

Connecticut

Effective January 1, 2022

# Anthem Balanced Funding (ABF) medical product guide



## Anthem Balanced Funding product details – 5 to 50

The ABF plan naming structure includes these elements:

**Anthem Balanced + network name + product type + copay or deductible/coinsurance/out-of-pocket maximum**

### ***Pharmacy benefits:***

- All plans use the Advantage with R90 network and the Select drug list.
- To view the Select Drug List, visit [anthem.com/CTSelectdrugtier4](https://www.anthem.com/CTSelectdrugtier4).

### ***Out of area coverage:***

- PPO plans have Full BlueCard access using the standard BlueCard PPO network.
- HMO plans have Limited BlueCard access for urgent and emergency coverage only using the Trad/Par network.

### ***Anthem Link BlueCare Prime HMO plans:***

- *Non-HSA plans:* Virtual text and virtual primary care visits with a member's in-network doctor or our online provider K Health covered in full (no cost share). Virtual preferred online provider (video visits) and other services such as PCP office visits, Specialist visits covered at copay. Deductible applies to facility services.
- *HSA plans:* Virtual text and virtual primary care visits with a member's in-network doctor or our online provider K Health subject to deductible, then covered in full. Virtual preferred online provider (video visits) and other services such as PCP office visits, Specialist visits subject to deductible, then copay.

These plans are non-ACA plans. All plans exclude certain state mandated benefits. See the Exclusions and Limitations page for more details on these plans.

The following benefit charts show in-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit <https://plan-summaries.anthem.com/sobdps/>.

***All product offerings are subject to change.***

# Anthem Balanced Funding product details – 5 to 50

Plan type	HMO		
Plan name	Anthem Balanced BlueCare Prime HMO 1000/20%/7000 <sup>Ω,Ω</sup>	Anthem Balanced BlueCare Prime HMO 2000/20%/7000 <sup>Ω,Ω</sup>	Anthem Balanced BlueCare Prime HMO 3000/20%/8500 <sup>Ω,Ω</sup>
Network	BlueCare Prime	BlueCare Prime	BlueCare Prime
Contract code	6ARL	6ASB	6ART
Deductible (individual/family)	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000	\$8,500/\$17,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	\$10	\$10	\$10
Office and virtual visits: Specialist (SPC) <sup>1</sup>	\$60	\$60	\$60
Medical chats and virtual primary care visits <sup>2</sup>	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	\$5	\$5	\$5
Urgent care (facility)	\$90	\$90	\$90
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$500	\$500	\$500
Site of service radiology center: X-ray and ultrasound	\$60	\$60	\$60
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$60	\$60	\$60
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>4</sup>	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script
Home delivery pharmacy <sup>4,5</sup>	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script

Ω This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

◇ Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

1 Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

2 Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

3 Cost share applies to virtual visits from our online provider LiveHealth Online – urgent/acute medical and behavioral health services (mental health / substance abuse).

4 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

5 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Anthem Balanced Funding product details – 5 to 50

Plan type	HMO		
Plan name	Anthem Balanced BlueCare Prime HMO 3000/20%/8500 Value <sup>◊,Ω</sup>	Anthem Balanced BlueCare Prime HMO 4000/25%/8500 <sup>◊,Ω</sup>	Anthem Balanced BlueCare Prime HMO 4500/25%/8500 <sup>◊,Ω</sup>
Network	BlueCare Prime	BlueCare Prime	BlueCare Prime
Contract code	6ASE	6ASC	6ARU
Deductible (individual/family)	\$3,000/\$6,000	\$4,000/\$8,000	\$4,500/\$9,000
Coinsurance	20%	25%	25%
Out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$8,500/\$17,000	\$8,500/\$17,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	\$30	\$10	\$10
Office and virtual visits: Specialist (SPC) <sup>1</sup>	Deductible, then \$60	\$80	\$80
Medical chats and virtual primary care visits <sup>2</sup>	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	\$5	\$5	\$5
Urgent care (facility)	\$90	\$120	\$120
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$500	\$500	\$500
Site of service radiology center: X-ray and ultrasound	\$60	\$80	\$80
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$60	\$80	\$80
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>4</sup>	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script
Home delivery pharmacy <sup>4,5</sup>	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script

