Off-exchange plans

	Anthem Gold HMO BlueCare 1500/0% (1GVJ)	Anthem Gold PPO Century Preferred 1500/3000/20% for HSA (1X9T)[3]		Anthem Gold PPO Century Preferred 1750/0% (1X9U)	
Metal level	Gold	Gold		Gold	
Network name	BlueCare	Century Preferred		Century Preferred	
Plan includes non-network coverage?[1]	No	Yes		Yes	
Coverage	Network	Network	Non-network	Network	Non-network
Individual deductible[2] (Family[3] = 2 x individual amount)	$1,500	$1,500	$3,000	$1,750	$6,000
How family deductibles work[3]	Embedded	Non-embedded		Embedded	
Individual out-of-pocket limit[2] (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	$4,000	$2,900	$6,000	$5,500	$12,500
Coinsurance[2]	0% coinsurance	20% coinsurance	30% coinsurance	0% coinsurance	30% coinsurance
Office Visit: primary care physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance	$30 copay per office visit, unlimited	Deductible, the 20% coinsurance		$20 copay per office visit, unlimited	
Office visit: specialist	$50 copay per office visit, unlimited	Deductible, the 20% coinsurance		$45 copay per office visit, unlimited	
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 0% coinsurance	Deductible, the 20% coinsurance		$45 copay	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then 0% coinsurance	Deductible, the 20% coinsurance		$75 copay, copays for MRIs and CAT scans are limited to $375 from in-network providers annually $400 for PET scans	
Preventive care[4]	No additional cost	No additional cost		No additional cost	
Urgent care	Deductible, then $50 copay	Deductible, the 20% coinsurance		$75 copay	
Emergency room care	Deductible, then $200 copay	Deductible, the 20% coinsurance		$150 copay	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then $500 copay	Deductible, the 20% coinsurance		Deductible, then $500 copay per day to a max of $1,000 per admission	
Hospital: outpatient surgery hospital facility	Deductible, then 0% coinsurance	Deductible, the 20% coinsurance		Deductible, then $500 copay	
Maternity (includes delivery and all inpatient services)	Deductible, then $500 copay	Deductible, the 20% coinsurance		Deductible, then $500 copay Deductible, then $500 copay per day to a max of $1,000 per admission	
Retail pharmacy deductible	Tiers 1, 2: No deductible Tiers 3, 4: Medical Deductible applies	Medical deductible applies		Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	
Retail pharmacy Tier 1[5,6]	$5 copay	Deductible, then 20% coinsurance		$5 copay	
Retail pharmacy Tier 2[5,6]	$60 copay	Deductible, then 20% coinsurance		$25 copay	
Retail pharmacy Tier 3[5,6]	Deductible, then 50% coinsurance , max of $250 for Tier 3	Deductible, then 20% coinsurance		$50 copay	
Retail pharmacy Tier 4[5]	Deductible, then 50% coinsurance , max of $500 for Tier 4	Deductible, then 20% coinsurance		$60 copay	
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 and substance abuse: outpatient facility	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance		Deductible, then $500 copay	
Mental health and substance abuse: inpatient hospital	Deductible, then $500 copay	Deductible, then 20% coinsurance		Deductible, then $500 copay per day to a max of $1,000 per admission	
Chiropractic (limit of 20 visits per year)	$50 copay	Deductible, then 20% coinsurance		$45 copay	
Physical and occupational and speech therapy (limit of 40 combined visits per year, limit includes speech therapy)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance		$30 copay	

Off-exchange plans

	Anthem Silver HMO BlueCare 3500/0% (1GVF)	Anthem Silver HMO BlueCare 3500/7000/0% for HSA (1GVE)	Anthem Silver PPO Century Preferred 2500/20% (1GW1)	
Metal level	Silver	Silver	Silver	
Network name	BlueCare	BlueCare	Century Preferred	
Plan includes non-network coverage?[1]	No	No	Yes	
Coverage	Network	Network	Network	Non-network
Individual deductible[2] (Family[3] = 2 x individual amount)	$3,500	$3,500	$2,500	$6,500
How family deductibles work[3]	Embedded	Embedded	Embedded	
Individual out-of-pocket limit[2] (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	$6,850	$4,000	$6,850	$9,750
Coinsurance[2]	0% coinsurance	0% coinsurance	20% coinsurance	50% coinsurance
Office Visit: primary care physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance	$40 copay per office visit, unlimited	Deductible, then 0% coinsurance	$40 copay per office visit, unlimited	
Office visit: specialist	$50 copay per office visit, unlimited	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then $75 copay per service up to a combined calendar year max of $375 for MRI and CT scans; $400 for PET scans	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	
Preventive care[4]	No additional cost	No additional cost	No additional cost	
Urgent care	Deductible, then $50 copay	Deductible, then $50 copay	Deductible, then 20% coinsurance	
Emergency room care	Deductible, then $200 copay	Deductible, then $200 copay	Deductible, then 20% coinsurance	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then $500 copay	Deductible, then $500 copay	Deductible, then 20% coinsurance	
Hospital: outpatient surgery hospital facility	Deductible, then $500 copay	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	
Maternity (includes delivery and all inpatient services)	Deductible, then $500 copay	Deductible, then $500 copay	Deductible, then 20% coinsurance	
Retail pharmacy deductible	Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Medical deductible applies	Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	
Retail pharmacy Tier 1[5,6]	$5 copay	0% coinsurance	$5 copay	
Retail pharmacy Tier 2[5,6]	$60 copay	0% coinsurance	$60 copay	
Retail pharmacy Tier 3[5,6]	Deductible, then 50% coinsurance with a max of $250 for Tier 3	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	
Retail pharmacy Tier 4[5]	Deductible, then 50% coinsurance with a max of $500 for Tier 4	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	
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 and substance abuse: outpatient facility	Deductible, then $500 copay	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	
Mental health and substance abuse: inpatient hospital	Deductible, then $500 copay	Deductible, then $500 copay	Deductible, then 20% coinsurance	
Chiropractic (limit of 20 visits per year)	$50 copay	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	
Physical and occupational and speech therapy (limit of 40 combined visits per year, limit includes speech therapy)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	

