

Your Medical Renewal Snapshot

Your current medical plan(s) and the new proposed plan(s) are reflected in the grid(s) below. All of our ACA-compliant plans cover Preventative Care at 100% in network. In-Network benefits are shown below. A complete listing of benefit details can be found on the Summary of Benefits at sbc.anthem.com. Or click on the plan name in electronic copies, then enter your renewal effective date into the top box of that page.

Total Medical Subscribers: 6

		Monthly Medical Premium % Change	Deductible (individual/family)	Out of Pocket Maximum (individual/family)	Office Visits PCP/SPC	Inpatient Hospital	ER/ Urgent Care	Prescription Drugs-Retail Network Formulary	Vision/ Dental Benefits Included
Current Plan 1	# OF SUBSCRIBERS ENROLLED IN PLAN: <u>6</u> Anthem Gold Blue Access PPO 3000E/20%/4000 w/HSA	\$5345.57	\$3000/ \$6000	\$4000/ \$8000	Ded:20%/ Ded:20%	Ded:20%	Ded:20%/ Ded:20%	Rx Choice Tiered Network with R90 Select Level 1- \$15/ \$60/ \$100/ \$400 Ded Tier(s) All Level 2- \$25/ \$70/ \$110/ \$500 Ded Tier(s) All	V2/ D1
	Contract Code: 69YB	Current							
	CalendarYear Embedded								
Proposed Plan 1	# OF SUBSCRIBERS ENROLLED IN PLAN: <u>6</u> Anthem Gold Blue Access PPO 3000E/20%/3600 w/HSA	\$6100.09	\$3000/ \$6000	\$3600/ \$7200	Ded:20%/ Ded:20%	Ded:20%	Ded:20%/ Ded:20%	Rx Choice Tiered Network with R90 Select Level 1- \$15/ \$60/ \$125/ \$400 Ded Tier(s) All Level 2- \$25/ \$70/ \$135/ \$500 Ded Tier(s) All	V2/ D1
	Contract Code: 74QF	14.11%							
	CalendarYear Embedded								

Note: In the Vision/Dental column, please refer to the following codes to call out additional vision and/or dental benefits included within the medical plan:

D1: Dental Embedded Pediatric Only

V2: Vision Embedded Adult Exam Plus Pediatric