

	Anthem Blue Access Platinum Blue Access EPO 5/25 0% 8AFD (EPO) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 20/40 0% 8AE7 (EPO) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 15/35 300 10% 8AGL (EPOc) (UCR=N/A)		Anthem Blue Access Platinum Blue Access EPO 5/25/50 500 10% 8AG6 (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		10/50/90/200 ded T2-3		5/10%/10% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		\$300/\$600 embedded		\$500/\$1,000 embedded	
Individual/Family OOP Limit	\$3,900/\$7,800		\$3,500/\$7,000		\$3,200/\$6,400 (incl ded)		\$3,000/\$6,000 (incl ded)	
Co-Insurance	0%		0%		10%		10%	
Office Visits								
Primary Care	\$5		\$20		\$15 ded waived		\$25 ded waived (\$5 ded waived Preferred Provider)	
Specialist	\$25		\$40		\$35 ded waived		\$50 ded waived	
Inpatient Services								
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	
Outpatient Services								
Outpatient Facility	Hospital-\$300; ASC-\$50		Hospital-\$500; ASC-\$100		Hospital-10% after ded; ASC-\$50 after ded		Hospital-10% after ded; ASC-0% 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 ded waived; OP-10% after ded		Lab: Office-\$50 ded waived; OP-10% after ded; X-ray: Office-\$50 ded waived; OP-10% after ded	
Mental Health Outpatient	No charge		No charge		No charge		No charge	
Emergency Care								
Emergency Room	\$300		\$300		10% after ded		30% after ded	
Urgent Care	\$50		\$50		\$50 ded waived		\$75 ded waived	
Single	2 x \$1,166.96		2 x \$1,156.28		2 x \$1,133.28		2 x \$1,120.66	
EE with Spouse	0 x \$2,333.92		0 x \$2,312.56		0 x \$2,266.56		0 x \$2,241.32	
EE with Child(ren)	0 x \$1,983.83		0 x \$1,965.68		0 x \$1,926.58		0 x \$1,905.12	
Family	0 x \$3,325.84		0 x \$3,295.40		0 x \$3,229.85		0 x \$3,193.88	
Monthly Cost	2 \$2,333.92		2 \$2,312.56		2 \$2,266.56		2 \$2,241.32	
Annual Cost	\$28,007.04		\$27,750.72		\$27,198.72		\$26,895.84	

	Anthem Blue Access Gold Blue Access EPO 25/50 0% 8AGM (EPO) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 50/60 1100 10% 8AE5 (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 15/40 1850 15% 8AEP (EPOc) (UCR=N/A)		Anthem Blue Access Gold Blue Access EPO 25/45 1850 25% 8AE0 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/65/95/200 ded T2-3		10/45/85/150 ded T2-3		10/40/80/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,100/\$2,200 embedded		\$1,850/\$3,700 embedded		\$1,850/\$3,700 embedded	
Individual/Family OOP Limit	\$8,700/\$17,400		\$7,000/\$14,000 (incl ded)		\$8,700/\$17,400 (incl ded)		\$7,250/\$14,500 (incl ded)	
Co-Insurance	0%		10%		15%		25%	
Office Visits								
Primary Care	\$25		\$50 ded waived		\$15 ded waived		\$25 ded waived	
Specialist	\$50		\$60 ded waived		\$40 ded waived		\$45 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		10% after ded		15% after ded		25% after ded	
Mental Health Inpatient	\$500/admit		10% after ded		15% after ded		25% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$500; ASC-\$250		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$500 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 after ded; OP- \$150 after ded		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	No charge		No charge		No charge		No charge	
Emergency Care								
Emergency Room	\$850		\$750 after ded		\$750 after ded		\$750 after ded	
Urgent Care	\$75		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x \$1,051.04		2 x \$1,000.97		2 x \$978.07		2 x \$973.18	
EE with Spouse	0 x \$2,102.08		0 x \$2,001.94		0 x \$1,956.14		0 x \$1,946.36	
EE with Child(ren)	0 x \$1,786.77		0 x \$1,701.65		0 x \$1,662.72		0 x \$1,654.41	
Family	0 x \$2,995.46		0 x \$2,852.76		0 x \$2,787.50		0 x \$2,773.56	
Monthly Cost	2 \$2,102.08		2 \$2,001.94		2 \$1,956.14		2 \$1,946.36	
Annual Cost	\$25,224.96		\$24,023.28		\$23,473.68		\$23,356.32	

