

Side By Side Detail

Test Group

Walnut Creek, Contra Costa, 94597

Prepared by Cole Seeger

Effective October 01, 2021

	Anthem Blue Cross Platinum PPO 15/250/10% 5SYC		Anthem Blue Cross Platinum PPO 20/10% 5SVU		Anthem Blue Cross Platinum PPO 5/250/15% 5SRH		Anthem Blue Cross Platinum PPO 5/250/15% WH 5SZF	
	Broad Network		Broad Network		Broad Network		Broad Network	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Individual Deductible	\$250	\$2,000	\$0	\$2,000	\$250	\$2,000	\$250	\$2,000
Family Deductible	\$750 (embedded)	\$4,000 (embedded)	\$0	\$4,000 (embedded)	\$750 (embedded)	\$4,000 (embedded)	\$750 (embedded)	\$4,000 (embedded)
Individual OOP Limit	\$4,000 (incl ded)	\$8,000 (incl ded)	\$4,000	\$8,000 (incl ded)	\$4,000 (incl ded)	\$8,000 (incl ded)	\$4,000 (incl ded)	\$8,000 (incl ded)
Family OOP Limit	\$8,000 (incl ded)	\$16,000 (incl ded)	\$8,000	\$16,000 (incl ded)	\$8,000 (incl ded)	\$16,000 (incl ded)	\$8,000 (incl ded)	\$16,000 (incl ded)
PC/Specialist	\$15/\$30 ded waived	50% after ded	\$20/\$40	50% after ded	\$5/\$45 ded waived	50% after ded	\$5/\$45 ded waived	50% after ded
Lab/X-Ray	Lab-No charge (FS)/\$10 ded waived (Office)/10% after ded (OP Hosp); X-ray-10% after ded (FS & OP Hosp)/\$10 ded waived (Office)	50% after ded	Lab-No charge (FS)/\$10 (Office)/10% (OP Hosp); X-ray-10% (FS & OP Hosp)/\$10 (Office)	50% after ded	Lab-No charge (FS)/\$10 ded waived (Office)/15% after ded (OP Hosp); X-ray-15% after ded (FS & OP Hosp)/\$10 ded waived (Office)	50% after ded	Lab-No charge (FS)/\$10 ded waived (Office)/15% after ded (OP Hosp); X-ray-15% after ded (FS & OP Hosp)/\$10 ded waived (Office)	50% after ded
Inpatient Hospital	10% after ded	50% after ded; \$650 benefit max/day	10%	50% after ded; \$650 benefit max/day	15% after ded	50% after ded; \$650 benefit max/day	15% after ded	50% after ded; \$650 benefit max/day
Outpatient Facility	10% after ded/\$200 + 10% after ded (ASC/Hospital)	50% after ded; \$380 benefit max/admit	10%/\$150 + 10% (ASC/Hospital)	50% after ded; \$380 benefit max/admit	15% after ded/\$200 + 15% after ded (ASC/Hospital)	50% after ded; \$380 benefit max/admit	15% after ded/\$200 + 15% after ded (ASC/Hospital)	50% after ded; \$380 benefit max/admit
Emergency Room	\$200 + 10% after ded	Paid as in-network	\$200 + 10%	Paid as in-network	\$250 + 15% after ded	Paid as in-network	\$250 + 15% after ded	Paid as in-network
Urgent Care	\$30 ded waived	50% after ded	\$40	50% after ded	\$45 ded waived	50% after ded	\$45 ded waived	50% after ded
Ambulance	10% after ded	Paid as in-network	10%	Paid as in-network	15% after ded	Paid as in-network	15% after ded	Paid as in-network
Rx Generic	\$10/\$20 ded waived	Not covered	\$10/\$20	Not covered	\$5/\$15 ded waived	Not covered	\$5/\$15 ded waived	Not covered
Rx Preferred	\$35/\$50 ded waived	Not covered	\$35/\$50	Not covered	\$35/\$50 ded waived	Not covered	\$35/\$50 ded waived	Not covered
Rx Non-Preferred	\$70/\$85 ded waived	Not covered	\$70/\$85	Not covered	\$70/\$85 ded waived	Not covered	\$70/\$85 ded waived	Not covered
EE's Included	717		717		717		717	
EE Cost	\$5,994.65		\$6,138.56		\$5,913.37		\$6,132.69	
Dep Cost	\$2,932.55		\$3,002.97		\$2,892.81		\$3,000.08	
Total	\$8,927.20		\$9,141.53		\$8,806.18		\$9,132.77	

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