

Medical Benefit Comparison

Medical	Anthem BC <u>Anthem Silver PPO</u> <u>50/2200/40% (9B2Q)</u>	Anthem BC <u>Anthem Platinum Select HMO</u> <u>0/30 (9B2W)</u>	Anthem BC <u>Anthem Platinum HMO 0/30</u> <u>(9B30)</u>	Anthem BC <u>Anthem Gold PPO</u> <u>35/1000/20% (9KFU)</u>	Anthem BC <u>Anthem Gold HMO 30 (9KFX)</u>
	Effective Date: 7/1/2024	Effective Date: 7/1/2024	Effective Date: 7/1/2024	Effective Date: 7/1/2024	Effective Date: 7/1/2024
DEDUCTIBLE					
Individual	PPO: \$2,200 OON: \$4,400	HMO: \$0	HMO: \$0	PPO: \$1,000 OON: \$2,000	HMO: \$0
Family	PPO: \$4,400 (embedded) OON: \$8,800 (embedded)	HMO: \$0	HMO: \$0	PPO: \$3,000 (embedded) OON: \$4,000 (embedded)	HMO: \$0
OUT-OF-POCKET MAX					
Individual	PPO: \$8,600 (includes ded) OON: \$17,200 (includes ded)	HMO: \$2,700	HMO: \$2,700	PPO: \$8,200 (includes ded) OON: \$16,400 (includes ded)	HMO: \$7,500
Family	PPO: \$17,200 (embedded; includes ded) OON: \$34,400 (embedded; includes ded)	HMO: \$5,400 (embedded)	HMO: \$5,400 (embedded)	PPO: \$16,400 (embedded; includes ded) OON: \$32,800 (embedded; includes ded)	HMO: \$15,000 (embedded)
PHYSICIAN SERVICES					
Office Visits	PPO: \$50/\$90 (ded waived) OON: 50% after ded	HMO: \$30/\$50	HMO: \$30/\$50	PPO: \$35/\$60 (ded waived) OON: 50% after ded	HMO: \$30/\$60
Telemedicine	PPO: Virtual Care: 0%/\$90 (ded waived) OON: Not Applicable	HMO: Virtual Care: 0%/\$50	HMO: Virtual Care: 0%/\$50	PPO: Virtual Care: 0%/\$60 (ded waived) OON: Not Applicable	HMO: Virtual Care: 0%/\$60
Preventive Care	PPO: 0% (ded waived) OON: 50% after ded	HMO: 0%	HMO: 0%	PPO: 0% (ded waived) OON: 50% after ded	HMO: 0%
Diagnostic Lab/X-Ray	PPO: Office: \$20 (ded waived); Freestanding: 0% (ded waived)/ 40% after ded; OPHospital: 40% after ded OON: 50% after ded	HMO: Office: \$10; Freestanding: 0% /\$10; OPHospital: \$15/\$30	HMO: Office: \$10; Freestanding: 0% /\$10; OPHospital: \$15/\$30	PPO: Office: \$15 (ded waived); Freestanding: 0% (ded waived)/20% after ded; OPHospital: 20% after ded OON: 50% after ded	HMO: Office: \$15; Freestanding: 0% /\$15; OPHospital: \$25/\$45
Imaging (CT/PET scans, MRIs)	PPO: Office/Freestanding: 40% after ded; OPHospital: \$100 + 40% after ded OON: 50% after ded	HMO: Office/Freestanding: \$100; OPHospital: \$250	HMO: Office/Freestanding: \$100; OPHospital: \$250	PPO: Office/Freestanding: 20% after ded; OPHospital: \$100 + 20% after ded OON: 50% after ded	HMO: Office/Freestanding: \$100; OPHospital: \$250
Rehabilitation/Habilitation (PT/OT/ST)	PPO: \$50 (ded waived) OON: 50% after ded	HMO: \$30	HMO: \$30	PPO: \$35 (ded waived) OON: 50% after ded	HMO: \$30

Final rates are determined by the Carrier. This quote is not valid without the separate general disclaimer.

Dependent children 21-25 years old are rated as adults. Dependent children may become ineligible for coverage on their 26th birthday; effective date of change may vary by carrier.

