

United Telecom Systems

Quote ID: 01080531

Effective Date: February 01, 2024

		Anthem Gold Blue Connection EPO 2500/20%/5500 Blue Connection	Anthem Silver Blue Open Access POS 3200/20%/7300 w/HSA Blue Open Access POS	Anthem Link Virtual First Gold Blue Open Access POS 3000/5150 Plus Blue Open Access POS	Anthem Gold Blue Open Access POS 2500/20%/5500 Blue Open Access POS
In-network benefit categories	Contract code	9UG9	9UG6	9UGB	9UGH
		\$2,500 per Individual or \$7,500 per Family. Calendar Year / Embedded	\$3,200 per Individual or \$6,400 per Family. Calendar Year / Embedded	\$3,000 per Individual or \$6,000 per Family. Calendar Year / Embedded	\$2,500 per Individual or \$7,500 per Family. Calendar Year / Embedded
	Deductible (individual, family)	20%	20%	0%	20%
	Coinsurance	\$5,500 per Individual or \$11,000 per Family.	\$7,300 per Individual or \$14,600 per Family.	\$5,150 per Individual or \$10,300 per Family.	\$5,500 per Individual or \$11,000 per Family.
	Out-of-pocket maximum (individual, family)				
	Office visit primary care physician copay	\$30	Ded;\$50	\$50	\$30
	Office visit specialist copay	\$70	Ded;\$90	\$75	\$70
	Inpatient hospital copay	Ded;20%	Ded;20%	Ded;\$1,000	Ded;20%
	Emergency room copay	Ded;\$500	Ded;\$400	Ded;\$500	Ded;\$500
	Urgent care copay	\$70	Ded;\$90	\$75	\$70
	Prescription drugs – network/drug list	Select	Select	Select	Select
	Prescription deductible	n/a per Individual or n/a per Family.	Medical \$3,200 per Individual or \$6,400 per Family.	Medical \$3,000 per Individual or \$6,000 per Family.	n/a per Individual or n/a per Family.
	Deductible applies to tiers	n/a	1-4**	3-4**	n/a
	Prescription drugs – retail	\$5/\$20/\$60/\$110/20%	\$5/\$20/\$70/\$120/20%	\$0/\$10/\$60/\$125/\$400	\$5/\$20/\$60/\$110/20%
Proposed total premium		\$16,209.54	\$16,244.85	\$17,862.40	\$18,111.09
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. 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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