing Facility, Rehab Hospital, Sub-Acute Facility</b>	Plan pays 80% after deductible 120-day max per year	Plan pays 80% after deductible 120-day max per year	Plan pays 80% after deductible 120-day max per year	Plan pays 70% after deductible 120-day max per year
<b>Durable Medical Equipment</b>	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible

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<b>Breastfeeding Equipment and Supplies</b> (Limited to one rental or purchase of one breast pump per birth)	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Hearing Aids</b> (Adults and children, one per ear every three years)	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible
<b>PCP Referral Required?</b>	No	No	No	No

#### Prescription Drugs Administered by CVS Caremark<sup>(1)</sup>

<b>Retail (you pay)</b>	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%
Generic	\$10	\$10	20% after deductible	30% after deductible
Preferred Brand	\$30	30% (min \$25/max \$50)	20% after deductible	30% after deductible
Non-Preferred Brand	\$60	45% (min \$40/max \$80)	20% after deductible	30% after deductible
<b>Mail Order (you pay)</b>	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%	ACA Preventative Drugs — Plan pays 100%
Generic	\$25	\$25	20% after deductible	0% after deductible
Preferred Brand	\$75	30% (min \$62.50/max \$125)	20% after deductible	30% after deductible
Non-Preferred Brand	\$150	45% (min \$100/max \$200)	20% after deductible	30% after deductible

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<sup>(1)</sup>CDHP Preventive Drug list (separate from the Affordable Care Act (ACA) preventive drug list) is covered at the applicable coinsurance level. This drug list does not apply to the \$400 or \$900 Deductible plans.