

Anthem HealthKeepers				
Benefits	Anthem HealthKeepers Bronze OAPOS	Anthem HealthKeepers Silver OAPOS	Anthem HealthKeepers Gold OAPOS 1500/30%/4250	Anthem HealthKeepers Platinum OAPOS
	6550/0%/6550 w/HSA	4000/20%/6850		500/10%/4000
Preventive Care	No Charge	No Charge	No Charge	No Charge
In-Network Deductible	\$6,550/\$13,100	\$4,000/\$8,000	\$1,500/\$3,000	\$500/\$1,500
PCP	0% AD	\$40	\$20	\$25
Virtual Office Visit	0% AD	\$15	\$10	\$10
Specialist Office Visit	0% AD	\$60	\$60	\$50
Chiropractic	0% AD	\$40	\$20	\$25
Urgent Care Visit	0% AD	\$60	\$60	\$60
Emergency Room Visit	0% AD	\$350 AD	\$300 AD	\$250 AD
Routine Lab & X-ray	0% AD	20% AD	30% AD	10% AD
Outpatient Services	0% AD	20% AD	30% AD	10% AD
Inpatient Hospital	0% AD	20% AD	30% AD	10% AD
Prescription Drugs	0% AD	\$15 BD/\$250-\$500 Rx Ded/\$45 AD/25% AD (\$200 max)/25%	\$10/\$40/25% (\$200 max)/25% (\$400 max)	\$10/\$40/25% (\$200 max)/25% (\$400 max)
In-Network Maximum Out of Pocket	\$6,550/\$13,100	\$6,850/\$13,700	\$4,250/\$8,500	\$4,000/\$8,000
Out-of-Network Deductible	\$13,100/\$26,200	\$8,000/\$16,000	\$3,000/\$6,000	\$2,000/\$4,000
Out-of-Network Co-insurance	30% AD	30% AD	30% AD	30% AD
Out-of-Network Maximum Out of Pocket	\$16,375/\$32,750	\$13,700/\$27,400	\$8,500/\$17,000	\$8,000/\$16,000
Age Rates	Anthem HealthKeepers Bronze OAPOS	Anthem HealthKeepers Silver OAPOS	Anthem HealthKeepers Gold OAPOS 1500/30%/4250	Anthem HealthKeepers Platinum OAPOS
Add up each family members rate to get total	6550/0%/6550 w/HSA	4000/20%/6850		500/10%/4000
0-14	\$206.11	\$254.91	\$287.43	\$325.22
15	\$224.44	\$277.56	\$312.97	\$354.13
16	\$231.44	\$286.23	\$322.74	\$365.19
17	\$238.45	\$294.89	\$332.51	\$376.24
18	\$245.99	\$304.22	\$343.03	\$388.14
19	\$253.53	\$313.55	\$353.55	\$400.05
20	\$261.35	\$323.21	\$364.45	\$412.38
21-24	\$269.43	\$333.21	\$375.72	\$425.13
25	\$270.51	\$334.54	\$377.22	\$426.83
26	\$275.90	\$341.21	\$384.74	\$435.33
27	\$282.36	\$349.20	\$393.75	\$445.54
28	\$292.87	\$362.20	\$408.41	\$462.12
29	\$301.49	\$372.86	\$420.43	\$475.72
30	\$305.80	\$378.19	\$426.44	\$482.52
31	\$312.27	\$386.19	\$435.46	\$492.73
32	\$318.74	\$394.19	\$444.48	\$502.93
33	\$322.78	\$399.19	\$450.11	\$509.31
34	\$327.09	\$404.52	\$456.12	\$516.11
35	\$329.24	\$407.18	\$459.13	\$519.51
36	\$331.40	\$409.85	\$462.14	\$522.91
37	\$333.55	\$412.51	\$465.14	\$526.31
38	\$335.71	\$415.18	\$468.15	\$529.71
39	\$340.02	\$420.51	\$474.16	\$536.51
40	\$344.33	\$425.84	\$480.17	\$543.32
41	\$350.80	\$433.84	\$489.19	\$553.52
42	\$356.99	\$441.50	\$497.83	\$563.30
43	\$365.62	\$452.17	\$509.85	\$576.90
44	\$376.39	\$465.49	\$524.88	\$593.91
