

Medical Plan Designs and Premiums



	Anthem HRA						Anthem & UHC	UHC	
	Gold		Silver		Bronze		HMO	HDHP	
	In	Out	In	Out	In	Out	In-Network Only	In	Out
Deductible									
You	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000	\$1,300	\$3,500	\$7,000
You + Child(ren)/Spouse	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500	\$1,950	\$7,000	\$14,000
You + Family	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000	\$2,600	\$7,000	\$14,000
Medical Out-of-Pocket									
You	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$4,000	\$6,450	\$12,900
You + Child(ren)/Spouse	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000	\$6,500	\$12,900	\$25,800
You + Family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$9,000	\$12,900	\$25,800
Coinsurance (Plan Pays)	85%	60%	80%	60%	75%	60%	80%	70%	50%
HRA									
You	\$400		\$200		\$100		N/A	N/A	
You + Child(ren)/Spouse	\$600		\$300		\$150		N/A	N/A	
You + Family	\$800		\$400		\$200		N/A	N/A	
Medical									
ER	Coins after ded		Coins after ded		Coins after ded		\$200 copay	Coins after ded	
Urgent Care	Coins after ded		Coins after ded		Coins after ded		\$35 copay	Coins after ded	
PCP Visit	Coins after ded		Coins after ded		Coins after ded		\$35 copay	Coins after ded	
Specialist Visit	Coins after ded		Coins after ded		Coins after ded		\$45 copay	Coins after ded	
Preventive Care	100%	None	100%	None	100%	None	100%	100%	None
Retail Pharmacy									
Tier 1	15%, Min \$5, Max \$10		15%, Min \$5, Max \$10		15%, Min \$5, Max \$10		\$5 copay	Coinsurance after deductible	
Tier 2	25%, Min \$55, Max \$85		25%, Min \$55, Max \$85		25%, Min \$55, Max \$85		\$55 copay	Coinsurance after deductible	
Tier 3	25%, Min \$85, Max \$130		25%, Min \$85, Max \$130		25%, Min \$85, Max \$130		\$95 copay	Coinsurance after deductible	
Mail Order Pharmacy									
Tier 1	15%, Min \$12.50, Max \$25		15%, Min \$12.50, Max \$25		15%, Min \$12.50, Max \$25		\$12.50 copay	Coinsurance after deductible	
Tier 2	25%, Min \$137.50, Max \$212.50		25%, Min \$137.50, Max \$212.50		25%, Min \$137.50, Max \$212.50		\$137.50 copay	Coinsurance after deductible	
Tier 3	25%, Min \$212.50, Max \$325		25%, Min \$212.50, Max \$325		25%, Min \$212.50, Max \$325		\$237.50 copay	Coinsurance after deductible	

Monthly Premiums	Anthem HRA			Anthem	UHC	UHC
Coverage Level	Gold HRA	Silver HRA	Bronze HRA	HMO	HMO	HDHP
You	\$213.71	\$146.11	\$92.12	\$177.21	\$217.19	\$81.11
You + Child(ren)	\$390.68	\$275.76	\$183.97	\$328.63	\$396.59	\$165.26
You + Spouse	\$531.82	\$389.86	\$276.48	\$455.17	\$539.13	\$253.36
You + Family	\$708.79	\$519.51	\$368.33	\$606.59	\$718.53	\$337.51