

Open enrollment period runs  
November 1, 2018 - December 15, 2018

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# How to choose and use your health plan

Get the answers you need  
with this helpful guide



## Ohio

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### 2019 Plan Year

#### Individual and Family

Bronze, Silver, Gold and Catastrophic plans

Certified by the Health Insurance Marketplace

WARNING: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH CARE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS AND HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. BEFORE YOU ENROLL IN THIS PLAN, READ ALL OF THE RULES VERY CAREFULLY AND COMPARE THEM WITH THE RULES OF ANY OTHER PLAN THAT COVERS YOU OR YOUR FAMILY.

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# What you need to know to choose a plan that's right for you.

## Your options for coverage



**Medical plans:** Our individual and family health insurance plans give you lots of options. You'll get preventive care, such as screenings and flu shots, for as low as \$0, with no copay from **network** doctors (doctors in your plan). Plus, you won't have to meet your deductible first. And you'll have the health insurance you need in case of an emergency or illness.



**Dental/vision:** With our health plans, you'll get pediatric essential health benefits for dental and vision. For extra coverage, Anthem offers stand-alone dental and vision insurance for you and your whole family, with great care from leading doctors. Whether it's dental or vision you're looking for, we've got a plan for you.



**Term Life insurance:** Anthem Life Insurance Company now offers low cost term life insurance coverage. Our Individual term life plans include two coverage options: \$25,000 and \$50,000. You can choose the coverage amount that fits your needs. Life insurance is an important decision, but it doesn't have to be a complicated one. Term Life Insurance underwritten by Anthem Life Insurance Company.



**Pharmacy:** Pharmacy is the most widely used benefit—4X more than medical—and often the first benefit members access.<sup>1</sup> Getting the most out of your pharmacy benefits can help keep you healthy and save you money.

- **Your covered medications:** To see if your drug is covered, go to [anthem.com/pharmacyinformation](https://anthem.com/pharmacyinformation) and choose the link, **Ohio Select Drug List (Searchable)** or **(PDF)**.
- **Retail Pharmacies:** Your pharmacy benefit includes nearly 70,000 retail pharmacies nationwide. To see if your preferred pharmacy is in the plan's network, visit [anthem.com/pharmacyinformation/rxnetworks.html](https://anthem.com/pharmacyinformation/rxnetworks.html).
- **Home Delivery:** Get your medicine delivered right to your door. People who use home delivery pharmacy are more likely to follow their drug treatment plan and have better health outcomes.

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## To learn more, call your representative.

To learn more, call your Anthem representative. You can also view and compare plans online at [anthem.com](https://anthem.com).

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

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Our retail and home delivery networks are owned and operated by our pharmacy benefit manager, Express Scripts.

<sup>1</sup> Retail Prescription Drugs Filled at Pharmacies (Annual per Capita) (accessed 2/16/2017): [kff.org](https://www.kff.org); Ambulatory Care Use and Physician office visits, US Centers for Disease Control and Prevention (accessed 2/16/2017), <https://www.cdc.gov/nchs/fastats/physician-visits.htm>; <https://www.cdc.gov/nchs/fastats/drug-use-therapeutic.htm>; and <http://www.statista.com/chart/2689/americans-dont-like-visiting-the-doctor> (accessed June 17, 2015).

# Answers to your questions

## Why choose Anthem?

When you choose an individual or family insurance plan with Anthem, you'll have access to leading doctors and hospitals. It's important to us that you see the doctor you want and get the care you need.

You'll see the difference with Anthem. You can select great doctors, care centers and hospitals from our network of providers. You can also have a private video visit with a doctor or therapist on your smartphone, tablet or computer. It's one of the best ways for us to help support your health and the health of your family.

### Access to preventive care

At Anthem, we believe that prevention is the best medicine. Preventive care is offered for as low as \$0 with no copay and no deductible to meet when received from doctors in your plan.

### With us, you can also count on:

- Dedicated customer service.
- One source for all your benefits, including dental, vision and term life.
- A simple enrollment process.
- Resources to support your health care goals.

## Why do I need coverage?

The short answer is ... life happens and it helps to be ready. No one plans to break an arm or catch pneumonia. That's why having a health care plan is so important. It helps you:

- Pay for those unexpected costs that come with a serious illness or injury.
- Get some important benefits like preventive care that can help you stay healthier and get more effective treatment.

Still not convinced? Here are three reasons why coverage is so important:

- 1 It's worth the price.** Have you ever thought about what the cost would be to have a major surgery without health insurance? Now picture adding that in with your mortgage/rent and monthly expenses. That's a case where monthly payments for coverage are small compared to footing the bill for a major unexpected cost.
- 2 It helps you stay on top of checkups.** When you have coverage, you'll be much more likely to use it to get your yearly checkups and tests that can catch issues early. Plans even include preventive care at no extra cost when you use doctors in your plan (network doctors).
- 3 It's an investment in you.** You insure your home and cars, so why would you put yourself at the bottom of the list? Think about how much it would cost to fix you if something serious were to happen.



# Answers to your questions

## What coverage do I need?

Choosing the right plan for you can be a challenge. We get that. So let's start with some questions to figure out what works best for you:

- **Does the plan meet your 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 a Catastrophic plan an option?** If you're under age 30 (or are 30 or older with an approved hardship exemption from the Health Insurance Marketplace) you may qualify for a high-deductible, lower monthly payment, Catastrophic plan. Catastrophic plans can help protect you from worst-case scenarios like serious accidents or illnesses.

## Plan choices

### Metal Levels

- **Bronze:** You'll have lower monthly payments while being covered for check ups and preventive care. You could pay more out of pocket if you need more care, but if you don't expect to go to the doctor very much this year, Bronze may be a good bet. These health plans can be great for people who are younger with no dependents.
- **Silver:** You'll get health coverage that covers all the basics and more. You'll also get preventive care for \$0 with no copay and no deductible from network doctors. Silver plans on the Health Insurance Marketplace offer the greatest assistance for both tax credits and cost sharing subsidies if you qualify.
- **Gold:** You'll have higher monthly payments but lower out of pocket costs depending on the services you use. You'll also have a lower deductible to meet, and you can save on visits to doctors or specialists when you need them.

