

Effective January 1, 2016

# Connecticut Individual Plan Guide



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



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

# Table of contents

Access to the latest range of plans .....	2
Changes to look for in 2016.....	3
Why Anthem? .....	3
Medical plan overview for easy reference	
• Built-in benefits that make a difference.....	4
• Online tools to help your clients make informed choices.....	5
• Our network.....	6
• Enhanced Personal Health Care.....	7
• Travel coverage for peace of mind .....	7
Medical plan benefit charts for details you need .....	8
Dental benefits with extras clients request.....	24
Vision benefits with a large network.....	25
Dental plan benefit charts for added support.....	26
Exclusions and limitations you need to know.....	29



# 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, such as more plans off the exchange (mid-level HSA and PPO options) to respond to the needs of the customer.
- 2016 plans and features, including medical, pharmacy and specialty.
- 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, wellness and long-term disease management 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
- 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.



### **An easy and convenient way to see the doctor – 24/7.**

LiveHealth Online is a great alternative when your clients are traveling on business, on a project deadline or unable to schedule time with their doctor. Your clients can talk to a board-certified doctor who can answer their questions, make a diagnosis and may prescribe basic medications, if needed.\* In addition, the LiveHealth Online copays have been reduced on a number of our plans – reference the product grids for more information.

Now your clients can talk to a doctor through two-way, live video from their mobile device, tablet or computer with a webcam. To get started, all they have to do is sign up at [livehealthonline.com](http://livehealthonline.com) or get the free mobile app.

**LiveHealth**<sup>®</sup>  
O N L I N E

\* This is legally permitted only in certain states.

## Changes to look for in 2016

- Embedded health savings account (HSA) deductibles, with the exception of the plans off the exchange, Anthem Gold PPO Century Preferred 1500/3000/20% for HSA
- Modified names if necessary (change in deductible, plan type, state request)
- Added \$50,000 per occurrence limit on non-network, non-emergency ambulance on plans with non-network benefits
- Included human organ and tissue transplants — unrelated donor search — \$30,000 maximum benefit limit per transplant
- Placed embedded pediatric dental diagnostic and preventive before deductible in non-standard HMOs
- Retained one Gold plan with non-embedded HSA deductible
- Added more plans that are not on the exchange (mid-level HSA and PPO options) to respond to the needs of the customer
- Lower LiveHealth Online cost shares (lower than PCP visit)

## 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:

- 95% of hospitals and 91% of doctors across the country are in our BlueCard® program, more than any other insurer\*
- Competitive pricing
- 92% access (HMO network) and 93% access (PPO network) to Connecticut Magazine's Top Doctors — more than any other insurer\*\*
- A brand you can trust
- Resources and support for your clients' health care goals
- Convenient online tools
- A simple enrollment process
- Dedicated customer service
- Coordinated care that connects your clients' doctors and health care providers

\* Source: East Region Operation Data Store February 2015

\*\* Source: Based on lists in Connecticut Top Doctors Magazine April 2014 issue

## 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®** — Emergency and urgent care coverage in all states through the Blue Cross and Blue Shield Association's BlueCard program. Your clients and their covered families can have emergency and urgent 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 at 100% and can help improve their health and well-being.

These are just some of the routine preventive services we are pleased to offer your clients:

- Primary care physician office visits to help them discuss their condition
- Lab tests that ensure they are on their wellness path
- Blood tests to measure cholesterol, triglycerides, and lipoproteins (HDL and LDL)
- Health screenings like routine ECG, ultrasound and more
- Comprehensive metabolic panels to measure sugar (glucose) level, electrolyte and fluid balance, as well as kidney and liver function



**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**. 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.



**Pharmacy on-the-go** — Helps your clients easily find a pharmacy, find out what a drug costs, switch from retail to home delivery, order a refill, check order status and more.



**SpecialOffers@Anthem<sup>SM</sup> 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, fitness center memberships, Jenny Craig® and Weight Watchers® weight-loss programs and more. To view all discounts, your clients just need to log into **anthem.com** 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.**

### **At [anthem.com](https://www.anthem.com), your clients can:**

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

### **With our mobile app, available on the Apple App Store and Google Play, 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 Online<sup>1</sup> is a convenient way for your clients to talk face-to-face with a board-certified doctor when their own doctor isn't available.<sup>2</sup> 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](https://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 prescriptions,<sup>3</sup> 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.

<sup>1</sup> LiveHealth Online is the trade name of the Health Management Corporation.

<sup>2</sup> 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](https://livehealthonline.com) to see the latest map showing where service is available.

<sup>3</sup> This is legally permitted only in certain states.



## Our network

### 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
- Durable medical equipment, including hospital beds, crutches, wheelchairs and oxygen tanks (retail and online stores)

### Types of networks: PPO and HMO

Depending on what type of plan your clients choose, their benefits and provider choices may be different:

- **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.
- **HMO:** With our HMO, your clients don't have to choose a primary care doctor 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 other 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**. 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 (Tier 1 and Tier 2), urgent care centers and pharmacies in their area. When using the tool, they need to include the plan network BlueCare or Century Preferred 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.





## Enhanced Personal Health Care

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

Through this program, we're putting patients in a unique circle of care, making them the central focus of a team approach to their overall health. We do this by:

- Improving your clients' patient experience with better access to a primary care physician (PCP) who cares for the "whole person" and becomes their health care champion and helps them navigate the health care system.
- Giving doctors added support with the right tools and strategies to help strengthen your clients' doctor-patient relationship so doctors can spend more time with patients and coordinate their care with other doctors.



## 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.**

For HMO plans, 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) 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.

