

Effective January 1, 2016

California Individual Plan Guide



**Plans that offer choices — and meet
Affordable Care Act (ACA) requirements**

This brochure is intended for broker use only and should not be distributed to consumers or employer groups.



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Here are the **tools and support to help you succeed**

Access to the latest range of plans

Built from the ground up — with the strengths you’ve come to expect from the Anthem product portfolio

We’re here to help you understand Anthem plans and offer any support you may need. This guide is one important way we do that because it quickly gives you a clear picture of what’s offered.

Inside this guide you’ll find answers to many common questions about:

- Changes to look for in 2016.
- 2016 plans and features, including medical, pharmacy and specialty benefits.
- The latest on our health and wellness offerings and much more.

All 2016 plans in our portfolio are ACA-compliant and cover services from preventive care to emergencies and more. They include:

- Preventive services
- Outpatient (ambulatory) care
- Emergency services, including emergency room or urgent care
- Inpatient care (hospital stays)
- Laboratory services
- Prescription drugs
- Mental health and substance abuse services
- Maternity (pregnancy) and newborn care
- Pediatric vision
- Pediatric dental
- Rehabilitative and habilitative services

Boost your earnings potential with tools and support that help make it easy to quote and sell.

Here are just a few of the many reasons why selling Anthem makes sense for your business:

- Online quoting tools let you easily run quotes and get them to your clients.
- Online applications are simple for clients to fill out and when you send your AgentConnect link, your broker information is attached to the application.
- Producer Toolbox keeps all the tools you need right at your fingertips.
- Dedicated sales team knows the market — and they’re focused on you.

It’s time to expect more of health care plans.

Anthem is there to deliver for your clients

Your clients want the best value their health care dollars can buy. And in California we deliver like no one else — through our networks, our experience and our people.



41,245
PHYSICIANS*



329
HOSPITALS*



78 years
OF SERVICE*

*Based on Internal Provider Data Report, 2015. Physicians includes Medical Doctors and Doctors of Osteopathic Medicine. Hospitals includes General Acute Care Hospitals; Surgical Services (Ambulatory Surgical Centers and Outpatient Hospitals) & Inpatient Psychiatry (Free-standing inpatient psychiatric facility and psychiatric beds within an Acute Care Hospital).

The plan details in this guide are a summary for informational and comparison purposes only. For more details, please view the Summary of Benefits and Coverage (SBC) at www.sbc.anthem.com.

Changes to look for in 2016

EPO is now a Tiered PPO plan

The exclusive provider organization (EPO) is now a tiered preferred provider organization (PPO) plan. EPO did not offer benefits outside the network. The new PPO plan, known as the Tiered PPO plan now, does offer non-network benefits.

BlueCard® works for travel

PPO plans cover emergency and non-emergency treatment wherever your clients travel within the U.S. — even if it’s not in our network.

On exchange dental plan

We are proud to offer the new Anthem Family Dental PPO plan on-exchange for adults and dependants.

Pediatric dental and vision are still embedded within all plans

The Affordable Care Act (ACA) is written so all children have access to affordable dental and vision care. It’s part of the essential health benefits (EHB) included in all medical plans. Other required EHBs embedded in member medical plans include:

- Emergency care
- Hospital stays
- Maternity and newborn care
- Prescription drugs
- Preventive care

Why Anthem?


Health plans don’t have to be complicated.


We understand that every one of your clients is unique. That’s why we offer many high quality, affordable plan options to help clients be their healthy best and still keep plan costs down.


With Anthem, you can count on:


- A strong national network
 - Competitive pricing
 - A brand you can trust
 - Resources and support for your clients’ health care goals
- Convenient online tools
 - A simple enrollment process
 - Dedicated customer service


Built-in benefits that make a difference


- 


24/7 NurseLine — Day or night, your clients can talk to a registered nurse about their health concerns or help with specific questions about a condition they are managing (like asthma or diabetes) through our 24/7 NurseLine. Whether it's a question about allergies, the flu or choosing between the ER or urgent care, our nurses are always there for your clients.
- 


BlueCard® — Clients have coverage in all states for emergency and urgent care through the Blue Cross and Blue Shield Association's BlueCard Program. Your clients with PPO and Tiered PPO plans and their covered families can also have non-emergency care coverage from coast to coast.
- 

ConditionCare — The health of your clients is our top priority. If they have an ongoing or complex health problem, a case manager may call them to see how we can help manage their condition and give your clients information and emotional support services. If your clients need extra support in managing their health or a certain health condition (like asthma or diabetes), the preventive services offered in their plan are covered in network at 100% and can help improve their health and well-being.
- 

Estimate Your Cost — Out-of-pocket cost calculator helps your clients know their costs before having certain tests or treatments.
- 

Find a Doctor — Find in-network doctors using this tool on **anthem.com/ca**. It's ready even before someone enrolls.
- 

MyHealth Advantage — Checks your clients' health care and pharmacy records to find ways to help them live a healthier life and save money. When we find ways to do this, your clients get a MyHealth Note in the mail.
- 

Anthem's mobile app — Helps members easily find an in-network pharmacy, compare prices of medications, switch from retail to home delivery, order a refill, check order status and more.
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SpecialOffers@AnthemSM discounts — Members-only savings on vitamins, health and beauty products, chiropractic care, acupuncture, massage therapy, LASIK eye surgery, eyeglass frames and contact lenses, hearing aids and services, Jenny Craig® and Weight Watchers® weight-loss programs and more. To view all discounts, your clients just need to log into **anthem.com/ca** and select Discounts located on the **Main Overview** page.

Online tools to help clients make informed choices

From our website and mobile app to cost and quality comparison tools, we want to make sure that your clients have the information they need to make the best health care decisions for them.

With our secure website, your clients can:

- Get a breakdown of what is and isn't covered through a benefit summary.
- See their recent claims and coverage details.
- Estimate their costs before having certain procedures.

With our mobile app, your clients can:

- Search for a nearby doctor, specialist, urgent care center or hospital. Get turn-by-turn directions to get there.
- Manage their prescription drug benefits, including pricing medications, switching from retail to home delivery and ordering refills.
- Carry a virtual member ID card.

Cost and quality information with Estimate Your Cost

With our Estimate Your Cost tool, your clients can save time and money by comparing the cost of common procedures at health care facilities in their area. They'll also get to see the quality and safety ratings for those facilities.

LiveHealth Online offers 24/7 access to care

LiveHealth Online¹ is a convenient way for your clients to talk face-to-face with a board-certified doctor when their own doctor isn't available.² Your clients can access medical care using their computer or mobile device when they need it, 24/7. All they have to do is sign up at **livehealthonline.com** or download the app.

Once they become a member and register with LiveHealth Online, they can:

- Get medical advice, diagnoses, proper treatment and even prescriptions³, as needed.
- Quickly address common health problems, like allergies, colds, rashes, fever and more.
- See a doctor via video chat without the wait.

LiveHealth Online visits cost \$49 or less depending on the health plan. The tool is currently only available in English.

Register at anthem.com/ca for online access

Once your clients become members, they can register at **anthem.com/ca** to access benefits online. They just choose **Register Now** on the top right-hand side of the home page.

1 LiveHealth Online is the trade name of the Health Management Corporation.
2 LiveHealth Online is offered in most states and is expected to expand into more areas in the near future. Visit the home page at livehealthonline.com to see the latest map showing where service is available.
3 This is legally permitted only in certain states.



Enhanced Personal Health Care

Enhanced Personal Health Care is a new kind of doctor-patient relationship created just for Anthem PPO members!

Enhanced Personal Health Care offers California a patient-centered, value-based approach to health care. With a focus on cost-saving strategies around chronic care and care management, this PPO model actively engages members, empowering them to more efficiently manage chronic conditions and achieve better health. Through Enhanced Personal Health Care, we're making the changes providers need to deliver the quality, efficient health care that will make lasting changes in their patients' lives.

This integrated solution:

- Incentivizes value over volume-based care, rewarding providers for improving quality and reducing costs.
- Provides the patient information, tools, and resources that help physicians deliver efficient, personalized care.
- Represents Anthem's investment in strengthening the doctor-patient relationship in order to deliver better results.



Our network

What our network includes:

- Doctors, therapists, mental health providers and other health care professionals
- Hospitals and outpatient facilities
- Pharmacies
- ERs and urgent care centers
- Labs and radiology centers

Network details: PPO and HMO

PPO: With a PPO, your clients will be able to see any provider they want without a referral because no primary care doctor gatekeepers are required. Also, PPOs provide coverage for both network and non-network providers — though they'll still save when they stay in the network.

Tiered PPO: Our Tiered PPO plan is different from our standard PPO as it offers savings through tiered hospitals. Hospitals in those networks are split into two categories: Tier 1 and Tier 2. Your clients pay a lower cost share for hospitals in Tier 1. Plans using tiered hospitals will have "tiered" in the network name.

HMO: With an HMO, your clients have to choose a PCP to manage their care needs — including getting referrals to see other doctors. HMOs don't offer non-network benefits, except for emergency and urgent care or when a service is preauthorized. If they go outside the network for any reason, they'll have to pay 100% out of pocket.

Which providers are in the network?

To check, your clients can use our *Find a Doctor* tool on anthem.com/ca. They'll be able to see whether their current doctor is in the network or find a new doctor who is. The tool can also help them look for in-network specialists, hospitals, urgent care centers and pharmacies in their area. When using the tool, they need to include the plan network in their search criteria for the plan they're considering. Network availability may depend on where they live.

For searches on the go, your clients can download our Anthem mobile app to their mobile device and use the *Find a Doctor* app feature.



Travel coverage for peace of mind

With the Blue Cross and Blue Shield Association's BlueCard® program, your clients can access care no matter where they are in the U.S. or worldwide.

Whether they're traveling for work or on vacation, going to the emergency room (ER) or urgent care is probably the last thing your clients want to worry about. The good news is that our plans cover emergency and urgent care in all 50 states through BlueCard.

Our preferred provider organization (PPO and Tiered PPO) plans also include extra coverage for non-emergency care when they visit participating BlueCard providers in the U.S. or travel abroad. They can see any provider they wish, but they'll pay less out of pocket when they use BlueCard providers and hospitals.

