The Difference Card

SUMMARY OF BENEFITS

EK Health Services Inc | **Anthem of CA PPO** | **1/1/2025** to **12/31/2025**

Swipe card for benefit listed under the "Difference Card Pays" column.

TYPE OF VISIT	YOU PAY	DIFFERENCE CARD PAYS	Anthem of CA BENEFIT
PHYSICIAN SERVICES			
Primary Care Office Visit Copay	Coinsurance	Deductible	Deductible and Coinsurance
Specialist Office Visit Copay	Coinsurance	Deductible	Deductible and Coinsurance
Preventive Care / Screening / Immunization	No Charge		
Urgent Care	Coinsurance	Deductible	Deductible and Coinsurance
PHARMACY			
Prescription Deductible Application	Integrated with Medical Deductible		
Retail Prescriptions	$5/$15/$40/$60/ 30% to $250	$0	$5/$15/$40/$60/ 30% to $250
Mail Order Prescriptions	$10/$30/$100/$150/ 30% to $250	$0	$10/$30/$100/$150/ 30% to $250
DIAGNOSTIC PROCEDURES			
Diagnostic Test- Lab Bloodwork	Coinsurance	Deductible	Deductible and Coinsurance
Diagnostic Test X-Ray	Coinsurance	Deductible	Deductible and Coinsurance
Complex Imaging (CT/Pet Scans, MRIs)	Coinsurance	Deductible	Deductible and Coinsurance
HOSPITAL SERVICES			
Emergency Room Care	Coinsurance	Deductible	Deductible and Coinsurance
Outpatient Surgery	Coinsurance	Deductible	Deductible and Coinsurance
Inpatient Hospital	Coinsurance	Deductible	Deductible and Coinsurance
IN NETWORK DEDUCTIBLE & COINSURANCE			
Qualified High Deductible Health Plan	No		
Deductible Accumulation Period	Calendar year		
Family Deductible Accumulation Type	Family Total Accumulation		
In-Network Individual Deductible	$0	$4,500	$4,500
In-Network Family Deductible	$0	$9,000	$9,000
In-Network Individual Coinsurance Limit	$2,500	$0	20% to $2,500
In-Network Family Coinsurance Limit	$5,000	$0	$5,000
OUT OF NETWORK DEDUCTIBLE & COINSURANCE			
Out-of-Network Individual Deductible	$13,500	$0	$13,500
Out-of-Network Family Deductible	$27,000	$0	$27,000
Out-of-Network Individual Coinsurance Limit	$7,500	$0	50% to $7,500
Out-of-Network Family Coinsurance Limit	$15,000	$0	$15,000

In-Network Family Multiplier 2 **Out-of-Network Family Multiplier** 2 **Mail Order Multiplier** 2

All claims must be submitted within 3 months of the end of the deductible accumulation period.

Terminated members must submit claims within 3 months of the termination date.

All Out-of-Network Services are subject to the Deductible.

Information on this document based on carrier SBC.

Please have your provider swipe the Difference Card for the following amounts:

Medical & Pharmacy — First $4,500 Individual / $9,000 Family

Call 888.343.2110 with any questions.

Download the Mobile App to View and Submit Claims

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