### **Register at [anthem.com](https://www.anthem.com) for online access**

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

# Off-exchange plans

	Anthem Gold HMO BlueCare 1500/0% (1GVJ)	Anthem Gold PPO Century Preferred 1500/3000/20% for HSA (1X9T) <sup>3</sup>		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? <sup>1</sup>	No	Yes		Yes	
Coverage	Network	Network	Non-network	Network	Non-network
Individual deductible <sup>2</sup> (Family <sup>3</sup> = 2 x individual amount)	\$1,500	\$1,500	\$3,000	\$1,750	\$6,000
How family deductibles work <sup>3</sup>	Embedded	Non-embedded		Embedded	
Individual out-of-pocket limit <sup>2</sup> (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$4,000	\$2,900	\$6,000	\$5,500	\$12,500
Coinsurance <sup>2</sup>	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 <sup>4</sup>	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 <sup>5,6</sup>	\$5 copay	Deductible, then 20% coinsurance		\$5 copay	
Retail pharmacy Tier 2 <sup>5,6</sup>	\$60 copay	Deductible, then 20% coinsurance		\$25 copay	
Retail pharmacy Tier 3 <sup>5,6</sup>	Deductible, then 50% coinsurance, max of \$250 for Tier 3	Deductible, then 20% coinsurance		\$50 copay	
Retail pharmacy Tier 4 <sup>5</sup>	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? <sup>1</sup>	No	No	Yes	
Coverage	Network	Network	Network	Non-network
Individual deductible <sup>2</sup> (Family <sup>3</sup> = 2 x individual amount)	\$3,500	\$3,500	\$2,500	\$6,500
How family deductibles work <sup>3</sup>	Embedded	Embedded	Embedded	
Individual out-of-pocket limit <sup>2</sup> (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,850	\$4,000	\$6,850	\$9,750
Coinsurance <sup>2</sup>	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 <sup>4</sup>	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 <sup>5,6</sup>	\$5 copay	0% coinsurance	\$5 copay	
Retail pharmacy Tier 2 <sup>5,6</sup>	\$60 copay	0% coinsurance	\$60 copay	
Retail pharmacy Tier 3 <sup>5,6</sup>	Deductible, then 50% coinsurance with a max of \$250 for Tier 3	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	
Retail pharmacy Tier 4 <sup>5</sup>	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? <sup>1</sup>	Yes		Yes		Yes	
Coverage	Network	Non-network	Network	Non-network	Network	Non-network
Individual deductible <sup>2</sup> (Family <sup>3</sup> = 2 x individual amount)	\$2,750	\$6,500	\$3,500	\$6,500	\$3,000	\$6,000
How family deductibles work <sup>3</sup>	Embedded		Embedded		Embedded	
Individual out-of-pocket limit <sup>2</sup> (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,850	\$9,750	\$4,500	\$9,750	\$4,850	\$14,550
Coinsurance <sup>2</sup>	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 <sup>4</sup>	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 <sup>5,6</sup>	\$5 copay		10% coinsurance		Deductible, then 20% coinsurance	
Retail pharmacy Tier 2 <sup>5,6</sup>	\$60 copay		15% coinsurance		Deductible, then 20% coinsurance	
Retail pharmacy Tier 3 <sup>5,6</sup>	Deductible, then 20% coinsurance		Deductible, then 25% coinsurance max of \$250		Deductible, then 20% coinsurance	
Retail pharmacy Tier 4 <sup>5</sup>	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? <sup>1</sup>	No	No	No
Coverage	Network	Network	Network
Individual deductible <sup>2</sup> (Family <sup>3</sup> = 2 x individual amount)	\$6,000	\$6,000	\$6,550
How family deductibles work <sup>3</sup>	Embedded	Embedded	Embedded
Individual out-of-pocket limit <sup>2</sup> (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,850	\$6,550	\$6,550
Coinsurance <sup>2</sup>	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 <sup>4</sup>	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 <sup>5,6</sup>	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Retail pharmacy Tier 2 <sup>5,6</sup>	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Retail pharmacy Tier 3 <sup>5,6</sup>	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Retail pharmacy Tier 4 <sup>5</sup>	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 (16VD)	
Metal level	Bronze		Bronze	
Network name	Century Preferred		Century Preferred	
Plan includes non-network coverage? <sup>1</sup>	Yes		Yes	
Coverage	Network	Non-network	Network	Non-network
Individual deductible <sup>2</sup> (Family <sup>3</sup> = 2 x individual amount)	\$6,850	\$10,000	\$5,700	\$6,500
How family deductibles work <sup>3</sup>	Embedded		Embedded	
Individual out-of-pocket limit <sup>2</sup> (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,850	\$13,200	\$6,550	\$12,500
Coinsurance <sup>2</sup>	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 <sup>4</sup>	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 <sup>5,6</sup>	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Retail pharmacy Tier 2 <sup>5,6</sup>	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Retail pharmacy Tier 3 <sup>5,6</sup>	Deductible, then 0% coinsurance		Deductible, then 20% coinsurance	
Retail pharmacy Tier 4 <sup>5</sup>	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

	<b>Anthem HMO Catastrophic BlueCare 6850/0% (1GV8)</b>
Metal level	Catastrophic
Network name	BlueCare
Plan includes non-network coverage? <sup>1</sup>	No
Coverage	Network
Individual deductible <sup>2</sup> (Family <sup>3</sup> = 2 x individual amount)	\$6,850
How family deductibles work <sup>3</sup>	Embedded
Individual out-of-pocket limit <sup>2</sup> (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,850
Coinsurance <sup>2</sup>	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 <sup>4</sup>	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 <sup>5,6</sup>	Deductible, then 0% coinsurance
Retail pharmacy Tier 2 <sup>5,6</sup>	Deductible, then 0% coinsurance
Retail pharmacy Tier 3 <sup>5,6</sup>	Deductible, then 0% coinsurance
Retail pharmacy Tier 4 <sup>5</sup>	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

