

Connecticut
Effective January 1, 2019

Anthem Balanced Funding medical products

Anthem Balanced Funding product details – 5-9, 10-50 and 51+

The ABF plan naming structure includes these elements:

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

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

5-9, 10-50 and 51+ plans

These plans are non-ACA plans. All plans exclude certain state mandated benefits.

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://www.plan-summaries.anthem.com/sobdps/).

All product offerings are subject to change.

Plan type	PPO			PPO HSA		
Plan name	Anthem Balanced Pathway CT PPO 3500/30%/7900 ^Q	Anthem Balanced Pathway CT PPO 4500/25%/7900 ^Q	Anthem Balanced Pathway CT PPO 5000/20%/7900 ^Q	Anthem Balanced Pathway CT PPO 3000/20%/6700 w/HSA [†]	Anthem Balanced Pathway CT PPO 5000/30%/6700 w/HSA [†]	Anthem Balanced Pathway CT PPO 6700/0%/6700 w/HSA [†]
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
Contract code	LOBD	LOB7	LOB9	LOAJ	LOAK	LOAH
Deductible (individual/family)	\$3,500/\$7,000	\$4,500/\$9,000	\$5,000/\$10,000	\$3,000/\$6,000	\$5,000/\$10,000	\$6,700/\$13,400
Coinsurance	30%	25%	20%	20%	30%	0%
Out-of-pocket maximum (individual/family)	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$6,700/\$13,400	\$6,700/\$13,400	\$6,700/\$13,400
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	\$30 for first 3 visits, then deductible and 30% coinsurance	PCP: \$40 SPC: \$50 RHC: \$40	PCP: \$40 SPC: Deductible, then 20% coinsurance RHC: \$40	PCP: Deductible, then \$30 SPC: Deductible, then \$50 RHC: Deductible, then \$30	PCP: Deductible, then \$30 SPC: Deductible, then \$50 RHC: Deductible, then \$30	Deductible, then 0% coinsurance
Doctor visits: LiveHealth Online ¹	Covered in full	Covered in full	\$0 for first 12 visits, then \$15	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Urgent care (facility)	Deductible, then 30% coinsurance	\$75	Deductible, then 20% coinsurance	Deductible, then \$75	Deductible, then \$75	Deductible, then 0% coinsurance
Emergency room (facility)	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Freestanding/SOS surgical center: ambulatory outpatient surgery center	\$300	\$500	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Freestanding/SOS radiology center: X-ray and ultrasound	Covered in full	Covered in full	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Free standing/SOS radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Outpatient surgery (facility)	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]
Retail pharmacy: 30-day supply ²	\$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%/30%	\$5/\$50/30%/30%	0%
Home delivery pharmacy: 90-day supply ²	\$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%/30%	\$13/\$150/30%/30%	0%

^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.

[†] 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.

² Our 5-9, 5-50 and 51+ plans use tier 1/tier 2/tier 3/tier 4 pharmacy cost shares. All 51+ only plans use tier 1a/tier 1b/tier 2/tier 3/tier 4 pharmacy cost shares. For plan details, please refer to the Certificate of Coverage.

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 Balanced Funding product details – 5-9, 10-50 and 51+

The ABF plan naming structure includes these elements:

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

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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/.

