Colorado
BENEFIT CHARTS

Anthem

Medical

Benefit charts

2025 Individual and Family Plans

Plans off the Marketplace

Bronze, Silver, and Catastrophic plans

A02055COMENABS 3/24

Elevating your plan experience

Whether you've had health coverage before or are new to this process, we're here for you every step of the way — from helping you decide which individual plan makes sense for your unique needs to connecting you to the right doctor, resources, and financial assistance.

We're committed to simplifying and improving every aspect of your healthcare, including medical, dental, vision, pharmacy, and mental health needs.

The following pages contain plan benefit charts along with terms you need to know when selecting a health plan. This information will help you understand commonly used insurance words and choose the best coverage for your needs and budget.

Let us connect you to the right coverage.

Plan Overview

Understanding Provider Networks

When choosing a plan, you will have access to a specific network. Certain networks may be larger than others or offer different options for local providers. It's important to understand these differences and keep your healthcare needs in mind when choosing a plan.

Pathway HMO/Pathway Standard HMO, Pathway Essentials/Pathway Essentials Standard, Mountain Enhanced/ Mountain Enhanced Standard:

With these health maintenance organizations (HMOs), you pick a primary care physician (PCP). This is your doctor for preventive care, such as annual physicals, screenings, and vaccinations. You can also see specialty doctors, like dermatologists and allergists, without a referral if they are in your plan's network.

If there's a medical emergency, go to the nearest hospital or urgent care. These plans help pay for medically necessary emergency and urgent care services, whether received in or out of your plan's network, or when a service is preapproved.

Colorado Option Standard Health Benefit plans:

Standard health benefit plans are state-mandated plans, defined by the Division of Insurance (DOI), that all carriers participating in the market must offer. These standard plans have the same benefits and cost sharing for many types of care among all carriers.

Standard plans allow you to compare plans more easily across carriers. Since the plan designs are the same, quality, network, and price will be differentiating factors when choosing an insurance company. Carriers will offer these plans with different networks and at different premiums, allowing you to comparison shop. Additionally, the Colorado Option Standard plan benefits, networks, and cost shares may change yearly based on regulations issued by the DOI or public hearings regarding which providers must participate in such plans and at what reimbursement rates.

- Standard plans are available on the Pathway Standard, Pathway Essentials Standard, and Mountain Enhanced Standard HMO networks.
- Pathway Standard, Pathway Essentials Standard, and Mountain Enhanced Standard HMO networks may have different out-of-area coverage.

Colorado Option Standard Health Benefit plans are available through **Connect for Health Colorado**, **Colorado Connect**, and **Anthem** directly.

View our county network coverage map here

Plan benefit chart — HMO

Pathway Standard is offered in all counties except Adams, Arapahoe, Archuleta, Boulder, Broomfield, Clear Creek, Denver, Douglas, Eagle, Elbert, Gilpin, Jefferson, La Plata, Mesa, Moffat, Montezuma, Park, Rio Blanco, Routt, and Summit counties. **Mountain Enhanced Standard** plans are offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Pathway Essentials Standard is offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties.

Plan type	Bronze plans	Silver plans
	HMO	
Plan name	Anthem Colorado Option Bronze Mountain Enhanced Std (82GD)	Anthem Colorado Option Silver Mountain Enhanced Std (82GA)
Network name	Mountain Enhanced Standard	Mountain Enhanced Standard
Plan includes out-of-network coverage?	No	No
Individual deductible	$7,500	$4,000
Individual out-of-pocket maximum	$9,200	$9,000
Coinsurance (may vary for certain covered services)	50%	40%
Preventive care[1]	No additional cost to you.	No additional cost to you.
Office and online visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	$0 copay per visit for first 3 visits, then deductible, then $50 copay	$0 copay
Primary and urgent care visits: virtual care-only providers[3]	$0 copay	$0 copay
Office and online visit: specialist (Other services may be subject to deductible/plan coinsurance)	Deductible, then 50% coinsurance	$80 copay
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 50% coinsurance	$80 copay
Emergency room care (copay, if applicable, waived if admitted to hospital from emergency room)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Emergency Ambulance(Ground, Air & Water)	Deductible, then 50% coinsurance	Deductible, then 45% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity , mental health/substance use)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Tiers 1,2,3,4: No deductible	Tiers 1,2,3,4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	$30 copay	$20 copay
Retail pharmacy tier 2*: Level 1 / Level 2	$200 copay	$125 copay
Retail pharmacy tier 3*: Level 1 / Level 2	$350 copay	$300 copay
Retail pharmacy tier 4*: Level 1 / Level 2	$700 copay	$650 copay
Physical and occupational therapy[2] (limits apply)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Speech therapy[2] (limits apply)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Dental Plan Included	I_DEHB_CO_P11	I_DEHB_CO_P11
Vision Plan Included	IVEHB - CO - P2	IVEHB - CO - P2

Please see Medical plans footnotes on page 20. Please see dental plans on page 21. Please see vision plans on page 23.

* Colorado Option plans only offer level 1 pharmacy coverage

Plan benefit chart — HMO

Pathway HMO is offered in all counties. **Pathway Essentials** offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Mountain Enhanced** offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Bronze plans		
	HMO		
Plan name	Anthem Bronze Mountain Enhanced 9200 $0 Select Drugs (82FS)	Anthem Bronze Mountain Enhanced 8000 for HSA (82K2)	Anthem Bronze Mountain Enhanced 6000 $0 Select Drugs (82MN)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No
Individual deductible	$9,200	$8,000	$6,000
Individual out-of-pocket maximum	$9,200	$8,000	$9,200
Coinsurance (may vary for certain covered services)	0%	0%	30%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and online visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	$50 copay per visit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	$45 copay per visit for first 3 visits, then deductible and 30% coinsurance
Primary and urgent care visits: virtual care-only providers[3]	Covered in full	Deductible, then covered in full	Covered in full
Office and online visit: specialist (Other services may be subject to deductible/plan coinsurance)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full	Deductible, then covered in full	$75 copay
Emergency room care (copay, if applicable, waived if admitted to hospital from emergency room)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance
Emergency Ambulance(Ground, Air & Water)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 40% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity , mental health/substance use)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance
Retail pharmacy tier 2*: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance
Retail pharmacy tier 3*: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance
Retail pharmacy tier 4*: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance
Physical and occupational therapy[2] (limits apply)	$50 copay per visit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	$45 copay per visit for first 3 visits, then deductible and 30% coinsurance
Speech therapy[2] (limits apply)	$50 copay per visit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	$45 copay per visit for first 3 visits, then deductible and 30% coinsurance
Dental Plan Included	I_AI_DEHB_CO_P3	I_AI_DEHB_CO_P3	I_DEHB_CO_P11
Vision Plan Included	IVEHB - CO - P2	IVEHB - CO - P2	IVEHB - CO - P2

Please see Medical plans footnotes on page 20. Please see dental plans on page 21. Please see vision plans on page 23.

