









Total Health Plan Solutions

PLAN NAME	1000 Plan Anthem	3000 Plan Anthem	6000 Plan Anthem	7350 Plan Anthem	8000 HSA Plan Anthem
Network	Anthem	Anthem	Anthem	Anthem	Anthem
Provider Search	www.anthem.com	www.anthem.com	www.anthem.com	www.anthem.com	www.anthem.com
Plan Availability	14 STATES - CA, CO, CT, GA, IN, KY, ME, MO, NV, NH, NY, OH, VA, WI	14 STATES - CA, CO, CT, GA, IN, KY, ME, MO, NV, NH, NY, OH, VA, WI	14 STATES - CA, CO, CT, GA, IN, KY, ME, MO, NV, NH, NY, OH, VA, WI	14 STATES - CA, CO, CT, GA, IN, KY, ME, MO, NV, NH, NY, OH, VA, WI	14 STATES - CA, CO, CT, GA, IN, KY, ME, MO, NV, NH, NY, OH, VA, WI
Sample Cost:					
Member	\$1,244.00	\$940.00	\$829.00	\$800.00	\$763.00
Member & Spouse	\$2,228.00	\$1,665.00	\$1,460.00	\$1,407.00	\$1,338.00
Member & Child(ren)	\$1,985.00	\$1,485.00	\$1,304.00	\$1,257.00	\$1,196.00
Family	\$2,922.00	\$2,176.00	\$1,905.00	\$1,835.00	\$1,744.00
BENEFITS					
Individual Deductible	\$1,000 In / \$2,000 Out	\$3,000 In / \$6,000 Out	\$6,000 In / \$12,000 Out	\$7,350 In / \$14,700 Out	\$8,000 In / \$16,000 Out
Family Deductible	\$2,000 In / \$4,000 Out	\$6,000 In / \$12,000 Out	\$12,000 In / \$24,000 Out	\$14,700 In / \$29,400 Out	\$16,000 In / \$32,000 Out
Individual MOOP	\$9,450 In / \$18,900 Out	\$9,450 In / \$18,900 Out	\$9,450 In / \$18,900 Out	\$9,450 In / \$18,900 Out	\$8,000 In / \$18,900 Out
Family MOOP	\$18,900 In / \$37,900 Out	\$18,900 In / \$37,900 Out	\$18,900 In / \$37,900 Out	\$18,900 In / \$37,900 Out	\$16,000 In / \$37,900 Out
Coinurance (Plan/You)	70% / 30%	70% / 30%	70% / 30%	70% / 30%	100% / 0%
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
OFFICE VISITS					
Preventative Care	100%	100%	100%	100%	100%
Primary Care Copay	\$30 Copay	\$30 Copay	\$30 Copay	Deductible then Plan pays 70%	Deductible then Plan pays 100%
Specialist Care Copay	\$60 Copay	\$60 Copay	\$60 Copay	Deductible then Plan pays 70%	Deductible then Plan pays 100%
DIAGNOSTICS					
Laboratory Services	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	Deductible then Plan pays 100%
Diagnostic Services	\$30 Copay	\$30 Copay	\$30 Copay	\$30 Copay	Deductible then Plan pays 100%
RADIOLOGY SERVICES					
CT/X-RAY/MRI/Ultrasound	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 100%
FACILITY & PROFESSIONAL FEES					
Urgent Care	\$60 Copay	\$60 Copay	\$60 Copay	Deductible then Plan pays 70%	Deductible then Plan pays 100%
Emergency Room	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 100%
Inpatient Stay	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 100%
Outpatient Stay	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 100%
Facility Fee	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 100%
Professional Fee	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 100%
Physician Fee	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 70%	Deductible then Plan pays 100%
PRESCRIPTION DRUG BENEFITS					
Generic	\$15 Copay	\$15 Copay	\$15 Copay	Deductible then Plan pays 70%	Deductible then Plan pays 100%
Preferred Brand	\$65 Copay	\$65 Copay	\$65 Copay	Deductible then Plan pays 70%	Deductible then Plan pays 100%
Non-Preferred Brand	\$100 Copay	\$100 Copay	\$100 Copay	Deductible then Plan pays 70%	Deductible then Plan pays 100%
SUMMARY OF BENEFITS and COVERAGE					
SBC	SHP Anthem BCBS 1000	SHP Anthem BCBS 3000	SHP Anthem BCBS 6000	SHP Anthem BCBS 7350	SHP Anthem BCBS 8000 HSA
NOTES:	*See SBC for LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION *SBCs and online rates supersede this summary *12-month rate lock / All benefits on a calendar year basis *Deductible and MOOP reset every January 1st			*One-time Processing fee of \$125 *This is a snapshot of benefits *This is for illustration purposes only *Rates good through 12/31/2025 Provider Search How To	



