

	Anthem PPO/EPO Platinum EPO 5/25 0% 8AES (EPO) (UCR=N/A)		Anthem PPO/EPO Platinum EPO 20/40 0% 8AFA (EPO) (UCR=N/A)		Anthem PPO/EPO Platinum EPO 15/35 300 10% 8AFB (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 25/50 0% 8AF8 (EPO) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/35/70/100 ded T2-3		10/35/70/100 ded T2-3		10/50/90/200 ded T2-3		10/65/95/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	N/A		N/A		\$300/\$600 embedded		N/A	
Individual/Family OOP Limit	\$3,900/\$7,800		\$3,500/\$7,000		\$3,200/\$6,400 (incl ded)		\$8,700/\$17,400	
Co-Insurance	0%		0%		10%		0%	
Office Visits								
Primary Care	\$5		\$20		\$15 ded waived		\$25	
Specialist	\$25		\$40		\$35 ded waived		\$50	
Inpatient Services								
Inpatient Hospital	\$400/admit		\$500/admit		10% after ded		\$500/admit	
Mental Health Inpatient	\$400/admit		\$500/admit		10% after ded		\$500/admit	
Outpatient Services								
Outpatient Facility	Hospital-\$300; ASC-\$50		Hospital-\$500; ASC-\$100		Hospital-10% after ded; ASC-\$50 after ded		Hospital-\$500; ASC-\$250	
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: No charge; X-ray: Office-\$50; OP-\$150	
Mental Health Outpatient	No charge		No charge		No charge		No charge	
Emergency Care								
Emergency Room	\$300		\$300		10% after ded		\$850	
Urgent Care	\$50		\$50		\$50 ded waived		\$75	
Single	2 x	\$1,305.33	2 x	\$1,293.33	2 x	\$1,267.36	2 x	\$1,174.31
EE with Spouse	0 x	\$2,610.66	0 x	\$2,586.66	0 x	\$2,534.72	0 x	\$2,348.62
EE with Child(ren)	0 x	\$2,219.06	0 x	\$2,198.66	0 x	\$2,154.51	0 x	\$1,996.33
Family	0 x	\$3,720.19	0 x	\$3,685.99	0 x	\$3,611.98	0 x	\$3,346.78
Monthly Cost	2	\$2,610.66	2	\$2,586.66	2	\$2,534.72	2	\$2,348.62
Annual Cost		\$31,327.92		\$31,039.92		\$30,416.64		\$28,183.44

	Anthem PPO/EPO Gold EPO 50/60 1100 10% 8AE8 (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 15/40 1850 15% 8AE6 (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 25/45 1850 25% 8AEY (EPOc) (UCR=N/A)		Anthem PPO/EPO Gold EPO 20/40/50 2000 20% 8AET (EPOc) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	10/45/85/150 ded T2-3		10/40/80/200 ded T2-3		10/50/90/200 ded T2-3		10/20%/20% IntDed T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,100/\$2,200 embedded		\$1,850/\$3,700 embedded		\$1,850/\$3,700 embedded		\$2,000/\$4,000 embedded	
Individual/Family OOP Limit	\$7,000/\$14,000 (incl ded)		\$8,700/\$17,400 (incl ded)		\$7,250/\$14,500 (incl ded)		\$7,000/\$14,000 (incl ded)	
Co-Insurance	10%		15%		25%		20%	
Office Visits								
Primary Care	\$50 ded waived		\$15 ded waived		\$25 ded waived		\$40 ded waived (\$20 ded waived Preferred Provider)	
Specialist	\$60 ded waived		\$40 ded waived		\$45 ded waived		\$50 ded waived	
Inpatient Services								
Inpatient Hospital	10% after ded		15% after ded		25% after ded		20% after ded	
Mental Health Inpatient	10% after ded		15% after ded		25% after ded		20% after ded	
Outpatient Services								
Outpatient Facility	Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$300 after ded; ASC-\$150 after ded		Hospital-\$500 after ded; ASC-\$150 after ded		Hospital-20% after ded; ASC-\$200 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: No charge; X-ray: Office-\$50 after ded; OP- \$150 after ded		Lab: Office-\$50 ded waived; OP-20% after ded; X-ray: Office-\$50 ded waived; OP-20% after ded	
Mental Health Outpatient	No charge		No charge		No charge		No charge	
Emergency Care								
Emergency Room	\$750 after ded		\$750 after ded		\$750 after ded		40% after ded	
Urgent Care	\$75 ded waived		\$75 ded waived		\$75 ded waived		\$75 ded waived	
Single	2 x	\$1,117.87	2 x	\$1,091.90	2 x	\$1,086.47	2 x	\$1,058.62
EE with Spouse	0 x	\$2,235.74	0 x	\$2,183.80	0 x	\$2,172.94	0 x	\$2,117.24
EE with Child(ren)	0 x	\$1,900.38	0 x	\$1,856.23	0 x	\$1,847.00	0 x	\$1,799.65
Family	0 x	\$3,185.93	0 x	\$3,111.92	0 x	\$3,096.44	0 x	\$3,017.07
Monthly Cost	2	\$2,235.74	2	\$2,183.80	2	\$2,172.94	2	\$2,117.24
Annual Cost		\$26,828.88		\$26,205.60		\$26,075.28		\$25,406.88

