

2023 - 2024 Benefit to Benefit Grid

Effective on your group's renewal on or after January 1, 2024



Below is an overview of changes and updates made to your medical plan which will take effect with your plan's renewal. For a complete listing of all your benefits, limitations and exclusions, please review the complete Evidence of Coverage (EOC). Amounts listed below are the member's responsibility to pay after any applicable In-Network (INN) or Out-of-Network (OON) deductibles (unless otherwise specified).

Anthem benefits are subject to regulatory review and approval.

Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Platinum PPO 15/40/10%	Anthem Platinum PPO 15/40/10%
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	10%	\$50 copay + 10%
Outpatient Hospital Facility	INN:	\$150 copay + 10%	\$200 copay + 10%
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	50%	10%
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	Deductible, then 50%
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$13/\$90/\$150	\$10/\$75/\$125
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.
DENTAL BENEFITS			
Pediatric Dental Deductible	OON:	Combined with Medical Deductible	None
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	Covered in Full
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	20%
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	50%

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Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Platinum PPO 15/250/10%	Anthem Platinum PPO 15/250/10%
OUT-OF-POCKET MAXIMUM (Individual/Family)			
In-network Out of Pocket	INN:	\$3,800/\$7,600	\$3,700/\$7,400
Out-of-network Out of Pocket	OON:	\$7,600/\$15,200	\$7,400/\$14,800
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	Deductible, then 10%	Deductible, then \$50 copay + 10%
Outpatient Hospital Facility	INN:	Deductible, then \$200 copay + 10%	Deductible, then \$250 copay + 10%
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	Deductible, then 50%	Deductible, then 10%
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	Deductible, then 50%
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$13/\$90/\$150	\$10/\$75/\$125
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	None
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	Covered in Full
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	20%
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	50%

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Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Gold PPO 25/30%	Anthem Gold PPO 25/30%
OUT-OF-POCKET MAXIMUM (Individual/Family)			
In-network Out of Pocket	INN:	\$8,200/\$16,400	\$8,500/\$17,000
Out-of-network Out of Pocket	OON:	\$16,400/\$32,800	\$17,000/\$34,000
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	30%	\$50 copay + 30%
Outpatient Hospital Facility	INN:	\$200 copay + 30%	\$250 copay + 30%
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	50%	30%
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	Deductible, then 50%
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$25/\$150/\$270	\$20/\$125/\$225
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.
DENTAL BENEFITS			
Pediatric Dental Deductible	OON:	Combined with Medical Deductible	None
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	Covered in Full
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	20%
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	50%

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Anthem benefits are subject to regulatory review and approval.

Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Gold PPO 30/500/20%	Anthem Gold PPO 30/500/20%
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	Deductible, then 20%	<i>Deductible, then \$50 copay + 20%</i>
Outpatient Hospital Facility	INN:	Deductible, then \$200 copay + 20%	<i>Deductible, then \$250 copay + 20%</i>
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	Deductible, then 50%	<i>Deductible, then 20%</i>
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	<i>Deductible, then 50%</i>
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$25/\$150/\$270	<i>\$20/\$125/\$225</i>
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	<i>Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.</i>
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	<i>None</i>
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	<i>Covered in Full</i>
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	<i>20%</i>
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	<i>50%</i>

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Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Gold PPO 30/750/20%	Anthem Gold PPO 30/750/20%
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	Deductible, then 20%	<i>Deductible, then \$50 copay + 20%</i>
Outpatient Hospital Facility	INN:	Deductible, then \$200 copay + 20%	<i>Deductible, then \$250 copay + 20%</i>
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	Deductible, then 50%	<i>Deductible, then 20%</i>
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	<i>Deductible, then 50%</i>
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$25/\$150 after deductible/\$270 after deductible	<i>\$20/\$125 after deductible/\$225 after deductible</i>
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	<i>Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.</i>
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	<i>None</i>
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	<i>Covered in Full</i>
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	<i>20%</i>
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	<i>50%</i>

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Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Gold PPO 35/1000/20%	Anthem Gold PPO 35/1000/20%
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	Deductible, then 20%	<i>Deductible, then \$50 copay + 20%</i>
Outpatient Hospital Facility	INN:	Deductible, then \$200 copay + 20%	<i>Deductible, then \$250 copay + 20%</i>
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	Deductible, then 50%	<i>Deductible, then 20%</i>
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	<i>Deductible, then 50%</i>
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$13/\$180 after deductible/\$330 after deductible	<i>\$10/\$150 after deductible/\$275 after deductible</i>
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	<i>Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.</i>
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	<i>None</i>
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	<i>Covered in Full</i>
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	<i>20%</i>
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	<i>50%</i>