### NEW! Enhanced Virtual Access Plans

#### Online Plus:

- Select bronze and silver plans offer unlimited, \$5 online PCP office visit copays. Just look for **Online Plus** in the plan name.

## Can I afford it?

If you're thinking coverage might cost too much, you're not alone. But, what you might not know is that you may be able to get help paying for it. And a health insurance subsidy may be the answer. Don't know what a subsidy is? That's just a fancy word for getting financial help from the government to help you pay for your health care coverage.

You could be eligible for a subsidy, also called an advanced premium tax credit, to lower your monthly payment. You may also qualify for a plan where you'll pay less for your out-of-pocket costs.

### Other ways to help save money:



Check if your favorite doctor, hospital or other health care provider is in your plan. That way you can make sure you get your care at the lower or negotiated network rate.



You can also save money by only using the emergency room (ER) for emergencies. Head straight to the ER or call 911 for serious health issues. Otherwise, save yourself money and time by visiting your primary care doctor, an urgent care center, or LiveHealth Online for minor medical issues.

## Health savings account (HSA)



If you like the idea of lowering your health care costs and your taxes, a **health savings account (HSA)** could be a good option for you.

With a qualified high-deductible plan, you can set up the HSA through a bank and fund it with your post tax dollars. Before selecting an HSA plan, check with your tax advisor to see if an HSA plan is right for you.

# Answers to your questions

## How do I find a doctor or hospital?

You can find a network doctor, hospital, dentist, pharmacy and more by using our **Find a Doctor tool**. It's quick and easy. Plus, you'll get the most from your health care coverage (and save money), if you choose a doctor or hospital in your plan. Follow these simple steps:

- 1 Go to **anthem.com**.
- 2 Choose **Individual & Family** at the top of your screen. Then under **Care** select **Find a Doctor**.
- 3 Scroll past Search as a Member to **Search as Guest**.
- 4 Choose **Search by Selecting a Plan or Network** and complete the form.

### The difference between doctors in the plan and doctors outside the plan

Doctors in the plan:	Doctors and other health care providers who contract with us to provide care at discounted rates.
Doctors outside the plan:	Doctors and other health care providers who are not contracted with the health plan.

## What should I know about my network?

- **Health maintenance organization (HMO):** With our HMO, you don't have to choose a primary care doctor to manage your care needs and you don't need a referral from your primary care doctor to see other network doctors. Having a primary care doctor is still a good idea for things like checkups and any ongoing health issues. HMOs don't offer non-network benefits, except for emergency and urgent care or when a service is preapproved. If you see a doctor not in the plan for any other reason, you'll have to pay 100% out of pocket.

**Pathway X HMO** network plans are available in the following counties only: Athens, Auglaize, Belmont, Butler, Coshocton, Erie, Gallia, Guernsey, Hamilton, Hocking, Jackson, Jefferson, Lawrence, Mercer, Monroe, Morgan, Muskingum, Noble, Ottawa, Perry, Pike, Putnam, Vinton, Warren and Wyandot counties.

# Anthem advantages

Making informed health care decisions for you and your family is simple with our website, mobile app and helpful tools, like Estimate Your Cost.

No matter which plan you choose, you can register at [anthem.com](http://anthem.com) or on the Anthem Anywhere mobile app to get personalized information about your health plan.



## Use the self-service tools on our secure website to:

- See your claims and coverage details.
- Estimate your costs on common procedures, before you step into the doctor's office.
- Manage your prescription benefits and search the drug list that applies to your plan.
- Check the price of a drug or refill a prescription.
- Make your monthly payments online.



## With our Anthem Anywhere mobile app, you can:

- Find a nearby doctor, specialist, urgent care center or hospital.
- Download a virtual member ID card.
- Manage your prescription drug benefits.

**LiveHealth<sup>®</sup>**  
O N L I N E

You can also take advantage of resources like LiveHealth Online:

### Talk to a doctor whenever, wherever with LiveHealth Online

**Easy:**

Connect to a doctor 24 hours a day, from a computer, tablet, or smartphone.

**Face-to-face:**

Chat by two-way video for common health issues.

**Save:**

On average members save up to \$201 for care, compared to ER, urgent care, or other health facilities.\*

### LiveHealth Online Psychology offers virtual counseling

**Convenient:**

Sessions go from 7 a.m. to 11 p.m., coast-to-coast.

**Quick access:**

Schedule a visit and be seen within four days, or on demand.

**Similar cost:**

Cost-share is the same as it is for in-office Mental Health/Substance Use therapy benefits.

\*Results based on internal LiveHealth Online study during 2014 and first quarter, 2015.

# Anthem advantages

Plans include other features to help you and your family stay healthy at no additional cost.

- **24/7 Nurseline:** Our registered nurses can answer your health questions wherever you are – any time, day or night. All you have to do is call.
- **Care Support:** If you need extra care for ongoing or complex health issues, a case manager may call you. Your case manager can answer your questions, set up care with different doctors and help you use your health benefits.
- **MyHealth Advantage:** Avoid health issues, stay healthy and save money. This program tracks your health information to see if there's anything you can do to improve your health. If so, you'll get a personalized and confidential MyHealth Note in the mail.

**Peace of mind when you travel.**

**Travel a lot? Don't worry. You're covered.**



Whether you're traveling for work or on vacation, going to the ER or urgent care is the last thing you want to worry about. The good news is you don't have to! All of our plans cover medically necessary emergency and urgent care in all 50 states, even when you're not using your plan's doctors and hospitals.

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## Simplified payments

**We know life gets busy, so we're making it easier for you to pay your monthly payments.**

- Set up electronic funds transfer (EFT) or bank draft.
- Enroll in WebPay to use with a Visa or MasterCard debit or credit card.
- Download our Anthem Anywhere app and pay with a credit card or your bank account. You can even set up autopay in the app.