Create Date: 4/25/2024

Sorted By: Carrier,PlanType,Premium(Ascending)

Medical Benefit Comparison

Medical	Anthem BC <u>Anthem Silver PPO</u> <u>50/2200/40% (9B2Q)</u>	Anthem BC <u>Anthem Platinum Select HMO</u> <u>0/30 (9B2W)</u>	Anthem BC <u>Anthem Platinum HMO 0/30</u> <u>(9B30)</u>	Anthem BC <u>Anthem Gold PPO</u> <u>35/1000/20% (9KFU)</u>	Anthem BC <u>Anthem Gold HMO 30 (9KFX)</u>
	Effective Date: 7/1/2024	Effective Date: 7/1/2024	Effective Date: 7/1/2024	Effective Date: 7/1/2024	Effective Date: 7/1/2024
Chiropractic Care	PPO: 50% (ded waived; 20 visits per year) OON: Not Covered	HMO: \$15 (30 visits per year)	HMO: \$15 (30 visits per year)	PPO: 50% (ded waived; 20 visits per year) OON: Not Covered	HMO: \$15 (30 visits per year)
PRESCRIPTION DRUGS					
Pharmacy Deductible	PPO: \$300/\$600 (Subject to Tiers 2-4; Select Rx) OON: Not Covered	HMO: None (Select Rx)	HMO: None (Select Rx)	PPO: \$300/\$600 (Subject to Tiers 2-4; Select Rx) OON: Not Covered	HMO: None (Select Rx)
Tier 1 (Generic Formulary)	PPO: Level 1: \$15; Level 2: \$20 OON: Not Covered	HMO: Level 1: \$5; Level 2: \$15	HMO: Level 1: \$5; Level 2: \$15	PPO: Level 1: \$5; Level 2: \$15 OON: Not Covered	HMO: Level 1: \$10; Level 2: \$20
Tier 2 (Preferred Brand Formulary)	PPO: Level 1: \$70; Level 2: \$80 OON: Not Covered	HMO: Level 1: \$30; Level 2: \$40	HMO: Level 1: \$30; Level 2: \$40	PPO: Level 1: \$60; Level 2: \$70 OON: Not Covered	HMO: Level 1: \$50; Level 2: \$60
Tier 3 (Non-Preferred Brand Formulary)	PPO: Level 1: \$110; Level 2: \$120 OON: Not Covered	HMO: Level 1: \$50; Level 2: \$60	HMO: Level 1: \$50; Level 2: \$60	PPO: Level 1: \$110; Level 2: \$120 OON: Not Covered	HMO: Level 1: \$90; Level 2: \$100
Tier 4 (Specialty Drugs)	PPO: Level 1: 30% up to \$250; Level 2: 40% up to \$250 OON: Not Covered	HMO: Level 1: 30% up to \$250; Level 2: 40% up to \$250	HMO: Level 1: 30% up to \$250; Level 2: 40% up to \$250	PPO: Level 1: 30% up to \$250; Level 2: 40% up to \$250 OON: Not Covered	HMO: Level 1: 30% up to \$250; Level 2: 40% up to \$250
Mail Order	PPO: Tier 1: 2x Retail of Level 1; Tier 2-3: 2.5x Retail of Level 1 OON: Not Covered	HMO: Tier 1: 2x Retail of Level 1; Tier 2-3: 2.5x Retail of Level 1	HMO: Tier 1: 2x Retail of Level 1; Tier 2-3: 2.5x Retail of Level 1	PPO: Tier 1: 2x Retail of Level 1; Tier 2-3: 2.5x Retail of Level 1 OON: Not Covered	HMO: Tier 1: 2x Retail of Level 1; Tier 2-3: 2.5x Retail of Level 1
HOSPITAL FACILITY SERVICES					
Inpatient Hospital Services	PPO: 40% after ded OON: 50% after ded	HMO: \$450/day, 4 days max	HMO: \$450/day, 4 days max	PPO: 20% after ded OON: 50% after ded	HMO: \$600/day, 4 days max
Outpatient Surgery in a Hospital	PPO: \$250 + 40% after ded OON: 50% after ded	HMO: \$300	HMO: \$300	PPO: \$250 + 20% after ded OON: 50% after ded	HMO: \$450
Ambulatory Surgical Center	PPO: \$50 + 40% after ded OON: 50% after ded	HMO: \$250	HMO: \$250	PPO: \$50 + 20% after ded OON: 50% after ded	HMO: \$300
EMERGENCY SERVICES					