PPO plans

	Off: Anthem Bronze Pathway PPO 5000/25% (1FZ5)	
Network name	Pathway - PPO	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$5,000	\$10,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,450	\$15,000
Coinsurance	25% coinsurance	50% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Office visit: specialist ³	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Laboratory	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Preventive care ⁵	No additional cost	Deductible, then 50% coinsurance
Urgent care ³	Deductible, then \$50 copay and 25% coinsurance	Deductible, then \$50 copay and 25% coinsurance
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance
Hospital: inpatient admission (e.g. hospital room)	Deductible, then 25% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: Deductible, then 25% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Maternity (includes all inpatient hospital facility services)	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy deductible ⁶	Medical deductible applies	
Retail pharmacy tier 1 ⁷	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy tier 2 ⁷	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy tier 3 ⁷	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy tier 4 ⁷	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Substance abuse: outpatient office services	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Physical and occupational therapy	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance

Please see associated notes and disclaimers on page 39 of this guide.

PPO plans

	Off: Anthem Bronze Pathway PPO 5750/20% (1FZH)	
Network name	Pathway - PPO	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$5,750	\$11,500
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,600	\$17,250
Coinsurance	20% coinsurance	50% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	First 2 office visits: \$50 copay, deductible waived 3+ office visits: Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Office visit: specialist ³	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Laboratory	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Preventive care ⁵	No additional cost	Deductible, then 50% coinsurance
Urgent care ³	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 20% coinsurance
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$350 copay and 20% coinsurance	Deductible, then \$350 copay and 20% coinsurance
Hospital: inpatient admission (e.g. hospital room)	Deductible, then 20% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: Deductible, then 20% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 20% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: Deductible, then 20% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Maternity (includes all inpatient hospital facility services)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy deductible ⁶	Medical deductible applies	
Retail pharmacy tier 1 ⁷	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy tier 2 ⁷	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy tier 3 ⁷	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy tier 4 ⁷	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Substance abuse: outpatient office services	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Physical and occupational therapy	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance

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PPO plans

	Off: Anthem Bronze 60 D PPO (1FZ4) ⁸	
	On: Anthem Bronze 60 PPO (1FZ3) ⁸	
Network name	Off: Pathway - PPO On: Pathway X - PPO	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$6,000	\$12,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,500	\$18,000
Coinsurance	100%	50% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	First 3 office visits: \$70 copay, deductible waived 4+ office visits: deductible, then \$70 copay	Deductible, then 50% coinsurance
Office visit: specialist ³	First 3 office visits: \$90 copay, deductible waived 4+ office visits: deductible, then \$90 copay	Deductible, then 50% coinsurance
Laboratory	Deductible, then \$40 copay and 0% coinsurance	Deductible, then 50% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 100% coinsurance	Deductible, then 50% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 100% coinsurance	Deductible, then 50% coinsurance
Preventive care ⁵	No additional cost	Deductible, then 50% coinsurance
Urgent care ³	First 3 visits: \$120 copay, deductible waived 4+ office visits: Deductible, then \$120 copay	First 3 visits: \$120 copay, deductible waived 4+ office visits: Deductible, then \$120 copay
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then 100% coinsurance	Deductible, then 100% coinsurance
Hospital: inpatient admission (e.g. hospital room)	Deductible, then 100% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: Deductible, then 100% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 100% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: Deductible, then 100% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 100% coinsurance	Deductible, then 50% coinsurance
Maternity (includes all inpatient hospital facility services)	Deductible, then 100% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy deductible ⁶	Tiers 1, 2, 3, 4: \$500 pharmacy deductible	Non-network prescription drugs are subject to the same non-network deductible as your medical benefits
Retail pharmacy tier 1 ⁷	100% coinsurance up to \$500 per prescription	Deductible, then 50% coinsurance
Retail pharmacy tier 2 ⁷	100% coinsurance up to \$500 per prescription	Deductible, then 50% coinsurance
Retail pharmacy tier 3 ⁷	100% coinsurance up to \$500 per prescription	Deductible, then 50% coinsurance
Retail pharmacy tier 4 ⁷	100% coinsurance up to \$500 per prescription	Deductible, then 50% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	First 3 visits: \$70 copay, deductible waived 4+ visits: Deductible, then \$70 copay	Deductible, then 50% coinsurance
Substance abuse: outpatient office services	First 3 visits: \$70 copay, deductible waived 4+ visits: Deductible, then \$70 copay	Deductible, then 50% coinsurance
Physical and occupational therapy	\$70 copay	Deductible, then 50% coinsurance

Please see associated notes and disclaimers on page 39 of this guide.

PPO plans

	Off: Anthem Bronze Pathway PPO 6600/20% (1FZL)	
Network name	Pathway - PPO	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$6,600	\$13,200
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,850	\$19,800
Coinsurance	20% coinsurance	50% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	\$50 copay, unlimited	Deductible, then 50% coinsurance
Office visit: specialist ³	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Laboratory	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Preventive care ⁵	No additional cost	Deductible, then 50% coinsurance
Urgent care ³	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 20% coinsurance
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$200 copay and 20% coinsurance	Deductible, then \$200 copay and 20% coinsurance
Hospital: inpatient admission (e.g. hospital room)	Deductible, then 20% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: Deductible, then 20% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 20% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: Deductible, then 20% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Maternity (includes all inpatient hospital facility services)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy deductible ⁶	Tiers 1, 2: no deductible Tiers 3, 4: medical deductible applies	
Retail pharmacy tier 1 ⁷	\$35 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 2 ⁷	\$65 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 3 ⁷	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy tier 4 ⁷	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Substance abuse: outpatient office services	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Physical and occupational therapy	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance

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PPO plans

	Off: Anthem Bronze 60 D Health Savings Account PPO (1FZQ)	
	On: Anthem Bronze 60 Health Savings Account PPO (1FZP)	
Network name	Off: Pathway - PPO On: Pathway X - PPO	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$4,500	\$9,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,500	\$13,500
Coinsurance	40% coinsurance	60% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Office visit: specialist ³	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Laboratory	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Preventive care ⁵	No additional cost	Deductible, then 60% coinsurance
Urgent care ³	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Hospital: inpatient admission (e.g. hospital room)	Deductible, then 40% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Deductible, then 40% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 40% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Deductible, then 40% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Maternity (includes all inpatient hospital facility services)	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy deductible ⁶	Medical deductible applies	
Retail pharmacy tier 1 ⁷	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 2 ⁷	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 3 ⁷	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 4 ⁷	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Substance abuse: outpatient office services	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Physical and occupational therapy	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance

Please see associated notes and disclaimers on page 39 of this guide.

PPO plans

	Off: Anthem Silver Pathway PPO 1750/30% (1FZB)	
Network name	Pathway - PPO	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$1,750	\$5,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,350	\$10,000
Coinsurance	30% coinsurance	50% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	First 2 office visits: \$35 copay, deductible waived 3+ office visits: Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
Office visit: specialist ³	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
Laboratory	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
Preventive care ⁵	No additional cost	Deductible, then 50% coinsurance
Urgent care ³	Deductible, then \$50 copay and 30% coinsurance	Deductible, then \$50 copay and 30% coinsurance
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$200 copay and 30% coinsurance	Deductible, then \$200 copay and 30% coinsurance
Hospital: inpatient admission (e.g. hospital room)	Deductible, then 30% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: Deductible, then 30% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 30% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: Deductible, then 30% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
Maternity (includes all inpatient hospital facility services)	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy deductible ⁶	Tiers 1, 2: no deductible Tiers 3, 4: medical deductible applies	
Retail pharmacy tier 1 ⁷	\$19 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 2 ⁷	\$40 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 3 ⁷	30% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy tier 4 ⁷	30% coinsurance	Deductible, then 50% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
Substance abuse: outpatient office services	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
Physical and occupational therapy	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance

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PPO plans

	Off: Anthem Silver Pathway PPO 2000/25% (1FZ9)	
Network name	Pathway - PPO	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$2,000	\$5,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,350	\$10,000
Coinsurance	25% coinsurance	50% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	First 3 office visits: \$35 copay, deductible waived 4+ office visits: Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Office visit: specialist ³	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Laboratory	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Preventive care ⁵	No additional cost	Deductible, then 50% coinsurance
Urgent care ³	Deductible, then \$50 copay and 25% coinsurance	Deductible, then \$50 copay and 25% coinsurance
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance
Hospital: inpatient admission (e.g. hospital room)	Deductible, then 25% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: Deductible, then 25% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 25% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: Deductible, then 25% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Maternity (includes all inpatient hospital facility services)	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy deductible ⁶	Medical deductible applies	
Retail pharmacy tier 1 ⁷	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy tier 2 ⁷	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy tier 3 ⁷	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy tier 4 ⁷	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Substance abuse: outpatient office services	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance
Physical and occupational therapy	Deductible, then 25% coinsurance	Deductible, then 50% coinsurance

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PPO plans

	Off: Anthem Silver 70 D PPO (1FZX)	
	On: Anthem Silver 70 PPO, a Multi-State Plan (1FZC)	
Network name	Off: Pathway - PPO On: Pathway X - PPO	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$2,250	\$5,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,250	\$15,000
Coinsurance	20% coinsurance	50% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	\$45 copay, unlimited	Deductible, then 50% coinsurance
Office visit: specialist ³	\$70 copay, unlimited	Deductible, then 50% coinsurance
Laboratory	Deductible, then \$35 copay and 0% coinsurance	Deductible, then 50% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$65 copay, not subject to deductible	Deductible, then 50% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	\$250 copay, not subject to deductible	Deductible, then 50% coinsurance
Preventive care ⁵	No additional cost	Deductible, then 50% coinsurance
Urgent care ³	\$90 copay, not subject to deductible	\$90 copay, not subject to deductible
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$250 copay	Deductible, then \$250 copay
Hospital: inpatient admission (e.g. hospital room)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Hospital: inpatient physician and surgical services	20% coinsurance	Deductible, then 50% coinsurance
Hospital: outpatient surgery hospital facility	20% coinsurance, not subject to deductible	Deductible, then 50% coinsurance
Maternity (includes all inpatient hospital facility services)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy deductible ⁶	Tier 1: no deductible Tiers 2, 3, 4: \$250 combined pharmacy deductible	
Retail pharmacy tier 1 ⁷	\$15 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 2 ⁷	Pharmacy deductible, then \$50 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 3 ⁷	Pharmacy deductible, then \$70 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 4 ⁷	Pharmacy deductible, then 20% coinsurance up to \$250 per prescription	Deductible, then 50% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	\$45 copay, deductible waived	Deductible, then 50% coinsurance
Substance abuse: outpatient office services	\$45 copay, deductible waived	Deductible, then 50% coinsurance
Physical and occupational therapy	\$45 copay, deductible waived	Deductible, then 50% coinsurance