**You can set up automatic monthly payments with each option. Just make sure your card account information and expiration date stays up to date.**

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# Plan benefit chart

The benefit information shown here is for network services. These plans don't include coverage for non-network benefits with the exception of emergency and urgent care.

**Pathway X HMO** network plans are available in the following counties only: Athens, Auglaize, Belmont, Butler, Coshocton, Erie, Gallia, Guernsey, Hamilton, Hocking, Jackson, Jefferson, Lawrence, Mercer, Monroe, Morgan, Muskingum, Noble, Ottawa, Perry, Pike, Putnam, Vinton, Warren and Wyandot counties.

	<b>Anthem Bronze Pathway X HMO 4600 Online Plus (37BG)</b>	<b>Anthem Bronze Pathway X HMO 5000 (379A)</b>	<b>Anthem Bronze Pathway X HMO 5500/0% for HSA (37A6)</b>
<b>Network name</b>	Pathway X HMO	Pathway X HMO	Pathway X HMO
<b>Plan includes non-network coverage?</b>	No	No	No
<b>Individual deductible</b>	\$4,600	\$5,000	\$5,500
<b>Individual out-of-pocket limit</b>	\$7,900	\$7,900	\$5,500
<b>Coinsurance</b> (percentage may vary for some covered services)	30%	40%	0%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.	No additional cost to you.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay per visit for the first 2 visits, then deductible and 40% coinsurance	Deductible, then 0% coinsurance
<b>Office visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then \$400 copay and 50% coinsurance	Deductible, then \$400 copay and 50% coinsurance	Deductible, then 0% coinsurance
<b>Urgent care</b>	Deductible, then \$50 copay and 30% coinsurance	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$500 copay and 40% coinsurance	Deductible, then 0% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then 0% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (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: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies
<b>Retail pharmacy tier 1</b> <sup>5</sup> : Level 1 / Level 2	\$20 copay / \$30 copay	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance
<b>Retail pharmacy tier 2</b> <sup>5</sup> : Level 1 / Level 2	\$80 copay / \$90 copay	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance
<b>Retail pharmacy tier 3</b> <sup>5</sup> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance
<b>Retail pharmacy tier 4</b> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance
<b>Physical and occupational therapy</b> (limits apply)	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance
<b>Speech therapy</b> (limits apply)	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance
<b>Office visit: chiropractic</b> (limits apply)	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 24.

# Plan benefit chart

The benefit information shown here is for network services. These plans don't include coverage for non-network benefits with the exception of emergency and urgent care.

**Pathway X HMO** network plans are available in the following counties only: Athens, Auglaize, Belmont, Butler, Coshocton, Erie, Gallia, Guernsey, Hamilton, Hocking, Jackson, Jefferson, Lawrence, Mercer, Monroe, Morgan, Muskingum, Noble, Ottawa, Perry, Pike, Putnam, Vinton, Warren and Wyandot counties.

	<b>Anthem Bronze Pathway X HMO 6000 (37B0)</b>	<b>Anthem Bronze Pathway X HMO 6500/0% for HSA (379R)</b>	<b>Anthem Bronze Pathway X HMO 7900 (379D)</b>
<b>Network name</b>	Pathway X HMO	Pathway X HMO	Pathway X HMO
<b>Plan includes non-network coverage?</b>	No	No	No
<b>Individual deductible</b>	\$6,000	\$6,500	\$7,900
<b>Individual out-of-pocket limit</b>	\$7,900	\$6,500	\$7,900
<b>Coinsurance</b> (percentage may vary for some covered services)	35%	0%	0%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.	No additional cost to you.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$50 copay per visit for the first 2 visits, then deductible and 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Office visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then \$400 copay and 50% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Urgent care</b>	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (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
<b>Retail pharmacy tier 1</b> <sup>5</sup> : Level 1 / Level 2	35% coinsurance / 45% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
<b>Retail pharmacy tier 2</b> <sup>5</sup> : Level 1 / Level 2	35% coinsurance / 45% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
<b>Retail pharmacy tier 3</b> <sup>5</sup> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
<b>Retail pharmacy tier 4</b> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
<b>Physical and occupational therapy</b> (limits apply)	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Speech therapy</b> (limits apply)	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Office visit: chiropractic</b> (limits apply)	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 24.

# Plan benefit chart

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	<b>Anthem Silver Pathway X HMO 2100 (37B3)</b>	<b>Anthem Silver Pathway X HMO 3000 (37AM)</b>	<b>Anthem Silver Pathway X HMO 10% for HSA (379U)</b>
<b>Network name</b>	Pathway X HMO	Pathway X HMO	Pathway X HMO
<b>Plan includes non-network coverage?</b>	No	No	No
<b>Individual deductible</b>	\$2,100	\$3,000	\$3,200
<b>Individual out-of-pocket limit</b>	\$7,900	\$6,000	\$5,000
<b>Coinsurance</b> (percentage may vary for some covered services)	20%	10%	10%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.	No additional cost to you.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$30 copay	\$40 copay per visit for the first 3 visits, then deductible and 10% coinsurance	Deductible, then 10% coinsurance
<b>Office visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance
<b>Urgent care</b>	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$50 copay and 10% coinsurance
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$200 copay and 10% coinsurance	Deductible, then \$500 copay and 10% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 50% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (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: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies
<b>Retail pharmacy tier 1</b> <sup>5</sup> : Level 1 / Level 2	\$20 copay / \$30 copay	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance
<b>Retail pharmacy tier 2</b> <sup>5</sup> : Level 1 / Level 2	\$50 copay / \$60 copay	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance
<b>Retail pharmacy tier 3</b> <sup>5</sup> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Retail pharmacy tier 4</b> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Physical and occupational therapy</b> (limits apply)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Speech therapy</b> (limits apply)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Office visit: chiropractic</b> (limits apply)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 24.

# Plan benefit chart

The benefit information shown here is for network services. These plans don't include coverage for non-network benefits with the exception of emergency and urgent care.