# On-exchange plans

	Gold HMO Pathway X Enhanced (1GV5) <sup>8</sup>	Gold HMO Pathway X Enhanced, a Multi-State Plan (1GV6) <sup>8</sup>	Gold PPO Standard Pathway X (1GV4) <sup>8</sup>	
Metal level	Gold	Gold	Gold	
Network name	Pathway X Enhanced	Pathway X Enhanced	Pathway X	
Plan includes non-network coverage? <sup>1</sup>	No	No	Yes	
Coverage	Network	Network	Network	Non-network
Individual deductible <sup>2</sup> (Family <sup>3</sup> = 2 x individual amount)	\$1,500	\$1,850	\$1,000	\$3,000
How family deductibles work <sup>3</sup>	Embedded	Embedded	Embedded	
Individual out-of-pocket limit <sup>2</sup> (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$4,000	\$5,000	\$3,000	\$6,000
Coinsurance <sup>2</sup>	0% coinsurance	0% 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	\$30 copay per office visit, unlimited	\$20 copay per office visit, unlimited	
Office visit: specialist	\$50 copay per office visit, unlimited	\$50 copay per office visit, unlimited	\$40 copay per office visit, unlimited	
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$40 copay	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$65 copay per service up to a combined calendar year max of \$375 for MRI and CT scans; \$400 for PET scans. Deductible does not apply.	
Preventive care <sup>4</sup>	No additional cost	No additional cost	No additional cost	
Urgent care	Deductible, then \$50 copay	Deductible, then \$50 copay	\$50 copay	
Emergency room care	Deductible, then \$200 copay	Deductible, then \$200 copay	\$100 copay	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay	Deductible, then \$500 copay	Deductible, then \$500 copay per day to a max of \$1,000 per admission	
Hospital: outpatient surgery hospital facility	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$500 copay	
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay	Deductible, then \$500 copay	Deductible, then \$500 copay per day to a max of \$1,000 per admission	
Retail pharmacy deductible <sup>5</sup>	Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Tiers 1, 2, 3: No deductible Tier 4: \$25 Pharmacy deductible	
Retail pharmacy Tier 1 <sup>6,7</sup>	\$5 copay	\$5 copay	\$5 copay	
Retail pharmacy Tier 2 <sup>6,7</sup>	\$60 copay	\$60 copay	\$25 copay	
Retail pharmacy Tier 3 <sup>6,7</sup>	Deductible, then 50% coinsurance, Tier 3 has a max of \$250	Deductible, then 50% coinsurance, Tier 3 has a max of \$250	\$50 copay	
Retail pharmacy Tier 4 <sup>6,7</sup>	Deductible, then 50% coinsurance, Tier 4 has a max of \$500	Deductible, then 50% coinsurance Tier 4 has a max of \$500	Deductible, then 20% coinsurance, Tier 4 has a max of \$100	
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 0% coinsurance	Deductible, then \$500 copay	
Mental health and substance abuse: inpatient hospital	Deductible, then \$500 copay	Deductible, then \$500 copay	Deductible, then \$500 copay per day to a max of \$1,000 per admission	
Chiropractic (limit of 20 visits per year)	\$50 copay	\$50 copay	\$40 copay	
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	\$20 copay	

# On-exchange plans

	Silver PPO Standard Pathway X (1GUS) <sup>8,9</sup>		Silver PPO Pathway X, a Multi-State Plan (1GVO) <sup>8,10</sup>		Silver PPO Pathway X (1GUW) <sup>8,9</sup>	
Metal level	Silver		Silver		Silver	
Network name	Pathway X		Pathway X		Pathway X	
Plan includes non-network coverage? <sup>1</sup>	Yes		Yes		Yes	
Coverage	Network	Non-network	Network	Non-network	Network	Non-network
Individual deductible <sup>2</sup> (Family <sup>3</sup> = 2 x individual amount)	\$2,900	\$6,000	\$3,200	\$6,500	\$3,200	\$6,500
How family deductibles work <sup>3</sup>	Embedded		Embedded		Embedded	
Individual out-of-pocket limit <sup>2</sup> (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,850	\$12,500	\$5,100	\$9,750	\$5,100	\$9,750
Coinsurance <sup>2</sup>	0% coinsurance	40% coinsurance	0% coinsurance	50% coinsurance	0% coinsurance	50% 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		\$40 copay per visit for first 3 office visits, then deductible and 0% coinsurance		\$40 copay per visit for first 3 office visits, then deductible then 0% coinsurance	
Office visit: specialist	\$50 copay per office visit, unlimited		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance	
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$50 copay, no deductible		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	\$75 copay per service up to a combined calendar year max of \$375 for MRI and CT scans; \$400 for PET scans. Deductible does not apply		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance	
Preventive care <sup>4</sup>	No additional cost		No additional cost		No additional cost	
Urgent care	\$75 copay		Deductible, then \$50 copay		Deductible, then \$50 copay	
Emergency room care	\$150 copay		Deductible, then \$200 copay		Deductible, then \$200 copay	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay per day to a max of \$2,000 per admission		Deductible, then \$500 copay		Deductible, then \$500 copay,	
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 per day to a max of \$2,000 per admission		Deductible, then \$500 copay		Deductible, then \$500 copay	
Retail pharmacy deductible <sup>5</sup>	Tiers 1, 2, 3: No deductible Tier 4: \$150 Pharmacy deductible		Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies		Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	
Retail pharmacy Tier 1 <sup>6,7</sup>	\$5 copay		\$5 copay		\$5 copay	
Retail pharmacy Tier 2 <sup>6,7</sup>	\$35 copay		\$60 copay		\$60 copay	
Retail pharmacy Tier 3 <sup>6,7</sup>	\$55 copay		Deductible, then 50% coinsurance has a max of \$250		Deductible, then 50% coinsurance has a max of \$250	
Retail pharmacy Tier 4 <sup>6,7</sup>	Deductible, then 20% coinsurance has a max of \$150 per prescription after INETprescription drug deductible is met		Deductible, then 50% coinsurance has a max of \$500		Deductible, then 50% coinsurance has a max of \$500	
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 per day to a max of \$2,000 per admission		Deductible, then \$500 copay		Deductible, then \$500 copay	
Chiropractic (limit of 20 visits per year)	\$50 copay		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)	\$30 copay		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance	

