

# Anthem High Option — Comparison to 2019 PPO Designs

Medical Event	Anthem High Option	PPO 100	PPO 90	PPO 80	PPO 70
<b>Deductible</b>	\$200 person \$500 family	<b>\$0 person</b> <b>\$0 family</b>	\$500 person \$1,000 family	\$1,000 person \$2,000 family	\$3,500 person \$7,000 family
<b>Out-of-Pocket Limit</b>	\$2,200 person \$4,500 family	<b>\$2,000 person</b> <b>\$4,000 family</b>	\$2,500 person \$5,000 family	\$3,500 person \$7,000 family	\$5,000 person \$10,000 family
<b>Office Visit – Primary Care</b>	\$30 copay	<b>\$30 copay</b>	\$30 copay	\$30 copay	\$30 copay
<b>Office Visit – Specialist</b>	\$30 copay	<b>\$45 copay</b>	\$45 copay	\$45 copay	\$45 copay
<b>Diagnostic Test</b>	\$30 copay	<b>\$0 copay</b>	10% coinsurance	20% coinsurance	30% coinsurance
<b>Urgent Care</b>	\$50 copay	<b>\$50 copay</b>	\$50 copay	\$50 copay	\$50 copay
<b>Emergency Care</b>	\$100 copay	<b>\$250 copay</b>	\$250 copay	\$250 copay	\$250 copay
<b>Outpatient Surgery</b>	\$150 copay	<b>\$200 copay</b>	10% coinsurance	20% coinsurance	30% coinsurance
<b>Inpatient Hospital Care</b>	\$150 copay	<b>\$250 copay</b>	10% coinsurance	20% coinsurance	30% coinsurance

# Anthem PPO 90/70 — Comparison to 2019 PPO Designs

Medical Event	Anthem PPO 90/70	PPO 100	PPO 90	PPO 80	PPO 70
<b>Deductible</b>	\$250 person \$500 family	<b>\$0 person</b> <b>\$0 family</b>	\$500 person \$1,000 family	\$1,000 person \$2,000 family	\$3,500 person \$7,000 family
<b>Out-of-Pocket Limit</b>	\$1,750 person \$3,500 family	<b>\$2,000 person</b> <b>\$4,000 family</b>	\$2,500 person \$5,000 family	\$3,500 person \$7,000 family	\$5,000 person \$10,000 family
<b>Office Visit – Primary Care</b>	\$25 copay	<b>\$30 copay</b>	\$30 copay	\$30 copay	\$30 copay
<b>Office Visit – Specialist</b>	\$25 copay	<b>\$45 copay</b>	\$45 copay	\$45 copay	\$45 copay
<b>Diagnostic Test</b>	10% coinsurance	<b>\$0 copay</b>	10% coinsurance	20% coinsurance	30% coinsurance
<b>Urgent Care</b>	10% coinsurance	<b>\$50 copay</b>	\$50 copay	\$50 copay	\$50 copay
<b>Emergency Care</b>	\$100 copay	<b>\$250 copay</b>	\$250 copay	\$250 copay	\$250 copay
<b>Outpatient Surgery</b>	10% coinsurance	<b>\$200 copay</b>	10% coinsurance	20% coinsurance	30% coinsurance
<b>Inpatient Hospital Care</b>	\$100 copay per day to \$600 max, then 10% coinsurance	<b>\$250 copay</b>	10% coinsurance	20% coinsurance	30% coinsurance

# Anthem PPO 80/60 — Comparison to 2019 PPO Designs

Medical Event	Anthem PPO 80/60	PPO 100	PPO 90	PPO 80	PPO 70
<b>Deductible</b>	\$500 person \$1,000 family	\$0 person \$0 family	<b>\$500 person</b> <b>\$1,000 family</b>	\$1,000 person \$2,000 family	\$3,500 person \$7,000 family
<b>Out-of-Pocket Limit</b>	\$2,500 person \$5,000 family	\$2,000 person \$4,000 family	<b>\$2,500 person</b> <b>\$5,000 family</b>	\$3,500 person \$7,000 family	\$5,000 person \$10,000 family
<b>Office Visit – Primary Care</b>	\$25 copay	\$30 copay	<b>\$30 copay</b>	\$30 copay	\$30 copay
<b>Office Visit – Specialist</b>	\$25 copay	\$45 copay	<b>\$45 copay</b>	\$45 copay	\$45 copay
<b>Diagnostic Test</b>	20% coinsurance	\$0 copay	<b>10% coinsurance</b>	20% coinsurance	30% coinsurance
<b>Urgent Care</b>	20% coinsurance	\$50 copay	<b>\$50 copay</b>	\$50 copay	\$50 copay
<b>Emergency Care</b>	\$100 copay	<b>\$250 copay</b>	\$250 copay	\$250 copay	\$250 copay
<b>Outpatient Surgery</b>	20% coinsurance	\$200 copay	<b>10% coinsurance</b>	20% coinsurance	30% coinsurance
<b>Inpatient Hospital Care</b>	\$100 copay per day to \$600 max, then 20% coinsurance	\$250 copay	<b>10% coinsurance</b>	20% coinsurance	30% coinsurance

