

	Anthem Connection Platinum Connection EPO 20/40 0% 9TTZ (EPO) (UCR=N/A)		Anthem Connection Platinum Connection EPO 5/25 200 10% 9TU7 (EPOc) (UCR=N/A)		Anthem Connection Platinum Connection EPO 15/35 300 10% 9TU3 (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 25/50 0% A7MJ (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/70/100 ded T2-3		10/50/90/100 ded T2-3		10/35/70/100 ded T2-3		10/65/90/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$200/\$600 embedded		\$300/\$600 embedded		N/A	
Individual/Family OOP Limit	\$3,000/\$6,000		\$2,500/\$5,000 (incl ded)		\$3,200/\$6,400 (incl ded)		\$8,500/\$17,000	
Co-Insurance	0%		10%		10%		0%	
Office Visits								
Primary Care	\$20		\$5 ded waived		\$15 ded waived		\$25	
Specialist	\$40		\$25 ded waived		\$35 ded waived		\$50	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$500/admit after ded		10% after ded		\$500/admit	
Mental Health Inpatient	\$500/admit		\$500/admit after ded		10% after ded		\$500/admit	
Outpatient Services								
Outpatient Facility	Hospital-\$500; ASC-\$50		Hospital-\$500 after ded; ASC-\$50 ded waived		Hospital-10% after ded; ASC-\$50 after ded		Hospital-\$500; ASC-\$150	
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: Office-\$25 ded waived; OP-\$25 after ded; X-ray: Office-\$50 ded waived; OP-\$150 after ded		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-10% after ded		Lab: No charge; X-ray: Office-\$50; OP-\$150	
Mental Health Outpatient	\$20		\$5 ded waived		\$15 ded waived		\$25	
Emergency Care								
Emergency Room	\$300		\$300 after ded		10% after ded		\$750	
Urgent Care	\$50		\$75 ded waived		\$50 ded waived		\$50	
Single	2 x \$1,394.88		2 x \$1,383.16		2 x \$1,370.88		2 x \$1,266.98	
EE with Spouse	0 x \$2,789.76		0 x \$2,766.32		0 x \$2,741.76		0 x \$2,533.96	
EE with Child(ren)	0 x \$2,371.30		0 x \$2,351.37		0 x \$2,330.50		0 x \$2,153.87	
Family	0 x \$3,975.41		0 x \$3,942.01		0 x \$3,907.01		0 x \$3,610.89	
Monthly Cost	2 \$2,789.76		2 \$2,766.32		2 \$2,741.76		2 \$2,533.96	
Annual Cost	\$33,477.12		\$33,195.84		\$32,901.12		\$30,407.52	

	Anthem Connection Gold Connection EPO 50/55 1000 0% A7MP (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 25/45 1850 20% A7MF (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 60/125 0% A2TF (EPO) (UCR=N/A)		Anthem Connection Silver Connection EPO 40/70 2600 30% A2TB (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/40/80/150 ded T2-3		10/50/90/150 ded T2-3		15/65/95		35/70/100/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,000/\$2,000 embedded		\$1,850/\$3,700 embedded		N/A		\$2,600/\$5,200 embedded	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$6,500/\$13,000 (incl ded)		\$9,450/\$18,900		\$9,450/\$18,900 (incl ded)	
Co-Insurance	0%		20%		0%		30%	
Office Visits								
Primary Care	\$50 ded waived		\$25 ded waived		\$60		\$40 ded waived	
Specialist	\$55 ded waived		\$45 ded waived		\$125		\$70 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit after ded		20% after ded		\$2,800/admit		30% after ded	
Mental Health Inpatient	\$500/admit after ded		20% after ded		\$2,800/admit		30% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$150 after ded		Hospital-\$1,000; ASC- \$500		Hospital-\$300 after ded; ASC-\$150 after ded	
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: Office-\$125; OP- \$20; X-ray: \$150		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$50 ded waived		\$25 ded waived		\$60		\$40 ded waived	
Emergency Care								
Emergency Room	\$500 after ded		\$750 after ded		\$2,800		\$500 after ded	
Urgent Care	\$60 ded waived		\$60 ded waived		\$125		\$75 ded waived	
Single	2 x \$1,227.17		2 x \$1,179.04		2 x \$1,123.81		2 x \$1,061.50	
EE with Spouse	0 x \$2,454.34		0 x \$2,358.08		0 x \$2,247.62		0 x \$2,123.00	
EE with Child(ren)	0 x \$2,086.19		0 x \$2,004.37		0 x \$1,910.48		0 x \$1,804.55	
Family	0 x \$3,497.43		0 x \$3,360.26		0 x \$3,202.86		0 x \$3,025.28	
Monthly Cost	2 \$2,454.34		2 \$2,358.08		2 \$2,247.62		2 \$2,123.00	
Annual Cost	\$29,452.08		\$28,296.96		\$26,971.44		\$25,476.00	

