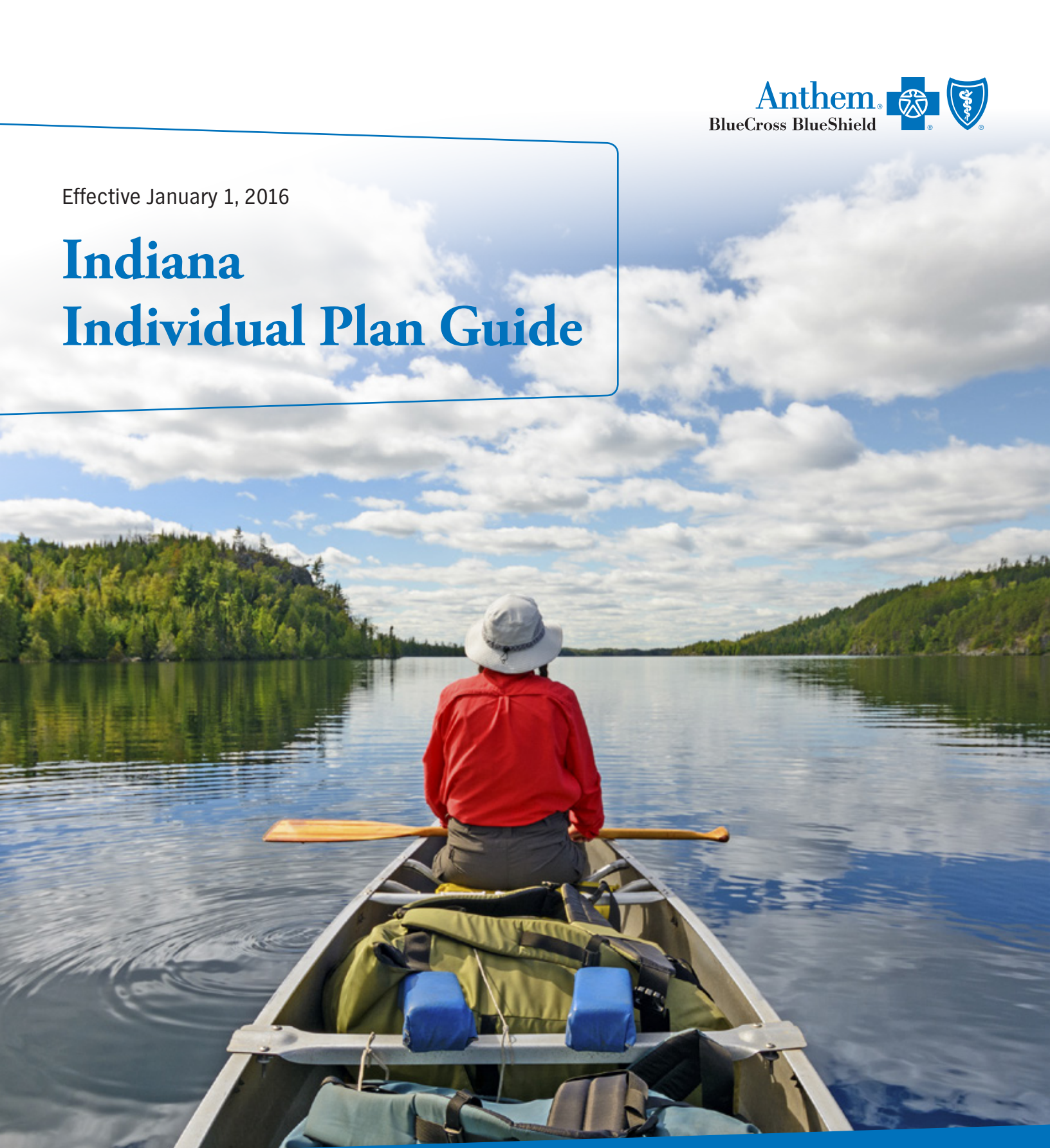


Effective January 1, 2016

Indiana Individual Plan Guide



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

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



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

Access to the latest range of plans

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

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

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

- Changes to look for in 2016.
- 2016 plans and features, including medical, pharmacy and specialty.
- 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.

Anthem is there to deliver for your clients

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



14,976
PHYSICIANS*



229
HOSPITALS*



71 years
OF SERVICE*

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

Changes to look for in 2016

- Embedded health savings account (HSA) deductibles
- Modified plan names if necessary (change in deductible, plan type)
- 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
- Added new on- and off- exchange POS plan, including out of network benefits
- Added new on- and off- exchange Bronze, Silver, and Gold HMO plans

Note: Our 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.

Why Anthem?


Health plans don't have to be complicated.


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


With Anthem, you can count on:

- A strong network
- Competitive pricing
- A brand you can trust
- Local presence where your clients live and work
- 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

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:


- Routine 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](https://www.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@AnthemSM discounts** — Members-only savings on vitamins, health and beauty products, chiropractic care, acupuncture, massage therapy, LASIK eye surgery, eyeglass frames and contact lenses, hearing aids and services, 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](https://www.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.

With our secure website, your clients can:

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

With our mobile app, your clients can:

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

Cost and quality information with Estimate Your Cost

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

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 client's 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 client's 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.

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.

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.

