

	Anthem Blue Access Platinum Blue Access EPO 5/25 0% 8AFD (EPO) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 20/40 0% 8AE7 (EPO) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 15/35 300 10% 8AGL (EPOc) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 5/25/50 500 10% 8AG6 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/50/90/200 ded T2-3		5/10%/10% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		\$300/\$600 embedded		\$500/\$1,000 embedded	
Individual/Family OOP Limit	\$3,900/\$7,800		\$3,500/\$7,000		\$3,200/\$6,400 (incl ded)		\$3,000/\$6,000 (incl ded)	
Co-Insurance	0%		0%		10%		10%	
Office Visits								
Primary Care	\$5		\$20		\$15 ded waived		\$25 ded waived (\$5 ded waived Preferred Provider)	
Specialist	\$25		\$40		\$35 ded waived		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$400/admit		\$500/admit		10% after ded		10% after ded	
Mental Health Inpatient	\$400/admit		\$500/admit		10% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$300; ASC-\$50		Hospital-\$500; ASC-\$100		Hospital-10% after ded; ASC-\$50 after ded		Hospital-10% after ded; ASC-0% after ded	
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: Office-\$50 ded waived; OP-10% after ded; X-ray: Office-\$50 ded waived; OP-10% after ded	
Mental Health Outpatient	No charge		No charge		No charge		No charge	
Emergency Care								
Emergency Room	\$300		\$300		10% after ded		30% after ded	
Urgent Care	\$50		\$50		\$50 ded waived		\$75 ded waived	
Single	2 x \$1,138.50		2 x \$1,128.07		2 x \$1,105.63		2 x \$1,093.32	
EE with Spouse	0 x \$2,277.00		0 x \$2,256.14		0 x \$2,211.26		0 x \$2,186.64	
EE with Child(ren)	0 x \$1,935.45		0 x \$1,917.72		0 x \$1,879.57		0 x \$1,858.64	
Family	0 x \$3,244.73		0 x \$3,215.00		0 x \$3,151.05		0 x \$3,115.96	
Monthly Cost	2 \$2,277.00		2 \$2,256.14		2 \$2,211.26		2 \$2,186.64	
Annual Cost	\$27,324.00		\$27,073.68		\$26,535.12		\$26,239.68	

	Anthem Blue Access Gold Blue Access EPO 25/50 0% 8AGM (EPO) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 50/60 1100 10% 8AE5 (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 15/40 1850 15% 8AEP (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 25/45 1850 25% 8AE0 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/65/95/200 ded T2-3		10/45/85/150 ded T2-3		10/40/80/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,100/\$2,200 embedded		\$1,850/\$3,700 embedded		\$1,850/\$3,700 embedded	
Individual/Family OOP Limit	\$8,700/\$17,400		\$7,000/\$14,000 (incl ded)		\$8,700/\$17,400 (incl ded)		\$7,250/\$14,500 (incl ded)	
Co-Insurance	0%		10%		15%		25%	
Office Visits								
Primary Care	\$25		\$50 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$50		\$60 ded waived		\$40 ded waived		\$45 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		10% after ded		15% after ded		25% after ded	
Mental Health Inpatient	\$500/admit		10% after ded		15% after ded		25% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$500; ASC-\$250		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$150 after ded	
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50; OP-\$150		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	
Mental Health Outpatient	No charge		No charge		No charge		No charge	
Emergency Care								
Emergency Room	\$850		\$750 after ded		\$750 after ded		\$750 after ded	
Urgent Care	\$75		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x \$1,025.41		2 x \$976.55		2 x \$954.21		2 x \$949.45	
EE with Spouse	0 x \$2,050.82		0 x \$1,953.10		0 x \$1,908.42		0 x \$1,898.90	
EE with Child(ren)	0 x \$1,743.20		0 x \$1,660.14		0 x \$1,622.16		0 x \$1,614.07	
Family	0 x \$2,922.42		0 x \$2,783.17		0 x \$2,719.50		0 x \$2,705.93	
Monthly Cost	2 \$2,050.82		2 \$1,953.10		2 \$1,908.42		2 \$1,898.90	
Annual Cost	\$24,609.84		\$23,437.20		\$22,901.04		\$22,786.80	

	Anthem Blue Access Gold Blue Access EPO 20/50 1700 15% w/HSA PrevRx 8ADY (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 60/125 0% 8AF9 (EPO) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 45/75 2600 30% 8AF6 (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 35/65/90 5000 40% 8AE9 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/10%/10% IntDed		15/65/95/100 ded T2-3		35/70/100/300 ded T2-3		15/40%/40% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,700/\$3,400 non-embedded		N/A		\$2,600/\$5,200 embedded		\$5,000/\$10,000 embedded	
Individual/Family OOP Limit	\$5,950/\$11,900 (incl ded)		\$9,200/\$18,400		\$9,200/\$18,400 (incl ded)		\$9,000/\$18,000 (incl ded)	
Co-Insurance	15%		0%		30%		40%	
Office Visits								
Primary Care	\$20 after ded		\$60		\$45 ded waived		\$65 ded waived (\$35 ded waived Preferred Provider)	
Specialist	\$50 after ded		\$125		\$75 ded waived		\$90 ded waived	
Inpatient Services								
Inpatient Hospital	15% after ded		\$2,800/admit		30% after ded		40% after ded	
Mental Health Inpatient	15% after ded		\$2,800/admit		30% after ded		40% after ded	
Outpatient Services								
Outpatient Facility	15% after ded		Hospital-\$1,000; ASC- \$500		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-40% after ded; ASC-\$300 after ded	
Lab/X-Ray	15% after ded		Lab: Office-\$125; OP- \$20; X-ray: \$150		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: Office-\$90 ded waived; OP-40% after ded; X-ray: Office-\$90 ded waived; OP-40% after ded	
Mental Health Outpatient	0% after ded		No charge		No charge		No charge	
Emergency Care								
Emergency Room	15% after ded		\$2,800		\$1,000 after ded		50% after ded	
Urgent Care	\$100 after ded		\$200		\$75 ded waived		\$85 ded waived	
Single	2 x \$913.10		2 x \$912.31		2 x \$859.78		2 x \$801.99	
EE with Spouse	0 x \$1,826.20		0 x \$1,824.62		0 x \$1,719.56		0 x \$1,603.98	
EE with Child(ren)	0 x \$1,552.27		0 x \$1,550.93		0 x \$1,461.63		0 x \$1,363.38	
Family	0 x \$2,602.34		0 x \$2,600.08		0 x \$2,450.37		0 x \$2,285.67	
Monthly Cost	2 \$1,826.20		2 \$1,824.62		2 \$1,719.56		2 \$1,603.98	
Annual Cost	\$21,914.40		\$21,895.44		\$20,634.72		\$19,247.76	