# On-exchange plans

	Bronze HMO Pathway X Enhanced (1GUR) <sup>8</sup>	Bronze HMO Pathway X Enhanced for HSA (1GUQ) <sup>8</sup>
Metal level	Bronze	Bronze
Network name	Pathway X Enhanced	Pathway X Enhanced
Plan includes non-network coverage? <sup>1</sup>	No	No
Coverage	Network	Network
Individual deductible <sup>2</sup> (Family <sup>3</sup> = 2 x individual amount)	\$5,750	\$6,200
How family deductibles work <sup>3</sup>	Embedded	Embedded
Individual out-of-pocket limit <sup>2</sup> (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,850	\$6,550
Coinsurance <sup>2</sup>	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 3 office visits, then deductible and 0% coinsurance	Deductible, then 0% coinsurance
Office visit: specialist	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 0% coinsurance	Deductible, then 0% 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
Preventive care <sup>4</sup>	No additional cost	No additional cost
Urgent care	Deductible, then \$75 copay	Deductible, then \$50 copay
Emergency room care	Deductible, then \$200 copay	Deductible, then \$150 copay
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay	Deductible, then \$200 copay
Hospital: outpatient surgery hospital facility	Deductible, then \$500 copay	Deductible, then 0% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay	Deductible, then \$200 copay
Retail pharmacy deductible <sup>5</sup>	Medical deductible applies	Medical deductible applies
Retail pharmacy Tier 1 <sup>6,7</sup>	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Retail pharmacy Tier 2 <sup>6,7</sup>	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Retail pharmacy Tier 3 <sup>6,7</sup>	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Retail pharmacy Tier 4 <sup>6,7</sup>	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
Mental health and substance abuse: outpatient facility	Deductible, then \$500 copay	Deductible, then 0% coinsurance
Mental health and substance abuse: inpatient hospital	Deductible, then \$500 copay	Deductible, then \$200 copay
Chiropractic (limit of 20 visits per year)	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



# On-exchange plans

	Bronze PPO Standard Pathway X (1GUP) <sup>8</sup>		Bronze PPO Standard Pathway X for HSA (1JGP) <sup>8</sup>	
Metal level	Bronze		Bronze	
Network name	Pathway X		Pathway X	
Plan includes non-network coverage? <sup>1</sup>	Yes		Yes	
Coverage	Network	Non-network	Network	Non-network
Individual deductible <sup>2</sup> (Family <sup>3</sup> = 2 x individual amount)	\$5,500	\$10,000	\$5,300	\$9,200
How family deductibles work <sup>3</sup>	Embedded		Embedded	
Individual out-of-pocket limit <sup>2</sup> (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,850	\$13,200	\$6,500	\$12,900
Coinsurance <sup>2</sup>	0% coinsurance	50% coinsurance	10% 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 10% coinsurance	
Office visit: specialist	Deductible, then \$50 copay		Deductible, then 10% coinsurance	
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then \$45 copay		Deductible, then 10% coinsurance	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	\$75 copay per service after INET deductible is met up to a combined annual max of \$375 for MRI and CT scans; \$400 for PET scans		Deductible, then 10% coinsurance	
Preventive care <sup>4</sup>	No additional cost		No additional cost	
Urgent care	\$75 copay		Deductible, then 10% coinsurance	
Emergency room care	Deductible, then \$200 copay		Deductible, then 10% coinsurance	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay per day to a max of \$1,000 per admission		Deductible, then 10% coinsurance	
Hospital: outpatient surgery hospital facility	Deductible, then \$500 copay		Deductible, then 10% coinsurance	
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay per day to a max of \$1,000 per admission		Deductible, then 10% coinsurance	
Retail pharmacy deductible <sup>5</sup>	Medical deductible applies		Medical deductible supplies	
Retail pharmacy Tier 1 <sup>6,7</sup>	\$5 copay		Deductible, then 10% coinsurance	
Retail pharmacy Tier 2 <sup>6,7</sup>	Deductible, then 50% coinsurance		Deductible, then 15% coinsurance	
Retail pharmacy Tier 3 <sup>6,7</sup>	Deductible, then 50% coinsurance		Deductible, then 25% coinsurance	
Retail pharmacy Tier 4 <sup>6,7</sup>	Deductible, then 50% coinsurance, Tier 4 has a \$500 max		Deductible, then 30% coinsurance Tier 4 has a max of \$500 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	
Mental health and substance abuse: outpatient facility	Deductible, then \$500 copay		Deductible, then 10% coinsurance	
Mental health and substance abuse: inpatient hospital	Deductible, then \$500 copay per day to a max of \$1,000 per admission		Deductible, then 10% coinsurance	
Chiropractic (limit of 20 visits per year)	Deductible, then \$50 copay		Deductible, then 10% coinsurance	
Physical and occupational and speech therapy (limit of 40 combined visits per year, limit includes Speech therapy)	Deductible, then \$30 copay		Deductible, then 10% coinsurance	

