



COLORADO: Individual and Family

Your Health Plan Guide

Bronze, Silver, Gold and Catastrophic plans

Looking for a new health plan?
We can help.



ALL PRODUCT OFFERINGS ARE SUBJECT TO REGULATORY REVIEW AND APPROVAL.

Why Anthem?

Health plans don't have to be complicated.

We understand that every individual and family is unique. That's why we offer many high-quality, affordable plan options for different health care needs and budgets. Our goal is not just to be there when you're sick, but also to help you stay well – at every stage of life.

With Anthem Blue Cross and Blue Shield (Anthem), you can count on:

- A strong national network.
- Competitive pricing.
- A brand you can trust.
- Local presence where you live and work.
- Resources and support for your health care goals.
- Convenient online tools.
- A simple enrollment process.
- Dedicated customer service.
- All your benefits, including dental and vision, from one source.
- Coordinated care that connects your doctors and health care providers.

Check out our guide to learn about all that we offer, including preferred provider organization (PPO), health maintenance organization (HMO), dental, vision and catastrophic plans. We're confident we can help find the right fit for you!

It's time to expect more of health care plans.

Anthem is right there with you.

You want the best value your health care dollars can buy. And in Colorado, we deliver like no one else - through our networks and our experience.



15,200
PHYSICIANS¹



76
HOSPITALS¹



77 years
OF SERVICE²

¹ Based on Internal Provider Data Report, 2015. Medical doctors also includes Doctors of Osteopathic Medicine. Hospitals includes General Acute Care Hospitals; Surgical Services (Ambulatory Surgical Centers and Outpatient Hospitals) & Inpatient Psychiatry (Free-standing inpatient psychiatric facility and psychiatric beds within an Acute Care Hospital). These numbers refer to Anthem PPO network only. Pathway and Mountain Enhanced networks are not included in these counts.

² Based on Internal Data, 2015.

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What we cover

All our plan options have one major goal — to help you stay healthy and find the quality coverage you need, when you need it. That's why, no matter which plan you choose, you're covered from preventive care to emergencies and everything in between!

Core benefits

Our plans include the essential health benefits (EHBs) mandated by the Affordable Care Act (ACA):

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services, like going to the emergency room (ER) or urgent care center, when medically necessary
- Hospitalization and inpatient services, such as surgery and the care you get when you stay overnight in a hospital
- Pregnancy, maternity and newborn care (care before and after your baby is born)
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
- Prescription drug coverage
- Rehabilitative and habilitative services and devices (services and devices, like hospital beds, crutches, wheelchairs and oxygen tanks, to help people with injuries, disabilities or chronic health conditions gain or recover mental and physical skills)
- Laboratory and radiology services, including blood work, screenings and X-rays
- In-network preventive care services,¹ including wellness exams, immunizations, screenings and chronic disease management resources
- Pediatric dental coverage for children up to age 19, benefits include:²
 - Diagnostic and preventive services (cleaning, exams, X-rays)
 - Basic services (fillings)
 - Endodontic, periodontal and oral surgery
 - Medically necessary orthodontia
 - Access to any provider in the Dental Prime network
 - Shared deductible and out-of-pocket maximum with medical plan, and no annual maximum



Take care of yourself with no-cost, in-network preventive care

With Anthem, you pay \$0 out of pocket for covered in-network preventive services. So you can stay on top of your health care and your finances at no added cost!¹

- Pediatric vision coverage for children up to age 19, benefits include:
 - Yearly vision exams, glasses or contact lenses
 - Glasses with Transitions[®] lenses (to protect eyes from UV rays) and polycarbonate lenses and/or scratch coating (to protect lenses from damage) at no extra cost
 - Access to any provider in the Blue View VisionSM network, with retailers such as 1-800-CONTACTS[®], LensCrafters[®] and Target Optical[®]

¹ Nationally recommended preventive care services from in-network providers have no copay and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms and more, recommended by the United States Preventive Services Task Force.

² If you choose a medical plan with out-of-network benefits, embedded dental benefits will also be available through out-of-network providers. If you choose a plan that only includes in-network benefits, the dental benefits will only be available through in-network providers. Remember, you save money when using in-network providers no matter which type of medical plan you choose.

Prescription drug benefits

Our prescription drug benefits help you cover the cost of your medications and get them to you in the most convenient way possible.

Here's what you need to know:

Select Drug List (formulary)

All our prescription drug plans have a formulary, a list of preferred generic and brand-name prescription drugs. This is called the Select Drug List. It includes the most commonly used Food and Drug Administration-approved drugs covered by your plan.

Prescription drug tiers

Every drug on the Select Drug List is assigned to a certain tier (or level) based on cost, the availability of over-the-counter alternatives, clinical information and other drugs in that class that may be used to treat the same or similar condition. The list tells you what tier your drug is in and details about its cost, which usually goes up the higher the drug tier. If your medication is in a higher tier, you may want to talk to your doctor about lower-cost options.

For more information about your prescription drug benefits, go to [anthem.com](https://www.anthem.com):

- To find out if your medication is covered, check out our drug list at [anthem.com/COSelectdrugtier4](https://www.anthem.com/COSelectdrugtier4).
- To learn more about pharmacy processes and clinical edits, such as prior authorization, step therapy, quantity limits and dose optimization, visit [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation).
- To see if your pharmacy is in our network, select **Find a Doctor**. Then, select Colorado and find the network (Pathway, Mountain Enhanced or Anthem PPO) you're considering. Choose **Pharmacy** and the location.

We understand missing one dose of your maintenance medication can impact your health. Home delivery is a great way to make sure you get your refills when you need them. Plus, with home delivery, you can save on copays for 90-day supplies.*



Save with home delivery pharmacy

Anthem wants to help lower the cost of your prescription drugs, improve your overall health and deliver top-notch customer service. We offer home delivery of your medicines right to your door.

With our Home Delivery Complete program, you'll move from a retail pharmacy to home delivery of medicines you take on a regular basis. These drugs treat long-term conditions, like diabetes, high blood pressure and high cholesterol. You can get the first 30-day supply, plus one additional 30-day refill of the same drug, at your retail pharmacy. After that, you'll use the home delivery pharmacy. If you continue to use your retail pharmacy, you'll pay the full cost of your medicine.

Using home delivery can help you save money. Depending on your plan, many 90-day supplies of generic medicines from home delivery cost the same as two 30-day supplies from a retail pharmacy. You could save up to four copays a year on one drug. Plus, standard shipping is free!

*Typically, the home delivery pharmacy cost shares for Tier 1 drugs are 2 x the retail copay and for Tier 2 and Tier 3 drugs are 2.5 x the retail copay when the plan has retail pharmacy copays.



Dental benefits

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

- Dental Prime¹
- Anthem Dental Pediatric
- Anthem Dental Family and Anthem Dental Family Enhanced

You have the following options if you need or want to buy a medical plan that includes pediatric dental essential health benefits (EHB):

- A medical plan that has pediatric dental essential health benefits coverage
- A stand-alone pediatric dental essential health benefits policy (Dental pediatric plan)
- A stand-alone adult or family dental plan that includes pediatric dental essential health benefits coverage

Anthem can help you get the dental care you need for better overall health. Many of our dental plans include 100% coverage for exams, cleanings and X-rays. Plus, there are benefits for fillings, crowns, root canals, oral surgery and orthodontia. To see more detailed benefits, go to the **Dental stand-alone plans benefit chart** section.



Vision benefits

We also offer a Blue View VisionSM plan, which you can add on to any Anthem medical and/or dental plan.

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

- Over 33,000 eye doctors² at more than 26,000 locations to choose from — so you're sure to find an eye care professional that's close to home or work.
- Access to 1-800 CONTACTS online or by phone, private practice eye doctors, and in-store visits to LensCrafters[®], Sears OpticalSM, Target Optical[®], JCPenney[®] Optical and most Pearle Vision[®] locations.

¹ Does not include ACA required pediatric dental Essential Health Benefits coverage.

² Blue View Vision internal data, 2015.

The medical + dental + vision advantage

Coordinating medical, dental and vision plans can result in better care — delivered sooner and at a lower cost. Plus, you enjoy the convenience of having only one ID card and one bill when you purchase all your coverage from Anthem.

Blue View Vision coverage includes:

- Eye exams once every 12 months
- Standard lenses (single vision, bifocal and trifocal) once every 24 months
- Contact lenses (conventional and disposable) once every 24 months
- Frames once every 24 months
- Lots of additional discounts and benefits

How to choose a plan

Figuring out what you need

Choosing the right health care plan can be challenging. To help you pick, consider the questions below. And remember, your broker or Anthem authorized representative is here to provide answers and give advice.

Things to think about:

- **Does the plan meet your likely coverage needs?** How often do you see doctors and specialists? What prescription medications do you take regularly? Are you planning any procedures this year?
- **Is staying with your current doctor(s) important?** If the answer is yes, then you can use our **Find a Doctor** tool at anthem.com to check that your doctor is in our network. If you choose a PPO plan and your doctor is not in the network, you'll still have coverage; however, you have to decide whether you want to pay higher out-of-network cost shares. If you buy an HMO plan, you'll only have out-of-network benefits for medically necessary emergency care, urgent care and ambulance services. For all other out-of-network services, you'll pay the full cost for services. Sticking with in-network doctors will save you a lot of money.
- **What is your family's budget?** You may prefer to pay more monthly in premiums and less out of pocket for services, like doctor visits or lab work. Or you may want to pay higher out-of-pocket costs for services in exchange for a lower fixed — and predictable — monthly premium. It depends on how well you think your budget can handle the unexpected. Our plans offer different deductible, coinsurance and copay options, so you can find the level of cost sharing that works for you.
- **Is a Catastrophic plan an option?** If you're under age 30 or are 30 years of age or older with an approved hardship exemption from Connect for Health Colorado, you may qualify for a high deductible, low premium, Catastrophic plan. Catastrophic plans can help protect you from worst-case scenarios like serious accidents or illnesses.