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PPO plans

	Off: Anthem Gold 80 D PPO (1G09)	
	On: Anthem Gold 80 PPO, a Multi State Plan (1G08)	
Network name	Off: Pathway - PPO On: Pathway X - PPO	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$0	\$5,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,200	\$10,000
Coinsurance	20% coinsurance	50% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	\$35 copay, unlimited	Deductible, then 50% coinsurance
Office visit: specialist ³	\$55 copay, unlimited	Deductible, then 50% coinsurance
Laboratory	Deductible, then \$35 copay and 0% coinsurance	Deductible, then 50% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$50 copay	Deductible, then 50% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	20% coinsurance	Deductible, then 50% coinsurance
Preventive care ⁵	No additional cost	Deductible, then 50% coinsurance
Urgent care ³	\$60 copay	\$60 copay
Emergency room care Copay is waived if admitted into the hospital from the emergency room	\$250 copay	\$250 copay
Hospital: inpatient admission (e.g. hospital room)	20% coinsurance	Deductible, then 50% coinsurance
Hospital: inpatient physician and surgical services	20% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: 20% coinsurance
Hospital: outpatient surgery hospital facility	20% coinsurance	Deductible, then 50% coinsurance
Maternity (includes all inpatient hospital facility services)	20% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy deductible ⁶	No deductible	
Retail pharmacy tier 1 ⁷	\$15 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 2 ⁷	\$50 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 3 ⁷	\$70 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 4 ⁷	20% coinsurance up to \$250 per prescription	Deductible, then 50% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	\$35 copay, unlimited	Deductible, then 50% coinsurance
Substance abuse: outpatient office services	\$35 copay, unlimited	Deductible, then 50% coinsurance
Physical and occupational therapy	\$35 copay, unlimited	Deductible, then 50% coinsurance

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PPO plans

	Off: Anthem Platinum 90 D PPO (1G0F)	
	On: Anthem Platinum 90 PPO (1G0E)	
Network name	Off: Pathway - PPO On: Pathway X - PPO	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$0	\$5,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$4,000	\$10,000
Coinsurance	10% coinsurance	40% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	\$20 copay, unlimited	Deductible, then 40% coinsurance
Office visit: specialist ³	\$40 copay, unlimited	Deductible, then 40% coinsurance
Laboratory	Deductible, then \$20 copay and 0% coinsurance	Deductible, then 40% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$40 copay	Deductible, then 40% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	10% coinsurance	Deductible, then 40% coinsurance
Preventive care ⁵	No additional cost	Deductible, then 40% coinsurance
Urgent care ³	\$40 copay	\$40 copay
Emergency room care Copay is waived if admitted into the hospital from the emergency room	\$150 copay	Deductible, then \$150 copay
Hospital: inpatient admission (e.g. hospital room)	10% coinsurance	\$1,000 copay plus 40% coinsurance
Hospital: inpatient physician and surgical services	10% coinsurance	Deductible, then 40% coinsurance
Hospital: outpatient surgery hospital facility	10% coinsurance	Deductible, then 40% coinsurance
Maternity (includes all inpatient hospital facility services)	10% coinsurance	Deductible, then \$1,000 copay and 40% coinsurance
Retail pharmacy deductible ⁶	No deductible	
Retail pharmacy tier 1 ⁷	\$5 copay	Deductible, then 40% coinsurance
Retail pharmacy tier 2 ⁷	\$15 copay	Deductible, then 40% coinsurance
Retail pharmacy tier 3 ⁷	\$25 copay	Deductible, then 40% coinsurance
Retail pharmacy tier 4 ⁷	10% coinsurance up to \$250 per prescription	Deductible, then 40% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	\$20 copay, unlimited	Deductible, then 40% coinsurance
Substance abuse: outpatient office services	\$20 copay, unlimited	Deductible, then 40% coinsurance
Physical and occupational therapy	\$20 copay, unlimited	Deductible, then 40% coinsurance

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Tiered PPO plans

	Off: Anthem Bronze Pathway PPO 5000/25% (a Tiered PPO Plan) (1X5H)	
Network name	Pathway - PPO Tiered	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$5,000	\$10,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,450	\$15,000
Coinsurance	25% coinsurance	Deductible, then 60% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Office visit: specialist ³	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Laboratory	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Preventive care ⁵	No additional cost	Deductible, then 60% coinsurance
Urgent care ³	Deductible, then \$50 copay and 25% coinsurance	Deductible, then \$50 copay and 25% coinsurance
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance
Hospital: inpatient admission (e.g. hospital room)	Tier 1: deductible, then 25% coinsurance Tier 2: deductible, then 50% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Deductible, then 50% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Maternity (includes all inpatient hospital facility services)	Deductible, then 25% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Deductible, then 25% coinsurance
Retail pharmacy deductible ⁶	Medical deductible applies	
Retail pharmacy tier 1 ⁷	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 2 ⁷	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 3 ⁷	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 4 ⁷	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Substance abuse: outpatient office services	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Physical and occupational therapy	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance

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Tiered PPO plans

	Off: Anthem Bronze Pathway PPO 5750/20% (a Tiered PPO Plan) (1X5J)	
Network name	Pathway - PPO Tiered	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$5,750	\$11,500
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,600	\$17,250
Coinsurance	20% coinsurance	Deductible, then 60% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	First 2 office visits: \$50 copay, deductible waived 3+ office visits: Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Office visit: specialist ³	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Laboratory	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Preventive care ⁵	No additional cost	No additional cost
Urgent care ³	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 20% coinsurance
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$350 copay and 20% coinsurance	Deductible, then \$350 copay and 20% coinsurance
Hospital: inpatient admission (e.g. hospital room)	Tier 1: deductible, then 20% coinsurance Tier 2: deductible, then 40% coinsurance	Tiers 1, 2: deductible then 60% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Hospital: outpatient surgery hospital facility	Tier 1: deductible, then 20% coinsurance Tier 2: deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Maternity (includes all inpatient hospital facility services)	Tier 1: deductible, then 20% coinsurance Tier 2: deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy deductible ⁶	Medical deductible applies	
Retail pharmacy tier 1 ⁷	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 2 ⁷	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 3 ⁷	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 4 ⁷	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Substance abuse: outpatient office services	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Physical and occupational therapy	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance

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Tiered PPO plans

	Off: Anthem Bronze 60 D PPO (a Tiered PPO Plan) (1X5E) ¹⁰	
	On: Anthem Bronze 60 PPO (a Tiered PPO Plan) (1X5G) ¹⁰	
Network name	Pathway - PPO Tiered	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$6,000	\$12,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,500	\$18,000
Coinsurance	100%	Deductible, then 60% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	First 3 office visits: \$70 copay, deductible waived 4+ office visits: Deductible, then \$70 copay	Deductible, then 60% coinsurance
Office visit: specialist ³	First 3 office visits: \$90 copay, deductible waived 4+ office visits: deductible, then \$90 copay	Deductible, then 60% coinsurance
Laboratory	\$40 copay	Deductible, then 60% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 100% coinsurance	Deductible, then 60% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 100% coinsurance	Deductible, then 60% coinsurance
Preventive care ⁵	No additional cost	
Urgent care ³	First 3 visits: \$120 copay, deductible waived 4+ office visits: Deductible, then \$120 copay	\$120 copay
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then 100% coinsurance	Deductible, then 100% coinsurance
Hospital: inpatient admission (e.g. hospital room)	Deductible, then 100% coinsurance	Non-medical emergency (both tiers): Deductible, then 60% coinsurance Medical emergency (both tiers): Deductible, then 100% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 100% coinsurance	Non-medical emergency (both tiers): Deductible, then 60% coinsurance Medical emergency (both tiers): Deductible, then 100% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 100% coinsurance	Deductible, then 60% coinsurance
Maternity (includes all inpatient hospital facility services)	Deductible, then 100% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy deductible ⁶	Tiers 1, 2, 3, 4: \$500 combined pharmacy deductible	Non-network prescription drugs are subject to the same non-network deductible as your medical benefits
Retail pharmacy tier 1 ⁷	Pharmacy deductible, then 100% coinsurance up to \$500 per prescription	Deductible, then 60% coinsurance
Retail pharmacy tier 2 ⁷	Pharmacy deductible, then 100% coinsurance up to \$500 per prescription	Deductible, then 60% coinsurance
Retail pharmacy tier 3 ⁷	Pharmacy deductible, then 100% coinsurance up to \$500 per prescription	Deductible, then 60% coinsurance
Retail pharmacy tier 4 ⁷	Pharmacy deductible, then 100% coinsurance up to \$500 per prescription	Deductible, then 60% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	First 3 visits: \$70 copay, deductible waived 4+ visits: Deductible, then \$70 copay	Deductible, then 60% coinsurance
Substance abuse: outpatient office services	First 3 visits: \$70 copay, deductible waived 4+ visits: Deductible, then \$70 copay	Deductible, then 60% coinsurance
Physical and occupational therapy	\$70 copay	Deductible, then 60% coinsurance

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Tiered PPO plans

	Off: Anthem Bronze Pathway PPO 6600/20% (a Tiered PPO Plan) (1X5K)	
Network name	Pathway - PPO Tiered	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$6,600	\$13,200
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,850	\$19,800
Coinsurance	20% coinsurance	Deductible, then 60% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	\$50 copay, unlimited	Deductible, then 60% coinsurance
Office visit: specialist ³	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Laboratory	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Preventive care ⁵	No additional cost	Deductible, then 60% coinsurance
Urgent care ³	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 20% coinsurance
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$200 copay and 20% coinsurance	Deductible, then \$200 copay and 20% coinsurance
Hospital: inpatient admission (e.g. hospital room)	Tier 1: deductible, then 20% coinsurance Tier 2: deductible, then 50% coinsurance	Non-medical emergency: 60% coinsurance Medical emergency: Tier 1: deductible, then 20% coinsurance Tier 2: deductible, then 50% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 20% coinsurance	Non-medical emergency (both tiers): Deductible, then 60% coinsurance Medical emergency (both tiers): Deductible, then 20% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Maternity (includes all inpatient hospital facility services)	Tier 1: deductible, then 20% coinsurance Tier 2: deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy deductible ⁶	Tiers 1, 2: no deductible Tiers 3, 4: medical deductible applies	
Retail pharmacy tier 1 ⁷	\$35 copay	Deductible, then 60% coinsurance
Retail pharmacy tier 2 ⁷	\$65 copay	Deductible, then 60% coinsurance
Retail pharmacy tier 3 ⁷	20% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 4 ⁷	20% coinsurance	Deductible, then 60% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Substance abuse: outpatient office services	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Physical and occupational therapy	Deductible, then 20% coinsurance	Deductible, then 60% coinsurance

