

Amended Plans PPO Plans

There are no changes planned for:

- Anthem Gold HMO 0/30
- Anthem Bronze PPO 4600/50%
- Anthem Bronze PPO 6000/45% w/HSA PrevRx
- Anthem Bronze PPO 6700/0% w/HSA PrevRx

Current 2022 plan

New 2023 plan

PLAN NAME (S):		Anthem Platinum PPO 15/40/10%	Anthem Platinum PPO 15/40/10%
OUT-OF-POCKET MAX			
Individual/Family	PPO:	\$4,200/\$8,400	\$3,800/\$7,600
	OON:	\$8,400/\$16,800	\$7,600/\$15,200
HEALTH SERVICES			
Urgent Care		\$40 Copay	\$15 Copay
PHARMACY BENEFITS			
Retail Pharmacy Cost Shares Tier 2/Tier 3 (30-day supply)	RX:	Level 1: \$35/\$70 Level 2: \$45/\$80	Level 1: \$30/\$50 Level 2: \$40/\$60
Home Delivery - Tier 1 (90-day supply)		\$105/\$210	\$90/\$150
PLAN NAME (S):		Anthem Platinum PPO 15/250/10%	Anthem Platinum PPO 15/250/10%
OUT-OF-POCKET MAX			
Individual/Family	PPO:	\$4,200/\$8,400	\$3,800/\$7,600
	OON:	\$8,400/\$16,800	\$7,600/\$15,200
HEALTH SERVICES			
Urgent Care		\$30 Copay	\$15 Copay
PHARMACY BENEFITS			
Retail Pharmacy Cost Shares Tier 2/Tier 3 (30-day supply)	RX:	Level 1: \$35/\$70 Level 2: \$45/\$80	Level 1: \$30/\$50 Level 2: \$40/\$60
Home Delivery - Tier 2/Tier 3 (90-day supply)	RX:	\$105/\$210	\$90/\$150
PLAN NAME (S):		Anthem Gold PPO 25/30%	Anthem Gold PPO 25/30%
HEALTH SERVICES			
Urgent Care	PPO:	\$50 copay	\$25 copay
PHARMACY BENEFITS			
Separate Pharmacy Deductible	RX:	Applies to tiers 2-4: \$150/member; \$300/Family	No separate Rx deductible
PLAN NAME (S):		Anthem Gold PPO 30/500/20%	Anthem Gold PPO 30/500/20%
OUT-OF-POCKET MAX			
Urgent Care		\$60 Copay	\$30 Copay
PHARMACY BENEFITS			
Separate Pharmacy Deductible	RX:	Applies to tiers 2-4: \$150/member; \$300/Family	No separate Rx deductible
PLAN NAME (S):		Anthem Gold PPO 30/750/20%	Anthem Gold PPO 30/750/20%
HEALTH SERVICES			
Urgent Care		\$55 Copay	\$30 Copay
PLAN NAME (S):		Anthem Gold PPO 35/1000/20%	Anthem Gold PPO 35/1000/20%
HEALTH SERVICES			
Urgent Care		\$60 Copay	\$35 Copay

PLAN NAME (S):		Anthem Silver PPO 45/1750/40%	Anthem Silver PPO 45/1750/40%
OUT-OF-POCKET MAX			
Individual/Family	PPO:	\$8,500/\$17,000	<i>\$9,100/\$18,200</i>
	OON:	\$17,000/\$34,000	<i>\$18,200/\$36,400</i>
HEALTH SERVICES			
Urgent Care		\$95 Copay	<i>\$45 Copay</i>
Outpatient Surgery (Facility)		Deductible, then \$200 Copay and 40% coinsurance	<i>Deductible, then \$250 Copay and 40% coinsurance</i>
PLAN NAME (S):		Anthem Silver PPO 55/1950/35%	<i>Anthem Silver PPO 55/1950/35%</i>
OUT-OF-POCKET MAX			
Individual/Family	PPO:	\$8,700/\$17,400	<i>\$9,100/\$18,200</i>
	OON:	\$17,400/\$34,800	<i>\$18,200/\$36,400</i>
HEALTH SERVICES			
Urgent Care		\$90 Copay	<i>\$55 Copay</i>
PLAN NAME (S):		Anthem Silver PPO 50/2200/40%	Anthem Silver PPO 50/2200/40%
HEALTH SERVICES			
Urgent Care		\$90 Copay	<i>\$50 Copay</i>
PLAN NAME (S):		Anthem Silver PPO 55/2500/45%	Anthem Silver PPO 55/2500/45%
HEALTH SERVICES			
Urgent Care		\$90 Copay	<i>\$55 Copay</i>
PLAN NAME (S):		Anthem Bronze PPO 75/7300/40%	Anthem Bronze PPO 75/7300/40%
HEALTH SERVICES			
Urgent Care	PPO:	\$110 Copay	<i>\$75 Copay</i>
PLAN NAME:		Anthem Bronze PPO 40/6200/40%	<i>Anthem Bronze PPO 40/6200/40%</i>
HEALTH SERVICES			
Urgent Care	PPO:	Deductible then 40% coinsurance	<i>Deductible then \$40 copay</i>
PLAN NAME:		Anthem Bronze PPO 60/6850/40%	<i>Anthem Bronze PPO 60/6850/40%</i>
HEALTH SERVICES			
Urgent Care	PPO:	Deductible then 40% coinsurance	<i>Deductible then \$60 copay</i>
PLAN NAME (S):		Anthem Bronze PPO 70/6600/35%	Anthem Bronze PPO 70/6600/35%
HEALTH SERVICES			
Urgent Care	PPO:	Deductible then 35% coinsurance	<i>Deductible then \$70 Copay</i>