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Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Silver PPO 45/1750/40%	Anthem Silver PPO 45/1750/40%
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	Deductible, then 40%	<i>Deductible, then \$50 copay + 40%</i>
Outpatient Hospital Facility	INN:	Deductible, then \$250 copay + 40%	<i>Deductible, then \$300 copay + 40%</i>
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	Deductible, then 50%	<i>Deductible, then 40%</i>
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	<i>Deductible, then 50%</i>
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$38/\$210 after deductible/\$330 after deductible	<i>\$30/\$175 after deductible/\$275 after deductible</i>
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	<i>Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.</i>
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	<i>None</i>
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	<i>Covered in Full</i>
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	<i>20%</i>
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	<i>50%</i>

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Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Silver PPO 55/1950/35%	Anthem Silver PPO 55/1950/35%
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	Deductible, then 35%	<i>Deductible, then \$50 copay + 35%</i>
Outpatient Hospital Facility	INN:	Deductible, then \$200 copay + 35%	<i>Deductible, then \$250 copay + 35%</i>
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	Deductible, then 50%	<i>Deductible, then 35%</i>
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	<i>Deductible, then 50%</i>
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$38/\$210 after deductible/\$330 after deductible	<i>\$30/\$175 after deductible/\$275 after deductible</i>
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	<i>Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.</i>
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	<i>None</i>
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	<i>Covered in Full</i>
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	<i>20%</i>
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	<i>50%</i>

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Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Silver PPO 50/2200/40%	Anthem Silver PPO 50/2200/40%
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	Deductible, then 40%	<i>Deductible, then \$50 copay + 40%</i>
Outpatient Hospital Facility	INN:	Deductible, then \$200 copay + 40%	<i>Deductible, then \$250 copay + 40%</i>
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	Deductible, then 50%	<i>Deductible, then 40%</i>
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	<i>Deductible, then 50%</i>
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$38/\$210 after deductible/\$330 after deductible	<i>\$30/\$175 after deductible/\$275 after deductible</i>
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	<i>Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.</i>
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	<i>None</i>
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	<i>Covered in Full</i>
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	<i>20%</i>
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	<i>50%</i>

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Anthem benefits are subject to regulatory review and approval.

Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Silver PPO 55/2500/45%	Anthem Silver PPO 55/2500/45%
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	Deductible, then 45%	<i>Deductible, then \$50 copay + 45%</i>
Outpatient Hospital Facility	INN:	Deductible, then \$200 copay + 45%	<i>Deductible, then \$250 copay + 45%</i>
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	Deductible, then 50%	<i>Deductible, then 45%</i>
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	<i>Deductible, then 50%</i>
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$38/\$210 after deductible/\$330 after deductible	<i>\$30/\$175 after deductible/\$275 after deductible</i>
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	<i>Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.</i>
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	<i>None</i>
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	<i>Covered in Full</i>
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	<i>20%</i>
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	<i>50%</i>

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Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Bronze PPO 75/7300/40%	Anthem Bronze PPO 75/7300/40%
OUT-OF-POCKET MAXIMUM (Individual/Family)			
In-network Out of Pocket	INN:	\$8,650/\$17,300	\$9,100/\$18,200
Out-of-network Out of Pocket	OON:	\$17,300/\$34,600	\$18,200/\$36,400
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	Deductible, then 40%	Deductible, then \$50 copay + 40%
Outpatient Hospital Facility	INN:	Deductible, then \$200 copay + 40%	Deductible, then \$250 copay + 40%
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	Deductible, then 50%	Deductible, then 40%
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	Deductible, then 50%
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$50/\$270 after deductible/\$480 after deductible	\$40/\$225 after deductible/\$400 after deductible
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	None
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	Covered in Full
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	20%
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	50%

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Anthem benefits are subject to regulatory review and approval.

Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Bronze PPO 4600/50%	Anthem Bronze PPO 4600/50%
MEDICAL BENEFITS			
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	<i>Deductible, then 50%</i>
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$50/\$240 after deductible/\$360 after deductible	<i>\$40/\$200 after deductible/\$300 after deductible</i>
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	<i>Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.</i>
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	<i>None</i>
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	<i>Covered in Full</i>
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	<i>20%</i>
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	<i>50%</i>

2023 - 2024 Benefit to Benefit Grid

Effective on your group's renewal on or after January 1, 2024



Below is an overview of changes and updates made to your medical plan which will take effect with your plan's renewal. For a complete listing of all your benefits, limitations and exclusions, please review the complete Evidence of Coverage (EOC). Amounts listed below are the member's responsibility to pay after any applicable In-Network (INN) or Out-of-Network (OON) deductibles (unless otherwise specified).

Anthem benefits are subject to regulatory review and approval.

Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Bronze PPO 40/6200/40%	Anthem Bronze PPO 40/6200/40%
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	Deductible, then 40%	<i>Deductible, then \$50 copay + 40%</i>
Outpatient Hospital Facility	INN:	Deductible, then \$200 copay + 40%	<i>Deductible, then \$250 copay + 40%</i>
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	Deductible, then 50%	<i>Deductible, then 40%</i>
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	<i>Deductible, then 50%</i>
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$50/\$240 after deductible/\$360 after deductible	<i>\$40/\$200 after deductible/\$300 after deductible</i>
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	<i>Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.</i>
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	<i>None</i>
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	<i>Covered in Full</i>
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	<i>20%</i>
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	<i>50%</i>

2023 - 2024 Benefit to Benefit Grid

Effective on your group's renewal on or after January 1, 2024



Below is an overview of changes and updates made to your medical plan which will take effect with your plan's renewal. For a complete listing of all your benefits, limitations and exclusions, please review the complete Evidence of Coverage (EOC). Amounts listed below are the member's responsibility to pay after any applicable In-Network (INN) or Out-of-Network (OON) deductibles (unless otherwise specified).

Anthem benefits are subject to regulatory review and approval.

Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Bronze PPO 60/6850/40%	Anthem Bronze PPO 60/6850/40%
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	Deductible, then 40%	<i>Deductible, then \$50 copay + 40%</i>
Outpatient Hospital Facility	INN:	Deductible, then \$200 copay + 40%	<i>Deductible, then \$250 copay + 40%</i>
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	Deductible, then 50%	<i>Deductible, then 40%</i>
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	<i>Deductible, then 50%</i>
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$50/\$270 after deductible/\$480 after deductible	<i>\$40/\$225 after deductible/\$400 after deductible</i>
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	<i>Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.</i>
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	<i>None</i>
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	<i>Covered in Full</i>
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	<i>20%</i>
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	<i>50%</i>

2023 - 2024 Benefit to Benefit Grid

Effective on your group's renewal on or after January 1, 2024



Below is an overview of changes and updates made to your medical plan which will take effect with your plan's renewal. For a complete listing of all your benefits, limitations and exclusions, please review the complete Evidence of Coverage (EOC). Amounts listed below are the member's responsibility to pay after any applicable In-Network (INN) or Out-of-Network (OON) deductibles (unless otherwise specified).

Anthem benefits are subject to regulatory review and approval.

Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Bronze PPO 70/6600/35%	Anthem Bronze PPO 70/6600/35%
OUT-OF-POCKET MAXIMUM (Individual/Family)			
In-network Out of Pocket	INN:	\$8,700/\$17,400	\$8,900/\$17,800
Out-of-network Out of Pocket	OON:	\$17,400/\$34,800	\$17,800/\$35,600
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	Deductible, then 35%	Deductible, then \$50 copay + 35%
Outpatient Hospital Facility	INN:	Deductible, then \$200 copay + 35%	Deductible, then \$250 copay + 35%
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	Deductible, then 50%	Deductible, then 35%
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	Deductible, then 50%
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$50/\$240 after deductible/\$360 after deductible	\$40/\$200 after deductible/\$300 after deductible
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	None
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	Covered in Full
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	20%
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	50%

2023 - 2024 Benefit to Benefit Grid

Effective on your group's renewal on or after January 1, 2024



Below is an overview of changes and updates made to your medical plan which will take effect with your plan's renewal. For a complete listing of all your benefits, limitations and exclusions, please review the complete Evidence of Coverage (EOC). Amounts listed below are the member's responsibility to pay after any applicable In-Network (INN) or Out-of-Network (OON) deductibles (unless otherwise specified).

Anthem benefits are subject to regulatory review and approval.

Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Silver PPO 2100/30% w/HSA PrevRx*	Anthem Silver PPO HSA/H 2100/3200/4200 30% PrevRx*
DEDUCTIBLE (Subscriber only: Per Member/Subscriber + Family: Per Member/Family)			
In-network	INN:	\$2,100/\$3,000/\$4,200	\$2,100/ \$3,200 / \$4,200
Out-of-network	OON:	\$4,200/\$6,000/\$8,400	\$4,200/ \$6,400 / \$8,400
OUT-OF-POCKET MAXIMUM (Individual/Individual+Member/Family)			
In-network Out of Pocket	INN:	\$7,200/\$14,400	\$7,750 / \$15,500
Out-of-network Out of Pocket	OON:	\$14,400/\$28,800	\$15,500 / \$31,000
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	Deductible, then 30%	Deductible, then \$50 copay + 30%
Outpatient Hospital Facility	INN:	Deductible, then \$200 copay + 30%	Deductible, then \$250 copay + 30%
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	Deductible, then 50%	Deductible, then 30%
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	Deductible, then 50%
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$38 after deductible/\$210 after deductible/\$330 after deductible	\$30 after deductible/\$175 after deductible/\$275 after deductible
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	<i>Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.</i>
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	None
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	Covered in Full
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	20%
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	50%

* These plans have a different per-member deductible amount, depending on whether the subscriber is enrolled as self-only, or has enrolled dependents within the plan. Plans have been designed in this manner to comply with both AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high- deductible health plans.

2023 - 2024 Benefit to Benefit Grid

Effective on your group's renewal on or after January 1, 2024



Below is an overview of changes and updates made to your medical plan which will take effect with your plan's renewal. For a complete listing of all your benefits, limitations and exclusions, please review the complete Evidence of Coverage (EOC). Amounts listed below are the member's responsibility to pay after any applicable In-Network (INN) or Out-of-Network (OON) deductibles (unless otherwise specified).

Anthem benefits are subject to regulatory review and approval.

Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Silver PPO 2600/35% w/HSA PrevRx*	Anthem Silver PPO HSA/H 2600/3200/5200 35% PrevRx*
DEDUCTIBLE (Subscriber only: Per Member/Subscriber + Family: Per Member/Family)			
In-network	INN:	\$2,600/\$3,000/\$5,200	\$2,600/ \$3,200 / \$5,200
Out-of-network	OON:	\$5,200/\$6,000/\$10,400	\$5,200/ \$6,400 / \$10,400
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	Deductible, then 35%	Deductible, then \$50 copay + 35%
Outpatient Hospital Facility	INN:	Deductible, then \$200 copay + 35%	Deductible, then \$250 copay + 35%
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	Deductible, then 50%	Deductible, then 35%
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	Deductible, then 50%
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$38 after deductible/\$210 after deductible/\$330 after deductible	\$30 after deductible/\$175 after deductible/\$275 after deductible
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	None
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	Covered in Full
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	20%
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	50%

* These plans have a different per-member deductible amount, depending on whether the subscriber is enrolled as self-only, or has enrolled dependents within the plan. Plans have been designed in this manner to comply with both AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high- deductible health plans.

2023 - 2024 Benefit to Benefit Grid

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Anthem benefits are subject to regulatory review and approval.

Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Bronze PPO 6000/45% w/HSA PrevRx	Anthem Bronze PPO 6000/45% w/HSA PrevRx
OUT-OF-POCKET MAXIMUM (Individual/Family)			
In-network Out of Pocket	INN:	\$7,050/\$14,100	\$7,400/\$14,800
Out-of-network Out of Pocket	OON:	\$14,100/\$28,200	\$14,800/\$29,600
MEDICAL BENEFITS			
Ambulatory Surgical Center (ASC)	INN:	Deductible, then 45%	Deductible, then \$50 copay + 45%
Outpatient Hospital Facility	INN:	Deductible, then \$200 copay + 45%	Deductible, then \$250 copay + 45%
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	Deductible, then 50%	Deductible, then 45%
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	Deductible, then 50%
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$50 after deductible/\$270 after deductible/\$480 after deductible	\$40 after deductible/\$225 after deductible/\$400 after deductible
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	None
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	Covered in Full
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	20%
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	50%

2023 - 2024 Benefit to Benefit Grid

Effective on your group's renewal on or after January 1, 2024



Below is an overview of changes and updates made to your medical plan which will take effect with your plan's renewal. For a complete listing of all your benefits, limitations and exclusions, please review the complete Evidence of Coverage (EOC). Amounts listed below are the member's responsibility to pay after any applicable In-Network (INN) or Out-of-Network (OON) deductibles (unless otherwise specified).

