



In-network Healthcare Costs

This chart details the costs you pay for in-network medical care. This is just a small snapshot of the costs. To make an informed decision, please use the Health Plan Comparison tool on PartnerConnect to get more information on the plans or call an Anthem Health Guide at **800.514.4538**.

	PREMIUM PPO ^{1,2}	CLEAR CHOICE	BASIC PPO ²	CORE CHOICE	CORE VALUE	ESSENTIAL
Preventive Care	\$0					
Annual Deductible (Individual/Family)	\$800/\$1,600 ³	\$0/\$0	\$1,100/\$2,200 ³	\$1,900/\$3,800 ³	\$3,700/\$7,400 ³	\$6,600/\$13,200 ⁴
Coinsurance	20% after deductible	N/A	20% after deductible	20% after deductible	\$0 after deductible	\$0 after deductible
Office Visit (Primary or Specialist)	\$25	\$30 Diamond Provider/\$50 Other	\$40	20% after deductible	\$0 after deductible	\$0 after deductible
LiveHealth Online	\$10	\$0	\$20	20% after deductible; cost begins at \$55	\$0 after deductible	\$0 after deductible
Urgent Care	\$35	\$50	\$50	20% after deductible	\$0 after deductible	\$0 after deductible
Emergency Room	\$500	\$500	\$500	20% after deductible	\$0 after deductible	\$0 after deductible
Annual Medical Out-of-Pocket Maximum (Individual/Family)	\$2,900/\$5,800 ³	\$4,500/\$9,000 ³	\$4,400/\$8,800 ³	\$3,000/\$6,000 ³	\$3,700/\$7,400 ³	\$6,600/\$13,200 ⁴

¹ The Premium PPO Medical Plan option is only available to partners who were benefits-eligible before January 1, 2012 or are grandfathered into the Plan.

² Copays do not count toward your deductible.

³ If you have coverage other than Partner Only, you must satisfy the family amount.

⁴ For all Essential Plan coverage levels except Partner Only, the family limit can be satisfied by any combination of family members but the maximum amount any covered individual will pay per plan year for covered in-network services is \$12,000.