Total Health Plan Solutions

PLAN NAME	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
Network						
Provider Search*	www.cigna.com	www.cigna.com	www.cigna.com	www.cigna.com	www.cigna.com	www.cigna.com
Plan Availability	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States
Sample Cost:						
Member	\$1,202.00	\$1,109.00	\$974.00	\$896.00	\$818.00	\$751.00
Member & Spouse	\$2,376.00	\$2,189.00	\$1,921.00	\$1,763.00	\$1,608.00	\$1,474.00
Member & Child(ren)	\$2,141.00	\$1,973.00	\$1,732.00	\$1,590.00	\$1,450.00	\$1,329.00
Family	\$3,550.00	\$3,270.00	\$2,868.00	\$2,631.00	\$2,398.00	\$2,197.00
BENEFITS						
Individual Deductible	\$1,500 In / \$3,000 Out	\$2,500 In / \$5,000 Out	\$3,500 In / \$7,000 Out	\$5,000 In / \$10,000 Out	\$5,000 In / \$10,000 Out	\$7,350 In / \$14,700 Out
Family Deductible	\$3,000 In / \$6,000 Out	\$5,000 In / \$10,000 Out	\$7,000 In / \$14,000 Out	\$10,000 In / \$20,000 Out	\$10,000 In / \$20,000 Out	\$14,700 In / \$29,400 out
Individual MOOP	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$6,550 In / \$20,000 Out	\$7,350 In / \$14,700 Out
Family MOOP	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$13,100 In / \$40,000 Out	\$14,700 In / \$29,400 Out
Coinurance (Plan/You)	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%	100% / 0%
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
OFFICE VISITS						
Preventative Care	100%	100%	100%	100%	100%	100%
Primary Care Copay	\$40 Copay	\$40 Copay	\$45 Copay	\$45 Copay	Deductible then Plan pays 80%	\$50 Copay
Specialist Care Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay
DIAGNOSTICS						
Laboratory Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Diagnostic Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
RADIOLOGY SERVICES						
CT/X-RAY/MRI/Ultrasound	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
FACILITY & PROFESSIONAL FEES						
Urgent Care	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay
Emergency Room	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Inpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Outpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Facility Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Professional Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Physician Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
PRESCRIPTION DRUG BENEFITS						
Generic	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	Deductible then \$15 Copay	Deductible then Plan pays 100%
Preferred Brand	\$45 Copay	\$45 Copay	\$65 Copay	\$65 Copay	Deductible then \$65 Copay	Deductible then Plan pays 100%
Non-Preferred Brand	\$85 Copay	\$85 Copay	\$100 Copay	\$100 Copay	Deductible then \$100 Copay	Deductible then Plan pays 100%
SUMMARY OF BENEFITS and COVERAGE						
SBC	SHP Cigna 1500 Classic	SHP Cigna 2500 Classic	SHP Cigna 3500 Classic	SHP Cigna 5000 Classic	SHP Cigna 5000 HSA	SHP Cigna 7350 Classic
NOTES:	*See SBC for LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION			*One-time Processing fee of \$125		
	*SBCs and online rates supersede this summary			*This is a snapshot of benefits		
	*12-month rate lock / All benefits on a calendar year basis			*This is for illustration purposes only		
	*Deductible and MOOP reset every January 1st			*Rates good through 05/31/2026		
Provider Search How To						