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Create Date: 4/25/2024

Presented By: Hub International License# 0F19239

Sorted By: Carrier,PlanType,Premium(Ascending)

Medical Benefit Comparison

Medical	Anthem BC <u>Anthem Silver PPO</u> <u>50/2200/40% (9B2Q)</u>	Anthem BC <u>Anthem Platinum Select HMO</u> <u>0/30 (9B2W)</u>	Anthem BC <u>Anthem Platinum HMO 0/30</u> <u>(9B30)</u>	Anthem BC <u>Anthem Gold PPO</u> <u>35/1000/20% (9KFU)</u>	Anthem BC <u>Anthem Gold HMO 30 (9KFX)</u>
	Effective Date: 7/1/2024	Effective Date: 7/1/2024	Effective Date: 7/1/2024	Effective Date: 7/1/2024	Effective Date: 7/1/2024
Emergency Room	PPO: \$350 + 40% after ded (copay waived if admitted) OON: Paid as In-Network	HMO: \$275 (copay waived if admitted)	HMO: \$275 (copay waived if admitted)	PPO: \$250 + 20% after ded (copay waived if admitted) OON: Paid as In-Network	HMO: \$325 (copay waived if admitted)
Emergency Transport/Ambulance	PPO: 40% after ded OON: Paid as In-Network	HMO: \$150	HMO: \$150	PPO: 20% after ded OON: Paid as In-Network	HMO: \$150
Urgent Care	PPO: \$50 (ded waived) OON: 50% after ded	HMO: \$30	HMO: \$30	PPO: \$35 (ded waived) OON: 50% after ded	HMO: \$30
MENTAL HEALTH/SUBSTANCE USE DISORDER					
Outpatient Services	PPO: \$50 (ded waived) OON: 50% after ded	HMO: \$30	HMO: \$30	PPO: \$35 (ded waived) OON: 50% after ded	HMO: \$30
Inpatient Services	PPO: 40% after ded OON: 50% after ded	HMO: \$450/day, 4 days max	HMO: \$450/day, 4 days max	PPO: 20% after ded OON: 50% after ded	HMO: \$600/day, 4 days max
MATERNITY					
Prenatal and Postnatal Care	PPO: Prenatal: 0% (ded waived); Postnatal: \$50 (ded waived) OON: 50% after ded	HMO: Prenatal: 0%; Postnatal: \$30	HMO: Prenatal: 0%; Postnatal: \$30	PPO: Prenatal: 0% (ded waived); Postnatal: \$35 (ded waived) OON: 50% after ded	HMO: Prenatal: 0%; Postnatal: \$30
Delivery and All Inpatient Services	PPO: 40% after ded OON: 50% after ded	HMO: \$450/day, 4 days max	HMO: \$450/day, 4 days max	PPO: 20% after ded OON: 50% after ded	HMO: \$600/day, 4 days max
PEDIATRIC SERVICES (UP TO AGE 19)					
Eye Exam	PPO: 0% (ded waived; 1 visit per benefit period) OON: \$0 copay up to Maximum Allowed Amount	HMO: 0% (1 visit per benefit period)	HMO: 0% (1 visit per benefit period)	PPO: 0% (ded waived; 1 visit per benefit period) OON: \$0 copay up to Maximum Allowed Amount	HMO: 0% (1 visit per benefit period)
Glasses	PPO: 0% (ded waived; 1 pair per benefit period) OON: \$0 copay up to Maximum Allowed Amount	HMO: 0% (1 pair per benefit period)	HMO: 0% (1 pair per benefit period)	PPO: 0% (ded waived; 1 pair per benefit period) OON: \$0 copay up to Maximum Allowed Amount	HMO: 0% (1 pair per benefit period)
Dental Check-up	PPO: 0% (ded waived; 1 visit per 6 months) OON: 0% (ded waived)	HMO: 0% (1 visit every 6 months)	HMO: 0% (1 visit every 6 months)	PPO: 0% (ded waived; 1 visit every 6 months) OON: 0% (ded waived)	HMO: 0% (1 visit every 6 months)

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Create Date: 4/25/2024

Sorted By: Carrier,PlanType,Premium(Ascending)