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# Anthem Balanced Funding product details – 5 to 50

Plan type	HMO		
Plan name	Anthem Balanced BlueCare Prime HMO 5500/30%/8500 <sup>◊,Ω</sup>	Anthem Balanced BlueCare Prime HMO 6000/30%/8500 Value <sup>◊,Ω</sup>	Anthem Balanced BlueCare Prime HMO 6500/30%/8500 <sup>◊,Ω</sup>
Network	BlueCare Prime	BlueCare Prime	BlueCare Prime
Contract code	6AS5	6ASF	6AS6
Deductible (individual/family)	\$5,500/\$11,000	\$6,000/\$12,000	\$6,500/\$13,000
Coinsurance	30%	30%	30%
Out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$8,500/\$17,000	\$8,500/\$17,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	\$10	\$40	\$10
Office and virtual visits: Specialist (SPC) <sup>1</sup>	\$80	Deductible, then \$80	\$80
Medical chats and virtual primary care visits <sup>2</sup>	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	\$5	\$5	\$5
Urgent care (facility)	\$120	\$120	\$120
Emergency room (facility)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$500	\$500	\$500
Site of service radiology center: X-ray and ultrasound	\$80	\$80	\$80
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$80	\$80	\$80
Hospital outpatient surgery facility	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>4</sup>	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script
Home delivery pharmacy <sup>4,5</sup>	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script

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# Anthem Balanced Funding product details – 5 to 50

Plan type	HMO	HMO HSA	
Plan name	Anthem Balanced BlueCare Prime HMO 8500/0%/8500 <sup>◇</sup>	Anthem Balanced BlueCare Prime HMO 3000/20%/7000 w/HSA <sup>†,◇</sup>	Anthem Balanced BlueCare Prime HMO 4000/20%/7000 w/HSA <sup>†,◇</sup>
Network	BlueCare Prime	BlueCare Prime	BlueCare Prime
Contract code	6ARW	6ARQ	6ARR
Deductible (individual/family)	\$8,500/\$17,000	\$3,000/\$6,000	\$4,000/\$8,000
Coinsurance	0%	20%	20%
Out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$7,000/\$14,000	\$7,000/\$14,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	Deductible, then \$0	Deductible, then \$10	Deductible, then \$10
Office and virtual visits: Specialist (SPC) <sup>1</sup>	Deductible, then \$0	Deductible, then \$60	Deductible, then \$60
Medical chats and virtual primary care visits <sup>2</sup>	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	Deductible, then \$0	Deductible, then \$5	Deductible, then \$5
Urgent care (facility)	Deductible, then \$0	Deductible, then \$90	Deductible, then \$90
Emergency room (facility)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Site of service radiology center: X-ray and ultrasound	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies <sup>‡</sup>	Tiers 1-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply <sup>4</sup>	0%	\$5/\$50/30%/30%	\$5/\$50/30%/30%
Home delivery pharmacy <sup>4,5</sup>	0%	\$13/\$150/30%/30%	\$13/\$150/30%/30%

Ω This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

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† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online – urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Anthem Balanced Funding product details – 5 to 50

