

	Anthem Blue Access Platinum Blue Access EPO 5/25 0% 9TUM (EPO) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 20/40 0% 9TUN (EPO) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 15/35 300 10% 9B6K (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 50/55 1000 0% A7MY (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	10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/40/80/150 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		N/A		\$300/\$600 embedded		\$1,000/\$2,000 embedded	
Individual/Family OOP Limit	\$3,700/\$7,400		\$3,000/\$6,000		\$3,200/\$6,400 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	0%		0%		10%		0%	
<b>Office Visits</b>								
Primary Care	\$5		\$20		\$15 ded waived		\$50 ded waived	
Specialist	\$25		\$40		\$35 ded waived		\$55 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$400/admit		\$500/admit		10% after ded		\$500/admit after ded	
Mental Health Inpatient	\$400/admit		\$500/admit		10% after ded		\$500/admit after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$300		\$500		10% after ded		\$300 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 after ded; OP-10% after ded		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$5		\$20		\$15 ded waived		\$50 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$300		\$300		10% after ded		\$500 after ded	
Urgent Care	\$75		\$50		\$50 ded waived		\$60 ded waived	
Single	2 x	\$1,056.32	2 x	\$1,047.42	2 x	\$1,029.42	2 x	\$921.85
EE with Spouse	0 x	\$2,112.64	0 x	\$2,094.84	0 x	\$2,058.84	0 x	\$1,843.70
EE with Child(ren)	0 x	\$1,795.74	0 x	\$1,780.61	0 x	\$1,750.01	0 x	\$1,567.15
Family	0 x	\$3,010.51	0 x	\$2,985.15	0 x	\$2,933.85	0 x	\$2,627.27
Monthly Cost	2	\$2,112.64	2	\$2,094.84	2	\$2,058.84	2	\$1,843.70
Annual Cost		\$25,351.68		\$25,138.08		\$24,706.08		\$22,124.40

	Anthem Blue Access Gold Blue Access EPO 15/35 1750 10% A7DW (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 25/45 1850 20% 9B6W (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 20/50 1600 10% w/HSA A7DQ (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 60/125 0% A2TW (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	10/40/80/150 ded T2-3		10/50/90/150 ded T2-3		10/40/80 IntDed		15/65/95	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,750/\$3,500 embedded		\$1,850/\$3,700 embedded		\$1,600/\$3,200 non-embedded		N/A	
Individual/Family OOP Limit	\$8,700/\$17,400 (incl ded)		\$6,500/\$13,000 (incl ded)		\$5,100/\$10,200 (incl ded)		\$9,450/\$18,900	
Co-Insurance	10%		20%		10%		0%	
<b>Office Visits</b>								
Primary Care	\$15 ded waived		\$25 ded waived		\$20 after ded		\$60	
Specialist	\$35 ded waived		\$45 ded waived		\$50 after ded		\$125	
<b>Inpatient Services</b>								
Inpatient Hospital	10% after ded		20% after ded		\$1,000/admit after ded		\$2,800/admit	
Mental Health Inpatient	10% after ded		20% after ded		\$1,000/admit after ded		\$2,800/admit	
<b>Outpatient Services</b>								
Outpatient Facility	\$300 after ded		\$500 after ded		\$500 after ded		\$1,000	
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: \$25 after ded; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: Office-\$125; OP- \$20; X-ray: \$150	
Mental Health Outpatient	\$15 ded waived		\$25 ded waived		\$20 after ded		\$60	
<b>Emergency Care</b>								
Emergency Room	\$750 after ded		\$750 after ded		\$500 after ded		\$2,800	
Urgent Care	\$60 ded waived		\$60 ded waived		\$100 after ded		\$125	
Single	2 x \$892.08		2 x \$885.77		2 x \$871.79		2 x \$844.42	
EE with Spouse	0 x \$1,784.16		0 x \$1,771.54		0 x \$1,743.58		0 x \$1,688.84	
EE with Child(ren)	0 x \$1,516.54		0 x \$1,505.81		0 x \$1,482.04		0 x \$1,435.51	
Family	0 x \$2,542.43		0 x \$2,524.44		0 x \$2,484.60		0 x \$2,406.60	
Monthly Cost	2 \$1,784.16		2 \$1,771.54		2 \$1,743.58		2 \$1,688.84	
Annual Cost	\$21,409.92		\$21,258.48		\$20,922.96		\$20,266.08	

