

12/1/2023 - 11/30/2024

Anthem BCBS		Plan 1		Plan 2		Plan 3	
		Century Preferred PPO HSA		Century Preferred PPO HSA		Century Preferred PPO	
		5000/7000 72YM		3000/5000 72YL		40/5000/20% 72X1	
		Not Required		Not Required		Not Required	
In Network	Referral						
	Deductible (Individual/Family)	\$5,000 / \$10,000		\$3,000 / \$6,000		\$5,000 / \$10,000	
	Coinsurance	20%		20%		20%	
	Preventative Care	100%/Schedule		100%/Schedule		100%/Schedule	
	PCP Office	Deductible then Coinsurance		Deductible then Coinsurance		\$40	
	Specialist Office	Deductible then Coinsurance		Deductible then Coinsurance		\$60	
	Urgent Care	Deductible then Coinsurance		Deductible then Coinsurance		Deductible then \$75	
	Emergency Hospital	Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance	
	Outpatient/Surgical Center	Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance	
	Inpatient Hospital	Deductible then Coinsurance		Deductible then Coinsurance		Deductible then Coinsurance	
	OOPM (Individual/Family)	\$7,000 / \$14,000		\$5,000/\$8,150		\$8,150/\$16,300	
Out of Network							
	Deductible (Individual/Family)	\$5,000 / \$10,000		\$3,000 / \$6,000		\$15,000 / \$30,000	
	Coinsurance	50%		50%		50%	
	OOPM (Individual/Family)	\$21,000/\$42,000		\$15,000/\$30,000		\$24,450/\$48,900	
Prescription Drug Benefit							
	Tier 1	Deductible then 30% up to \$10		Deductible then 30% up to \$10		30% up to \$10	
	Tier 2	Deductible then 30% up to \$80		Deductible then 30% up to \$80		30% up to \$80	
	Tier 3	Deductible then 30% up to \$250		Deductible then 30% up to \$250		30% up to \$250	
	Tier 4	Deductible then 30% up to \$500		Deductible then 30% up to \$500		30% up to \$500	

*Carrier rates and benefits prevail. Subject to change, errors or omissions. See carrier provided plan documents for complete benefits. Document is for illustrative purposes only and makes no guarantees.