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)

Network details: HMO and POS

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

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

POS: With our POS plans, your clients have the freedom to see any network doctor they choose without a referral. It's also a good idea to have a primary care doctor to coordinate their care, but they're not required to pick one. Like in a PPO, your clients can go out of the network and pay a higher deductible, copay or coinsurance.

Which providers are in the network?

To check, your clients can use our *Find a Doctor* tool on [anthem.com](https://www.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, urgent care centers and pharmacies in their area. When using the tool, they need to include the plan network (Pathway HMO/POS or Pathway HMO/POS X) 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.

Off-exchange plans

	Anthem Bronze Pathway 5850/30% (1XAD)	Anthem Bronze Pathway 6350/20% (1GFF)	Anthem Bronze Pathway 6000/30% (1GFG)
Network name	Pathway HMO/POS	Pathway HMO/POS	Pathway HMO/POS
Plan includes non-network coverage? ¹	No	No	No
Coverage	Network	Network	Network
Individual deductible ² (Family ² = 2 x individual amount)	\$5,850	\$6,350	\$6,000
How family deductibles work ²	Embedded	Embedded	Embedded
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$6,850	\$6,850	\$6,850
Coinsurance ²	30% coinsurance	20% coinsurance	30% coinsurance
Office visit: primary care physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance.	Deductible, then 30% coinsurance	\$45 copay per visit for first 3 office visits, then deductible and 20% coinsurance	\$45 copay per visit for first 3 office visits, then deductible and 30% coinsurance
Office visit: specialist	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then \$300 copay and 30% coinsurance	Deductible, then \$450 copay and 20% coinsurance	Deductible, then \$500 copay and 30% coinsurance
Preventive care ³	No additional cost	No additional cost	No additional cost
Urgent care	Deductible, then \$75 copay and 30% coinsurance	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 30% coinsurance
Emergency room care	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$450 copay and 20% coinsurance	Deductible, then \$500 copay and 30% coinsurance
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$1,000 copay	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Hospital: outpatient surgery hospital facility (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	Medical deductible applies	Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Medical deductible applies
Retail pharmacy tier 1 ³	30% coinsurance	\$25 copay	30% coinsurance
Retail pharmacy tier 2 ³	30% coinsurance	\$70 copay	30% coinsurance
Retail pharmacy tier 3 ³	30% coinsurance	20% coinsurance	30% coinsurance
Retail pharmacy tier 4 ³	30% coinsurance	20% coinsurance	30% coinsurance
Dental ⁴ 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 & services	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Mental health and substance abuse: inpatient hospital	Deductible, then \$1,000 copay	Deductible, then \$450 copay and 20% coinsurance	Deductible, then 30% coinsurance
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Physical, occupational and speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance

Off-exchange plans

	Anthem Bronze Pathway 6600/0% (1XAJ)	Anthem Bronze Pathway 20% for HSA (1GFK)
Network name	Pathway HMO/POS	Pathway HMO/POS
Plan includes non-network coverage? ¹	No	Yes
Coverage	Network	Network
Individual deductible ² (Family ² = 2 x individual amount)	\$6,600	\$4,400
How family deductibles work ²	Embedded	Embedded
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$6,600	\$6,550
Coinsurance ²	0% coinsurance	20% 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 \$500 copay and 20% coinsurance
Preventive care ³	No additional cost	No additional cost
Urgent care	Deductible, then 0% coinsurance	Deductible, then \$50 copay and 20% coinsurance
Emergency room care	Deductible, then 0% coinsurance	Deductible, then \$500 copay and 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 (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	Medical deductible applies	Medical deductible applies
Retail pharmacy tier 1 ³	0% coinsurance	20% coinsurance
Retail pharmacy tier 2 ³	0% coinsurance	20% coinsurance
Retail pharmacy tier 3 ³	0% coinsurance	20% coinsurance
Retail pharmacy tier 4 ³	0% coinsurance	20% coinsurance
Dental ⁴ 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 & services	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Mental health and substance abuse: inpatient hospital	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Physical, occupational and speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance

Off-exchange plans

	Anthem Bronze Pathway 0% for HSA (1GFJ)	Anthem Bronze Pathway POS 5000/40% (1GFH)	
Network name	Pathway HMO/POS	Pathway HMO/POS	
Plan includes non-network coverage? ¹	No	Yes	
Coverage	Network	Network	Non-network
Individual deductible ² (Family ² = 2 x individual amount)	\$6,000	\$5,000	\$15,000
How family deductibles work ²	Embedded	Embedded	
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$6,450	\$6,850	\$30,000
Coinsurance ²	0% coinsurance	40% coinsurance	60% coinsurance
Office visit: primary care physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance.	Deductible, then 0% coinsurance	\$50 copay per visit for first 3 office visits, then deductible and 40% coinsurance	
Office visit: specialist	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then 0% coinsurance	Deductible, then \$500 copay and 40% coinsurance	
Preventive care ³	No additional cost	No additional cost	
Urgent care	Deductible, then \$50 copay	Deductible, then \$50 copay and 40% coinsurance	
Emergency room care	Deductible, then \$200 copay	Deductible, then \$500 copay and 40% coinsurance	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	
Hospital: outpatient surgery hospital facility (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	Medical deductible applies	Medical deductible applies	
Retail pharmacy tier 1 ³	0% coinsurance	40% coinsurance	
Retail pharmacy tier 2 ³	0% coinsurance	40% coinsurance	
Retail pharmacy tier 3 ³	0% coinsurance	40% coinsurance	
Retail pharmacy tier 4 ³	0% coinsurance	40% coinsurance	
Dental ⁴ 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 & services	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	
Mental health and substance abuse: inpatient hospital	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	
Physical, occupational and speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	