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	Anthem Silver Pathway X HMO 3500 (37A0)	Anthem Silver Pathway X HMO 0% for HSA (37A9)	Anthem Silver Pathway X HMO 4000 Online Plus (379G)
<b>Network name</b>	Pathway X HMO	Pathway X HMO	Pathway X HMO
<b>Plan includes non-network coverage?</b>	No	No	No
<b>Individual deductible</b>	\$3,500	\$4,000	\$4,000
<b>Individual out-of-pocket limit</b>	\$5,700	\$4,000	\$5,250
<b>Coinsurance</b> (percentage may vary for some covered services)	25%	0%	30%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.	No additional cost to you.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$20 copay	Deductible, then 0% coinsurance	\$25 copay
<b>Office visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$60 copay	Deductible, then 0% coinsurance	\$60 copay
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then \$300 copay and 50% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$300 copay and 50% coinsurance
<b>Urgent care</b>	\$90 copay	Deductible, then 0% coinsurance	\$90 copay
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$500 copay and 30% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 25% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$500 copay and 50% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy deductible
<b>Retail pharmacy tier 1</b> <sup>5</sup> : Level 1 / Level 2	\$10 copay / \$20 copay	0% coinsurance / 0% coinsurance	\$10 copay / \$25 copay
<b>Retail pharmacy tier 2</b> <sup>5</sup> : Level 1 / Level 2	\$40 copay / \$50 copay	0% coinsurance / 0% coinsurance	\$40 copay / \$50 copay
<b>Retail pharmacy tier 3</b> <sup>5</sup> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance	40% coinsurance / 50% coinsurance
<b>Retail pharmacy tier 4</b> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance	40% coinsurance / 50% coinsurance
<b>Physical and occupational therapy</b> (limits apply)	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
<b>Speech therapy</b> (limits apply)	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
<b>Office visit: chiropractic</b> (limits apply)	Deductible, then 25% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 24.



# Plan benefit chart

The benefit information shown here is for network services. These plans don't include coverage for non-network benefits with the exception of emergency and urgent care.

**Pathway X HMO** network plans are available in the following counties only: Athens, Auglaize, Belmont, Butler, Coshocton, Erie, Gallia, Guernsey, Hamilton, Hocking, Jackson, Jefferson, Lawrence, Mercer, Monroe, Morgan, Muskingum, Noble, Ottawa, Perry, Pike, Putnam, Vinton, Warren and Wyandot counties.

	<b>Anthem Silver Pathway X HMO 4500 (37AF)</b>	<b>Anthem Silver Pathway X HMO 5000 (37AT)</b>	<b>Anthem Silver Pathway X HMO 6000/25% (37B9)</b>
<b>Network name</b>	Pathway X HMO	Pathway X HMO	Pathway X HMO
<b>Plan includes non-network coverage?</b>	No	No	No
<b>Individual deductible</b>	\$4,500	\$5,000	\$6,000
<b>Individual out-of-pocket limit</b>	\$6,500	\$6,500	\$7,900
<b>Coinsurance</b> (percentage may vary for some covered services)	25%	35%	25%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.	No additional cost to you.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$25 copay	\$35 copay	\$45 copay
<b>Office visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$60 copay	Deductible, then 35% coinsurance	Deductible, then 25% coinsurance
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance	Deductible, then 25% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$500 copay and 50% coinsurance
<b>Urgent care</b>	\$90 copay	Deductible, then \$50 copay and 35% coinsurance	Deductible, then \$50 copay
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 35% coinsurance	Deductible, then \$500 copay and 25% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$500 copay and 50% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance	Deductible, then 25% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy 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: No deductible Tiers 3, 4: Medical deductible applies
<b>Retail pharmacy tier 1</b> <sup>5</sup> : Level 1 / Level 2	\$10 copay / \$20 copay	\$10 copay / \$15 copay	\$15 copay / \$25 copay
<b>Retail pharmacy tier 2</b> <sup>5</sup> : Level 1 / Level 2	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$45 copay / \$55 copay
<b>Retail pharmacy tier 3</b> <sup>5</sup> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Retail pharmacy tier 4</b> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Physical and occupational therapy</b> (limits apply)	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance	Deductible, then 25% coinsurance
<b>Speech therapy</b> (limits apply)	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance	Deductible, then 25% coinsurance
<b>Office visit: chiropractic</b> (limits apply)	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance	Deductible, then 25% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 24.

# Plan benefit chart

The benefit information shown here is for network services. These plans don't include coverage for non-network benefits with the exception of emergency and urgent care.

**Pathway X HMO** network plans are available in the following counties only: Athens, Auglaize, Belmont, Butler, Coshocton, Erie, Gallia, Guernsey, Hamilton, Hocking, Jackson, Jefferson, Lawrence, Mercer, Monroe, Morgan, Muskingum, Noble, Ottawa, Perry, Pike, Putnam, Vinton, Warren and Wyandot counties.

	<b>Anthem Gold Pathway X HMO 2000 (379N)</b>	<b>Anthem Catastrophic Pathway X HMO 7900 (37AY)</b>
<b>Network name</b>	Pathway X HMO	Pathway X HMO
<b>Plan includes non-network coverage?</b>	No	No
<b>Individual deductible</b>	\$2,000	\$7,900
<b>Individual out-of-pocket limit</b>	\$6,750	\$7,900
<b>Coinsurance</b> (percentage may vary for some covered services)	20%	0%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$25 copay	\$40 copay per visit for the first 3 visits, then deductible and 0% coinsurance
<b>Office visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$45 copay	Deductible, then 0% coinsurance
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then \$200 copay and 40% coinsurance	Deductible, then 0% coinsurance
<b>Urgent care</b>	\$90 copay	Deductible, then 0% coinsurance
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 40% coinsurance	Deductible, then 0% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (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: Medical deductible applies
<b>Retail pharmacy tier 1</b> <sup>5</sup> : Level 1 / Level 2	\$10 copay / \$20 copay	0% coinsurance / 0% coinsurance
<b>Retail pharmacy tier 2</b> <sup>5</sup> : Level 1 / Level 2	\$35 copay / \$45 copay	0% coinsurance / 0% coinsurance
<b>Retail pharmacy tier 3</b> <sup>5</sup> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance
<b>Retail pharmacy tier 4</b> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance
<b>Physical and occupational therapy</b> (limits apply)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
<b>Speech therapy</b> (limits apply)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
<b>Office visit: chiropractic</b> (limits apply)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 24.