Consider a health savings account (HSA)

Contributing to an HSA can help your money go further. An HSA is a savings account you can open when you have a qualified high-deductible health plan (HDHP). You set up the account through a bank and fund it with post-tax dollars. That money can be used to pay for health care expenses, including prescriptions. Plus, you can claim your HSA contributions as tax deductions even if you don't itemize them on Form 1040. HSA-compatible health care plans work with or without this savings account; the choice is yours.

Our HSA-compatible plans include HSA in the plan name. Check with your tax advisor to see if an HSA plan is right for you. You can also learn more about HSAs from the HSA flier included with this brochure.

What are your plan choices?

Plan Levels



How your plan might work

With most health care plans, you pay a monthly fee called a premium; then, you share some of the cost of care with your health insurance company. **With Anthem, you choose the level of cost sharing that works for you.**

Here's an example: Meet John*

To show you how your health plan might work, we'd like to introduce you to "John." The cost-share amounts used in this example may not apply to the plan you're interested in. Be sure to look at the actual benefits for each plan when you're deciding.

John's story

After injuring his knee in a soccer game, John calls his doctor. He chooses a provider in our network, which saves him the most money. John gets Anthem negotiated rates because he uses in-network providers. **Below, see how John's benefits work, his treatment costs and why it's important to have health insurance:***

John's health plan has the following benefits:

- \$2,000 deductible
- 30% coinsurance
- \$5,000 out-of-pocket limit
- \$35 copay for doctor visits



Copay

On some plans, you pay a fixed-dollar amount or copay for certain services. For example, you may have a \$35 copay for in-network doctor visits.

Let's take a closer look at John's doctor visit:

- Doctor visit cost (without insurance):\$200
- Anthem's negotiated rate:\$140
- Anthem pays:\$105
- ▶ **John paid: \$35** (This is his plan's copay for doctor office visits.)

Deductible

You pay this amount for covered medical services each calendar year, from January 1 through December 31. Your deductible starts over each calendar year.

Here's what happens when John's doctor orders an approved magnetic resonance imaging (MRI) of the knee and recommends surgery:

MRI

- MRI cost (without insurance):\$1,500
- Anthem's negotiated rate:\$1,000
- ▶ **John paid: \$1,000** (John's payment counts toward his plan's \$2,000 deductible.)

Surgery

- Hospital/surgery costs (without insurance):\$50,000
- Anthem's negotiated rate:\$35,000
- ▶ **John paid: \$1,000** (John's payment satisfies the remaining \$1,000 deductible.)
- Remaining cost of surgery:\$34,000

Covered services that apply to the deductible include lab work, X-rays, anesthesia and surgeon fees. Covered in-network preventive services have no deductible, coinsurance or copay.

* While the characters in this example are not real, and the situation is hypothetical, the clinical aspects are accurate and realistic.

Coinsurance

Once you've met your deductible, Anthem starts paying a portion of your claims. Then, you and Anthem share responsibility for your health care bills. Your coinsurance is the percentage that you must pay for a covered service each calendar year. Having met his deductible, John's coinsurance begins.

Out-of-pocket limit

This is the most you pay during a calendar year. Your combined deductible, coinsurance and copay costs typically make up your out-of-pocket limit. Once you meet this limit, your health insurance covers 100% (of the maximum allowed amount) of covered services for the rest of the calendar year.

Summary

John paid far less out of pocket because he had health care coverage and stayed in our network. If John had used a doctor outside our network, he would have paid more.

Keep in mind if your plan doesn't include coverage for out-of-network benefits, you'll pay the full cost for services from out-of-network providers with the exception of medically necessary emergency and urgent care.

Let's check in to see John's final costs:

- *Coinsurance:*30% (30% of \$34,000 = \$10,200)
- ▶ **John paid: \$2,965** (John's payment satisfies the remainder of his \$5,000 out-of-pocket limit.)

John has met his out-of-pocket limit and the remaining surgery costs are paid by Anthem:

- *Anthem pays:*\$31,035
- *John's out-of-pocket limit:*\$5,000
- *Total for the doctor visit, MRI and surgery (without health insurance):*\$51,700
- *Total Anthem paid after discounts:*\$31,140
- ▶ **Total John paid:\$5,000**
(\$35 office visit + \$2,000 deductible + \$2,965 coinsurance = \$5,000)

Call your broker or Anthem authorized representative for more information.

You can also visit our website, anthem.com, to view and compare different plans. To get started, choose **Shop for Insurance** in the top menu and follow the instructions.

* While the characters in this example are not real, and the situation is hypothetical, the clinical aspects are accurate and realistic.

Do you qualify for financial help?

With the Affordable Care Act (ACA), you have to get health care coverage unless you qualify for an exemption. But you may be eligible for financial help to pay for your insurance. When you buy a plan on Connect for Health Colorado, you may qualify for tax credits toward your monthly premium on all plans or cost-sharing subsidies on Silver plans. The amount and type of financial aid you receive is based on your income, family size and where you live. **Catastrophic plans are not eligible for tax credits.**

How do you know if you qualify for a tax credit or cost-sharing subsidy?

Before you choose a plan, it's a good idea to find out if you qualify to get help paying for your health insurance. Check with your broker or Anthem authorized representative for more information and to find out if you qualify for a tax credit or subsidy.

If you do qualify, it may make more sense for you to choose an Anthem plan available through Connect for Health Colorado. If you aren't eligible for a tax credit or cost-sharing subsidy or are shopping for a dental or vision plan, you don't have to buy through Connect for Health Colorado. Because there are certain rules for plans on Connect for Health Colorado, you might find more plan choices by buying a plan directly from an insurance company.

Whether you choose an Anthem plan offered through Connect for Health Colorado or direct through Anthem, we have great plan options for you.

You may be eligible for financial help on your coverage.

To find out, go to healthcare.gov. Select **Get Answers**. Then, **Getting lower costs under Get Coverage**.

Avoid tax penalties

When you put off enrolling in a health plan, you may have to pay a penalty – unless you qualify for an exemption. Penalties are based on your income and increase each year for inflation. For example, the penalty for a family of four with a household income of \$70,000 could be as much as \$1,750 by 2016.

Overview of plans and networks

Network choices

What is a network?

When you need care, you'll get the best value by visiting contracted **in-network** doctors, hospitals or other health care providers. Anthem has negotiated discounted rates for covered services with these **in-network** providers to save you money. Since we can't control what **out-of-network** providers charge, if you choose to go outside of our network, you'll pay more out of pocket with PPO plans and you'll pay 100% out of pocket with HMO plans.

A network includes:

- Doctors, therapists, mental health providers and other health care professionals
- Hospitals and outpatient facilities
- Pharmacies
- ERs and urgent care centers
- Labs and radiology centers
- Durable medical equipment, like hospital beds, crutches, wheelchairs and oxygen tanks (retail and online stores)

Types of networks: PPO and HMO

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

- **PPO:** With our PPO, you get access to our widest network of doctors and hospitals in Colorado, across the U.S. and other parts of the world through the BlueCard® program. You choose a primary care doctor to manage your care needs, but no referrals are required. PPOs provide coverage for both in-network and out-of-network providers — though you'll save when you stay in the network.
- **HMO:** With our HMO, you also have to choose a primary care doctor, but a referral is not required to see other in-network doctors. HMOs don't offer out-of-network benefits, except for emergency and urgent care or when a service is preauthorized. If you go outside the network for any other reason, you'll have to pay 100% out of pocket.



How do I know if a provider is in the network?

To check, use our **Find a Doctor** tool – it's quick and easy! Go to [anthem.com](https://www.anthem.com) and select **Find a Doctor**. Then, select Colorado and find the plan/network (**Pathway, Mountain Enhanced or Anthem PPO**) you're considering. Choose what you're looking for (in-network doctors, specialists, hospitals or urgent care centers) and the location. You'll get a list of providers, including detailed information about them like location, gender, specialty, certifications, availability and much more. Network availability may depend on where you live.

For searches on the go, download our **anthem.com** mobile app to your mobile device.

Reading our benefit charts

Take a look at the following charts to see explanations of some common benefits, such as deductibles, out-of-pocket limits and coinsurance amounts, for each plan level. **The benefit information shown is for *in-network* services only, unless otherwise noted.**

For more information, contact your broker or Anthem authorized representative. You can also view and compare plans on anthem.com. To get started, choose **Shop for Insurance** in the top menu and follow the instructions.

Here's a quick look at how to read our plan benefit charts.¹

	Anthem Bronze PPO 5200/20% (1G10)
Network Name	Anthem PPO
Plan includes out-of-network coverage?	Yes
Individual Deductible	\$5,200 / \$13,000 In-network / Out-of-network
Individual Out-of-Pocket Limit	\$6,850 / \$17,125 In-network / Out-of-network
Coinsurance	20% / 50% coinsurance In-network / Out-of-network
Office Visit: Primary Care Physician (PCP) <i>NOTE: Other office services may be subject to a deductible and plan coinsurance</i>	\$35 copay per visit for first 2 office visits, then deductible and 20% coinsurance
Office Visit: Specialist	
Outpatient Diagnostic Tests	
Outpatient Advanced Diagnostic Tests	
Urgent Care	
Emergency Room Care	
Hospital: Inpatient Admission	
Hospital: Outpatient Facility	
Retail Pharmacy Deductible	
Retail Pharmacy Tier 1/Tier 2	
Retail Pharmacy Tier 3/Tier 4	
Dental and Vision	

- Indicates the plan name and contract code. Look for this when you're applying for a plan. The contract code is in parentheses after the plan name.
- Indicates the plan's network. Use the **Find a Doctor** tool at anthem.com to see if your doctor is in the network.
- Indicates whether the plan includes coverage for out-of-network benefits. **In-network** refers to providers who are part of the plan's network. **Out-of-network** refers to providers who don't participate in the network.
- The **deductible** is a set amount that you pay out of pocket before your plan starts paying for covered services, except for in-network preventive services.² **For example:** If your deductible is \$5,000, your plan won't pay anything until you've met your \$5,000 deductible for covered health care services. Some plans may cover certain services, such as doctor office visits, before you meet the deductible.

