

L&M Underground 2025/2026	Plan A - company paid	Plan B	Plan B
Carrier	Anthem	Anthem	Anthem
Plan Name	Anthem Gold Pathway EPO 1500/20%/8250 Rx Copay CURRENT PLAN: 9LWS RENEWAL PLAN: 83Z2	Anthem Platinum Pathway EPO 500/10%/2500 CURRENT PLAN: 9LWX RENEWAL PLAN: 83YC	Anthem Platinum PPO 10/0%/2500 Rx Copay CURRENT PLAN: 9LVF RENEWAL PLAN: 83Y9
Metal Level	Gold	Platinum	Platinum
Plan Type	EPO	EPO	PPO
Network	Pathway PPO	Pathway PPO	Anthem PPO
In Network	CURRENT / RENEWAL PLAN	CURRENT / RENEWAL PLAN	CURRENT / RENEWAL PLAN
Deductible	\$1,500	\$500	\$0
Family Deductible	\$4,500 Embedded	\$1,500 Embedded	\$0
Coinsurance	80%	90%	100%
Out-Of-Pocket	\$8,250 (\$16,500)	\$2,500 (\$5,000)	\$2,500 (\$5,000)
Office Visit	\$25 Copay	\$20 Copay	\$10 Copay
Specialty Doctor Office Visit	\$50 Copay	\$50 Copay	\$45 Copay
Inpatient Hospital Services	80% After Ded.	90% After Ded.	\$500 Copay Per Day, 4 Day Max. Per Adm.
Lab	80% After Ded.	90% After Ded.	\$45 Copay
X-Ray	80% After Ded.	90% After Ded.	\$45 Copay
Advanced Imaging	80% After Ded.	90% After Ded.	\$500 Copay
Urgent Care	\$50 Copay	\$50 Copay	\$45 Copay
Emergency Room	\$300 Copay After Ded., Wvd. If Adm.	\$300 Copay After Ded., Wvd. If Adm.	\$500 Copay, Wvd. If Adm.
RX	OT1a/10T1b/60T2/125T3/500T4	OT1a/10T1b/60T2/125T3/200T4	OT1a/10T1b/60T2/125T3/200T4
Out of Network			
Deductible	-	-	\$2,000
Coinsurance	-	-	50%
Out-Of-Pocket	-	-	\$7,500 (\$15,000)