

THE REAL ESTATE AGENT MEDICAL PLAN

Anthem Blue Cross Blue Shield: Benefit Plan Options

Benefit Plan Comparison

Benefit/Plan	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Plan Name	Blue Access Option 13 with Rx G	Blue Access Option 17 with Rx G	Blue Access Option D11 with Rx G	Blue Access HDHP for HSA Lumenos E3 Z	Blue Access HDHP for HSA Lumenos E5 Z	Blue Access Limited Med Essential HS4
Office Visit	\$20 copay	\$25 copay	\$30 copay Primary / \$50 copay Specialists	100% after Deductible	100% after Deductible	\$20 Primary / 50% Specialist
Deductible	\$1,000 Individual / \$3,000 Family Calendar Year	\$2,500 Individual / \$7,500 Family Calendar Year	\$5,000 Individual / \$10,000 Family Calendar Year	\$3,000 Individual / \$6,000 Family “Embedded” Plan Year	\$5,000 Individual / \$10,000 Family “Embedded” Plan Year	\$5,000 Individual / \$10,000 Family Calendar Year
Network Coinsurance	80% after Deductible	80% after Deductible	80% after Deductible	100% after Deductible	100% after Deductible	80% after Deductible
Out-of-Pocket Maximum (includes deductible)	\$4,000 Individual / \$8,000 Family	\$5,000 Individual / \$10,000 Family	\$10,000 Individual / \$20,000 Family	\$4,000 Individual / \$8,000 Family	\$5,800 Individual / \$11,600 Family	\$10,000 Individual / \$20,000Family
Other	\$200 copay + 20% ER Visit; \$75 UC copay	20% After Deductible ER Visit; \$75 UC copay	\$200 co pay + 20% ER Visit; \$75 UC copay	100% (no Deductible) Preventive Care	100% (no Deductible) Preventive Care	\$300/yr Diagnostic No Coverage for PT, DME
Prescription Drug (includes Mail Order)	\$10/\$30/\$60/25% to \$150 maximum Mail Order 90 day supply \$10/\$75/\$180/ 25% to \$150 maximum	\$10/\$30/\$60/25% to \$150 maximum Mail Order 90 day supply \$10/\$75/\$180 25% to \$150 maximum	\$10/\$30/\$60/25% to \$150 maximum Mail Order 90 day supply \$10/\$75/\$180/25% to \$150 maximum	Anthem Rx Discounts Apply in satisfying Deductible; \$10/\$30/\$50/25% to \$150 max <i>after Deductible</i> to OOP Max	Anthem Rx Discounts Apply in satisfying Deductible; \$10/\$30/\$50/25% to \$150 max <i>after Deductible</i> to OOP Max	\$10 Generic copay <i>No Coverage Brand</i> Mail Order 90 Day Supply \$10 Generic copay <i>(Mail Order Plans 4 and 5: 10/\$75/\$150/25% to \$150 max)</i>
Lifetime Maximum	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$2,000,000
Vision	\$5 Exam / Yr + Discounts	\$5 Exam / Yr + Discounts	\$5 Exam / Yr + Discounts	\$5 Exam / Yr + Discounts	\$5 Exam / Yr + Discounts	\$5 Exam / Yr + Discounts
Pricing Relativity	“Baseline”	~ 15% Less Than Plan 1	~ 26% Less Than Plan 1	~ 26% Less Than Plan 1	~ 36% Less Than Plan 1	~ 50% Less Than Plan 1