	Anthem Blue Access Silver Blue Access EPO 2750 40% w/HSA 8AFH (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 20/50 3300 30% w/HSA PrevRx 8AEC (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 20/50 4100 30% w/HSA PrevRx 8AFV (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 40/40/90 9000 50% 8AFG (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/95 IntDed		10/30%/30% IntDed		10/50/90 IntDed		25/50%/50% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	\$2,750/\$5,500 embedded		\$3,300/\$6,600 embedded		\$4,100/\$8,200 embedded		\$9,000/\$18,000 embedded	
Individual/Family OOP Limit	\$8,250/\$16,500 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$9,200/\$18,400 (incl ded)	
Co-Insurance	40%		30%		30%		50%	
Office Visits								
Primary Care	40% after ded		\$20 after ded		\$20 after ded		\$40 after ded (\$40 ded waived Preferred Provider)	
Specialist	40% after ded		\$50 after ded		\$50 after ded		\$90 after ded	
Inpatient Services								
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	
Outpatient Services								
Outpatient Facility	40% after ded		30% after ded		30% after ded		Hospital-50% after ded; ASC-\$500 after ded	
Lab/X-Ray	40% after ded		30% after ded		30% after ded		Lab: Office-\$40 after ded; OP-50% after ded; X-ray: Office-\$75 after ded; OP-50% after ded	
Mental Health Outpatient	0% after ded		0% after ded		0% after ded		No charge	
Emergency Care								
Emergency Room	50% after ded		30% after ded		30% after ded		50% after ded	
Urgent Care	40% after ded		\$100 after ded		\$100 after ded		\$100 ded waived	
Single	2 x \$776.77		2 x \$774.79		2 x \$760.59		2 x \$741.62	
EE with Spouse	0 x \$1,553.54		0 x \$1,549.58		0 x \$1,521.18		0 x \$1,483.24	
EE with Child(ren)	0 x \$1,320.51		0 x \$1,317.14		0 x \$1,293.00		0 x \$1,260.75	
Family	0 x \$2,213.79		0 x \$2,208.15		0 x \$2,167.68		0 x \$2,113.62	
Monthly Cost	2 \$1,553.54		2 \$1,549.58		2 \$1,521.18		2 \$1,483.24	
Annual Cost	\$18,642.48		\$18,594.96		\$18,254.16		\$17,798.88	

	Anthem Blue Access Bronze Blue Access EPO 20/50 7300 50% w/HSA 8AGC (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 20/50 6100 50% w/HSA 8ADS (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 5250 50% w/HSA 8AFZ (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 9200 0% 8AER (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	50%/50%/50% IntDed		50%/50%/50% IntDed		10/50%/50% IntDed		0%/0%/0% IntDed	
Cost Share Information								
Individual/Family Deductible	\$7,300/\$14,600 embedded		\$6,100/\$12,200 embedded		\$5,250/\$10,500 embedded		\$9,200/\$18,400 embedded	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$9,200/\$18,400 (incl ded)	
Co-Insurance	50%		50%		50%		0%	
Office Visits								
Primary Care	\$20 after ded		\$20 after ded		50% after ded		0% after ded	
Specialist	\$50 after ded		\$50 after ded		50% after ded		0% after ded	
Inpatient Services								
Inpatient Hospital	50% after ded		50% after ded		50% after ded		0% after ded	
Mental Health Inpatient	50% after ded		50% after ded		50% after ded		0% after ded	
Outpatient Services								
Outpatient Facility	50% after ded		50% after ded		50% after ded		0% after ded	
Lab/X-Ray	50% after ded		50% after ded		50% after ded		0% after ded	
Mental Health Outpatient	0% after ded		0% after ded		0% after ded		0% after ded	
Emergency Care								
Emergency Room	50% after ded		50% after ded		50% after ded		0% after ded	
Urgent Care	\$100 after ded		\$100 after ded		50% after ded		0% after ded	
Single	2 x \$730.80		2 x \$728.62		2 x \$725.84		2 x \$719.58	
EE with Spouse	0 x \$1,461.60		0 x \$1,457.24		0 x \$1,451.68		0 x \$1,439.16	
EE with Child(ren)	0 x \$1,242.36		0 x \$1,238.65		0 x \$1,233.93		0 x \$1,223.29	
Family	0 x \$2,082.78		0 x \$2,076.57		0 x \$2,068.64		0 x \$2,050.80	
Monthly Cost	2 \$1,461.60		2 \$1,457.24		2 \$1,451.68		2 \$1,439.16	
Annual Cost	\$17,539.20		\$17,486.88		\$17,420.16		\$17,269.92	