Plan type	HMO HSA	
Plan name	Anthem Balanced BlueCare Prime HMO 5000/30%/7000 w/HSA <sup>†,◊</sup>	Anthem Balanced BlueCare Prime HMO 6000/30%/7000 w/HSA <sup>†,◊</sup>
Network	BlueCare Prime	BlueCare Prime
Contract code	6ARS	6ASD
Deductible (individual/family)	\$5,000/\$10,000	\$6,000/\$12,000
Coinsurance	30%	30%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	Deductible, then \$10	Deductible, then \$10
Office and virtual visits: Specialist (SPC) <sup>1</sup>	Deductible, then \$80	Deductible, then \$80
Medical chats and virtual primary care visits <sup>2</sup>	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	Deductible, then \$5	Deductible, then \$5
Urgent care (facility)	Deductible, then \$120	Deductible, then \$120
Emergency room (facility)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Site of service radiology center: X-ray and ultrasound	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Hospital outpatient surgery facility	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: Medical deductible applies <sup>‡</sup>	Tiers 1-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply <sup>4</sup>	\$5/\$50/30%/30%	\$5/\$50/30%/30%
Home delivery pharmacy <sup>4,5</sup>	\$13/\$150/30%/30%	\$13/\$150/30%/30%

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# Anthem Balanced Funding product details – 5 to 50

Plan type	HMO	
Plan name	Anthem Link Balanced BlueCare Prime HMO 7500/8500 <sup>◊,Ω</sup>	Anthem Link Balanced BlueCare Prime HMO 8500/8500 <sup>◊,Ω</sup>
Network	BlueCare Prime	BlueCare Prime
Contract code	6AS7	6ASA
Deductible (individual/family)	\$7,500/\$15,000	\$8,500/\$17,000
Coinsurance	25%	25%
Out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$8,500/\$17,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	\$10	\$10
Office and virtual visits: Specialist (SPC) <sup>1</sup>	\$100	\$100
Medical chats and virtual primary care visits <sup>2</sup>	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	\$5	\$5
Urgent care (facility)	\$150	\$150
Emergency room (facility)	Deductible, then \$500	Deductible, then \$0
Site of service surgical center: ambulatory outpatient surgery center	\$500	\$500
Site of service radiology center: X-ray and ultrasound	\$100	\$100
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$100	\$100
Hospital outpatient surgery facility	Deductible, then \$500	Deductible, then \$0
Hospital inpatient admission	Deductible, then \$750 per admission	Deductible, then \$0 per admission
Pharmacy deductible (individual/family)	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply <sup>4</sup>	\$0/\$10/\$60/30% up to \$500 per script/30% up to \$1,000 per script	\$0/\$10/\$60/0%/0%
Home delivery pharmacy <sup>4,5</sup>	\$0/\$25/\$180/30% up to \$1,500 per script/30% up to \$1,000 per script	\$0/\$25/\$180/0%/0%

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# Anthem Balanced Funding product details – 5 to 50

Plan type	HMO HSA	
Plan name	Anthem Link Balanced BlueCare Prime HMO 6500/7000 w/HSA <sup>†,‡,Ω</sup>	Anthem Link Balanced BlueCare Prime HMO 7000/7000 w/HSA <sup>†,‡,Ω</sup>
Network	BlueCare Prime	BlueCare Prime
Contract code	6AS9	6AS8
Deductible (individual/family)	\$6,500/\$13,000	\$7,000/\$14,000
Coinsurance	0%	0%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	Deductible, then \$10	Deductible, then \$0
Office and virtual visits: Specialist (SPC) <sup>1</sup>	Deductible, then \$80	Deductible, then \$0
Medical chats and virtual primary care visits <sup>2</sup>	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	Deductible, then \$5	Deductible, then \$0
Urgent care (facility)	Deductible, then \$120	Deductible, then \$0
Emergency room (facility)	Deductible, then \$500	Deductible, then \$0
Site of service surgical center: ambulatory outpatient surgery center	Deductible, then \$500	Deductible, then \$0
Site of service radiology center: X-ray and ultrasound	Deductible, then \$80	Deductible, then \$0
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then \$80	Deductible, then \$0
Hospital outpatient surgery facility	Deductible, then \$500	Deductible, then \$0
Hospital inpatient admission	Deductible, then \$500 per admission	Deductible, then \$0 per admission
Pharmacy deductible (individual/family)	Tiers 1-4: Medical deductible applies <sup>†</sup>	Tiers 1-4: Medical deductible applies <sup>†</sup>
Retail pharmacy: 30-day supply <sup>4</sup>	\$0/\$10/\$60/30%/30%	0%
Home delivery pharmacy <sup>4,5</sup>	\$0/\$25/\$180/30%/30%	0%