Anthem benefits are subject to regulatory review and approval.

Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Bronze PPO 6700/0% w/HSA PrevRx	Anthem Bronze PPO 6700/0% w/HSA PrevRx
OUT-OF-POCKET MAXIMUM (Individual/Family)			
In-network Out of Pocket	INN:	\$7,050/\$14,100	\$7,800/\$15,600
Out-of-network Out of Pocket	OON:	\$17,625/\$35,250	\$19,500/\$39,000
MEDICAL BENEFITS			
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	Deductible, then 50%
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$50 after deductible/\$270 after deductible/\$480 after deductible	\$40 after deductible/\$225 after deductible/\$400 after deductible
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.
DENTAL BENEFITS			
Pediatric Dental Deductible	INN/OON:	Combined with Medical Deductible	None
Pediatric Dental Benefits: Diagnostic & Preventive	INN/OON:	Deductible, then Covered in Full	Covered in Full
Pediatric Dental Benefits: Basic Services	INN/OON:	Deductible, then 50%	20%
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN/OON:	Deductible, then 50%	50%

2023 - 2024 Benefit to Benefit Grid

Effective on your group's renewal on or after January 1, 2024



Below is an overview of changes and updates made to your medical plan which will take effect with your plan's renewal. **For a complete listing of all your benefits, limitations and exclusions, please review the complete Evidence of Coverage (EOC).** Amounts listed below are the member's responsibility to pay after any applicable In-Network (INN) or Out-of-Network (OON) deductibles (unless otherwise specified).

Anthem benefits are subject to regulatory review and approval.

Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Gold HMO 30	Anthem Gold HMO 30**
OUT-OF-POCKET MAXIMUM (Individual/Family)			
In-network Out of Pocket	INN:	\$6,600/\$13,200	\$7,500/\$15,000
MEDICAL BENEFITS			
Rx for Infusion/Injection - other than Allergy serum (Office, Urgent Care, Outpatient Facility); Specialty Drugs under Home Care	INN:	20%	\$125 copay
Urgent Care (Office Setting): Out-of-Network	INN:	Not Covered	Same as In Network
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	50%	\$30 copay
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	50% coinsurance
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$25/\$150/\$270	\$20/\$125/\$225
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.
DENTAL BENEFITS			
Pediatric Dental Benefits: Basic Services	INN:	Deductible, then 50%	20%

**Enrollment in the selected plan is dependent upon the employee residing or working within a plan's geographical service area, and the network, provider, and physician availability within the geographical service area. If at the time of enrollment, the network or physician/medical group is not available or an employee does not reside or work in the geographical service area of the plan, the employee may be assigned to or be required to choose a different provider, network, and/or plan.

2023 - 2024 Benefit to Benefit Grid

Effective on your group's renewal on or after January 1, 2024



Below is an overview of changes and updates made to your medical plan which will take effect with your plan's renewal. **For a complete listing of all your benefits, limitations and exclusions, please review the complete Evidence of Coverage (EOC).** Amounts listed below are the member's responsibility to pay after any applicable In-Network (INN) or Out-of-Network (OON) deductibles (unless otherwise specified).

Anthem benefits are subject to regulatory review and approval.

Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Gold HMO 35	Anthem Gold HMO 35**
MEDICAL BENEFITS			
Rx for Infusion/Injection - other than Allergy serum (Office, Urgent Care, Outpatient Facility); Specialty Drugs under Home Care	INN:	20%	\$125 copay
Urgent Care (Office Setting): Out-of-Network	INN:	Not Covered	Same as In Network
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	50%	\$35 copay
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	50% coinsurance
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$25/\$150/\$270	\$20/\$125/\$225
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.
DENTAL BENEFITS			
Pediatric Dental Benefits: Basic Services	INN:	Deductible, then 50%	20%

**Enrollment in the selected plan is dependent upon the employee residing or working within a plan's geographical service area, and the network, provider, and physician availability within the geographical service area. If at the time of enrollment, the network or physician/medical group is not available or an employee does not reside or work in the geographical service area of the plan, the employee may be assigned to or be required to choose a different provider, network, and/or plan.

2023 - 2024 Benefit to Benefit Grid

Effective on your group's renewal on or after January 1, 2024



Below is an overview of changes and updates made to your medical plan which will take effect with your plan's renewal. **For a complete listing of all your benefits, limitations and exclusions, please review the complete Evidence of Coverage (EOC).** Amounts listed below are the member's responsibility to pay after any applicable In-Network (INN) or Out-of-Network (OON) deductibles (unless otherwise specified).