	Anthem Blue Access Gold Blue Access EPO 20/50 1700 15% w/HSA PrevRx 8ADY (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 60/125 0% 8AF9 (EPO) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 45/75 2600 30% 8AF6 (EPOc) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 35/65/90 5000 40% 8AE9 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/10%/10% IntDed		15/65/95/100 ded T2-3		35/70/100/300 ded T2-3		15/40%/40% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,700/\$3,400 non-embedded		N/A		\$2,600/\$5,200 embedded		\$5,000/\$10,000 embedded	
Individual/Family OOP Limit	\$5,950/\$11,900 (incl ded)		\$9,200/\$18,400		\$9,200/\$18,400 (incl ded)		\$9,000/\$18,000 (incl ded)	
Co-Insurance	15%		0%		30%		40%	
Office Visits								
Primary Care	\$20 after ded		\$60		\$45 ded waived		\$65 ded waived (\$35 ded waived Preferred Provider)	
Specialist	\$50 after ded		\$125		\$75 ded waived		\$90 ded waived	
Inpatient Services								
Inpatient Hospital	15% after ded		\$2,800/admit		30% after ded		40% after ded	
Mental Health Inpatient	15% after ded		\$2,800/admit		30% after ded		40% after ded	
Outpatient Services								
Outpatient Facility	15% after ded		Hospital-\$1,000; ASC- \$500		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-40% after ded; ASC-\$300 after ded	
Lab/X-Ray	15% after ded		Lab: Office-\$125; OP- \$20; X-ray: \$150		Lab: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: Office-\$90 ded waived; OP-40% after ded; X-ray: Office-\$90 ded waived; OP-40% after ded	
Mental Health Outpatient	0% after ded		No charge		No charge		No charge	
Emergency Care								
Emergency Room	15% after ded		\$2,800		\$1,000 after ded		50% after ded	
Urgent Care	\$100 after ded		\$200		\$75 ded waived		\$85 ded waived	
Single	2 x \$935.93		2 x \$935.12		2 x \$881.28		2 x \$822.04	
EE with Spouse	0 x \$1,871.86		0 x \$1,870.24		0 x \$1,762.56		0 x \$1,644.08	
EE with Child(ren)	0 x \$1,591.08		0 x \$1,589.70		0 x \$1,498.18		0 x \$1,397.47	
Family	0 x \$2,667.40		0 x \$2,665.09		0 x \$2,511.65		0 x \$2,342.81	
Monthly Cost	2 \$1,871.86		2 \$1,870.24		2 \$1,762.56		2 \$1,644.08	
Annual Cost	\$22,462.32		\$22,442.88		\$21,150.72		\$19,728.96	