Our plans have embedded family deductibles, where each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, before receiving plan benefits. No one family member pays more than the individual deductible.

The chart displays the individual deductible. Family deductibles are two (2) x the individual amount.

Note: You must meet your deductible every calendar year (January 1 through December 31), even if your effective date (the date your coverage begins) is later than January 1.

¹ The cost-share amounts used in this example may not apply to the plan you're interested in. Be sure to look at the actual benefits for each plan when you're deciding.

² Nationally recommended preventive care services from in-network providers have no copay and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms and more, recommended by the United States Preventive Services Task Force.

	Anthem Bronze PPO 5200/20% (1G10)
Network Name	Anthem PPO
Plan includes out-of-network coverage?	Yes
Individual Deductible	\$5,200 / \$13,000 In-network / Out-of-network
Individual Out-of-Pocket Limit	\$6,850 / \$17,125 In-network / Out-of-network
Coinsurance	20% / 50% coinsurance In-network / Out-of-network
Office Visit: Primary Care Physician (PCP) <i>NOTE: Other office services may be subject to a deductible and plan coinsurance</i>	\$35 copay per visit for first 2 office visits, then deductible and 20% coinsurance
Office Visit: Specialist	
Outpatient Diagnostic Tests	
Outpatient Advanced Diagnostic Tests	
Urgent Care	
Emergency Room Care	
Hospital: Inpatient Admission	
Hospital: Outpatient Facility	
Retail Pharmacy Deductible	
Retail Pharmacy Tier 1/Tier 2	
Retail Pharmacy Tier 3/Tier 4	
Dental and Vision	

The **out-of-pocket limit** is the most you pay during a policy period (each calendar year) before your health insurance or plan begins to pay 100% of the maximum allowed amount. **For example:** If your out-of-pocket limit is \$6,850, you'll continue to pay your coinsurance and copays, if applicable, until you've met your \$6,850 out-of-pocket limit. Once you have met your out-of-pocket limit, your plan begins to pay 100% of the maximum allowed amount during that calendar year.

This limit never includes your premium, balance-billed charges or services your plan doesn't cover. The amount includes deductible, copays, coinsurance and pharmacy costs.

The chart displays the individual out-of-pocket limit. Family out-of-pocket limits are two (2) x the individual amount.

Coinsurance is the amount you pay for health care services. It's a certain percentage of the cost of services after the deductible has been paid. **For example:** A health plan pays 80% of the maximum allowed amount for a service and you pay the remaining 20% or coinsurance.

A **copay** is a fixed fee that you pay out of pocket for each visit to a health care provider. **For example:** If your copay is \$50, then you pay \$50 when you see your doctor — usually at the time you receive treatment. The amount of your copay may depend on the type of health care service you receive.

In-network preventive care is covered at no cost to you!²

¹ The cost-share amounts used in this example may not apply to the plan you're interested in. Be sure to look at the actual benefits for each plan when you're deciding.

² Nationally recommended preventive care services from in-network providers have no copay and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms and more, recommended by the United States Preventive Services Task Force.

Medical plans benefit charts

PPO plans	Anthem Bronze PPO 5200/20% (1G10)	Anthem Bronze PPO 6200/30% (1G0Y)	Anthem Bronze PPO 6300/20% (1X68)
Network Name¹	Anthem PPO	Anthem PPO	Anthem PPO
Plan includes out-of-network coverage?¹	Yes	Yes	Yes
Individual Deductible²	\$5,200 / \$13,000 In-network / Out-of-network	\$6,200 / \$15,500 In-network / Out-of-network	\$6,300 / \$15,750 In-network / Out-of-network
Individual Out-of-pocket Limit²	\$6,850 / \$17,125 In-network / Out-of-network	\$6,850 / \$17,125 In-network / Out-of-network	\$6,850 / \$17,125 In-network / Out-of-network
Coinsurance²	20% / 50% coinsurance In-network / Out-of-network	30% / 50% coinsurance In-network / Out-of-network	20% / 50% coinsurance In-network / Out-of-network
Office Visit: Primary Care Physician (PCP)³ Note: Other office services subject to deductible and plan coinsurance	\$35 copay per visit for first 2 office visits, then deductible and 20% coinsurance	\$45 copay per visit for first 2 office visits, then deductible and 30% coinsurance	Deductible, then 20% coinsurance
Office Visit: Specialist	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Outpatient Diagnostic (Ex. X-ray, EKG) and Outpatient Advanced Diagnostic Tests (Ex. MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Urgent Care	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 30% coinsurance	Deductible, then \$50 copay and 20% coinsurance
Emergency Room Care	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$500 copay and 20% coinsurance
Hospital: Inpatient Admission (Ex. hospital room)(includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$350 copay and 30% coinsurance	Deductible, then 20% coinsurance
Hospital: Outpatient Facility (includes surgery, mental health and substance abuse)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$350 copay and 30% coinsurance	Deductible, then 20% coinsurance
Retail Pharmacy Deductible (for tiers with deductible, cost share applies after deductible)	Medical deductible applies	Medical deductible applies	No deductible
Retail Pharmacy Tier 1 / Tier 2⁴	20% / 20% coinsurance	30% / 30% coinsurance	\$20 / \$60 copay
Retail Pharmacy Tier 3 / Tier 4⁴	20% / 20% coinsurance	30% / 30% coinsurance	\$150 / \$500 copay
Dental^{5,6} and Vision	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Physical, Occupational and Speech Therapy⁷	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance

¹Mountain Enhanced Network plans are available in the following communities only: Archuleta county (Pagosa Springs), La Plata county (Durango), Montezuma county (Cortez), Summit county (Keystone/Frisco/Breckenridge) and Eagle county (Vail Valley).

²Anthem PPO Network plans also include out-of-network benefits. Pathway and Mountain Enhanced Network plans only include out-of-network benefits for emergency care, urgent care and ambulance services. In addition, we offer Guest Membership (also called Away from Home Care) with these HMO plans.

³Individual deductible, Individual out-of-pocket limit and coinsurance reflect In-network / Out-of-network cost share information, if applicable for the plan. All other cost share information is for in-network services only.

⁴LiveHealth Online web visits have the same PCP office visit cost share listed in the chart.

⁵Home delivery pharmacy cost shares are 2 x the retail copay for Tier 1 drugs and 2.5 x the retail copay for Tier 2 and Tier 3 drugs when the plan has retail pharmacy copays.

⁶Pediatric dental is included in the medical plan. These dental benefits are subject to the medical plan's deductible and out-of-pocket limit.

⁷The pediatric dental policy DOES NOT provide any dental benefits to individuals age 19 or older. The pediatric dental policy is offered so the purchaser will have pediatric dental coverage as required by the ACA. A person age 19 or older will need to buy a separate adult plan if they want adult dental benefits. The pediatric dental policy WILL NOT pay for any adult dental care.

⁸Physical, occupational or speech outpatient therapy limited to up to 20 visits for each therapy per year for rehabilitation services. A separate 20 visit limit for each therapy per year applies to habilitation services. From birth until the member's sixth birthday, both of these benefits are provided as required by applicable law.

	Anthem Bronze PPO 20% for HSA (1G0Z)	Anthem Bronze PPO 0% for HSA (1X64)	Anthem Silver PPO 2350/20% (1X76)
Network Name¹	Anthem PPO	Anthem PPO	Anthem PPO
Plan includes out-of-network coverage?¹	Yes	Yes	Yes
Individual Deductible²	\$4,700 / \$11,750 In-network / Out-of-network	\$6,000 / \$15,000 In-network / Out-of-network	\$2,350 / \$5,875 In-network / Out-of-network
Individual Out-of-pocket Limit²	\$6,550 / \$16,375 In-network / Out-of-network	\$6,500 / \$16,250 In-network / Out-of-network	\$6,850 / \$17,125 In-network / Out-of-network
Coinsurance²	20% / 50% coinsurance In-network / Out-of-network	0% / 50% coinsurance In-network / Out-of-network	20% / 50% coinsurance In-network / Out-of-network
Office Visit: Primary Care Physician (PCP)³ Note: Other office services subject to deductible and plan coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Office Visit: Specialist	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Outpatient Diagnostic (Ex. X-ray, EKG) and Outpatient Advanced Diagnostic Tests (Ex. MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Urgent Care	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay	Deductible, then \$50 copay and 20% coinsurance
Emergency Room Care	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay	Deductible, then \$500 copay and 20% coinsurance
Hospital: Inpatient Admission (Ex. hospital room)(includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Hospital: Outpatient Facility (includes surgery, mental health and substance abuse)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Retail Pharmacy Deductible (for tiers with deductible, cost share applies after deductible)	Medical deductible applies	Medical deductible applies	No deductible
Retail Pharmacy Tier 1 / Tier 2⁴	20% / 20% coinsurance	0% / 0% coinsurance	\$15 / \$40 copay
Retail Pharmacy Tier 3 / Tier 4⁴	20% / 20% coinsurance	0% / 0% coinsurance	\$80 / \$500 copay
Dental^{5,6} and Vision	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Physical, Occupational and Speech Therapy⁷	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance

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⁷Physical, occupational or speech outpatient therapy limited to up to 20 visits for each therapy per year for rehabilitation services. A separate 20 visit limit for each therapy per year applies to habilitation services. From birth until the member's sixth birthday, both of these benefits are provided as required by applicable law.