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Tiered PPO plans

	Off: Anthem Bronze 60 D Health Savings Account PPO (a Tiered PPO Plan) (1X5D)	
	On: Anthem Bronze 60 Health Savings Account PPO (a Tiered PPO Plan) (1X5F)	
Network name	Pathway - PPO Tiered	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$4,500	\$9,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,500	\$13,500
Coinsurance	40% coinsurance	Deductible, then 60% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Office visit: specialist ³	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Laboratory	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Preventive care ⁵	No additional cost	Deductible, then 60% coinsurance
Urgent care ³	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Hospital: inpatient admission (e.g. hospital room)	Tier 1: deductible, then 40% coinsurance Tier 2: deductible, then 50% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Deductible, then 50% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 40% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Deductible, then 40% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Maternity (includes all inpatient hospital facility services)	Tier 1: deductible, then 40% coinsurance Tier 2: deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy deductible ⁶	Medical deductible applies	
Retail pharmacy tier 1 ⁷	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 2 ⁷	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 3 ⁷	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 4 ⁷	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Substance abuse: outpatient office services	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance
Physical and occupational therapy	Deductible, then 40% coinsurance	Deductible, then 60% coinsurance

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Tiered PPO plans

	Off: Anthem Silver Pathway PPO 1750/30% (a Tiered PPO Plan) (1X5Y)	
Network name	Pathway - PPO Tiered	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$1,750	\$5,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,350	\$10,000
Coinsurance	30% coinsurance	Deductible, then 60% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	First 2 office visits: \$35 copay, deductible waived 3+ office visits: Deductible, then 30% coinsurance	Deductible, then 60% coinsurance
Office visit: specialist ³	Deductible, then 30% coinsurance	Deductible, then 60% coinsurance
Laboratory	Deductible, then 30% coinsurance	Deductible, then 60% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then 60% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 30% coinsurance	Deductible, then 60% coinsurance
Preventive care ⁵	No additional cost	
Urgent care ³	Deductible, then \$50 copay and 30% coinsurance	Deductible, then \$50 copay and 30% coinsurance
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$200 copay and 30% coinsurance	\$200 copay plus 30% coinsurance
Hospital: inpatient admission (e.g. hospital room)	Tier 1: deductible, then 30% coinsurance Tier 2: deductible, then 50% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Deductible, then 50% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 30% coinsurance	Deductible, then 60% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 30% coinsurance	Deductible, then 60% coinsurance
Maternity (includes all inpatient hospital facility services)	Tier 1: deductible, then 30% coinsurance Tier 2: deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy deductible ⁶	Tiers 1, 2: no deductible Tiers 3, 4: combined with medical deductible	
Retail pharmacy tier 1 ⁷	\$19 copay	Deductible, then 60% coinsurance
Retail pharmacy tier 2 ⁷	\$40 copay	Deductible, then 60% coinsurance
Retail pharmacy tier 3 ⁷	30% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 4 ⁷	30% coinsurance	Deductible, then 60% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	Deductible, then 30% coinsurance	Deductible, then 60% coinsurance
Substance abuse: outpatient office services	Deductible, then 30% coinsurance	Deductible, then 60% coinsurance
Physical and occupational therapy	Deductible, then 30% coinsurance	Deductible, then 60% coinsurance

Please see associated notes and disclaimers on page 39 of this guide.

Tiered PPO plans

	Off: Anthem Silver Pathway PPO 2000/25% (a Tiered PPO Plan) (1X5X)	
Network name	Pathway - PPO Tiered	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$2,000	\$5,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,350	\$10,000
Coinsurance	25% coinsurance	Deductible, then 60% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	First 3 office visits: \$35 copay, deductible waived 4+ office visits: Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Office visit: specialist ³	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Laboratory	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Preventive care ⁵	No additional cost	
Urgent care ³	Deductible, then \$50 copay and 25% coinsurance	Deductible, then \$50 copay and 25% coinsurance
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$200 copay and 25% coinsurance	
Hospital: inpatient admission (e.g. hospital room)	Tier 1: deductible, then 25% coinsurance Tier 2: deductible, then 50% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Deductible, then 50% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Maternity (includes all inpatient hospital facility services)	Tier 1: deductible, then 25% coinsurance Tier 2: deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy deductible ⁶	Medical deductible applies	
Retail pharmacy tier 1 ⁷	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 2 ⁷	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 3 ⁷	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy tier 4 ⁷	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Substance abuse: outpatient office services	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance
Physical and occupational therapy	Deductible, then 25% coinsurance	Deductible, then 60% coinsurance

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Tiered PPO plans

	Off: Anthem Silver 70 D PPO (a Tiered PPO Plan) (1X5S) On: Anthem Silver70 PPO, a Multi-State Plan (a Tiered PPO Plan) (1X5T) ^{8,9}	
Network name	Pathway - PPO Tiered	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$2,250	\$5,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,250	\$15,000
Coinsurance	20% coinsurance	Deductible, then 60% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	\$45 copay, unlimited	Deductible, then 60% coinsurance
Office visit: specialist ³	\$70 copay, unlimited	Deductible, then 60% coinsurance
Laboratory	Deductible, then \$35 copay and 0% coinsurance	Deductible, then 60% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$65 copay, not subject to deductible	Deductible, then 60% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	\$250 copay, not subject to deductible	Deductible, then 60% coinsurance
Preventive care ⁵	No additional cost	
Urgent care ³	\$90 copay, not subject to deductible	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: \$90 copay, not subject to deductible
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$250 copay	
Hospital: inpatient admission (e.g. hospital room)	Tier 1: deductible, then 20% coinsurance Tier 2: deductible, then 50% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Tier 1: deductible, then 20% coinsurance Tier 2: deductible, then 50% coinsurance
Hospital: inpatient physician and surgical services	20% coinsurance	Deductible, then 60% coinsurance
Hospital: outpatient surgery hospital facility	20% coinsurance, not subject to deductible	Deductible, then 60% coinsurance
Maternity (includes all inpatient hospital facility services)	Tier 1: deductible, then 20% coinsurance Tier 2: deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy deductible ⁶	Tier 1: no deductible Tiers 2, 3, 4: \$250 combined pharmacy deductible	Medical deductible applies
Retail pharmacy tier 1 ⁷	\$15 copay	Deductible, then 60% coinsurance
Retail pharmacy tier 2 ⁷	\$50 copay, prescription deductible applies	Deductible, then 60% coinsurance
Retail pharmacy tier 3 ⁷	\$70 copay, prescription deductible applies	Deductible, then 60% coinsurance
Retail pharmacy tier 4 ⁷	20% coinsurance up to \$250 per prescription	Deductible, then 60% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	\$45 copay, deductible waived	Deductible, then 60% coinsurance
Substance abuse: outpatient office services	\$45 copay, deductible waived	Deductible, then 60% coinsurance
Physical and occupational therapy	\$45 copay, deductible waived	Deductible, then 60% coinsurance

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Tiered PPO plans

	Off: Anthem Gold 80 D PPO (a Tiered PPO Plan) (1X5L)	
	On: Anthem Gold 80 PPO, a Multi State Plan (a Tiered PPO Plan) (1X5M)	
Network name	Pathway - PPO Tiered	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$0	\$5,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,200	\$10,000
Coinsurance	20% coinsurance	Deductible, then 60% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	\$35 copay, unlimited	Deductible, then 60% coinsurance
Office visit: specialist ³	\$55 copay, unlimited	Deductible, then 60% coinsurance
Laboratory	\$35 copay	Deductible, then 60% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$50 copay	Deductible, then 60% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	20% coinsurance	Deductible, then 60% coinsurance
Preventive care ⁵	No additional cost	
Urgent care ³	\$60 copay	\$60 copay
Emergency room care Copay is waived if admitted into the hospital from the emergency room	\$250 copay	
Hospital: inpatient admission (e.g. hospital room)	Tier 1: 20% coinsurance Tier 2: 50% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Tier 1: 20% coinsurance Tier 2: 50% coinsurance
Hospital: inpatient physician and surgical services	20% coinsurance	Deductible, then 60% coinsurance
Hospital: outpatient surgery hospital facility	20% coinsurance	Deductible, then 60% coinsurance
Maternity (includes all inpatient hospital facility services)	Tier 1: 20% coinsurance Tier 2: 50% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy deductible ⁶	No deductible	Medical deductible applies
Retail pharmacy tier 1 ⁷	\$15 copay	Deductible, then 60% coinsurance
Retail pharmacy tier 2 ⁷	\$50 copay	Deductible, then 60% coinsurance
Retail pharmacy tier 3 ⁷	\$70 copay	Deductible, then 60% coinsurance
Retail pharmacy tier 4 ⁷	20% coinsurance up to \$250 per prescription	Deductible, then 60% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	\$30 copay	Deductible, then 60% coinsurance
Substance abuse: outpatient office services	\$30 copay	Deductible, then 60% coinsurance
Physical and occupational therapy	\$30 copay	Deductible, then 60% coinsurance

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Tiered PPO plans

	Off: Anthem Platinum 90 D PPO (a Tiered PPO Plan) (1X5Q)	
	On: Anthem Platinum 90 PPO (a Tiered PPO Plan) (1X5R)	
Network name	Pathway - PPO Tiered	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$0	\$5,000
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$4,000	\$10,000
Coinsurance	10% coinsurance	Deductible, then 60% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	\$20 copay, unlimited	Deductible, then 60% coinsurance
Office visit: specialist ³	\$40 copay, unlimited	Deductible, then 60% coinsurance
Laboratory	\$20 copay	Deductible, then 60% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$40 copay	Deductible, then 60% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	10% coinsurance	Deductible, then 60% coinsurance
Preventive care ⁵	No additional cost	
Urgent care ³	\$40 copay	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: \$40 copay
Emergency room care Copay is waived if admitted into the hospital from the emergency room	\$150 copay	\$150 copay
Hospital: inpatient admission (e.g. hospital room)	Tier 1: 10% coinsurance Tier 2: 40% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Tier 1: 10% coinsurance Tier 2: 40% coinsurance
Hospital: inpatient physician and surgical services	10% coinsurance	Deductible, then 60% coinsurance
Hospital: outpatient surgery hospital facility	10% coinsurance	Deductible, then 60% coinsurance
Maternity (includes all inpatient hospital facility services)	Tier 1: 10% coinsurance Tier 2: 40% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy deductible ⁶	No deductible	Medical deductible applies
Retail pharmacy tier 1 ⁷	\$5 copay	Deductible, then 60% coinsurance
Retail pharmacy tier 2 ⁷	\$15 copay	Deductible, then 60% coinsurance
Retail pharmacy tier 3 ⁷	\$25 copay	Deductible, then 60% coinsurance
Retail pharmacy tier 4 ⁷	10% coinsurance up to \$250 per prescription	Deductible, then 60% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	\$20 copay	Deductible, then 60% coinsurance
Substance abuse: outpatient office services	\$20 copay	Deductible, then 60% coinsurance
Physical and occupational therapy	\$20 copay	Deductible, then 60% coinsurance