Total Health Plan Solutions

PLAN NAME	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
Network						
Provider Search*	www.multiplan.us	www.multiplan.us	www.multiplan.us	www.multiplan.us	www.multiplan.us	www.multiplan.us
Plan Availability	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States
Sample Cost:						
Member	\$1,006.00	\$928.00	\$817.00	\$751.00	\$686.00	\$606.00
Member & Spouse	\$1,985.00	\$1,829.00	\$1,606.00	\$1,474.00	\$1,345.00	\$1,184.00
Member & Child(ren)	\$1,789.00	\$1,649.00	\$1,448.00	\$1,329.00	\$1,213.00	\$1,069.00
Family	\$2,963.00	\$2,730.00	\$2,395.00	\$2,197.00	\$2,003.00	\$1,763.00
BENEFITS						
Individual Deductible	\$1,500	\$2,500	\$3,500	\$5,000	\$5,000	\$7,350
Family Deductible	\$3,000	\$5,000	\$7,000	\$10,000	\$10,000	\$14,700
Individual MOOP	\$7,350	\$7,350	\$7,350	\$7,350	\$6,550	\$7,350
Family MOOP	\$14,700	\$14,700	\$14,700	\$14,700	\$13,100	\$14,700
Coinsurance (Plan/You)	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%	100% / 0%
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
OFFICE VISITS						
Preventative Care	100%	100%	100%	100%	100%	100%
Primary Care Copay	\$40 Copay	\$40 Copay	\$45 Copay	\$45 Copay	Deductible then Plan pays 80%	\$50 Copay
Specialist Care Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay
DIAGNOSTICS						
Laboratory Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
Diagnostic Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
RADIOLOGY SERVICES						
CT/X-RAY/MRI/Ultrasound	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
FACILITY & PROFESSIONAL FEES						
Urgent Care	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay
Emergency Room	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
Inpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
Outpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
Facility Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
Professional Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
Physician Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan Pays 100%
PRESCRIPTION DRUG BENEFITS						
Generic	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	Deductible then \$15 Copay	Subject to Deductible
Preferred Brand	\$45 Copay	\$45 Copay	\$65 Copay	\$65 Copay	Deductible then \$65 Copay	Subject to Deductible
Non-Preferred Brand	\$85 Copay	\$85 Copay	\$100 Copay	\$100 Copay	Deductible then \$100 Copay	Subject to Deductible
SUMMARY OF BENEFITS and COVERAGE						
SBC	SHP PHCS 1500 Classic	SHP PHCS 2500 Classic	SHP PHCS 3500 Classic	SHP PHCS 5000 Classic	SHP PHCS 5000 HSA	SHP PHCS 7350 Classic
NOTES:	*See SBC for LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION			*One-time Processing fee of \$125		
	*SBCs and online rates supersede this summary			*This is a snapshot of benefits		
	*12-month rate lock / All benefits on a calendar year basis			*This is for illustration purposes only		
	*Deductible and MOOP reset every January 1st			*Rates good through 05/31/2026		

[Provider Search How To](#)



