



2021 CNPE Association Plan Offerings through Anthem

PPO Plans						
Plan Number	PCP/Specialist Copay	Deductible Single/Family	Coinsurance In/Out Network	Out of Pocket Single/Family	Pharmacy	
<input type="checkbox"/>	02T1	\$20/\$50	\$250/\$750	80%/50%	\$3,200/\$6,400	L1: \$10/\$35/\$75/25%
<input type="checkbox"/>	03T1	\$30/\$50	\$2,500/\$5,000	100%/50%	\$5,700/\$11,400	L1: \$10/\$35/\$75/25%
<input type="checkbox"/>	04T1	\$20/\$50	\$750/\$2,250	80%/50%	\$3,000/\$6,000	L1: \$10/\$35/\$75/25%
<input type="checkbox"/>	06T1	\$25/\$50	\$500/\$1,500	80%/50%	\$4,100/\$8,200	L1: \$10/\$35/\$75/25%
<input type="checkbox"/>	08T1	\$30/\$50	\$2,500/\$5,000	100%/50%	\$6,600/\$13,200	L1: \$10/\$35/\$75/25%
<input type="checkbox"/>	11T1	\$25/\$50	\$750/\$2,250	80%/50%	\$5,500/\$11,000	L1: \$10/\$35/\$75/25%
<input type="checkbox"/>	12T1	\$20/\$50	\$1,000/\$3,000	80%/50%	\$4,600/\$9,200	L1: \$10/\$35/\$75/25%
<input type="checkbox"/>	16T1	\$30/\$50	\$3,000/\$6,000	100%/50%	\$7,350/\$14,700	L1: \$10/\$35/\$75/25%
<input type="checkbox"/>	22T1	\$25/\$50	\$1,500/\$3,000	80%/50%	\$6,500/\$13,000	L1: \$10/\$35/\$75/25%
<input type="checkbox"/>	27T1	\$25/\$50	\$2,500/\$5,000	80%/50%	\$6,300/\$12,600	L1: \$10/\$35/\$75/25%
<input type="checkbox"/>	28T1	\$25/\$50	\$2,000/\$4,000	70%/50%	\$5,500/\$11,000	L1: \$10/\$35/\$75/25%
<input type="checkbox"/>	32T1	\$35/\$70	\$3,000/\$6,000	70%/50%	\$6,600/\$13,200	L1: \$10/\$35/\$75/25%
<input type="checkbox"/>	34T1	\$25/\$50	\$5,000/\$10,000	80%/50%	\$6,600/\$13,200	L1: \$10/\$35/\$75/25%
<input type="checkbox"/>	35T1	\$35/\$70	\$4,000/\$8,000	70%/50%	\$6,600/\$13,200	L1: \$10/\$35/\$75/25%
<input type="checkbox"/>	A05T1	\$20/\$50	\$1,000/\$3,000	80%/50%	\$5,900/\$11,800	L1: \$10/\$35/\$75/25%
<input type="checkbox"/>	A07T1	\$20/\$50	\$1,500/\$3,000	80%/50%	\$4,600/\$9,200	L1: \$10/\$35/\$75/25%

HDHP Plans				
Plan Number	Deductible Single/Family	Out of Pocket Maximum Single/Family	Coinsurance In/Out Network	
<input type="checkbox"/>	HSAE02A	\$2,800/\$5,600	\$5,000/\$10,000	L1: 80%/50%
<input type="checkbox"/>	HSAE01A	\$3,000/\$6,000	\$4,000/\$8,000	L1: 90%/60%
<input type="checkbox"/>	HSAE08	\$3,500/\$7,000	\$5,000/\$10,000	L1: 70%/50%

- Only in-network benefits are shown
- Level 1 RX: CVS, Target, Costco, Kroger, Meijer, Sam’s Club, Walmart
- Level 2 RX: Walgreens, Rite Aid—copay \$20/\$45/\$85/25%
- Most of these plans have richer benefits than what can be purchased outside of the CNPE agreement in Community Rating.

