

	Anthem PPO/EPO Platinum EPO 5/25 0% 9B6V (EPO) (UCR=N/A)		Anthem PPO/EPO Platinum EPO 20/40 0% 9B6L (EPO) (UCR=N/A)		Anthem PPO/EPO Gold EPO 50/55 1000 10% 9B6N (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 15/35 1750 10% 9B6Y (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		10/40/80/150 ded T2-3		10/40/80/150 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	N/A		N/A		\$1,000/\$2,000 embedded		\$1,750/\$3,500 embedded	
Individual/Family OOP Limit	\$3,700/\$7,400		\$3,000/\$6,000		\$7,000/\$14,000 (incl ded)		\$8,700/\$17,400 (incl ded)	
Co-Insurance	0%		0%		10%		10%	
<b>Office Visits</b>								
Primary Care	\$5		\$20		\$50 ded waived		\$15 ded waived	
Specialist	\$25		\$40		\$55 ded waived		\$35 ded waived	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
Outpatient Facility	Hospital-\$300; ASC-\$50		Hospital-\$500; ASC-\$50		Hospital-\$300 after ded; ASC-\$150 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: 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	\$5		\$20		\$50 ded waived		\$15 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$300		\$300		\$500 after ded		\$750 after ded	
Urgent Care	\$75		\$50		\$60 ded waived		\$60 ded waived	
Single	2 x \$1,217.90		2 x \$1,207.68		2 x \$1,046.40		2 x \$1,028.59	
EE with Spouse	0 x \$2,435.80		0 x \$2,415.36		0 x \$2,092.80		0 x \$2,057.18	
EE with Child(ren)	0 x \$2,070.43		0 x \$2,053.06		0 x \$1,778.88		0 x \$1,748.60	
Family	0 x \$3,471.02		0 x \$3,441.89		0 x \$2,982.24		0 x \$2,931.48	
Monthly Cost	2 \$2,435.80		2 \$2,415.36		2 \$2,092.80		2 \$2,057.18	
Annual Cost	\$29,229.60		\$28,984.32		\$25,113.60		\$24,686.16	

	Anthem PPO/EPO Gold EPO 20/50 1600 10% w/HSA WH 9B6G (HSA) (UCR=N/A)		Anthem PPO/EPO Gold EPO 25/45 1850 20% A7N1 (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 20/50 1600 10% w/HSA A7MZ (HSA) (UCR=N/A)		Anthem PPO/EPO Silver EPO 40/70 2600 30% A2TX (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	10/40/80 IntDed		10/50/90/150 ded T2-3		10/40/80 IntDed		35/70/100/200 ded T2-3	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$1,600/\$3,200 non-embedded		\$1,850/\$3,700 embedded		\$1,600/\$3,200 non-embedded		\$2,600/\$5,200 embedded	
Individual/Family OOP Limit	\$5,100/\$10,200 (incl ded)		\$6,500/\$13,000 (incl ded)		\$5,100/\$10,200 (incl ded)		\$9,450/\$18,900 (incl ded)	
Co-Insurance	10%		20%		10%		30%	
<b>Office Visits</b>								
Primary Care	\$20 after ded		\$25 ded waived		\$20 after ded		\$40 ded waived	
Specialist	\$50 after ded		\$45 ded waived		\$50 after ded		\$70 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$1,000/admit after ded		20% after ded		\$1,000/admit after ded		30% after ded	
Mental Health Inpatient	\$1,000/admit after ded		20% after ded		\$1,000/admit after ded		30% after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-\$500 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-\$300 after ded; ASC-\$150 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: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded	
Mental Health Outpatient	\$20 after ded		\$25 ded waived		\$20 after ded		\$40 ded waived	
<b>Emergency Care</b>								
Emergency Room	\$500 after ded		\$750 after ded		\$500 after ded		\$500 after ded	
Urgent Care	\$100 after ded		\$60 ded waived		\$100 after ded		\$75 ded waived	
Single	2 x \$1,025.55		2 x \$1,021.20		2 x \$1,005.10		2 x \$919.65	
EE with Spouse	0 x \$2,051.10		0 x \$2,042.40		0 x \$2,010.20		0 x \$1,839.30	
EE with Child(ren)	0 x \$1,743.44		0 x \$1,736.04		0 x \$1,708.67		0 x \$1,563.41	
Family	0 x \$2,922.82		0 x \$2,910.42		0 x \$2,864.54		0 x \$2,621.00	
Monthly Cost	2 \$2,051.10		2 \$2,042.40		2 \$2,010.20		2 \$1,839.30	
Annual Cost	\$24,613.20		\$24,508.80		\$24,122.40		\$22,071.60	

	Anthem PPO/EPO Silver EPO 20/50 3250 25% w/HSA A2U2 (HSA) (UCR=N/A)		Anthem PPO/EPO Silver EPO 40/80 3250 50% 9B67 (EPOc) (UCR=N/A)		Anthem PPO/EPO Silver EPO 20/50 4000 30% w/HSA 9B6P (HSA) (UCR=N/A)		Anthem PPO/EPO Bronze EPO 20/50 6100 50% w/HSA 9B6Q (HSA) (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		25/75/90/200 ded T2-3		10/50/90 IntDed		50%/50%/50% IntDed	
<b>Cost Share Information</b>								
Individual/Family Deductible	\$3,250/\$6,500 embedded		\$3,250/\$6,500 embedded		\$4,000/\$8,000 embedded		\$6,100/\$12,200 embedded	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$9,450/\$18,900 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	25%		50%		30%		50%	
<b>Office Visits</b>								
Primary Care	\$20 after ded		\$40 ded waived		\$20 after ded		\$20 after ded	
Specialist	\$50 after ded		\$80 ded waived		\$50 after ded		\$50 after ded	
<b>Inpatient Services</b>								
Inpatient Hospital	\$1,500/admit after ded		50% after ded		\$1,500/admit after ded		\$1,000/admit after ded	
Mental Health Inpatient	\$1,500/admit after ded		50% after ded		\$1,500/admit after ded		\$1,000/admit after ded	
<b>Outpatient Services</b>								
Outpatient Facility	Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-50% 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: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 after ded; OP-50% 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		\$40 ded waived		\$20 after ded		\$20 after ded	
<b>Emergency Care</b>								
Emergency Room	\$500 after ded		50% after ded		\$500 after ded		\$500 after ded	
Urgent Care	\$100 after ded		\$80 ded waived		\$100 after ded		\$100 after ded	
Single	2 x \$892.93		2 x \$881.89		2 x \$870.15		2 x \$794.52	
EE with Spouse	0 x \$1,785.86		0 x \$1,763.78		0 x \$1,740.30		0 x \$1,589.04	
EE with Child(ren)	0 x \$1,517.98		0 x \$1,499.21		0 x \$1,479.26		0 x \$1,350.68	
Family	0 x \$2,544.85		0 x \$2,513.39		0 x \$2,479.93		0 x \$2,264.38	
Monthly Cost	2 \$1,785.86		2 \$1,763.78		2 \$1,740.30		2 \$1,589.04	
Annual Cost	\$21,430.32		\$21,165.36		\$20,883.60		\$19,068.48	