# On-exchange plans

	Catastrophic HMO Pathway X Enhanced (1GV7) <sup>8</sup>
Metal level	Catastrophic
Network name	Pathway X Enhanced
Plan includes non-network coverage? <sup>1</sup>	No
Coverage	Network
Individual deductible <sup>2</sup> (Family <sup>3</sup> = 2 x individual amount)	\$6,850
How family deductibles work <sup>3</sup>	Embedded
Individual out-of-pocket limit <sup>2</sup> (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,850
Coinsurance <sup>2</sup>	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 <sup>4</sup>	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 <sup>5</sup>	Medical deductible applies
Retail pharmacy Tier 1 <sup>6,7</sup>	Deductible, then 0% coinsurance
Retail pharmacy Tier 2 <sup>6,7</sup>	Deductible, then 0% coinsurance
Retail pharmacy Tier 3 <sup>6,7</sup>	Deductible, then 0% coinsurance
Retail pharmacy Tier 4 <sup>6,7</sup>	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



# Cost-share reduction plans

	Parent Plan		Cost-share reduction plans					
	Silver PPO Pathway X, a Multi-State Plan (1GV0) <sup>9,10</sup>		Silver PPO Pathway X, a Multi-State Plan					
			73% CSR (1GV1)		87% CSR (1GV2)		94% CSR (1GV3)	
Metal level	Silver		Silver		Silver		Silver	
Network name	Pathway X		Pathway X		Pathway X		Pathway X	
Plan includes non-network coverage? <sup>1</sup>	Yes		Yes		Yes		Yes	
Coverage	Network	Non-network	Network	Non-network	Network	Non-network	Network	Non-network
Individual deductible <sup>2</sup> (Family <sup>3</sup> = 2 x individual amount)	\$3,200	\$6,500	\$2,750	\$6,500	\$1,000	\$6,500	\$300	\$6,500
How family deductibles work <sup>3</sup>	Embedded		Embedded		Embedded		Embedded	
Individual out-of-pocket limit <sup>2</sup> (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$5,100	\$9,750	\$4,700	\$9,750	\$1,500	\$9,750	\$600	\$9,750
Coinsurance <sup>2</sup>	0% coinsurance	50% coinsurance	0% coinsurance	50% coinsurance	0% 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	\$40 copay per visit for first 3 office visits, then deductible then 0% coinsurance		\$30 copay per visit for first 3 office visits, then deductible then 0% coinsurance		\$20 copay per visit for first 3 office visits, then deductible then 0% coinsurance		\$15 copay per visit for first 3 office visits, then deductible then 0% coinsurance	
Office Visit: specialist	Deductible, then 0% coinsurance		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		Deductible, then 0% coinsurance	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then \$500 copay		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance	
Preventive care <sup>4</sup>	No additional cost		No additional cost		No additional cost		No additional cost	
Urgent care	Deductible, then \$50 copay		Deductible, then \$50 copay		Deductible, then \$50 copay		Deductible, then \$25 copay	
Emergency room care	Deductible, then \$200 copay		Deductible, then \$200 copay		Deductible, then \$100 copay		Deductible, then \$75 copay	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay		Deductible, then \$500 copay		Deductible, then \$250 copay		Deductible then \$150 Copay	
Hospital: outpatient surgery hospital facility	Deductible, then 0% coinsurance		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance	
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay		Deductible, then \$500 copay		Deductible, then \$250 copay		Deductible, then \$150 copay	
Retail pharmacy deductible <sup>5</sup>	Tiers 1, 2: No deductible Tiers 3, 4: Medical Deductible applies		Tiers 1, 2: No deductible Tiers 3, 4: Medical Deductible applies		Tiers 1, 2: No deductible Tiers 3, 4: Medical Deductible applies		Tiers 1, 2: No deductible Tiers 3, 4: Medical Deductible applies	
Retail pharmacy Tier 1 <sup>6,7</sup>	\$5 copay		\$5 copay		\$5 copay		\$5 copay	
Retail pharmacy Tier 2 <sup>6,7</sup>	\$60 copay		\$55 copay		\$35 copay		\$35 copay	
Retail pharmacy Tier 3 <sup>6,7</sup>	Deductible, then 50% coinsurance max of \$250 on Tier 3		Deductible, then 40% coinsurance max of \$250 on Tier 3		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance	
Retail pharmacy Tier 4 <sup>6,7</sup>	Deductible, then 50% coinsurance max of \$500 on tier 4		Deductible, then 40% coinsurance max of \$500 on tier 4		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		Pediatric dental and vision covered Adult dental and vision not covered	
Mental health and substance abuse: Outpatient facility	Deductible, then 0% coinsurance		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance	
Mental health and substance abuse: Inpatient hospital	Deductible, then \$500 copay		Deductible, then \$500 copay		Deductible, then \$250 copay		Deductible, then \$150 copay	
Chiropractic (limit of 20 visits per year)	Deductible, then 0% coinsurance		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		Deductible, then 0% coinsurance	

