

	Anthem PPO/EPO Platinum EPO 5/25 0% 8AES (EPO) (UCR=N/A)		Anthem PPO/EPO Platinum EPO 20/40 0% 8AFA (EPO) (UCR=N/A)		Anthem PPO/EPO Platinum EPO 15/35 300 10% 8AFB (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 25/50 0% 8AF8 (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/50/90/200 ded T2-3		10/65/95/200 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		N/A		\$300/\$600 embedded		N/A	
Individual/Family OOP Limit	\$3,900/\$7,800		\$3,500/\$7,000		\$3,200/\$6,400 (incl ded)		\$8,700/\$17,400	
Co-Insurance	0%		0%		10%		0%	
<b>Office Visits</b>								
Primary Care	\$5		\$20		\$15 ded waived		\$25	
Specialist	\$25		\$40		\$35 ded waived		\$50	
<b>Inpatient Services</b>								
Inpatient Hospital	\$400/admit		\$500/admit		10% after ded		\$500/admit	
Mental Health Inpatient	\$400/admit		\$500/admit		10% after ded		\$500/admit	
<b>Outpatient Services</b>								
Outpatient Facility	Hospital-\$300; ASC-\$50		Hospital-\$500; ASC-\$100		Hospital-10% after ded; ASC-\$50 after ded		Hospital-\$500; ASC-\$250	
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: No charge; X-ray: Office-\$50; OP-\$150		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 ded waived; OP-10% after ded		Lab: No charge; X-ray: Office-\$50; OP-\$150	
Mental Health Outpatient	No charge		No charge		No charge		No charge	
<b>Emergency Care</b>								
Emergency Room	\$300		\$300		10% after ded		\$850	
Urgent Care	\$50		\$50		\$50 ded waived		\$75	
Single	2 x \$1,242.46		2 x \$1,231.04		2 x \$1,206.32		2 x \$1,117.75	
EE with Spouse	0 x \$2,484.92		0 x \$2,462.08		0 x \$2,412.64		0 x \$2,235.50	
EE with Child(ren)	0 x \$2,112.18		0 x \$2,092.77		0 x \$2,050.74		0 x \$1,900.18	
Family	0 x \$3,541.01		0 x \$3,508.46		0 x \$3,438.01		0 x \$3,185.59	
Monthly Cost	2 \$2,484.92		2 \$2,462.08		2 \$2,412.64		2 \$2,235.50	
Annual Cost	\$29,819.04		\$29,544.96		\$28,951.68		\$26,826.00	

	Anthem PPO/EPO Gold EPO 50/60 1100 10% 8AE8 (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 15/40 1850 15% 8AE6 (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 25/45 1850 25% 8AEY (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 20/40/50 2000 20% 8AET (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/45/85/150 ded T2-3		10/40/80/200 ded T2-3		10/50/90/200 ded T2-3		10/20%/20% IntDed T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,100/\$2,200 embedded		\$1,850/\$3,700 embedded		\$1,850/\$3,700 embedded		\$2,000/\$4,000 embedded	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$8,700/\$17,400 (incl ded)		\$7,250/\$14,500 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	10%		15%		25%		20%	
<b>Office Visits</b>								
Primary Care	\$50 ded waived		\$15 ded waived		\$25 ded waived		\$40 ded waived (\$20 ded waived Preferred Provider)	
Specialist	\$60 ded waived		\$40 ded waived		\$45 ded waived		\$50 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		15% after ded		25% after ded		20% after ded	
Mental Health Inpatient	10% after ded		15% after ded		25% after ded		20% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$150 after ded		Hospital-20% after ded; ASC-\$200 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: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: Office-\$50 ded waived; OP-20% after ded; X-ray: Office-\$50 ded waived; OP-20% after ded	
Mental Health Outpatient	No charge		No charge		No charge		No charge	
<b>Emergency Care</b>								
Emergency Room	\$750 after ded		\$750 after ded		\$750 after ded		40% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x \$1,064.03		2 x \$1,039.31		2 x \$1,034.14		2 x \$1,007.63	
EE with Spouse	0 x \$2,128.06		0 x \$2,078.62		0 x \$2,068.28		0 x \$2,015.26	
EE with Child(ren)	0 x \$1,808.85		0 x \$1,766.83		0 x \$1,758.04		0 x \$1,712.97	
Family	0 x \$3,032.49		0 x \$2,962.03		0 x \$2,947.30		0 x \$2,871.75	
Monthly Cost	2 \$2,128.06		2 \$2,078.62		2 \$2,068.28		2 \$2,015.26	
Annual Cost	\$25,536.72		\$24,943.44		\$24,819.36		\$24,183.12	