Total Health Plan Solutions

PLAN NAME	1500 Classic	2500 Classic	3500 Classic	5000 Classic	5000 HSA	7350 Value
Network						
Doctor Search	qualcareinc.com/FindDoctor	qualcareinc.com/FindDoctor	qualcareinc.com/FindDoctor	qualcareinc.com/FindDoctor	qualcareinc.com/FindDoctor	qualcareinc.com/FindDoctor
Hospital Search	qualcareinc.com/FindHospital	qualcareinc.com/FindHospital	qualcareinc.com/FindHospital	qualcareinc.com/FindHospital	qualcareinc.com/FindHospital	qualcareinc.com/FindHospital
Plan Availability	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States	All 50 States
Sample Rates:						
Member	\$1,006.00	\$928.00	\$817.00	\$751.00	\$686.00	\$606.00
Member & Spouse	\$1,985.00	\$1,829.00	\$1,606.00	\$1,474.00	\$1,345.00	\$1,184.00
Member & Child(ren)	\$1,789.00	\$1,649.00	\$1,448.00	\$1,329.00	\$1,213.00	\$1,069.00
Family	\$2,963.00	\$2,730.00	\$2,395.00	\$2,197.00	\$2,003.00	\$1,763.00
BENEFITS						
Individual Deductible	\$1,500 In / \$3,000 Out	\$2,500 In / \$5,000 Out	\$3,500 In / \$7,000 Out	\$5,000 In / \$10,000 Out	\$5,000 In / \$10,000 Out	\$7,350 In / \$14,700 Out
Family Deductible	\$3,000 In / \$6,000 Out	\$5,000 In / \$10,000 Out	\$7,000 In / \$14,000 Out	\$10,000 In / \$20,000 Out	\$10,000 In / \$20,000 Out	\$14,700 in / \$29,400 out
Individual MOOP	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$7,350 In / \$14,700 Out	\$6,550 In / \$13,100 Out	\$7,350 In / \$14,700 Out
Family MOOP	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$14,700 In / \$29,400 Out	\$13,100 In / \$26,200 Out	\$14,700 In / \$29,400 Out
Coinsurance (Plan/You)	80% / 20%	80% / 20%	80% / 20%	80% / 20%	80% / 20%	100% / 0%
Lifetime Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum
OFFICE VISITS						
Preventative Care	100%	100%	100%	100%	100%	100%
Primary Care Copay	\$40 Copay	\$40 Copay	\$45 Copay	\$45 Copay	Deductible then Plan pays 80%	\$50 Copay
Specialist Care Copay	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay
DIAGNOSTICS						
Laboratory Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Diagnostic Services	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
RADIOLOGY SERVICES						
CT/X-RAY/MRI/Ultrasound	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
FACILITY & PROFESSIONAL FEES						
Urgent Care	\$80 Copay	\$80 Copay	\$90 Copay	\$90 Copay	Deductible then Plan pays 80%	\$100 Copay
Emergency Room	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Inpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Outpatient Stay	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Facility Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Professional Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
Physician Fee	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 80%	Deductible then Plan pays 100%
PRESCRIPTION DRUG BENEFITS						
Generic	\$15 Copay	\$15 Copay	\$15 Copay	\$15 Copay	Deductible then \$15 Copay	Subject to Deductible
Preferred Brand	\$45 Copay	\$45 Copay	\$65 Copay	\$65 Copay	Deductible then \$65 Copay	Subject to Deductible
Non-Preferred Brand	\$85 Copay	\$85 Copay	\$100 Copay	\$100 Copay	Deductible then \$100 Copay	Subject to Deductible
SUMMARY OF BENEFITS and COVERAGE						
SBC	SHP QualCare 1500 Classic	SHP QualCare 2500 Classic	SHP QualCare 3500 Classic	SHP QualCare 5000 Classic	SHP QualCare 5000 HSA	SHP QualCare 7350 Value
NOTES:	*New Jersey Residents ONLY. The QualCare network uses its network for all services in NJ, and all other states will use PHCS/Multiplan					
	*See SBC for LIMITATIONS, EXCEPTIONS and OTHER IMPORTANT INFORMATION					
	*SBCs and online rates supersede this summary					
	*12-month rate lock / All benefits on a calendar year basis					
	*Deductibles and MOOP reset every January 1st					
				*One-time Processing fee of \$125		
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				Provider Search How To		