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10-50 and 51+ plans

Plan type	HMO	PPO					PPO HSA
Plan name	Anthem Balanced Pathway CT HMO 25/10%/7900 ^Q	Anthem Balanced Pathway CT PPO 1000/20%/7900 ^Q	Anthem Balanced Pathway CT PPO 1500/30%/7900 ^Q	Anthem Balanced Pathway CT PPO 5000/25%/7900 ^Q	Anthem Balanced Pathway CT PPO Tiered 1500/0%/7900 ^Q	Anthem Balanced Pathway CT PPO Tiered 5500/0%/7900 ^Q	Anthem Balanced Pathway CT PPO 5500/20%/6700 w/HSA [†]
Network	Pathway CT HMO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO Tiered	Pathway CT PPO Tiered	Pathway CT PPO
Contract code	LOAN	LOAM	LOAF	LOB8	LOBM	LOBN	LOAL
Deductible (individual/family)	\$0/\$0	\$1,000/\$3,000	\$1,500/\$3,000	\$5,000/\$10,000	Tier 1: \$1,500/\$3,000 Tier 2: \$1,500/\$3,000	Tier 1: \$5,500/\$11,000 Tier 2: \$5,500/\$11,000	\$5,500/\$11,000
Coinsurance	10%	20%	30%	25%	Tier 1: 0% Tier 2: 30%	Tier 1: 0% Tier 2: 30%	20%
Out-of-pocket maximum (individual/family)	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$6,700/\$13,400
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	PCP: \$25 SPC: \$40 RHC: \$25	PCP: \$20 SPC: \$40 RHC: \$20	\$30 for first 3 visits, then deductible and 30% coinsurance	PCP: \$35 SPC: \$50 RHC: \$35	Tier 1 / Tier 2 PCP: \$20 / Deductible, then \$40 SPC: \$40 / Deductible, then \$50 RHC: \$20 / \$20	Tier 1 / Tier 2 PCP: \$40 / Deductible, then \$40 SPC: \$50 / Deductible, then \$50 RHC: \$40 / \$40	Deductible, then 20% coinsurance
Doctor visits: LiveHealth Online ¹	\$0 for first 12 visits, then \$10	\$0 for first 12 visits, then \$10	\$0 for first 12 visits, then \$15	\$0 for first 12 visits, then \$15	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 \$15 Tier 2: \$0 for first 12 visits, then \$15	Deductible, then 0% coinsurance
Urgent care (facility)	\$75	\$75	Deductible, then 30% coinsurance	\$75	Tier 1: \$75 Tier 2: \$75	Tier 1: \$75 Tier 2: \$75	Deductible, then 20% coinsurance
Emergency room (facility)	\$200	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance	Tier 1: Deductible, then \$200 Tier 2: Deductible, then \$200	Deductible, then 20% coinsurance
Freestanding/SOS surgical center: ambulatory outpatient surgery center	\$150	\$250	\$250	\$500	Tier 1: \$250 Tier 2: \$250	Tier 1: \$250 Tier 2: \$250	Deductible, then 20% coinsurance
Freestanding/SOS radiology center: X-ray and ultrasound	Covered in full	Covered in full	Covered in full	Covered in full	Tier 1: Covered in full Tier 2: Covered in full	Tier 1: Covered in full Tier 2: Covered in full	Deductible, then 20% coinsurance
Free standing/SOS radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	\$75	\$75	Tier 1: \$75 Tier 2: \$75	Tier 1: \$75 Tier 2: \$75	Deductible, then 20% coinsurance
Outpatient surgery (facility)	10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	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 20% coinsurance
Hospital inpatient admission	\$300 copay per admission	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	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 20% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies [‡]				
Retail pharmacy: 30-day supply ²	\$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	\$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 ²	\$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	\$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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[†] 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.

² Our 5-9, 5-50 and 51+ plans use tier 1/tier 2/tier 3/tier 4 pharmacy cost shares. All 51+ only plans use tier 1a/tier 1b/tier 2/tier 3/tier 4 pharmacy cost shares. For plan details, please refer to the Certificate of Coverage.

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 Balanced Funding product details – 5-9, 10-50 and 51+

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10-50 and 51+ plans

Plan type	PPO HSA
Plan name	Anthem Balanced Pathway CT PPO Tiered 3200/0%/6700 w/HSA [†]
Network	Pathway CT PPO Tiered
Contract code	LOAG
Deductible (individual/family)	Tier 1: \$3,200/\$6,400 Tier 2: \$3,200/\$6,400
Coinsurance	Tier 1: 0% 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 0% coinsurance / Deductible, then 30% coinsurance SPC: Deductible, then 0% coinsurance / Deductible, then 30% coinsurance RHC: Deductible, then 0% coinsurance / Deductible, then 0% coinsurance
Doctor visits: LiveHealth Online ¹	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance
Urgent care (facility)	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance
Emergency room (facility)	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance
Freestanding/SOS surgical center: ambulatory outpatient surgery center	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance
Freestanding/SOS radiology center: X-ray and ultrasound	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance
Free standing/SOS radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance
Outpatient surgery (facility)	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: Medical deductible applies [‡]
Retail pharmacy: 30-day supply ²	\$5/\$50/30%/30%
Home delivery pharmacy: 90-day supply ²	\$13/\$150/30%/30%

