

	Anthem Connection Platinum Connection EPO 20/40 0% 8F8X (EPO) (UCR=N/A)		Anthem Connection Platinum Connection EPO 5/25 200 10% 8AHB (EPOc) (UCR=N/A)		Anthem Connection Platinum Connection EPO 15/35 300 10% 8FAD (EPOc) (UCR=N/A)		Anthem Connection Platinum Connection EPO 5/25/50 500 10% 8AHM (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		10/50/90/150 ded T2-3		10/50/90/200 ded T2-3		5/10%/10% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$200/\$600 embedded		\$300/\$600 embedded		\$500/\$1,000 embedded	
Individual/Family OOP Limit	\$3,500/\$7,000		\$2,750/\$5,500 (incl ded)		\$3,200/\$6,400 (incl ded)		\$3,000/\$6,000 (incl ded)	
Co-Insurance	0%		10%		10%		10%	
Office Visits								
Primary Care	\$20		\$5 ded waived		\$15 ded waived		\$25 ded waived (\$5 ded waived Preferred Provider)	
Specialist	\$40		\$25 ded waived		\$35 ded waived		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		\$500/admit after ded		10% after ded		10% after ded	
Mental Health Inpatient	\$500/admit		\$500/admit after ded		10% after ded		10% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$500; ASC-\$100		Hospital-\$500 after ded; ASC-\$50 ded waived		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: Office-\$25 ded waived; OP-\$25 after ded; X-ray: Office-\$50 ded waived; OP-\$150 after ded		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 after ded		10% after ded		30% after ded	
Urgent Care	\$50		\$50 ded waived		\$50 ded waived		\$75 ded waived	
Single	2 x \$1,527.69		2 x \$1,512.42		2 x \$1,497.30		2 x \$1,480.61	
EE with Spouse	0 x \$3,055.38		0 x \$3,024.84		0 x \$2,994.60		0 x \$2,961.22	
EE with Child(ren)	0 x \$2,597.07		0 x \$2,571.11		0 x \$2,545.41		0 x \$2,517.04	
Family	0 x \$4,353.92		0 x \$4,310.40		0 x \$4,267.31		0 x \$4,219.74	
Monthly Cost	2 \$3,055.38		2 \$3,024.84		2 \$2,994.60		2 \$2,961.22	
Annual Cost	\$36,664.56		\$36,298.08		\$35,935.20		\$35,534.64	

	Anthem Connection Gold Connection EPO 25/50 0% 8FA4 (EPO) (UCR=N/A)		Anthem Connection Gold Connection EPO 50/60 1100 10% 8FBL (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 30/65 1500 20% 8AH7 (EPOc) (UCR=N/A)		Anthem Connection Gold Connection EPO 25/45 1850 25% 8FBD (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		10/50/90/200 ded T2-3		10/50/90/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		\$1,100/\$2,200 embedded		\$1,500/\$3000 embedded		\$1,850/\$3,700 embedded	
Individual/Family OOP Limit	\$8,700/\$17,400		\$7,000/\$14,000 (incl ded)		\$7,250/\$14,500 (incl ded)		\$7,250/\$14,500 (incl ded)	
Co-Insurance	0%		10%		20%		25%	
Office Visits								
Primary Care	\$25		\$50 ded waived		\$30 ded waived		\$25 ded waived	
Specialist	\$50		\$60 ded waived		\$65 ded waived		\$45 ded waived	
Inpatient Services								
Inpatient Hospital	\$500/admit		10% after ded		20% after ded		25% after ded	
Mental Health Inpatient	\$500/admit		10% after ded		20% after ded		25% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$500; ASC-\$250		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$250 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		\$500 after ded		\$750 after ded	
Urgent Care	\$75		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x \$1,388.58		2 x \$1,322.56		2 x \$1,299.23		2 x \$1,285.80	
EE with Spouse	0 x \$2,777.16		0 x \$2,645.12		0 x \$2,598.46		0 x \$2,571.60	
EE with Child(ren)	0 x \$2,360.59		0 x \$2,248.35		0 x \$2,208.69		0 x \$2,185.86	
Family	0 x \$3,957.45		0 x \$3,769.30		0 x \$3,702.81		0 x \$3,664.53	
Monthly Cost	2 \$2,777.16		2 \$2,645.12		2 \$2,598.46		2 \$2,571.60	
Annual Cost	\$33,325.92		\$31,741.44		\$31,181.52		\$30,859.20	