Ω This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

◇ Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online – urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Anthem Balanced Funding product details – 5 to 50

Plan type	PPO		
Plan name	Anthem Balanced Pathway CT PPO 1000/20%/7000 <sup>Ω</sup>	Anthem Balanced Pathway CT PPO 2000/20%/7000 <sup>Ω</sup>	Anthem Balanced Pathway CT PPO 3000/20%/8500 <sup>Ω</sup>
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
Contract code	6ASG	6ARN	6ARZ
Deductible (individual/family)	\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$6,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000	\$8,500/\$17,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	\$30	\$30	\$30
Office and virtual visits: Specialist (SPC) <sup>1</sup>	\$60	\$60	\$60
Medical chats and virtual primary care visits <sup>2</sup>	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	\$5	\$5	\$5
Urgent care (facility)	\$90	\$90	\$90
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$500	\$500	\$500
Site of service radiology center: X-ray and ultrasound	\$60	\$60	\$60
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$60	\$60	\$60
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>4</sup>	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script
Home delivery pharmacy <sup>4,5</sup>	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script

Ω This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

◇ Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

1 Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

2 Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

3 Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

4 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

5 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Anthem Balanced Funding product details – 5 to 50

Plan type	PPO		
Plan name	Anthem Balanced Pathway CT PPO 3000/20%/8500 Value <sup>Ω</sup>	Anthem Balanced Pathway CT PPO 4000/25%/8500 <sup>Ω</sup>	Anthem Balanced Pathway CT PPO 4500/25%/8500 <sup>Ω</sup>
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
Contract code	6ARY	6ARP	6ARM
Deductible (individual/family)	\$3,000/\$6,000	\$4,000/\$8,000	\$4,500/\$9,000
Coinsurance	20%	25%	25%
Out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$8,500/\$17,000	\$8,500/\$17,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	\$30	\$40	\$40
Office and virtual visits: Specialist (SPC) <sup>1</sup>	Deductible, then \$60	\$80	\$80
Medical chats and virtual primary care visits <sup>2</sup>	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	\$5	\$5	\$5
Urgent care (facility)	\$90	\$120	\$120
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$500	\$500	\$500
Site of service radiology center: X-ray and ultrasound	\$60	\$80	\$80
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$60	\$80	\$80
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>4</sup>	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script
Home delivery pharmacy <sup>4,5</sup>	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script

<sup>Ω</sup> This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

<sup>◇</sup> Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

<sup>†</sup> This HSA-compatible plan includes Preventive Pharmacy.

<sup>‡</sup> Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. **NOTE:** The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online – urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Anthem Balanced Funding product details – 5 to 50

Plan type	PPO		
Plan name	Anthem Balanced Pathway CT PPO 5500/30%/8500 <sup>Ω</sup>	Anthem Balanced Pathway CT PPO 6000/30%/8500 Value <sup>Ω</sup>	Anthem Balanced Pathway CT PPO 6500/30%/8500 <sup>Ω</sup>
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
Contract code	6AS2	6ARG	6AS1
Deductible (individual/family)	\$5,500/\$11,000	\$6,000/\$12,000	\$6,500/\$13,000
Coinsurance	30%	30%	30%
Out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$8,500/\$17,000	\$8,500/\$17,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	\$40	\$40	\$40
Office and virtual visits: Specialist (SPC) <sup>1</sup>	\$80	Deductible, then \$80	\$80
Medical chats and virtual primary care visits <sup>2</sup>	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	\$5	\$5	\$5
Urgent care (facility)	\$120	\$120	\$120
Emergency room (facility)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$500	\$500	\$500
Site of service radiology center: X-ray and ultrasound	\$80	\$80	\$80
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$80	\$80	\$80
Hospital outpatient surgery facility	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>4</sup>	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script
Home delivery pharmacy <sup>4,5</sup>	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script

Ω This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

◇ Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

1 Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

2 Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

3 Cost share applies to virtual visits from our online provider LiveHealth Online – urgent/acute medical and behavioral health services (mental health / substance abuse).

