Anthem Small Group Plans 2015

Anthem									
Product	Pathway Enhanced HMO								
Plan ID	Anthem Bronze Pathway Enhanced HMO 6000 30% 6600 Plus	Anthem Bronze Pathway Enhanced HMO 4000 20% 6350 Plus w HSA	Anthem Silver Pathway Enhanced HMO 2500 30% 6500 Plus	Anthem Silver Pathway Enhanced HMO 2800 20% 4000 Plus w HSA	Anthem Silver Pathway Enhanced HMO 3000 20% 6600	Anthem Silver Pathway Enhanced HMO 4000 20% 6600	Anthem Silver Pathway Enhanced HMO 1500 30% 6600 Plus	Anthem Silver Pathway Enhanced HMO 3000 30% 6500 Plus	Anthem Gold Pathway Enhanced HMO 1000 20% 3000 Plus
Metal Level	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Silver	Gold
Medical Deductible	$6,000	$4,000	$2,500	$2,800	$3,000	$4,000	$1,500	$3,000	$1,000
Coinsurance Member's Share	30%	20%	30%	20%	20%	20%	30%	30%	20%
OOP Max	$6,600	$6,350	$6,500	$4,000	$6,600	$6,600	$6,600	$6,500	$3,000
Drug Deductible	$15/$35/$70/30%/$250	Ded/20%	$15/$35/$70/30%/$250	Ded/20%	$15/$35/$70/25%/$500	$15/$35/$70/30%/$250	$15/$35/$70/30%/$500	$15/$35/$70/30%/$250	$15/$35/$70/30%
Child Dental	yes	yes	yes	yes	no	no	yes	no	yes
Base Rate	$238.58	$216.57	$271.33	254.46	$272.91	$262.71	$287.42	$266.37	$346.42

Anthem									
Product	Pathway POS								
Plan ID	Anthem Bronze Pathway POS 6000 30% 6600 Plus	Anthem Bronze Pathway POS 4000 20% 6350 Plus w HSA	Anthem Silver Pathway POS 2800 20% 4000 Plus w HSA	Anthem Silver Pathway POS 3000 20% 6600	Anthem Silver Pathway POS 4000 20% 6600	Anthem Silver Pathway POS 1500 30% 6600 Plus	Anthem Silver Pathway POS 3000 30% 6500 Plus	Anthem Silver Pathway POS 2500 30 6500 Plus	Anthem Gold Pathway POS 1000 20% 3000 Plus
Metal Level	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Silver	Gold
Medical Deductible	$6,000	$4,000	$2,800	$3,000	$4,000	$1,500	$3,000	$2,500	$1,000
Coinsurance Member's Share	30%	20%	20%	20%	20%	30%	30%	30%	20%
Medical OOP Max	$6,600	$6,350	$4,000	$6,600	$6,600	$6,600	$6,500	$6,500	$3,000

Drug Deductible	$15/$35/$70/30%/$250	Ded/20%	Ded/20%	$15/$35/$70/30%/$500	$15/$35/$70/30%/$250	$15/$35/$70/30%/$500	$15/$35/$70/30%/$250	$15/$35/$70/30%/$250	$15/$35/$70/30%
Child Dental	yes	yes	yes	no	no	yes	yes	yes	yes
Base Rate	$259.99	$236.00	$277.30	$297.41	$286.28	$313.22	$290.27	$295.68	$377.52

Anthem									
Product	Direct Access-PPO								
Plan ID	Anthem Bronze Blue Choice PPO 5900 0% 6600 Plus	Anthem Bronze Blue Choice PPO 6000 30% 6600 Plus	Anthem Bronze Blue Choice PPO 3500 30% 6350 Plus w HSA	Anthem Bronze Blue Choice PPO 4500 20% 6350 Plus w HSA	Anthem Bronze Blue Choice PPO 3500 30 6350 w HSA	Anthem Silver Blue Choice PPO 3000 20% 6600	Anthem Silver Blue Choice PPO 4000 20% 6600	Anthem Silver Blue Choice PPO 2800 20% 4000 w HSA	Anthem Gold Blue Choice PPO 1500 20% 4000
Metal Level	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Gold
Medical Deductible	$5,900	$6,000	$3,500	$4,500	$3,500	$3,000	$4,000	$2,800	$1,500
Coinsurance Member's Share	0%	30%	30%	20%	30%	20%	20%	20%	20%
Medical OOP Max	$6,600	$6,600	$6,350	$6,350	$6,350	$6,600	$6,600	$4,000	$4,000
Drug Deductible	$15/$35/$70/30%/$500	$15/$35/$70/30%/$250	Ded/30%	Ded/20%	Ded/30%	$15/$35/$70/25%/$500	$15/$35/$70/25%/$250	Ded/20%	$10/$30/$60/25%
Child Dental	yes	yes	yes	yes	yes	no	no	no	no
Base Rate	$262.39	$267.39	$247.05	$232.89	$253.95	$305.88	$294.44	$293.44	$374.46

