

	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	Hospital-\$300; ASC-\$50		Hospital-\$500; ASC-\$50		Hospital-\$500; ASC-\$150		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; 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 \$1,594.93		2 x \$1,581.54		2 x \$1,436.23		2 x \$1,370.34	
EE with Spouse	0 x \$3,189.86		0 x \$3,163.08		0 x \$2,872.46		0 x \$2,740.68	
EE with Child(ren)	0 x \$2,711.38		0 x \$2,688.62		0 x \$2,441.59		0 x \$2,329.58	
Family	0 x \$4,545.55		0 x \$4,507.39		0 x \$4,093.26		0 x \$3,905.47	
Monthly Cost	2 \$3,189.86		2 \$3,163.08		2 \$2,872.46		2 \$2,740.68	
Annual Cost	\$38,278.32		\$37,956.96		\$34,469.52		\$32,888.16	

	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	Hospital-\$250 after ded; ASC-\$150 after ded		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-\$500 after ded; ASC-\$150 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 \$1,351.65		2 x \$1,347.01		2 x \$1,343.03		2 x \$1,337.33	
EE with Spouse	0 x \$2,703.30		0 x \$2,694.02		0 x \$2,686.06		0 x \$2,674.66	
EE with Child(ren)	0 x \$2,297.81		0 x \$2,289.92		0 x \$2,283.15		0 x \$2,273.46	
Family	0 x \$3,852.20		0 x \$3,838.98		0 x \$3,827.64		0 x \$3,811.39	
Monthly Cost	2 \$2,703.30		2 \$2,694.02		2 \$2,686.06		2 \$2,674.66	
Annual Cost	\$32,439.60		\$32,328.24		\$32,232.72		\$32,095.92	

	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	Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-50% after ded; ASC-\$300 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 \$1,316.25		2 x \$1,204.35		2 x \$1,169.35		2 x \$1,154.90	
EE with Spouse	0 x \$2,632.50		0 x \$2,408.70		0 x \$2,338.70		0 x \$2,309.80	
EE with Child(ren)	0 x \$2,237.63		0 x \$2,047.40		0 x \$1,987.90		0 x \$1,963.33	
Family	0 x \$3,751.31		0 x \$3,432.40		0 x \$3,332.65		0 x \$3,291.47	
Monthly Cost	2 \$2,632.50		2 \$2,408.70		2 \$2,338.70		2 \$2,309.80	
Annual Cost	\$31,590.00		\$28,904.40		\$28,064.40		\$27,717.60	

	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	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	
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 \$1,139.52		2 x \$1,040.48	
EE with Spouse	0 x \$2,279.04		0 x \$2,080.96	
EE with Child(ren)	0 x \$1,937.18		0 x \$1,768.82	
Family	0 x \$3,247.63		0 x \$2,965.37	
Monthly Cost	2 \$2,279.04		2 \$2,080.96	
Annual Cost	\$27,348.48		\$24,971.52	