

Connecticut

Effective January 1, 2019

# Small Group medical products

## Small Group product details – 2\* to 50 employees

The plan naming structure includes these elements: **Anthem + metal tier + network name + product type + copay or deductible/coinsurance/out-of-pocket maximum**

Our plans use the Select formulary, also referred to as the Connecticut Select Drug List. To view the Select Drug List, visit [anthem.com/CTSelectdrugtier4](http://anthem.com/CTSelectdrugtier4).

Plan type	Platinum plans		
	HMO		
Plan name	Anthem Platinum Pathway CT HMO 10/0%/2500 <sup>Q</sup>	Anthem Platinum Pathway CT HMO 25/10%/3500 <sup>Q</sup>	Anthem Platinum Pathway CT PPO 10/0%/2500 <sup>Q</sup>
Network	Pathway CT HMO	Pathway CT HMO	Pathway CT PPO
Contract code	38NZ	38PH	38P1
Deductible (individual/family)	\$0/\$0	\$0/\$0	\$0/\$0
Coinsurance	0%	10%	0%
Out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$3,500/\$7,000	\$2,500/\$5,000
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	PCP: \$10 SPC: \$20 RHC: \$10	PCP: \$25 SPC: \$40 RHC: \$25	PCP: \$10 SPC: \$20 RHC: \$10
Doctor visits: LiveHealth Online <sup>1</sup>	Covered in full	\$0 for first 12 visits, then \$10	Covered in full
Urgent care (facility)	\$50	\$75	\$50
Emergency room (facility)	\$200	\$200	\$200
Freestanding/SOS surgical center: ambulatory outpatient surgery center	\$150	\$150	\$150
Freestanding/SOS radiology center: X-ray and ultrasound	Covered in full	Covered in full	Covered in full
Free standing/SOS radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	\$75
Outpatient surgery (facility)	\$200	10% coinsurance	\$200
Hospital inpatient admission	\$300 copay per admission	10% coinsurance	\$300 copay per admission
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$5/\$50/30% up to \$500 per script/30% up to \$1000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1000 per script
Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3/tier 4)	\$13/\$150/30% up to \$1500 per script/30% up to \$1000 per script	\$13/\$150/30% up to \$1500 per script/30% up to \$1000 per script	\$13/\$150/30% up to \$1500 per script/30% up to \$1000 per script

**Important: Vision benefits are included with every Anthem Small Group plan at no extra cost.** Children up to age 19 are covered for yearly eye exams, plus frames and lenses. Adults are covered for yearly eye exams, plus frames (\$130 when they use a doctor in the plan) and lenses every two years. HSA plans provide access to vision discounts before the deductible is met. Vision exam and other benefits are subject to the plan deductible. Children's dental benefits are included in each plan. Please refer to your Certificate of Coverage for details.

\*A small group must have at least 2 eligible, active, full-time FTE employees (working at least 20 hours per week).

<sup>Q</sup> This plan offers site of service (SOS) benefits with no charge for lab tests performed at freestanding / site of service labs and for X-ray services performed at freestanding / site of service radiology centers. Advanced diagnostic imaging is covered at \$75 per service up to \$375 per benefit period when performed at freestanding / site of service radiology centers. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Certificate of Coverage for details.

The below overview represents 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 [plan-summaries.anthem.com/sobdps/](http://plan-summaries.anthem.com/sobdps/).

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## Gold plans

### PPO

Anthem Gold Pathway CT PPO 1000/20%/6000 <sup>△</sup>	Anthem Gold Pathway CT PPO 1500/30%/3000 <sup>△</sup>	Anthem Gold Pathway CT PPO 2000/20%/4000 <sup>△</sup>	Anthem Gold Pathway CT PPO 2500/0%/4500 <sup>△</sup>
Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
38NR	38P3	38P7	38NT
\$1,000/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000
20%	30%	20%	0%
\$6,000/\$12,000	\$3,000/\$6,000	\$4,000/\$8,000	\$4,500/\$9,000
PCP: \$20 SPC: \$40 RHC: \$20	\$30 for first 3 visits, then deductible and 30% coinsurance	PCP: \$25 SPC: Deductible, then \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25
\$0 for first 12 visits, then \$10	\$0 for first 12 visits, then \$15	\$0 for first 12 visits, then \$10	\$0 for first 12 visits, then \$10
\$75	Deductible, then 30% coinsurance	Deductible, then \$75	\$75
Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
\$250	\$250	\$250	\$250
Covered in full	Covered in full	Covered in full	Covered in full
\$75	\$75	\$75	\$75
Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then \$500 copay per day up to 4 days per admission	Deductible, then 0% coinsurance
Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-4: No deductible
\$5/\$50/30% up to \$500 per script/30% up to \$1000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1000 per script
\$13/\$150/30% up to \$1500 per script/30% up to \$1000 per script	\$13/\$150/30% up to \$1500 per script/30% up to \$1000 per script	\$13/\$150/30% up to \$1500 per script/30% up to \$1000 per script	\$13/\$150/30% up to \$1500 per script/30% up to \$1000 per script

△ Nonembedded deductible plan; all other plans have embedded deductibles.

