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Anthem BCBS Gold	Anthem BCBS Silver	Anthem BCBS Bronze	Anthem BCBS HMO	UHC HMO	UHC HDHP	Kaiser Permanente HMO
Deductible	Deductible	Deductible	Deductible	Deductible	Deductible	Deductible
Employee Only In-Network: \$1,500	Employee Only In-Network: \$2,000	Employee Only In-Network: \$2,500	Employee Only In-Network: \$1,300	Employee Only In-Network: \$1,300	Employee Only In-Network: \$3,500	Employee Only In-Network: None
Out-of-Network: \$3,000	Out-of-Network: \$4,000	Out-of-Network: \$5,000	Out-of-Network: N/A	Out-of-Network: N/A	Out-of-Network: \$7,000	Out-Of-Network: N/A
Employee + Child(ren) or Spouse In-Network: \$2,250	Employee + Child(ren) or Spouse In-Network: \$3,000	Employee + Child(ren) or Spouse In-Network: \$3,750	Employee + Child(ren) or Spouse In-Network: \$1,950	Employee + Child(ren) or Spouse In-Network: \$1,950	Employee + Child(ren) or Spouse In-Network: \$7,000	Employee + Child(ren) or Spouse In-Network: None
Out-of-Network: \$4,500	Out-of-Network: \$6,000	Out-of-Network: \$7,500	Out-of-Network: N/A	Out-of-Network: N/A	Out-of-Network: \$14,000	Out-Of-Network: N/A
Family In-Network: \$3,000	Family In-Network: \$4,000	Family In-Network: \$5,000	Family In-Network: \$2,600	Family In-Network: \$2,600	Family In-Network: \$7,000	Family In-Network: None
Out-of-Network: \$6,000	Out-of-Network: \$8,000	Out-of-Network: \$10,000	Out-of-Network: N/A	Out-of-Network: N/A	Out-of-Network: \$14,000	Out-Of-Network: N/A
Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance	Coinsurance
In-Network: Plan pays 85% You pay 15%	In-Network: Plan pays 80% You pay 20%	In-Network: Plan pays 75% You pay 25%	In-Network: Plan pays 80% You pay 20%	In-Network: Plan pays 80% You pay 20%	In-Network: Plan pays 70% You pay 30%	In-Network: Plan pays 100% You pay 0%
Out-of-Network: Plan pays 60% You pay 40%	Out-of-Network: Plan pays 60% You pay 40%	Out-of-Network: Plan pays 60% You pay 40%	Out-of-Network: N/A	Out-of-Network: N/A	Out-of-Network: Plan pays 50% You pay 50%	Out-of-Network: N/A
Out-of-Pocket Maximum	Out-of-Pocket Maximum	Out-of-Pocket Maximum	Out-of-Pocket Maximum	Out-of-Pocket Maximum	Out-of-Pocket Maximum	Out-of-Pocket Maximum
Employee Only In-Network:	Employee Only	Employee In-Network:	Employee Only In-Network:	Employee Only	Employee Only	Employee Only In-Network:

\$4,000	In-Network:	\$6,000	\$4,000	In-Network:	In-Network:	\$6,350
Out-of-Network:	\$5,000	Out-of-Network:	Out-of-Network:	\$4,000	\$6,450	Out-of-Network:
\$8,000	Out-of-Network:	\$12,000	N/A	Out-of-Network:	Out-of-Network:	N/A
	\$10,000		Employee + Child(ren) or Spouse	N/A	\$12,900	Employee + Child(ren) or Spouse
Employee + Child(ren) or Spouse	Employee + Child(ren) or Spouse	Employee + Child(ren) or Spouse	In-Network:	Employee + Child(ren) or Spouse	Employee + Child(ren) or Spouse	In-Network:
\$6,000	In-Network:	\$9,000	Out-of-Network:	In-Network:	In-Network:	Out-of-Network:
Out-of-Network:	\$7,500	Out-of-Network:	N/A	\$6,500	\$12,900	N/A
\$12,000	Out-of-Network:	\$18,000	Family	Out-of-Network:	Out-of-Network:	Family
	\$15,000		In-Network:	N/A	\$25,800	In-Network:
Family	Family	Family	\$9,000	Family	Family	\$12,700
In-Network:	In-Network:	In-Network:	Out-of-Network:	In-Network:	In-Network:	Out-of-Network:
\$8,000	\$10,000	\$12,000	N/A	\$9,000	\$12,900	N/A
Out-of-Network:	Out-of-Network:	Out-of-Network:		Out-of-Network:	Out-of-Network:	
\$16,000	\$20,000	\$24,000		N/A	\$25,800	
Primary Care Physician	Primary Care Physician	Primary Care Physician	Primary Care Physician	Primary Care Physician	Primary Care Physician	Primary Care Physician
Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	100% after \$35 co-pay	100% after \$35 co-pay	Coinsurance after deductible	100% after \$35 co-pay
Specialist Office Visit	Specialist Office Visit	Specialist Office Visit	Specialist Office Visit	Specialist Office Visit	Specialist Office Visit	Specialist Office Visit
Coinsurance after deductible.	Coinsurance after deductible.	Coinsurance after deductible.	100% after \$45 co-pay.	100% after \$45 co-pay	Coinsurance after deductible.	100% after \$45 co-pay
Preventive/Well Child Care	Preventive/Well Child Care	Preventive/Well Child Care	Preventive/Well Child Care	Preventive/Well Child Care	Preventive/Well Child Care	Preventive/Well Child Care
In-network:	In-network:	In-network:	In-network:	In-network:	In-network:	In-network:
You pay \$0/Plan pays 100%	You pay \$0/Plan pays 100%	You pay \$0/Plan pays 100%	You pay \$0/Plan pays 100%	You pay \$0/Plan pays 100%	You pay \$0/Plan pays 100%	You pay \$0/Plan pays 100%
Out-of-Network:	Out-of-Network:	Out-of-Network:	Out-of-Network:	Out-of-Network:	Out-of-Network:	Out-of-Network:
Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	N/A

