PPO Terms Explained:
Co-Pays, Deductibles, Co-Insurance, & OOPMs

- **Co-Pay**: A fixed dollar amount you are required to pay for certain covered services at the time you receive care. Co-pays apply to your Out of Pocket Maximum, not your Deductible.

- **Deductible**: The fixed dollar amount you must pay every calendar year before your cost sharing of medical expenses. For example, if your deductible is $500, your plan won’t pay anything for most services until you’ve met your $500 deductible. Preventive care is not included, meaning it is always 100% covered by Anthem, even when you have not reached your deductible or OOPM. However, you are responsible for all other medical costs up to the deductible.

- **Co-Insurance**: Your share of the costs of a covered health care service — usually a percentage of an eligible expense, after you’ve met your annual deductible. You will pay a percentage of a covered service while your health insurance plan pays the remainder.

- **Out of Pocket Maximum (OOPM)**: The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits.

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The above example illustrates Anthem Select & Anthem Choice Employee Only coverage.