45	\$389.06	\$481.16	\$542.54	\$613.89
46	\$404.15	\$499.82	\$563.58	\$637.70
47	\$421.12	\$520.81	\$587.25	\$664.48
48	\$440.52	\$544.80	\$614.30	\$695.09
49	\$459.65	\$568.46	\$640.98	\$725.27
50	\$481.20	\$595.11	\$671.04	\$759.28
51	\$502.49	\$621.44	\$700.72	\$792.87
52	\$525.93	\$650.43	\$733.41	\$829.85
53	\$549.64	\$679.75	\$766.47	\$867.27
54	\$575.23	\$711.40	\$802.16	\$907.65
55	\$600.83	\$743.06	\$837.86	\$948.04
56	\$628.58	\$777.38	\$876.55	\$991.83
57	\$656.60	\$812.03	\$915.63	\$1,036.04
58	\$686.51	\$849.02	\$957.33	\$1,083.23
59	\$701.33	\$867.35	\$978.00	\$1,106.61
60	\$731.23	\$904.33	\$1,019.70	\$1,153.80
61	\$757.10	\$936.32	\$1,055.77	\$1,194.62
62	\$774.07	\$957.31	\$1,079.44	\$1,221.40
63	\$795.36	\$983.64	\$1,109.13	\$1,254.98
64 +	\$808.29	\$999.63	\$1,127.16	\$1,275.39

AD= After Deductible is met  
BD= Before Deductible is met

Benefits	United Healthcare				
	UHC Choice Plus HSA POS Bronze 6700 BG2D/575	UHC Choice Plus HMO Silver 3000 BG3R/828	UHC Choice Plus HMO Gold 1500 BG29/843	UHC Choice Plus HRA POS Platinum 750 BG33/825	UHC Navigate HSA HMO Bronze 6700 BG2Q/575
Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge
In-Network Deductible	\$6700/\$13400	\$3000/\$6000	\$1500/\$3000	\$750/\$1500	\$6700/\$13400
PCP	0% AD	\$40	\$30	\$20	0% AD
Virtual Office Visit	0% AD	\$10	\$10	\$10	0% AD
Specialist Office Visit	0% AD	\$80	\$60	\$40	0% AD
Chiropractic	0% AD	\$40	\$30	\$20	0% AD
Urgent Care Visit	0% AD	\$40	\$30	\$20	0% AD
Emergency Room Visit	0% AD	30% AD	20% AD	\$250	0% AD
Routine Lab & X-ray	0% AD	30% AD	20% AD	\$0 AD	0% AD
Outpatient Services	0% AD	\$300 Freestanding/30% AD Hospital	\$300 Freestanding/20% AD Hospital	\$150 Freestanding/\$300 Hospital	0% AD
Inpatient Hospital	0% AD	30% AD	20% AD	0% AD	0% AD
Prescription Drugs	No Copay	\$10 BD/\$250 Rx Ded/\$40 AD/\$75 AD (non-specialty Rx) or \$10 BD/\$250 RX Ded/\$250 AD/\$500 AD (specialty Rx)	\$250 Rx Ded/\$10 AD/\$40 AD/\$75 AD (non-specialty Rx) or \$250 Rx Ded/\$10 AD/\$250 AD/\$500 AD (specialty Rx)	\$10/\$40/\$75(non-specialty Rx) or \$10/\$100/\$300 (specialty Rx)	0% AD
In-Network Maximum Out of Pocket	\$6700/\$13400	\$7900/\$15800	\$4500/\$9000	\$3000/\$6000	\$6700/\$13400
Out-of-Network Deductible	\$15,000/\$30,000	\$6,000/\$12,000	\$2,000/\$4,000	\$2,000/\$4,000	N/A
Out-of-Network Co-insurance	20% AD	40% AD	40% AD	20% AD	N/A
Out-of-Network Maximum Out of Pocket	\$15000/\$30000	\$15000/\$30000	\$8000/\$16000	\$8000/\$16000	N/A
					This plan has a narrow network with no nonsecurors. Referrals required and no out of network coverage
