

	Anthem PPO/EPO Platinum EPO 5/25 0% 9Y79 (EPO) (UCR=N/A)		Anthem PPO/EPO Platinum EPO 20/40 0% 9TUE (EPO) (UCR=N/A)		Anthem PPO/EPO Gold EPO 25/50 0% A7MW (EPO) (UCR=N/A)		Anthem PPO/EPO Gold EPO 50/55 1000 10% 9TUF (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		10/65/90/150 ded T2-3		10/40/80/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		N/A		\$1,000/\$2,000 embedded	
Individual/Family OOP Limit	\$3,700/\$7,400		\$3,000/\$6,000		\$8,700/\$17,400		\$7,000/\$14,000 (incl ded)	
Co-Insurance	0%		0%		0%		10%	
Office Visits								
Primary Care	\$5		\$20		\$25		\$50 ded waived	
Specialist	\$25		\$40		\$50		\$55 ded waived	
Inpatient Services								
Inpatient Hospital	\$400/admit		\$500/admit		\$500/admit		10% after ded	
Mental Health Inpatient	\$400/admit		\$500/admit		\$500/admit		10% after ded	
Outpatient Services								
Outpatient Facility	\$300		\$500		\$500		\$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: No charge; X-ray: Office-\$50; OP-\$150		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$5		\$20		\$25		\$50 ded waived	
Emergency Care								
Emergency Room	\$300		\$300		\$750		\$500 after ded	
Urgent Care	\$75		\$50		\$50		\$60 ded waived	
Single	2 x	\$1,507.78	2 x	\$1,495.12	2 x	\$1,357.76	2 x	\$1,295.46
EE with Spouse	0 x	\$3,015.56	0 x	\$2,990.24	0 x	\$2,715.52	0 x	\$2,590.92
EE with Child(ren)	0 x	\$2,563.23	0 x	\$2,541.70	0 x	\$2,308.19	0 x	\$2,202.28
Family	0 x	\$4,297.17	0 x	\$4,261.09	0 x	\$3,869.62	0 x	\$3,692.06
Monthly Cost	2	\$3,015.56	2	\$2,990.24	2	\$2,715.52	2	\$2,590.92
Annual Cost		\$36,186.72		\$35,882.88		\$32,586.24		\$31,091.04

	Anthem PPO/EPO Gold EPO 25/40 1500 20% 9TTY (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 15/35 1750 10% A7MD (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 20/50 1600 10% w/HSA WH A7MK (HSA) (UCR=N/A)		Anthem PPO/EPO Gold EPO 25/45 1850 20% A7MV (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		10/40/80/150 ded T2-3		10/40/80 IntDed		10/50/90/150 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,500/\$3000 embedded		\$1,750/\$3,500 embedded		\$1,600/\$3,200 non-embedded		\$1,850/\$3,700 embedded	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$8,700/\$17,400 (incl ded)		\$5,100/\$10,200 (incl ded)		\$6,500/\$13,000 (incl ded)	
Co-Insurance	20%		10%		10%		20%	
Office Visits								
Primary Care	\$25 ded waived		\$15 ded waived		\$20 after ded		\$25 ded waived	
Specialist	\$40 ded waived		\$35 ded waived		\$50 after ded		\$45 ded waived	
Inpatient Services								
Inpatient Hospital	20% after ded		10% after ded		\$1,000/admit after ded		20% after ded	
Mental Health Inpatient	20% after ded		10% after ded		\$1,000/admit after ded		20% after ded	
Outpatient Services								
Outpatient Facility	\$250 after ded		\$300 after ded		\$500 after ded		\$250 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: \$25 after ded; 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	\$25 ded waived		\$15 ded waived		\$20 after ded		\$25 ded waived	
Emergency Care								
Emergency Room	\$500 after ded		\$750 after ded		\$500 after ded		\$750 after ded	
Urgent Care	\$60 ded waived		\$60 ded waived		\$100 after ded		\$60 ded waived	
Single	2 x \$1,277.79		2 x \$1,273.41		2 x \$1,269.65		2 x \$1,264.26	
EE with Spouse	0 x \$2,555.58		0 x \$2,546.82		0 x \$2,539.30		0 x \$2,528.52	
EE with Child(ren)	0 x \$2,172.24		0 x \$2,164.80		0 x \$2,158.41		0 x \$2,149.24	
Family	0 x \$3,641.70		0 x \$3,629.22		0 x \$3,618.50		0 x \$3,603.14	
Monthly Cost	2 \$2,555.58		2 \$2,546.82		2 \$2,539.30		2 \$2,528.52	
Annual Cost	\$30,666.96		\$30,561.84		\$30,471.60		\$30,342.24	