	Anthem Silver PPO 3200/25% (1X6N)	Anthem Silver PPO 4000/15% (1X6U)	Anthem Silver PPO 4000/0% (1X70)
Network Name¹	Anthem PPO	Anthem PPO	Anthem PPO
Plan includes out-of-network coverage?¹	Yes	Yes	Yes
Individual Deductible²	\$3,200 / \$11,750 In-network / Out-of-network	\$4,000 / \$10,000 In-network / Out-of-network	\$4,000 / \$10,000 In-network / Out-of-network
Individual Out-of-pocket Limit²	\$5,500 / \$16,375 In-network / Out-of-network	\$6,850 / \$17,125 In-network / Out-of-network	\$4,000 / \$10,000 In-network / Out-of-network
Coinsurance²	25% / 50% coinsurance In-network / Out-of-network	15% / 50% coinsurance In-network / Out-of-network	0% / 50% coinsurance In-network / Out-of-network
Office Visit: Primary Care Physician (PCP)³ Note: Other office services subject to deductible and plan coinsurance	\$30 copay per office visit, unlimited	\$45 copay per office visit, unlimited	Deductible, then 0% coinsurance
Office Visit: Specialist	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 0% coinsurance
Outpatient Diagnostic (Ex. X-ray, EKG) and Outpatient Advanced Diagnostic Tests (Ex. MRI, CT scan)	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 0% coinsurance
Urgent Care	Deductible, then \$50 copay and 25% coinsurance	Deductible, then \$50 copay and 15% coinsurance	Deductible, then 0% coinsurance
Emergency Room Care	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 15% coinsurance	Deductible, then 0% coinsurance
Hospital: Inpatient Admission (Ex. hospital room)(includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 15% coinsurance	Deductible, then 0% coinsurance
Hospital: Outpatient Facility (includes surgery, mental health and substance abuse)	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 0% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 15% coinsurance	Deductible, then 0% coinsurance
Retail Pharmacy Deductible (for tiers with deductible, cost share applies after deductible)	Medical deductible applies	No deductible	Medical deductible applies
Retail Pharmacy Tier 1 / Tier 2⁴	25% / 25% coinsurance	\$15 / \$40 copay	0% / 0% coinsurance
Retail Pharmacy Tier 3 / Tier 4⁴	25% / 25% coinsurance	\$80 / \$500 copay	0% / 0% coinsurance
Dental^{5,6} and Vision	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Physical, Occupational and Speech Therapy⁷	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 0% coinsurance

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⁷Physical, occupational or speech outpatient therapy limited to up to 20 visits for each therapy per year for rehabilitation services. A separate 20 visit limit for each therapy per year applies to habilitation services. From birth until the member's sixth birthday, both of these benefits are provided as required by applicable law.

	Anthem Gold PPO 25% (1X6K)	Anthem Gold PPO 1250/10% (1X6G)	Anthem Catastrophic PPO 6850/0% (1X6E)
Network Name¹	Anthem PPO	Anthem PPO	Anthem PPO
Plan includes out-of-network coverage?¹	Yes	Yes	Yes
Individual Deductible²	\$0 / \$0 In-network / Out-of-network	\$1,250 / \$3,125 In-network / Out-of-network	\$6,850 / \$17,125 In-network / Out-of-network
Individual Out-of-pocket Limit²	\$6,850 / \$17,125 In-network / Out-of-network	\$6,850 / \$17,125 In-network / Out-of-network	\$6,850 / \$17,125 In-network / Out-of-network
Coinsurance²	25% / 50% coinsurance In-network / Out-of-network	10% / 50% coinsurance In-network / Out-of-network	0% / 0% coinsurance In-network / Out-of-network
Office Visit: Primary Care Physician (PCP)³ Note: Other office services subject to deductible and plan coinsurance	\$25 copay per office visit, unlimited	\$30 copay per office visit, unlimited	\$40 copay per visit for first 3 office visits, then deductible and 0% coinsurance
Office Visit: Specialist	25% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Outpatient Diagnostic (Ex. X-ray, EKG) and Outpatient Advanced Diagnostic Tests (Ex. MRI, CT scan)	25% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Urgent Care	\$50 copay, then 25% coinsurance	Deductible, then \$50 copay and 10% coinsurance	Deductible, then 0% coinsurance
Emergency Room Care	\$500 copay, then 25% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then 0% coinsurance
Hospital: Inpatient Admission (Ex. hospital room)(includes maternity, mental health and substance abuse)	\$500 copay, then 25% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then 0% coinsurance
Hospital: Outpatient Facility (includes surgery, mental health and substance abuse)	25% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Maternity (includes delivery and all inpatient services)	\$500 copay, then 25% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then 0% coinsurance
Retail Pharmacy Deductible (for tiers with deductible, cost share applies after deductible)	No deductible	No deductible	Medical deductible applies
Retail Pharmacy Tier 1 / Tier 2⁴	\$15 / \$40 copay	\$15 / \$40 copay	0% / 0% coinsurance
Retail Pharmacy Tier 3 / Tier 4⁴	\$80 / \$500 copay	\$80 / \$500 copay	0% / 0% coinsurance
Dental^{5,6} and Vision	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Physical, Occupational and Speech Therapy⁷	25% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance

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⁴Home delivery pharmacy cost shares are 2 x the retail copay for Tier 1 drugs and 2.5 x the retail copay for Tier 2 and Tier 3 drugs when the plan has retail pharmacy copays.

⁵Pediatric dental is included in the medical plan. These dental benefits are subject to the medical plan's deductible and out-of-pocket limit.

⁶The pediatric dental policy DOES NOT provide any dental benefits to individuals age 19 or older. The pediatric dental policy is offered so the purchaser will have pediatric dental coverage as required by the ACA. A person age 19 or older will need to buy a separate adult plan if they want adult dental benefits. The pediatric dental policy WILL NOT pay for any adult dental care.

⁷Physical, occupational or speech outpatient therapy limited to up to 20 visits for each therapy per year for rehabilitation services. A separate 20 visit limit for each therapy per year applies to habilitation services. From birth until the member's sixth birthday, both of these benefits are provided as required by applicable law.

HMO plans	Anthem Bronze Pathway HMO 5000/40% (1G0P)	Anthem Bronze Mountain Enhanced HMO 5000/40% (1JR7) †	Anthem Bronze Pathway HMO 5400/50% (1X7C)
Network Name¹	Pathway	Mountain Enhanced	Pathway
Plan includes out-of-network coverage?¹	No	No	No
Individual Deductible²	\$5,000	\$5,000	\$5,400
Individual Out-of-pocket Limit²	\$6,850	\$6,850	\$6,850
Coinsurance²	40% coinsurance	40% coinsurance	50% coinsurance
Office Visit: Primary Care Physician (PCP)³ Note: Other office services subject to deductible and plan coinsurance	\$50 copay per visit for first 2 office visits, then deductible and 40% coinsurance	\$50 copay per visit for first 2 office visits, then deductible and 40% coinsurance	\$50 copay per visit for first 2 office visits, then deductible and 50% coinsurance
Office Visit: Specialist	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 50% coinsurance
Outpatient Diagnostic (Ex. X-ray, EKG) and Outpatient Advanced Diagnostic Tests (Ex. MRI, CT scan)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 50% coinsurance
Urgent Care	Deductible, then \$50 copay and 40% coinsurance	Deductible, then \$50 copay and 40% coinsurance	Deductible, then \$75 copay and 50% coinsurance
Emergency Room Care	Deductible, then \$200 copay and 40% coinsurance	Deductible, then \$200 copay and 40% coinsurance	Deductible, then \$500 copay and 50% coinsurance
Hospital: Inpatient Admission (Ex. hospital room)(includes maternity, mental health and substance abuse)	Deductible, then \$1,000 copay and 40% coinsurance	Deductible, then \$1,000 copay and 40% coinsurance	Deductible, then \$1,450 copay
Hospital: Outpatient Facility (includes surgery, mental health and substance abuse)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 50% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then \$1,000 copay and 40% coinsurance	Deductible, then \$1,000 copay and 40% coinsurance	Deductible, then \$1,450 copay
Retail Pharmacy Deductible (for tiers with deductible, cost share applies after deductible)	Medical deductible applies	Medical deductible applies	No deductible
Retail Pharmacy Tier 1 / Tier 2⁴	40% / 40% coinsurance	40% / 40% coinsurance	\$20 / \$60 copay
Retail Pharmacy Tier 3 / Tier 4⁴	40% / 40% coinsurance	40% / 40% coinsurance	\$150 / \$500 copay
Dental^{5,6} and Vision	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Physical, Occupational and Speech Therapy⁷	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 50% coinsurance

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	Anthem Bronze Pathway HMO 5800/30% (1G0R)	Anthem Bronze Pathway HMO 6250/20% (1G0X)	Anthem Bronze Pathway HMO 25% for HSA (1G0V)
Network Name¹	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?¹	No	No	No
Individual Deductible²	\$5,800	\$6,250	\$4,500
Individual Out-of-pocket Limit²	\$6,850	\$6,850	\$6,550
Coinsurance²	30% coinsurance	20% coinsurance	25% coinsurance
Office Visit: Primary Care Physician (PCP)³ Note: Other office services subject to deductible and plan coinsurance	\$45 copay per visit for first 2 office visits, then deductible and 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance
Office Visit: Specialist	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance
Outpatient Diagnostic (Ex. X-ray, EKG) and Outpatient Advanced Diagnostic Tests (Ex. MRI, CT scan)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance
Urgent Care	Deductible, then \$50 copay and 30% coinsurance	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 25% coinsurance
Emergency Room Care	Deductible, then \$200 copay and 30% coinsurance	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 25% coinsurance
Hospital: Inpatient Admission (Ex. hospital room)(includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$500 copay and 25% coinsurance
Hospital: Outpatient Facility (includes surgery, mental health and substance abuse)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$500 copay and 25% coinsurance
Retail Pharmacy Deductible (for tiers with deductible, cost share applies after deductible)	Medical deductible applies	No deductible	Medical deductible applies
Retail Pharmacy Tier 1 / Tier 2⁴	30% / 30% coinsurance	\$20 / \$60 copay	25% / 25% coinsurance
Retail Pharmacy Tier 3 / Tier 4⁴	30% / 30% coinsurance	\$150 / \$500 copay	25% / 25% coinsurance
Dental^{5,6} and Vision	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Physical, Occupational and Speech Therapy⁷	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance

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	Anthem Bronze Pathway HMO 0% for HSA (1G0T)	Anthem Silver Pathway HMO 1300/35% (1G1G)	Anthem Silver Pathway HMO 2000/20% (1G1R)
Network Name¹	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?¹	No	No	No
Individual Deductible²	\$6,300	\$1,300	\$2,000
Individual Out-of-pocket Limit²	\$6,300	\$6,500	\$6,850
Coinsurance²	0% coinsurance	35% coinsurance	20% coinsurance
Office Visit: Primary Care Physician (PCP)³ Note: Other office services subject to deductible and plan coinsurance	Deductible, then 0% coinsurance	\$35 copay per visit for first 2 office visits, then deductible and 35% coinsurance	\$35 copay per visit for first 2 office visits, then deductible and 20% coinsurance
Office Visit: Specialist	Deductible, then 0% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance
Outpatient Diagnostic (Ex. X-ray, EKG) and Outpatient Advanced Diagnostic Tests (Ex. MRI, CT scan)	Deductible, then 0% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance
Urgent Care	Deductible, then 0% coinsurance	Deductible, then \$50 copay and 35% coinsurance	Deductible, then \$50 copay and 20% coinsurance
Emergency Room Care	Deductible, then 0% coinsurance	Deductible, then \$200 copay and 35% coinsurance	Deductible, then \$500 copay and 20% coinsurance
Hospital: Inpatient Admission (Ex. hospital room)(includes maternity, mental health and substance abuse)	Deductible, then 0% coinsurance	Deductible, then \$500 copay and 35% coinsurance	Deductible, then 20% coinsurance
Hospital: Outpatient Facility (includes surgery, mental health and substance abuse)	Deductible, then 0% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then 0% coinsurance	Deductible, then \$500 copay and 35% coinsurance	Deductible, then 20% coinsurance
Retail Pharmacy Deductible (for tiers with deductible, cost share applies after deductible)	Medical deductible applies	No deductible	No deductible
Retail Pharmacy Tier 1 / Tier 2⁴	0% / 0% coinsurance	\$15 / \$40 copay	\$15 / \$40 copay
Retail Pharmacy Tier 3 / Tier 4⁴	0% / 0% coinsurance	\$80 / \$500 copay	\$80 / \$500 copay
Dental^{5,6} and Vision	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Physical, Occupational and Speech Therapy⁷	Deductible, then 0% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance

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⁶The pediatric dental policy DOES NOT provide any dental benefits to individuals age 19 or older. The pediatric dental policy is offered so the purchaser will have pediatric dental coverage as required by the ACA. A person age 19 or older will need to buy a separate adult plan if they want adult dental benefits. The pediatric dental policy WILL NOT pay for any adult dental care.

⁷Physical, occupational or speech outpatient therapy limited to up to 20 visits for each therapy per year for rehabilitation services. A separate 20 visit limit for each therapy per year applies to habilitation services. From birth until the member's sixth birthday, both of these benefits are provided as required by applicable law.

	Anthem Silver Pathway HMO 2000/25% (1G1B)	Anthem Silver Mountain Enhanced HMO 2000/25% (1JR2) †	Anthem Silver Pathway HMO 2400/10% (1G1X)
Network Name¹	Pathway	Mountain Enhanced	Pathway
Plan includes out-of-network coverage?¹	No	No	No
Individual Deductible²	\$2,000	\$2,000	\$2,400
Individual Out-of-pocket Limit²	\$6,350	\$6,350	\$6,850
Coinsurance²	25% coinsurance	25% coinsurance	10% coinsurance
Office Visit: Primary Care Physician (PCP)³ Note: Other office services subject to deductible and plan coinsurance	\$35 copay per office visit, unlimited	\$35 copay per office visit, unlimited	Deductible, then 10% coinsurance
Office Visit: Specialist	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 10% coinsurance
Outpatient Diagnostic (Ex. X-ray, EKG) and Outpatient Advanced Diagnostic Tests (Ex. MRI, CT scan)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 10% coinsurance
Urgent Care	Deductible, then \$50 copay and 25% coinsurance	Deductible, then \$50 copay and 25% coinsurance	Deductible, then \$50 copay and 10% coinsurance
Emergency Room Care	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$500 copay and 10% coinsurance
Hospital: Inpatient Admission (Ex. hospital room)(includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then 10% coinsurance
Hospital: Outpatient Facility (includes surgery, mental health and substance abuse)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 10% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then 10% coinsurance
Retail Pharmacy Deductible (for tiers with deductible, cost share applies after deductible)	Medical deductible applies	Medical deductible applies	No deductible
Retail Pharmacy Tier 1 / Tier 2⁴	25% / 25% coinsurance	25% / 25% coinsurance	\$15 / \$40 copay
Retail Pharmacy Tier 3 / Tier 4⁴	25% / 25% coinsurance	25% / 25% coinsurance	\$80 / \$500 copay
Dental^{5,6} and Vision	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Physical, Occupational and Speech Therapy⁷	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 10% coinsurance

†Mountain Enhanced Network plans are available in the following communities only: Archuleta county (Pagosa Springs), La Plata county (Durango), Montezuma county (Cortez), Summit county (Keystone/Frisco/Breckenridge) and Eagle county (Vail Valley).

¹Anthem PPO Network plans also include out-of-network benefits. Pathway and Mountain Enhanced Network plans only include out-of-network benefits for emergency care, urgent care and ambulance services. In addition, we offer Guest Membership (also called Away from Home Care) with these HMO plans.

²Individual deductible, Individual out-of-pocket limit and coinsurance reflect In-network / Out-of-network cost share information, if applicable for the plan. All other cost share information is for in-network services only.

³LiveHealth Online web visits have the same PCP office visit cost share listed in the chart.

⁴Home delivery pharmacy cost shares are 2 x the retail copay for Tier 1 drugs and 2.5 x the retail copay for Tier 2 and Tier 3 drugs when the plan has retail pharmacy copays.

⁵Pediatric dental is included in the medical plan. These dental benefits are subject to the medical plan's deductible and out-of-pocket limit.

⁶The pediatric dental policy DOES NOT provide any dental benefits to individuals age 19 or older. The pediatric dental policy is offered so the purchaser will have pediatric dental coverage as required by the ACA. A person age 19 or older will need to buy a separate adult plan if they want adult dental benefits. The pediatric dental policy WILL NOT pay for any adult dental care.

⁷Physical, occupational or speech outpatient therapy limited to up to 20 visits for each therapy per year for rehabilitation services. A separate 20 visit limit for each therapy per year applies to habilitation services. From birth until the member's sixth birthday, both of these benefits are provided as required by applicable law.

	Anthem Silver Pathway HMO 2500/15% (1G1M)	Anthem Silver Pathway HMO 3000/10% (1G1Y)	Anthem Silver Pathway HMO 3200/50% (1X7M)
Network Name¹	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?¹	No	No	No
Individual Deductible²	\$2,500	\$3,000	\$3,200
Individual Out-of-pocket Limit²	\$6,850	\$6,850	\$4,200
Coinsurance²	15% coinsurance	10% coinsurance	50% coinsurance
Office Visit: Primary Care Physician (PCP)³ Note: Other office services subject to deductible and plan coinsurance	\$40 copay per visit for first 3 office visits, then deductible and 15% coinsurance	\$45 copay per office visit, unlimited	Deductible, then 50% coinsurance
Office Visit: Specialist	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance	Deductible, then 50% coinsurance
Outpatient Diagnostic (Ex. X-ray, EKG) and Outpatient Advanced Diagnostic Tests (Ex. MRI, CT scan)	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance	Deductible, then 50% coinsurance
Urgent Care	Deductible, then \$50 copay and 15% coinsurance	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$75 copay and 50% coinsurance
Emergency Room Care	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$200 copay and 10% coinsurance	Deductible, then \$500 copay and 50% coinsurance
Hospital: Inpatient Admission (Ex. hospital room)(includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$1,000 copay
Hospital: Outpatient Facility (includes surgery, mental health and substance abuse)	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance	Deductible, then 50% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$1,000 copay
Retail Pharmacy Deductible (for tiers with deductible, cost share applies after deductible)	No deductible	No deductible	No deductible
Retail Pharmacy Tier 1 / Tier 2⁴	\$15 / \$40 copay	\$15 / \$40 copay	\$15 / \$40 copay
Retail Pharmacy Tier 3 / Tier 4⁴	\$80 / \$500 copay	\$80 / \$500 copay	\$80 / \$500 copay
Dental^{5,6} and Vision	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Physical, Occupational and Speech Therapy⁷	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance	Deductible, then 50% coinsurance

†Mountain Enhanced Network plans are available in the following communities only: Archuleta county (Pagosa Springs), La Plata county (Durango), Montezuma county (Cortez), Summit county (Keystone/Frisco/Breckenridge) and Eagle county (Vail Valley).

¹Anthem PPO Network plans also include out-of-network benefits. Pathway and Mountain Enhanced Network plans only include out-of-network benefits for emergency care, urgent care and ambulance services. In addition, we offer Guest Membership (also called Away from Home Care) with these HMO plans.

²Individual deductible, Individual out-of-pocket limit and coinsurance reflect In-network / Out-of-network cost share information, if applicable for the plan. All other cost share information is for in-network services only.

³LiveHealth Online web visits have the same PCP office visit cost share listed in the chart.

⁴Home delivery pharmacy cost shares are 2 x the retail copay for Tier 1 drugs and 2.5 x the retail copay for Tier 2 and Tier 3 drugs when the plan has retail pharmacy copays.

⁵Pediatric dental is included in the medical plan. These dental benefits are subject to the medical plan's deductible and out-of-pocket limit.

⁶The pediatric dental policy DOES NOT provide any dental benefits to individuals age 19 or older. The pediatric dental policy is offered so the purchaser will have pediatric dental coverage as required by the ACA. A person age 19 or older will need to buy a separate adult plan if they want adult dental benefits. The pediatric dental policy WILL NOT pay for any adult dental care.

⁷Physical, occupational or speech outpatient therapy limited to up to 20 visits for each therapy per year for rehabilitation services. A separate 20 visit limit for each therapy per year applies to habilitation services. From birth until the member's sixth birthday, both of these benefits are provided as required by applicable law.

