

	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	Hospital-\$300; ASC-\$50		Hospital-\$500; ASC-\$50		Hospital-10% after ded; ASC-\$50 after ded		Hospital-\$300 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; 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 \$1,117.37		2 x \$1,107.96		2 x \$1,088.93		2 x \$975.13	
EE with Spouse	0 x \$2,234.74		0 x \$2,215.92		0 x \$2,177.86		0 x \$1,950.26	
EE with Child(ren)	0 x \$1,899.53		0 x \$1,883.53		0 x \$1,851.18		0 x \$1,657.72	
Family	0 x \$3,184.50		0 x \$3,157.69		0 x \$3,103.45		0 x \$2,779.12	
Monthly Cost	2 \$2,234.74		2 \$2,215.92		2 \$2,177.86		2 \$1,950.26	
Annual Cost	\$26,816.88		\$26,591.04		\$26,134.32		\$23,403.12	

	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	Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-\$1,000; ASC-\$500	
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 \$943.65		2 x \$936.97		2 x \$922.18		2 x \$893.23	
EE with Spouse	0 x \$1,887.30		0 x \$1,873.94		0 x \$1,844.36		0 x \$1,786.46	
EE with Child(ren)	0 x \$1,604.21		0 x \$1,592.85		0 x \$1,567.71		0 x \$1,518.49	
Family	0 x \$2,689.40		0 x \$2,670.36		0 x \$2,628.21		0 x \$2,545.71	
Monthly Cost	2 \$1,887.30		2 \$1,873.94		2 \$1,844.36		2 \$1,786.46	
Annual Cost	\$22,647.60		\$22,487.28		\$22,132.32		\$21,437.52	

	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	Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-50% after ded; ASC-\$300 after ded		Hospital-50% after ded; ASC-\$300 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 \$843.83		2 x \$819.22		2 x \$809.10		2 x \$804.24	
EE with Spouse	0 x \$1,687.66		0 x \$1,638.44		0 x \$1,618.20		0 x \$1,608.48	
EE with Child(ren)	0 x \$1,434.51		0 x \$1,392.67		0 x \$1,375.47		0 x \$1,367.21	
Family	0 x \$2,404.92		0 x \$2,334.78		0 x \$2,305.94		0 x \$2,292.08	
Monthly Cost	2 \$1,687.66		2 \$1,638.44		2 \$1,618.20		2 \$1,608.48	
Annual Cost	\$20,251.92		\$19,661.28		\$19,418.40		\$19,301.76	

	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	Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-\$500 after ded; ASC-\$300 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 \$798.37		2 x \$728.92		2 x \$722.95		2 x \$698.85	
EE with Spouse	0 x \$1,596.74		0 x \$1,457.84		0 x \$1,445.90		0 x \$1,397.70	
EE with Child(ren)	0 x \$1,357.23		0 x \$1,239.16		0 x \$1,229.02		0 x \$1,188.05	
Family	0 x \$2,275.35		0 x \$2,077.42		0 x \$2,060.41		0 x \$1,991.72	
Monthly Cost	2 \$1,596.74		2 \$1,457.84		2 \$1,445.90		2 \$1,397.70	
Annual Cost	\$19,160.88		\$17,494.08		\$17,350.80		\$16,772.40	