

	2021 Anthem Silver PPO 6850/0%/6850 w/HSA	2021 Anthem HealthKeepers Silver OAPOS 6500/0%/8550	2021 Anthem HealthKeepers Silver OAPOS 4000/20%/8550	2021 Anthem HealthKeepers Gold OAPOS 25/20%/6000
Note: All benefits are listed below as "member pays."				
Contract Code	5L8B	5L7H	5L6Z	5L87
In-network				
Deductible and Out-of-Pocket Accumulation	Embedded (Ded and OOP)	Embedded (Ded and OOP)	Embedded (Ded and OOP)	Embedded (Ded and OOP)
Deductible Individual	\$6,850	\$6,500	\$4,000	\$0
Deductible Family	\$13,700	\$13,000	\$8,000	\$0
Out-of-pocket maximum - individual	\$6,850	\$8,550	\$8,550	\$6,000
Out-of-pocket maximum - family	\$13,700	\$17,100	\$17,100	\$12,000
Coinsurance	0%	0%	20%	20%
Preferred Online (excluding Specialist)	Deductible, then 0% coinsurance	\$15 copay	\$15 copay	\$10 copay
PCP	Deductible, then 0% coinsurance	\$45 copay per visit for the first 3 visits, then deductible and 0%	\$40 copay	\$25 copay
Enhanced Personal Health Care	N/A	N/A	\$30 copay	\$15 copay
Specialist (including Online starting in 2021)	Deductible, then 0% coinsurance	\$45 copay per visit for the first 3 visits, then deductible and 0%	\$70 copay	\$60 copay
Urgent Care	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$70 copay	\$60 copay
Emergency Room - facility	Deductible, then 0% coinsurance	Deductible, then \$500 copay	Deductible, then \$400 copay	\$400 copay
Ambulatory Surgery Center	N/A	\$400 copay	\$400 copay	\$250 copay
Outpatient surgery - facility	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	\$350 copay
Inpatient - facility	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	\$500 copay per day up to 4 days per admission

Out-of-network				
Deductible (individual/family)	\$17,125 / \$34,250	\$16,250 / \$32,500	\$10,000 / \$20,000	\$2,000 / \$4,000
Out-of-pocket maximum (individual/family)	\$20,550 / \$41,100	\$21,375 / \$42,750	\$21,375 / \$42,750	\$15,000 / \$30,000
Coinsurance	30%	30%	50%	50%
Pharmacy				
Deductible	Tiers 1, 2, 3, 4: Medical deductible applies	Tier 1: No deductible Tiers 2, 3, 4: \$500/\$1,000 Combined pharmacy deductible	Tier 1: No deductible Tiers 2, 3, 4: \$250/\$500 Combined pharmacy deductible	Tiers 1, 2, 3, 4: No deductible
Tier 1 - Retail	0% coinsurance	\$15 copay	\$15 copay	\$15 copay
Tier 2 - Retail	0% coinsurance	\$45 copay	\$45 copay	\$45 copay
Tier 3 - Retail	0% coinsurance	25% coinsurance (up to \$200 per script)	25% coinsurance (up to \$200 per script)	25% coinsurance (up to \$200 per script)
Tier 4 - Retail	0% coinsurance	25% coinsurance (up to \$400 per script)	25% coinsurance (up to \$400 per script)	25% coinsurance (up to \$400 per script)
Tier 1 - Home Delivery	0% coinsurance	\$38 copay	\$38 copay	\$38 copay
Tier 2 - Home Delivery	0% coinsurance	\$135 copay	\$135 copay	\$135 copay
Tier 3 - Home Delivery	0% coinsurance	25% coinsurance (up to \$600 per script)	25% coinsurance (up to \$600 per script)	25% coinsurance (up to \$600 per script)
Tier 4 - Home Delivery	0% coinsurance	25% coinsurance (up to \$400 per script)	25% coinsurance (up to \$400 per script)	25% coinsurance (up to \$400 per script)