

# 2026 Anthem POS Plan

## The POS plan covers both in-network and out-of-network services

Office Visits	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	Tier 3 Out-of-Network
Office Visits <sup>1</sup> <i>primary care/specialist</i>	\$0 Primary/ \$0 Specialist Copay	\$50 Primary/ \$75 Specialist Copay	Deductible and 50% Coinsurance
Preventive Care	\$0 Copay	\$0 Copay	Deductible and 50% Coinsurance
Maternity Care <sup>1</sup>	\$0 Copay	\$50 Copay for initial visit, then covered 100%	Deductible and 50% Coinsurance
Allergy Testing and Treatment <sup>1</sup>	\$0 Copay	\$75 Specialist Copay (Copay waived for treatment)	Deductible and 50% Coinsurance
Chiropractic Care <sup>1</sup>	N/A	\$75 Specialist Copay	Deductible and 50% Coinsurance

Inpatient/Outpatient	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	Tier 3 Out-of-Network
Deductible	\$0	\$2,000 Individual/\$4,000 Family	\$6,000 Individual/\$12,000 Family
Inpatient	\$0 Copay	Deductible and 40% Coinsurance	Deductible and 50% Coinsurance
Cardio and Ortho Services	\$0 Copay	50% Coinsurance (Deductible does not apply)	50% Coinsurance (Deductible does not apply)
Outpatient	\$0 Copay	Deductible and 40% Coinsurance	Deductible and 50% Coinsurance
Cardio and Ortho Services	\$0 Copay	50% Coinsurance (Deductible does not apply)	50% Coinsurance (Deductible does not apply)
Emergency Department <i>waived if admitted</i>	\$50 Copay	\$200 Copay	\$200 Copay
Urgent Care Center	\$30 at CH \$55 at NY Excel Urgent Care and CityMD	\$75 Copay	Deductible and 50% Coinsurance
Out-of-Pocket Maximum	\$8,600 Individual/\$17,200 Family		\$13,000 Individual/\$32,000 Family
Rx Out-of-Pocket Maximum	\$2,000 Individual/\$4,000 Family		N/A

Home/Office/ Outpatient care	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	Tier 3 Out-of-Network
Home Health Care (up to 200 visits PCY)	Covered 100%	\$75 Copay	50% Coinsurance (no deductible)
Home Infusion Therapy	Covered 100%	Covered 100%	Deductible and 50% Coinsurance
Hospice Care (up to 210 days per life time)	Covered 100%	Covered 100%	Deductible and 50% Coinsurance
Ambulatory Out-Patient Surgery	Covered 100%	Deductible and 40% Coinsurance	Deductible and 50% Coinsurance
Anesthesia	Covered 100%	Covered 100%	Deductible and 50% Coinsurance
Chemotherapy, Radiation Therapy	Covered 100%	\$50 Copay	Deductible and 50% Coinsurance
Kidney Dialysis	Covered 100%	Covered 100%	Deductible and 50% Coinsurance

Inpatient Care	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	Tier 3 Out-of-Network
Physical Therapy	Covered 100%	Deductible and 40% Coinsurance	Deductible and 50% Coinsurance
Skilled Nursing Facility	Covered 100%	Deductible and 40% Coinsurance	Deductible and 50% Coinsurance
Surgery, Surgical Asst, Anesthesia	Covered 100%	Deductible and 40% Coinsurance	Deductible and 50% Coinsurance

**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.**

*Reimbursement for out-of-network care (PPO and POS only) is based on 175% of the National Medicare fee schedule. (Emergency room visits may be reimbursed differently.) You are responsible for the out-of-network coinsurance percentage of this amount after deductible, which may be different from what a provider charges.*

*Members who use out-of-network providers and facilities may also be subject to "balance billing" by the provider or facility, which occurs when a provider requires the member to pay the difference between what the provider bills and what the plan reimburses. You can contact Anthem to learn the reimbursement schedule for a particular service.*

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Mental Health	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.		
	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	Tier 3 Out-of-Network
Inpatient Care (as many days as medically necessary)	Covered 100%	Covered 100%	Deductible and 50% Coinsurance
Outpatient visits to an Office or Facility (as many days as medically necessary)	Covered 100%	\$35 Copay	Deductible and 50% Coinsurance
Substance Abuse			
	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	Tier 3 Out-of-Network
Outpatient rehab visits to an Office or Facility	Covered 100%	\$35 Copay	Deductible and 50% Coinsurance
Inpatient Detox (as many days as medically necessary)	Covered 100%	Covered 100%	Deductible and 50% Coinsurance
Inpatient Rehab	Covered 100%	Covered 100%	Deductible and 50% Coinsurance
Office/Outpatient care			
	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)	Tier 3 Out-of-Network
Presurgical Testing	Covered 100%	Facility: Deductible and 40% Coinsurance Provider: Covered 100%	Deductible and 50% Coinsurance
Laboratory Tests	Covered 100%	Facility: Deductible and 40% Coinsurance Provider: Covered 100%	Deductible and 50% Coinsurance
X-Rays	Covered 100%	Facility: Deductible and 40% Coinsurance Provider: \$75 Copay	Deductible and 50% Coinsurance
Radiology (MRI, MRA, CAT Scan, PET and Nuclear Cardiology)	Covered 100%	Facility: Deductible and 40% Coinsurance Provider: \$75 Copay	Deductible and 50% Coinsurance
Physical Therapy (20 visits PCY Combined Institutional/ Professional)	Covered 100%	Facility: Deductible and 40% Coinsurance Provider: \$50 Copay	Deductible and 50% Coinsurance
Other Short-Term Therapies - Speech/ Language, Occupational, Vision (20 visits PCY Combined Institutional/ Professional)	Covered 100%	Facility: Deductible and 40% Coinsurance Provider: \$50 Copay	Deductible and 50% Coinsurance
Other			
	In-Network		Out-of-Network
Medical Supplies	Covered 100%		Deductible and 50% Coinsurance
Durable Medical Equipment	Covered 100%		Deductible and 50% Coinsurance
Prosthetics and Orthotics	Covered 100%		Deductible and 50% Coinsurance
Ambulance (Air Ambulance)	Covered 100%		Deductible and 50% Coinsurance
Routine Vision Care	\$5 copay for 1 exam every 24 months plus discounts on frames and lenses		Covered In-Network Only

<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.

Reimbursement for out-of-network care (PPO and POS only) is based on 175% of the National Medicare fee schedule. (Emergency department visits may be reimbursed differently.) You are responsible for the out-of-network coinsurance percentage of this amount after deductible, which may be different from what a provider charges.

Members who use out-of-network providers and facilities may also be subject to "balance billing" by the provider or facility, which occurs when a provider requires the member to pay the difference between what the provider bills and what the plan reimburses. You can contact Anthem to learn the reimbursement schedule for a particular service.

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.