

Your 2022/2023 Western Digital Medical Plans

	Anthem HSA		Anthem HSA II		NEW! Anthem PPO		Kaiser HSA	Kaiser HSA II
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network
How the Plans Work With an HSA								
HSA Eligible	Yes				No		Yes	
Employer Contribution to HSA	Yes				No		Yes	
HSA Employer Contributions (prorated based on your hire date)								
Individual	\$800				No HSA employer funding		\$800	
Family	\$1,800				No HSA employer funding		\$1,800	
Deductible								
Individual	\$1,500		\$2,000		\$500	\$1,000	\$1,500	\$2,000
Family	\$3,000		\$4,000		\$1,000	\$2,000	\$3,000	\$4,000
Out-of-Pocket Maximum								
Individual	\$3,000	\$6,000	\$4,000	\$8,000	\$2,500	\$5,000	\$3,000	\$4,000
Family	\$6,000	\$12,000	\$8,000	\$16,000	\$5,000	\$10,000	\$6,000	\$8,000
Coinsurance								
Individual	10% after deductible	50% after deductible	20% after deductible	50% after deductible	10% after deductible	50% after deductible	You pay a copay	20% after deductible
Family								
Office Visits								
Primary Care Physician	10% after deductible	50% after deductible	20% after deductible	50% after deductible	\$20 copay	50% after deductible	\$20 copay	20% after deductible
Specialist					\$30 copay			
Telemedicine								
Medical	\$59 before deductible, 10% after deductible	Not covered	\$59 before deductible, 20% after deductible	Not covered	\$20 copay	Not covered	See plan documents	See plan documents
Behavioral Health Psychology	\$80 per visit with a Therapist. \$95 with a Psychologist before deductible, 10% after deductible	Not covered	\$80 per visit with a Therapist. \$95 with a Psychologist before deductible, 20% after deductible	Not covered	\$20 per visit with a Therapist \$20 with a Psychologist	Not covered		
Behavioral Health Psychiatry	\$175 for initial evaluation visit. \$75 for ongoing visits before deductible, 10% after deductible	Not covered	\$175 for initial evaluation visit. \$75 for ongoing visits before deductible, 20% after deductible	Not covered	\$20 copay per visit	Not covered		
Emergency Room Visit								
	10% after deductible		20% after deductible		10% after deductible		\$100 copay per visit	20% after deductible

Your 2022/2023 Prescription Drug Coverage

Anthem Retail Prescription Drug Coverage (30-day supply)

	Anthem HSA	Anthem HSA II	NEW! Anthem PPO
Generic	\$10 copay after deductible		
Formulary	\$30 copay after deductible		
Non-Formulary	\$50 copay after deductible		
Specialty	30% after deductible		

Anthem Mail-Order Prescriptions (90-day supply)

	Anthem HSA	Anthem HSA II	NEW! Anthem PPO
Generic	\$20 copay after deductible		
Formulary	\$60 copay after deductible		
Non-Formulary	\$100 copay after deductible		

Kaiser Retail Prescription Drug Coverage (30-day supply)

	Kaiser HSA	Kaiser HSA II
Generic	\$10 copay after deductible	
Brand	\$30 copay after deductible	

Kaiser Mail-Order Prescriptions (100-day supply)

	Kaiser HSA	Kaiser HSA II
Generic	\$20 for 100 day supply	
Brand	\$60 for 100 day supply	