

2023 Anthem health plan options



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

	HMO ¹	HRA—GOLD ¹		HRA—SILVER ¹		HRA—BRONZE ¹		
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	
DEDUCTIBLE (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	
CO-INSURANCE (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	
OUT-OF-POCKET MAXIMUM² (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	
MEDICAL (The percentage listed is the percent the plan pays.)								
Preventive care ³	100%	100%	Not covered	100%	Not covered	100%	Not covered	
Physician office services ⁴ (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		
WELL-BEING INCENTIVE CREDITS⁵	HMO⁶ (Completion of all 2023 well-being incentive actions)	GOLD BASE CONTRIBUTION	GOLD TOTAL (Gold base + completion of all 2023 well-being incentive actions)	SILVER BASE CONTRIBUTION	SILVER TOTAL (Silver base + completion of all 2023 well-being incentive actions)	BRONZE BASE CONTRIBUTION	BRONZE TOTAL (Bronze base + completion of all 2023 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

¹ 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.

² Pharmacy costs count toward your out-of-pocket maximum.

³ Services must be properly coded as preventive care under the Patient Protection and Affordable Care Act and provided by an in-network doctor.

⁴ Physician office services is defined as family practice, general practice, internal medicine, pediatrics and OB/GYN.

⁵ 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 Prepaid Card option. Visit BeWellSHBP.com for more information.

⁶ 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 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, 2023, 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.