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HMO plans

	Off: Anthem Silver 70 D HMO (1G02)	Off: Anthem Gold 80 D HMO (1G0B)	Off: Anthem Platinum 90 D HMO (1G0H)
	On: Anthem Silver 70 HMO (1G01)	On: Anthem Gold 80 HMO (1G0A)	On: Anthem Platinum 90 HMO (1G0G)
Network name	Off: Pathway - HMO On: Pathway X - HMO	Off: Pathway - HMO On: Pathway X - HMO	Off: Pathway - HMO On: Pathway X - HMO
Plan includes non-network coverage?	No	No	No
Coverage	Network	Network	Network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$2,250	\$0	\$0
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,250	\$6,200	\$4,000
Coinsurance	20% coinsurance	20% coinsurance	10% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	\$45 copay, unlimited	\$35 copay, unlimited	\$20 copay, unlimited
Office visit: specialist ³	\$70 copay, unlimited	\$55 copay, unlimited	\$40 copay, unlimited
Laboratory	\$35 copay, not subject to deductible	\$35 copay	\$20 copay
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$65 copay, not subject to deductible	\$50 copay	\$40 copay
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	\$250 copay, not subject to deductible	\$250 copay	\$150 copay
Preventive care ⁵	No additional cost	No additional cost	No additional cost
Urgent care ³	\$90 copay, not subject to deductible	\$60 copay	\$40 copay
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$250 copay	\$250 copay	\$150 copay
Hospital: inpatient admission (e.g. hospital room)	Deductible, then 20% coinsurance	\$600 copay per day up to 5 days	\$250 per day up to 5 days
Hospital: inpatient physician and surgical services	Deductible, then 20% coinsurance	\$55 copay	\$40 copay
Hospital: outpatient surgery hospital facility	20% coinsurance, not subject to deductible	\$600 copay	\$250 copay
Maternity (includes all inpatient hospital facility services)	Deductible, then 20% coinsurance	\$600 copay per day up to 5 days	\$250 copay per day up to 5 days
Retail pharmacy deductible ⁶	Tier 1: no deductible Tiers 2, 3, 4: \$250 combined pharmacy deductible	No deductible	No deductible
Retail pharmacy tier 1 ⁷	\$15 copay	\$15 copay	\$5 copay
Retail pharmacy tier 2 ⁷	Pharmacy deductible, then \$50 copay	\$50 copay	\$15 copay
Retail pharmacy tier 3 ⁷	Pharmacy deductible, then \$70 copay	\$70 copay	\$25 copay
Retail pharmacy tier 4 ⁷	Pharmacy deductible, then 20% coinsurance up to \$250 max per prescription	20% coinsurance up to \$250 max per prescription	10% coinsurance up to \$250 max per prescription
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Mental health: outpatient office services	\$45 copay, deductible waived	\$35 copay	\$20 copay
Substance abuse: outpatient office services	\$45 copay, deductible waived	\$35 copay	\$20 copay
Physical and occupational therapy	\$45 copay, deductible waived	\$35 copay	\$20 copay

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Minimum coverage plans

	Off: Anthem Minimum Coverage D PPO (1FZE)	
	On: Anthem Minimum Coverage PPO (1FZD)	
Network name	Off: Pathway - HMO On: Pathway X - HMO	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$6,850	\$13,700
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,850	\$20,550
Coinsurance	0% coinsurance	30% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	First 3 office visits: \$0 copay, deductible waived 4+ office visits: Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Office visit: specialist ³	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Laboratory	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Preventive care ⁵	No additional cost	Deductible, then 30% coinsurance
Urgent care ³	First 3 visits: \$0 copay, deductible waived 4+ office visits: Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital: inpatient admission (e.g. hospital room)	Deductible, then 0% coinsurance	Non-medical emergency: Deductible, then 30% coinsurance Medical emergency: Deductible, then 0% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 0% coinsurance	Non-medical emergency: Deductible, then 30% coinsurance Medical emergency: Deductible, then 0% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Maternity (includes all inpatient hospital facility services)	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Retail pharmacy deductible ⁶	Medical deductible applies	
Retail pharmacy tier 1 ⁷	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Retail pharmacy tier 2 ⁷	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Retail pharmacy tier 3 ⁷	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Retail pharmacy tier 4 ⁷	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	First 3 office visits: \$0 copay, deductible waived 4+ office visits: Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Substance abuse: outpatient office services	First 3 office visits: \$0 copay, deductible waived 4+ office visits: Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Physical and occupational therapy	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance

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Minimum coverage plans

	Off: Anthem Minimum Coverage D PPO (a Tiered PPO Plan) (1X5N)	
	On: Anthem Minimum Coverage PPO (a Tiered PPO Plan) (1X5P)	
Network name	Off: Pathway - Tiered On: Pathway X - Tiered	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ¹ (Family ² = 2 x individual amount)	\$6,850	\$13,700
Individual out-of-pocket limit ¹ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,850	\$20,550
Coinsurance	0% coinsurance	60% coinsurance
Office visit: primary care physician (PCP) ^{3,4} NOTE: other office services subject to deductible and plan coinsurance.	First 3 office visits: \$0 copay, deductible waived 4+ office visits: Deductible, then 0% coinsurance	60% coinsurance
Office visit: specialist ³	Deductible, then 0% coinsurance	60% coinsurance
Laboratory	Deductible, then 0% coinsurance	60% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 0% coinsurance	60% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 0% coinsurance	60% coinsurance
Preventive care ⁵	No additional cost	
Urgent care ³	First 3 visits: \$0 copay, deductible waived 4+ office visits: Deductible, then 0% coinsurance	0% coinsurance
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then 0% coinsurance	
Hospital: inpatient admission (e.g. hospital room)	Deductible, then 0% coinsurance	Non-medical emergency: 60% coinsurance Medical emergency: 0% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 0% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Deductible, then 0% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 0% coinsurance	60% coinsurance
Maternity (includes all inpatient hospital facility services)	Deductible, then 0% coinsurance	60% coinsurance
Retail pharmacy deductible ⁶	Medical deductible applies	
Retail pharmacy tier 1 ⁷	Deductible, then 0% coinsurance	60% coinsurance
Retail pharmacy tier 2 ⁷	Deductible, then 0% coinsurance	60% coinsurance
Retail pharmacy tier 3 ⁷	Deductible, then 0% coinsurance	60% coinsurance
Retail pharmacy tier 4 ⁷	Deductible, then 0% coinsurance	60% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	First 3 office visits: \$0 copay, deductible waived 4+ office visits: Deductible, then 0% coinsurance	60% coinsurance
Substance abuse: outpatient office services	First 3 office visits: \$0 copay, deductible waived 4+ office visits: Deductible, then 0% coinsurance	60% coinsurance
Physical and occupational therapy	Deductible, then 0% coinsurance	60% coinsurance

NOTES

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Silver cost-share reduction PPO plans

	Anthem Silver 73 PPO, a Multi-State Plan (1G00)	
Network name ¹	Pathway X - PPO	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ² (Family ³ = 2 x individual amount)	\$1,900	\$5,000
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$5,450	\$15,000
Coinsurance	20% coinsurance	50% coinsurance
Office visit: primary care physician (PCP) ^{4,5} NOTE: other office services subject to deductible and plan coinsurance.	\$40 copay, unlimited	Deductible, then 50% coinsurance
Office visit: specialist ⁵	\$55 copay, unlimited	Deductible, then 50% coinsurance
Laboratory	\$35 copay, not subject to deductible	Deductible, then 50% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$50 copay, not subject to deductible	Deductible, then 50% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	\$250 copay, not subject to deductible	Deductible, then 50% coinsurance
Preventive care ⁶	No additional cost	Deductible, then 50% coinsurance
Urgent care ⁵	\$80 copay, not subject to deductible	\$80 copay, not subject to deductible
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$250 copay	Deductible, then \$250 copay
Hospital: inpatient admission ⁷ (e.g. hospital room)	Deductible, then 20% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: Deductible, then 20% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 20% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: Deductible, then 20% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Maternity (includes all inpatient hospital facility services)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy deductible ⁸	Tier 1: no deductible Tiers 2, 3, 4: \$250 combined pharmacy deductible	
Retail pharmacy tier 1 ⁹	\$15 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 2 ⁹	Pharmacy deductible, then \$45 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 3 ⁹	Pharmacy deductible, then \$70 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 4 ⁹	Pharmacy deductible, then 20% coinsurance up to \$250 per prescription	Deductible, then 50% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	\$40 copay, not subject to deductible	Deductible, then 50% coinsurance
Substance abuse: outpatient office services	\$40 copay, not subject to deductible	Deductible, then 50% coinsurance
Physical and occupational therapy	\$40 copay, not subject to deductible	Deductible, then 50% coinsurance

Please see associated notes and disclaimers on page 39 of this guide.

Silver cost-share reduction PPO plans

	Anthem Silver 87 PPO, a Multi-State Plan (1FZZ)	
Network name ¹	Pathway X - PPO	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ² (Family ³ = 2 x individual amount)	\$550	\$5,000
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$2,250	\$15,000
Coinsurance	15% coinsurance	50% coinsurance
Office visit: primary care physician (PCP) ^{4,5} NOTE: other office services subject to deductible and plan coinsurance.	\$15 copay, unlimited	Deductible, then 50% coinsurance
Office visit: specialist ⁵	\$25 copay, unlimited	Deductible, then 50% coinsurance
Laboratory	\$15 copay, not subject to deductible	Deductible, then 50% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$25 copay, not subject to deductible	Deductible, then 50% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 15% coinsurance	Deductible, then 50% coinsurance
Preventive care ⁶	No additional cost	Deductible, then 50% coinsurance
Urgent care ⁵	\$30 copay, not subject to deductible	\$30 copay, not subject to deductible
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$75 copay	Deductible, then \$75 copay
Hospital: inpatient admission ⁷ (e.g. hospital room)	Deductible, then 15% coinsurance	Deductible, then 50% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 15% coinsurance	Deductible, then 50% coinsurance
Hospital: outpatient surgery hospital facility	15% coinsurance, not subject to deductible	Deductible, then 50% coinsurance
Maternity (includes all inpatient hospital facility services)	Deductible, then 15% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy deductible ⁸	Tier 1: no deductible Tiers 2, 3, 4: \$50 combined pharmacy deductible	
Retail pharmacy tier 1 ⁹	\$5 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 2 ⁹	Pharmacy deductible, then \$20 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 3 ⁹	Pharmacy deductible, then \$35 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 4 ⁹	Pharmacy deductible, then 15% coinsurance up to \$150 per prescription	Deductible, then 50% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	\$15 copay, deductible waived	Deductible, then 50% coinsurance
Substance abuse: outpatient office services	\$15 copay, deductible waived	Deductible, then 50% coinsurance
Physical and occupational therapy	\$15 copay, deductible waived	Deductible, then 50% coinsurance

Please see associated notes and disclaimers on page 39 of this guide.