	Anthem Connection Silver Connection EPO 20/50 3250 25% w/HSA A2TD (HSA) (UCR=N/A)		Anthem Connection Silver Connection EPO 40/80 3250 50% A2TC (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 50/100 4000 20% w/HSA A2TU (HSA) (UCR=N/A)		Anthem Connection Bronze Connection EPO 20/50 6100 50% w/HSA 9FT8 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/90 IntDed		25/75/90/200 ded T2-3		10/50/90 IntDed		50%/50%/50% IntDed	
Cost Share Information								
Individual/Family Deductible	\$3,250/\$6,500 embedded		\$3,250/\$6,500 embedded		\$4,000/\$8,000 embedded		\$6,100/\$12,200 embedded	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$9,450/\$18,900 (incl ded)		\$7,800/\$15,600 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	25%		50%		20%		50%	
Office Visits								
Primary Care	\$20 after ded		\$40 ded waived		\$50 after ded		\$20 after ded	
Specialist	\$50 after ded		\$80 ded waived		\$100 after ded		\$50 after ded	
Inpatient Services								
Inpatient Hospital	\$1,500/admit after ded		50% after ded		\$1,500/admit after ded		\$1,000/admit after ded	
Mental Health Inpatient	\$1,500/admit after ded		50% after ded		\$1,500/admit after ded		\$1,000/admit after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-50% after ded; ASC-\$300 after ded		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-\$500 after ded; ASC-\$300 after ded	
Lab/X-Ray	Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% after ded		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$20 after ded		\$40 ded waived		\$50 after ded		\$20 after ded	
Emergency Care								
Emergency Room	\$500 after ded		50% after ded		\$500 after ded		\$500 after ded	
Urgent Care	\$100 after ded		\$80 ded waived		\$100 after ded		\$100 after ded	
Single	2 x \$1,030.55		2 x \$1,017.60		2 x \$999.19		2 x \$916.42	
EE with Spouse	0 x \$2,061.10		0 x \$2,035.20		0 x \$1,998.38		0 x \$1,832.84	
EE with Child(ren)	0 x \$1,751.94		0 x \$1,729.92		0 x \$1,698.62		0 x \$1,557.91	
Family	0 x \$2,937.07		0 x \$2,900.16		0 x \$2,847.69		0 x \$2,611.80	
Monthly Cost	2 \$2,061.10		2 \$2,035.20		2 \$1,998.38		2 \$1,832.84	
Annual Cost	\$24,733.20		\$24,422.40		\$23,980.56		\$21,994.08	

	Anthem Connection Bronze Connection EPO 20/50 7000 50% w/HSA 9FSU (HSA) (UCR=N/A)		Anthem Connection Bronze Connection EPO 20/50 8450 50% 9FT0 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	50%/50%/50% IntDed		50%/50%/50% IntDed	
Cost Share Information				
Individual/Family Deductible	\$7,000/\$14,000 embedded		\$8,450/\$16,900 embedded	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$9,100/\$18,200 (incl ded)	
Co-Insurance	50%		50%	
Office Visits				
Primary Care	\$20 after ded		\$20 after ded	
Specialist	\$50 after ded		\$50 after ded	
Inpatient Services				
Inpatient Hospital	\$500/admit after ded		\$500/admit after ded	
Mental Health Inpatient	\$500/admit after ded		\$500/admit after ded	
Outpatient Services				
Outpatient Facility	Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-\$500 after ded; ASC-\$300 after ded	
Lab/X-Ray	Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$20 after ded		\$20 after ded	
Emergency Care				
Emergency Room	\$300 after ded		\$300 after ded	
Urgent Care	\$100 after ded		\$100 after ded	
Single	2 x \$908.92		2 x \$878.52	
EE with Spouse	0 x \$1,817.84		0 x \$1,757.04	
EE with Child(ren)	0 x \$1,545.16		0 x \$1,493.48	
Family	0 x \$2,590.42		0 x \$2,503.78	
Monthly Cost	2 \$1,817.84		2 \$1,757.04	
Annual Cost	\$21,814.08		\$21,084.48	