Off-exchange plans

	Anthem Silver Pathway 1750/20% (1GFP)	Anthem Silver Pathway 2500/10% (1GFM)	Anthem Silver Pathway 2850/15% (1GFL)
Network name	Pathway HMO/POS	Pathway HMO/POS	Pathway HMO/POS
Plan includes non-network coverage? ¹	No	No	No
Coverage	Network	Network	Network
Individual deductible ² (Family ² = 2 x individual amount)	\$1,750	\$2,500	\$2,850
How family deductibles work ²	Embedded	Embedded	Embedded
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$6,850	\$6,850	\$6,850
Coinsurance ²	20% coinsurance	10% coinsurance	15% 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 20% coinsurance	\$40 copay per office visit	\$30 copay per office visit
Office visit: specialist	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 15% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 15% coinsurance
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then \$300 copay and 20% coinsurance	Deductible, then \$300 copay and 10% coinsurance	Deductible, then \$300 copay and 15% coinsurance
Preventive care ³	No additional cost	No additional cost	No additional cost
Urgent care	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$50 copay and 15% coinsurance
Emergency room care	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 15% coinsurance
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 15% coinsurance
Hospital: outpatient surgery hospital facility (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 15% coinsurance
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	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 ³	\$20 copay	\$20 copay	\$20 copay
Retail pharmacy tier 2 ³	\$50 copay	\$50 copay	\$50 copay
Retail pharmacy tier 3 ³	20% coinsurance	10% coinsurance	15% coinsurance
Retail pharmacy tier 4 ³	20% coinsurance	10% coinsurance	15% coinsurance
Dental ⁴ 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 & services	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 15% coinsurance
Mental health and substance abuse: inpatient hospital	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 15% coinsurance
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 15% coinsurance
Physical, occupational and speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 15% coinsurance

Off-exchange plans

	Anthem Silver Pathway 4250/25% (1XA7)	Anthem Silver Pathway 10% for HSA (1GFN)
Network name	Pathway HMO/POS	Pathway HMO/POS
Plan includes non-network coverage? ¹	No	No
Coverage	Network	Network
Individual deductible ² (Family ² = 2 x individual amount)	\$4,250	\$2,600
How family deductibles work ²	Non-embedded	Embedded
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$5,250	\$4,500
Coinsurance ²	25% coinsurance	10% coinsurance
Office visit: primary care physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance.	\$25 copay per office visit	Deductible, then 10% coinsurance
Office visit: specialist	\$50 copay per office visit	Deductible, then 10% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 10% coinsurance
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then 25% coinsurance	Deductible, then \$300 copay and 10% coinsurance
Preventive care ³	No additional cost	No additional cost
Urgent care	\$90 copay	Deductible, then \$50 copay and 10% coinsurance
Emergency room care	Deductible, then 25% coinsurance	Deductible, then \$500 copay and 10% coinsurance
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 10% coinsurance
Hospital: outpatient surgery hospital facility (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 25% coinsurance	Deductible, then 10% coinsurance
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy deductible	Medical deductible applies
Retail pharmacy tier 1 ³	\$15 copay	10% coinsurance
Retail pharmacy tier 2 ³	\$40 copay	10% coinsurance
Retail pharmacy tier 3 ³	40% coinsurance	10% coinsurance
Retail pharmacy tier 4 ³	40% coinsurance	10% coinsurance
Dental ⁴ 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 & services	Deductible, then 25% coinsurance	Deductible, then 10% coinsurance
Mental health and substance abuse: inpatient hospital	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 10% coinsurance
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 25% coinsurance	Deductible, then 10% coinsurance
Physical, occupational and speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 25% coinsurance	Deductible, then 10% coinsurance

Off-exchange plans

	Anthem Gold Pathway 1250/10% (1GFQ)	Anthem Gold Pathway 1500/25% (1XAA)	Anthem Catastrophic Pathway 6850/0% (1GER)
Network name	Pathway HMO/POS	Pathway HMO/POS	Pathway HMO/POS
Plan includes non-network coverage? ¹	No	No	No
Coverage	Network	Network	Network
Individual deductible ² (Family ² = 2 x individual amount)	\$1,250	\$1,500	\$6,850
How family deductibles work ²	Embedded	Embedded	Embedded
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$3,950	\$3,400	\$6,850
Coinsurance ²	10% coinsurance	25% coinsurance	0% 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	\$30 copay per office visit	\$40 copay per visit for first 3 office visits, then deductible and 0% coinsurance
Office visit: specialist	Deductible, then 10% coinsurance	\$50 copay per office visit	Deductible, then 0% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance
Preventive care ³	No additional cost	No additional cost	No additional cost
Urgent care	Deductible, then \$50 copay and 10% coinsurance	\$90 copay	Deductible, then 0% coinsurance
Emergency room care	Deductible, then \$500 copay and 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then 0% coinsurance
Hospital: outpatient surgery hospital facility (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Tier 1: No deductible Tiers 2, 3, 4: \$600 Combined pharmacy deductible	Medical deductible applies
Retail pharmacy tier 1 ³	\$15 copay	\$15 copay	0% coinsurance
Retail pharmacy tier 2 ³	\$40 copay	\$40 copay	0% coinsurance
Retail pharmacy tier 3 ³	10% coinsurance	50% coinsurance	0% coinsurance
Retail pharmacy tier 4 ³	10% coinsurance	50% coinsurance	0% coinsurance
Dental ⁴ 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 & services	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance
Mental health and substance abuse: inpatient hospital	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then 0% coinsurance
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance
Physical, occupational and speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance

On-exchange plans

	Anthem Bronze Pathway X 4850/20% (1GEX)	Anthem Bronze Pathway X 4950/50% (1XAE)	Anthem Bronze Pathway X 5850/35% (1XAB)
Network name	Pathway HMO/POS	Pathway X HMO/POS	Pathway X HMO/POS
Plan includes non-network coverage? ¹	No	No	No
Coverage	Network	Network	Network
Individual deductible ² (Family ² = 2 x individual amount)	\$4,850	\$4,950	\$5,850
How family deductibles work ²	Embedded	Embedded	Embedded
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$6,850	\$6,850	\$6,850
Coinsurance ²	20% coinsurance	50% coinsurance	35% coinsurance
Office visit: primary care physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance.	\$45 copay per visit for first 2 office visits, then deductible and 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 35% coinsurance
Office visit: specialist	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 35% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 35% coinsurance
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 35% coinsurance
Preventive care ³	No additional cost	No additional cost	No additional cost
Urgent care	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$75 copay and 50% coinsurance	Deductible, then \$75 copay and 35% coinsurance
Emergency room care	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$500 copay and 35% coinsurance
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then 20% coinsurance	Deductible, then \$1,500 copay	Deductible, then \$1,000 copay
Hospital: outpatient surgery hospital facility (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 35% coinsurance
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	Medical deductible applies	Medical deductible applies	Medical deductible applies
Retail pharmacy tier 1 ³	20% coinsurance	50% coinsurance	35% coinsurance
Retail pharmacy tier 2 ³	20% coinsurance	50% coinsurance	35% coinsurance
Retail pharmacy tier 3 ³	20% coinsurance	50% coinsurance	35% coinsurance
Retail pharmacy tier 4 ³	20% coinsurance	50% coinsurance	35% coinsurance
Dental ⁴ 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 & services	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 35% coinsurance
Mental health and substance abuse: inpatient hospital	Deductible, then 20% coinsurance	Deductible, then \$1,500 copay	Deductible, then \$1,000 copay
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 35% coinsurance
Physical, occupational and speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 20% coinsurance	Deductible, then 50% coinsurance	Deductible, then 35% coinsurance

On-exchange plans

	Anthem Bronze Pathway X 6250/20% for HSA (1GEU)	Anthem Bronze Pathway X 6400/30% (1GET)	Anthem Bronze Pathway X 6850/0% (1XAG)
Network name	Pathway X HMO/POS	Pathway X HMO/POS	Pathway X HMO/POS
Plan includes non-network coverage? ¹	No	No	No
Coverage	Network	Network	Network
Individual deductible ² (Family ² = 2 x individual amount)	\$6,250	\$6,400	\$6,850
How family deductibles work ²	Embedded	Embedded	Embedded
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$6,850	\$6,850	\$6,850
Coinsurance ²	20% coinsurance	30% 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 and 20% coinsurance	\$50 copay per visit for first 2 office visits, then deductible and 30% coinsurance	Deductible, then 0% coinsurance
Office visit: specialist	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$400 copay and 30% coinsurance	Deductible, then 0% coinsurance
Preventive care ³	No additional cost	No additional cost	No additional cost
Urgent care	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 30% coinsurance	Deductible, then 0% coinsurance
Emergency room care	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$400 copay and 30% coinsurance	Deductible, then 0% coinsurance
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Hospital: outpatient surgery hospital facility (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Medical deductible applies
Retail pharmacy tier 1 ³	\$25 copay	\$20 copay	0% coinsurance
Retail pharmacy tier 2 ³	\$70 copay	\$70 copay	0% coinsurance
Retail pharmacy tier 3 ³	20% coinsurance	30% coinsurance	0% coinsurance
Retail pharmacy tier 4 ³	20% coinsurance	30% coinsurance	0% coinsurance
Dental ⁴ 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 & services	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Mental health and substance abuse: inpatient hospital	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Physical, occupational and speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance

On-exchange plans

	Anthem Bronze Pathway X 20% for HSA (1GEW)	Anthem Bronze Pathway X 0% for HSA (1GES)	Anthem Bronze Pathway X POS 5000/40% (1GEV)	
Network name	Pathway X HMO/POS	Pathway X HMO/POS	Pathway X HMO/POS	
Plan includes non-network coverage? ¹	No	No	Yes	
Coverage	Network	Network	Network	Non-network
Individual deductible ² (Family ² = 2 x individual amount)	\$4,500	\$6,300	\$5,000	\$15,000
How family deductibles work ²	Embedded	Non-embedded	Embedded	
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$6,550	\$6,300	\$6,850	\$30,000
Coinsurance ²	20% coinsurance	0% coinsurance	40% coinsurance	60% coinsurance
Office visit: primary care physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance.	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	\$50 copay per visit for first 2 office visits, then deductible and 40% coinsurance	
Office visit: specialist	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$500 copay and 40% coinsurance	
Preventive care ³	No additional cost	No additional cost	No additional cost	
Urgent care	Deductible, then \$50 copay and 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$50 copay and 40% coinsurance	
Emergency room care	Deductible, then \$500 copay and 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$500 copay and 40% coinsurance	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	
Hospital: outpatient surgery hospital facility (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	Medical deductible applies	Medical deductible applies	Medical deductible applies	
Retail pharmacy tier 1 ³	20% coinsurance	0% coinsurance	40% coinsurance	
Retail pharmacy tier 2 ³	20% coinsurance	0% coinsurance	40% coinsurance	
Retail pharmacy tier 3 ³	20% coinsurance	0% coinsurance	40% coinsurance	
Retail pharmacy tier 4 ³	20% coinsurance	0% coinsurance	40% coinsurance	
Dental ⁴ 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 & services	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	
Mental health and substance abuse: inpatient hospital	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	
Physical, occupational and speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	

On-exchange plans

	Anthem Blue Cross and Blue Shield Silver DirectAccess, a Multi-State Plan (1GFA) ^{5,6}	Anthem Silver Pathway X 2500/10% (1GF6) ⁵	Anthem Silver Pathway X 3500/0% (1GEY) ⁵
Network name	Pathway X HMO/POS	Pathway X HMO/POS	Pathway X HMO/POS
Plan includes non-network coverage? ¹	No	No	No
Coverage	Network	Network	Network
Individual deductible ² (Family ² = 2 x individual amount)	\$2,000	\$2,500	\$3,500
How family deductibles work ²	Embedded	Embedded	Embedded
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$6,850	\$6,850	\$5,250
Coinsurance ²	20% coinsurance	10% coinsurance	0% coinsurance
Office visit: primary care physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance.	\$35 copay per visit for first 3 office visits, then deductible and 20% coinsurance	\$40 copay per visit for first 3 office visits, then deductible and 10% coinsurance	\$45 copay per office visit
Office visit: specialist	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then \$300 copay and 20% coinsurance	Deductible, then \$300 copay and 10% coinsurance	Deductible, then 0% coinsurance
Preventive care ³	No additional cost	No additional cost	No additional cost
Urgent care	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$50 copay and 0% coinsurance
Emergency room care	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 0% coinsurance
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 0% coinsurance
Hospital: outpatient surgery hospital facility (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	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 ³	\$20 copay	\$20 copay	\$20 copay
Retail pharmacy tier 2 ³	\$50 copay	\$50 copay	\$50 copay
Retail pharmacy tier 3 ³	20% coinsurance	10% coinsurance	0% coinsurance
Retail pharmacy tier 4 ³	20% coinsurance	10% coinsurance	0% coinsurance
Dental ⁴ 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 & services	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Mental health and substance abuse: inpatient hospital	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 0% coinsurance
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Physical, occupational and speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance

On-exchange plans

	Anthem Silver Pathway X 4250/30% (1XA2) ⁵	Anthem Silver Pathway X 10% for HSA (1GF2) ⁵
Network name	Pathway X HMO/POS	Pathway X HMO/POS
Plan includes non-network coverage? ¹	No	No
Coverage	Network	Network
Individual deductible ² (Family ² = 2 x individual amount)	\$4,250	\$3,000
How family deductibles work ²	Embedded	Non-embedded
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$5,250	\$4,000
Coinsurance ²	30% coinsurance	10% coinsurance
Office visit: primary care physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance.	\$25 copay per office visit	Deductible, then 10% coinsurance
Office visit: specialist	\$50 copay per office visit	Deductible, then 10% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then 30% coinsurance	Deductible, then \$300 copay and 10% coinsurance
Preventive care ³	No additional cost	No additional cost
Urgent care	\$90 copay	Deductible, then \$50 copay and 10% coinsurance
Emergency room care	Deductible, then 30% coinsurance	Deductible, then \$500 copay and 10% coinsurance
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$500 copay and 10% coinsurance
Hospital: outpatient surgery hospital facility (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy deductible	Medical deductible applies
Retail pharmacy tier 1 ³	\$15 copay	10% coinsurance
Retail pharmacy tier 2 ³	\$40 copay	10% coinsurance
Retail pharmacy tier 3 ³	50% coinsurance	10% coinsurance
Retail pharmacy tier 4 ³	50% coinsurance	10% coinsurance
Dental ⁴ 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 & services	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
Mental health and substance abuse: inpatient hospital	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$500 copay and 10% coinsurance
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance
Physical, occupational and speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance

On-exchange plans

	Anthem Blue Cross and Blue Shield Gold DirectAccess, a Multi-State Plan (1GFE) ⁶	Anthem Gold Pathway X 1500/25% (1XA8)	Anthem Catastrophic Pathway X 6850/0% (1GEQ)
Network name	Pathway X HMO/POS	Pathway X HMO/POS	Pathway X HMO/POS
Plan includes non-network coverage? ¹	No	No	No
Coverage	Network	Network	Network
Individual deductible ² (Family ² = 2 x individual amount)	\$1,000	\$1,500	\$6,850
How family deductibles work ²	Embedded	Embedded	Embedded
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$6,000	\$3,450	\$6,850
Coinsurance ²	10% coinsurance	25% coinsurance	0% 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	\$20 copay per office visit	\$40 copay per visit for first 3 office visits, then deductible and 0% coinsurance
Office visit: specialist	Deductible, then 10% coinsurance	\$50 copay per office visit	Deductible, then 0% coinsurance
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance
Preventive care ³	No additional cost	No additional cost	No additional cost
Urgent care	Deductible, then \$50 copay and 10% coinsurance	\$90 copay	Deductible, then 0% coinsurance
Emergency room care	Deductible, then \$500 copay and 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then 0% coinsurance
Hospital: outpatient surgery hospital facility (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Tier 1: No deductible Tiers 2, 3, 4: \$600 Combined pharmacy deductible	Medical deductible applies
Retail pharmacy tier 1 ³	\$15 copay	\$15 copay	0% coinsurance
Retail pharmacy tier 2 ³	\$40 copay	\$40 copay	0% coinsurance
Retail pharmacy tier 3 ³	10% coinsurance	50% coinsurance	0% coinsurance
Retail pharmacy tier 4 ³	10% coinsurance	50% coinsurance	0% coinsurance
Dental ⁴ 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 & services	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance
Mental health and substance abuse: inpatient hospital	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then 0% coinsurance
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance
Physical, occupational and speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance

Cost-share reduction plans

	Parent Plan	Cost-Share Reduction Plans			
	Anthem Blue Cross and Blue Shield Silver DirectAccess, a Multi-State Plan (1GFA) ^{5,6}	Anthem Blue Cross and Blue Shield Silver DirectAccess, a Multi-State Plan			
		S04 (1GFB)	S05 (1GFC)	S06 (1GFD)	
Network name	Pathway X HMO/POS	Pathway X HMO/POS	Pathway X HMO/POS	Pathway X HMO/POS	
Plan includes non-network coverage? ¹	No	No	No	No	
Coverage	Network	Network	Network	Network	
Individual deductible ² (Family ² = 2 x individual amount)	\$2,000	\$2,000	\$750	\$200	
How family deductibles work ²	Embedded	Embedded	Embedded	Embedded	
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$6,850	\$5,000	\$1,500	\$600	
Coinsurance ²	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	
Office visit: primary care physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance.	\$35 copay per visit for first 3 office visits, then deductible and 20% coinsurance	\$35 copay per visit for first 3 office visits, then deductible and 20% coinsurance	\$15 copay per visit for first 3 office visits, then deductible and 20% coinsurance	\$10 copay per visit for first 3 office visits, then deductible and 20% coinsurance	
Office visit: specialist	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then \$300 copay and 20% coinsurance	Deductible, \$300 copay then 20% coinsurance	Deductible, \$200 copay then 20% coinsurance	Deductible, then 20% coinsurance	
Preventive care ³	No additional cost	No additional cost	No additional cost	No additional cost	
Urgent care	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$25 copay and 20% coinsurance	
Emergency room care	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$250 copay and 20% coinsurance	Deductible, then \$150 copay and 20% coinsurance	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$250 copay and 20% coinsurance	Deductible, then \$150 copay and 20% coinsurance	
Hospital: outpatient surgery hospital facility (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	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 ³	\$20 copay	\$15 copay	\$10 copay	\$10 copay	
Retail pharmacy tier 2 ³	\$50 copay	\$40 copay	\$35 copay	\$25 copay	
Retail pharmacy tier 3 ³	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	
Retail pharmacy tier 4 ³	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	
Dental ⁴ 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 & services	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	
Mental health and substance abuse: inpatient hospital	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$250 copay and 20% coinsurance	Deductible, then \$150 copay and 20% coinsurance	
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	
Physical, occupational and speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	

Cost-share reduction plans

	Parent Plan	Cost-Share Reduction Plans			
	Anthem Silver Pathway X 2500/10% (1GF6) ⁵	Anthem Silver Pathway X 2500/10%			
		S04 (1GF7)	S05 (1GF8)	S06 (1GF9)	
Network name	Pathway X HMO/POS	Pathway X HMO/POS	Pathway X HMO/POS	Pathway X HMO/POS	
Plan includes non-network coverage? ¹	No	No	No	No	
Coverage	Network	Network	Network	Network	
Individual deductible ² (Family ² = 2 x individual amount)	\$2,500	\$2,450	\$750	\$200	
How family deductibles work ²	Embedded	Embedded	Embedded	Embedded	
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$6,850	\$5,000	\$1,600	\$700	
Coinsurance ²	10% coinsurance	10% coinsurance	10% coinsurance	10% 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 10% coinsurance	\$30 copay per visit for first 3 office visits, then deductible and 10% coinsurance	\$25 copay per visit for first 3 office visits, then deductible and 10% coinsurance	\$10 copay per visit for first 3 office visits, then deductible and 10% coinsurance	
Office visit: specialist	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then \$300 copay and 10% coinsurance	Deductible, \$300 copay, then 10% coinsurance	Deductible, \$200 copay, then 10% coinsurance	Deductible, \$100 copay, then 10% coinsurance	
Preventive care ³	No additional cost	No additional cost	No additional cost	No additional cost	
Urgent care	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$50 copay and 10% coinsurance	
Emergency room care	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$250 copay and 10% coinsurance	Deductible, then \$150 copay and 10% coinsurance	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$250 copay and 10% coinsurance	Deductible, then \$150 copay and 10% coinsurance	
Hospital: outpatient surgery hospital facility (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	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 ³	\$20 copay	\$15 copay	\$10 copay	\$10 copay	
Retail pharmacy tier 2 ³	\$50 copay	\$40 copay	\$30 copay	\$30 copay	
Retail pharmacy tier 3 ³	10% coinsurance	10% coinsurance	10% coinsurance	10% coinsurance	
Retail pharmacy tier 4 ³	10% coinsurance	10% coinsurance	10% coinsurance	10% coinsurance	
Dental ⁴ 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 & services	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	
Mental health and substance abuse: inpatient hospital	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$250 copay and 10% coinsurance	Deductible, then \$150 copay and 10% coinsurance	
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	
Physical, occupational and speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	