	Anthem PPO/EPO Gold EPO 20/50 1700 15% w/HSA PrevRx 8ADP (HSA) (UCR=N/A)		Anthem PPO/EPO Silver EPO 45/75 2600 30% 8AFK (EPOc) (UCR=N/A)		Anthem PPO/EPO Silver EPO 40/80 3350 50% 8AE2 (EPOc) (UCR=N/A)		Anthem PPO/EPO Silver EPO 40/80 4000 40% 8AFJ (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		35/70/100/300 ded T2-3		25/75/90/200 ded T2-3		15/65/95/200 ded T2-3	
Cost Share Information								
Individual/Family Deductible	\$1,700/\$3,400 non-embedded		\$2,600/\$5,200 embedded		\$3,350/\$6,700 embedded		\$4,000/\$8,000 embedded	
Individual/Family OOP Limit	\$5,950/\$11,900 (incl ded)		\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)		\$9,200/\$18,400 (incl ded)	
Co-Insurance	15%		30%		50%		40%	
Office Visits								
Primary Care	\$20 after ded		\$45 ded waived		\$40 ded waived		\$40 ded waived	
Specialist	\$50 after ded		\$75 ded waived		\$80 ded waived		\$80 ded waived	
Inpatient Services								
Inpatient Hospital	15% after ded		30% after ded		50% after ded		40% after ded	
Mental Health Inpatient	15% after ded		30% after ded		50% after ded		40% after ded	
Outpatient Services								
Outpatient Facility	15% after ded		Hospital-\$500 after ded; ASC-\$300 after ded		Hospital-50% after ded; ASC-\$300 after ded		Hospital-40% after ded; ASC-\$500 after ded	
Lab/X-Ray	15% after ded		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		Lab: Office-\$20 ded waived; OP-\$25 ded waived; X-ray: Office-\$75 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		\$1,000 after ded		50% after ded		50% after ded	
Urgent Care	\$100 after ded		\$75 ded waived		\$80 ded waived		\$90 ded waived	
Single	2 x	\$1,044.43	2 x	\$982.67	2 x	\$957.95	2 x	\$957.64
EE with Spouse	0 x	\$2,088.86	0 x	\$1,965.34	0 x	\$1,915.90	0 x	\$1,915.28
EE with Child(ren)	0 x	\$1,775.53	0 x	\$1,670.54	0 x	\$1,628.52	0 x	\$1,627.99
Family	0 x	\$2,976.63	0 x	\$2,800.61	0 x	\$2,730.16	0 x	\$2,729.27
Monthly Cost	2	\$2,088.86	2	\$1,965.34	2	\$1,915.90	2	\$1,915.28
Annual Cost		\$25,066.32		\$23,584.08		\$22,990.80		\$22,983.36

	Anthem PPO/EPO Silver EPO 35/65/90 5000 40% 8J4N (EPOc) (UCR=N/A)		Anthem PPO/EPO Silver EPO 20/50 3300 30% w/HSA PrevRx 8AGZ (HSA) (UCR=N/A)		Anthem PPO/EPO Silver EPO 20/50 4100 30% w/HSA PrevRx 8AGR (HSA) (UCR=N/A)		Anthem PPO/EPO Bronze EPO 20/50 6100 50% w/HSA 8AGS (HSA) (UCR=N/A)	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Prescription Drugs								
Drug Card	15/40%/40% IntDed T2-3		10/30%/30% IntDed		10/50/90 IntDed		50%/50%/50% IntDed	
Cost Share Information								
Individual/Family Deductible	\$5,000/\$10,000 embedded		\$3,300/\$6,600 embedded		\$4,100/\$8,200 embedded		\$6,100/\$12,200 embedded	
Individual/Family OOP Limit	\$9,000/\$18,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)		\$8,000/\$16,000 (incl ded)	
Co-Insurance	40%		30%		30%		50%	
Office Visits								
Primary Care	\$65 ded waived (\$35 ded waived Preferred Provider)		\$20 after ded		\$20 after ded		\$20 after ded	
Specialist	\$90 ded waived		\$50 after ded		\$50 after ded		\$50 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	Hospital-40% after ded; ASC-\$300 after ded		30% after ded		30% after ded		50% after ded	
Lab/X-Ray	Lab: Office-\$90 ded waived; OP-40% after ded; X-ray: Office-\$90 ded waived; OP-40% after ded		30% after ded		30% after ded		50% after ded	
Mental Health Outpatient	No charge		0% after ded		0% after ded		0% after ded	
Emergency Care								
Emergency Room	50% after ded		30% after ded		30% after ded		50% after ded	
Urgent Care	\$85 ded waived		\$100 after ded		\$100 after ded		\$100 after ded	
Single	2 x \$915.70		2 x \$884.20		2 x \$867.72		2 x \$830.68	
EE with Spouse	0 x \$1,831.40		0 x \$1,768.40		0 x \$1,735.44		0 x \$1,661.36	
EE with Child(ren)	0 x \$1,556.69		0 x \$1,503.14		0 x \$1,475.12		0 x \$1,412.16	
Family	0 x \$2,609.75		0 x \$2,519.97		0 x \$2,473.00		0 x \$2,367.44	
Monthly Cost	2 \$1,831.40		2 \$1,768.40		2 \$1,735.44		2 \$1,661.36	
Annual Cost	\$21,976.80		\$21,220.80		\$20,825.28		\$19,936.32	