

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: 8

		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
2024 plan Current Plan 1	# OF SUBSCRIBERS ENROLLED IN PLAN: 8	2024 plan							
	Anthem Gold Blue Access PPO 3250E/0%/4250 w/HSA	\$8904.88	\$3250/ \$6500	\$4250/ \$8500	Ded;0%/ Ded;0%	Ded;0%	Ded;0%/ Ded;0%	Rx Choice Tiered Network with R90 Select Level 1- \$15/ \$60/ \$125/ \$400 Ded Tier(s) All Level 2- \$25/ \$75/ \$145/ \$500 Ded Tier(s) All	V2/ D1
	Contract Code: 9VV5	Current							
	CalendarYear Embedded								

Medical Plans	Benefit Summary						
	Proposed Monthly Medical Premium	Calendar Year Deductible (single/family)	Annual Out-of-Pocket Maximum (single/family)	Office Visits PCP/SCP	Inpatient Hospital	ER/Urgent Care Center	Prescription Drugs (single/family) Retail Pharmacy/Formulary Name
☐ Proposed Plan 1: Anthem Silver HealthSync Options 3 Tier POS 3500E/20%/7000 w/HSA Contract Code: 8BJC							
Preferred	\$8,168.97	\$3,500/\$7,000	\$7,000/\$14,000	Ded;20%/Ded;20%*	Ded;20%	Ded;20%/Ded;20%	Deductible: Medical ** Applies to Tiers: 1-4 ** Level 1-\$10/\$60/\$125/\$400 ** Level 2-\$25/\$75/\$145/\$500 Formulary-Select
In-Network		\$5,000/\$10,000		Ded;40%/Ded;40%	Ded;40%	Ded;20%/Ded;40%	
Out of Network		\$15,000/\$30,000	\$21,000/\$42,000	Ded;50%/Ded;50%	Ded;50%	n/a/Ded;50%	
☐ Proposed Plan 2: Anthem Gold Blue Access PPO 3300E/0%/4300 w/HSA Contract Code: 8BJ1							
In Network	\$9,867.29	\$3,300/\$6,600 Embedded	\$4,300/\$8,600	Ded;0%/Ded;0%*	Ded;0%	Ded;0%/Ded;0%	Deductible: Medical ** Applies to Tiers: 1-4 ** Level 1-\$10/\$60/\$125/\$400 ** Level 2-\$25/\$75/\$145/\$500 Formulary-Select
Out of Network		\$9,900/\$19,800	\$12,900/\$25,800	Ded;50%/Ded;50%	Ded;50%	n/a/Ded;50%	

**Deductible must be satisfied before copay/coinsurance is applied.