	Anthem Blue Access Silver Blue Access EPO 2750 40% w/HSA 8AFH (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 20/50 3300 30% w/HSA PrevRx 8AEC (HSA) (UCR=N/A)		Anthem Blue Access Silver Blue Access EPO 20/50 4100 30% w/HSA PrevRx 8AFV (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 40/40/90 9000 50% 8AFG (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/50/95 IntDed		10/30%/30% IntDed		10/50/90 IntDed		25/50%/50% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	\$2,750/\$5,500 embedded		\$3,300/\$6,600 embedded		\$4,100/\$8,200 embedded		\$9,000/\$18,000 embedded	
Individual/Family OOP Limit	\$8,250/\$16,500 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$9,200/\$18,400 (incl ded)	
Co-Insurance	40%		30%		30%		50%	
Office Visits								
Primary Care	40% after ded		\$20 after ded		\$20 after ded		\$40 after ded (\$40 ded waived Preferred Provider)	
Specialist	40% after ded		\$50 after ded		\$50 after ded		\$90 after ded	
Inpatient Services								
Inpatient Hospital	40% after ded		30% after ded		30% after ded		50% after ded	
Mental Health Inpatient	40% after ded		30% after ded		30% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	40% after ded		30% after ded		30% after ded		Hospital-50% after ded; ASC-\$500 after ded	
Lab/X-Ray	40% after ded		30% after ded		30% after ded		Lab: Office-\$40 after ded; OP-50% after ded; X-ray: Office-\$75 after ded; OP-50% after ded	
Mental Health Outpatient	0% after ded		0% after ded		0% after ded		No charge	
Emergency Care								
Emergency Room	50% after ded		30% after ded		30% after ded		50% after ded	
Urgent Care	40% after ded		\$100 after ded		\$100 after ded		\$100 ded waived	
Single	2 x \$796.19		2 x \$794.16		2 x \$779.60		2 x \$760.16	
EE with Spouse	0 x \$1,592.38		0 x \$1,588.32		0 x \$1,559.20		0 x \$1,520.32	
EE with Child(ren)	0 x \$1,353.52		0 x \$1,350.07		0 x \$1,325.32		0 x \$1,292.27	
Family	0 x \$2,269.14		0 x \$2,263.36		0 x \$2,221.86		0 x \$2,166.46	
Monthly Cost	2 \$1,592.38		2 \$1,588.32		2 \$1,559.20		2 \$1,520.32	
Annual Cost	\$19,108.56		\$19,059.84		\$18,710.40		\$18,243.84	

	Anthem Blue Access Bronze Blue Access EPO 20/50 7300 50% w/HSA 8AGC (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 20/50 6100 50% w/HSA 8ADS (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 5250 50% w/HSA 8AFZ (HSA) (UCR=N/A)		Anthem Blue Access Bronze Blue Access EPO 9200 0% 8AER (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	50%/50%/50% IntDed		50%/50%/50% IntDed		10/50%/50% IntDed		0%/0%/0% IntDed	
Cost Share Information								
Individual/Family Deductible	\$7,300/\$14,600 embedded		\$6,100/\$12,200 embedded		\$5,250/\$10,500 embedded		\$9,200/\$18,400 embedded	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$9,200/\$18,400 (incl ded)	
Co-Insurance	50%		50%		50%		0%	
Office Visits								
Primary Care	\$20 after ded		\$20 after ded		50% after ded		0% after ded	
Specialist	\$50 after ded		\$50 after ded		50% after ded		0% after ded	
Inpatient Services								
Inpatient Hospital	50% after ded		50% after ded		50% after ded		0% after ded	
Mental Health Inpatient	50% after ded		50% after ded		50% after ded		0% after ded	
Outpatient Services								
Outpatient Facility	50% after ded		50% after ded		50% after ded		0% after ded	
Lab/X-Ray	50% after ded		50% after ded		50% after ded		0% after ded	
Mental Health Outpatient	0% after ded		0% after ded		0% after ded		0% after ded	
Emergency Care								
Emergency Room	50% after ded		50% after ded		50% after ded		0% after ded	
Urgent Care	\$100 after ded		\$100 after ded		50% after ded		0% after ded	
Single	2 x \$749.07		2 x \$746.83		2 x \$743.98		2 x \$737.57	
EE with Spouse	0 x \$1,498.14		0 x \$1,493.66		0 x \$1,487.96		0 x \$1,475.14	
EE with Child(ren)	0 x \$1,273.42		0 x \$1,269.61		0 x \$1,264.77		0 x \$1,253.87	
Family	0 x \$2,134.85		0 x \$2,128.47		0 x \$2,120.34		0 x \$2,102.07	
Monthly Cost	2 \$1,498.14		2 \$1,493.66		2 \$1,487.96		2 \$1,475.14	
Annual Cost	\$17,977.68		\$17,923.92		\$17,855.52		\$17,701.68	