4 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

5 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Anthem Balanced Funding product details – 5 to 50

Plan type	PPO	PPO HSA	
Plan name	Anthem Balanced Pathway CT PPO 8500/0%/8500	Anthem Balanced Pathway CT PPO 3000/20%/7000 w/HSA <sup>†</sup>	Anthem Balanced Pathway CT PPO 4000/20%/7000 w/HSA <sup>†</sup>
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
Contract code	6AS0	6ARJ	6AS3
Deductible (individual/family)	\$8,500/\$17,000	\$3,000/\$6,000	\$4,000/\$8,000
Coinsurance	0%	20%	20%
Out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$7,000/\$14,000	\$7,000/\$14,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	Deductible, then \$0	Deductible, then \$30	Deductible, then \$30
Office and virtual visits: Specialist (SPC) <sup>1</sup>	Deductible, then \$0	Deductible, then \$60	Deductible, then \$60
Medical chats and virtual primary care visits <sup>2</sup>	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	Deductible, then \$0	Deductible, then \$5	Deductible, then \$5
Urgent care (facility)	Deductible, then \$0	Deductible, then \$90	Deductible, then \$90
Emergency room (facility)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Site of service radiology center: X-ray and ultrasound	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies <sup>‡</sup>	Tiers 1-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply <sup>4</sup>	0%	\$5/\$50/30%/30%	\$5/\$50/30%/30%
Home delivery pharmacy <sup>4,5</sup>	0%	\$13/\$150/30%/30%	\$13/\$150/30%/30%

Ω This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

◇ Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online – urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Anthem Balanced Funding product details – 5 to 50

Plan type	PPO HSA			
	Plan name	Anthem Balanced Pathway CT PPO 5000/30%/7000 w/HSA <sup>†</sup>	Anthem Balanced Pathway CT PPO 6000/30%/7000 w/HSA <sup>†</sup>	Anthem Balanced Pathway CT PPO 7000/0%/7000 w/HSA <sup>†</sup>
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
Contract code	6ARK	6AS4	6ARH	6ARH
Deductible (individual/family)	\$5,000/\$10,000	\$6,000/\$12,000	\$7,000/\$14,000	\$7,000/\$14,000
Coinsurance	30%	30%	0%	0%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	Deductible, then \$40	Deductible, then \$40	Deductible, then \$0	Deductible, then \$0
Office and virtual visits: Specialist (SPC) <sup>1</sup>	Deductible, then \$80	Deductible, then \$80	Deductible, then \$0	Deductible, then \$0
Medical chats and virtual primary care visits <sup>2</sup>	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	Deductible, then \$5	Deductible, then \$5	Deductible, then \$0	Deductible, then \$0
Urgent care (facility)	Deductible, then \$120	Deductible, then \$120	Deductible, then \$0	Deductible, then \$0
Emergency room (facility)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Site of service radiology center: X-ray and ultrasound	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: Medical deductible applies <sup>‡</sup>	Tiers 1-4: Medical deductible applies <sup>‡</sup>	Tiers 1-4: Medical deductible applies <sup>‡</sup>	Tiers 1-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply <sup>4</sup>	\$5/\$50/30%/30%	\$5/\$50/30%/30%	0%	0%
Home delivery pharmacy <sup>4,5</sup>	\$13/\$150/30%/30%	\$13/\$150/30%/30%	0%	0%

Ω This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

◇ Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online – urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Anthem Balanced Funding product details – 5 to 50