Silver cost-share reduction PPO plans

	Anthem Silver 94 PPO, a Multi-State Plan (1FZY)	
Network name ¹	Pathway X - PPO	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ² (Family ³ = 2 x individual amount)	\$75	\$5,000
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$2,250	\$15,000
Coinsurance	10% coinsurance	50% coinsurance
Office visit: primary care physician (PCP) ^{4,5} NOTE: other office services subject to deductible and plan coinsurance.	\$5 copay, unlimited	Deductible, then 50% coinsurance
Office visit: specialist ⁵	\$8 copay, unlimited	Deductible, then 50% coinsurance
Laboratory	\$8 copay, not subject to deductible	Deductible, then 50% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$8 copay, not subject to deductible	Deductible, then 50% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	\$50 copay, not subject to deductible	Deductible, then 50% coinsurance
Preventive care ⁶	No additional cost	Deductible, then 50% coinsurance
Urgent care ⁵	\$6 copay, not subject to deductible	\$6 copay, not subject to deductible
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$30 copay	Deductible, then \$30 copay
Hospital: inpatient admission ⁷ (e.g. hospital room)	Deductible, then 10% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: Deductible, then 10% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 10% coinsurance	Non-medical emergency: Deductible, then 50% coinsurance Medical emergency: Deductible, then 10% coinsurance
Hospital: outpatient surgery hospital facility	10% coinsurance, not subject to deductible	Deductible, then 50% coinsurance
Maternity (includes all inpatient hospital facility services)	Deductible, then 10% coinsurance	Deductible, then 50% coinsurance
Retail pharmacy deductible ⁸	No deductible	Combined with medical deductible
Retail pharmacy tier 1 ⁹	\$3 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 2 ⁹	\$10 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 3 ⁹	\$15 copay	Deductible, then 50% coinsurance
Retail pharmacy tier 4 ⁹	10% coinsurance up to \$150 per prescription	Deductible, then 50% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	\$5 copay, unlimited	Deductible, then 50% coinsurance
Substance abuse: outpatient office services	\$5 copay, unlimited	Deductible, then 50% coinsurance
Physical and occupational therapy	\$5 copay, unlimited	Deductible, then 50% coinsurance

Please see associated notes and disclaimers on page 39 of this guide.

Silver cost-share reduction Tiered PPO plans

	Anthem Silver 73, a Multi-State Plan (a Tiered PPO Plan) (1X5U)	
Network name ¹	Pathway X - Tiered	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ² (Family ³ = 2 x individual amount)	\$1,900	\$5,000
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$5,450	\$15,000
Coinsurance	20% coinsurance	Deductible, then 60% coinsurance
Office visit: primary care physician (PCP) ^{4,5} NOTE: other office services subject to deductible and plan coinsurance.	\$40 copay, unlimited	Deductible, then 60% coinsurance
Office visit: specialist ⁵	\$55 copay, unlimited	Deductible, then 60% coinsurance
Laboratory	\$35 copay, not subject to deductible	Deductible, then 60% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$50 copay, not subject to deductible	Deductible, then 60% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	\$250 copay, not subject to deductible	Deductible, then 60% coinsurance
Preventive care ⁶	No additional cost	Deductible, then 60% Coinsurance
Urgent care ⁵	\$80 copay, not subject to deductible	\$80 copay, not subject to deductible
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$250 copay	Emergency Room Facility Fee: deductible, then \$250 Copay
Hospital: inpatient admission ⁷ (e.g. hospital room)	Tier 1: deductible, then 20% coinsurance Tier 2: deductible, then 50% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Deductible, then 50% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 20% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Deductible, then 20% coinsurance
Hospital: outpatient surgery hospital facility	20% coinsurance, not subject to deductible	Deductible, then 60% coinsurance
Maternity (includes all inpatient hospital facility services)	Tier 1: deductible, then 20% coinsurance Tier 2: deductible, then 50% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy deductible ⁸	Tier 1: no deductible Tiers 2, 3, 4: \$250 pharmacy deductible	Combined with medical deductible
Retail pharmacy tier 1 ⁹	\$15 copay	60% coinsurance
Retail pharmacy tier 2 ⁹	Pharmacy deductible, then \$45 copay	60% coinsurance
Retail pharmacy tier 3 ⁹	Pharmacy deductible, then \$70 copay	60% coinsurance
Retail pharmacy tier 4 ⁹	Pharmacy deductible, then 20% coinsurance up to \$250 per prescription	60% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	\$40 copay, deductible waived	Deductible, then 60% Coinsurance
Substance abuse: outpatient office services	\$40 copay, deductible waived	Deductible, then 60% Coinsurance
Physical and occupational therapy	\$40 copay, deductible waived	Deductible, then 60% Coinsurance

Please see associated notes and disclaimers on page 39 of this guide.

Silver cost-share reduction Tiered PPO plans

	Anthem Silver 87, a Multi-State Plan (a Tiered PPO Plan) (1X5V)	
Network name ¹	Pathway X - Tiered	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ² (Family ³ = 2 x individual amount)	\$550	\$5,000
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$2,250	\$15,000
Coinsurance	15% coinsurance	Deductible, then 60% coinsurance
Office visit: primary care physician (PCP) ^{4,5} NOTE: other office services subject to deductible and plan coinsurance.	\$15 copay, unlimited	Deductible, then 60% coinsurance
Office visit: specialist ⁵	\$25 copay, unlimited	Deductible, then 60% coinsurance
Laboratory	\$15 copay, not subject to deductible	Deductible, then 60% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$25 copay, not subject to deductible	Deductible, then 60% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	\$100 copay, not subject to deductible	Deductible, then 60% coinsurance
Preventive care ⁶	No additional cost	Deductible, then 60% coinsurance
Urgent care ⁵	\$30 copay, not subject to deductible	\$30 copay, not subject to deductible
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$75 copay	Emergency room facility fee: \$75 copay
Hospital: inpatient admission ⁷ (e.g. hospital room)	Tier 1: deductible, then 15% coinsurance Tier 2: deductible, then 30% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Deductible, then 30% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 15% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Deductible, then 15% coinsurance
Hospital: outpatient surgery hospital facility	15% coinsurance, not subject to deductible	Deductible, then 60% coinsurance
Maternity (includes all inpatient hospital facility services)	Tier 1: deductible, then 15% coinsurance Tier 2: deductible, then 30% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy deductible ⁸	Tier 1: no deductible Tiers 2, 3, 4: \$50 pharmacy deductible	Combined with medical deductible
Retail pharmacy tier 1 ⁹	\$5 copay	60% coinsurance
Retail pharmacy tier 2 ⁹	Pharmacy deductible, then \$20 copay	60% coinsurance
Retail pharmacy tier 3 ⁹	Pharmacy deductible, then \$35 copay	60% coinsurance
Retail pharmacy tier 4 ⁹	Pharmacy deductible, then 15% coinsurance up to \$150 per prescription	60% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	\$15 copay, deductible waived	Deductible, then 60% coinsurance
Substance abuse: outpatient office services	\$15 copay, deductible waived	Deductible, then 60% coinsurance
Physical and occupational therapy	\$15 copay, deductible waived	Deductible, then 60% coinsurance

Please see associated notes and disclaimers on page 39 of this guide.

Silver cost-share reduction Tiered PPO plans

	Anthem Silver 94, a Multi-State Plan (a Tiered PPO Plan) (1X5W)	
Network name ¹	Pathway X - Tiered	
Plan includes non-network coverage?	Yes	
Coverage	Network	Non-network
Individual deductible ² (Family ³ = 2 x individual amount)	\$75	\$5,000
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$2,250	\$15,000
Coinsurance	10% coinsurance	Deductible, then 60% coinsurance
Office visit: primary care physician (PCP) ^{4,5} NOTE: other office services subject to deductible and plan coinsurance.	\$5 copay, unlimited	Deductible, then 60% coinsurance
Office visit: specialist ⁵	\$8 copay, unlimited	Deductible, then 60% coinsurance
Laboratory	\$8 copay, unlimited	Deductible, then 60% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$8 copay, unlimited	Deductible, then 60% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	\$50 copay, unlimited	Deductible, then 60% coinsurance
Preventive care ⁶	No additional cost	Deductible, then 60% coinsurance
Urgent care ⁵	\$6 copay, not subject to deductible	\$6 copay, not subject to deductible
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$30 copay	Emergency room facility fee: \$30 Copay
Hospital: inpatient admission ⁷ (e.g. hospital room)	Tier 1: deductible, then 10% coinsurance Tier 2: deductible, then 20% coinsurance	Non-medical emergency: 60% coinsurance Medical emergency: 20% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 10% coinsurance	Non-medical emergency: Deductible, then 60% coinsurance Medical emergency: Deductible, then 10% coinsurance
Hospital: outpatient surgery hospital facility	10% coinsurance, not subject to deductible	Deductible, then 60% coinsurance
Maternity (includes all inpatient hospital facility services)	Tier 1: deductible, then 10% coinsurance Tier 2: deductible, then 20% coinsurance	Deductible, then 60% coinsurance
Retail pharmacy deductible ⁸	No deductible	Combined with medical deductible
Retail pharmacy tier 1 ⁹	\$3 copay	60% coinsurance
Retail pharmacy tier 2 ⁹	\$10 copay	60% coinsurance
Retail pharmacy tier 3 ⁹	\$15 copay	60% coinsurance
Retail pharmacy tier 4 ⁹	10% coinsurance up to \$150 per prescription	60% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health: outpatient office services	\$5 copay, unlimited	Deductible, then 60% coinsurance
Substance abuse: outpatient office services	\$5 copay, unlimited	Deductible, then 60% coinsurance
Physical and occupational therapy	\$5 copay, unlimited	Deductible, then 60% coinsurance

Please see associated notes and disclaimers on page 39 of this guide.