	Anthem Gold Pathway HMO 0/30% (1X7J)	Anthem Gold Pathway HMO 1100/10% (1G24)	Anthem Gold Mountain Enhanced HMO 1100/10% (1G2F) †
Network Name¹	Pathway	Pathway	Mountain Enhanced
Plan includes out-of-network coverage?¹	No	No	No
Individual Deductible²	\$0	\$1,100	\$1,100
Individual Out-of-pocket Limit²	\$6,850	\$6,850	\$6,850
Coinsurance²	30% coinsurance	10% coinsurance	10% coinsurance
Office Visit: Primary Care Physician (PCP)³ Note: Other office services subject to deductible and plan coinsurance	\$30 copay per office visit, unlimited	\$25 copay per office visit, unlimited	\$25 copay per office visit, unlimited
Office Visit: Specialist	\$65 copay per office visit, unlimited	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
Outpatient Diagnostic (Ex. X-ray, EKG) and Outpatient Advanced Diagnostic Tests (Ex. MRI, CT scan)	30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
Urgent Care	\$100 copay	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$50 copay and 10% coinsurance
Emergency Room Care	\$750 copay	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 10% coinsurance
Hospital: Inpatient Admission (Ex. hospital room)(includes maternity, mental health and substance abuse)	\$1,000 copay	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 10% coinsurance
Hospital: Outpatient Facility (includes surgery, mental health and substance abuse)	30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
Maternity (includes delivery and all inpatient services)	\$1,000 copay	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 10% coinsurance
Retail Pharmacy Deductible (for tiers with deductible, cost share applies after deductible)	No deductible	No deductible	No deductible
Retail Pharmacy Tier 1 / Tier 2⁴	\$15 / \$40 copay	\$15 / \$40 copay	\$15 / \$40 copay
Retail Pharmacy Tier 3 / Tier 4⁴	\$80 / \$500 copay	\$80 / \$500 copay	\$80 / \$500 copay
Dental^{5,6} and Vision	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Physical, Occupational and Speech Therapy⁷	30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance

†Mountain Enhanced Network plans are available in the following communities only: Archuleta county (Pagosa Springs), La Plata county (Durango), Montezuma county (Cortez), Summit county (Keystone/Frisco/Breckenridge) and Eagle county (Vail Valley).

¹Anthem PPO Network plans also include out-of-network benefits. Pathway and Mountain Enhanced Network plans only include out-of-network benefits for emergency care, urgent care and ambulance services. In addition, we offer Guest Membership (also called Away from Home Care) with these HMO plans.

²Individual deductible, Individual out-of-pocket limit and coinsurance reflect In-network / Out-of-network cost share information, if applicable for the plan. All other cost share information is for in-network services only.

³LiveHealth Online web visits have the same PCP office visit cost share listed in the chart.

⁴Home delivery pharmacy cost shares are 2 x the retail copay for Tier 1 drugs and 2.5 x the retail copay for Tier 2 and Tier 3 drugs when the plan has retail pharmacy copays.

⁵Pediatric dental is included in the medical plan. These dental benefits are subject to the medical plan's deductible and out-of-pocket limit.

⁶The pediatric dental policy DOES NOT provide any dental benefits to individuals age 19 or older. The pediatric dental policy is offered so the purchaser will have pediatric dental coverage as required by the ACA. A person age 19 or older will need to buy a separate adult plan if they want adult dental benefits. The pediatric dental policy WILL NOT pay for any adult dental care.

⁷Physical, occupational or speech outpatient therapy limited to up to 20 visits for each therapy per year for rehabilitation services. A separate 20 visit limit for each therapy per year applies to habilitation services. From birth until the member's sixth birthday, both of these benefits are provided as required by applicable law.

	Anthem Gold Pathway HMO 1500/20% (1X7F)	Anthem Catastrophic Pathway HMO 6850/0% (1G27)
Network Name¹	Pathway	Pathway
Plan includes out-of-network coverage?¹	No	No
Individual Deductible²	\$1,500	\$6,850
Individual Out-of-pocket Limit²	\$3,750	\$6,850
Coinsurance²	20% coinsurance	0% coinsurance
Office Visit: Primary Care Physician (PCP)³ Note: Other office services subject to deductible and plan coinsurance	\$30 copay per office visit, unlimited	\$40 copay per visit for first 3 office visits, then deductible and 0% coinsurance
Office Visit: Specialist	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Outpatient Diagnostic (Ex. X-ray, EKG) and Outpatient Advanced Diagnostic Tests (Ex. MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Urgent Care	\$90 copay	Deductible, then 0% coinsurance
Emergency Room Care	Deductible, then \$500 copay and 20% coinsurance	Deductible, then 0% coinsurance
Hospital: Inpatient Admission (Ex. hospital room)(includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then 0% coinsurance
Hospital: Outpatient Facility (includes surgery, mental health and substance abuse)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then 0% coinsurance
Retail Pharmacy Deductible (for tiers with deductible, cost share applies after deductible)	No deductible	Medical deductible applies
Retail Pharmacy Tier 1 / Tier 2⁴	\$15 / \$40 copay	0% / 0% coinsurance
Retail Pharmacy Tier 3 / Tier 4⁴	\$80 / \$500 copay	0% / 0% coinsurance
Dental^{5,6} and Vision	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Physical, Occupational and Speech Therapy⁷	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance

†Mountain Enhanced Network plans are available in the following communities only: Archuleta county (Pagosa Springs), La Plata county (Durango), Montezuma county (Cortez), Summit county (Keystone/Frisco/Breckenridge) and Eagle county (Vail Valley).

¹Anthem PPO Network plans also include out-of-network benefits. Pathway and Mountain Enhanced Network plans only include out-of-network benefits for emergency care, urgent care and ambulance services. In addition, we offer Guest Membership (also called Away from Home Care) with these HMO plans.

²Individual deductible, Individual out-of-pocket limit and coinsurance reflect In-network / Out-of-network cost share information, if applicable for the plan. All other cost share information is for in-network services only.

³LiveHealth Online web visits have the same PCP office visit cost share listed in the chart.

⁴Home delivery pharmacy cost shares are 2 x the retail copay for Tier 1 drugs and 2.5 x the retail copay for Tier 2 and Tier 3 drugs when the plan has retail pharmacy copays.

⁵Pediatric dental is included in the medical plan. These dental benefits are subject to the medical plan's deductible and out-of-pocket limit.

⁶The pediatric dental policy DOES NOT provide any dental benefits to individuals age 19 or older. The pediatric dental policy is offered so the purchaser will have pediatric dental coverage as required by the ACA. A person age 19 or older will need to buy a separate adult plan if they want adult dental benefits. The pediatric dental policy WILL NOT pay for any adult dental care.

⁷Physical, occupational or speech outpatient therapy limited to up to 20 visits for each therapy per year for rehabilitation services. A separate 20 visit limit for each therapy per year applies to habilitation services. From birth until the member's sixth birthday, both of these benefits are provided as required by applicable law.

Dental stand-alone plans benefit chart

	Anthem Dental Pediatric (Dependents age 18 and younger)	Anthem Dental Family (Dependents age 18 and younger)	Anthem Dental Family (Adults age 19+)	Anthem Dental Family Enhanced (Dependents age 18 and younger)
	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network
Dental Network	Dental Prime	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, all services)	\$50 / \$50	\$50 / \$50	\$50 / \$50	\$25 / \$25
Annual maximum ¹ (per person)	None	None	\$750 / \$750	None
Annual out-of-pocket limit ²	\$350 ³ / None	\$350 ³ / None	None	\$350 ³ / None
Diagnostic and Preventive	No waiting period	No waiting period	No waiting period	No waiting period
Cleaning, exams, x-rays	0% / 30% coinsurance	0% / 30% coinsurance	0% / 50% coinsurance	0% / 20% coinsurance
Extra cleaning	Not covered	Not covered	Not covered	Not covered
Basic services	No waiting period	No waiting period	6-month waiting period	No waiting period
Fillings	40% / 50% coinsurance	40% / 50% coinsurance	50% / 75% coinsurance	20% / 40% coinsurance
Brush biopsy	Not covered	Not covered	Not covered	Not covered
Complex & major services	No waiting period	No waiting period	12-month waiting period	No waiting period ⁴
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	50% / 50% coinsurance ⁵	50% / 50% coinsurance ⁵	70% / 85% coinsurance	20% / 50% coinsurance ⁵
Prosthetics (crowns, dentures, bridges)	50% / 50% coinsurance ⁵	50% / 50% coinsurance ⁵	70% / 85% coinsurance	50% / 50% coinsurance ⁵
Medically necessary orthodontia	50% / 50% coinsurance	50% / 50% coinsurance	Not covered	50% / 50% coinsurance
Cosmetic orthodontia	Not covered	Not covered	Not covered	50% / 50% coinsurance ⁵
International emergency dental program	Included	Included	Included	Included

¹Once the plan has paid the **Annual maximum** per person, the plan will not pay any more benefits for the rest of that calendar year.

²**Out-of-pocket limit** is the most you pay during a calendar year before your plan begins to pay 100% of the maximum allowed amount.

³Per child, up to two children.

⁴Except 12-month waiting period for **Medically necessary** and **Cosmetic orthodontia**.

⁵Coverage for pediatric children does not cover **Periodontics** or **Prosthetic services**.

⁶\$1,000 lifetime maximum for **Cosmetic orthodontia**.

There are currently no plan Dental Prime-contracted dentists in Archuleta, Baca, Chaffee, Cheyenne, Crowley, Dolores, Gilpin, Grand, Hinsdale, Jackson, Kiowa, Lake, Mineral, Moffat, Ouray, Phillips, Pitkin, Rio Blanco, Saguache, San Juan, San Miguel, Sedgwick, Washington and Yuma counties. Out-of-network providers will bill you for amounts over what your plan pays, up to their usual charge. The procedures listed here are a sample of covered service for members. If you need help to figure out the highest amount payable to an out-of-network dentist, call us at the number on your ID card.

