



ANGLICAN CHURCH
IN NORTH AMERICA

Anglican Church in North America
Powered by ECO VEBA Trust
Effective 1/1/2019 - 12/31/2019

Carrier
Plan Name
Benefits
Deductible
Individual
Family
Coinsurance (Member pays)
Out-of-Pocket Maximum
Individual
Family
Lifetime Maximum
Office Visit
Primary Care Physician
Specialist
Preventive Care Office Visit
Diagnostic Laboratory / X-Rays
MRI / CAT / PET scans
Hospital Services
Inpatient
Outpatient
Emergency Room
Urgent Care Facility Visit
Prescription Drugs
Prescription Drug Deductible
Tier 1
Tier 2
Tier 3
Tier 4
Mail Order (90-Day Supply)
Monthly Rates
Employee Only
EE/Spouse
EE/Child(ren)
EE/Family

Anthem BCBS		
Plan #1		
In-Network	Non-Network	
\$1,500	Not Covered	
\$3,000	Not Covered	
80%/20%	Not Covered	
\$6,000	Not Covered	
\$12,000	Not Covered	
Unlimited		
\$30 Copay	Not Covered	
\$60 Copay	Not Covered	
100%, No Deductible	Not Covered	
Deductible then 20%	Not Covered	
Deductible then 20%	Not Covered	
Deductible then 20%	Not Covered	
Deductible then 20%	Not Covered	
Deductible then 20%	Not Covered	
\$250 Copay Labs/X-Ray Deductible then 20%	Not Covered	
\$100 Copay	Not Covered	
\$200 Individual/\$400 Family Rx Deductible (T2-T4) Then: Tier 1 \$15 Copay Tier 2 20% Up to \$45 Tier 3 20% Up to \$75 Tier 4 20% Up to \$200 2.5x Retail	Not Covered	
2019 Premiums Region 1	2019 Premiums Region 2	2019 Premiums Region 3
\$749.66	\$731.38	\$713.96
\$1,574.28	\$1,535.88	\$1,499.31
\$1,424.37	\$1,389.63	\$1,356.54
\$2,248.99	\$2,194.14	\$2,141.90

Anthem BCBS		
Plan #3		
In-Network	Non-Network	
\$2,000	\$4,000	
\$4,000	\$8,000	
80%/20%	50%/50%	
\$7,000	\$8,000	
\$14,000	\$16,000	
Unlimited		
\$30 Copay	Deductible then 50%	
\$60 Copay	Deductible then 50%	
100%, No Deductible	Deductible then 50%	
Deductible then 20%	Deductible then 50%	
Deductible then 20%	Deductible then 50%	
Deductible then 20%	Deductible then 50%	
Deductible then 20%	Deductible then 50%	
\$250 Copay Labs/X-Ray Deductible then 20%	Deductible then 50%	
\$100 Copay	Deductible then 50%	
\$200 Individual/\$400 Family Rx Deductible (T2-T4) Then: Tier 1 \$15 Copay Tier 2 20% Up to \$45 Tier 3 20% Up to \$75 Tier 4 20% Up to \$200 2.5x Retail	50% Coinsurance 50% Coinsurance 50% Coinsurance 50% Coinsurance Not Covered	
2019 Premiums Region 1	2019 Premiums Region 2	2019 Premiums Region 3
\$669.94	\$653.60	\$638.04
\$1,406.86	\$1,372.55	\$1,339.87
\$1,272.87	\$1,241.82	\$1,212.26
\$2,009.79	\$1,960.77	\$1,914.09

Anthem BCBS		
Plan #4		
In-Network	Non-Network	
\$3,000	\$6,000	
\$6,000	\$11,000	
80%/20%	50%/50%	
\$6,000	\$11,000	
\$12,000	\$22,000	
Unlimited		
Deductible then 20%	Deductible then 50%	
Deductible then 20%	Deductible then 50%	
100%, No Deductible	Deductible then 50%	
Deductible then 20%	Deductible then 50%	
Deductible then 20%	Deductible then 50%	
Deductible then 20%	Deductible then 50%	
Deductible then 20%	Deductible then 50%	
Deductible then 20%	Deductible then 50%	
Deductible then 20%	Deductible then 50%	
Deductible then 20%	Deductible then 50%	
Deductible then 20%	Deductible then 50%	
Select Preventive Medications Covered at 100%, No Deductible	50% Coinsurance 50% Coinsurance 50% Coinsurance 50% Coinsurance	
2.5x Retail	Not Covered	
2019 Premiums Region 1	2019 Premiums Region 2	2019 Premiums Region 3
\$445.22	\$434.36	\$424.02
\$1,037.38	\$1,012.08	\$987.98
\$894.89	\$873.06	\$852.28
\$1,420.27	\$1,385.63	\$1,352.64