

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
Primary Care	\$5		\$20		\$15 ded waived		\$50 ded waived	
Specialist	\$25		\$40		\$35 ded waived		\$55 ded waived	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
Emergency Room	\$300		\$300		10% after ded		\$500 after ded	
Urgent Care	\$75		\$50		\$50 ded waived		\$60 ded waived	
Single	2 x \$1,149.17		2 x \$1,139.49		2 x \$1,119.91		2 x \$1,002.88	
EE with Spouse	0 x \$2,298.34		0 x \$2,278.98		0 x \$2,239.82		0 x \$2,005.76	
EE with Child(ren)	0 x \$1,953.59		0 x \$1,937.13		0 x \$1,903.85		0 x \$1,704.90	
Family	0 x \$3,275.13		0 x \$3,247.55		0 x \$3,191.74		0 x \$2,858.21	
Monthly Cost	2 \$2,298.34		2 \$2,278.98		2 \$2,239.82		2 \$2,005.76	
Annual Cost	\$27,580.08		\$27,347.76		\$26,877.84		\$24,069.12	

	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% 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
Prescription Drugs								
Drug Card	10/40/80/150 ded T2-3		10/50/90/150 ded T2-3		10/40/80 IntDed		15/65/95	
Cost Share Information								
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%	
Office Visits								
Primary Care	\$15 ded waived		\$25 ded waived		\$20 after ded		\$60	
Specialist	\$35 ded waived		\$45 ded waived		\$50 after ded		\$125	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$970.50		2 x \$963.63		2 x \$948.43		2 x \$918.65	
EE with Spouse	0 x \$1,941.00		0 x \$1,927.26		0 x \$1,896.86		0 x \$1,837.30	
EE with Child(ren)	0 x \$1,649.85		0 x \$1,638.17		0 x \$1,612.33		0 x \$1,561.71	
Family	0 x \$2,765.93		0 x \$2,746.35		0 x \$2,703.03		0 x \$2,618.15	
Monthly Cost	2 \$1,941.00		2 \$1,927.26		2 \$1,896.86		2 \$1,837.30	
Annual Cost	\$23,292.00		\$23,127.12		\$22,762.32		\$22,047.60	

	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
Prescription Drugs								
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	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$867.84		2 x \$842.54		2 x \$832.12		2 x \$827.13	
EE with Spouse	0 x \$1,735.68		0 x \$1,685.08		0 x \$1,664.24		0 x \$1,654.26	
EE with Child(ren)	0 x \$1,475.33		0 x \$1,432.32		0 x \$1,414.60		0 x \$1,406.12	
Family	0 x \$2,473.34		0 x \$2,401.24		0 x \$2,371.54		0 x \$2,357.32	
Monthly Cost	2 \$1,735.68		2 \$1,685.08		2 \$1,664.24		2 \$1,654.26	
Annual Cost	\$20,828.16		\$20,220.96		\$19,970.88		\$19,851.12	

	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
Prescription Drugs								
Drug Card	10/50/90 IntDed		50%/50%/50% IntDed		50%/50%/50% IntDed		50%/50%/50% IntDed	
Cost Share Information								
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%	
Office Visits								
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	
Inpatient Services								
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	
Outpatient Services								
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	
Emergency Care								
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 \$821.09		2 x \$749.66		2 x \$743.52		2 x \$718.74	
EE with Spouse	0 x \$1,642.18		0 x \$1,499.32		0 x \$1,487.04		0 x \$1,437.48	
EE with Child(ren)	0 x \$1,395.85		0 x \$1,274.42		0 x \$1,263.98		0 x \$1,221.86	
Family	0 x \$2,340.11		0 x \$2,136.53		0 x \$2,119.03		0 x \$2,048.41	
Monthly Cost	2 \$1,642.18		2 \$1,499.32		2 \$1,487.04		2 \$1,437.48	
Annual Cost	\$19,706.16		\$17,991.84		\$17,844.48		\$17,249.76	