* Colorado Option plans only offer level 1 pharmacy coverage

Plan benefit chart — HMO

Pathway HMO is offered in all counties. **Pathway Essentials** offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Mountain Enhanced** offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Bronze plans	Silver plans	
	HMO		
Plan name	Anthem Bronze Mountain Enhanced 5650 Rx Copay $0 Select Drugs (82FU)	Anthem Silver Mountain Enhanced 6500 Rx Copay 40% $0 Select Drugs (82HR)	Anthem Silver Mountain Enhanced 5500 30% $0 Select Drugs (82EU) *NEW*
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No
Individual deductible	$5,650	$6,500	$5,500
Individual out-of-pocket maximum	$9,200	$8,000	$9,200
Coinsurance (may vary for certain covered services)	40%	40%	30%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and online visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	$50 copay per visit for first 2 visits, then deductible and 40% coinsurance	$40 copay	$10 copay
Primary and urgent care visits: virtual care-only providers[3]	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (Other services may be subject to deductible/plan coinsurance)	Deductible, then 40% coinsurance	$80 copay	Deductible, then 30% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 40% coinsurance	Deductible, then 50% coinsurance	Deductible, then 30% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	$75 copay	$75 copay	$80 copay
Emergency room care (copay, if applicable, waived if admitted to hospital from emergency room)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Emergency Ambulance(Ground, Air & Water)	Deductible, then 50% coinsurance	Deductible, then 45% coinsurance	Deductible, then 35% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity , mental health/substance use)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	$30 copay / $45 copay	$5 copay / $20 copay	$3 copay / $10 copay
Retail pharmacy tier 2*: Level 1 / Level 2	$100 copay / $115 copay	$70 copay / $85 copay	$20 copay / $35 copay
Retail pharmacy tier 3*: Level 1 / Level 2	$175 copay / $200 copay	$110 copay / $125 copay	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4*: Level 1 / Level 2	$650 copay / $665 copay	$620 copay / $635 copay	50% coinsurance / 60% coinsurance
Physical and occupational therapy[2] (limits apply)	$50 copay per visit for first 2 visits, then deductible and 40% coinsurance	$40 copay	$10 copay
Speech therapy[2] (limits apply)	$50 copay per visit for first 2 visits, then deductible and 40% coinsurance	$40 copay	$10 copay
Dental Plan Included	I_DEHB_CO_P11	I_DEHB_CO_P11	I_DEHB_CO_P11
Vision Plan Included	IVEHB - CO - P2	IVEHB - CO - P2	IVEHB - CO - P2

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Plan benefit chart — HMO

Pathway HMO is offered in all counties. **Pathway Essentials** offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Mountain Enhanced** offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Silver plans		
	HMO		
Plan name	Anthem Silver Mountain Enhanced 5000 35% $0 Select Drugs (82F4)	Anthem Silver Mountain Enhanced 3500 Rx Copay 15% $0 Select Drugs (82GF)	Anthem Silver Mountain Enhanced 3300 for HSA 20% (82J7)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No
Individual deductible	$5,000	$3,500	$3,300
Individual out-of-pocket maximum	$8,200	$9,200	$7,000
Coinsurance (may vary for certain covered services)	35%	15%	20%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and online visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	$35 copay	$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance
Primary and urgent care visits: virtual care-only providers[3]	Covered in full	Covered in full	Deductible, then covered in full
Office and online visit: specialist (Other services may be subject to deductible/plan coinsurance)	$70 copay	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 35% coinsurance	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 35% coinsurance	Deductible, then 15% coinsurance	Deductible, then 40% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	$80 copay	$75 copay	Deductible, then 20% coinsurance
Emergency room care (copay, if applicable, waived if admitted to hospital from emergency room)	Deductible, then 35% coinsurance	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance
Emergency Ambulance(Ground, Air & Water)	Deductible, then 40% coinsurance	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 35% coinsurance	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity , mental health/substance use)	Deductible, then 35% coinsurance	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	$5 copay / $15 copay	$5 copay / $10 copay	20% coinsurance / 35% coinsurance
Retail pharmacy tier 2*: Level 1 / Level 2	$40 copay / $55 copay	$70 copay / $85 copay	20% coinsurance / 35% coinsurance
Retail pharmacy tier 3*: Level 1 / Level 2	35% coinsurance / 50% coinsurance	$100 copay / $115 copay	25% coinsurance / 40% coinsurance
Retail pharmacy tier 4*: Level 1 / Level 2	50% coinsurance / 60% coinsurance	$670 copay / $685 copay	30% coinsurance / 50% coinsurance
Physical and occupational therapy[2] (limits apply)	$35 copay	$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance
Speech therapy[2] (limits apply)	$35 copay	$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance
Dental Plan Included	I_DEHB_CO_P11	I_DEHB_CO_P11	I_DEHB_CO_P11
Vision Plan Included	IVEHB - CO - P2	IVEHB - CO - P2	IVEHB - CO - P2

Please see Medical plans footnotes on page 20. Please see dental plans on page 21. Please see vision plans on page 23.

* Colorado Option plans only offer level 1 pharmacy coverage

Plan benefit chart — HMO

Pathway HMO is offered in all counties. **Pathway Essentials** offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Mountain Enhanced** offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Silver plans
	HMO
Plan name	Anthem Silver Mountain Enhanced 2800 30% $0 Select Drugs (82J0)
Network name	Mountain Enhanced
Plan includes out-of-network coverage?	No
Individual deductible	$2,800
Individual out-of-pocket maximum	$9,200
Coinsurance (may vary for certain covered services)	30%
Preventive care[1]	No additional cost to you.
Office and online visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	$10 copay
Primary and urgent care visits: virtual care-only providers[3]	Covered in full
Office and online visit: specialist (Other services may be subject to deductible/plan coinsurance)	Deductible, then 30% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 30% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	$75 copay
Emergency room care (copay, if applicable, waived if admitted to hospital from emergency room)	Deductible, then 30% coinsurance
Emergency Ambulance(Ground, Air & Water)	Deductible, then 35% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 30% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity , mental health/substance use)	Deductible, then 30% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	30% coinsurance / 45% coinsurance
Retail pharmacy tier 2*: Level 1 / Level 2	30% coinsurance / 45% coinsurance
Retail pharmacy tier 3*: Level 1 / Level 2	30% coinsurance / 45% coinsurance
Retail pharmacy tier 4*: Level 1 / Level 2	30% coinsurance / 45% coinsurance
Physical and occupational therapy[2] (limits apply)	$10 copay
Speech therapy[2] (limits apply)	$10 copay
Dental Plan Included	I_DEHB_CO_P11
Vision Plan Included	IVEHB - CO - P2

Please see Medical plans footnotes on page 20. Please see dental plans on page 21. Please see vision plans on page 23.
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Plan benefit chart — HMO

Pathway Standard is offered in all counties except Adams, Arapahoe, Archuleta, Boulder, Broomfield, Clear Creek, Denver, Douglas, Eagle, Elbert, Gilpin, Jefferson, La Plata, Mesa, Moffat, Montezuma, Park, Rio Blanco, Routt, and Summit counties. **Mountain Enhanced Standard** plans are offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Pathway Essentials Standard is offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties.