# Silver cost-share reduction (CSR) plans

S04, S05 and S06 plans are available if you qualify for a tax credit subsidy or cost share reduction on Silver plans you buy through the Health Insurance Marketplace.

**Pathway X HMO** network plans are available in the following counties: Athens, Auglaize, Belmont, Butler, Coshocton, Erie, Gallia, Guernsey, Hamilton, Hocking, Jackson, Jefferson, Lawrence, Mercer, Monroe, Morgan, Muskingum, Noble, Ottawa, Perry, Pike, Putnam, Vinton, Warren and Wyandot counties.

	<b>Anthem Silver Pathway X HMO 0% for HSA (37A9)</b>	<b>Anthem Silver Pathway X HMO 0% for HSA S04 (37AB)</b>	<b>Anthem Silver Pathway X HMO 0% S05 (37AC)</b>	<b>Anthem Silver Pathway X HMO 0% S06 (37AD)</b>
<b>Network name</b>	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO
<b>Plan includes non-network coverage?</b>	No	No	No	No
<b>Individual deductible</b>	\$4,000	\$3,500	\$1,250	\$550
<b>Individual out-of-pocket limit</b>	\$4,000	\$3,500	\$1,250	\$550
<b>Coinsurance</b> (percentage may vary for some covered services)	0%	0%	0%	0%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Office visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Urgent care</b>	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (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	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies
<b>Retail pharmacy tier 1</b> <sup>5</sup> : Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
<b>Retail pharmacy tier 2</b> <sup>5</sup> : Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
<b>Retail pharmacy tier 3</b> <sup>5</sup> : Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
<b>Retail pharmacy tier 4: Level 1 / Level 2</b>	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
<b>Physical and occupational therapy</b> (limits apply)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Speech therapy</b> (limits apply)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
<b>Office visit: chiropractic</b> (limits apply)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 24.

# Silver cost-share reduction (CSR) plans

S04, S05 and S06 plans are available if you qualify for a tax credit subsidy or cost share reduction on Silver plans you buy through the Health Insurance Marketplace.

**Pathway X HMO** network plans are available in the following counties: Athens, Auglaize, Belmont, Butler, Coshocton, Erie, Gallia, Guernsey, Hamilton, Hocking, Jackson, Jefferson, Lawrence, Mercer, Monroe, Morgan, Muskingum, Noble, Ottawa, Perry, Pike, Putnam, Vinton, Warren and Wyandot counties.

	<b>Anthem Silver Pathway X HMO 10% for HSA (379U)</b>	<b>Anthem Silver Pathway X HMO 10% S04 (379W)</b>	<b>Anthem Silver Pathway X HMO 10% S05 (379X)</b>	<b>Anthem Silver Pathway X HMO 10% S06 (379Y)</b>
<b>Network name</b>	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO
<b>Plan includes non-network coverage?</b>	No	No	No	No
<b>Individual deductible</b>	\$3,200	\$2,400	\$700	\$200
<b>Individual out-of-pocket limit</b>	\$5,000	\$4,500	\$1,700	\$800
<b>Coinsurance</b> (percentage may vary for some covered services)	10%	10%	10%	10%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Office visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$150 copay and 50% coinsurance	Deductible, then \$100 copay and 50% coinsurance
<b>Urgent care</b>	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$50 copay and 10% coinsurance
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 10% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$250 copay and 50% coinsurance	Deductible, then \$150 copay and 50% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (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	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies
<b>Retail pharmacy tier 1</b> <sup>5</sup> : <b>Level 1 / Level 2</b>	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance
<b>Retail pharmacy tier 2</b> <sup>5</sup> : <b>Level 1 / Level 2</b>	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance
<b>Retail pharmacy tier 3</b> <sup>5</sup> : <b>Level 1 / Level 2</b>	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Retail pharmacy tier 4</b> : <b>Level 1 / Level 2</b>	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Physical and occupational therapy</b> (limits apply)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Speech therapy</b> (limits apply)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Office visit: chiropractic</b> (limits apply)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 24.

# Silver cost-share reduction (CSR) plans

S04, S05 and S06 plans are available if you qualify for a tax credit subsidy or cost share reduction on Silver plans you buy through the Health Insurance Marketplace.

**Pathway X HMO** network plans are available in the following counties: Athens, Auglaize, Belmont, Butler, Coshocton, Erie, Gallia, Guernsey, Hamilton, Hocking, Jackson, Jefferson, Lawrence, Mercer, Monroe, Morgan, Muskingum, Noble, Ottawa, Perry, Pike, Putnam, Vinton, Warren and Wyandot counties.