# Cost-share reduction plans

	Parent Plan		Cost-share reduction plans					
	Silver PPO Standard Pathway X (1GUS) <sup>8,9</sup>		Silver PPO Standard Pathway X					
			73% CSR (1GUT)		87% CSR (1GUU)		94% CSR (1GUV)	
Metal level	Silver		Silver		Silver		Silver	
Network name	Pathway X		Pathway X		Pathway X		Pathway X	
Plan includes non-network coverage? <sup>1</sup>	Yes		Yes		Yes		Yes	
Coverage	Network	Non-network	Network	Non-network	Network	Non-network	Network	Non-network
Individual deductible <sup>2</sup> (Family <sup>3</sup> = 2 x individual amount)	\$2,900	\$6,000	\$2,200	\$6,000	\$500	\$6,000	\$0	\$6,000
How family deductibles work <sup>3</sup>	Embedded		Embedded		Embedded		Embedded	
Individual out-of-pocket limit <sup>2</sup> (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,850	\$12,500	\$5,200	\$12,500	\$1,800	\$12,500	\$800	\$12,500
Coinsurance <sup>2</sup>	NA	40% coinsurance	NA	40% coinsurance	NA	40% coinsurance	NA	40% 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		\$30 copay per office visit, unlimited		\$20 copay per office visit, unlimited		\$10 copay per office visit, unlimited	
Office Visit: specialist	\$50 copay per office visit, unlimited		\$50 copay per office visit, unlimited		\$35 copay per office visit, unlimited		\$30 copay per office visit, unlimited	
Outpatient diagnostic tests (Examples: X-ray, EKG)	\$50 copay, no deductible		\$45 copay, no deductible		\$30 copay, no deductible		\$25 copay, no deductible	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	\$75 copay per service up to a combined calendar year max of \$375 for MRI and CT scans; \$400 for PET scans. Deductible does not apply		\$75 copay per service up to a combined calendar year max of \$375 for MRI and CT scans; \$400 for PET scans. Deductible does not apply		\$60 copay per service up to a combined calendar year max of \$375 for MRI and CT scans; \$400 for PET scans. Deductible does not apply		\$50 copay per service up to a combined calendar year max of \$375 for MRI and CT scans; \$400 for PET scans	
Preventive care <sup>4</sup>	No additional cost		No additional cost		No additional cost		No additional cost	
Urgent care	\$75 copay		\$75 copay		\$35 copay		\$25 copay	
Emergency room care	\$150 copay		\$150 copay		\$75 copay		\$50 copay	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay per day to a max of \$2,000 per admission		Deductible, then \$500 copay per day to a max of \$2,000 per admission		\$100 copayment per day to a max of \$400 per admission after INET plan deductible is met		\$75 copayment per day to a max of \$300 per admission	
Hospital: outpatient surgery hospital facility	Deductible, then \$500 copay		Deductible, then \$500 copay		Deductible, then \$100 copay		\$75 copay	
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay per day to a max of \$2,000 per admission		Deductible, then \$500 copay per day to a max of \$2,000 per admission		\$100 copayment per day to a max of \$400 per admission after INET plan deductible is met		\$75 copayment per day to a maximum of \$300 per admission	
Retail pharmacy deductible <sup>5</sup>	Tiers 1, 2, 3: No deductible Tier 4: \$150 Pharmacy deductible		Tiers 1, 2, 3: No deductible Tier 4: \$100 pharmacy deductible		Tiers 1, 2, 3: No deductible Tier 4: \$50 pharmacy deductible		No deductible	
Retail pharmacy Tier 1 <sup>6,7</sup>	\$5 copay		\$5 copay		\$5 copay		\$5 copay	
Retail pharmacy Tier 2 <sup>6,7</sup>	\$50 copay		\$35 copay		\$20 copay		\$10 copay	
Retail pharmacy Tier 3 <sup>6,7</sup>	\$55 copay		\$55 copay		\$35 copay		\$30 copay	
Retail pharmacy Tier 4 <sup>6,7</sup>	20% coinsurance up to a max of \$150 per prescription after INET prescription drug deductible is met		Deductible, then 20% coinsurance up to a max of \$100 per prescription after INET prescription drug deductible is met		20% coinsurance up to a max of \$60 per prescription after INET prescription drug deductible is met		20% coinsurance up to a max of \$60 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		Pediatric dental and vision covered Adult dental and vision not covered	
Mental health and substance abuse: Outpatient facility	Deductible, then \$500 copay		Deductible, then \$500 copay		Deductible, then \$100 copay		\$75 copay	
Mental health and substance abuse: Inpatient hospital	Deductible, then \$500 copay per day to a max of \$2,000 per admission		Deductible, then \$500 copay per day to a max of \$2,000 per admission		\$100 copayment per day to a max of \$400 per admission after INET plan deductible is met		\$75 copayment per day to a max of \$300 per admission	
Chiropractic (limit of 20 visits per year)	\$50 copay		\$50 copay		\$35 copay		\$30 copay	
Physical and occupational and speech therapy (limit of 40 combined visits per year, limit includes Speech therapy)	\$30 copay		\$30 copay		\$20 copay		\$20 copay	