Plan type	Bronze plans	Silver plans
	HMO	
Plan name	Anthem Colorado Option Bronze Pathway Essentials Std (82GS)	Anthem Colorado Option Silver Pathway Essentials Std (82M5)
Network name	Pathway Essentials Standard	Pathway Essentials Standard
Plan includes out-of-network coverage?	No	No
Individual deductible	$7,500	$4,000
Individual out-of-pocket maximum	$9,200	$9,000
Coinsurance (may vary for certain covered services)	50%	40%
Preventive care[1]	No additional cost to you.	No additional cost to you.
Office and online visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	$0 copay per visit for first 3 visits, then deductible, then $50 copay	$0 copay
Primary and urgent care visits: virtual care-only providers[3]	$0 copay	$0 copay
Office and online visit: specialist (Other services may be subject to deductible/plan coinsurance)	Deductible, then 50% coinsurance	$80 copay
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 50% coinsurance	$80 copay
Emergency room care (copay, if applicable, waived if admitted to hospital from emergency room)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Emergency Ambulance(Ground, Air & Water)	Deductible, then 50% coinsurance	Deductible, then 45% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity , mental health/substance use)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Tiers 1,2,3,4: No deductible	Tiers 1,2,3,4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	$30 copay	$20 copay
Retail pharmacy tier 2*: Level 1 / Level 2	$200 copay	$125 copay
Retail pharmacy tier 3*: Level 1 / Level 2	$350 copay	$300 copay
Retail pharmacy tier 4*: Level 1 / Level 2	$700 copay	$650 copay
Physical and occupational therapy[2] (limits apply)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Speech therapy[2] (limits apply)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Dental Plan Included	I_DEHB_CO_P11	I_DEHB_CO_P11
Vision Plan Included	IVEHB - CO - P2	IVEHB - CO - P2

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Plan benefit chart — HMO

Pathway HMO is offered in all counties. **Pathway Essentials** offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Mountain Enhanced** offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Bronze plans		
	HMO		
Plan name	Anthem Bronze Pathway Essentials 9200 $0 Select Drugs (82F1)	Anthem Bronze Pathway Essentials 8000 for HSA (82FB)	Anthem Bronze Pathway Essentials 6000 $0 Select Drugs (82G5)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes out-of-network coverage?	No	No	No
Individual deductible	$9,200	$8,000	$6,000
Individual out-of-pocket maximum	$9,200	$8,000	$9,200
Coinsurance (may vary for certain covered services)	0%	0%	30%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and online visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	$50 copay per visit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	$45 copay per visit for first 3 visits, then deductible and 30% coinsurance
Primary and urgent care visits: virtual care-only providers[3]	Covered in full	Deductible, then covered in full	Covered in full
Office and online visit: specialist (Other services may be subject to deductible/plan coinsurance)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full	Deductible, then covered in full	$75 copay
Emergency room care (copay, if applicable, waived if admitted to hospital from emergency room)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance
Emergency Ambulance(Ground, Air & Water)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 40% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity , mental health/substance use)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance
Retail pharmacy tier 2*: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance
Retail pharmacy tier 3*: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance
Retail pharmacy tier 4*: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance
Physical and occupational therapy[2] (limits apply)	$50 copay per visit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	$45 copay per visit for first 3 visits, then deductible and 30% coinsurance
Speech therapy[2] (limits apply)	$50 copay per visit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	$45 copay per visit for first 3 visits, then deductible and 30% coinsurance
Dental Plan Included	I_AI_DEHB_CO_P3	I_AI_DEHB_CO_P3	I_DEHB_CO_P11
Vision Plan Included	IVEHB - CO - P2	IVEHB - CO - P2	IVEHB - CO - P2

Please see Medical plans footnotes on page 20. Please see dental plans on page 21. Please see vision plans on page 23.

* Colorado Option plans only offer level 1 pharmacy coverage

Plan benefit chart — HMO

Pathway HMO is offered in all counties. **Pathway Essentials** offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Mountain Enhanced** offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Bronze plans	Silver plans	
	HMO		
Plan name	Anthem Bronze Pathway Essentials 5650 Rx Copay $0 Select Drugs (82GG)	Anthem Silver Pathway Essentials 6500 Rx Copay 40% $0 Select Drugs (82JK)	Anthem Silver Pathway Essentials 5500 30% $0 Select Drugs (82JU) *NEW*
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes out-of-network coverage?	No	No	No
Individual deductible	$5,650	$6,500	$5,500
Individual out-of-pocket maximum	$9,200	$8,000	$9,200
Coinsurance (may vary for certain covered services)	40%	40%	30%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and online visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	$50 copay per visit for first 2 visits, then deductible and 40% coinsurance	$40 copay	$10 copay
Primary and urgent care visits: virtual care-only providers[3]	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (Other services may be subject to deductible/plan coinsurance)	Deductible, then 40% coinsurance	$80 copay	Deductible, then 30% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 40% coinsurance	Deductible, then 50% coinsurance	Deductible, then 30% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	$75 copay	$75 copay	$80 copay
Emergency room care (copay, if applicable, waived if admitted to hospital from emergency room)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Emergency Ambulance(Ground, Air & Water)	Deductible, then 50% coinsurance	Deductible, then 45% coinsurance	Deductible, then 35% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity , mental health/substance use)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	$30 copay / $45 copay	$5 copay / $20 copay	$3 copay / $10 copay
Retail pharmacy tier 2*: Level 1 / Level 2	$100 copay / $115 copay	$70 copay / $85 copay	$20 copay / $35 copay
Retail pharmacy tier 3*: Level 1 / Level 2	$175 copay / $200 copay	$110 copay / $125 copay	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4*: Level 1 / Level 2	$650 copay / $665 copay	$620 copay / $635 copay	50% coinsurance / 60% coinsurance
Physical and occupational therapy[2] (limits apply)	$50 copay per visit for first 2 visits, then deductible and 40% coinsurance	$40 copay	$10 copay
Speech therapy[2] (limits apply)	$50 copay per visit for first 2 visits, then deductible and 40% coinsurance	$40 copay	$10 copay
Dental Plan Included	I_DEHB_CO_P11	I_DEHB_CO_P11	I_DEHB_CO_P11
Vision Plan Included	IVEHB - CO - P2	IVEHB - CO - P2	IVEHB - CO - P2

Please see Medical plans footnotes on page 20. Please see dental plans on page 21. Please see vision plans on page 23.

* Colorado Option plans only offer level 1 pharmacy coverage

Plan benefit chart — HMO

Pathway HMO is offered in all counties. **Pathway Essentials** offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Mountain Enhanced** offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Silver plans		
	HMO		
Plan name	Anthem Silver Pathway Essentials 5000 35% $0 Select Drugs (82NS)	Anthem Silver Pathway Essentials 3500 Rx Copay 15% $0 Select Drugs (82F0)	Anthem Silver Pathway Essentials 3300 for HSA 20% (82G9)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes out-of-network coverage?	No	No	No
Individual deductible	$5,000	$3,500	$3,300
Individual out-of-pocket maximum	$8,200	$9,200	$7,000
Coinsurance (may vary for certain covered services)	35%	15%	20%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and online visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	$35 copay	$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance
Primary and urgent care visits: virtual care-only providers[3]	Covered in full	Covered in full	Deductible, then covered in full
Office and online visit: specialist (Other services may be subject to deductible/plan coinsurance)	$70 copay	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 35% coinsurance	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 35% coinsurance	Deductible, then 15% coinsurance	Deductible, then 40% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	$80 copay	$75 copay	Deductible, then 20% coinsurance
Emergency room care (copay, if applicable, waived if admitted to hospital from emergency room)	Deductible, then 35% coinsurance	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance
Emergency Ambulance(Ground, Air & Water)	Deductible, then 40% coinsurance	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 35% coinsurance	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity , mental health/substance use)	Deductible, then 35% coinsurance	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	$5 copay / $15 copay	$5 copay / $10 copay	20% coinsurance / 35% coinsurance
Retail pharmacy tier 2*: Level 1 / Level 2	$40 copay / $55 copay	$70 copay / $85 copay	20% coinsurance / 35% coinsurance
Retail pharmacy tier 3*: Level 1 / Level 2	35% coinsurance / 50% coinsurance	$100 copay / $115 copay	25% coinsurance / 40% coinsurance
Retail pharmacy tier 4*: Level 1 / Level 2	50% coinsurance / 60% coinsurance	$670 copay / $685 copay	30% coinsurance / 50% coinsurance
Physical and occupational therapy[2] (limits apply)	$35 copay	$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance
Speech therapy[2] (limits apply)	$35 copay	$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance
Dental Plan Included	I_DEHB_CO_P11	I_DEHB_CO_P11	I_DEHB_CO_P11
Vision Plan Included	IVEHB - CO - P2	IVEHB - CO - P2	IVEHB - CO - P2