	<b>Anthem Silver Pathway X HMO 2100 (37B3)</b>	<b>Anthem Silver Pathway X HMO 2100 S04 (37B5)</b>	<b>Anthem Silver Pathway X HMO 2100 S05 (37B6)</b>	<b>Anthem Silver Pathway X HMO 2100 S06 (37B7)</b>
<b>Network name</b>	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO
<b>Plan includes non-network coverage?</b>	No	No	No	No
<b>Individual deductible</b>	\$2,100	\$2,100	\$750	\$200
<b>Individual out-of-pocket limit</b>	\$7,900	\$6,250	\$1,600	\$600
<b>Coinsurance</b> (percentage may vary for some covered services)	20%	20%	20%	20%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$30 copay	\$30 copay	\$15 copay	\$10 copay
<b>Office visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance
<b>Urgent care</b>	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$25 copay and 20% coinsurance
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$300 copay and 20% coinsurance	Deductible, then \$300 copay and 20% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$250 copay and 20% coinsurance	Deductible, then \$150 copay and 20% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (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: No deductible Tiers 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies
<b>Retail pharmacy tier 1</b> <sup>5</sup> : Level 1 / Level 2	\$20 copay / \$30 copay	\$15 copay / \$25 copay	\$10 copay / \$20 copay	\$10 copay / \$20 copay
<b>Retail pharmacy tier 2</b> <sup>5</sup> : Level 1 / Level 2	\$50 copay / \$60 copay	\$45 copay / \$55 copay	\$30 copay / \$40 copay	\$30 copay / \$40 copay
<b>Retail pharmacy tier 3</b> <sup>5</sup> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Retail pharmacy tier 4</b> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Physical and occupational therapy</b> (limits apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
<b>Speech therapy</b> (limits apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
<b>Office visit: chiropractic</b> (limits apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 24.

# Silver cost-share reduction (CSR) plans

S04, S05 and S06 plans are available if you qualify for a tax credit subsidy or cost share reduction on Silver plans you buy through the Health Insurance Marketplace.

**Pathway X HMO** network plans are available in the following counties: Athens, Auglaize, Belmont, Butler, Coshocton, Erie, Gallia, Guernsey, Hamilton, Hocking, Jackson, Jefferson, Lawrence, Mercer, Monroe, Morgan, Muskingum, Noble, Ottawa, Perry, Pike, Putnam, Vinton, Warren and Wyandot counties.

	<b>Anthem Silver Pathway X HMO 3000 (37AM)</b>	<b>Anthem Silver Pathway X HMO 3000 S04 (37AP)</b>	<b>Anthem Silver Pathway X HMO 3000 S05 (37AQ)</b>	<b>Anthem Silver Pathway X HMO 3000 S06 (37AR)</b>
<b>Network name</b>	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO
<b>Plan includes non-network coverage?</b>	No	No	No	No
<b>Individual deductible</b>	\$3,000	\$2,550	\$800	\$200
<b>Individual out-of-pocket limit</b>	\$6,000	\$4,900	\$1,700	\$750
<b>Coinsurance</b> (percentage may vary for some covered services)	10%	10%	10%	10%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$40 copay per visit for the first 3 visits, then deductible and 10% coinsurance	\$40 copay per visit for the first 3 visits, then deductible and 10% coinsurance	\$30 copay per visit for the first 3 visits, then deductible and 10% coinsurance	\$15 copay per visit for the first 3 visits, then deductible and 10% coinsurance
<b>Office visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance
<b>Urgent care</b>	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$25 copay and 10% coinsurance
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$200 copay and 10% coinsurance	Deductible, then \$200 copay and 10% coinsurance	Deductible, then \$200 copay and 10% coinsurance	Deductible, then \$200 copay and 10% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$250 copay and 10% coinsurance	Deductible, then \$150 copay and 10% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (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	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies
<b>Retail pharmacy tier 1</b> <sup>5</sup> : <b>Level 1 / Level 2</b>	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance
<b>Retail pharmacy tier 2</b> <sup>5</sup> : <b>Level 1 / Level 2</b>	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance
<b>Retail pharmacy tier 3</b> <sup>5</sup> : <b>Level 1 / Level 2</b>	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Retail pharmacy tier 4</b> : <b>Level 1 / Level 2</b>	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Physical and occupational therapy</b> (limits apply)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Speech therapy</b> (limits apply)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
<b>Office visit: chiropractic</b> (limits apply)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 24.

# Silver cost-share reduction (CSR) plans

S04, S05 and S06 plans are available if you qualify for a tax credit subsidy or cost share reduction on Silver plans you buy through the Health Insurance Marketplace.

**Pathway X HMO** network plans are available in the following counties: Athens, Auglaize, Belmont, Butler, Coshocton, Erie, Gallia, Guernsey, Hamilton, Hocking, Jackson, Jefferson, Lawrence, Mercer, Monroe, Morgan, Muskingum, Noble, Ottawa, Perry, Pike, Putnam, Vinton, Warren and Wyandot counties.

	<b>Anthem Silver Pathway X HMO 3500 (37A0)</b>	<b>Anthem Silver Pathway X HMO 3500 S04 (37A2)</b>	<b>Anthem Silver Pathway X HMO 3500 S05 (37A3)</b>	<b>Anthem Silver Pathway X HMO 3500 S06 (37A4)</b>
<b>Network name</b>	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO
<b>Plan includes non-network coverage?</b>	No	No	No	No
<b>Individual deductible</b>	\$3,500	\$2,300	\$750	\$250
<b>Individual out-of-pocket limit</b>	\$5,700	\$5,300	\$1,500	\$600
<b>Coinsurance</b> (percentage may vary for some covered services)	25%	25%	25%	25%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$20 copay	\$20 copay	\$20 copay	\$20 copay
<b>Office visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$60 copay	\$60 copay	\$60 copay	\$60 copay
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance
<b>Urgent care</b>	\$90 copay	\$75 copay	\$70 copay	\$70 copay
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$250 copay and 25% coinsurance	Deductible, then \$150 copay and 25% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$300 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$100 Combined pharmacy deductible
<b>Retail pharmacy tier 1</b> <sup>5</sup> : Level 1 / Level 2	\$10 copay / \$20 copay	\$10 copay / \$20 copay	\$10 copay / \$20 copay	\$10 copay / \$20 copay
<b>Retail pharmacy tier 2</b> <sup>5</sup> : Level 1 / Level 2	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay
<b>Retail pharmacy tier 3</b> <sup>5</sup> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Retail pharmacy tier 4</b> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Physical and occupational therapy</b> (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
<b>Speech therapy</b> (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
<b>Office visit: chiropractic</b> (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 24.

# Silver cost-share reduction (CSR) plans

S04, S05 and S06 plans are available if you qualify for a tax credit subsidy or cost share reduction on Silver plans you buy through the Health Insurance Marketplace.