	Anthem Dental Family Enhanced (Adults age 19+)	Dental Prime Plan A	Dental Prime Plan B	Dental Prime Plan C
	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network
Dental Network	Dental Prime	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, all services)	\$50 / \$50	None	\$50 / \$50	\$50 / \$50
Annual maximum ¹ (per person)	\$1,000 / \$1,000	\$500 / \$500	\$1,000 / \$1,000	\$1,250 / \$1,250
Annual out-of-pocket limit ²	None	None	None	None
Diagnostic and Preventive	No waiting period	No waiting period	No waiting period	No waiting period
Cleaning, exams, x-rays	0% / 50% coinsurance	0% / 0% coinsurance	0% / 0% coinsurance	0% / 0% coinsurance
Extra cleaning	Not covered	1 extra cleaning per year for those who are pregnant or diabetic	1 extra cleaning per year for those who are pregnant or diabetic	1 extra cleaning per year for those who are pregnant or diabetic
Basic services	6-month waiting period	Not covered	6-month waiting period	6-month waiting period
Fillings	20% / 60% coinsurance	Not covered	20% / 20% coinsurance	20% / 20% coinsurance
Brush biopsy	Not covered	Not covered	20% / 20% coinsurance	20% / 20% coinsurance
Complex & major services	12-month waiting period	Not covered	12-month waiting period	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	50% / 75% coinsurance	Not covered	50% / 50% coinsurance	50% / 50% coinsurance
Prosthetics (crowns, dentures, bridges)	50% / 75% coinsurance	Not covered	Not covered	50% / 50% coinsurance
Medically necessary orthodontia	Not covered	Not covered	Not covered	Not covered
Cosmetic orthodontia	Not covered	Not covered	Not covered	Not covered
International emergency dental program	Included	Included	Included	Included

¹Once the plan has paid the **Annual maximum** per person, the plan will not pay any more benefits for the rest of that calendar year.

²**Out-of-pocket limit** is the most you pay during a calendar year before your plan begins to pay 100% of the maximum allowed amount.

³Per child, up to two children.

⁴Except 12-month waiting period for **Medically necessary** and **Cosmetic orthodontia**.

⁵Coverage for pediatric children does not cover **Periodontics** or **Prosthetic services**.

⁶\$1,000 lifetime maximum for **Cosmetic orthodontia**.

There are currently no plan Dental Prime-contracted dentists in Archuleta, Baca, Chaffee, Cheyenne, Crowley, Dolores, Gilpin, Grand, Hinsdale, Jackson, Kiowa, Lake, Mineral, Moffat, Ouray, Phillips, Pitkin, Rio Blanco, Saguache, San Juan, San Miguel, Sedgwick, Washington and Yuma counties. Out-of-network providers will bill you for amounts over what your plan pays, up to their usual charge. The procedures listed here are a sample of covered service for members. If you need help to figure out the highest amount payable to an out-of-network dentist, call us at the number on your ID card.

Our plans' built-in extras

At Anthem, we want to be more than your health benefits provider — we want to help you meet your day-to-day health and wellness goals. That's why we offer a variety of programs, discounts and tools to support you being your healthy best.

Health and wellness programs

From online health assessments and personal coaching to pregnancy and disease management support, we're here to give you the guidance you need, when you need it — at no extra cost. **Here's how:**



- **24/7 NurseLine** - Day or night, you can talk to a registered nurse about your health concerns or ask specific questions about a condition you're managing (like asthma or diabetes) through our 24/7 NurseLine. Whether it's a question about allergies, the flu or choosing between the ER or urgent care, our nurses are always there for you.



- **ConditionCare** - Your health is our top priority. If you have an ongoing or complex health problem, a case manager may call you to see how we can help manage your condition and give you information and emotional support services.
- If you need extra support in managing your health or a specific health condition (like asthma or diabetes), the preventive care services included with your plan are covered at 100% when you use in-network providers and can help you improve your health and well-being.

These are just some of the routine preventive care services we offer you:

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

And don't forget about those regular checkups! Your yearly exams, flu shots and other preventive care services are covered 100% with your health plan when you see a provider in the network. So you never have to think twice about calling your doctor and scheduling what you need.

SpecialOffers@AnthemSM

SpecialOffers@AnthemSM (SpecialOffers) is our member discount program for health- and wellness-related products and services.

Through the program, members enjoy discounts on:

- Vitamins
- Health and beauty products
- Massage therapy
- LASIK eye surgery
- Eyeglass frames and contact lenses
- Hearing aids and services
- Jenny Craig[®] and Weight Watchers[®] weight-loss programs*
- Smoking cessation programs

To view all our SpecialOffers discounts, log in to [anthem.com](https://www.anthem.com) and select **Discounts** on the **Main Overview** page.

*Weight Watchers and PointsPlus are the registered trademarks of Weight Watchers International, Inc. Trademarks used under license by WeightWatchers.com, Inc.

Enhanced Personal Health Care

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

We put members in a unique circle of care, making them the central focus of a team approach to their overall health. **Enhanced Personal Health Care** — a program that:

- Improves your patient experience with better access to a primary care doctor who cares for the "whole person" and becomes your health care champion and helps you navigate the health care system.
- Gives doctors added support with the right tools and strategies to help strengthen your doctor-patient relationship, so doctors can spend more time with you and coordinate your care with other doctors.

Together, you and your doctor work to make the best choices for your health care.

Travel coverage

Whether you're traveling for work or on vacation, going to the ER or urgent care is probably the last thing you want to worry about. The good news is that our plans cover medically necessary emergency and urgent care in all 50 states.

BlueCard® - PPO

Our PPO plans also include coverage for non-emergency care across the U.S. or worldwide. You can see any provider you wish, but you'll pay less out of pocket when you visit participating BlueCard providers and hospitals in the U.S. or abroad.

Guest Membership/Away From Home Care when temporarily living out of state - HMO

With our HMO plans, you or any of your covered dependents who will be away from home (and outside your health plan's service area) for more than 90 days can apply for a guest membership (also known as Away From Home Care) to one of our affiliated Blue Cross and Blue Shield plans in that area.

A guest membership will allow you to become a "guest" of that other plan and take advantage of the benefits and coverage it provides. Guest membership is especially helpful when students go to college in another state. It's not available in all regions. After you're a member, call Guest Membership at 800-827-6422 for more information.



Online tools

From our website and mobile app to cost and quality comparison tools, we want to make sure you have the information you need to make informed health care decisions for you and your family.

With our secure website, you can:

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

With our mobile app, you can:

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

Cost and quality information with Estimate Your Cost

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

LiveHealth Online¹

LiveHealth Online is a convenient way for you and your family to talk face-to-face with a board-certified doctor when your own doctor isn't available.² Just use your computer or mobile device to access medical care when you need it, 24/7.

No appointments, no driving and no waiting at an urgent care center. All you have to do is sign up at **livehealthonline.com** or download the app.

Once you become a member and register with LiveHealth Online, you can:

- Get medical advice, diagnoses, proper treatment and even prescriptions, as needed.³
- Quickly address common health problems, like allergies, colds, rashes, fever and more.
- See a doctor via video chat in minutes.

LiveHealth Online visits cost \$49 or less depending on your health plan. It is currently available in English and Spanish.

¹ LiveHealth Online is the trade name of the Health Management Corporation.

² LiveHealth Online is offered in most states and is expected to expand into more areas in the near future. Visit the home page at **livehealthonline.com** to see the latest map showing where service is available.

³ This is legally permitted only in certain states.



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

Once you're a member, register at [anthem.com](https://www.anthem.com) to access your benefits online. Choose **Register Now** on the top right-hand side of your screen.

Ready to enroll?

If you're ready to take the next step and enroll, we're here to help you every step of the way.

To get started, you'll need to have the following information handy:

- Employer and income details (for example, pay stubs and W-2 forms) for every member of your household who needs coverage
- Policy numbers and insurer names for any current health insurance plans covering members of your household
- Name of every job-based health insurance plan for which you or someone in your household is eligible

Then, you can:

- Call your broker or Anthem authorized representative to enroll or learn more about our health care plans. Take a look at the application included with this brochure.
- Visit our website at anthem.com and apply online.

Generally, plans can be purchased once a year through an open enrollment period. This year, the open enrollment period runs from November 1, 2015 through January 31, 2016. Be sure to enroll by December 15, 2015, to start coverage effective January 1, 2016.

The annual open enrollment period may vary from year to year, so you should check with your broker or Anthem authorized representative for specific dates.

Your broker or Anthem authorized representative is here to help you enroll. You can also apply online at anthem.com.

We want you to be satisfied

After you enroll in one of our plans, you'll receive an *Evidence of Coverage (EOC)* or *Booklet* that explains the exact terms and conditions of coverage, including exclusions and limitations. You'll have 10 days to examine your *Booklet's* features. If you're not fully satisfied during that time, you may cancel your *Booklet* and your premium will be refunded, minus any claims that were already paid.

This document is only a brief summary of benefits and services. Our plans have exclusions, limitations and terms under which the *Booklet* may be continued in force or discontinued. For more complete details on what's covered and what isn't:

- Review the *Booklet*.
- Call your broker or Anthem authorized representative.
- Go to anthem.com.

To view a copy of both a Summary of Benefits and Coverage (SBC) and the CO SBC Supplement, please visit www.sbc.anthem.com and select **Member**.

The health plans described within this document aren't eligible for a premium tax credit or subsidy/cost-sharing assistance. The Affordable Care Act (ACA) helps people with low or modest incomes pay for their health insurance with premium tax credit or subsidy. You can only get financial help if you're eligible and you buy your individual health coverage through Connect for Health Colorado.

In compliance with the ACA, the following plan changes may occur annually on January 1:

- Benefits
- Formularies
- Pharmacy and provider networks
- Premiums, copays and coinsurance



Still have questions?

Please reach out to your broker or Anthem authorized representative. If you're stuck and unsure about next steps, we're here to listen and offer advice. We know there's a great plan out there just for you - let us help you find it!

Important plan information

Before choosing a health benefit plan, please review the following information along with the other materials enclosed.

Eligibility

You can apply for coverage for yourself or with your family. You must be a resident of the State of Colorado and not entitled to or enrolled in Medicare. Family health coverage includes you, your spouse or domestic partner and any dependent children. Children are covered to the end of the month in which they turn age 26.

