

BSI3 Menu Buyer Inc

Quote ID: 01021089

Effective Date: November 01, 2023

In-network benefit categories

	Anthem Link Gold Blue Connection EPO 1000/6000 Blue Connection	Anthem Gold Blue Open Access POS 2500/20%/5900 Blue Open Access POS	Anthem Gold Blue Open Access POS 2000/20%/6500 Blue Open Access POS	Anthem Gold Blue Open Access POS 3000/20%/5400 Blue Open Access POS
<b>Contract code</b>	<b>74C3</b>	<b>74BB</b>	<b>74BN</b>	<b>74C7</b>
<b>Deductible (individual, family)</b>	\$1,000 per Individual or \$3,000 per Family. Calendar Year / Embedded	\$2,500 per Individual or \$7,500 per Family. Calendar Year / Embedded	\$2,000 per Individual or \$6,000 per Family. Calendar Year / Embedded	\$3,000 per Individual or \$6,000 per Family. Calendar Year / Embedded
<b>Coinsurance</b>	25%	20%	20%	20%
<b>Out-of-pocket maximum (individual, family)</b>	\$6,000 per Individual or \$12,000 per Family.	\$5,900 per Individual or \$11,800 per Family.	\$6,500 per Individual or \$13,000 per Family.	\$5,400 per Individual or \$10,800 per Family.
<b>Office visit primary care physician copay</b>	\$50	\$40	\$40	\$40
<b>Office visit specialist copay</b>	\$75	\$70	\$70	\$70
<b>Inpatient hospital copay</b>	Ded;\$1,000	Ded;20%	Ded;20%	Ded;20%
<b>Emergency room copay</b>	Ded;\$500	Ded;\$350	Ded;\$350	Ded;\$350
<b>Urgent care copay</b>	\$75	\$100	\$100	\$100
<b>Prescription drugs – network/drug list</b>	Select	Select	Select	Select
<b>Prescription deductible</b>	Medical \$1,000 per Individual or \$3,000 per Family.	n/a per Individual or n/a per Family.	n/a per Individual or n/a per Family.	n/a per Individual or n/a per Family.
<b>Deductible applies to tiers</b>	3-4**	n/a	n/a	n/a
<b>Prescription drugs – retail</b>	\$0/\$10/\$60/\$125/\$400	\$5/\$20/\$60/\$110/20%	\$5/\$20/\$60/\$110/20%	\$5/\$20/\$60/\$110/20%
<b>Proposed total premium</b>	<b>\$62,902.91</b>	<b>\$67,016.62</b>	<b>\$67,223.87</b>	<b>\$67,336.54</b>

Rider(s) that are applicable: N/A

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

Anthem rates and benefits are subject to regulatory review or approval. Your total premium may change for various reasons, including but not limited to changes in your employee census and changes to the ACA requirements. The coverage chosen from this proposal has been selected for employees and dependents, subject to the terms and conditions of this proposal and the group application(s) to which this is attached. This proposal by the group is subject to underwriting approval by Health Underwriting and Life Underwriting if applicable; please do not cancel your coverage until the application has been approved in writing in certain states, underwriting will not approve some application allowed on this proposal tool such as retroactive quoting, retroactive effective dates, and issuance of more than one product.

Group signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Per the Affordable Care Act (or health care reform law), Summary of Benefits and Coverage (SBCs) can be accessed through our Internet Posting Site at [www.sbc.anthem.com](http://www.sbc.anthem.com). Please see SBC for benefit descriptions. The information is intended to present only a general overview of the benefits. The entire provisions of benefits and exclusions are contained in the Certificate of Coverage. In the event of a conflict between the Certificate of Coverage and this description, the terms of the Certificate of Coverage will prevail.

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