

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
Primary Care	\$5		\$20		\$25		\$50 ded waived	
Specialist	\$25		\$40		\$50		\$55 ded waived	
<b>Inpatient Services</b>								
Inpatient Hospital	\$400/admit		\$500/admit		\$500/admit		10% after ded	
Mental Health Inpatient	\$400/admit		\$500/admit		\$500/admit		10% after ded	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
Emergency Room	\$300		\$300		\$750		\$500 after ded	
Urgent Care	\$75		\$50		\$50		\$60 ded waived	
Single	2 x \$1,659.68		2 x \$1,645.74		2 x \$1,494.54		2 x \$1,425.97	
EE with Spouse	0 x \$3,319.36		0 x \$3,291.48		0 x \$2,989.08		0 x \$2,851.94	
EE with Child(ren)	0 x \$2,821.46		0 x \$2,797.76		0 x \$2,540.72		0 x \$2,424.15	
Family	0 x \$4,730.09		0 x \$4,690.36		0 x \$4,259.44		0 x \$4,064.01	
Monthly Cost	2 \$3,319.36		2 \$3,291.48		2 \$2,989.08		2 \$2,851.94	
Annual Cost	\$39,832.32		\$39,497.76		\$35,868.96		\$34,223.28	

	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
<b>Prescription Drugs</b>								
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	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$1,406.52		2 x \$1,401.69		2 x \$1,397.55		2 x \$1,391.62	
EE with Spouse	0 x \$2,813.04		0 x \$2,803.38		0 x \$2,795.10		0 x \$2,783.24	
EE with Child(ren)	0 x \$2,391.08		0 x \$2,382.87		0 x \$2,375.84		0 x \$2,365.75	
Family	0 x \$4,008.58		0 x \$3,994.82		0 x \$3,983.02		0 x \$3,966.12	
Monthly Cost	2 \$2,813.04		2 \$2,803.38		2 \$2,795.10		2 \$2,783.24	
Annual Cost	\$33,756.48		\$33,640.56		\$33,541.20		\$33,398.88	

	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
<b>Prescription Drugs</b>								
Drug Card	10/40/80 IntDed		35/70/100/200 ded T2-3		10/50/90 IntDed		25/75/90/200 ded T2-3	
<b>Cost Share Information</b>								
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%	
<b>Office Visits</b>								
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	
<b>Inpatient Services</b>								
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	
<b>Outpatient Services</b>								
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	
<b>Emergency Care</b>								
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 \$1,369.68		2 x \$1,253.24		2 x \$1,216.82		2 x \$1,201.78	
EE with Spouse	0 x \$2,739.36		0 x \$2,506.48		0 x \$2,433.64		0 x \$2,403.56	
EE with Child(ren)	0 x \$2,328.46		0 x \$2,130.51		0 x \$2,068.59		0 x \$2,043.03	
Family	0 x \$3,903.59		0 x \$3,571.73		0 x \$3,467.94		0 x \$3,425.07	
Monthly Cost	2 \$2,739.36		2 \$2,506.48		2 \$2,433.64		2 \$2,403.56	
Annual Cost	\$32,872.32		\$30,077.76		\$29,203.68		\$28,842.72	

	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
<b>Prescription Drugs</b>				
Drug Card	10/50/90 IntDed		50%/50%/50% IntDed	
<b>Cost Share Information</b>				
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%	
<b>Office Visits</b>				
Primary Care	\$20 after ded		\$20 after ded	
Specialist	\$50 after ded		\$50 after ded	
<b>Inpatient Services</b>				
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	
<b>Outpatient Services</b>				
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	
<b>Emergency Care</b>				
Emergency Room	\$500 after ded		\$500 after ded	
Urgent Care	\$100 after ded		\$100 after ded	
Single	2 x \$1,185.78		2 x \$1,082.72	
EE with Spouse	0 x \$2,371.56		0 x \$2,165.44	
EE with Child(ren)	0 x \$2,015.83		0 x \$1,840.62	
Family	0 x \$3,379.47		0 x \$3,085.75	
Monthly Cost	2 \$2,371.56		2 \$2,165.44	
Annual Cost	\$28,458.72		\$25,985.28	