Plan type	PPO HSA
Plan name	Anthem Balanced Pathway CT PPO Tiered 5500/0%/7000 w/HSA <sup>†</sup>
Network	Pathway CT PPO Tiered
Contract code	6ARV
Deductible (individual/family)	Tier 1: \$5,500/\$11,000 Tier 2: \$6,500/\$13,000
Coinsurance	Tier 1: 0% Tier 2: 50%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 50% coinsurance
Office and virtual visits: Specialist (SPC) <sup>1</sup>	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 50% coinsurance
Medical chats and virtual primary care visits <sup>2</sup>	Tier 1: Deductible, then covered in full Tier 2: Not applicable
Virtual doctor visits: Preferred online provider <sup>3</sup>	Deductible, then covered in full
Urgent care (facility)	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 50% coinsurance
Emergency room (facility)	Tier 1: Same as Tier 2 Tier 2: Deductible, then 50% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 50% coinsurance
Site of service radiology center: X-ray and ultrasound	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 50% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 50% coinsurance
Hospital outpatient surgery facility	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 50% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 50% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply <sup>4</sup>	\$5/\$50/30%/30%
Home delivery pharmacy <sup>4,5</sup>	\$13/\$150/30%/30%

Ω This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

◇ Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

1 Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

2 Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

3 Cost share applies to virtual visits from our online provider LiveHealth Online – urgent/acute medical and behavioral health services (mental health / substance abuse).

4 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

5 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# 2022 Anthem Balanced Funding New Business

## Sold Case Checklist:

- 2022 Employer Application
- Census Enrollment macro file (unique file for each sold group)
- Signed proposal
- Tax filing (UC2/UC5)
- NY HCRA form (requires wet signature)
  - If moving from FI to ASO, form DOH 4399 (all four pages)
  - If moving from ASO to ASO, form DOH 4403 (one page)
- Internet Eligibility Form for online membership maintenance
- No Binder Check required
- EFT required

## Case Submission Process:

- Five separate attachments:
  - Employer App packet
  - Census
  - Signed proposal
  - Tax document
  - Internet eligibility file
- Email directly to [ctsgnewsalesandmissinginfo@anthem.com](mailto:ctsgnewsalesandmissinginfo@anthem.com) and your account executive
- Once installed, an email will be sent to the group administrator granting access to the billing and claims system
- Group administrator can then grant access to broker for billing and claims info
- Billing invoice is sent to group and EFT pull happens 7 business days after the notice
- Detailed bill can be pulled from EmployerAccess billing tab
  - Use pivot table to summarize the detail
- If ancillary lines are elected, we will require a benemod form and full ancillary quote.

## Employer Access Manual:

- <https://file.anthem.com/104377MUEENABS.pdf>

## Exclusions and limitations

In this section, you'll find a review of items that are not covered by your plan. Excluded items will not be covered even if the service, supply, or equipment is medically necessary. This section is only meant to be an aid to point out certain items that may be misunderstood as covered services. This section is not meant to be a complete list of all the items that are excluded by your plan. Please refer to the Evidence of Coverage for details.

We will have the right to make the final decision about whether services or supplies are medically necessary and if they will be covered by your plan.

### Exclusions:

- Infertility Assistive Reproductive Technologies (ART)
- Dental anesthesia
- Temporomandibular joint disorder (TMJ)
- Oral surgery for impacted teeth

### Limitations:

- Hearing aids up to age 12 of \$1,500/every 3 years per ear
- Combined rehabilitative and habilitative PT/OT/ST/Manipulation services visit limit (includes massage therapy provided during these visits)
- Home health care (HHC) – limited to 100 visit(s) per benefit period
- Covered out-of-network HOTT benefits are excluded from out-of-network out-of-pocket maximum.



# PARTNERED FOR POSSIBILITIES

## Helping to contain costs and improving access to quality care

We appreciate the opportunity to partner with you. We understand that providing health benefits is an important decision for small businesses. That's why we're working hard to build confidence, improve the member experience, and make care convenient and accessible.

**We care for the same things you do**, including finding simple solutions for your day-to-day challenges. We look forward to supporting you and your employees and are excited about our future **possibilities**.

**Questions?** We're here to help. Call your Anthem representative.