† This HSA-compatible plan includes Preventive Pharmacy.

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

1 Cost share applies to LiveHealth Online medical doctor visits only. The cost share for LiveHealth Online psychology services equals the mental health / substance abuse office visit cost share under the plan.

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.

## Small Group product details – 2\* to 50 employees

The plan naming structure includes these elements: **Anthem + metal tier + network name + product type + copay or deductible/coinsurance/out-of-pocket maximum**

Our plans use the Select formulary, also referred to as the Connecticut Select Drug List. To view the Select Drug List, visit [anthem.com/CTSelectdrugtier4](http://anthem.com/CTSelectdrugtier4).

Plan type	Gold plans		
	PPO		PPO HSA
Plan name	Anthem Gold Pathway CT PPO Tiered 1500/0%/6000 <sup>Q</sup>	Anthem Gold Pathway CT PPO Tiered 2500/0%/6000 <sup>Q</sup>	Anthem Gold Pathway CT PPO 1350/10%/4000 w/HSA <sup>†,Δ</sup>
Network	Pathway CT PPO Tiered	Pathway CT PPO Tiered	Pathway CT PPO
Contract code	38Q3	38QP	38PM
Deductible (individual/family)	Tier 1: \$1,500/\$3,000 Tier 2: \$1,500/\$3,000	Tier 1: \$2,500/\$5,000 Tier 2: \$2,500/\$5,000	\$1,350/\$2,700
Coinsurance	Tier 1: 0% Tier 2: 30%	Tier 1: 0% Tier 2: 30%	10%
Out-of-pocket maximum (individual/family)	\$6,000/\$12,000	\$6,000/\$12,000	\$4,000/\$8,000
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	Tier 1 / Tier 2 PCP: \$20 / Deductible, then \$40 SPC: \$40 / Deductible, then \$50 RHC: \$20 / \$20	Tier 1 / Tier 2 PCP: \$25 / \$40 SPC: \$40 / \$50 RHC: \$25 / \$25	PCP: Deductible, then \$20 SPC: Deductible, then \$40 RHC: Deductible, then \$20
Doctor visits: LiveHealth Online <sup>1</sup>	Tier 1: \$0 for first 12 visits, then \$10 Tier 2: \$0 for first 12 visits, then \$10	Tier 1: \$0 for first 12 visits, then \$10 Tier 2: \$0 for first 12 visits, then \$10	Deductible, then 0% coinsurance
Urgent care (facility)	Tier 1: \$75 Tier 2: \$75	Tier 1: \$75 Tier 2: \$75	Deductible, then \$75
Emergency room (facility)	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance	Deductible, then 10% coinsurance
Freestanding/SOS surgical center: ambulatory outpatient surgery center	Tier 1: \$250 Tier 2: \$250	Tier 1: \$250 Tier 2: \$250	Deductible, then 10% coinsurance
Freestanding/SOS radiology center: X-ray and ultrasound	Tier 1: Covered in full Tier 2: Covered in full	Tier 1: Covered in full Tier 2: Covered in full	Deductible, then 10% coinsurance
Free standing/SOS radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Tier 1: \$75 Tier 2: \$75	Tier 1: \$75 Tier 2: \$75	Deductible, then 10% coinsurance
Outpatient surgery (facility)	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Deductible, then 10% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Deductible, then 10% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies <sup>†</sup>
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$5/\$50/30% up to \$500 per script/30% up to \$1000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1000 per script	\$5/\$50/30%/30%
Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3/tier 4)	\$13/\$150/30% up to \$1500 per script/30% up to \$1000 per script	\$13/\$150/30% up to \$1500 per script/30% up to \$1000 per script	\$13/\$150/30%/30%

