

Medical Plan Comparison

Prepared for Brian Gash at Analytic Solutions Group by Jonathan Katz at Katz Insurance Group on June 5th, 2020

All benefits are subject to the Benefit Period Deductible, except those with in-network copays, unless otherwise noted.

Note: All benefits are listed below as "member pays".	2020 Small Group ACA Anthem Platinum PPO 10/0%/3500	2020 Small Group ACA Anthem Gold PPO 750/20%/6500	2020 Small Group ACA Anthem Silver PPO 2800/20%/6500 w/HSA
Contract Code	4ACE	4ABC	4ACU
In-network			
Deductible and Out-of-Pocket Accumulation	Embedded (Ded and OOP)	Embedded (Ded and OOP)	Embedded (Ded and OOP)
Deductible Individual	\$0	\$750	\$2,800
Deductible Family	\$0	\$2,250	\$5,600
Out-of-pocket maximum - individual	\$3,500	\$6,500	\$6,500
Out-of-pocket maximum - family	\$7,000	\$13,000	\$13,000
Coinsurance	0%	20%	20%
Office Visit (PCP) Copay	\$10 copay	\$25 copay	Deductible, then 20% coinsurance
Office Visit (specialist) Copay	\$20 copay	\$50 copay	Deductible, then 20% coinsurance
Enhanced Personal Health Care	\$10 copay	\$20 copay	N/A
Retail Health Clinic Copay	\$10 copay	\$25 copay	Deductible, then 20% coinsurance
Urgent Care Copay	\$20 copay	\$50 copay	Deductible, then 20% coinsurance
Emergency Room Copay - facility	\$300 copay	Deductible, then \$400 copay	Deductible, then 20% coinsurance
Inpatient - facility	\$350 copay per day up to 4 days per admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Outpatient surgery - facility	\$200 copay	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Out-of-network			
Deductible (individual/family)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$7,000 / \$14,000
Out-of-pocket maximum (individual/family)	\$8,750 / \$17,500	\$16,250 / \$32,500	\$16,250 / \$32,500
Coinsurance	30%	50%	50%
Pharmacy			
Deductible	Tiers 1, 2, 3, 4: No deductible	Tiers 1, 2, 3, 4: No deductible	Tiers 1, 2, 3, 4: Medical deductible applies
Tier 1 - Retail	\$10 copay	\$15 copay	\$15 copay
Tier 2 - Retail	\$40 copay	\$45 copay	\$45 copay

Note:
All benefits are listed below as
"member pays".

	2020 Small Group ACA Anthem Platinum PPO 10/0%/3500	2020 Small Group ACA Anthem Gold PPO 750/20%/6500	2020 Small Group ACA Anthem Silver PPO 2800/20%/6500 w/HSA
Tier 3 - Retail	25% coinsurance (up to \$200 per script)	25% coinsurance (up to \$200 per script)	25% coinsurance
Tier 4 - Retail	25% coinsurance (up to \$400 per script)	25% coinsurance (up to \$400 per script)	25% coinsurance
Tier 1 - Home Delivery	\$25 copay	\$38 copay	\$38 copay
Tier 2 - Home Delivery	\$120 copay	\$135 copay	\$135 copay
Tier 3 - Home Delivery	25% coinsurance (up to \$600 per script)	25% coinsurance (up to \$600 per script)	25% coinsurance
Tier 4 - Home Delivery	25% coinsurance (up to \$400 per script)	25% coinsurance (up to \$400 per script)	25% coinsurance

Important notes about pharmacy benefits:

- For plans with a PreventiveRX benefit, the deductible will be waived for Tiers 1 and 2, then the applicable copay/coinsurance applies (does not apply to 51+ group plans).
- Retail pharmacy is a 30-day supply limit, in and out-of-network benefits are combined.
- Home Delivery is a 90-day limit. Retail Maintenance is a 90-day limit at participating pharmacies and 30-day limit at others.
- Specialty drug benefits are covered at a 30-day supply limit, combined for in and out-of-network.
- For benefit plans that include a separate deductible for pharmacy, the deductible is combined for Retail and Home Delivery services and for both in and out-of-network benefits.
- Any RX plan that has a copay structure for Tiers 1, 2 and 3 will have a per script maximum in Tier 4. RX plans that include a deductible and or coinsurance for Tiers 1, 2 and 3 will not have a per script max as part of the Tier 4 benefit. (does not apply to 51+ plans)

Important notes about deductible plans and out-of-pocket maximums:

When it comes to deductibles, it's important to understand the difference between an embedded deductible versus a non-embedded deductible. With an embedded deductible, each family member has an individual deductible/out-of-pocket amount. Any deductible amount contributed by an individual will apply to the family deductible amount, but no individual family member is required to contribute more to the family deductible than their individual deductible amount. The out-of-pocket accumulates on an embedded basis as well. With a non-embedded deductible product, all family members have a shared deductible and out-of-pocket family maximum. The entire deductible must be satisfied before coverage can begin for any individual family member. And, the entire out-of-pocket maximum must be satisfied before the family has satisfied the out-of-pocket maximum.

Plans with a deductible component will have the deductible included in the out-of-pocket maximum.

These policies have exclusions and limitations to benefits and terms under the policy in which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent or contact us.

Anthem HealthKeepers plans are offered by HealthKeepers, Inc. All other plans listed are offered by Anthem Health Plans of Virginia.

Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem Blue Cross and Blue Shield and its affiliate HealthKeepers, Inc. are independent licensees of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Important notes about our ABF Plans

- Anthem Balanced Plans [ABF] are self-funded plans. ABF plans are available to group sizes 10-250
- Groups are subject to medical underwriting and rates are based on the health of the group
- Groups cannot elect ACA and ABF plans together