	Anthem Blue Access Silver Blue Access EPO 40/70 2600 30% 9Y7U (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 20/50 3250 25% w/HSA 9Y7S (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 40/80 3250 50% 9B6Z (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 30/75 4550 50% 9B6E (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	35/70/100/200 ded T2-3		10/50/90 IntDed		25/75/90/200 ded T2-3		25/75/90/200 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$2,600/\$5,200 embedded		\$3,250/\$6,500 embedded		\$3,250/\$6,500 embedded		\$4,550/\$9,100 embedded	
Individual/Family OOP Limit	\$9,450/\$18,900 (incl ded)		\$8,000/\$16,000 (incl ded)		\$9,450/\$18,900 (incl ded)		\$9,450/\$18,900 (incl ded)	
Co-Insurance	30%		25%		50%		50%	
<b>Office Visits</b>								
Primary Care	\$40 ded waived		\$20 after ded		\$40 ded waived		\$30 ded waived	
Specialist	\$70 ded waived		\$50 after ded		\$80 ded waived		\$75 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	30% after ded		\$1,500/admit after ded		50% after ded		50% after ded	
Mental Health Inpatient	30% after ded		\$1,500/admit after ded		50% after ded		50% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$300 after ded		\$500 after ded		50% after ded		50% after ded	
Lab/X-Ray	Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded		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: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% after ded	
Mental Health Outpatient	\$40 ded waived		\$20 after ded		\$40 ded waived		\$30 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$500 after ded		\$500 after ded		50% after ded		50% after ded	
Urgent Care	\$75 ded waived		\$100 after ded		\$80 ded waived		\$75 ded waived	
Single	2 x \$797.72		2 x \$774.46		2 x \$764.89		2 x \$760.30	
EE with Spouse	0 x \$1,595.44		0 x \$1,548.92		0 x \$1,529.78		0 x \$1,520.60	
EE with Child(ren)	0 x \$1,356.12		0 x \$1,316.58		0 x \$1,300.31		0 x \$1,292.51	
Family	0 x \$2,273.50		0 x \$2,207.21		0 x \$2,179.94		0 x \$2,166.86	
Monthly Cost	2 \$1,595.44		2 \$1,548.92		2 \$1,529.78		2 \$1,520.60	
Annual Cost	\$19,145.28		\$18,587.04		\$18,357.36		\$18,247.20	

	Anthem Blue Access Silver Blue Access EPO 20/50 4000 30% w/HSA 9Y7Q (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 20/50 6100 50% w/HSA 9FRR (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 20/50 7000 50% w/HSA 9FSS (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 20/50 8450 50% 9B6U (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	10/50/90 IntDed		50%/50%/50% IntDed		50%/50%/50% IntDed		50%/50%/50% IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$4,000/\$8,000 embedded		\$6,100/\$12,200 embedded		\$7,000/\$14,000 embedded		\$8,450/\$16,900 embedded	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$9,100/\$18,200 (incl ded)	
Co-Insurance	30%		50%		50%		50%	
<b>Office Visits</b>								
Primary Care	\$20 after ded		\$20 after ded		\$20 after ded		\$20 after ded	
Specialist	\$50 after ded		\$50 after ded		\$50 after ded		\$50 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$1,500/admit after ded		\$1,000/admit after ded		\$500/admit after ded		\$500/admit after ded	
Mental Health Inpatient	\$1,500/admit after ded		\$1,000/admit after ded		\$500/admit after ded		\$500/admit after ded	
<b>Outpatient Services</b>								
Outpatient Facility	\$500 after ded		\$500 after ded		\$500 after ded		\$500 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		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		\$20 after ded		\$20 after ded	
<b>Emergency Care</b>								
Emergency Room	\$500 after ded		\$500 after ded		\$300 after ded		\$300 after ded	
Urgent Care	\$100 after ded		\$100 after ded		\$100 after ded		\$100 after ded	
Single	2 x \$754.75		2 x \$689.09		2 x \$683.44		2 x \$660.67	
EE with Spouse	0 x \$1,509.50		0 x \$1,378.18		0 x \$1,366.88		0 x \$1,321.34	
EE with Child(ren)	0 x \$1,283.08		0 x \$1,171.45		0 x \$1,161.85		0 x \$1,123.14	
Family	0 x \$2,151.04		0 x \$1,963.91		0 x \$1,947.80		0 x \$1,882.91	
Monthly Cost	2 \$1,509.50		2 \$1,378.18		2 \$1,366.88		2 \$1,321.34	
Annual Cost	\$18,114.00		\$16,538.16		\$16,402.56		\$15,856.08	