City of Santa Rosa



My Benefits

Anthem Blue Cross PPO	Home Delivery (90 days)	Retail (In-Network) 30 days
Generics	\$10	\$5
Preferred Brands	\$35	\$20
Non-Preferred Brands	\$85	\$50
Specialty	Follows Generics/Preferred/Non-Prefers Copays	
Deductible (Individual/Family)	None	
Out of Pocket Max (Individual/ Family)	\$4,800 / \$9,300	

Anthem Blue Cross EPO	Home Delivery (90 days)	Retail (In-Network) 30 days
Generics	\$20	\$10
Preferred Brands	\$45	\$25
Non-Preferred Brands	\$95	\$55
Specialty	Follows Generics/Preferred/Non-Prefers Copays	
Deductible (Individual/Family)	None	
Out of Pocket Max (Individual/	\$5,100 / \$8,700	
Family)		

If you are enrolled in the High-Deductible Health Plan (HDHP), this plan includes a combined Medical/Pharmacy deductible and out of pocket maximum. All plans are subject to IRS-mandated changes, including minimum deductible and out-of-pocket maximum requirements