	Anthem PPO/EPO Gold EPO 20/50 1700 15% w/HSA PrevRx 8ADP (HSA) (UCR=N/A)		Anthem PPO/EPO Silver EPO 45/75 2600 30% 8AFK (EPOc) (UCR=N/A)		Anthem PPO/EPO Silver EPO 40/80 3350 50% 8AE2 (EPOc) (UCR=N/A)		Anthem PPO/EPO Silver EPO 40/80 4000 40% 8AFJ (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	10/10%/10% IntDed		35/70/100/300 ded T2-3		25/75/90/200 ded T2-3		15/65/95/200 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,700/\$3,400 non-embedded		\$2,600/\$5,200 embedded		\$3,350/\$6,700 embedded		\$4,000/\$8,000 embedded	
Individual/Family OOP Limit	\$5,950/\$11,900 (incl ded)		\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)	
Co-Insurance	15%		30%		50%		40%	
<b>Office Visits</b>								
Primary Care	\$20 after ded		\$45 ded waived		\$40 ded waived		\$40 ded waived	
Specialist	\$50 after ded		\$75 ded waived		\$80 ded waived		\$80 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	15% after ded		30% after ded		50% after ded		40% after ded	
Mental Health Inpatient	15% after ded		30% after ded		50% after ded		40% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	15% after ded		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-50% after ded; ASC-\$300 after ded		Hospital-40% after ded; ASC-\$500 after ded	
Lab/X-Ray	15% after ded		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 ded waived; OP-50% after ded		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 ded waived; OP-40% after ded	
Mental Health Outpatient	0% after ded		No charge		No charge		No charge	
<b>Emergency Care</b>								
Emergency Room	15% after ded		\$1,000 after ded		50% after ded		50% after ded	
Urgent Care	\$100 after ded		\$75 ded waived		\$80 ded waived		\$90 ded waived	
Single	2 x \$994.13		2 x \$935.35		2 x \$911.81		2 x \$911.52	
EE with Spouse	0 x \$1,988.26		0 x \$1,870.70		0 x \$1,823.62		0 x \$1,823.04	
EE with Child(ren)	0 x \$1,690.02		0 x \$1,590.10		0 x \$1,550.08		0 x \$1,549.58	
Family	0 x \$2,833.27		0 x \$2,665.75		0 x \$2,598.66		0 x \$2,597.83	
Monthly Cost	2 \$1,988.26		2 \$1,870.70		2 \$1,823.62		2 \$1,823.04	
Annual Cost	\$23,859.12		\$22,448.40		\$21,883.44		\$21,876.48	

	Anthem PPO/EPO Silver EPO 35/65/90 5000 40% 8J4N (EPOc) (UCR=N/A)		Anthem PPO/EPO Silver EPO 20/50 3300 30% w/HSA PrevRx 8AGZ (HSA) (UCR=N/A)		Anthem PPO/EPO Silver EPO 20/50 4100 30% w/HSA PrevRx 8AGR (HSA) (UCR=N/A)		Anthem PPO/EPO Bronze EPO 20/50 6100 50% w/HSA 8AGS (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
<b>Prescription Drugs</b>								
Drug Card	15/40%/40% IntDed T2-3		10/30%/30% IntDed		10/50/90 IntDed		50%/50%/50% IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$5,000/\$10,000 embedded		\$3,300/\$6,600 embedded		\$4,100/\$8,200 embedded		\$6,100/\$12,200 embedded	
Individual/Family OOP Limit	\$9,000/\$18,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	40%		30%		30%		50%	
<b>Office Visits</b>								
Primary Care	\$65 ded waived (\$35 ded waived Preferred Provider)		\$20 after ded		\$20 after ded		\$20 after ded	
Specialist	\$90 ded waived		\$50 after ded		\$50 after ded		\$50 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	40% after ded		30% after ded		30% after ded		50% after ded	
Mental Health Inpatient	40% after ded		30% after ded		30% after ded		50% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hospital-40% after ded; ASC-\$300 after ded		30% after ded		30% after ded		50% after ded	
Lab/X-Ray	Lab: Office-\$90 ded waived; OP-40% after ded; X-ray: Office-\$90 ded waived; OP-40% after ded		30% after ded		30% after ded		50% after ded	
Mental Health Outpatient	No charge		0% after ded		0% after ded		0% after ded	
<b>Emergency Care</b>								
Emergency Room	50% after ded		30% after ded		30% after ded		50% after ded	
Urgent Care	\$85 ded waived		\$100 after ded		\$100 after ded		\$100 after ded	
Single	2 x \$871.60		2 x \$841.61		2 x \$825.92		2 x \$790.68	
EE with Spouse	0 x \$1,743.20		0 x \$1,683.22		0 x \$1,651.84		0 x \$1,581.36	
EE with Child(ren)	0 x \$1,481.72		0 x \$1,430.74		0 x \$1,404.06		0 x \$1,344.16	
Family	0 x \$2,484.06		0 x \$2,398.59		0 x \$2,353.87		0 x \$2,253.44	
Monthly Cost	2 \$1,743.20		2 \$1,683.22		2 \$1,651.84		2 \$1,581.36	
Annual Cost	\$20,918.40		\$20,198.64		\$19,822.08		\$18,976.32	