HSA Plans

PLAN NAME (S):		Anthem Silver PPO 2100/30% w/HSA PrevRx*	<i>Anthem Silver PPO 2100/30% w/HSA PrevRx*</i>
DEDUCTIBLE			
Individual/Member of a Family/Family	PPO:	\$2,100/\$2,800/\$4,200	<i>\$2,100/\$3,000/\$4,200</i>
	OON:	\$4,200/\$5,600/\$8,400	<i>\$4,200/\$6,000/\$8,400</i>
OUT-OF-POCKET MAX			
Individual/Family	PPO:	\$7,050/\$14,100	<i>\$7,200/\$14,400</i>
	OON:	\$14,100/\$28,200	<i>\$14,400/\$28,800</i>
PLAN NAME (S):		Anthem Silver PPO 2600/35% w/HSA PrevRx*	<i>Anthem Silver PPO 2600/35% w/HSA PrevRx*</i>
DEDUCTIBLE			
Individual/Member of a Family/Family	PPO:	\$2,600/\$2,800/\$5,200	<i>\$2,600/\$3,000/\$5,200</i>
	OON:	\$5,200/\$5,600/\$10,400	<i>\$5,200/\$6,000/\$10,400</i>

HMO Plans**

PLAN NAME (S)		Anthem Gold HMO 35	Anthem Gold HMO 35
HEALTH SERVICES			
Chiropractic Care		\$35 Copay/20 visit limit per year (PCP referral required)	\$15 Copay/30 visit limit per year (No referral required through American Specialty Health Network, see Find Care)

PLAN NAME (S)		Anthem Silver HMO 55	Anthem Silver HMO 55
OUT-OF-POCKET MAX			
Individual/Family	HMO:	\$8,700/\$17,400	<i>\$9,100/\$18,200</i>
HEALTH SERVICES			
Chiropractic Care		\$35 Copay/20 visit limit per year (PCP referral required)	<i>\$15 Copay/30 visit limit per year (No referral required through American Specialty Health Network, see Find Care)</i>
Inpatient Facility, Mental Health/Substance Abuse Acute Facility, Residential Treatment Facility	HMO:	\$650 copay per day up to 5 days	<i>\$750 copay per day up to 5 days</i>
Lab (office/UC) X-ray (office/Freestanding/UC) and Other Diagnostic Tests (office/UC)		\$20 Copay	<i>\$40 Copay</i>
PHARMACY BENEFITS			
Retail Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (30-day supply)	RX:	Level 1: \$15/\$90/\$120 Level 2: \$20/\$100/\$130	<i>Level 1: \$20/\$95/\$150 Level 2: \$30/\$105/\$160</i>
Home Delivery Cost Shares Tier 1/Tier 2/Tier 3 (90-day supply)	RX:	\$38/\$270/\$360	<i>\$50/\$285/\$450</i>

PLAN NAME (S)		Anthem Silver HMO 60/2500/45%	Anthem Silver HMO 60/2500/45%
OUT-OF-POCKET MAX			
Individual/Family	HMO:	\$8,700/\$17,400	<i>\$9,100/\$18,200</i>
HEALTH SERVICES			
Chiropractic Care		\$35 Copay/20 visit limit per year (PCP referral required)	<i>\$15 Copay/30 visit limit per year (No referral required through American Specialty Health Network, see Find Care)</i>