

## Anthem Plan A

### Package Highlights

<b>2024 Price Per Month</b> (Rates effective November 1, 2023)	Single	\$1,157
	Two-Party	\$2,314
	Family	\$3,124
<b>Comes with:</b>	Vision	
	Dental	
	Medical	
	Prescription	
	\$10,000 Life Insurance/AD&D	
	\$2,500 Burial Benefit	
	Substance Abuse Assistance Program (ARP)	
<b>Annual Deductible</b>	\$0	
<b>Out-of-Pocket Limit (In-Network)</b>		
<b>Co-Insurance Max</b>	\$1,500 Individual / \$3,000 Family	
<b>Co-Insurance and Copayment</b>	\$5,275 Individual / \$10,550 Family	
<b>Outpatient Prescriptions</b>	\$1,875 Individual / \$3,750 Family	
<b>Doctor Visits (in-network)</b>	\$10/visit	
<b>Prescriptions</b>		
<b>Generics</b>	\$5 Retail / \$10 Mail	
<b>Preferred Brand</b>	10% Retail (max \$100) / 5% mail (max \$100)	
<b>Non-Preferred Brand</b>	25% Retail (max \$200) / 15% mail (max \$200)	
<b>Specialty</b>	20% with maximums of: \$50 for Generic \$100 for Preferred \$200 for Non-formulary	
<b>Emergency Room</b>	10%	
<b>Emergency Transportation</b>	20%	
<b>Hospital Stay</b>	10%	

## Anthem Plan B

### Package Highlights

<b>2024 Price Per Month</b>	Single	\$1,131
(Rates effective November 1, 2023)	Two-Party	\$2,261
	Family	\$3,053

<b>Comes with:</b>	Vision
	Dental
	Medical
	Prescription
	\$10,000 Life Insurance/AD&D
	\$2,500 Burial Benefit
	Substance Abuse Assistance Program (ARP)

<b>Annual Deductible</b>	\$0
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#### **Out-of-Pocket Limit (In-Network)**

<b>Co-Insurance Max</b>	\$3,000 Individual / \$6,000 Family
<b>Co-Insurance and Copayment</b>	\$5,275 Individual / \$10,550 Family
<b>Outpatient Prescriptions</b>	\$1,875 Individual / \$3,750 Family

<b>Doctor Visits (in-network)</b>	\$15/visit
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#### **Prescriptions**

<b>Generics</b>	\$5 Retail / \$10 Mail
<b>Preferred Brand</b>	10% Retail (max \$100) / 5% mail (max \$100)
<b>Non-Preferred Brand</b>	25% Retail (max \$200) / 15% mail (max \$200)
<b>Specialty</b>	20% with maximums of: \$50 for Generic \$100 for Preferred \$200 for Non-formulary

<b>Emergency Room</b>	20%
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<b>Emergency Transportation</b>	20%
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<b>Hospital Stay</b>	20%
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## Anthem Plan C

### Package Highlights

<b>2024 Price Per Month</b>	Single	\$1,058
(Rates effective November 1, 2023)	Two-Party	\$2,116
	Family	\$2,857

<b>Comes with:</b>	Vision
	Dental
	Medical
	Prescription
	\$10,000 Life Insurance/AD&D
	\$2,500 Burial Benefit
	Substance Abuse Assistance Program (ARP)

<b>Annual Deductible</b>	\$750 Individual / \$2,250 Family
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#### **Out-of-Pocket Limit (In-Network)**

<b>Co-Insurance Max</b>	\$3,000 Individual
<b>Co-Insurance and Copayment</b>	\$5,275 Individual / \$10,550 Family
<b>Outpatient Prescriptions</b>	\$1,875 Individual / \$3,750 Family

<b>Doctor Visits (in-network)</b>	\$15/visit
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#### **Prescriptions**

<b>Generics</b>	\$5 Retail / \$10 Mail
<b>Preferred Brand</b>	10% Retail (max \$100) / 5% mail (max \$100)
<b>Non-Preferred Brand</b>	25% Retail (max \$200) / 15% mail (max \$200)
<b>Specialty</b>	20% with maximums of: \$50 for Generic \$100 for Preferred \$200 for Non-formulary

<b>Emergency Room</b>	20%
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<b>Emergency Transportation</b>	20%
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<b>Hospital Stay</b>	20%
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## Anthem Plan D

