

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

	2020 Anthem HealthKeepers Silver OAPOS 4000/20%/7350	2020 Anthem HealthKeepers Gold OAPOS 1500/30%/4750
Contract Code	4ABJ	4ABW
In-network		
Deductible and Out-of-Pocket Accumulation	Embedded (Ded and OOP)	Embedded (Ded and OOP)
Deductible Individual	\$4,000	\$1,500
Deductible Family	\$8,000	\$3,000
Out-of-pocket maximum - individual	\$7,350	\$4,750
Out-of-pocket maximum - family	\$14,700	\$9,500
Coinsurance	20%	30%
Preferred Online (excluding Specialist)	\$15 copay	\$10 copay
PCP	\$40 copay	\$20 copay
Specialist (including Online starting in 2021)	\$60 copay	\$60 copay
Urgent Care	\$60 copay	\$60 copay
Emergency Room - facility	Deductible, then \$350 copay	Deductible, then \$300 copay
Outpatient surgery - facility	coinsurance	coinsurance
Inpatient - facility	coinsurance	coinsurance
Out-of-network		
Deductible (individual/family)	\$10,000 / \$20,000	\$3,750 / \$7,500
Out-of-pocket maximum (individual/family)	\$18,375 / \$36,750	\$11,875 / \$23,750
Coinsurance	50%	50%
Pharmacy		
Deductible	Tier 1: No deductible Tiers 2, 3, 4: \$250/\$500 Combined pharmacy deductible	Tiers 1, 2, 3, 4: No deductible
Tier 1 - Retail	\$15 copay	\$10 copay
Tier 2 - Retail	\$45 copay	\$40 copay
Tier 3 - Retail	25% coinsurance (up to \$200 per script)	25% coinsurance (up to \$200 per script)
Tier 4 - Retail	25% coinsurance (up to \$400 per script)	25% coinsurance (up to \$400 per script)
Tier 1 - Home Delivery	\$38 copay	\$25 copay
Tier 2 - Home Delivery	\$135 copay	\$120 copay
Tier 3 - Home Delivery	25% coinsurance (up to \$600 per script)	25% coinsurance (up to \$600 per script)
Tier 4 - Home Delivery	25% coinsurance (up to \$400 per script)	25% coinsurance (up to \$400 per script)
Employee Premium	612.81	700.39
Employee and Spouse Premium	1,225.62	1,400.78
Employee and Child(ren) Premium	1,194.98	1,365.76
Family Premium	1,807.79	2,066.15