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Silver plans			
PPO			
Anthem Silver Pathway CT PPO 3500/30%/7900 <sup>△</sup>	Anthem Silver Pathway CT PPO 4500/0%/7900 <sup>△</sup>	Anthem Silver Pathway CT PPO 4500/25%/7900 <sup>△</sup>	Anthem Silver Pathway CT PPO 5000/25%/7900 <sup>△</sup>
Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
38P5	38PB	38PD	38P9
\$3,500/\$7,000	\$4,500/\$9,000	\$4,500/\$9,000	\$5,000/\$10,000
30%	0%	25%	25%
\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800
\$30 for first 3 visits, then deductible and 30% coinsurance	PCP: \$30 SPC: Deductible, then \$45 RHC: \$30	PCP: \$40 SPC: \$50 RHC: \$40	PCP: \$35 SPC: \$50 RHC: \$35
\$0 for first 12 visits, then \$15	\$0 for first 12 visits, then \$15	\$0 for first 12 visits, then \$15	\$0 for first 12 visits, then \$15
Deductible, then 30% coinsurance	Deductible, then \$75	\$75	\$75
Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
\$300	\$300	\$500	\$500
Covered in full	Covered in full	Covered in full	Covered in full
\$75	\$75	\$75	\$75
Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Deductible, then 30% coinsurance	Deductible, then \$500 copay per day up to 4 days per admission	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Tiers 1-4: No deductible	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-4: No deductible	Tiers 1-4: No deductible
\$5/\$50/30% up to \$500 per script/30% up to \$1000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1000 per script
\$13/\$150/30% up to \$1500 per script/30% up to \$1000 per script	\$13/\$150/30% up to \$1500 per script/30% up to \$1000 per script	\$13/\$150/30% up to \$1500 per script/30% up to \$1000 per script	\$13/\$150/30% up to \$1500 per script/30% up to \$1000 per script

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Plan type	Silver plans		
	PPO		
Plan name	Anthem Silver Pathway CT PPO Tiered 5500/0%/7900 <sup>Q</sup>	Anthem Silver Pathway CT PPO 3000/20%/6700 w/HSA <sup>†</sup>	Anthem Silver Pathway CT PPO 3400/0%/6700 w/HSA <sup>†</sup>
Network	Pathway CT PPO Tiered	Pathway CT PPO	Pathway CT PPO
Contract code	38QD	38PK	38NP
Deductible (individual/family)	Tier 1: \$5,500/\$11,000 Tier 2: \$5,500/\$11,000	\$3,000/\$6,000	\$3,400/\$6,800
Coinsurance	Tier 1: 0% Tier 2: 30%	20%	0%
Out-of-pocket maximum (individual/family)	\$7,900/\$15,800	\$6,700/\$13,400	\$6,700/\$13,400
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	Tier 1 / Tier 2 PCP: \$40 / Deductible, then \$40 SPC: \$50 / Deductible, then \$50 RHC: \$40 / \$40	PCP: Deductible, then \$30 SPC: Deductible, then \$50 RHC: Deductible, then \$30	Deductible, then 0% coinsurance
Doctor visits: LiveHealth Online <sup>1</sup>	Tier 1: \$0 for first 12 visits, then \$15 Tier 2: \$0 for first 12 visits, then \$15	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Urgent care (facility)	Tier 1: \$75 Tier 2: \$75	Deductible, then \$75	Deductible, then 0% coinsurance
Emergency room (facility)	Tier 1: Deductible, then \$200 Tier 2: Deductible, then \$200	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Freestanding/SOS surgical center: ambulatory outpatient surgery center	Tier 1: \$250 Tier 2: \$250	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Freestanding/SOS radiology center: X-ray and ultrasound	Tier 1: Covered in full Tier 2: Covered in full	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Free standing/SOS radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Tier 1: \$75 Tier 2: \$75	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Outpatient surgery (facility)	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies <sup>‡</sup>	Tiers 1-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$5/\$50/30% up to \$500 per script/30% up to \$1000 per script	\$5/\$50/30%/30%	\$5/\$50/30%/30%
Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3/tier 4)	\$13/\$150/30% up to \$1500 per script/30% up to \$1000 per script	\$13/\$150/30%/30%	\$13/\$150/30%/30%

**Important: Vision benefits are included with every Anthem Small Group plan at no extra cost.** Children up to age 19 are covered for yearly eye exams, plus frames and lenses. Adults are covered for yearly eye exams, plus frames (\$130 when they use a doctor in the plan) and lenses every two years. HSA plans provide access to vision discounts before the deductible is met. Vision exam and other benefits are subject to the plan deductible. Children's dental benefits are included in each plan. Please refer to your Certificate of Coverage for details.