Off-exchange plans

	Anthem Silver PPO Century Preferred 2750/20% (1GVH)		Anthem Silver PPO Century Preferred 3500/7000/10% (1X9V)		Anthem Silver PPO Century Preferred 3000/6000/20% for HSA (1X9S)	
Metal level	Silver		Silver		Silver	
Network name	Century Preferred		Century Preferred		Century Preferred	
Plan includes non-network coverage?[1]	Yes		Yes		Yes	
Coverage	Network	Non-network	Network	Non-network	Network	Non-network
Individual deductible[2] (Family[3] = 2 x individual amount)	$2,750	$6,500	$3,500	$6,500	$3,000	$6,000
How family deductibles work[3]	Embedded		Embedded		Embedded	
Individual out-of-pocket limit[2] (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	$6,850	$9,750	$4,500	$9,750	$4,850	$14,550
Coinsurance[2]	20% coinsurance	50% coinsurance	10% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Office Visit: primary care physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance	$35 copay per office visit, unlimited		Deductible, then 10% coinsurance		Deductible, then 20% coinsurance	
Office visit: specialist	Deductible, then 20% coinsurance		Deductible, then 10% coinsurance		Deductible, then 20% coinsurance	
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 20% coinsurance		Deductible, then 10% coinsurance		Deductible, then 20% coinsurance	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then 20% coinsurance		Deductible, then 10% coinsurance		Deductible, then 20% coinsurance	
Preventive care[4]	No additional cost		No additional cost		No additional cost	
Urgent care	Deductible, then 20% coinsurance		Deductible, then 10% coinsurance		Deductible, then 20% coinsurance	
Emergency room care	Deductible, then 20% coinsurance		Deductible, then 10% coinsurance		Deductible, then 20% coinsurance	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then 20% coinsurance		Deductible, then 10% coinsurance		Deductible, then 20% coinsurance	
Hospital: outpatient surgery hospital facility	Deductible, then 20% coinsurance		Deductible, then 10% coinsurance		Deductible, then 20% coinsurance	
Maternity (includes delivery and all inpatient services)	Deductible, then 20% coinsurance		Deductible, then 10% coinsurance		Deductible, then 20% coinsurance	
Retail pharmacy deductible	Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies		Medical deductible applies		Medical deductible applies	
Retail pharmacy Tier 1[5,6]	$5 copay		10% coinsurance		Deductible, then 20% coinsurance	
Retail pharmacy Tier 2[5,6]	$60 copay		15% coinsurance		Deductible, then 20% coinsurance	
Retail pharmacy Tier 3[5,6]	Deductible, then 20% coinsurance		Deductible, then 25% coinsurance max of $250		Deductible, then 20% coinsurance	
Retail pharmacy Tier 4[5]	Deductible, then 20% coinsurance		Deductible, then 30% coinsurance max of $500		Deductible, then 20% coinsurance	
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 and substance abuse: outpatient facility	Deductible, then 20% coinsurance		Deductible, then 10% coinsurance		Deductible, then 20% coinsurance	
Mental health and substance abuse: inpatient hospital	Deductible, then 20% coinsurance		Deductible, then 10% coinsurance		Deductible, then 20% coinsurance	
Chiropractic (limit of 20 visits per year)	Deductible, then 20% coinsurance		Deductible, then 10% coinsurance		Deductible, then 20% coinsurance	
Physical and occupational and speech therapy (limit of 40 combined visits per year, limit includes speech therapy)	Deductible, then 20% coinsurance		Deductible, then 10% coinsurance		Deductible, then 20% coinsurance	

