

# 2022 Anthem health plan options



For more benefit information, visit [anthem.com/shbp](https://anthem.com/shbp) or call toll free 855-641-4862, from 8 a.m. to 8 p.m. ET Monday to Friday.

	HMO <sup>1</sup>			HRA—GOLD <sup>1</sup>		HRA—SILVER <sup>1</sup>		HRA—BRONZE <sup>1</sup>	
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>DEDUCTIBLE</b> (The deductible can be satisfied by any combination of covered family members, but an individual would never have to pay more than their own individual deductible.)									
YOU	\$1,300	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000		
YOU + SPOUSE	\$1,950	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500		
YOU + CHILD(REN)	\$1,950	\$2,250	\$4,500	\$3,000	\$6,000	\$3,750	\$7,500		
YOU + FAMILY	\$2,600	\$3,000	\$6,000	\$4,000	\$8,000	\$5,000	\$10,000		
<b>CO-INSURANCE</b> (Applies after deductible is met.)									
PLAN PAYS	80% after deductible	85% after deductible	60% after deductible	80% after deductible	60% after deductible	75% after deductible	60% after deductible		
MEMBER PAYS	20% after deductible	15% after deductible	40% after deductible	20% after deductible	40% after deductible	25% after deductible	40% after deductible		
<b>OUT-OF-POCKET MAXIMUM<sup>2</sup></b> (The out-of-pocket maximum can be satisfied by any combination of covered family members, but an individual would never have to pay more than their own individual out-of-pocket maximum.)									
YOU	\$4,000	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000		
YOU + SPOUSE	\$6,500	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000		
YOU + CHILD(REN)	\$6,500	\$6,000	\$12,000	\$7,500	\$15,000	\$9,000	\$18,000		
YOU + FAMILY	\$9,000	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000		
<b>MEDICAL</b> (The percentage listed is the percent the plan pays.)									
Preventive care <sup>3</sup>	100%	100%	Not covered	100%	Not covered	100%	Not covered		
Physician office services <sup>4</sup> (illness/injury)	100% after \$35 co-pay	Co-insurance after deductible		Co-insurance after deductible		Co-insurance after deductible			
Specialist office services (illness/injury)	100% after \$45 co-pay	Co-insurance after deductible		Co-insurance after deductible		Co-insurance after deductible			
LiveHealth Online	100% after \$35 co-pay	Co-insurance, no deductible		Co-insurance, no deductible		Co-insurance, no deductible			
Chiropractic visit (20 visits per plan year)	100% after \$45 co-pay	Co-insurance after deductible		Co-insurance after deductible		Co-insurance after deductible			
Eye exam—routine (limited to one exam every 24 months; not subject to deductible)	100%	100%	Not covered	100%	Not covered	100%	Not covered		
Hospital services (inpatient/outpatient)	Co-insurance after deductible	Co-insurance after deductible		Co-insurance after deductible		Co-insurance after deductible			
Maternity care (Physician routine prenatal care, delivery and postnatal)	100% after \$35 co-pay	Co-insurance after deductible		Co-insurance after deductible		Co-insurance after deductible			
Outpatient rehabilitation therapy (Physical, speech, cardiac, occupational, pulmonary therapy (40 visits per therapy per plan year))	100% after \$25 co-pay	Co-insurance after deductible		Co-insurance after deductible		Co-insurance after deductible			
Emergency room care—hospital	100% after \$150 co-pay	Co-insurance after deductible		Co-insurance after deductible		Co-insurance after deductible			
Urgent care visit/retail health clinic	100% after \$35 co-pay	Co-insurance after deductible		Co-insurance after deductible		Co-insurance after deductible			
<b>WELL-BEING INCENTIVE CREDITS<sup>5</sup></b>									
	HMO <sup>6</sup> (Completion of all 2022 well-being incentive actions)	GOLD BASE CONTRIBUTION	GOLD TOTAL (Gold base + completion of all 2022 well-being incentive actions)	SILVER BASE CONTRIBUTION	SILVER TOTAL (Silver base + completion of all 2022 well-being incentive actions)	BRONZE BASE CONTRIBUTION	BRONZE TOTAL (Bronze base + completion of all 2022 well-being incentive actions)		
YOU	480	400	880	200	680	100	580		
YOU + SPOUSE	960	600	1,560	300	1,260	150	1,110		
YOU + CHILD(REN)	480	600	1,080	300	780	150	630		
YOU + FAMILY	960	800	1,760	400	1,360	200	1,160		

<sup>1</sup> Out-of-network coverage is not available for the HMO plan except for emergency care. If you use an out-of-network provider on the HRA plans you could be balance billed.  
<sup>2</sup> Pharmacy costs count toward your out-of-pocket maximum.  
<sup>3</sup> Services must be properly coded as preventive care under the Patient Protection and Affordable Care Act and provided by an in-network doctor.  
<sup>4</sup> Physician office services is defined as family practice, general practice, internal medicine, pediatrics and OB/GYN.  
<sup>5</sup> Completing your well-being incentive actions with Sharecare will earn you points. You can choose to redeem these points as well-being incentive credits (indicated in this chart) to use on covered medical and pharmacy expenses or the Visa Reward Card option. Visit [BeWellSHBP.com](https://BeWellSHBP.com) for more information.  
<sup>6</sup> If you are on the HMO plan and redeem your points as credits, they will go into your MyIncentive Account which is a standalone account offered alongside the HMO plan.

This is a high-level summary of benefits. It does not describe all benefits and does not describe exclusions and limitations. The plan documents posted on [www.shbp.georgia.gov](https://www.shbp.georgia.gov) include the full details. Dollar amounts, visit limitations, medical co-pays (HMO), co-insurance, deductible and out-of-pocket limits are based on January 1 - December 31, 2022, plan year. All covered medical services are subject to deductible except preventive care, LiveHealth Online visits, ABA therapy, and hearing aids. Note: Medical co-pays (HMO) do not count toward the deductible but do count toward the out-of-pocket maximum. The plan pays a percentage of the maximum allowed amount for covered services performed by out-of-network providers.