# Cost-share reduction plans

	Parent Plan		Cost-share reduction plans					
	Silver PPO Pathway X (1GUW) <sup>8,9</sup>		Silver PPO Pathway X					
			73% CSR (1GUX)		87% CSR (1GUY)		94% CSR (1GUZ)	
Metal level	Silver		Silver		Silver		Silver	
Network name	Pathway X		Pathway X		Pathway X		Pathway X	
Plan includes non-network coverage? <sup>1</sup>	Yes		Yes		Yes		Yes	
Coverage	Network	Non-network	Network	Non-network	Network	Non-network	Network	Non-network
Individual deductible <sup>2</sup> (Family <sup>3</sup> = 2 x individual amount)	\$3,200	\$6,500	\$2,750	\$6,500	\$1,000	\$6,500	\$300	\$6,500
How family deductibles work <sup>3</sup>	Embedded		Embedded		Embedded		Embedded	
Individual out-of-pocket limit <sup>2</sup> (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$5,100	\$9,750	\$4,700	\$9,750	\$1,500	\$9,750	\$600	\$9,750
Coinsurance <sup>2</sup>	0% coinsurance	50% coinsurance	0% coinsurance	50% coinsurance	0% 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.	\$40 copay per visit for first 3 office visits, then deductible then 0% coinsurance		\$30 copay per visit for first 3 office visits, then deductible then 0% coinsurance		\$20 copay per visit for first 3 office visits, then deductible then 0% coinsurance		\$15 copay per visit for first 3 office visits, then deductible then 0% coinsurance	
Office Visit: specialist	Deductible, then 0% coinsurance		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		Deductible, then 0% coinsurance	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then 0% coinsurance		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance	
Preventive care <sup>4</sup>	No additional cost		No additional cost		No additional cost		No additional cost	
Urgent care	Deductible, then \$50 copay		Deductible, then \$50 copay		Deductible, then \$50 copay		Deductible, then \$25 copay	
Emergency room care	Deductible, then \$200 copay		Deductible, then \$200 copay		Deductible, then \$100 copay		Deductible, then \$75 copay	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay		Deductible, then \$500 copay		Deductible, then \$250 copay		Deductible, then \$150 copay	
Hospital: outpatient surgery hospital facility	Deductible, then 0% coinsurance		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance	
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay		Deductible, then \$500 copay		Deductible, then \$250 copay		Deductible, then \$150 copay	
Retail pharmacy deductible <sup>5</sup>	Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible		Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible		Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible		Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible	
Retail pharmacy Tier 1 <sup>6,7</sup>	\$5 copay		\$5 copay		\$5 copay		\$5 copay	
Retail pharmacy Tier 2 <sup>6,7</sup>	\$60 copay		\$55 copay		\$35 copay		\$35 copay	
Retail pharmacy Tier 3 <sup>6,7</sup>	Deductible, then 50% coinsurance max of \$250		Deductible, then 50% coinsurance max of \$250		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance	
Retail pharmacy Tier 4 <sup>6,7</sup>	Deductible, then 50% coinsurance max of \$500		Deductible, then 50% coinsurance max of \$500		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		Pediatric dental and vision covered Adult dental and vision not covered	
Mental health and substance abuse: Outpatient facility	Deductible, then 0% coinsurance		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance		Deductible, then 0% coinsurance	
Mental health and substance abuse: Inpatient hospital	Deductible, then \$500 copay		Deductible, then \$500 copay		Deductible, then \$250 copay		Deductible, then \$150 copay	
Chiropractic (limit of 20 visits per year)	Deductible, then 0% coinsurance		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		Deductible, then 0% coinsurance	

#### Off exchange plans:

- 1 PPO plans also include non-network benefits. HMO plans only include non-network benefits for emergency care, urgent care and ambulance services.
- 2 Individual deductible, individual out-of-pocket limit and coinsurance reflect network / non-network cost share information, if applicable for the plan. All other cost share information is for network services only.
- 3 Our plans, with the exception of a few HSA 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. One of our HSA plans has non-embedded family deductibles where all family members share one common family deductible - Anthem Gold PPO Century Preferred 1500/3000/20% for HSA (1X9T). This deductible must be met before any family member receives plan benefits.
- 4 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.
- 5 If your client takes medicines for ongoing conditions like diabetes, high cholesterol and high blood pressure, your clients may save money on those drugs with home delivery.
- 6 Home delivery pharmacy cost shares are 2 x the retail copay for Tier 1 drugs and 2.5 x the retail copay for Tier 2 and Tier 3 drugs when the plan has retail pharmacy copays.

#### On exchange plans:

- 1 PPO plans also include non-network benefits. HMO plans only include non-network benefits for emergency care, urgent care and ambulance services.
- 2 Individual deductible, individual out-of-pocket limit and coinsurance reflect network / non-network cost share information, if applicable for the plan. All other cost share information is for network services only.
- 3 Our plans have embedded family deductibles and out-of-pocket limits, where each covered family member only needs to satisfy his or her individual deductible and out-of-pocket limit, not the entire family deductible and out-of-pocket limit, prior to receiving plan benefits.
- 4 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.
- 5 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.
- 6 If your client takes medicines for ongoing conditions like diabetes, high cholesterol and high blood pressure, your clients may save money on those drugs with home delivery.
- 7 Home delivery pharmacy cost shares are 2 x the retail copay for Tier 1 drugs and 2.5 x the retail copay for Tier 2 and Tier 3 drugs when the plan has retail pharmacy copays.
- 8 Plan certified by Access Health CT.
- 9 Your client may qualify for a tax credit subsidy or cost share reduction on Silver plans they buy on Access Health Ct. Only Access Health CT can determine eligibility for financial assistance.
- 10 Multi-state plans are certified and overseen by the U.S. Office of Personnel Management (OPM) and are similar to the other Qualified Health Plan products offered on the exchanges. Generally, all of the same requirements that apply to other products also apply to these Multi-State Plan products. The name "Multi-State Plan" does NOT mean that consumers have health plan coverage for non-urgent care in multiple states.



## Dental benefits with extras

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

- Dental Prime (available off the Marketplace only)
- Anthem Dental Pediatric
- Anthem Dental Family and Anthem Dental Family Enhanced

**There are a few ways for your clients to obtain pediatric dental Essential Health Benefits (EHB) which are required by the Affordable Care Act (ACA). These include:**

- A medical plan that includes pediatric dental EHB coverage
- A stand-alone pediatric dental policy
- A stand-alone family dental plan that includes pediatric benefits

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.



\* Benefits vary by plan.



## Vision benefits with a large network

We also offer a **Blue View Vision<sup>SM</sup>** plan, which your clients can add on to any Anthem medical and/or dental plan. This plan is available off the Marketplace only.

