Company	Anthem BlueCross BlueShield	
Plan Name	SmartSense with Standard Rx	
Apply	Apply	
Estimated Monthly Premium	Varies By Deductible	
Plan Type	PPO	
Networks	See provider details	
	Network	Non-Network
Copay	Please see brochure	
Deductible	750, 1500, 2500, 3500, 5000, 7500, 10,000, 12,000 (double for families)	
Coinsurance	Varies By Deductible	
Coinsurance Limit	see brochure	
Out-of-Pocket Maximum	Please see brochure	Individual: $6,500, Family: $13,000 (Add your chosen deductible to the amount - For family plans with two or more members can meet or contribute toward the family deductible or family out-of-pocket maximum. However, no individual member can contribute more than their individual deductible or out-of-pocket maximum)
Lifetime Maximum	None	
Office Visit	Please see brochure	
Prescription Drugs	Standard Drug Coverage - Generic and Preferred Brand Drugs: $15 Copay of 40% Coinsurance, whichever is greater Non-Preferred Brand and Specialty Drugs: Member is responsible for entire cost after Anthem negotiated discount	Standard Drug Coverage: Same benefit as network, however, member is responsible for filling and for the difference between the Anthem allowable charge and the actual cost of the drug, plus applicable copay and coinsurance
Emergency Room		
Adult Preventive Care	0% Coinsurance, not subject to deductible (Covers all nationally recommended preventive care for adults including PSA screenings, Pap tests, mammograms and more)	Not Covered
Child Preventive Care	0% Coinsurance, not subject to deductible (Covers nationally recommended preventive care for children including immunizations and more)	Not Covered
Lab/X-ray		
Maternity	Not Covered (optional benefit available)	
Physical Therapy	Please see brochure	
Skilled Nursing		
Home Health Care		
Mental Health	Not Covered	
Hospital Care	Please see brochure	
Included Benefits	see brochure	
Optional Benefits (not included in base rate quotation)		
Fees		
Policy Form Number	see brochure	
Note	Network and non-network deductibles are separate and do not accumulate toward each other. Network and non-network out-of-pocket maximums are separate and do not accumulate toward each other. To view your Summary of Benefits and Coverage please visit www.healthcare.gov.	
Product Brochure	Brochure	
Summary of Benefits and Coverage		
Optional Riders included in the quote		
Optional Riders not included in the quote		

General Disclaimers

The quotes shown above are estimates only, and are subject to change based on the proposed insured's medical history, the underwriting practices of the health plan, the selection of the appropriate Provider Network, the optional benefits selected, occupation (where allowed by state), if any, and other relevant factors. The insurance company reserves the right to change the terms of a policy upon proper notification.

The quotes shown above are for the requested effective date ONLY. If the actual effective date of coverage is different from the requested effective date, the actual cost may differ from the quote above due to rate increases or policy changes from the insurance company and/or one or more family members having a birthday. (Rates are highly dependent on age.) The carrier selected may not guarantee its rates for any period of time.

Applicants should not cancel any in-force health coverage until written formal approval from the insurance company selected is received.

This is not a complete solicitation of health insurance coverage. Please refer to sales brochure and applicable inserts for further information. Sales brochures and applicable inserts may be downloaded or can be obtained by calling our contact number near the top of this page.

The benefits shown in the details summary are not guaranteed. Please refer to the sales brochure and applicable inserts for further information.

Carrier Specific Disclaimers

Anthem Blue Cross and Blue Shield of New Hampshire

Other plan options and less expensive plan designs may be available. Please contact us, or your broker, for details.

To view your Summary of Benefits and Coverage please visit www.healthcare.gov (Not applicable for Short Term plans)

Norvax form #DS-1