### Package Highlights

<b>2024 Price Per Month</b> (Rates effective November 1, 2023)	Single	\$1,031
	Two-Party	\$2,061
	Family	\$2,782
<b>Comes with:</b>	Vision	
	Dental	
	Medical	
	Prescription	
	\$10,000 Life Insurance/AD&D	
	\$2,500 Burial Benefit	
	Substance Abuse Assistance Program (ARP)	
<b>Annual Deductible</b>	\$500 Individual / \$1,000 Family	
<b>Emergency Room Deductible</b>	\$50 unless admitted	
<b>Out-of-Pocket Limit (In-Network)</b>		
<b>Co-Insurance Max</b>	\$3,000 Individual / \$6,000 Family	
<b>Co-Insurance and Copayment</b>	\$5,275 Individual / \$10,550 Family	
<b>Outpatient Prescriptions</b>	\$1,875 Individual / \$3,750 Family	
<b>Doctor Visits (in-network)</b>	\$20/visit	
<b>Prescriptions</b>		
<b>Generics</b>	\$5 Retail / \$10 Mail	
<b>Preferred Brand</b>	10% Retail (max \$100) / 5% mail (max \$100)	
<b>Non-Preferred Brand</b>	25% Retail (max \$200) / 15% mail (max \$200)	
<b>Specialty</b>	20% with maximums of: \$50 for Generic \$100 for Preferred \$200 for Non-formulary	
<b>Emergency Room</b>	\$50 Deductible + 20% Co-Insurance	
<b>Emergency Transportation</b>	20%	
<b>Hospital Stay</b>	20%	

## Kaiser Plan B

### Package Highlights

<b>2024 Price Per Month</b> (Rates effective November 1, 2023)	Single	\$1,089
	Two-Party	\$2,179
	Family	\$2,842
<b>Comes with:</b>	Vision	
	Dental	
	Medical	
	Prescription	
	\$10,000 Life Insurance/AD&D	
	\$2,500 Burial Benefit	
	Substance Abuse Assistance Program (ARP)	
<b>Annual Deductible</b>	\$0	
<b>Out-of-Pocket Limit</b>		
<b>Co-Insurance and Copayment</b>	\$1,500 Individual / \$3,000 Family	
<b>Doctor Visits (in-network)</b>	\$15/visit	
<b>Prescriptions</b>		
<b>Generics</b>	\$5 Retail / \$10 Mail	
<b>Preferred Brand</b>	\$20 Retail / \$40 Mail	
<b>Non-Preferred Brand</b>	\$20 Retail / \$40 Mail	
<b>Specialty</b>	20% (\$200 max)	
<b>Emergency Room</b>	\$50/visit	
<b>Emergency Transportation</b>	\$0	
<b>Hospital Stay</b>	\$0	

## Kaiser Plan A

### Package Highlights

<b>2024 Price Per Month</b>	Single	\$1,032
(Rates effective November 1, 2023)	Two-Party	\$2,064
	Family	\$2,692

<b>Comes with:</b>	Vision
	Dental
	Medical
	Prescription
	\$10,000 Life Insurance/AD&D
	\$2,500 Burial Benefit
	Substance Abuse Assistance Program (ARP)

<b>Annual Deductible</b>	\$100 Individual / \$200 Family
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<b>Out-of-Pocket Limit</b>	
<b>Co-Insurance and Copayment</b>	\$3,000 Individual / \$6,000 Family

<b>Doctor Visits (in-network)</b>	\$15/visit
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<b>Prescriptions</b>	
<b>Generics</b>	\$10 Retail / \$20 Mail
<b>Preferred Brand</b>	\$30 Retail / \$60 Mail
<b>Non-Preferred Brand</b>	\$30 Retail / \$60 Mail
<b>Specialty</b>	20% (\$200 max)

<b>Emergency Room</b>	20% Co-Insurance
<b>Emergency Transportation</b>	\$150/Trip

<b>Hospital Stay</b>	20%
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## Kaiser Plan A+

### Package Highlights

<b>2024 Price Per Month</b> (Rates effective November 1, 2023)	Single	\$879
	Two-Party	\$1,761
	Family	\$2,305

<b>Comes with:</b>	Vision
	Dental
	Medical
	Prescription
	\$10,000 Life Insurance/AD&D
	\$2,500 Burial Benefit
	Substance Abuse Assistance Program (ARP)

<b>Annual Deductible</b>	\$1,500 Individual / \$3,000 Family
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<b>Out-of-Pocket Limit</b>	
<b>Co-Insurance and Copayment</b>	\$4,000 Individual / \$8,000 Family

<b>Doctor Visits (in-network)</b>	\$20/visit
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<b>Prescriptions</b>	
<b>Generics</b>	\$10 Retail / \$20 Mail
<b>Preferred Brand</b>	\$30 Retail / \$60 Mail
<b>Non-Preferred Brand</b>	\$30 Retail / \$60 Mail
<b>Specialty</b>	20% (\$200 max)

<b>Emergency Room</b>	20% Co-Insurance
<b>Emergency Transportation</b>	\$150/Trip

<b>Hospital Stay</b>	20%
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