



# Anthem Bronze Plan 2025 – 2026 Plan Year

## ANTHEM ANCHOR BRONZE PPO PLAN

### Attention!

All Adjuncts have an opportunity to enroll in the Anthem Anchor Bronze PPO medical plan that will be effective October 1, 2025. You and your eligible dependent children can enroll on this plan, however, spouses will not be eligible. The district will not be contributing to this plan, therefore, the full tenthly cost will be payroll deducted if you choose to enroll in the plan.

Below is a highlight of the PPO plan design offering. If you choose to enroll, please complete an enrollment form and return back to Sharon Remacle for processing. If you have any questions, please contact Sharon Colón at ext. 2713.

	Anthem Blue Cross Anchor Bronze PPO Plan	
HEALTH BENEFITS	PPO Network	Non-Network <sup>1</sup>
<b>Calendar Year Deductible</b>		
- Individual	\$5,000	Combined with In-Network
- Family	\$10,000	Combined with In-Network
<b>Out-of-Pocket Maximum</b>		
- Individual	\$6,350	Combined with In-Network
- Family	\$12,700	Combined with In-Network
<b>Office Visits</b>	Deductible, 30%	All billed amounts exceeding the maximum allowed amount
<b>Preventive Care</b>	100% Covered	Not covered
<b>Inpatient Hospitalization<sup>2</sup></b>	Deductible, 30%	All billed amounts exceeding the maximum allowed amount <sup>1</sup>
<b>Other Services</b>		
- Diagnostic Lab and X-Ray	Deductible, 30%	Not covered
- Emergency Services	Deductible, \$100 Copay, 30%	Deductible, \$100 Copay, 0%
- Urgent Care	Deductible, 30%	All billed amounts exceeding the maximum allowed amount <sup>1</sup>
PHARMACY BENEFITS	Navitus	
Pharmacy Deductible	Medical Deductible Applies	
Out-of-Pocket Maximum	Medical Out-of-Pocket Maximum Applies	
Pharmacy Copay	<u>Retail</u>	<u>Mail Order</u>
- Generic Drug	\$9 Copay	\$18 Copay
- Brand Name Drug	\$35 Copay	\$90 Copay
- Supply Limit	30 Days	90 Days

### Premiums

Your cost on a tenthly basis are as follows:

**Employee Only:  
\$714.00**

**Employee + Child(ren):  
\$1,354.80**

### FOOTNOTES:

1. When using the non-network tier, you are responsible for all amounts exceeding the fee schedule.
2. Subject to utilization review or medical necessity.