	Anthem PPO/EPO Gold EPO 20/50 1600 10% w/HSA A7ME (HSA) (UCR=N/A)		Anthem PPO/EPO Silver EPO 40/70 2600 30% A2TA (EPOc) (UCR=N/A)		Anthem PPO/EPO Silver EPO 20/50 3250 25% w/HSA A2TM (HSA) (UCR=N/A)		Anthem PPO/EPO Silver EPO 40/80 3250 50% A2TG (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 IntDed		35/70/100/200 ded T2-3		10/50/90 IntDed		25/75/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,600/\$3,200 non-embedded		\$2,600/\$5,200 embedded		\$3,250/\$6,500 embedded		\$3,250/\$6,500 embedded	
Individual/Family OOP Limit	\$5,100/\$10,200 (incl ded)		\$9,450/\$18,900 (incl ded)		\$8,000/\$16,000 (incl ded)		\$9,450/\$18,900 (incl ded)	
Co-Insurance	10%		30%		25%		50%	
Office Visits								
Primary Care	\$20 after ded		\$40 ded waived		\$20 after ded		\$40 ded waived	
Specialist	\$50 after ded		\$70 ded waived		\$50 after ded		\$80 ded waived	
Inpatient Services								
Inpatient Hospital	\$1,000/admit after ded		30% after ded		\$1,500/admit after ded		50% after ded	
Mental Health Inpatient	\$1,000/admit after ded		30% after ded		\$1,500/admit after ded		50% after ded	
Outpatient Services								
Outpatient Facility	\$500 after ded		\$300 after ded		\$500 after ded		50% after ded	
Lab/X-Ray	Lab: \$25 after ded; 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-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% after ded	
Mental Health Outpatient	\$20 after ded		\$40 ded waived		\$20 after ded		\$40 ded waived	
Emergency Care								
Emergency Room	\$500 after ded		\$500 after ded		\$500 after ded		50% after ded	
Urgent Care	\$100 after ded		\$75 ded waived		\$100 after ded		\$80 ded waived	
Single	2 x \$1,244.33		2 x \$1,138.54		2 x \$1,105.46		2 x \$1,091.79	
EE with Spouse	0 x \$2,488.66		0 x \$2,277.08		0 x \$2,210.92		0 x \$2,183.58	
EE with Child(ren)	0 x \$2,115.36		0 x \$1,935.52		0 x \$1,879.28		0 x \$1,856.04	
Family	0 x \$3,546.34		0 x \$3,244.84		0 x \$3,150.56		0 x \$3,111.60	
Monthly Cost	2 \$2,488.66		2 \$2,277.08		2 \$2,210.92		2 \$2,183.58	
Annual Cost	\$29,863.92		\$27,324.96		\$26,531.04		\$26,202.96	

	Anthem PPO/EPO Silver EPO 20/50 4000 30% w/HSA A2TN (HSA) (UCR=N/A)		Anthem PPO/EPO Bronze EPO 20/50 6100 50% w/HSA 9FT4 (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	10/50/90 IntDed		50%/50%/50% IntDed	
Cost Share Information				
Individual/Family Deductible	\$4,000/\$8,000 embedded		\$6,100/\$12,200 embedded	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	30%		50%	
Office Visits				
Primary Care	\$20 after ded		\$20 after ded	
Specialist	\$50 after ded		\$50 after ded	
Inpatient Services				
Inpatient Hospital	\$1,500/admit after ded		\$1,000/admit after ded	
Mental Health Inpatient	\$1,500/admit after ded		\$1,000/admit after ded	
Outpatient Services				
Outpatient Facility	\$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	
Mental Health Outpatient	\$20 after ded		\$20 after ded	
Emergency Care				
Emergency Room	\$500 after ded		\$500 after ded	
Urgent Care	\$100 after ded		\$100 after ded	
Single	2 x \$1,077.26		2 x \$983.63	
EE with Spouse	0 x \$2,154.52		0 x \$1,967.26	
EE with Child(ren)	0 x \$1,831.34		0 x \$1,672.17	
Family	0 x \$3,070.19		0 x \$2,803.35	
Monthly Cost	2 \$2,154.52		2 \$1,967.26	
Annual Cost	\$25,854.24		\$23,607.12	