Silver cost-share reduction HMO plans

	Anthem Silver 73 HMO (1G05)	Anthem Silver 87 HMO (1G04)	Anthem Silver 94 HMO (1G03)
Network name ¹	Pathway X - HMO	Pathway X - HMO	Pathway X - HMO
Plan includes non-network coverage?	No	No	No
Coverage	Network	Network	Network
Individual deductible ² (Family ³ = 2 x individual amount)	\$1,900	\$550	\$75
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$5,450	\$2,250	\$2,250
Coinsurance	20% coinsurance	15% coinsurance	10% coinsurance
Office visit: primary care physician (PCP) ^{4,5} NOTE: other office services subject to deductible and plan coinsurance.	\$40 copay, unlimited	\$15 copay, unlimited	\$5 copay, unlimited
Office visit: specialist ⁵	\$55 copay, unlimited	\$25 copay, unlimited	\$8 copay, unlimited
Laboratory	\$35 copay, not subject to deductible	\$15 copay, not subject to deductible	\$8 copay, unlimited
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$50 copay, not subject to deductible	\$25 copay, not subject to deductible	\$8 copay, unlimited
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	\$250 copay, not subject to deductible	\$100 copay, not subject to deductible	\$50 copay, unlimited
Preventive care ⁶	No additional cost	No additional cost	No additional cost
Urgent care ⁵	\$80 copay, not subject to deductible	\$30 copay, not subject to deductible	\$6 copay, not subject to deductible
Emergency room care Copay is waived if admitted into the hospital from the emergency room	Deductible, then \$250 copay	Deductible, then \$75 copay	Deductible, then \$30 copay
Hospital: inpatient admission ⁷ (e.g. hospital room)	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance
Hospital: inpatient physician and surgical services	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance
Hospital: outpatient surgery hospital facility	20% coinsurance, not subject to deductible	15% coinsurance, not subject to deductible	10% coinsurance, not subject to deductible
Maternity (includes all inpatient hospital facility services)	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance
Retail pharmacy deductible ⁸	Tier 1: no deductible Tiers 2, 3, 4: \$250 combined pharmacy deductible	Tier 1: no deductible Tiers 2, 3, 4: \$50 combined pharmacy deductible	No deductible
Retail pharmacy tier 1 ⁹	\$15 copay	\$5 copay	\$3 copay
Retail pharmacy tier 2 ⁹	Pharmacy deductible, then \$45 copay	Pharmacy deductible, then \$20 copay	\$10 copay
Retail pharmacy tier 3 ⁹	Pharmacy deductible, then \$70 copay	Pharmacy deductible, then \$35 copay	\$15 copay
Retail pharmacy tier 4 ⁹	Pharmacy deductible, then 20% coinsurance up to \$250 per prescription	Pharmacy deductible, then 15% coinsurance up to \$150 per prescription	10% coinsurance up to \$150 per prescription
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Mental health: outpatient office services	\$40 copay, deductible waived	\$15 copay, deductible waived	\$5 copay, unlimited
Substance abuse: outpatient office services	\$40 copay, deductible waived	\$15 copay, deductible waived	\$5 copay, unlimited
Physical and occupational therapy	\$40 copay, deductible waived	\$15 copay, deductible waived	\$5 copay, unlimited

PPO plans:

- 1 Network and non-network deductibles and network and non-network out-of-pocket limits are separate and do not accumulate toward each other with the exception of medical emergency. In a medical emergency, cost shares apply toward the network deductible and the out-of-pocket limit.
- 2 Our 2016 plans have embedded family deductibles where each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.
- 3 LiveHealth Online web visits have the same PCP office visit cost share listed in the chart.
- 4 For plans with PCP, Specialist and Urgent Care office visit limits, the visit limits are combined, not separate.
- 5 Nationally recommended preventive care services from network providers have no copay and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms and more, recommended by the United States Preventive Services Task Force.
- 6 For plans with a Retail pharmacy deductible, the pharmacy deductible is separate from the medical deductible. The family deductible is 2 x the individual amount.
- 7 Prescription drug: If your clients take maintenance (ongoing) medications, or drugs that treat long-term chronic health conditions like diabetes, high cholesterol and high blood pressure, they choose whether to use the home delivery pharmacy, managed by Express Scripts, Inc.* or continue to get the medicines at a local retail pharmacy. Whatever they decide, they'll need to let Express Scripts know before their third refill of any medicine at a local retail pharmacy. After that, their prescriptions will no longer be covered until they call Express Scripts and notify them of their choice. So they should call as soon as possible.
- 8 With this Bronze plan, your clients must pay 100% of the cost for inpatient and outpatient services until they meet the plan's out-of-pocket limit. Once they meet the out-of-pocket limit, Anthem will pay 100%. Your clients will still end up paying less through our negotiated rates with these providers.

Tiered PPO plans:

- 1 Pathway - Tiered (off) / Pathway X - Tiered (on) is a tiered network. In-network hospitals are split into two categories, Tier 1 and Tier 2. Your clients pay a lower cost share for hospitals in Tier 1.
- 2 Network and non-network deductibles and network and non-network out-of-pocket limits are separate and do not accumulate toward each other with the exception of medical emergency. In a medical emergency, cost shares apply toward the network deductible and the out-of-pocket limit.
- 3 Our 2016 plans have embedded family deductibles where each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.
- 4 LiveHealth Online web visits have the same PCP office visit cost share listed in the chart.
- 5 For plans with PCP, Specialist and Urgent Care office visit limits, the visit limits are combined, not separate.
- 6 Nationally recommended preventive care services from network providers have no copay and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms and more, recommended by the United States Preventive Services Task Force.
- 7 Cost share shows Tier 1 / Tier 2 coinsurance for hospitals in our network.
- 8 For plans with a Retail pharmacy deductible, the pharmacy deductible is separate from the medical deductible. The family deductible is 2 x the individual amount.
- 9 Prescription drug: If your clients take maintenance (ongoing) medications, or drugs that treat long-term chronic health conditions like diabetes, high cholesterol and high blood pressure, they choose whether to use the home delivery pharmacy, managed by Express Scripts, Inc.* or continue to get the medicines at a local retail pharmacy. Whatever they decide, they'll need to let Express Scripts know before their third refill of any medicine at a local retail pharmacy. After that, their prescriptions will no longer be covered until they call Express Scripts and notify them of their choice. So they should call as soon as possible.
- 10 With this Bronze plan, your clients must pay 100% of the cost for inpatient and outpatient services until they meet the plan's out-of-pocket limit. Once they meet the out-of-pocket limit, Anthem will pay 100%. Your clients will still end up paying less through our negotiated rates with these providers.

HMO plans:

- 1 HMO plans only include non-network benefits for emergency care, urgent care and ambulance services.
- 2 Our 2016 plans have embedded family deductibles where each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.
- 3 Nationally recommended preventive care services from network providers have no copay and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms and more, recommended by the United States Preventive Services Task Force.
- 4 Prescription drug: If your clients take maintenance (ongoing) medications, or drugs that treat long-term chronic health conditions like diabetes, high cholesterol and high blood pressure, they choose whether to use the home delivery pharmacy, managed by Express Scripts, Inc.* or continue to get the medicines at a local retail pharmacy. Whatever they decide, they'll need to let Express Scripts know before their third refill of any medicine at a local retail pharmacy. After that, their prescriptions will no longer be covered until they call Express Scripts and notify them of their choice. So they should call as soon as possible.

For on-exchange plans:

Your client may qualify for a tax credit subsidy or cost share reduction on Silver plans purchased on Covered California. Your clients should check with you for more information and to find out if they qualify for a tax credit or subsidy by purchasing coverage on Covered California.

Multi-State Plans are overseen by the U.S. Office of Personnel Management (OPM) and are similar to the other Qualified Health Plan products offered on the exchanges. The name "Multi-State Plan" does NOT mean that consumers have health plan coverage for non-urgent care in multiple states.

* Express Scripts is a separate company that manages pharmacy services and benefits for Anthem Blue Cross.

In compliance with the Affordable Care Act rules, benefits, formulary, pharmacy network, provider network, premium, copays and coinsurance for these plans may change on January 1 of each year.

Anthem Blue Cross does not discriminate based on race, color, ethnicity, national origin, religion, age, gender, gender identity, mental or physical disabilities, sexual orientation, genetic information, including pregnancy and expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health condition or health status in the administration of the plan, including enrollment, marketing practices, benefit designs, and benefit determinations.

Dental benefits with extras clients request

We offer a variety of Individual and Family dental plans to fit your clients' health care needs and budget:

- Dental Prime¹ (available off the exchange only)
- Anthem Dental Blue¹ (available off the exchange only)
- Anthem Dental Select HMO (available off the exchange only)
- Anthem Family Dental PPO (available on the exchange only)

Consumers have the following purchase options if they need or want pediatric dental essential health benefits:

- A medical plan that has pediatric dental essential health benefits coverage.
- A stand-alone family dental plan that includes pediatric dental essential health benefits coverage (available on the exchange only).

Anthem can help your clients get the dental care they need for better overall health. Many of our dental plans include 100% coverage for exams, cleanings and X-rays. Plus, there are benefits for fillings, crowns, root canals, oral surgery and orthodontia.* To see a detailed dental benefit chart, go to the "Dental plan benefit chart" section.

Vision benefits with a large network

We also offer a Blue View VisionSM plan, which your clients can add on to any Anthem medical and/or dental plan. This plan is available off the exchange only.

With Blue View Vision, they can get their eye care and eyewear just about anywhere! Our large national vision network gives your clients:

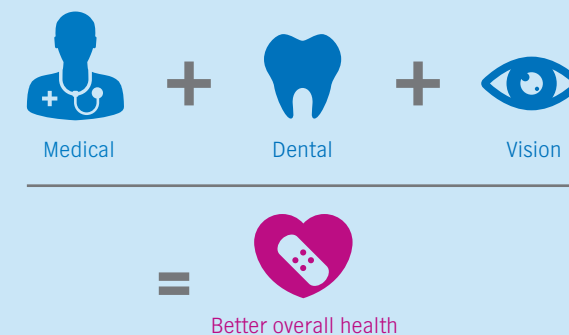
- Over **33,000 eye doctors** at more than 26,000 locations to choose from — so they're sure to find an eye care professional that's close to home or work.
- Access to **1-800 CONTACTS** online or by phone, private practice eye doctors, and in-store visits to **LensCrafters[®]**, **Sears OpticalSM**, **Target Optical[®]** and **JCPenney[®] Optical**.

