Healthcare Plan Options

Anthem

TRADITIONAL SMART SAVER

- Lowest premiums
- Highest deductible
- Highest out-of-pocket maximum

PREMIUM CONSUMER CHOICE

- Middle-of-the-road premiums, deductible and out-of-pocket maximum

STANDARD PPO

- Highest premiums
- Lowest deductible
- Lowest out-of-pocket maximum

- **Nationwide network of providers**
- **Free preventive care**
- **Company HSA contributions**
  - ($250 individual/$500 family) Traditional Smart Saver
  - ($500 Individual/$1,000 family) Premium Consumer Choice
    - IPC contributions are paid quarterly. For team members still in their first year of employment, the contribution will be prorated.

Premiums



Employee Weekly Contribution			
	Traditional Smart Saver	Premium Consumer Choice	Standard PPO
Employee-Only	$17.00	$28.72	$48.83
Employee + Spouse	$44.19	$74.63	$117.37
Employee + Child(ren)	$35.80	$60.45	$98.87
Family	$63.13	$106.62	$167.67

Employee Monthly Contribution			
	Traditional Smart Saver	Premium Consumer Choice	Standard PPO
Employee-Only	$73.68	$124.44	$211.58
Employee + Spouse	$191.51	$323.40	$508.61
Employee + Child(ren)	$155.12	$261.95	$428.44
Family	$273.57	$462.00	$726.58

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	Traditional Smart Saver with HSA		Premium Consumer Choice with HSA		Standard PPO	
Benefit	**In-Network**	**Out-Of-Network**	**In-Network**	**Out-Of-Network**	**In-Network**	**Out-Of-Network**
Deductible (per calendar year)						
Individual	$3,000	$6,000	$1,750	$3,500	$1,000	$2,000
Family	$6,000	$12,000	$3,500	$7,000	$2,000	$4,000
Covered Expenses	70%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible	85%, after deductible	50%, after deductible
HSA Annual Contribution						
	$250 Employee and or $500 Family		$500 Employee and or $1,000 Family		~	
Coinsurance						
Individual or Family	30%	50%	20%	50%	15%	50%
Total Out-of-Pocket Maximums (OPM)						
Individual	$6,000	$12,000	$5,250	$10,500	$3,500	$7,000
Family	$12,000	$24,000	$10,500	$21,000	$7,000	$14,000
Physician Office Visit						
Primary Care Physician	25%, after deductible	50%, after deductible	15%, after deductible	50%, after deductible	$35 copay	50%, after deductible
Specialist	25%, after deductible	50%, after deductible	15%, after deductible	50%, after deductible	$55 copay	50%, after deductible
Urgent Care Facility	70%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible	$80 copay	50%, after deductible
LiveHealth	70%, after deductible		80%, after deductible		$10 copay	
Emergency Room Services						
Emergency Services	70%, after deductible	70%, after deductible	80%, after deductible	80%, after deductible	85%, after deductible	85%, after deductible
In-patient Hospital Services						
In-patient Services	70%, after deductible	50%, after deductible	80%, after deductible	50%, after deductible	85%, after deductible	50%, after deductible
Prescription Drug Coverage (In-Network)						
Generic	Ded/Coins (max $10)	~	Ded/Coins (max $10)	~	$10 copay	~
Brand Formulary	Ded/Coins (max $40)	~	Ded/Coins (max $40)	~	$40 copay	~
Brand Non-Formulary	Ded/Coins (max $80)	~	Ded/Coins (max $80)	~	$80 copay	~
Specialty	Ded/Coins (max $160)	-	Ded/Coins (max $160)	-	$160 copay	-
Prescription Drug Mail Order (90 Day Fill)						
Generic	Ded/Coins (max $20)	~	Ded/Coins (max $20)	~	$20 copay	~
Brand Formulary	Ded/Coins (max $80)	~	Ded/Coins (max $80)	~	$80 copay	~
Brand Non-Formulary	Ded/Coins (max $160)	~	Ded/Coins (max $160)	~	$160 copay	~
Specialty	Ded/Coins (max $160)	-	Ded/Coins (max $160)	-	$160 copay	
Rx Out-of-Pocket Maximum						
(Rx Out-of-Pocket Maximums are included in Medical!)						