Please see Medical plans footnotes on page 20. Please see dental plans on page 21. Please see vision plans on page 23.

* Colorado Option plans only offer level 1 pharmacy coverage

Plan benefit chart — HMO

Pathway HMO is offered in all counties. **Pathway Essentials** offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Mountain Enhanced** offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Silver plans	Catastrophic plans
	HMO	
Plan name	Anthem Silver Pathway Essentials 2800 30% $0 Select Drugs (82MW)	Anthem Catastrophic Pathway Essentials 9200 (82LM)
Network name	Pathway Essentials	Pathway Essentials
Plan includes out-of-network coverage?	No	No
Individual deductible	$2,800	$9,200
Individual out-of-pocket maximum	$9,200	$9,200
Coinsurance (may vary for certain covered services)	30%	0%
Preventive care[1]	No additional cost to you.	No additional cost to you.
Office and online visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	$10 copay	$55 copay per visit for first 3 visits, then deductible and 0% coinsurance
Primary and urgent care visits: virtual care-only providers[3]	Covered in full	Deductible, then covered in full
Office and online visit: specialist (Other services may be subject to deductible/plan coinsurance)	Deductible, then 30% coinsurance	Deductible, then covered in full
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then covered in full
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 30% coinsurance	Deductible, then covered in full
Urgent care (Other office services may be subject to deductible and plan coinsurance)	$75 copay	Deductible, then covered in full
Emergency room care (copay, if applicable, waived if admitted to hospital from emergency room)	Deductible, then 30% coinsurance	Deductible, then covered in full
Emergency Ambulance(Ground, Air & Water)	Deductible, then 35% coinsurance	Deductible, then covered in full
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 30% coinsurance	Deductible, then covered in full
Hospital: outpatient surgery hospital facility (includes maternity , mental health/substance use)	Deductible, then 30% coinsurance	Deductible, then covered in full
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	30% coinsurance / 45% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 2*: Level 1 / Level 2	30% coinsurance / 45% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 3*: Level 1 / Level 2	30% coinsurance / 45% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 4*: Level 1 / Level 2	30% coinsurance / 45% coinsurance	0% coinsurance / 0% coinsurance
Physical and occupational therapy[2] (limits apply)	$10 copay	Deductible, then covered in full
Speech therapy[2] (limits apply)	$10 copay	Deductible, then covered in full
Dental Plan Included	I_DEHB_CO_P11	I_AI_DEHB_CO_P3
Vision Plan Included	IVEHB - CO - P2	IVEHB - CO - CAT - P6

Please see Medical plans footnotes on page 20. Please see dental plans on page 21. Please see vision plans on page 23.

* Colorado Option plans only offer level 1 pharmacy coverage

Plan benefit chart — HMO

Pathway Standard is offered in all counties except Adams, Arapahoe, Archuleta, Boulder, Broomfield, Clear Creek, Denver, Douglas, Eagle, Elbert, Gilpin, Jefferson, La Plata, Mesa, Moffat, Montezuma, Park, Rio Blanco, Routt, and Summit counties. **Mountain Enhanced Standard** plans are offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Pathway Essentials Standard is offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties.

Plan type	Bronze plans	Silver plans
	HMO	
Plan name	Anthem Colorado Option Bronze Pathway Std (82JN)	Anthem Colorado Option Silver Pathway Std (82FN)
Network name	Pathway Standard	Pathway Standard
Plan includes out-of-network coverage?	No	No
Individual deductible	$7,500	$4,000
Individual out-of-pocket maximum	$9,200	$9,000
Coinsurance (may vary for certain covered services)	50%	40%
Preventive care[1]	No additional cost to you.	No additional cost to you.
Office and online visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	$0 copay per visit for first 3 visits, then deductible, then $50 copay	$0 copay
Primary and urgent care visits: virtual care-only providers[3]	$0 copay	$0 copay
Office and online visit: specialist (Other services may be subject to deductible/plan coinsurance)	Deductible, then 50% coinsurance	$80 copay
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 50% coinsurance	$80 copay
Emergency room care (copay, if applicable, waived if admitted to hospital from emergency room)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Emergency Ambulance(Ground, Air & Water)	Deductible, then 50% coinsurance	Deductible, then 45% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity , mental health/substance use)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Tiers 1,2,3,4: No deductible	Tiers 1,2,3,4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	$30 copay	$20 copay
Retail pharmacy tier 2*: Level 1 / Level 2	$200 copay	$125 copay
Retail pharmacy tier 3*: Level 1 / Level 2	$350 copay	$300 copay
Retail pharmacy tier 4*: Level 1 / Level 2	$700 copay	$650 copay
Physical and occupational therapy[2] (limits apply)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Speech therapy[2] (limits apply)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Dental Plan Included	I_DEHB_CO_P11	I_DEHB_CO_P11
Vision Plan Included	IVEHB - CO - P2	IVEHB - CO - P2

Please see Medical plans footnotes on page 20. Please see dental plans on page 21. Please see vision plans on page 23.
* Colorado Option plans only offer level 1 pharmacy coverage

Plan benefit chart — HMO

Pathway HMO is offered in all counties. **Pathway Essentials** offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Mountain Enhanced** offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Bronze plans		
	HMO		
Plan name	Anthem Bronze Pathway 9200 $0 Select Drugs (82M9)	Anthem Bronze Pathway 8000 for HSA (82FA)	Anthem Bronze Pathway 6000 $0 Select Drugs (82JR)
Network name	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No
Individual deductible	$9,200	$8,000	$6,000
Individual out-of-pocket maximum	$9,200	$8,000	$9,200
Coinsurance (may vary for certain covered services)	0%	0%	30%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and online visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	$50 copay per visit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	$45 copay per visit for first 3 visits, then deductible and 30% coinsurance
Primary and urgent care visits: virtual care-only providers[3]	Covered in full	Deductible, then covered in full	Covered in full
Office and online visit: specialist (Other services may be subject to deductible/plan coinsurance)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full	Deductible, then covered in full	$75 copay
Emergency room care (copay, if applicable, waived if admitted to hospital from emergency room)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance
Emergency Ambulance(Ground, Air & Water)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 40% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity , mental health/substance use)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance
Retail pharmacy tier 2*: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance
Retail pharmacy tier 3*: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance
Retail pharmacy tier 4*: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance
Physical and occupational therapy[2] (limits apply)	$50 copay per visit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	$45 copay per visit for first 3 visits, then deductible and 30% coinsurance
Speech therapy[2] (limits apply)	$50 copay per visit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	$45 copay per visit for first 3 visits, then deductible and 30% coinsurance
Dental Plan Included	I_AI_DEHB_CO_P3	I_AI_DEHB_CO_P3	I_DEHB_CO_P11
Vision Plan Included	IVEHB - CO - P2	IVEHB - CO - P2	IVEHB - CO - P2

Please see Medical plans footnotes on page 20. Please see dental plans on page 21. Please see vision plans on page 23.