Eligibility for a catastrophic plan

You are eligible for this plan if you:

- are under age 30 before the plan's effective date; or
- have received certification from Connect for Health Colorado that you are exempt from the individual mandate because you qualify for a hardship exemption or do not have an affordable coverage option

Open Enrollment

An annual open enrollment period is provided for enrollees. Individuals may enroll in a plan, and members may change benefit plans at that time.

Special Enrollment and Changes Affecting Eligibility

In addition to open enrollment, an individual can enroll during the special enrollment period. This is a period of time in which eligible individuals or their dependents can enroll after the open enrollment, typically due to an event such as marriage, birth, adoption, or other qualifying events as defined by law.

Depending on the event which triggers the special enrollment period, coverage may be effective as of the date of the qualifying event.

Effective Date of Coverage

The earliest effective date for the annual open enrollment period is the first day of the following calendar year. The actual effective date is determined by the date Anthem or HMO Colorado receives a complete application with the applicable premium payment.

Managing your care if you need to go to a hospital or get certain medical treatment

If you or a family member need certain types of medical care (for example: surgery, treatment in a doctor's office, physical therapy, etc.), you may want to know more about these programs and terms. They may help you better understand your benefits and how your health plan manages these types of care.

Utilization Management

Utilization management (UM) is a program that is part of your health plan. It lets us make sure you're getting the right care at the right time. Our UM review team, made up of licensed health care professionals such as nurses and doctors, does medical reviews. The team goes over the information your doctor has sent us to see if the requested surgery, treatment or other type of care is medically necessary. The UM review team checks to make sure the treatment meets certain clinical guidelines set by your health plan. After reviewing the records and information, the team will approve (cover) or deny (not cover) the treatment. The UM review team will let you and your doctor know as soon as possible. Decisions not to approve are put in writing. The written notice will include information on how to appeal the decision and about your rights to an independent medical review.

We can do medical reviews like this before, during and after a member's treatment. Here's an explanation of each type of review:

The prospective or pre-service review (done before you get medical care)

We may do a prospective review before a member goes to the hospital or has other types of services or treatment. Here are some types of medical treatments that might call for a prospective review:

- An inpatient hospital visit;
- An outpatient procedure;
- Tests to find the cause of an illness, like magnetic resonance imaging (MRI) and computed tomography (CT) scans;
- Certain types of outpatient therapy, like physical therapy or mental health counseling;
- Durable medical equipment (DME), like wheelchairs, walkers, crutches, hospital beds and more

The concurrent review (done during medical care and recovery)

We do a concurrent review when you are in the hospital or are released and need more care related to the hospital stay. This could mean services or treatment in a doctor's office, regular office visits, physical therapy or mental health therapy, home health care, durable medical equipment, a stay in a nursing home, mental health care visits and more. The UM review team looks at the member's medical information at the time of the review to see if the treatment is medically necessary.

The retrospective or post-service review (done after you get medical care)

We do a retrospective review when you have already had surgery or another type of medical care. When the UM review team learns about the treatment, they look at the medical information the doctor or provider had about you at the time the medical care was given. The team then can see if the treatment was medically necessary.

Case Management

Case managers are licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

Preauthorization

Preauthorization is the process of getting approval from your health plan before you get services. This process lets you know if we will cover a service, supply, therapy or drug. We approve services that meet our standards for needed and appropriate treatment. The guidelines we use to approve treatment are based on standards of care in medical policies, clinical guidelines and the terms of your plan. As these may change, we review our preauthorization guidelines regularly. Preauthorization is also called "precertification," "prior authorization," or "pre-approval."

Here's how getting preauthorization can help you out:

Saving time. Preauthorizing services can save a step since you will know if you are eligible and what your benefits are before you get the service. The doctors in our network ask for preauthorization for our members.

Saving money. Paying only for medically necessary services helps everyone save. Choosing a doctor who's in our network can help you get the most for your health care dollar.

What can you do? Choose a in-network doctor. Talk to your doctor about your conditions and treatment options. Ask your doctor which covered services need preauthorization or call us to ask. The doctor's office will ask for preauthorization for you. Plus, costs are usually lower with an in-network doctor. If you choose an out-of-network provider, be sure to call us to see if you need preauthorization. Out-of-network providers may not do that for you. If

you ever have a question about whether you need preauthorization, just call the preauthorization or precertification phone number on your ID card.

In-network Providers

In-network providers are the key to providing and coordinating your health care services. Benefits are provided when you obtain covered services from providers located in the State of Colorado; however, the broadest benefits are provided for services obtained from a primary care physician (PCP), specialty care physician (SCP), or other in-network providers.

With our preferred provider organization (PPO) plans, you have the freedom to see any in-network doctor you choose. With our health maintenance organization (HMO) plans, you choose one of our in-network PCPs who helps to coordinate your care. When you need to see other in-network doctors, a referral from your PCP is not required.

Services you obtain from any provider other than a PCP, SCP or another in-network provider are considered an out-of-network service, except for emergency care or urgent care, or as an authorized service if you purchase one of our HMO plans.

Out-of-network Providers

For HMO plans, services will only be covered services if rendered by providers located in the State of Colorado unless:

- The services are for emergency care, urgent care or ambulance services; or
- The services are approved in advance by Anthem.

Covered services which are not obtained from a PCP, SCP or another in-network provider or not an authorized service will be considered a out-of-network service. The only exceptions are emergency care and urgent care. In addition, certain services are not covered unless obtained from an in-network provider; see your Summary of Benefits.

For PPO plans, covered services rendered by out-of-network providers are covered, but your share of the costs may be greater.

For services rendered by an out-of-network provider, you are responsible for:

- The difference between the actual charge and the maximum allowed amount plus any deductible and/or copayments/coinsurance;
- Services that are not medically necessary;
- Non-covered services;
- Filing claims;
- Higher cost-sharing amounts

Laws and rights that protect you

As a member, you have rights and responsibilities. You have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. You also have certain rights and responsibilities when receiving your health care. Visit this link to find more information on our website: <http://www.anthem.com/health-insurance/customer-care/faq>.

Limitations

The specific limitations are spelled out in the terms of the particular plan, but some of the more common services limited by these plans are:

- Ambulance services (non-emergency transportation) – \$50,000 per occurrence if an out-of-network provider is used
- Applied behavior analysis for autism

- From birth through age 8: 550 sessions, 25 minutes in length per year
- Age 9-19: 185 sessions 25 minutes in length per year
- Depending on the law, you may be entitled to exceed these maximums
- Hearing aids – 1 pair every 5 years for members under age 18
- Home health care – 28 hours per week
- Rehabilitative care (outpatient only) - An equal number of therapy visits are available for habilitative care (outpatient only)
 - Physical therapy – 20 visits per member per year
 - Occupational therapy – 20 visits per member per year
 - Speech therapy – 20 visits per member per year
- Skilled nursing facility – 100 days per year

Exclusions

This list includes some of the more common services not covered by these plans:

- Acupuncture, regardless of which type of provider performs the service
- Allergy tests and treatment as specified in the Booklet
- Alternative or complementary medicine
- Artificial and mechanical devices
- Bariatric surgery
- Breast reduction or augmentation
- Care provided by a member of your family
- Care received in an emergency room that is not emergency care, except as described in the Booklet's exclusions
- Charges incurred prior to the effective date of coverage or after the termination date of coverage
- Charges greater than the maximum allowable amount (charges exceeding the amount Anthem recognizes for services)
- Cochlear implants
- Comfort and/or convenience items
- Corrective eye surgery
- Cosmetic surgery and/or treatment that's primarily intended to improve your appearance
- Custodial ordered care as described in the Booklet's exclusions
- Dental, except as described in the Booklet
- Educational/training services
- Experimental or investigative treatment and any resulting complications
- Feet – surgical treatment
- Foot care - routine
- Infertility testing and treatment
- Manipulation therapy, regardless of which type of provider performs the therapy

- Nutritional and dietary supplements, over-the-counter drugs, devices or products
- Pharmacy, except as described in the Booklet
- Physical fitness such as health club memberships, exercise equipment, etc.
- Services we determine aren't medically necessary
- Teeth - Congenital Anomaly - treatment of congenitally missing, malpositioned, or super numerary teeth, even if part of a congenital anomaly, except as stated in the Booklet or as required by law
- Teeth, Jawbone, Gums - treatment of the teeth, jawbone or gums that are required as a result of a medical condition except as expressly required by law or specifically stated in the Booklet as a covered service
- Vein treatment – treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes
- Vision, except as described in the Booklet
- Weight loss programs or treatment of obesity except as mandated
- Workers' compensation

Anthem does not discriminate based on race, color, ethnicity, national origin, religion, age, gender, gender identity, mental or physical disabilities, sexual orientation, genetic information, including pregnancy and expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health condition or health status in the administration of the plan, including enrollment, marketing practices, benefit designs, and benefit determinations.

SpecialOffers is a service mark of Anthem Insurance Companies, Inc. Vendors and offers are subject to change without notice. Anthem does not endorse and is not responsible for the products, services or information provided by the SpecialOffers vendors. Arrangements and discounts were negotiated between each vendor and Anthem for the benefit of our members. All other marks are the property of their respective owners. All of the offers in the SpecialOffers program are continually being evaluated and expanded so the offerings may change. Any additions or changes will be communicated on our website, anthem.com. These arrangements have been made to add value for our members. Value-added products and services are not covered by your health plan benefit. Available discount percentages may change or be discontinued from time to time without notice. Discount is applicable to the items referenced.

A high deductible health plan is not a health savings account (HSA). An HSA is a separate arrangement between an individual and a qualified financial institution. To take advantage of tax benefits, an HSA needs to be established. This brochure provides general information only and is not intended to be a substitute for the advice of a qualified tax professional.



Get help today!

To learn more, call your broker or Anthem authorized representative. You can also view and compare plans online at **[anthem.com](https://www.anthem.com)**. To get started, choose **Shop for Insurance** in the top menu and follow the instructions.

If you'd like a paper copy of this information by fax or mail, contact your broker or Anthem authorized representative.