Catholic Health

2027 Anthem EPO Plan

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

Office Visits	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)
Office Visits[1] *primary care/specialist*	$0 Primary/ $0 Specialist Copay	$45 Primary/ $70 Specialist Copay
Preventive Care	$0 Copay	$0 Copay
Maternity Care[1]	$0 Copay	$45 Copay for initial visit, then covered 100%
Allergy Testing and Treatment[1]	$0 Copay	$70 Specialist Copay (Copay waived for treatment)
Chiropractic Care[1]	N/A	$70 Specialist Copay

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/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 *waived if admitted*	$50 Copay	$200 Copay
Urgent Care Center	$30 at CH $55 at NY Excel Urgent Care	$75 Copay
Out-of-Pocket Maximum	$10,000 Individual/$20,000 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 nd 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

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Mental Health	Tier 1: Catholic Health Facilities and Providers (In-Network)	Tier 2: Anthem Network (In-Network)
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

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[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.*