* Colorado Option plans only offer level 1 pharmacy coverage

Plan benefit chart — HMO

Pathway HMO is offered in all counties. **Pathway Essentials** offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Mountain Enhanced** offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Bronze plans	Silver plans	
	HMO		
Plan name	Anthem Bronze Pathway 5650 Rx Copay $0 Select Drugs (82NC)	Anthem Silver Pathway 6500 Rx Copay 40% $0 Select Drugs (82KY)	Anthem Silver Pathway 5500 30% $0 Select Drugs (82L5) *NEW*
Network name	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No
Individual deductible	$5,650	$6,500	$5,500
Individual out-of-pocket maximum	$9,200	$8,000	$9,200
Coinsurance (may vary for certain covered services)	40%	40%	30%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and online visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	$50 copay per visit for first 2 visits, then deductible and 40% coinsurance	$40 copay	$10 copay
Primary and urgent care visits: virtual care-only providers[3]	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (Other services may be subject to deductible/plan coinsurance)	Deductible, then 40% coinsurance	$80 copay	Deductible, then 30% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 40% coinsurance	Deductible, then 50% coinsurance	Deductible, then 30% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	$75 copay	$75 copay	$80 copay
Emergency room care (copay, if applicable, waived if admitted to hospital from emergency room)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Emergency Ambulance(Ground, Air & Water)	Deductible, then 50% coinsurance	Deductible, then 45% coinsurance	Deductible, then 35% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity , mental health/substance use)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	$30 copay / $45 copay	$5 copay / $20 copay	$3 copay / $10 copay
Retail pharmacy tier 2*: Level 1 / Level 2	$100 copay / $115 copay	$70 copay / $85 copay	$20 copay / $35 copay
Retail pharmacy tier 3*: Level 1 / Level 2	$175 copay / $200 copay	$110 copay / $125 copay	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4*: Level 1 / Level 2	$650 copay / $665 copay	$620 copay / $635 copay	50% coinsurance / 60% coinsurance
Physical and occupational therapy[2] (limits apply)	$50 copay per visit for first 2 visits, then deductible and 40% coinsurance	$40 copay	$10 copay
Speech therapy[2] (limits apply)	$50 copay per visit for first 2 visits, then deductible and 40% coinsurance	$40 copay	$10 copay
Dental Plan Included	I_DEHB_CO_P11	I_DEHB_CO_P11	I_DEHB_CO_P11
Vision Plan Included	IVEHB - CO - P2	IVEHB - CO - P2	IVEHB - CO - P2

Please see Medical plans footnotes on page 20. Please see dental plans on page 21. Please see vision plans on page 23.

* Colorado Option plans only offer level 1 pharmacy coverage

Plan benefit chart — HMO

Pathway HMO is offered in all counties. **Pathway Essentials** offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Mountain Enhanced** offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Silver plans		
	HMO		
Plan name	Anthem Silver Pathway 5000 35% $0 Select Drugs (82GL)	Anthem Silver Pathway 3500 Rx Copay 15% $0 Select Drugs (82NF)	Anthem Silver Pathway 3300 for HSA 20% (82J6)
Network name	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No
Individual deductible	$5,000	$3,500	$3,300
Individual out-of-pocket maximum	$8,200	$9,200	$7,000
Coinsurance (may vary for certain covered services)	35%	15%	20%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and online visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	$35 copay	$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance
Primary and urgent care visits: virtual care-only providers[3]	Covered in full	Covered in full	Deductible, then covered in full
Office and online visit: specialist (Other services may be subject to deductible/plan coinsurance)	$70 copay	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 35% coinsurance	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 35% coinsurance	Deductible, then 15% coinsurance	Deductible, then 40% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	$80 copay	$75 copay	Deductible, then 20% coinsurance
Emergency room care (copay, if applicable, waived if admitted to hospital from emergency room)	Deductible, then 35% coinsurance	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance
Emergency Ambulance(Ground, Air & Water)	Deductible, then 40% coinsurance	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 35% coinsurance	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity , mental health/substance use)	Deductible, then 35% coinsurance	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	$5 copay / $15 copay	$5 copay / $10 copay	20% coinsurance / 35% coinsurance
Retail pharmacy tier 2*: Level 1 / Level 2	$40 copay / $55 copay	$70 copay / $85 copay	20% coinsurance / 35% coinsurance
Retail pharmacy tier 3*: Level 1 / Level 2	35% coinsurance / 50% coinsurance	$100 copay / $115 copay	25% coinsurance / 40% coinsurance
Retail pharmacy tier 4*: Level 1 / Level 2	50% coinsurance / 60% coinsurance	$670 copay / $685 copay	30% coinsurance / 50% coinsurance
Physical and occupational therapy[2] (limits apply)	$35 copay	$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance
Speech therapy[2] (limits apply)	$35 copay	$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance
Dental Plan Included	I_DEHB_CO_P11	I_DEHB_CO_P11	I_DEHB_CO_P11
Vision Plan Included	IVEHB - CO - P2	IVEHB - CO - P2	IVEHB - CO - P2

Please see Medical plans footnotes on page 20. Please see dental plans on page 21. Please see vision plans on page 23.

* Colorado Option plans only offer level 1 pharmacy coverage

Plan benefit chart — HMO

Pathway HMO is offered in all counties. **Pathway Essentials** offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Mountain Enhanced** offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Silver plans	Catastrophic plans
	HMO	
Plan name	Anthem Silver Pathway 2800 30% $0 Select Drugs (82H7)	Anthem Catastrophic Pathway 9200 (82J9)
Network name	Pathway	Pathway
Plan includes out-of-network coverage?	No	No
Individual deductible	$2,800	$9,200
Individual out-of-pocket maximum	$9,200	$9,200
Coinsurance (may vary for certain covered services)	30%	0%
Preventive care[1]	No additional cost to you.	No additional cost to you.
Office and online visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	$10 copay	$55 copay per visit for first 3 visits, then deductible and 0% coinsurance
Primary and urgent care visits: virtual care-only providers[3]	Covered in full	Deductible, then covered in full
Office and online visit: specialist (Other services may be subject to deductible/plan coinsurance)	Deductible, then 30% coinsurance	Deductible, then covered in full
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then covered in full
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 30% coinsurance	Deductible, then covered in full
Urgent care (Other office services may be subject to deductible and plan coinsurance)	$75 copay	Deductible, then covered in full
Emergency room care (copay, if applicable, waived if admitted to hospital from emergency room)	Deductible, then 30% coinsurance	Deductible, then covered in full
Emergency Ambulance(Ground, Air & Water)	Deductible, then 35% coinsurance	Deductible, then covered in full
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 30% coinsurance	Deductible, then covered in full
Hospital: outpatient surgery hospital facility (includes maternity , mental health/substance use)	Deductible, then 30% coinsurance	Deductible, then covered in full
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	30% coinsurance / 45% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 2*: Level 1 / Level 2	30% coinsurance / 45% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 3*: Level 1 / Level 2	30% coinsurance / 45% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 4*: Level 1 / Level 2	30% coinsurance / 45% coinsurance	0% coinsurance / 0% coinsurance
Physical and occupational therapy[2] (limits apply)	$10 copay	Deductible, then covered in full
Speech therapy[2] (limits apply)	$10 copay	Deductible, then covered in full
Dental Plan Included	I_DEHB_CO_P11	I_AI_DEHB_CO_P3
Vision Plan Included	IVEHB - CO - P2	IVEHB - CO - CAT - P6

Please see Medical plans footnotes on page 20. Please see dental plans on page 21. Please see vision plans on page 23.