Anthem benefits are subject to regulatory review and approval.

Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Silver HMO 55	Anthem Silver HMO 55**
OUT-OF-POCKET MAXIMUM (Individual/Family)			
In-network Out of Pocket	INN:	\$9,100/\$18,200	\$9,200/\$18,400
MEDICAL BENEFITS			
Rx for Infusion/Injection - other than Allergy serum (Office, Urgent Care, Outpatient Facility); Specialty Drugs under Home Care	INN:	20%	\$125 copay
Urgent Care (Office Setting): Out-of-Network	INN:	Not Covered	Same as In Network
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	50%	\$55 copay
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	50% coinsurance
PHARMACY BENEFITS			
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$50/\$285 after deductible/\$450 after deductible	\$40/\$238 after deductible/\$375 after deductible
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.
DENTAL BENEFITS			
Pediatric Dental Benefits: Basic Services	INN:	Deductible, then 50%	20%

**Enrollment in the selected plan is dependent upon the employee residing or working within a plan's geographical service area, and the network, provider, and physician availability within the geographical service area. If at the time of enrollment, the network or physician/medical group is not available or an employee does not reside or work in the geographical service area of the plan, the employee may be assigned to or be required to choose a different provider, network, and/or plan.

2023 - 2024 Benefit to Benefit Grid

Effective on your group's renewal on or after January 1, 2024



Below is an overview of changes and updates made to your medical plan which will take effect with your plan's renewal. For a complete listing of all your benefits, limitations and exclusions, please review the complete Evidence of Coverage (EOC). Amounts listed below are the member's responsibility to pay after any applicable In-Network (INN) or Out-of-Network (OON) deductibles (unless otherwise specified).

Anthem benefits are subject to regulatory review and approval.

Amended Plans			
2024 Plan Updates		Current 2023 plan	New 2024 plan
PLAN NAME (S):		Anthem Silver HMO 60/2500/45%	Anthem Silver HMO 60/2500/45%**
MEDICAL BENEFITS			
Specialist Medical Office Visit, Telemedicine visit and Virtual Visit	INN:	\$110 copay	\$95 copay
Office Surgery - including anesthesia (In Office or Urgent Care Office settings)	INN:	\$110 copay	\$95 copay
Home Health Care Services including Private Duty Nursing and continuous complex skilled nursing care in the home	INN:	\$110 copay	\$95 copay
Urgent Care (Office Setting): Out-of-Network	INN:	Not Covered	Same as In Network
Cochlear Implants including Supplies and Services for Cochlear Implants	INN:	50%	\$60 copay
COVID-19 tests, immunizations, and therapeutics	OON:	No copay	50% coinsurance
PHARMACY BENEFITS			
Retail Pharmacy (30-day supply): Tier 1 copay	INN:	\$15 copay	\$10 copay
Home Delivery (90-day supply): Tier 1/Tier 2/Tier 3 drug copay	INN:	\$38/\$210 after deductible/\$330 after deductible	\$20/\$175 after deductible/\$275 after deductible
Home Delivery Option	INN:	Opt-Out Home Delivery -Switches members taking maintenance medications to Home Delivery after two courtesy refills at a retail pharmacy unless member notifies Anthem to opt-out. If member does not notify us and continues to use retail, then the cost of the prescription will increase.	Optional Home Delivery - offers flexibility for member to obtain maintenance medications through home delivery or in-network Level 1 retail pharmacy with no additional costs.
DENTAL BENEFITS			
Pediatric Dental Deductible	INN:	Combined with Medical Deductible	None
Pediatric Dental Benefits: Diagnostic & Preventive	INN:	Deductible, then Covered in Full	Covered in Full
Pediatric Dental Benefits: Basic Services	INN:	Deductible, then 50%	20%
Pediatric Dental Benefits: Major Restorative Services, Dentally Necessary Orthodontic Services	INN:	Deductible, then 50%	50%

**Enrollment in the selected plan is dependent upon the employee residing or working within a plan's geographical service area, and the network, provider, and physician availability within the geographical service area. If at the time of enrollment, the network or physician/medical group is not available or an employee does not reside or work in the geographical service area of the plan, the employee may be assigned to or be required to choose a different provider, network, and/or plan.