Off-exchange plans

	Anthem Bronze HMO BlueCare 6000/0% (1GVC)	Anthem Bronze HMO BlueCare 6000/ 12000/0% for HSA (1GVA)	Anthem Bronze HMO BlueCare 6550/13100/0% for HSA (1X9Q)
Metal level	Bronze	Bronze	Bronze
Network name	BlueCare	BlueCare	BlueCare
Plan includes non-network coverage?[1]	No	No	No
Coverage	Network	Network	Network
Individual deductible[2] (Family[3] = 2 x individual amount)	$6,000	$6,000	$6,550
How family deductibles work[3]	Embedded	Embedded	Embedded
Individual out-of-pocket limit[2] (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	$6,850	$6,550	$6,550
Coinsurance[2]	0% coinsurance	0% coinsurance	0% coinsurance
Office Visit: primary care physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance	$40 copay per visit for first 2 office visits, then deductible then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Office visit: specialist	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Preventive care[4]	No additional cost	No additional cost	No additional cost
Urgent care	Deductible, then $50 copay	Deductible, then $50 copay	Deductible, then 0% coinsurance
Emergency room care	Deductible, then $200 copay	Deductible, then $200 copay	Deductible, then 0% coinsurance
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then $500 copay	Deductible, then $450 copay	Deductible, then 0% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then $500 copay	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then $500 copay	Deductible, then $450 copay	Deductible, then 0% coinsurance
Retail pharmacy deductible	Medical deductible applies	Medical deductible applies	Medical deductible applies
Retail pharmacy Tier 1[5,6]	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Retail pharmacy Tier 2[5,6]	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Retail pharmacy Tier 3[5,6]	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Retail pharmacy Tier 4[5]	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
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 and substance abuse: outpatient facility	Deductible, then $500 copay	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Mental health and substance abuse: inpatient hospital	Deductible, then $500 copay	Deductible, then $450 copay	Deductible, then 0% coinsurance
Chiropractic (limit of 20 visits per year)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Physical and occupational and speech therapy (limit of 40 combined visits per year, limit includes speech therapy)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance

Off-exchange plans

	Anthem Bronze PPO Century Preferred 6850/0% (1X9R)		Anthem Bronze PPO Century Preferred 5700/11400/20% for HSA (1GVD)	
Metal level	Bronze		Bronze	
Network name	Century Preferred		Century Preferred	
Plan includes non-network coverage?[1]	Yes		Yes	
Coverage	Network	Non-network	Network	Non-network
Individual deductible[2] (Family[3] = 2 x individual amount)	$6,850	$10,000	$5,700	$6,500
How family deductibles work[3]	Embedded		Embedded	
Individual out-of-pocket limit[2] (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	$6,850	$13,200	$6,550	$12,500
Coinsurance[2]	0% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Office Visit: primary care physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Office visit: specialist	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Preventive care[4]	No additional cost		No additional cost	
Urgent care	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Emergency room care	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Hospital: outpatient surgery hospital facility	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Maternity (includes delivery and all inpatient services)	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Retail pharmacy deductible	Medical deductible applies		Medical deductible applies	
Retail pharmacy Tier 1[5,6]	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Retail pharmacy Tier 2[5,6]	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Retail pharmacy Tier 3[5,6]	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Retail pharmacy Tier 4[5]	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
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	
Mental health and substance abuse: outpatient facility	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Mental health and substance abuse: inpatient hospital	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Chiropractic (limit of 20 visits per year)	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Physical and occupational and speech therapy (limit of 40 combined visits per year, limit includes speech therapy)	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	

Off-exchange plans

	Anthem HMO Catastrophic BlueCare 6850/0% (1GV8)
Metal level	Catastrophic
Network name	BlueCare
Plan includes non-network coverage?[1]	No
Coverage	Network
Individual deductible[2] (Family[3] = 2 x individual amount)	$6,850
How family deductibles work[3]	Embedded
Individual out-of-pocket limit[2] (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	$6,850
Coinsurance[2]	0% coinsurance
Office Visit: primary care physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance	$40 copay per visit for first 3 office visits, then deductible then 0% coinsurance
Office visit: specialist	Deductible, then 0% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 0% coinsurance
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then 0% coinsurance
Preventive care[4]	No additional cost
Urgent care	Deductible, then 0% coinsurance
Emergency room care	Deductible, then 0% coinsurance
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then 0% coinsurance
Hospital: outpatient surgery hospital facility	Deductible, then 0% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then 0% coinsurance
Retail pharmacy deductible	Medical deductible applies
Retail pharmacy Tier 1[5,6]	Deductible, then 0% coinsurance
Retail pharmacy Tier 2[5,6]	Deductible, then 0% coinsurance
Retail pharmacy Tier 3[5,6]	Deductible, then 0% coinsurance
Retail pharmacy Tier 4[5]	Deductible, then 0% coinsurance
Dental and vision	Pediatric dental and vision covered Adult dental and vision not covered
Mental health and substance abuse: outpatient facility	Deductible, then 0% coinsurance
Mental health and substance abuse: inpatient hospital	Deductible, then 0% coinsurance
Chiropractic (limit of 20 visits per year)	Deductible, then 0% coinsurance
Physical and occupational and speech therapy (limit of 40 combined visits per year, limit includes speech therapy)	Deductible, then 0% coinsurance