* Colorado Option plans only offer level 1 pharmacy coverage

Medical plans footnotes

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

2 **Physical, occupational, or speech outpatient therapy** is 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 6th birthday, both of these benefits are provided as required by applicable law.

3 Cost share may apply to virtual visits for specialists and behavioral health services from the virtual care-only providers available through Sydney Health and our website.

Dental benefits included within these medical plans

Pediatric dental benefits are included with all of our medical plans for individuals until the end of the month in which they turn 19. Coverage includes preventive care, fillings and some other major services like medically necessary orthodontia. There is a shared deductible for medical and dental services and shared out-of-pocket maximum for medical and dental services. The out-of-network dental benefits displayed only apply if the medical plan provides out-of-network coverage.

Cost shares show what the member pays	I_AI_DEHB_CO_P3	
	Dependents age 18 and younger	Adults age 19+
	in-network/out-of-network	in-network/out-of-network
Dental network	Dental Prime	Dental Prime
Deductible[1]	Dental services subject to the medical deductible	
Annual maximum (per person)	None	Not Covered
Annual out-of-pocket maximum	Combined with medical	
Diagnostic and preventive	No waiting period	
Cleaning, exams, x-rays	0% coinsurance / 0% coinsurance	Not covered / Not covered
Basic services	No waiting period	
Fillings	0% coinsurance / 0% coinsurance	Not covered / Not covered
Complex and major services	No waiting period	
Endodontic	0% coinsurance / 0% coinsurance	Not covered / Not covered
Periodontic	0% coinsurance / 0% coinsurance	Not covered / Not covered
Oral surgery	0% coinsurance / 0% coinsurance	Not covered / Not covered
Major restorative	0% coinsurance / 0% coinsurance	Not covered / Not covered
Medically necessary orthodontia[2]	0% coinsurance / 0% coinsurance	Not covered / Not covered
Cosmetic orthodontia	Not covered / Not covered	Not covered / Not covered

1 For medical plans where the deductible equals the out-of-pocket maximum, any services subject to the deductible have coinsurance of 0% after deductible.
2 Orthodontia is usually considered dentally necessary when a child's teeth are misaligned (crooked or not spaced correctly) to the point where they don't work properly. This could cause the child to have trouble speaking or eating. Some examples would be (1) if a child can't bite into an apple because they can't close their front teeth together or (2) if a child bites into the gum tissue of the palate (roof of the mouth) when trying to bite down.

Dental benefits included within these medical plans

Pediatric dental benefits are included with all of our medical plans for individuals until the end of the month in which they turn 19. Coverage includes preventive care, fillings and some other major services like medically necessary orthodontia. There is a shared deductible for medical and dental services and shared out-of-pocket maximum for medical and dental services. The out-of-network dental benefits displayed only apply if the medical plan provides out-of-network coverage.

Cost shares show what the member pays	I_DEHB_CO_P11	
	Dependents age 18 and younger	Adults age 19+
	in-network/out-of-network	in-network/out-of-network
Dental network	Dental Prime	Dental Prime
Deductible[1]	Dental services subject to the medical deductible	
Annual maximum (per person)	None	Not Covered
Annual out-of-pocket maximum	Combined with medical	
Diagnostic and preventive	No waiting period	
Cleaning, exams, x-rays	0% coinsurance / 30% coinsurance	Not covered / Not covered
Basic services	No waiting period	
Fillings	50% coinsurance / 50% coinsurance	Not covered / Not covered
Complex and major services	No waiting period	
Endodontic	50% coinsurance / 50% coinsurance	Not covered / Not covered
Periodontic	Not covered / Not covered	Not covered / Not covered
Oral surgery	50% coinsurance / 50% coinsurance	Not covered / Not covered
Major restorative	50% coinsurance / 50% coinsurance	Not covered / Not covered
Medically necessary orthodontia[2]	50% coinsurance / 50% coinsurance	Not covered / Not covered
Cosmetic orthodontia	Not covered / Not covered	Not covered / Not covered

1 For medical plans where the deductible equals the out-of-pocket maximum, any services subject to the deductible have coinsurance of 0% after deductible.
2 Orthodontia is usually considered dentally necessary when a child's teeth are misaligned (crooked or not spaced correctly) to the point where they don't work properly. This could cause the child to have trouble speaking or eating. Some examples would be (1) if a child can't bite into an apple because they can't close their front teeth together or (2) if a child bites into the gum tissue of the palate (roof of the mouth) when trying to bite down.

Vision benefits included within these medical plans

The following vision care services are covered for members until the end of the month in which they turn 19. Plans that include embedded adult vision benefits would be subject to benefits listed below in the adults age 19+ column. Coverage may include eye exams, eyeglass lenses, frames, and contact lenses. The benefit period is the calendar year (January 1 through December 31, 2025).

If you purchase a Catastrophic plan, you must meet your medical deductible before pediatric vision benefits are paid.

Cost shares show what the member pays	IVEHB - CO - P2			
	Dependents age 18 and younger		Adults 19+	
	Benefit Frequency	Cost share in-network/out-of-network	Benefit Frequency	Cost share in-network/out-of-network
Eye exam	Once every benefit period	$0 copay / Not covered		Not covered / Not covered
Lenses[1]				
Single, bifocal, and trifocal	Once every benefit period	$0 copay / Not covered		Not covered / Not covered
Standard progressive	Once every benefit period	$0 copay / Not covered		Not covered / Not covered
Frames[1]	Once every benefit period	Anthem formulary / Not covered		Not covered / Not covered
Contact lenses				
Non-elective[2]	Once every benefit period	$0 copay / Not covered		Not covered / Not covered
Elective/disposable[2]	Once every benefit period	Anthem formulary / Not covered		Not covered / Not covered
Reading and computer glasses	N/A	Not covered / Not covered (benefits are only available when received from Blue View Vision providers)		Not covered / Not covered (benefits are only available when received from Blue View Vision providers)

1 A collection of frames and lenses that can be purchased for a $0 copay (may differ by provider).
2 Benefits for contact lenses are in lieu of the eyeglass lens benefit. If you receive contact lenses, no benefit will be available for eyeglass lenses until the next benefit period.

Vision benefits included within these medical plans

The following vision care services are covered for members until the end of the month in which they turn 19. Plans that include embedded adult vision benefits would be subject to benefits listed below in the adults age 19+ column. Coverage may include eye exams, eyeglass lenses, frames, and contact lenses. The benefit period is the calendar year (January 1 through December 31, 2025).

