2026 Anthem PPO Plan

The PPO 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[1] *primary care/specialist*	$0 Primary/ $0 Specialist Copay	$40 Primary/ $65 Specialist Copay	Deductible and 40% Coinsurance
Preventive Care	$0 Copay	$0 Copay	Deductible and 40% Coinsurance
Maternity Care[1]	$0 Copay	$40 Copay for initial visit, then covered 100%	Deductible and 40% Coinsurance
Allergy Testing and Treatment[1]	$0 Copay	$65 Specialist Copay (Copay waived for treatment)	Deductible and 40% Coinsurance
Chiropractic Care[1]	N/A	$65 Specialist Copay	Deductible and 40% 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	$1,250 Individual/$2,500 Family	$2,500 Individual/$5,000 Family
Inpatient Care	$0 Copay	Deductible and 30% Coinsurance	Deductible and 40% Coinsurance
Cardio and Ortho Services	$0 Copay	50% Coinsurance (Deductible does not apply)	50% Coinsurance (Deductible does not apply)
Outpatient Care	$0 Copay	Deductible and 30% Coinsurance	Deductible and 40% Coinsurance
Cardio and Ortho Services	$0 Copay	50% Coinsurance (Deductible does not apply)	50% Coinsurance (Deductible does not apply)
Emergency Department *waived if admitted*	$50 Copay	$200 Copay	$200 Copay
Urgent Care Center	$30 at CH $55 at NY Excel Urgent Care and CityMD	$75 Copay	Deductible and 40% Coinsurance
Out-of-Pocket Maximum	$8,600 Individual/$17,200 Family		$12,000 Individual/$24,000 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%	Covered 100%	40% Coinsurance (no deductible)
Home Infusion Therapy	Covered 100%	Covered 100%	In-Network Only
Hospice Care (up to 210 days per life time)	Covered 100%	Covered 100%	In-Network Only
Ambulatory Out-Patient Surgery	Covered 100%	Deductible and 30% Coinsurance	Deductible and 40% Coinsurance
Anesthesia	Covered 100%	Covered 100%	Deductible and 40% Coinsurance
Chemotherapy, Radiation Therapy	Covered 100%	Covered 100%	Deductible and 40% Coinsurance
Kidney Dialysis	Covered 100%	Covered 100%	Deductible and 40% 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 30% Coinsurance	Deductible and 40% Coinsurance
Skilled Nursing Facility	Covered 100%	Deductible and 30% Coinsurance	Covered In-Network Only
Surgery, Surgical Asst, Anesthesia	Covered 100%	Deductible and 30% Coinsurance	Deductible and 40% 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.

2026 Anthem PPO Plan

The PPO plan covers both in-network and out-of-network services

Mental Health	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 40% Coinsurance
Outpatient visits to an Office or Facility (as many days as medically necessary)	Covered 100%	$25 Copay	Deductible and 40% 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%	$25 Copay	Deductible and 40% Coinsurance
Inpatient Detox (as many days as medically necessary)	Covered 100%	Covered 100%	Deductible and 40% Coinsurance
Inpatient Rehab	Covered 100%	Covered 100%	Deductible and 40% 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 30% Coinsurance Provider: Covered 100%	Deductible and 40% Coinsurance
Laboratory Tests	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: Covered 100%	Deductible and 40% Coinsurance
X-Rays	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: $65 Copay	Deductible and 40% Coinsurance
Radiology (MRI, MRA, CAT Scan, PET and Nuclear Cardiology)	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: $65 Copay	Deductible and 40% Coinsurance
Physical Therapy (60 visits PCY Combined Institutional/ Professional)	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: $40 Copay	Covered In-Network Only
Other Short-Term Therapies - Speech/ Language, Occupational, Vision (30 visits PCY Combined Institutional/ Professional)	Covered 100%	Facility: Deductible and 30% Coinsurance Provider: $40 Copay	Covered In-Network Only

Other	In-Network	Out-of-Network
Medical Supplies	Covered 100%	Covered In-Network Only
Durable Medical Equipment	Covered 100%	Covered In-Network Only
Prosthetics and Orthotics	Covered 100%	Covered In-Network Only
Ambulance (Air Ambulance)	Covered 100%	Covered In-Network Only
Routine Vision Care	$5 copay for 1 exam every 24 months plus discounts on frames and lenses	Covered In-Network Only

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.

[1] 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.