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Bronze plans			
PPO HSA			
Anthem Silver Pathway CT PPO Tiered 3200/0%/6700 w/HSA <sup>†</sup>	Anthem Bronze Pathway CT PPO 5000/30%/6700 w/HSA <sup>†</sup>	Anthem Bronze Pathway CT PPO 5500/20%/6700 w/HSA <sup>†</sup>	Anthem Bronze Pathway CT PPO 6700/0%/6700 w/HSA <sup>†</sup>
Pathway CT PPO Tiered	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
38QX	38PF	38NV	38NX
Tier 1: \$3,200/\$6,400 Tier 2: \$3,200/\$6,400	\$5,000/\$10,000	\$5,500/\$11,000	\$6,700/\$13,400
Tier 1: 0% Tier 2: 30%	30%	20%	0%
\$6,700/\$13,400	\$6,700/\$13,400	\$6,700/\$13,400	\$6,700/\$13,400
Tier 1 / Tier 2 PCP: Deductible, then 0% coinsurance / Deductible, then 30% coinsurance SPC: Deductible, then 0% coinsurance / Deductible, then 30% coinsurance RHC: Deductible, then 0% coinsurance / Deductible, then 0% coinsurance	PCP: Deductible, then \$30 SPC: Deductible, then \$50 RHC: Deductible, then \$30	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance	Deductible, then \$75	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
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>
\$5/\$50/30%/30%	\$5/\$50/30%/30%	\$5/\$50/30%/30%	0%
\$13/\$150/30%/30%	\$13/\$150/30%/30%	\$13/\$150/30%/30%	0%

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	Bronze plans
Plan type	PPO HSA
Plan name	Anthem Bronze Pathway CT PPO Tiered 5500/20%/6700 w/HSA <sup>†</sup>
Network	Pathway CT PPO Tiered
Contract code	38Q9
Deductible (individual/family)	Tier 1: \$5,500/\$11,000 Tier 2: \$5,500/\$11,000
Coinsurance	Tier 1: 20% Tier 2: 30%
Out-of-pocket maximum (individual/family)	\$6,700/\$13,400
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	Tier 1 / Tier 2 PCP: Deductible, then 20% coinsurance / Deductible, then 30% coinsurance SPC: Deductible, then 20% coinsurance / Deductible, then 30% coinsurance RHC: Deductible, then 20% coinsurance / Deductible, then 20% coinsurance
Doctor visits: LiveHealth Online <sup>1</sup>	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance
Urgent care (facility)	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 20% coinsurance
Emergency room (facility)	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 20% coinsurance
Freestanding/SOS surgical center: ambulatory outpatient surgery center	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 20% coinsurance
Freestanding/SOS radiology center: X-ray and ultrasound	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 20% coinsurance
Free standing/SOS radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 20% coinsurance
Outpatient surgery (facility)	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 30% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 30% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: Medical deductible applies <sup>†</sup>
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$5/\$50/30%/30%
Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3/tier 4)	\$13/\$150/30%/30%

**Important: Vision benefits are included with every Anthem Small Group plan at no extra cost.** Children up to age 19 are covered for yearly eye exams, plus frames and lenses. Adults are covered for yearly eye exams, plus frames (\$130 when they use a doctor in the plan) and lenses every two years. HSA plans provide access to vision discounts before the deductible is met. Vision exam and other benefits are subject to the plan deductible. Children's dental benefits are included in each plan. Please refer to your Certificate of Coverage for details.

<sup>†</sup>A small group must have at least 2 eligible, active, full-time FTE employees (working at least 20 hours per week).

Q This plan offers site of service (SOS) benefits with no charge for lab tests performed at freestanding / site of service labs and for X-ray services performed at freestanding / site of service radiology centers. Advanced diagnostic imaging is covered at \$75 per service up to \$375 per benefit period when performed at freestanding / site of service radiology centers. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Certificate of Coverage for details.



The below overview represents 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 [plan-summaries.anthem.com/sobdps/](https://plan-summaries.anthem.com/sobdps/).

***All product offerings are subject to regulatory review and approval and are subject to change.***

△ Nonembedded deductible plan; all other plans have embedded deductibles.

† This HSA-compatible plan includes Preventive Pharmacy.

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

1 Cost share applies to LiveHealth Online medical doctor visits only. The cost share for LiveHealth Online psychology services equals the mental health / substance abuse office visit cost share under the plan.

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.





## Together, we make a real difference!

We want to thank you, again, for trusting us with the health of your employees. We know that offering health coverage is a big and very important decision for your business. This valuable coverage is one we're committed to in every way – from helping your employees get and stay healthy to helping you, and them, save as much as possible through lower cost plan and care options. If you ever have any questions, please feel free to call your Anthem representative.

Our purpose is to transform health care with trusted and caring solutions.

And it's great that we can do this together!



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This is not a contract or policy. This guide is not a contract with Anthem Blue Cross and Blue Shield (Anthem). If there is any difference between this guide and the Certificate of Coverage, Member Booklet, Summaries of Benefits, and related amendments, the provisions of the Certificate of Coverage, Member Booklet, Summaries of Benefits and related amendments will govern. For more information, please call your producer or Anthem representative.

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