# Anthem EPO 90 — Comparison to 2019 PPO Designs

Medical Event	Anthem EPO 90	PPO 100	PPO 90	PPO 80	PPO 70
<b>Deductible</b>	\$200 person \$500 family	<b>\$0 person</b> <b>\$0 family</b>	\$500 person \$1,000 family	\$1,000 person \$2,000 family	\$3,500 person \$7,000 family
<b>Out-of-Pocket Limit</b>	\$1,700 person \$3,500 family	<b>\$2,000 person</b> <b>\$4,000 family</b>	\$2,500 person \$5,000 family	\$3,500 person \$7,000 family	\$5,000 person \$10,000 family
<b>Office Visit – Primary Care</b>	\$25 copay	<b>\$30 copay</b>	\$30 copay	\$30 copay	\$30 copay
<b>Office Visit – Specialist</b>	\$25 copay	<b>\$45 copay</b>	\$45 copay	\$45 copay	\$45 copay
<b>Diagnostic Test</b>	20% coinsurance	<b>\$0 copay</b>	10% coinsurance	20% coinsurance	30% coinsurance
<b>Urgent Care</b>	10% coinsurance	<b>\$50 copay</b>	\$50 copay	\$50 copay	\$50 copay
<b>Emergency Care</b>	\$100 copay	<b>\$250 copay</b>	\$250 copay	\$250 copay	\$250 copay
<b>Outpatient Surgery</b>	10% coinsurance	<b>\$200 copay</b>	10% coinsurance	20% coinsurance	30% coinsurance
<b>Inpatient Hospital Care</b>	10% coinsurance	<b>\$250 copay</b>	10% coinsurance	20% coinsurance	30% coinsurance

# Anthem EPO 80 — Comparison to 2019 PPO Designs

Medical Event	Anthem EPO 80	PPO 100	PPO 90	PPO 80	PPO 70
<b>Deductible</b>	\$350 person \$700 family	\$0 person \$0 family	<b>\$500 person</b> <b>\$1,000 family</b>	\$1,000 person \$2,000 family	\$3,500 person \$7,000 family
<b>Out-of-Pocket Limit</b>	\$2,350 person \$4,700 family	\$2,000 person \$4,000 family	<b>\$2,500 person</b> <b>\$5,000 family</b>	\$3,500 person \$7,000 family	\$5,000 person \$10,000 family
<b>Office Visit – Primary Care</b>	\$25 copay	\$30 copay	<b>\$30 copay</b>	\$30 copay	\$30 copay
<b>Office Visit – Specialist</b>	\$25 copay	\$45 copay	<b>\$45 copay</b>	\$45 copay	\$45 copay
<b>Diagnostic Test</b>	20% coinsurance	\$0 copay	<b>10% coinsurance</b>	20% coinsurance	30% coinsurance
<b>Urgent Care</b>	20% coinsurance	\$50 copay	<b>\$50 copay</b>	\$50 copay	\$50 copay
<b>Emergency Care</b>	\$100 copay	<b>\$250 copay</b>	\$250 copay	\$250 copay	\$250 copay
<b>Outpatient Surgery</b>	20% coinsurance	\$200 copay	<b>10% coinsurance</b>	20% coinsurance	30% coinsurance
<b>Inpatient Hospital Care</b>	20% coinsurance	\$250 copay	<b>10% coinsurance</b>	20% coinsurance	30% coinsurance

# Anthem PPO 75/50 — Comparison to 2019 PPO Designs

Medical Event	Anthem PPO 75/50	PPO 100	PPO 90	PPO 80	PPO 70
<b>Deductible</b>	\$900 person \$1,800 family	\$0 person \$0 family	\$500 person \$1,000 family	<b>\$1,000 person</b> <b>\$2,000 family</b>	\$3,500 person \$7,000 family
<b>Out-of-Pocket Limit</b>	\$4,100 person \$8,200 family	\$2,000 person \$4,000 family	\$2,500 person \$5,000 family	<b>\$3,500 person</b> <b>\$7,000 family</b>	\$5,000 person \$10,000 family
<b>Office Visit – Primary Care</b>	\$35 copay	\$30 copay	\$30 copay	<b>\$30 copay</b>	\$30 copay
<b>Office Visit – Specialist</b>	\$45 copay	\$45 copay	\$45 copay	<b>\$45 copay</b>	\$45 copay
<b>Diagnostic Test</b>	25% coinsurance	\$0 copay	10% coinsurance	<b>20% coinsurance</b>	30% coinsurance
<b>Emergency Care</b>	\$100 copay	<b>\$250 copay</b>	\$250 copay	\$250 copay	\$250 copay
<b>Urgent Care</b>	25% coinsurance	\$50 copay	\$50 copay	<b>\$50 copay</b>	\$50 copay
<b>Outpatient Surgery</b>	25% coinsurance	\$200 copay	10% coinsurance	<b>20% coinsurance</b>	30% coinsurance
<b>Inpatient Hospital Care</b>	\$100 copay per day to \$600 max, then 25% coinsurance	\$250 copay	10% coinsurance	<b>20% coinsurance</b>	30% coinsurance