Age Rates Add up each family members rate to get total	UHC Choice HSA EPO Bronze 6700 BG2C/575	UHC Choice Plus HMO Silver 3000 BG3R/828	UHC Choice Plus HMO Gold 1500 BG29/843	UHC CHOICE PLUS Platinum 20/750/100% \$750 BG33/825	UHC Navigate HSA HMO Bronze 6700 BG2Q/575
0-14	\$214.22	\$241.85	\$287.48	\$352.01	\$188.51
15	\$233.26	\$263.35	\$313.03	\$383.30	\$205.27
16	\$240.55	\$271.57	\$322.80	\$395.27	\$211.67
17	\$247.83	\$279.79	\$332.57	\$407.23	\$218.08
18	\$255.67	\$288.64	\$343.10	\$420.12	\$224.98
19	\$263.51	\$297.50	\$353.62	\$433.00	\$231.88
20	\$271.63	\$306.67	\$364.52	\$446.35	\$239.03
21-24	\$280.03	\$316.15	\$375.79	\$460.15	\$246.42
25	\$281.15	\$317.41	\$377.29	\$461.99	\$247.41
26	\$286.75	\$323.74	\$384.81	\$471.19	\$252.33
27	\$293.47	\$331.33	\$393.83	\$482.24	\$258.25
28	\$304.39	\$343.66	\$408.48	\$500.18	\$267.86
29	\$313.35	\$353.77	\$420.51	\$514.91	\$275.74
30	\$317.83	\$358.83	\$426.52	\$522.27	\$279.69
31	\$324.55	\$366.42	\$435.54	\$533.31	\$285.60
32	\$331.28	\$374.01	\$444.56	\$544.36	\$291.51
33	\$335.48	\$378.75	\$450.20	\$551.26	\$295.21
34	\$339.96	\$383.81	\$456.21	\$558.62	\$299.15
35	\$342.20	\$386.34	\$459.22	\$562.30	\$301.13
36	\$344.44	\$388.86	\$462.22	\$565.98	\$303.10
37	\$346.68	\$391.39	\$465.23	\$569.67	\$305.07
38	\$348.92	\$393.92	\$468.23	\$573.35	\$307.04
39	\$353.40	\$398.98	\$474.25	\$580.71	\$310.98
40	\$357.88	\$404.04	\$480.26	\$588.07	\$314.92
41	\$364.60	\$411.63	\$489.28	\$599.12	\$320.84
42	\$371.04	\$418.90	\$497.92	\$609.70	\$326.51
43	\$380.00	\$429.02	\$509.95	\$624.42	\$334.39
44	\$391.20	\$441.66	\$524.98	\$642.83	\$344.25
45	\$404.36	\$456.52	\$542.64	\$664.46	\$355.83
46	\$420.05	\$474.23	\$563.69	\$690.23	\$369.63
47	\$437.69	\$494.14	\$587.36	\$719.21	\$385.15
48	\$457.85	\$516.91	\$614.42	\$752.35	\$402.90
49	\$477.73	\$539.35	\$641.10	\$785.02	\$420.39
50	\$500.13	\$564.64	\$671.16	\$821.83	\$440.11
51	\$522.26	\$589.62	\$700.85	\$858.18	\$459.57
52	\$546.62	\$617.12	\$733.54	\$898.21	\$481.01
53	\$571.26	\$644.95	\$766.61	\$938.71	\$502.70
54	\$597.86	\$674.98	\$802.31	\$982.42	\$526.11
55	\$624.47	\$705.01	\$838.01	\$1,026.13	\$549.52
56	\$653.31	\$737.58	\$876.72	\$1,073.53	\$574.90
57	\$682.43	\$770.46	\$915.80	\$1,121.39	\$600.53
58	\$713.52	\$805.55	\$957.51	\$1,172.46	\$627.88
59	\$728.92	\$822.94	\$978.18	\$1,197.77	\$641.43
60	\$760.00	\$858.03	\$1,019.89	\$1,248.85	\$668.78
61	\$786.88	\$888.38	\$1,055.97	\$1,293.02	\$692.44
62	\$804.53	\$908.30	\$1,079.64	\$1,322.01	\$707.96
63	\$826.65	\$933.27	\$1,109.33	\$1,358.36	\$727.43
64 +	\$840.09	\$948.45	\$1,127.37	\$1,380.45	\$739.26

AD= After Deductible is met  
BD= Before Deductible is met