Blue View Vision coverage includes:

- Eye exams once every 12 months
- Standard lenses (single vision, bifocal and trifocal) once every 24 months
- Contact lenses (conventional and disposable) once every 24 months
- Frames once every 24 months
- Lots of additional discounts and benefits

The medical + dental + vision advantage

Coordinated medical, dental and vision plans can result in better care — delivered sooner and at a lower cost. Plus, your clients enjoy the convenience of having only one ID card and one bill when they purchase all their coverage from Anthem.



¹ Dental Prime plans offered by Anthem Blue Cross Life and Health Insurance Company.
* Benefits vary by plan.

Off-exchange dental plans

	Dental Prime Plan A (1RBD)	Dental Prime Plan B (1RBE)	Dental Prime Plan C (1RBF)
	In-network/Non-network	In-network/Non-network	In-network/Non-network
Dental network	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, all services)	None	\$50/\$50	\$50/\$50
Annual maximum (per person)	\$500/\$500	\$1000/\$1000	\$1,250/\$1,250
Annual out-of-pocket limit	None	None	None
Diagnostic and preventive	No waiting period	No waiting period	No waiting period
Cleaning, exams, X-rays	0%/0% coinsurance	0%/0% coinsurance	0%/0% coinsurance
Extra cleaning	1 extra cleaning per year for those who are pregnant or diabetic	1 extra cleaning per year for those who are pregnant or diabetic	1 extra cleaning per year for those who are pregnant or diabetic
Basic services	Not covered	6-month waiting period	6-month waiting period
Fillings	Not covered	20%/20% coinsurance	20%/20% coinsurance
Brush biopsy	Not covered	20%/20% coinsurance	20%/20% coinsurance
Complex & major services	Not covered	12-month waiting period	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	Not covered	50%/50% coinsurance	50%/50% coinsurance
Prosthetics (crowns, dentures, bridges)	Not covered	Not covered	50%/50% coinsurance
Cosmetic orthodontia	Not covered	Not covered	Not covered
International emergency dental program	Included	Included	Included

Anthem does not discriminate based on race, color, ethnicity, national origin, religion, age, gender, gender identity, mental or physical disabilities, sexual orientation, genetic information, including pregnancy and expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health condition or health status in the administration of the plan, including enrollment, marketing practices, benefit designs, and benefit determinations.

Off-exchange dental plans

	Dental Blue PPO Basic (1JZ5)	Dental Blue PPO Enhanced (1JZ6)	Dental Select HMO (1F3E)
	In-network/Non-network	In-network/Non-network	In-network only
Dental network	Dental Blue 100	Dental Blue 100	Dental Select HMO
Deductible (per person, all services)	\$25/\$25 ¹	\$50 per person /\$150 per family ¹	None
Annual maximum (per person)	\$500/\$500	\$1,250/\$1,250	None
Annual out-of-pocket limit	None	None	None
Diagnostic and preventive	No waiting period	No waiting period	No waiting period
Cleaning, exams, X-rays	0%/20% coinsurance	0%/20% coinsurance	Copay
Extra cleaning	Not covered	Not covered	Not covered
Basic services	6-month waiting period	6-month waiting period	6-month waiting period ²
Fillings	20%/40% coinsurance	20%/40% coinsurance	Copay
Brush biopsy	Not covered	Not covered	Not covered
Complex & major services	6-month waiting period	12-month waiting period	No waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	Not covered	50%/50% coinsurance	Copay
Prosthetics (crowns, dentures, bridges)	Not covered	50%/50% coinsurance	Copay
Cosmetic orthodontia	Not covered	\$100 deductible, then 50% coinsurance \$100 deductible, then 50% coinsurance ³	Copay
International emergency dental program	Included	Included	Included

Dental plans

1 With our Dental Blue PPO Basic and Dental Blue PPO Enhanced Plans, the deductible is waived for Diagnostic and Preventive services received in our network.

2 The six-month waiting period for Basic services applies only on fillings where there is no member copay.

3 \$1,000 lifetime maximum for Cosmetic orthodontia (\$500 per year).

Anthem does not discriminate based on race, color, ethnicity, national origin, religion, age, gender, gender identity, mental or physical disabilities, sexual orientation, genetic information, including pregnancy and expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health condition or health status in the administration of the plan, including enrollment, marketing practices, benefit designs, and benefit determinations.

On-exchange dental plan

	Anthem Family Dental PPO (1FQW) (Dependents age 18 and younger) ³	Anthem Family Dental PPO (1FQW) (Adults age 19+)
	In-network/Non-network	In-network/Non-network
Dental network	Dental Prime	Dental Prime
Deductible (per person, all services) ¹	\$65/\$65 ²	\$50/\$50
Annual maximum (per person)	None	\$1,500
Annual out-of-pocket limit ²	\$350/None	None
Diagnostic and preventive	No waiting period	No waiting period
Cleaning, exams, X-rays	0%/0% coinsurance	0%/50% coinsurance
Extra cleaning	Not covered	Not covered
Basic services	No waiting period	No waiting period
Fillings	20%/20% coinsurance	20%/50% coinsurance
Brush biopsy	Not covered	Not covered
Complex & major services	No waiting period	6-month waiting period, waived with proof of prior dental coverage
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	50%/50% coinsurance	50%/50% coinsurance
Prosthetics (crowns, dentures, bridges)	50%/50% coinsurance	50%/50% coinsurance
Cosmetic orthodontia	Not covered	Not covered
International emergency dental program	Included	Included

Dental plans

1 Waived for diagnostic and preventive.

2 Per child, up to two children.

³ These benefits may duplicate those embedded in your medical plan's pediatric essential health benefits.

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NOTES

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Exclusions and limitations you need to know

The specific exclusions are spelled out in your clients’ particular plan, but common services not covered by these plans are:

- Benefits covered by Medicare or a governmental program
 - Care provided by a member of the family
 - Care received in an emergency room that is not emergency care, except as specified in your clients’ Agreement
 - Charges incurred prior to the effective date of coverage or after the termination date of coverage
 - Charges greater than the maximum allowable amount (charges exceeding the amount Anthem permits for services)
 - Comfort and/or convenience items
- Cosmetic surgery
 - Custodial care
 - Health club memberships and fitness services
 - Nutritional and dietary supplements, except as mandated
 - Private duty nursing
 - Services that aren’t medically necessary
 - Vision, except as described in your clients’ Agreement
 - Workers’ compensation

Areas Served: Pathway X and Pathway Networks

County	Pricing Region	Network	Exclusions
Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Toulumne, Trinity, Yuba	Price Region 1	PPO	N/A
Marin, Napa, Solano, Sonoma	Price Region 2	PPO	N/A
El Dorado, Placer, Sacramento, Yolo	Price Region 3	PPO/HMO	HMO not offered in these ZIP codes: El Dorado: 95613, 95619, 95623, 95633, 95636, 95656, 95667, 95684, 95709, 95720, 95721, 95726, 95735, 96142, 96150, 96151, 96152, 96154, 96155, 96156, 96157, 96158 Placer: 95701, 95714, 95715, 95717, 96140, 96141, 96143, 96145, 96146, 96148 Sacramento: 95641 Yolo: 95606, 95607, 95627, 95637, 95645, 95679, 95698, 95937
San Francisco	Price Region 4	Tiered PPO	N/A
Contra Costa	Price Region 5	PPO	N/A
Alameda	Price Region 6	PPO	N/A
Santa Clara	Price Region 7	PPO/HMO	HMO not offered in these ZIP codes: 95020, 95021, 95038, 95046
San Mateo	Price Region 8	PPO	N/A
Monterey, San Benito, Santa Cruz	Price Region 9	PPO	N/A
Mariposa, Merced, San Joaquin, Stanislaus, Tulare	Price Region 10	PPO	N/A
Fresno, Kings, Madera	Price Region 11	PPO/HMO	No excluded ZIP codes in Pricing Region 11 for HMO
San Luis Obispo, Santa Barbara, Ventura	Price Region 12	PPO	N/A
Imperial, Mono, Inyo	Price Region 13	PPO	N/A
Kern	Price Region 14	PPO	N/A
Los Angeles (ZIP codes beginning with 906, 907, 908, 910, 911, 912, 915, 917, 918, 932, 935)	Price Region 15	Tiered PPO/HMO	HMO not offered in these ZIP codes: 90612, 90623, 90630, 90631, 90659, 90704, 90822, 90845, 90888, 91131, 91191, 91709, 91797, 91799, 91841, 93243, 93532, 93544
Los Angeles (ZIP codes beginning with 900, 902, 903, 904, 905, 913, 914, 916)	Price Region 16	Tiered PPO/HMO	HMO not offered in these ZIP codes: 90313, 90397, 90398, 91310, 91354, 91363, 91383, 91384, 91390, 91399, 91497
Riverside, San Bernardino	Price Region 17	PPO/HMO	HMO not offered in these ZIP codes: Riverside: 91720, 92201, 92202, 92203, 92210, 92211, 92225, 92226, 92234, 92235, 92236, 92239, 92240, 92241, 92247, 92248, 92253, 92254, 92255, 92258, 92260, 92261, 92262, 92263, 92264, 92270, 92274, 92276, 92282, 92292, 92330, 92343, 92561 San Bernardino: 91798, 92242, 92252, 92256, 92267, 92268, 92277, 92278, 92280, 92284, 92285, 92286, 92301, 92304, 92309, 92310, 92314, 92315, 92323, 92332, 92333, 92338, 92342, 92347, 92356, 92363, 92364, 92365, 92366, 92386, 92414, 92424, 93555, 93558, 93562, 93592
Orange	Price Region 18	Tiered PPO/HMO	No excluded ZIP codes in Pricing Region 18 for HMO
San Diego	Price Region 19	Tiered PPO/HMO	HMO not offered in these ZIP codes: 91905, 91906, 91916, 91934, 91948, 91962, 91963, 91980, 91987, 91990, 92004, 92066, 92070, 92086, 92090, 92133, 92194

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The plan details in this guide are a summary for informational and comparison purposes only.
For more details, please view the Summary of Benefits and Coverage (SBC) at www.sbc.anthem.com.

In compliance with the Affordable Care Act rules, benefits, formulary, pharmacy network, provider network, premium, copay and coinsurance for these plans may change on January 1 of each year.

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