If you purchase a Catastrophic plan, you must meet your medical deductible before pediatric vision benefits are paid.

Cost shares show what the member pays	IVEHB - CO - CAT - P6			
	Dependents age 18 and younger		Adults 19+	
	Benefit Frequency	Cost share in-network/out-of-network	Benefit Frequency	Cost share in-network/out-of-network
Eye exam	Once every benefit period	$0 copay / Not covered		Not covered / Not covered
Lenses[1]				
Single, bifocal, and trifocal	Once every benefit period	$0 copay / Not covered		Not covered / Not covered
Standard progressive	Once every benefit period	$0 copay / Not covered		Not covered / Not covered
Frames[1]	Once every benefit period	Anthem formulary / Not covered		Not covered / Not covered
Contact lenses				
Non-elective[2]	Once every benefit period	$0 copay / Not covered		Not covered / Not covered
Elective/disposable[2]	Once every benefit period	Anthem formulary / Not covered		Not covered / Not covered
Reading and computer glasses	N/A	Not covered / Not covered (benefits are only available when received from Blue View Vision providers)		Not covered / Not covered (benefits are only available when received from Blue View Vision providers)

1 A collection of frames and lenses that can be purchased for a $0 copay (may differ by provider).
2 Benefits for contact lenses are in lieu of the eyeglass lens benefit. If you receive contact lenses, no benefit will be available for eyeglass lenses until the next benefit period.

Terms you need to know

Coinsurance: Your percentage of healthcare costs after your deductible has been paid.

Copay: The set dollar amount you pay for covered services, such as doctor visits.

Deductible: The set dollar amount you are responsible for before your plan pays for healthcare services. Deductibles apply to the calendar year (January 1 - December 31), even if your coverage start date is after January 1.

Drug tiers: Drugs on a drug list/formulary are typically arranged in tiers. Your drug's cost depends on its tier.

In-network coverage: This means visiting a participating doctor, hospital, or another provider who accepts a negotiated amount from your health insurance plan.

Network: A network is made up of doctors, hospitals, pharmacies, and other providers offering medical care at negotiated rates to health plan members.

Out-of-network coverage: This means visiting a doctor, hospital, or another provider who does not accept your health insurance plan. Members will be responsible for all of the costs with some exceptions such as emergency services, pre-approved services, urgent care, and more.

Out-of-pocket maximum: This is the maximum amount you will pay out-of-pocket for covered health services. After reaching your yearly maximum, your health plan covers the rest.

Plan name: The plan name and contract code are found on the first row of the medical plan charts, in parentheses after the plan name: "(WXYZ)."

Premium: This is the amount of money you pay monthly to your insurance company to keep your health plan active. You cannot apply what you pay for your premium toward your deductible.

Preventive care: These are medical services, like checkups, screenings, and vaccines, that can help you avoid illness and catch problems early. Preventive care is covered at $0 when you visit a provider in your plan's network.

Open enrollment period runs November 1, 2024 - January 15, 2025

We know finding a plan that works for you and your loved ones is a big decision. With Anthem you're never alone for the important choices.

Get started today

- Call us at **888-811-2101**, or contact your broker.
- Visit **anthem.com**, select **Insurance Plans**, and choose **Individual and Family Plans**. Then, **Shop Plans** to apply online.
- For plans off the Marketplace, review the **application** included with this brochure.
- Find Connect for Health Colorado plans at **ConnectforHealthCO.com**.

Qualifying life events

If you experience a major life event, you may need to make plan changes outside the sign-up period. To see if your life event qualifies for a plan change, call us at **888-811-2101** or contact your broker.

You can buy health plans once a year during open enrollment. Healthcare plans can also be purchased as a result of a special enrollment period. For 2025, the open enrollment period runs from **November 1, 2024 - January 15, 2025. Dates may change and vary by state.**

When you enroll in one of our plans, you will have access to your *Certificate of Coverage*, which explains the terms and conditions of coverage, including exclusions and limitations. You will have 10 days to examine your *Certificate of Coverage's* features. If you are not fully satisfied during that time, you may cancel your coverage and your monthly payment will be refunded, minus any claims that were already paid.

Printed kits are available from your broker on request.

Important legal 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 Parts A/B, C and/or D. Family health coverage includes you, your spouse or domestic partner and any dependent children. Children are covered to the end of the year 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 connectforhealthco.com that 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. You or your spouse may qualify if one of you experiences a decrease in household income that results in eligibility for financial assistance through the government in paying your premium, provided you or your spouse had Minimum Essential Coverage for one or more days in the 60 days prior to the date of the financial change.

Effective date of coverage

The earliest effective date for the annual open enrollment period is the first day of the following benefit period. The actual effective date is determined by the date Anthem 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 review

Utilization review is a program that is part of your health plan. It lets us make sure you are getting the right care at the right time. Our utilization 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 utilization 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 utilization 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.

Reviewing where services are provided

A service must be medically necessary to be a covered service. The utilization review may include a review of the level of care, type of setting or place of service where services can be safely given to you. If services are given in a higher level of care or cost setting when they could be safely given in a lower level place of care or cost setting, they will not be determined to be medically necessary. The service(s), in that case, are being denied based on the review of where they are provided.

Important legal information

When this happens, the service(s) can be requested again in another setting or place of care and will be reviewed again for medical necessity. At times, a different type of provider or facility may need to be used in order for the service to be considered medically necessary.

Examples include, but are not limited to:

- A service may be denied on an inpatient basis at a hospital but may be approved if provided on an outpatient basis in a hospital setting.
- A service may be denied on an outpatient basis if taking place in a hospital setting but may be approved at a free-standing imaging center, infusion center, ambulatory surgical center/facility, or in a doctor's office.
- A service may be denied at a skilled nursing facility but may be approved in a home setting.

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

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

We may do a pre-service review before you go to the hospital or have other types of services or treatment.

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, such as physical therapy or durable medical equipment. The utilization review team looks at the member's medical information at the time of the review to see if the treatment is medically necessary.

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

We do a post-service review when you have already had surgery or another type of medical care. When the utilization 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 management is conducted by a licensed health care professional who works with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

Precertification

Precertification 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 precertification guidelines regularly. Precertification is a type of pre-service review.

Here is how requesting precertification can help you:

Saving time. Preauthorizing services is a process of verifying, in advance, whether a proposed treatment, service or supply is medically necessary and/or medically appropriate. The doctors in our network ask for prior authorization for our members.

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

What can you do? Choose an in-network doctor. Talk to your doctor about your conditions and treatment options. Ask your doctor which covered services need prior authorization or call us to ask. The doctor's office will ask for prior authorization 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 get prior authorization. Out-of-network providers may not do that for you. It is important to understand that not all plans offer out-of-network coverage, with the exception of emergency or urgent care or ambulance services

related to an emergency for transportation to a hospital or urgent care services received at an urgent care center. Please review the Certificate in order to determine your benefits. Once you are a member, if you have a question about prior authorization, you can call the Member Service number on the back of 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 doctor (PCP), specialty care doctor (SCP), or other in-network providers.

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 related to an emergency for transportation to a hospital or urgent care services received at an urgent care center, as specified in the Certificate; or
- The services are approved in advance by HMO Colorado

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 and not covered under your Certificate. The only exceptions are emergency care and urgent care or ambulance services related to an emergency for transportation to a hospital or urgent care services received at an urgent care center. Emergency care from an out-of-network provider is based on the allowable charge determined by us. This means that you may be responsible for the difference between what we allow and what the provider chooses to bill.

