

# 2026 Anthem EPO Plan

## The EPO plan does not cover out-of-network services

			Member cost share (deductible, coinsurance and/or copay as applicable depending on the plan) will apply to all non-Tier 1 (non-Catholic Health) facility services, including admissions through the emergency room.
Office Visits	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	
Office Visits <sup>1</sup> <i>primary care/specialist</i>	\$0 Primary/ \$0 Specialist Copay	\$45 Primary/ \$70 Specialist Copay	
Preventive Care	\$0 Copay	\$0 Copay	
Maternity Care <sup>1</sup>	\$0 Copay	\$45 Copay for initial visit, then covered 100%	
Allergy Testing and Treatment <sup>1</sup>	\$0 Copay	\$70 Specialist Copay (Copay waived for treatment)	
Chiropractic Care <sup>1</sup>	N/A	\$70 Specialist Copay	
Inpatient/Outpatient	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	
Deductible	\$0	\$1,500 Individual/\$3,000 Family	
Inpatient	\$0 Copay	Deductible and 35% Coinsurance	
Cardio and Ortho Services	\$0 Copay	50% Coinsurance (Deductible does not apply)	
Outpatient	\$0 Copay	Deductible and 35% Coinsurance	
Cardio and Ortho Services	\$0 Copay	50% Coinsurance (Deductible does not apply)	
Emergency Department <i>waived if admitted</i>	\$50 Copay	\$200 Copay	
Urgent Care Center	\$30 at CH \$55 at NY Excel Urgent Care and CityMD	\$75 Copay	
Out-of-Pocket Maximum	\$8,600 Individual/\$17,200 Family		
Rx Out-of-Pocket Maximum	\$2,000 Individual/\$4,000 Family		
Home/Office/ Outpatient care	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	
Home Health Care (up to 200 visits PCY)	Covered 100%	Covered 100%	
Home Infusion Therapy	Covered 100%	Covered 100%	
Hospice Care (up to 210 days per life time)	Covered 100%	Covered 100%	
Ambulatory Out-Patient Surgery	Covered 100%	Deductible and 35% Coinsurance	
Anesthesia	Covered 100%	Covered 100%	
Chemotherapy, Radiation Therapy	Covered 100%	Covered 100%	
Kidney Dialysis	Covered 100%	Covered 100%	
Inpatient Care	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	
Physical Therapy	Covered 100%	Deductible and 35% Coinsurance	
Skilled Nursing Facility	Covered 100%	Deductible and 35% Coinsurance	
Surgery, Surgical Asst, Anesthesia	Covered 100%	Deductible and 35% Coinsurance	

# 2026 Anthem EPO Plan

## The EPO plan does not cover out-of-network services

Mental Health	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	Member cost share (deductible, coinsurance and/or copay as applicable depending on the plan) will apply to all non-Tier 1 (non-Catholic Health) facility services, including admissions through the emergency room.
Inpatient Care (as many days as medically necessary)	Covered 100%	Covered 100%	
Outpatient visits to an Office or Facility (as many days as medically necessary)	Covered 100%	\$25 Copay	
Substance Abuse	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	
Outpatient rehab visits to an Office or Facility	Covered 100%	\$25 Copay	
Inpatient Detox (as many days as medically necessary)	Covered 100%	Covered 100%	
Inpatient Rehab	Covered 100%	Covered 100%	
Office/Outpatient care	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	
Presurgical Testing	Covered 100%	Facility: Deductible and 35% Coinsurance Provider: Covered 100%	
Laboratory Tests	Covered 100%	Facility: Deductible and 35% Coinsurance Provider: Covered 100%	
X-Rays	Covered 100%	Facility: Deductible and 35% Coinsurance Provider: \$70 Copay	
Radiology (MRI, MRA, CAT Scan, PET and Nuclear Cardiology)	Covered 100%	Facility: Deductible and 35% Coinsurance Provider: \$70 Copay	
Physical Therapy (60 visits PCY Combined Institutional/ Professional)	Covered 100%	Facility: Deductible and 35% Coinsurance Provider: \$45 Copay	
Other Short-Term Therapies - Speech/ Language, Occupational, Vision (30 visits PCY Combined Institutional/ Professional)	Covered 100%	Facility: Deductible and 35% Coinsurance Provider: \$45 Copay	
Other	In-Network		
Medical Supplies	Covered 100%		
Durable Medical Equipment	Covered 100%		
Prosthetics and Orthotics	Covered 100%		
Ambulance (Air Ambulance)	Covered 100%		
Routine Vision Care	\$5 copay for 1 exam every 24 months plus discounts on frames and lenses		

<sup>1</sup> Tier 1 physician copays apply to physicians in the Catholic Health Providers directory. Coverage for other providers depends on whether or not they are in the Anthem network: consult Tier 2 to find out what your coverage is for the providers you choose.

New for 2026: If you receive an elective (non-emergency) procedure at an in-network facility and choose to use an out-of-network provider, the Plan will provide coverage only if you complete with your provider a No Surprise Act (NSA) Notice and Consent form before receiving care. This process confirms that you understand the provider is out-of-network and agree to receive services at out-of-network cost-sharing levels and to be subject to balance billing by your provider.

Certain types of services — such as anesthesiology, radiology, pathology, laboratory, neonatology, assistant surgeon, hospitalist, and intensivist services — are not subject to this NSA consent requirement and are protected from balance billing by your provider.