Emergency Room	Emergency Room	Emergency Room	Emergency Room	Emergency Room	Emergency Room	Emergency Room
In-network: Coinsurance after deductible	In-network: Coinsurance after deductible	In-network: Coinsurance after deductible	100% after \$150 co-pay, if admitted co-pay waived.	100% after \$150 co-pay, if admitted co-pay waived.	In-network: Coinsurance after deductible	100% after \$150 co-pay, if admitted co-pay waived.
Out-of-network: Coinsurance after deductible	Out-of-network: Coinsurance after deductible	Out-of-network: Coinsurance after deductible			Out-of-network: Coinsurance after deductible	
Urgent Care	Urgent Care	Urgent Care	Urgent Care	Urgent Care	Urgent Care	Urgent Care
Coinsurance after deductible	Coinsurance after deductible	Coinsurance after deductible	100% after \$35 co-pay.	100% after \$35 co-copay	Coinsurance after deductible	100% after \$35 co-pay
Prescription Drug - Retail	Prescription Drug - Retail	Prescription Drug - Retail	Prescription Drug - Retail	Prescription Drug - Retail	Prescription Drug - Retail	Prescription Drug - Retail
Tier 1: 15%, Minimum \$20, Maximum \$50	Tier 1: 15%, Minimum \$20, Maximum \$50	Tier 1: 15%, Minimum \$20, Maximum \$50	Tier 1: \$20 co-pay	Tier 1: \$20 co-pay	Tier 1: 70% coverage; after deductible is met	Tier 1: \$20 co-pay
Tier 2: 25%, Minimum \$50, Maximum \$80	Tier 2: 25%, Minimum \$50, Maximum \$80	Tier 2: 25%, Minimum \$50, Maximum \$80	Tier 2: \$50 co-pay	Tier 2: \$50 co-pay	Tier 2: 70% coverage; after deductible is met	Tier 2: \$50 co-pay
Tier 3: 25%, Minimum \$80, Maximum \$125	Tier 3: 25%, Minimum \$80, Maximum \$125	Tier 3: 25%, Minimum \$80, Maximum \$125	Tier 3: \$90 co-pay	Tier 3: \$90 co-pay	Tier 3: 70% coverage; after deductible is met	Tier 3: \$80 co-pay
Prescription Drug - Mail Order	Prescription Drug - Mail Order	Prescription Drug - Mail Order	Prescription Drug - Mail Order	Prescription Drug - Mail Order	Prescription Drug - Mail Order	Prescription Drug - Mail Order
Tier 1: 15%, Minimum \$50, Maximum \$125	Tier 1: 15%, Minimum \$50, Maximum \$125	Tier 1: 15%, Minimum \$50, Maximum \$125	Tier 1: \$50 co-pay	Tier 1: \$50 co-pay	Tier 1: 70% coverage; after deductible is met	Tier 1: \$50 co-pay
Tier 2: 25%, Minimum \$125, Maximum \$200	Tier 2: 25%, Minimum \$125, Maximum \$200	Tier 2: 25%, Minimum \$125, Maximum \$200	Tier 2: \$125 co-pay	Tier 2: \$125 co-pay	Tier 2: 70% coverage; after deductible is met	Tier 2: \$125 co-pay
			Tier 3: \$225 co-pay	Tier 3:		Tier 3: \$200 co-

Monthly Premiums	Monthly Premiums	Monthly Premiums	Monthly Premiums	Monthly Premiums	Monthly Premiums	Monthly Premiums
Tier 3: 25%, Minimum \$200, Maximum \$313	Tier 3: 25%, Minimum \$200, Maximum \$313	Tier 3: 25%, Minimum \$200, Maximum \$313		\$225 co-pay	deductible is met	pay
					Tier 3: 70% coverage; after deductible is met	
Employee Only 168.73	Employee Only 110.89	Employee Only 72.45	Employee Only \$135.65	Employee Only \$172.56	Employee Only \$58.03	Employee Only \$142.71
Employee + Child(ren) 307.13	Employee + Child(ren) 208.80	Employee + Child(ren) 143.46	Employee + Child(ren) \$250.90	Employee + Child(ren) \$313.65	Employee + Child(ren) \$118.94	Employee + Child(ren) \$262.59
Employee + Spouse 418.09	Employee + Spouse 296.62	Employee + Spouse 215.91	Employee + Spouse \$348.63	Employee + Spouse \$426.14	Employee + Spouse \$185.62	Employee + Spouse \$362.49
Employee + Family 556.50	Employee + Family 394.54	Employee + Family 286.92	Employee + Family \$463.89	Employee + Family \$567.22	Employee + Family \$246.54	Employee + Family \$482.37

HRA Credits	HRA Credits	HRA Credits
Employee Only \$400	Employee Only \$200	Employee Only \$100
Employee + Child(ren) or Spouse \$600	Employee + Child(ren) or Spouse \$300	Employee + Child(ren) or Spouse \$150
Family \$800	Family \$400	Family \$200

Tobacco Surcharge

An additional \$80 will be added to the monthly premium shown above when you or any of your covered dependents use

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