	Anthem Connection Silver Connection EPO 60/125 0% 8FC6 (EPO) (UCR=N/A)		Anthem Connection Silver Connection EPO 45/75 2600 30% 8AH2 (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 40/80 3350 50% 8FBR (EPOc) (UCR=N/A)		Anthem Connection Silver Connection EPO 20/50 3300 30% w/HSA PrevRx 8FBE (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/65/95/100 ded T2-3		35/70/100/300 ded T2-3		25/75/90/200 ded T2-3		10/30%/30% IntDed	
Cost Share Information								
Individual/Family Deductible	N/A		\$2,600/\$5,200 embedded		\$3,350/\$6,700 embedded		\$3,300/\$6,600 embedded	
Individual/Family OOP Limit	\$9,200/\$18,400		\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	0%		30%		50%		30%	
Office Visits								
Primary Care	\$60		\$45 ded waived		\$40 ded waived		\$20 after ded	
Specialist	\$125		\$75 ded waived		\$80 ded waived		\$50 after ded	
Inpatient Services								
Inpatient Hospital	\$2,800/admit		30% after ded		50% after ded		30% after ded	
Mental Health Inpatient	\$2,800/admit		30% after ded		50% after ded		30% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$1,000; ASC-\$500		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-50% after ded; ASC-\$300 after ded		30% after ded	
Lab/X-Ray	Lab: Office-\$125; OP-\$20; X-ray: \$150		Lab: No charge; X-ray: Office-\$50 after ded; OP-\$150 after ded		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 ded waived; OP-50% after ded		30% after ded	
Mental Health Outpatient	No charge		No charge		No charge		0% after ded	
Emergency Care								
Emergency Room	\$2,800		\$1,000 after ded		50% after ded		30% after ded	
Urgent Care	\$200		\$75 ded waived		\$80 ded waived		\$100 after ded	
Single	2 x	\$1,235.61	2 x	\$1,164.36	2 x	\$1,135.52	2 x	\$1,049.28
EE with Spouse	0 x	\$2,471.22	0 x	\$2,328.72	0 x	\$2,271.04	0 x	\$2,098.56
EE with Child(ren)	0 x	\$2,100.54	0 x	\$1,979.41	0 x	\$1,930.38	0 x	\$1,783.78
Family	0 x	\$3,521.49	0 x	\$3,318.43	0 x	\$3,236.23	0 x	\$2,990.45
Monthly Cost	2	\$2,471.22	2	\$2,328.72	2	\$2,271.04	2	\$2,098.56
Annual Cost		\$29,654.64		\$27,944.64		\$27,252.48		\$25,182.72

	Anthem Connection Silver Connection EPO 50/100 4100 30% w/HSA PrevRx 8FA7 (HSA) (UCR=N/A)		Anthem Connection Silver Connection EPO 20/50 4100 30% w/HSA PrevRx 8FBK (HSA) (UCR=N/A)		Anthem Connection Bronze Connection EPO 40/40/90 9000 50% 8FAM (EPOc) (UCR=N/A)		Anthem Connection Bronze Connection EPO 20/50 7300 50% w/HSA 8AHV (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/65/50% IntDed		10/50/90 IntDed		25/50%/50% IntDed T2-3		50%/50%/50% IntDed	
Cost Share Information								
Individual/Family Deductible	\$4,100/\$8,200 embedded		\$4,100/\$8,200 embedded		\$9,000/\$18,000 embedded		\$7,300/\$14,600 embedded	
Individual/Family OOP Limit	\$7,800/\$15,600 (incl ded)		\$8,000/\$16,000 (incl ded)		\$9,200/\$18,400 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	30%		30%		50%		50%	
Office Visits								
Primary Care	\$50 after ded		\$20 after ded		\$40 after ded (\$40 ded waived Preferred Provider)		\$20 after ded	
Specialist	\$100 after ded		\$50 after ded		\$90 after ded		\$50 after ded	
Inpatient Services								
Inpatient Hospital	30% after ded		30% after ded		50% after ded		50% after ded	
Mental Health Inpatient	30% after ded		30% after ded		50% after ded		50% after ded	
Outpatient Services								
Outpatient Facility	30% after ded		30% after ded		Hospital-50% after ded; ASC-\$500 after ded		50% after ded	
Lab/X-Ray	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		50% after ded	
Mental Health Outpatient	0% after ded		0% after ded		No charge		0% after ded	
Emergency Care								
Emergency Room	30% after ded		30% after ded		50% after ded		50% after ded	
Urgent Care	\$100 after ded		\$100 after ded		\$100 ded waived		\$100 after ded	
Single	2 x \$1,030.34		2 x \$1,030.05		2 x \$1,004.32		2 x \$989.62	
EE with Spouse	0 x \$2,060.68		0 x \$2,060.10		0 x \$2,008.64		0 x \$1,979.24	
EE with Child(ren)	0 x \$1,751.58		0 x \$1,751.09		0 x \$1,707.34		0 x \$1,682.35	
Family	0 x \$2,936.47		0 x \$2,935.64		0 x \$2,862.31		0 x \$2,820.42	
Monthly Cost	2 \$2,060.68		2 \$2,060.10		2 \$2,008.64		2 \$1,979.24	
Annual Cost	\$24,728.16		\$24,721.20		\$24,103.68		\$23,750.88	

	Anthem Connection Bronze Connection EPO 20/50 6100 50% w/HSA 8FAU (HSA) (UCR=N/A)		Anthem Connection Bronze Connection EPO 9200 0% 8AH3 (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs				
Drug Card	50%/50%/50% IntDed		0%/0%/0% IntDed	
Cost Share Information				
Individual/Family Deductible	\$6,100/\$12,200 embedded		\$9,200/\$18,400 embedded	
Individual/Family OOP Limit	\$8,000/\$16,000 (incl ded)		\$9,200/\$18,400 (incl ded)	
Co-Insurance	50%		0%	
Office Visits				
Primary Care	\$20 after ded		0% after ded	
Specialist	\$50 after ded		0% after ded	
Inpatient Services				
Inpatient Hospital	50% after ded		0% after ded	
Mental Health Inpatient	50% after ded		0% after ded	
Outpatient Services				
Outpatient Facility	50% after ded		0% after ded	
Lab/X-Ray	50% after ded		0% after ded	
Mental Health Outpatient	0% after ded		0% after ded	
Emergency Care				
Emergency Room	50% after ded		0% after ded	
Urgent Care	\$100 after ded		0% after ded	
Single	2 x \$986.65		2 x \$974.49	
EE with Spouse	0 x \$1,973.30		0 x \$1,948.98	
EE with Child(ren)	0 x \$1,677.31		0 x \$1,656.63	
Family	0 x \$2,811.95		0 x \$2,777.30	
Monthly Cost	2 \$1,973.30		2 \$1,948.98	
Annual Cost	\$23,679.60		\$23,387.76	