**Pathway X HMO** network plans are available in the following counties: Athens, Auglaize, Belmont, Butler, Coshocton, Erie, Gallia, Guernsey, Hamilton, Hocking, Jackson, Jefferson, Lawrence, Mercer, Monroe, Morgan, Muskingum, Noble, Ottawa, Perry, Pike, Putnam, Vinton, Warren and Wyandot counties.

	<b>Anthem Silver Pathway X HMO 4000 Online Plus (379G)</b>	<b>Anthem Silver Pathway X HMO 4000 S04 Online Plus (379J)</b>	<b>Anthem Silver Pathway X HMO 4000 S05 Online Plus (379K)</b>	<b>Anthem Silver Pathway X HMO 4000 S06 Online Plus (379L)</b>
<b>Network name</b>	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO
<b>Plan includes non-network coverage?</b>	No	No	No	No
<b>Individual deductible</b>	\$4,000	\$3,000	\$500	\$200
<b>Individual out-of-pocket limit</b>	\$5,250	\$4,750	\$1,700	\$700
<b>Coinsurance</b> (percentage may vary for some covered services)	30%	30%	30%	30%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$25 copay	\$20 copay	\$15 copay	\$15 copay
<b>Office visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$60 copay	\$45 copay	\$45 copay	\$30 copay
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance
<b>Urgent care</b>	\$90 copay	\$90 copay	\$90 copay	\$90 copay
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$400 copay and 30% coinsurance	Deductible, then \$400 copay and 30% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$150 copay and 50% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$400 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$150 Combined pharmacy deductible
<b>Retail pharmacy tier 1</b> <sup>5</sup> : Level 1 / Level 2	\$10 copay / \$25 copay	\$10 copay / \$25 copay	\$10 copay / \$25 copay	\$10 copay / \$20 copay
<b>Retail pharmacy tier 2</b> <sup>5</sup> : Level 1 / Level 2	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$30 copay / \$40 copay
<b>Retail pharmacy tier 3</b> <sup>5</sup> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Retail pharmacy tier 4</b> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Physical and occupational therapy</b> (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
<b>Speech therapy</b> (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
<b>Office visit: chiropractic</b> (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance

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# Silver cost-share reduction (CSR) plans

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	<b>Anthem Silver Pathway X HMO 4500 (37AF)</b>	<b>Anthem Silver Pathway X HMO 4500 S04 (37AH)</b>	<b>Anthem Silver Pathway X HMO 4500 S05 (37AJ)</b>	<b>Anthem Silver Pathway X HMO 4500 S06 (37AK)</b>
<b>Network name</b>	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO
<b>Plan includes non-network coverage?</b>	No	No	No	No
<b>Individual deductible</b>	\$4,500	\$3,100	\$700	\$300
<b>Individual out-of-pocket limit</b>	\$6,500	\$5,050	\$1,700	\$650
<b>Coinsurance</b> (percentage may vary for some covered services)	25%	25%	25%	25%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$25 copay	\$25 copay	\$15 copay	\$10 copay
<b>Office visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$60 copay	\$60 copay	\$60 copay	\$40 copay
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$100 copay and 50% coinsurance
<b>Urgent care</b>	\$90 copay	\$90 copay	\$90 copay	\$75 copay
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$150 copay and 25% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$150 copay and 25% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$300 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$100 Combined pharmacy deductible
<b>Retail pharmacy tier 1</b> <sup>5</sup> : Level 1 / Level 2	\$10 copay / \$20 copay	\$10 copay / \$20 copay	\$10 copay / \$20 copay	\$10 copay / \$20 copay
<b>Retail pharmacy tier 2</b> <sup>5</sup> : Level 1 / Level 2	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$35 copay / \$45 copay
<b>Retail pharmacy tier 3</b> <sup>5</sup> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Retail pharmacy tier 4</b> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Physical and occupational therapy</b> (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
<b>Speech therapy</b> (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
<b>Office visit: chiropractic</b> (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance

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# Silver cost-share reduction (CSR) plans

S04, S05 and S06 plans are available if you qualify for a tax credit subsidy or cost share reduction on Silver plans you buy through the Health Insurance Marketplace.

**Pathway X HMO** network plans are available in the following counties: Athens, Auglaize, Belmont, Butler, Coshocton, Erie, Gallia, Guernsey, Hamilton, Hocking, Jackson, Jefferson, Lawrence, Mercer, Monroe, Morgan, Muskingum, Noble, Ottawa, Perry, Pike, Putnam, Vinton, Warren and Wyandot counties.

	<b>Anthem Silver Pathway X HMO 5000 (37AT)</b>	<b>Anthem Silver Pathway X HMO 5000 S04 (37AV)</b>	<b>Anthem Silver Pathway X HMO 5000 S05 (37AW)</b>	<b>Anthem Silver Pathway X HMO 5000 S06 (37AX)</b>
<b>Network name</b>	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO
<b>Plan includes non-network coverage?</b>	No	No	No	No
<b>Individual deductible</b>	\$5,000	\$3,650	\$900	\$250
<b>Individual out-of-pocket limit</b>	\$6,500	\$5,000	\$1,600	\$650
<b>Coinsurance</b> (percentage may vary for some covered services)	35%	35%	35%	35%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$35 copay	\$35 copay	\$25 copay	\$25 copay
<b>Office visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$350 copay and 50% coinsurance
<b>Urgent care</b>	Deductible, then \$50 copay and 35% coinsurance	Deductible, then \$50 copay and 35% coinsurance	Deductible, then \$50 copay and 35% coinsurance	Deductible, then \$50 copay and 35% coinsurance
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 35% coinsurance	Deductible, then \$500 copay and 35% coinsurance	Deductible, then \$500 copay and 35% coinsurance	Deductible, then \$350 copay and 35% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$350 copay and 50% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (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: No deductible Tiers 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies
<b>Retail pharmacy tier 1</b> <sup>5</sup> : Level 1 / Level 2	\$10 copay / \$15 copay	\$10 copay / \$15 copay	\$10 copay / \$15 copay	\$10 copay / \$15 copay
<b>Retail pharmacy tier 2</b> <sup>5</sup> : Level 1 / Level 2	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay
<b>Retail pharmacy tier 3</b> <sup>5</sup> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Retail pharmacy tier 4</b> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Physical and occupational therapy</b> (limits apply)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
<b>Speech therapy</b> (limits apply)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
<b>Office visit: chiropractic</b> (limits apply)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 24.