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51+ plans

Plan type	HMO		PPO				
Plan name	Anthem Balanced Pathway CT HMO 1500/10%/7900 ^Q	Anthem Balanced Pathway CT PPO 1000/10%/7900 ^Q	Anthem Balanced Pathway CT PPO 1000/10%/7900 ^Q	Anthem Balanced Pathway CT PPO 1000/20%/7900 ^Q	Anthem Balanced Pathway CT PPO 1000/20%/7900 ^Q	Anthem Balanced Pathway CT PPO 1000/20%/7900 ^Q	Anthem Balanced Pathway CT PPO 1500/10%/7900 ^Q
Network	Pathway CT HMO	Pathway CT PPO					
Contract code	LOAV	LOAY	LOAZ	LOAX	LOB2	LOB5	LOAU
Deductible (individual/family)	\$1,500/\$3,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,000/\$2,000	\$1,500/\$3,000
Coinsurance	10%	10%	10%	20%	20%	20%	10%
Out-of-pocket maximum (individual/family)	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	PCP: \$25 SPC: \$40 RHC: \$25	PCP: \$25 SPC: \$40 RHC: \$25	PCP: \$30 SPC: \$45 RHC: \$30	PCP: \$25 SPC: \$40 RHC: \$25	PCP: \$30 SPC: \$45 RHC: \$30	PCP: \$40 SPC: \$50 RHC: \$40	PCP: \$25 SPC: \$40 RHC: \$25
Doctor visits: LiveHealth Online ¹	\$0 for first 12 visits, then \$10	\$0 for first 12 visits, then \$10	\$0 for first 12 visits, then \$15	\$0 for first 12 visits, then \$10			
Urgent care (facility)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Emergency room (facility)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Freestanding/SOS surgical center: ambulatory outpatient surgery center	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Freestanding/SOS radiology center: X-ray and ultrasound	Covered in full						
Free standing/SOS radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Outpatient surgery (facility)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Hospital inpatient admission	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible						
Retail pharmacy: 30-day supply ²	\$5/\$50/50% up to \$250 per script/50% up to \$500 per script/50% up to \$750 per script	\$5/\$50/50% up to \$250 per script/50% up to \$500 per script/50% up to \$750 per script	\$5/\$50/50% up to \$250 per script/50% up to \$500 per script/50% up to \$750 per script	\$5/\$50/50% up to \$250 per script/50% up to \$500 per script/50% up to \$750 per script	\$5/\$50/50% up to \$250 per script/50% up to \$500 per script/50% up to \$750 per script	\$5/\$50/50% up to \$250 per script/50% up to \$500 per script/50% up to \$750 per script	\$5/\$50/50% up to \$250 per script/50% up to \$500 per script/50% up to \$750 per script
Home delivery pharmacy: 90-day supply ²	\$13/\$125/50% up to \$750 per script/50% up to \$1500 per script/50% up to \$750 per script	\$13/\$125/50% up to \$750 per script/50% up to \$1500 per script/50% up to \$750 per script	\$13/\$125/50% up to \$750 per script/50% up to \$1500 per script/50% up to \$750 per script	\$13/\$125/50% up to \$750 per script/50% up to \$1500 per script/50% up to \$750 per script	\$13/\$125/50% up to \$750 per script/50% up to \$1500 per script/50% up to \$750 per script	\$13/\$125/50% up to \$750 per script/50% up to \$1500 per script/50% up to \$750 per script	\$13/\$125/50% up to \$750 per script/50% up to \$1500 per script/50% up to \$750 per script

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51+ plans

Plan type	PPO						
Plan name	Anthem Balanced Pathway CT PPO 1500/10%/7900 ^Q	Anthem Balanced Pathway CT PPO 1500/20%/7900 ^Q	Anthem Balanced Pathway CT PPO 1500/20%/7900 ^Q	Anthem Balanced Pathway CT PPO 2500/10%/7900 ^Q	Anthem Balanced Pathway CT PPO 3000/10%/7900 ^Q	Anthem Balanced Pathway CT PPO 3000/20%/7900 ^Q	Anthem Balanced Pathway CT PPO 3000/20%/7900 ^Q
Network	Pathway CT PPO						
Contract code	LOBO	LOAW	LOB3	LOAR	LOAS	LOB4	LOB6
Deductible (individual/family)	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Coinsurance	10%	20%	20%	10%	10%	20%	20%
Out-of-pocket maximum (individual/family)	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	PCP: \$30 SPC: \$45 RHC: \$30	PCP: \$25 SPC: \$40 RHC: \$25	PCP: \$30 SPC: \$45 RHC: \$30	PCP: \$40 SPC: \$50 RHC: \$40			
Doctor visits: LiveHealth Online ¹	\$0 for first 12 visits, then \$15	\$0 for first 12 visits, then \$10	\$0 for first 12 visits, then \$15				
Urgent care (facility)	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency room (facility)	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Freestanding/SOS surgical center: ambulatory outpatient surgery center	\$100	\$100	\$100	\$300	\$300	\$100	\$100
Freestanding/SOS radiology center: X-ray and ultrasound	Covered in full						
Free standing/SOS radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Outpatient surgery (facility)	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible						
Retail pharmacy: 30-day supply ²	\$5/\$50/50% up to \$250 per script/50% up to \$500 per script/50% up to \$750 per script	\$5/\$50/50% up to \$250 per script/50% up to \$500 per script/50% up to \$750 per script	\$5/\$50/50% up to \$250 per script/50% up to \$500 per script/50% up to \$750 per script	\$5/\$50/50% up to \$250 per script/50% up to \$500 per script/50% up to \$750 per script	\$5/\$50/50% up to \$250 per script/50% up to \$500 per script/50% up to \$750 per script	\$5/\$50/50% up to \$250 per script/50% up to \$500 per script/50% up to \$750 per script	\$5/\$50/50% up to \$250 per script/50% up to \$500 per script/50% up to \$750 per script
Home delivery pharmacy: 90-day supply ²	\$13/\$125/50% up to \$750 per script/50% up to \$1500 per script/50% up to \$750 per script	\$13/\$125/50% up to \$750 per script/50% up to \$1500 per script/50% up to \$750 per script	\$13/\$125/50% up to \$750 per script/50% up to \$1500 per script/50% up to \$750 per script	\$13/\$125/50% up to \$750 per script/50% up to \$1500 per script/50% up to \$750 per script	\$13/\$125/50% up to \$750 per script/50% up to \$1500 per script/50% up to \$750 per script	\$13/\$125/50% up to \$750 per script/50% up to \$1500 per script/50% up to \$750 per script	\$13/\$125/50% up to \$750 per script/50% up to \$1500 per script/50% up to \$750 per script