Anthem								
Product	HMO Maine							
Plan ID	Anthem Bronze HMO Maine 6000 30% 6600 Plus	Anthem Bronze HMO Maine 5000 30% 6600 Plus	Anthem Silver HMO Maine 3500 30% 5750 Plus	Anthem Silver HMO Maine 1500 30% 6600 Plus	Anthem Silver HMO Maine 2000 30% 5500 Plus	Anthem Silver HMO Maine 2500 30% 6500 Plus	Anthem Silver HMO Maine 3000 30% 6500 Plus	Anthem Gold HMO Maine 500 20% 5000 Plus
Metal Level	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Gold
Medical Deductible	$6,000	$5,000	$3,500	$1,500	$2,000	$2,500	$3,000	$500
Coinsurance Member's Share	30%	30%	30%	30%	30%	30%	30%	20%
Medical OOP Max	$6,600	$6,600	$5,750	$6,600	$5,500	$6,500	$6,500	$5,000

Drug Deductible	$15/$35/$70/ 30%/$250	$15/$35/$70/ 30%/ $500	$15/$35/$70/ 30%	$15/$35/$70/30 %/$500	$15/$35/$70/3 0%	$15/$35/$70/3 0%/$250	$15/$35/$70/30 %/$250	$15/$35/$70/ 30%
Child Dental	yes	yes	yes	yes	yes	yes	yes	yes
Base Rate	$259.99	$258.10	$292.28	$313.22	$306.66	$295.68	$290.27	$402.46

*Plans may have different copayments on certain services and prescription drugs. Please check the

Maine Bureau of Insurance 9/15/2014

Anthem Small Group Plans and Factors 2015

Area Factors	Anthem
1	0.8881
2	1.0323
3	1.1084
4	1.288

Quarterly Trend Factor	
1st Quarter	1
2nd Quarter	1.0144863
3rd Quarter	1.0287034
4th Quarter	1.0425956

Area	Counties					
1	Cumberland	Sagadahoc	York			
2	Knox	Kennebec	Lincoln	Oxford		
3	Androscoggin	Waldo	Franklin	Penobscot	Somerset	Piscataquis
4	Hancock	Aroostook	Washington			

Monthly Premium =(Base Rate* Plan Factor*Trend Factor*Area Factor*Age Factor*Tobacco Factor)

*Area 3 for Anthem plan availability is split for HMO and POS offering
HMO-Androscoggin, Waldo, Franklin
POS- Penobscot, Somerset, Piscataquis

*Rates may be slightly off due to rounding. Please contact the carrier to receive an exact quote.

Maine Bureau of Insurance 9/15/2014

Age Factors		Tobacco Factors
0-20	0.635	1
21-24	1.000	1
25	1.004	1
26	1.024	1
27	1.048	1
28	1.087	1
29	1.119	1
30	1.135	1.05
31	1.159	1.05
32	1.183	1.05
33	1.198	1.05
34	1.214	1.05
35	1.222	1.1
36	1.230	1.1
37	1.238	1.1
38	1.246	1.1
39	1.262	1.1
40	1.278	1.25
41	1.302	1.25
42	1.325	1.25
43	1.357	1.25
44	1.397	1.25
45	1.444	1.4
46	1.500	1.4
47	1.563	1.4
48	1.635	1.4
49	1.706	1.4
50	1.786	1.49
51	1.865	1.49
52	1.952	1.49
53	2.040	1.49
54	2.135	1.49
55	2.230	1.49
56	2.333	1.49
57	2.437	1.49
58	2.548	1.49
59	2.603	1.49
60	2.714	1.49
61	2.810	1.49
62	2.873	1.49
63	2.952	1.49
64 +	3.000	1.49