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. For more information, visit our website or contact Member Services by calling the number on the back of your ID card.

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:

- Acupuncture is covered for 6 visits
- Ambulance services (non-emergency transportation) – $50,000 per trip if an out-of-network provider is used. Out-of-network ambulance for non-emergency services is covered only if precertified by us.
- Applied behavior analysis for autism
- Hearing aids – 1 pair every 5 years for members under age 18
- Home healthcare – 28 hours per week
- Rehabilitative care (outpatient only) – An equal number of therapy visits are available for habilitative care (outpatient only)
  - Chiropractic care – 20 visits per member per year
  - Occupational therapy – 20 visits per member per year
  - Physical therapy – 20 visits per member per year
  - Speech therapy – 20 visits per member per year

Important legal information

- Skilled nursing facility – 100 days per year

Exclusions

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

- Alternative or complementary medicine
- 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 Certificate'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)
- Comfort and/or convenience items
- Compound drugs except as stated in your Certificate
- Consumer wearable/personal mobile devices (such as a smart phone, smart watch, or other personal tracking devices), including any software or applications
- Corrective eye surgery
- Cosmetic surgery and/or treatment that's primarily intended to improve your appearance
- Custodial ordered care as described in the Certificate's exclusions (this exclusion does not apply to hospice care)
- Dental, except as described in the Certificate
- Educational/training services
- Experimental or investigative treatment and any resulting complications
- Feet – surgical treatment
- Foot care – routine
- In-vitro fertilization (IVF) as described in the Certificate's exclusions
- Nutritional and dietary supplements, over-the-counter drugs, devices or products
- Physical fitness such as health club memberships, exercise equipment, etc.
- Prescriptions for infertility treatment, except where coverage is specifically required by law
- Services we determine are not 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 Certificate 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 Certificate 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 Certificate
- Weight loss programs/surgery or treatment of obesity, as specified in the Certificate
- Workers' compensation

Health Savings Accounts

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.

Important legal information

It is important we treat you fairly

That is why we follow federal civil rights laws in our health programs and activities. We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language is not English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Find help in your language

If you're curious to know what all this says, here is the English version:

If you need assistance to understand this document in an alternate language, you may request it at no extra cost by calling the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Member Services phone number listed above.

Spanish

Si necesita ayuda para entender este documento en otro idioma, puede solicitarla sin costo adicional llamando al número de Servicios para Miembros (1-855-383-7249). (TTY/TDD: 711)

Arabic

إذا احتجت إلى المساعدة لفهم هذا المستند بلغة أخرى، فيمكنك طلب المساعدة دون تكلفة إضافية من خلال الاتصال برقم خدمات الأعضاء. (1-855-383-7249) (TTY/TDD: 711)

Bassa

Ɔ jŭ ké m̀ dyi gbo-kpá-kpá mɔ́ ɓɛ́ m̀ ké céè-ɖɛ̀ nïà kɛ múin wɔ́ ɖé bãà-wɛ̃ïn wùɖù ɖò mú nĭ, m̀ ɓɛ̃in ɔ zɔ̀ɔ̀ dyïin ɖé Mɛ́ɓà jè gbo-gmɔ̀ Kpòɛ̀ nɔ̀ɓà nïà kɛ <1-855-383-7249> ɖá ɖá mú. M̀ se wĭɖĭ kàkò ɖò pɛ̃ïn mu. (TTY/TDD: 711)

Chinese

如果您需要協助以便以另一種語言理解本文件，您可以撥打成員服務號碼(1-855-383-7249)請求免費協助。(TTY/TDD: 711)

French

Si vous avez besoin d'aide pour comprendre ce document dans une autre langue, vous pouvez en faire la demande gratuitement en appelant les Services destinés aux membres au numéro suivant : 1-855-383-7249. (TTY/TDD: 711)

Haitian

Si ou bezwen èd pou konprann dokiman sa a nan yon lòt lang, ou kapab rele nimewo Manm Sèvis la pou mande asistans gratis nan nimewo (1-855-383-7249). (TTY/TDD: 711)

Hindi

अगर आपको यह दस्तावेज़ वैकल्पिक भाषा में समझने के लिए सहायता की ज़रूरत है, तो आप सदस्य सेवाएँ नंबर (1-855-383-7249) पर कॉल करके अतिरिक्त लागत के बिना इसके लिए अनुरोध कर सकते हैं। (TTY/TDD: 711)

Igbo

Ọ bụrụ na ị chọrọ enyemaka iji ghọta dọkụmentị a n'asụsụ dị iche, ị nwere ike ịrịọ ya na akwụghị ụgwọ ọ bụla ọzọ site na ịkpọ nọmba Ọrụ Onye Otu (1-855-383-7249). (TTY/TDD: 711)

Korean

다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(1-855-383-7249)로 전화를 걸어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

Nepali

यदि तपाईंलाई यो कागजात कुनै अर्को भाषामा बुझ्न सहायता चाहिएमा, तपाईंले सदस्य सेवा नम्बर (1-855-383-7249) मा कल गरेर कुनै अतिरिकत खरच बिना यसको लागि अनुरोध गरन सक्नुहुन्छ। (TTY/TDD: 711)

Oromo

Sanada kana afaan kan biroodhaan hubachuuf yoo gargaarsa barbaadde lakkoofsa bilbilaa tajaajila miseensaa (Member Services) (1-855-383-7249) waraqaa eenyummaa kee irra jiru irratti bilbiluudhaan kaffaltii dabalataa malee gaafachuu dandeessa. (TTY/TDD: 711)

Find help in your language

Polish

Jeśli potrzebujesz pomocy w zrozumieniu niniejszego dokumentu w innym języku, możesz ją uzyskać bez ponoszenia dodatkowych kosztów, dzwoniąc do Działu Obsługi Klienta pod numer (1-855-383-7249). (TTY/TDD: 711)

Russian

Если вам нужна помощь, чтобы понять содержание настоящего документа на другом языке, вы можете бесплатно запросить ее, позвонив в отдел обслуживания участников (1-855-383-7249). (TTY/TDD: 711)

Vietnamese

Nếu quý vị cần hỗ trợ để hiểu được tài liệu này bằng một ngôn ngữ thay thế, quý vị có thể yêu cầu mà không tốn thêm chi phí bằng cách gọi số của Dịch Vụ Thành Viên (1-855-383-7249). (TTY/TDD: 711)

Yoruba

Tí o bá nílò ìrànwọ́ kí àkọsílẹ̀ yìí le yé ọ ní èdè míràn, o le bèrè rẹ̀ láìsí àfikún owó nípa pípe Nọ́mbà Àwọn ìpèsè ọmọ-ẹgbẹ́ (1-855-383-7249). (TTY/TDD: 711)

Virtual care visits, including medical chats and video visits using the Sydney Health app are at no cost to members for most plans. Those enrolled in High-Deductible Health Plans associated with a Health Savings Account and Catastrophic plans must first meet their deductible. Virtual care visits refer to medical chats and/or video consultation, as deemed appropriate by a licensed physician. In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney℠ Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

This policy has exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call, or write your insurance agent or the company, whichever is applicable.

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