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

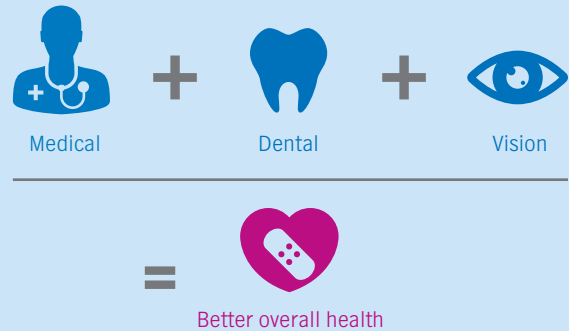
- Over **33,000 eye doctors** at more than 26,000 locations to choose from — so they're sure to find an eye care professional that's close to home or work.
- Access to **1-800 CONTACTS** online or by phone, private practice eye doctors, and in-store visits to **LensCrafters<sup>®</sup>**, **Sears Optical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

### 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

Coordinating 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.



# Dental plans\*

	Anthem Dental Pediatric (Dependents age 18 and younger)	Anthem Dental Family (Dependents age 18 and younger)	Anthem Dental Family (Adults age 19+)
	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) <sup>1</sup>	\$50 / \$50	\$50 / \$50	\$50 / \$50
Annual max (per person) <sup>1</sup>	None	None	\$1,000 / \$1,000
Annual out-of-pocket limit	\$350 <sup>2</sup> / None	\$350 <sup>2</sup> / 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% / 30% coinsurance
Basic services	No waiting period	No waiting period	6-month waiting period
Fillings	40% / 40% coinsurance	40% / 40% coinsurance	40% / 50% coinsurance
Brush biopsy	Not covered	Not covered	Not covered
Complex & major services	No waiting period	No waiting period	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	50% / 50% coinsurance	50% / 50% coinsurance	50% / 50% coinsurance
Prosthetics (crowns, dentures, bridges)	50% / 50% coinsurance	50% / 50% coinsurance	50% / 50% coinsurance
Prosthetics (crowns, dentures, bridges)	50% / 50% coinsurance	50% / 50% coinsurance	Not covered
Medically necessary orthodontia	Not covered	Not covered	Not covered
Cosmetic orthodontia	Included	Included	Included
International emergency dental program	Available	Available	Available

## Dental plans

\* Unless stated otherwise, these plans are available on and off the exchange.

1 With our Dental Family Enhanced Plans, the deductible is waived for diagnostic and preventive services received in our network.

2 Per child, up to two children.

# Dental plans\*

	Anthem Dental Family Enhanced (Dependents age 18 and younger)	Anthem Dental Family Enhanced (Adults age 19+)
	In-network/Non-network	In-network/Non-network
Dental Network	Dental Prime	Dental Prime
Deductible (per person, all services) <sup>1</sup>	\$60 / \$60 <sup>2</sup>	\$60 / \$60 <sup>2</sup>
Annual max (per person) <sup>1</sup>	None	\$2,000 / \$2,000
Annual out-of-pocket limit	\$350 <sup>3</sup> / None	None
Diagnostic and Preventive	No waiting period	No waiting period
Cleaning, exams, X-rays	0% / 20% coinsurance	0% / 20% coinsurance
Basic services	6-month waiting period	6-month waiting period
Fillings	20% / 40% coinsurance	20% / 40% coinsurance
Brush biopsy	Not covered	Not covered
Complex & major services	No waiting period	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	40% / 50% coinsurance	40% / 50% coinsurance
Prosthetics (crowns, dentures, bridges)	40% / 50% coinsurance	40% / 50% coinsurance
Prosthetics (crowns, dentures, bridges)	50% / 50% coinsurance	Not covered
Medically necessary orthodontia	Not covered	Not covered
Cosmetic orthodontia	Included	Included
International emergency dental program	Available	Available

## Dental plans

\* Unless stated otherwise, these plans are available on and off the exchange.

1 With our Dental Family Enhanced Plans, the deductible is waived for diagnostic and preventive services received in our network.

2 Per child, up to two children.

# Dental plans\*

	Dental Prime Plan A (off the Marketplace)	Dental Prime Plan B (off the Marketplace)	Dental Prime Plan C (off the Marketplace)
	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) <sup>1</sup>	None	\$50 / \$50	\$50 / \$50
Annual max (per person) <sup>2</sup>	\$500 / \$500	\$1,000 / \$1,000	\$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
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
Prosthetics (crowns, dentures, bridges)	Not covered	Not covered	Not covered
Medically necessary orthodontia	Not covered	Not covered	Not covered
Cosmetic orthodontia	Included	Included	Not covered
International emergency dental program	Available	Available	Available

## Dental plans

\* Unless stated otherwise, these plans are available on and off the exchange.

1 With our Dental Family Enhanced Plans, the deductible is waived for diagnostic and preventive services received in our network.

2 Per child, up to two children.



# 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:

- Sterilization reversal
- Artificial and mechanical hearts
- Benefits covered by Medicare or a governmental program
- Breast reduction or augmentation
- 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 and/or treatment that's primarily intended to improve your appearance
- Custodial care
- Dental, except as described in your clients' Agreement
- Educational services
- Experimental or investigative treatment
- Health club memberships and fitness services
- Nutritional and dietary supplements
- Over-the-counter drugs, devices or products, except as mandated
- Pharmacy, except as described in your clients' Agreement
- Private duty nursing
- Routine foot care
- Sclerotherapy (a medical procedure used to eliminate varicose veins and spider veins)
- Services we determine aren't medically necessary
- Vision, except as described in your clients' Agreement
- Weight loss programs or treatment of obesity, except as mandated
- Workers' compensation



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](http://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.

© Weight Watchers International, Inc., an independent company and owner of the WEIGHT WATCHERS trademark. All rights reserved.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.