

	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 \$1,086.42		2 x \$1,077.27		2 x \$1,058.76		2 x \$948.12	
EE with Spouse	0 x \$2,172.84		0 x \$2,154.54		0 x \$2,117.52		0 x \$1,896.24	
EE with Child(ren)	0 x \$1,846.91		0 x \$1,831.36		0 x \$1,799.89		0 x \$1,611.80	
Family	0 x \$3,096.30		0 x \$3,070.22		0 x \$3,017.47		0 x \$2,702.14	
Monthly Cost	2 \$2,172.84		2 \$2,154.54		2 \$2,117.52		2 \$1,896.24	
Annual Cost	\$26,074.08		\$25,854.48		\$25,410.24		\$22,754.88	

	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% wHSA 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 \$917.51		2 x \$911.01		2 x \$896.64		2 x \$868.49	
EE with Spouse	0 x \$1,835.02		0 x \$1,822.02		0 x \$1,793.28		0 x \$1,736.98	
EE with Child(ren)	0 x \$1,559.77		0 x \$1,548.72		0 x \$1,524.29		0 x \$1,476.43	
Family	0 x \$2,614.90		0 x \$2,596.38		0 x \$2,555.42		0 x \$2,475.20	
Monthly Cost	2 \$1,835.02		2 \$1,822.02		2 \$1,793.28		2 \$1,736.98	
Annual Cost	\$22,020.24		\$21,864.24		\$21,519.36		\$20,843.76	

	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 \$820.45		2 x \$796.53		2 x \$786.69		2 x \$781.96	
EE with Spouse	0 x \$1,640.90		0 x \$1,593.06		0 x \$1,573.38		0 x \$1,563.92	
EE with Child(ren)	0 x \$1,394.77		0 x \$1,354.10		0 x \$1,337.37		0 x \$1,329.33	
Family	0 x \$2,338.28		0 x \$2,270.11		0 x \$2,242.07		0 x \$2,228.59	
Monthly Cost	2 \$1,640.90		2 \$1,593.06		2 \$1,573.38		2 \$1,563.92	
Annual Cost	\$19,690.80		\$19,116.72		\$18,880.56		\$18,767.04	

	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 \$776.26		2 x \$708.73		2 x \$702.92		2 x \$679.49	
EE with Spouse	0 x \$1,552.52		0 x \$1,417.46		0 x \$1,405.84		0 x \$1,358.98	
EE with Child(ren)	0 x \$1,319.64		0 x \$1,204.84		0 x \$1,194.96		0 x \$1,155.13	
Family	0 x \$2,212.34		0 x \$2,019.88		0 x \$2,003.32		0 x \$1,936.55	
Monthly Cost	2 \$1,552.52		2 \$1,417.46		2 \$1,405.84		2 \$1,358.98	
Annual Cost	\$18,630.24		\$17,009.52		\$16,870.08		\$16,307.76	