Cost-share reduction plans

	Parent Plan	Cost-Share Reduction Plans			
	Anthem Silver Pathway X 3500/0% (1GEY) ⁵	Anthem Silver Pathway X 3500/0%			
		S04 (1GEZ)	S05 (1GFO)	S06 (1GF1)	
Network name	Pathway X HMO/POS	Pathway X HMO/POS	Pathway X HMO/POS	Pathway X HMO/POS	Pathway X HMO/POS
Plan includes non-network coverage? ¹	No	No	No	No	No
Coverage	Network	Network	Network	Network	Network
Individual deductible ² (Family ² = 2 x individual amount)	\$3,500	\$3,400	\$900	\$200	
How family deductibles work ²	Embedded	Embedded	Embedded	Embedded	
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$5,250	\$5,000	\$1,750	\$650	
Coinsurance ²	0% coinsurance	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.	\$45 copay per office visit	\$30 copay per office visit	\$20 copay per office visit	\$10 copay per office visit	
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 ³	No additional cost	No additional cost	No additional cost	No additional cost	
Urgent care	Deductible, then \$50 copay and 0% coinsurance	Deductible, then \$50 copay and 0% coinsurance	Deductible, then \$50 copay and 0% coinsurance	Deductible, then \$50 copay and 0% coinsurance	
Emergency room care	Deductible, then \$500 copay and 0% coinsurance	Deductible, then \$500 copay and 0% coinsurance	Deductible, then \$250 copay and 0% coinsurance	Deductible, then \$200 copay and 0% coinsurance	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 0% coinsurance	Deductible, then \$500 copay and 0% coinsurance	Deductible, then \$250 copay and 0% coinsurance	Deductible, then \$100 copay and 0% coinsurance	
Hospital: outpatient surgery hospital facility (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	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 ³	\$20 copay	\$15 copay	\$15 copay	\$10 copay	
Retail pharmacy tier 2 ³	\$50 copay	\$35 copay	\$30 copay	\$30 copay	
Retail pharmacy tier 3 ³	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance	
Retail pharmacy tier 4 ³	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance	
Dental ⁴ 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 & services	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 and 0% coinsurance	Deductible, then \$500 copay and 0% coinsurance	Deductible, then \$250 copay and 0% coinsurance	Deductible, then \$100 copay and 0% coinsurance	
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	
Physical, occupational and speech Therapy (limit of 20 visits per year per type of 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			
	Anthem Silver Pathway X 4250/30% (1XA2) ⁵	Anthem Silver Pathway X 4250/30%			
		S04 (1XA3)	S05 (1XA4)	S06 (1XA5)	
Network name	Pathway X HMO/POS	Pathway X HMO/POS	Pathway X HMO/POS	Pathway X HMO/POS	Pathway X HMO/POS
Plan includes non-network coverage? ¹	No	No	No	No	No
Coverage	Network	Network	Network	Network	Network
Individual deductible ² (Family ² = 2 x individual amount)	4,250	\$3,200	\$1,000	\$250	
How family deductibles work ²	Embedded	Embedded	Embedded	Embedded	
Individual out-of-pocket limit ² (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount) ²	\$5,250	\$4,200	\$1,650	\$650	
Coinsurance ²	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance	
Office visit: primary care physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance.	\$25 copay per office visit	\$25 copay per office visit	\$25 copay per office visit	\$25 copay per office visit	
Office visit: specialist	\$50 copay per office visit	\$50 copay per office visit	\$50 copay per office visit	\$50 copay per office visit	
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	
Preventive care ³	No additional cost	No additional cost	No additional cost	No additional cost	
Urgent care	\$90 copay	\$90 copay	\$90 copay	\$90 copay	
Emergency room care	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	
Hospital: inpatient admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$150 copay and 30% coinsurance	
Hospital: outpatient surgery hospital facility (includes surgery, maternity, mental health, and substance abuse)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	
Retail pharmacy deductible ³ (for tiers with deductible, cost share applies after deductible)	Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy deductible	Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy deductible	Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy deductible	Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy deductible	
Retail pharmacy tier 1 ³	\$15 copay	\$15 copay	\$10 copay	\$10 copay	
Retail pharmacy tier 2 ³	\$40 copay	\$40 copay	\$40 copay	\$30 copay	
Retail pharmacy tier 3 ³	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	
Retail pharmacy tier 4 ³	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	
Dental ⁴ 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 & services	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	
Mental health and substance abuse: inpatient hospital	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$150 copay and 30% coinsurance	
Chiropractic (Spinal manipulations limited to 12 visits per year)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	
Physical, occupational and speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	

Dental benefits with extras clients request

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

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

As part of the Affordable Care Act's pediatric dental benefit, they can pick from three options:

- A medical plan with pediatric dental benefits
- A stand-alone pediatric dental policy (Dental Pediatric plan)
- A stand-alone adult or 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 VisionSM 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[®]**, **Sears OpticalSM**, **Target Optical[®]**, **JCPenney[®] Optical** and most **Pearle Vision[®]** 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 plans¹

	Anthem Dental Pediatric (Dependents age 18 and younger)	Anthem Dental Family (Dependents age 18 and younger)	Anthem Dental Family (Adults age 19+)
	Network / Non-network	Network / Non-network	Network / Non-network
Dental network	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, all services) ²	\$50 / \$50	\$50 / \$50	\$50 / \$50
Annual maximum (per person) ²	None	None	\$750 / \$750
Annual out-of-pocket limit	\$350 ³ / None	\$350 ³ / None	None
Diagnostic and preventive	No waiting period	No waiting period	No waiting period
Cleaning, exams, X-rays	0% / 30% coinsurance	0% / 30% coinsurance	0% / 50% coinsurance
Extra cleaning	Not covered	Not covered	Not covered
Basic services	No waiting period	No waiting period	6-month waiting period
Fillings	40% / 50% coinsurance	40% / 50% coinsurance	50% / 75% coinsurance
Brush biopsy	Not covered	Not covered	Not covered
Complex & major services	No waiting period ⁴	No waiting period ⁴	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	50% / 50% coinsurance	50% / 50% coinsurance	70% / 85% coinsurance
Prosthetics (crowns, dentures, bridges)	50% / 50% coinsurance	50% / 50% coinsurance	70% / 85% coinsurance
Medically necessary orthodontia	50% / 50% coinsurance	50% / 50% coinsurance	Not covered
Cosmetic orthodontia	Not covered	Not covered	Not covered
International emergency dental program	Included	Included	Included

Dental plans

¹Unless stated otherwise these plans are available on and off the exchange.

² Per child, up to two children.

³ Except 12-month waiting period for medically necessary orthodontia.

⁴ Except 12-month waiting period for medically necessary and cosmetic orthodontia.

⁵ \$1,000 lifetime maximum for cosmetic orthodontia.

Dental plans¹

	Anthem Dental Family Enhanced (Dependents age 18 and younger)	Anthem Dental Family Enhanced (Adults age 19+)
	Network / Non-network	Network / Non-network
Dental network	Dental Prime	Dental Prime
Deductible (per person, all services) ²	\$25 / \$25	\$50 / \$50
Annual maximum (per person) ²	None	\$1,000 / \$1,000
Annual out-of-pocket limit	\$350 ³ / None	None
Diagnostic and preventive	No waiting period	No waiting period
Cleaning, exams, X-rays	0% / 20% coinsurance	0% / 50% coinsurance
Extra cleaning	Not covered	Not covered
Basic services	No waiting period	6-month waiting period
Fillings	20% / 40% coinsurance	20% / 60% coinsurance
Brush biopsy	Not covered	Not covered
Complex & major services	No waiting period ⁴	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	20% / 50% coinsurance	50% / 75% coinsurance
Prosthetics (crowns, dentures, bridges)	50% / 50% coinsurance	50% / 75% coinsurance
Medically necessary orthodontia	50% / 50% coinsurance	Not covered
Cosmetic orthodontia	50% / 50% coinsurance ⁵	Not covered
International emergency dental program	Included	Included

Dental plans

¹Unless stated otherwise these plans are available on and off the exchange.

² Per child, up to two children.

³ Except 12-month waiting period for medically necessary orthodontia.

⁴ Except 12-month waiting period for medically necessary and cosmetic orthodontia.

⁵ \$1,000 lifetime maximum for cosmetic orthodontia.

Dental plans¹

	Dental Prime Plan A	Dental Prime Plan B	Dental Prime Plan C
	Network / Non-network	Network / Non-network	Network / Non-network
Dental network	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, all services) ²	None	\$50 / \$50	\$50 / \$50
Annual maximum (per person) ²	\$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
Extra cleaning	1 extra cleaning per year for those who are pregnant or diabetic	1 extra cleaning per year for those who are pregnant or diabetic	1 extra cleaning per year for those who are pregnant or diabetic
Basic services	Not covered	6-month waiting period	6-month waiting period
Fillings	Not covered	20% / 20% coinsurance	20% / 20% coinsurance
Brush biopsy	Not covered	20% / 20% coinsurance	20% / 20% coinsurance
Complex & major services	Not covered	12-month waiting period	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	Not covered	50% / 50% coinsurance	50% / 50% coinsurance
Prosthetics (crowns, dentures, bridges)	Not covered	Not covered	50% / 50% coinsurance
Medically necessary orthodontia	Not covered	Not covered	Not covered
Cosmetic orthodontia	Not covered	Not covered	Not covered
International emergency dental program	Included	Included	Included

Dental plans

¹Unless stated otherwise these plans are available on and off the exchange.

² Per child, up to two children.

³ Except 12-month waiting period for medically necessary orthodontia.

⁴ Except 12-month waiting period for medically necessary and cosmetic orthodontia.

⁵ \$1,000 lifetime maximum for cosmetic orthodontia.

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:

- Artificial insemination, fertilization, infertility drugs or 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)
- Chiropractic 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
- Infertility testing and treatment
- 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.

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