^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.

[†] 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.

² Our 5-9, 5-50 and 51+ plans use tier 1/tier 2/tier 3/tier 4 pharmacy cost shares. All 51+ only plans use tier 1a/tier 1b/tier 2/tier 3/tier 4 pharmacy cost shares. For plan details, please refer to the Certificate of Coverage.

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 Balanced Funding product details – 5-9, 10-50 and 51+

The ABF plan naming structure includes these elements:

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

All plans have Rx National Plus with R90 network and the Select drug list. To view the Select Drug List, visit

[anthem.com/CTSelectdrugtier4](https://www.anthem.com/CTSelectdrugtier4).

51+ plans

Plan type	PPO	PPO HSA		
Plan name	Anthem Balanced Pathway CT PPO 5000/20%/7900 ^Q	Anthem Balanced Pathway CT PPO 2700/10%/6700 w/HSA	Anthem Balanced Pathway CT PPO 3000/10%/6700 w/HSA	Anthem Balanced Pathway CT PPO 5000/20%/6700 w/HSA [†]
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
Contract code	LOAT	LOB1	LOBA	LOBB
Deductible (individual/family)	\$5,000/\$10,000	\$2,700/\$5,400	\$3,000/\$6,000	\$5,000/\$10,000
Coinsurance	20%	10%	10%	20%
Out-of-pocket maximum (individual/family)	\$7,900/\$15,800	\$6,700/\$13,400	\$6,700/\$13,400	\$6,700/\$13,400
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	PCP: \$40 SPC: \$50 RHC: \$40	PCP: Deductible, then \$30 SPC: Deductible, then \$45 RHC: Deductible, then 10% coinsurance	PCP: Deductible, then \$40 SPC: Deductible, then \$50 RHC: Deductible, then 10% coinsurance	PCP: Deductible, then \$40 SPC: Deductible, then \$50 RHC: Deductible, then 20% coinsurance
Doctor visits: LiveHealth Online ¹	\$0 for first 12 visits, then \$15	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Urgent care (facility)	Deductible, then 20% coinsurance	Deductible, then \$75	Deductible, then \$75	Deductible, then \$75
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance
Freestanding/SOS surgical center: ambulatory outpatient surgery center	\$100	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance
Freestanding/SOS radiology center: X-ray and ultrasound	Covered in full	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance
Free standing/SOS radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies [‡]
Retail pharmacy: 30-day supply ²	\$5/\$50/50% up to \$250 per script/50% up to \$500 per script/50% up to \$750 per script	\$5/\$50/50%/50%/50%	\$5/\$50/50%/50%/50%	\$0/20%/50%/50%
Home delivery pharmacy: 90-day supply ²	\$13/\$125/50% up to \$750 per script/50% up to \$1500 per script/50% up to \$750 per script	\$13/\$125/50%/50%/50%	\$13/\$125/50%/50%/50%	\$0/20%/50%/50%

These plans are non-ACA plans. All plans exclude certain state mandated benefits.

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://www.anthem.com/sobdps/).

All product offerings are subject to change.

^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.

[†] 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.

² Our 5-9, 5-50 and 51+ plans use tier 1/tier 2/tier 3/tier 4 pharmacy cost shares. All 51+ only plans use tier 1a/tier 1b/tier 2/tier 3/tier 4 pharmacy cost shares. For plan details, please refer to the Certificate of Coverage.

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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