Presented By: Hub International License# 0F19239

Medical Benefit Comparison

Medical	Anthem BC <u>Anthem Bronze PPO 6000/45% w/HSA PrevRx (9KGF)</u> Effective Date: 7/1/2024
DEDUCTIBLE	
Individual	PPO: \$6,000 OON: \$12,000
Family	PPO: \$12,000 (embedded) OON: \$24,000 (embedded)
OUT-OF-POCKET MAX	
Individual	PPO: \$7,400 (includes ded) OON: \$14,800 (includes ded)
Family	PPO: \$14,800 (embedded; includes ded) OON: \$29,600 (embedded; includes ded)
PHYSICIAN SERVICES	
Office Visits	PPO: 45% after ded OON: 50% after ded
Telemedicine	PPO: Virtual Care: 0%/45% after ded OON: Not Applicable
Preventive Care	PPO: 0% (ded waived) OON: 50% after ded
Diagnostic Lab/X-Ray	PPO: Office: 45% after ded; Freestanding: 0%/45% after ded; OPHospital: 45% after ded OON: 50% after ded
Imaging (CT/PET scans, MRIs)	PPO: Office/Freestanding: 45% after ded; OPHospital: \$75 + 45% after ded OON: 50% after ded
Rehabilitation/Habilitation (PT/OT/ST)	PPO: 45% after ded OON: 50% after ded
Chiropractic Care	PPO: 50% after ded (20 visits per year) OON: Not Covered
PRESCRIPTION DRUGS	
Pharmacy Deductible	PPO: Combined w/Medical Ded (Subject to all Tiers; Select Rx) OON: Not Covered
Tier 1 (Generic Formulary)	PPO: Level 1: \$20; Level 2: \$20 OON: Not Covered

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Sorted By: Carrier,PlanType,Premium(Ascending)

Medical Benefit Comparison

Medical	Anthem BC <u>Anthem Bronze PPO 6000/45% w/HSA PrevRx (9KGF)</u> Effective Date: 7/1/2024
Tier 2 (Preferred Brand Formulary)	PPO: Level 1: \$90; Level 2: \$100 OON: Not Covered
Tier 3 (Non-Preferred Brand Formulary)	PPO: Level 1: \$160; Level 2: \$170 OON: Not Covered
Tier 4 (Specialty Drugs)	PPO: Level 1: 30% up to \$400; Level 2: 40% up to \$500 OON: Not Covered
Mail Order	PPO: Tier 1: 2x Retail of Level 1; Tier 2-3: 2.5x Retail of Level 1 OON: Not Covered
HOSPITAL FACILITY SERVICES	
Inpatient Hospital Services	PPO: 45% after ded OON: 50% after ded
Outpatient Surgery in a Hospital	PPO: \$250 + 45% after ded OON: 50% after ded
Ambulatory Surgical Center	PPO: \$50 + 45% after ded OON: 50% after ded
EMERGENCY SERVICES	
Emergency Room	PPO: 45% after ded (copay waived if admitted) OON: Paid as In-Network
Emergency Transport/Ambulance	PPO: 45% after ded OON: Paid as In-Network
Urgent Care	PPO: 45% after ded OON: 50% after ded
MENTAL HEALTH/SUBSTANCE USE DISORDER	
Outpatient Services	PPO: 45% after ded OON: 50% after ded
Inpatient Services	PPO: 45% after ded OON: 50% after ded
MATERNITY	

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Presented By: Hub International License# 0F19239

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Medical	Anthem BC <u>Anthem Bronze PPO 6000/45% w/HSA PrevRx (9KGF)</u> Effective Date: 7/1/2024
Prenatal and Postnatal Care	PPO: Prenatal: 0% (ded waived); Postnatal: 45% after ded OON: 50% after ded
Delivery and All Inpatient Services	PPO: 45% after ded OON: 50% after ded
PEDIATRIC SERVICES (UP TO AGE 19)	
Eye Exam	PPO: 0% (ded waived; 1 visit per benefit period) OON: \$0 copay up to Maximum Allowed Amount
Glasses	PPO: 0% (ded waived; 1 pair per benefit period) OON: \$0 copay up to Maximum Allowed Amount
Dental Check-up	PPO: 0% (ded waived; 1 visit per 6 months) OON: 0% (ded waived)

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