

	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	\$1,196.11	2 x	\$1,185.16	2 x	\$1,161.58	2 x	\$1,148.64
EE with Spouse	0 x	\$2,392.22	0 x	\$2,370.32	0 x	\$2,323.16	0 x	\$2,297.28
EE with Child(ren)	0 x	\$2,033.39	0 x	\$2,014.77	0 x	\$1,974.69	0 x	\$1,952.69
Family	0 x	\$3,408.91	0 x	\$3,377.71	0 x	\$3,310.50	0 x	\$3,273.62
Monthly Cost	2	\$2,392.22	2	\$2,370.32	2	\$2,323.16	2	\$2,297.28
Annual Cost		\$28,706.64		\$28,443.84		\$27,877.92		\$27,567.36

	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	\$1,077.29	2 x	\$1,025.97	2 x	\$1,002.49	2 x	\$997.49
EE with Spouse	0 x	\$2,154.58	0 x	\$2,051.94	0 x	\$2,004.98	0 x	\$1,994.98
EE with Child(ren)	0 x	\$1,831.39	0 x	\$1,744.15	0 x	\$1,704.23	0 x	\$1,695.73
Family	0 x	\$3,070.28	0 x	\$2,924.01	0 x	\$2,857.10	0 x	\$2,842.85
Monthly Cost	2	\$2,154.58	2	\$2,051.94	2	\$2,004.98	2	\$1,994.98
Annual Cost		\$25,854.96		\$24,623.28		\$24,059.76		\$23,939.76

	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	\$959.31	2 x	\$958.47	2 x	\$903.29	2 x	\$842.58
EE with Spouse	0 x	\$1,918.62	0 x	\$1,916.94	0 x	\$1,806.58	0 x	\$1,685.16
EE with Child(ren)	0 x	\$1,630.83	0 x	\$1,629.40	0 x	\$1,535.59	0 x	\$1,432.39
Family	0 x	\$2,734.03	0 x	\$2,731.64	0 x	\$2,574.38	0 x	\$2,401.35
Monthly Cost	2	\$1,918.62	2	\$1,916.94	2	\$1,806.58	2	\$1,685.16
Annual Cost		\$23,023.44		\$23,003.28		\$21,678.96		\$20,221.92

The rates and benefits in this report are for discussion and estimation purposes only and are not valid without approval from the insurance carriers. Final rates must be based on insurance carrier confirmation and final enrollment. Rx Legend: Generic/Preferred Brand/Non-Preferred Brand/Specialty/Deductible

	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	\$816.08	2 x	\$813.99	2 x	\$799.08	2 x	\$779.15
EE with Spouse	0 x	\$1,632.16	0 x	\$1,627.98	0 x	\$1,598.16	0 x	\$1,558.30
EE with Child(ren)	0 x	\$1,387.34	0 x	\$1,383.78	0 x	\$1,358.44	0 x	\$1,324.56
Family	0 x	\$2,325.83	0 x	\$2,319.87	0 x	\$2,277.38	0 x	\$2,220.58
Monthly Cost	2	\$1,632.16	2	\$1,627.98	2	\$1,598.16	2	\$1,558.30
Annual Cost		\$19,585.92		\$19,535.76		\$19,177.92		\$18,699.60

	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 \$767.78		2 x \$765.48		2 x \$762.56		2 x \$755.99	
EE with Spouse	0 x \$1,535.56		0 x \$1,530.96		0 x \$1,525.12		0 x \$1,511.98	
EE with Child(ren)	0 x \$1,305.23		0 x \$1,301.32		0 x \$1,296.35		0 x \$1,285.18	
Family	0 x \$2,188.17		0 x \$2,181.62		0 x \$2,173.30		0 x \$2,154.57	
Monthly Cost	2 \$1,535.56		2 \$1,530.96		2 \$1,525.12		2 \$1,511.98	
Annual Cost	\$18,426.72		\$18,371.52		\$18,301.44		\$18,143.76	