# Silver cost-share reduction (CSR) plans

S04, S05 and S06 plans are available if you qualify for a tax credit subsidy or cost share reduction on Silver plans you buy through the Health Insurance Marketplace.

**Pathway X HMO** network plans are available in the following counties: Athens, Auglaize, Belmont, Butler, Coshocton, Erie, Gallia, Guernsey, Hamilton, Hocking, Jackson, Jefferson, Lawrence, Mercer, Monroe, Morgan, Muskingum, Noble, Ottawa, Perry, Pike, Putnam, Vinton, Warren and Wyandot counties.

	<b>Anthem Silver Pathway X HMO 6000/25% (37B9)</b>	<b>Anthem Silver Pathway X HMO 6000/25% S04 (37BB)</b>	<b>Anthem Silver Pathway X HMO 6000/25% S05 (37BC)</b>	<b>Anthem Silver Pathway X HMO 6000/25% S06 (37BD)</b>
<b>Network name</b>	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO
<b>Plan includes non-network coverage?</b>	No	No	No	No
<b>Individual deductible</b>	\$6,000	\$3,450	\$1,000	\$250
<b>Individual out-of-pocket limit</b>	\$7,900	\$5,000	\$1,600	\$700
<b>Coinsurance</b> (percentage may vary for some covered services)	25%	25%	25%	25%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$45 copay	\$40 copay	\$25 copay	\$10 copay
<b>Office visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$250 copay and 50% coinsurance	Deductible, then \$150 copay and 50% coinsurance
<b>Urgent care</b>	Deductible, then \$50 copay	Deductible, then \$50 copay	Deductible, then \$50 copay	Deductible, then \$50 copay
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$350 copay and 25% coinsurance	Deductible, then \$250 copay and 25% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$250 copay and 50% coinsurance	Deductible, then \$150 copay and 50% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (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: No deductible Tiers 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies
<b>Retail pharmacy tier 1</b> <sup>5</sup> : Level 1 / Level 2	\$15 copay / \$25 copay	\$10 copay / \$20 copay	\$10 copay / \$20 copay	\$10 copay / \$20 copay
<b>Retail pharmacy tier 2</b> <sup>5</sup> : Level 1 / Level 2	\$45 copay / \$55 copay	\$40 copay / \$50 copay	\$30 copay / \$40 copay	\$30 copay / \$40 copay
<b>Retail pharmacy tier 3</b> <sup>5</sup> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Retail pharmacy tier 4</b> : Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
<b>Physical and occupational therapy</b> (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
<b>Speech therapy</b> (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
<b>Office visit: chiropractic</b> (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 24.

# Medical and Silver cost-share reduction plans benefit footnotes

1 Nationally recommended **preventive care services** from 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 tests, mammograms and more, recommended by the United States Preventive Services Task Force.

2 **LiveHealth Online** PCP web visits have the same PCP office visit cost share listed in the chart, except for Online Plus plans. Available on select bronze and silver plans, Online Plus offers unlimited, \$5 online PCP office visit copays.

3 For plans with **PCP** and **Specialist** office visit limits, the visit limits are combined, not separate.









4 For plans with a **Pharmacy deductible**, the pharmacy deductible is separate from the medical deductible. The family deductible is 2 times the individual amount.

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

# Understanding insurance terms

Let's take a look at some common insurance terms you probably see a lot.

## Here's what they mean:

-  **Coinsurance:** Your percentage of the costs. After you meet your deductible, this is your percentage of costs each time you get care and then your plan covers the rest up to the maximum allowed amount. Network providers agree to accept Anthem's maximum allowed amount as their charge.
-  **Copay:** This is a set dollar amount you pay for covered services, such as doctor visits. The amount can vary based on covered service. It's listed in your medical plan charts.
-  **Deductible:** This is the set dollar amount you pay before we begin paying for most covered health services you receive. It's listed in your benefit plan. **Network** covered preventive services don't require a deductible. Your deductible applies to the calendar year (January 1 through December 31), even if your effective date (the date coverage begins) is later than January 1.
-  **Drug tiers:** Drugs on a drug list or formulary are typically arranged in tiers. Your cost depends on which drug tier your drug is in.
-  **Network coverage:** This refers to doctors, hospitals, dentists, pharmacies and other care providers who are part of the plan's network or are in the plan. HMO plans only include coverage for network benefits, except for emergency and urgent care, ambulance services, or when a service is pre-approved.
-  **Non-network coverage:** This refers to doctors, hospitals, dentists, pharmacies and other care providers who don't participate in the plan or network. HMO plans don't offer non-network benefits, except for emergency and urgent care, ambulance services, or when a service is pre-approved.
-  **Out-of-pocket limit:** This is the maximum amount you can pay out of your pocket for covered services each year. Once you reach that limit, which varies by plan, we cover the rest up to the maximum allowed amount. Network providers agree to accept Anthem's maximum allowed amount as their charge.
-  **Plan name:** Plan name and contract code are found on the first row of the medical plan charts. Look for this when you're applying for a plan. The contract code is in parentheses after the plan name.

# Ready to enroll? Let's get started.

Help is close at hand:



**Call your Anthem representative** to enroll or learn more about our health care plans; or



**Visit our website at [anthem.com](https://www.anthem.com) and apply online;** or



**Find our plans** through Health Insurance Marketplace at [healthcare.gov](https://www.healthcare.gov).

You can buy health care plans once a year through an open enrollment period. This year, the open enrollment period runs from **November 1, 2018 - December 15, 2018**. Be sure to enroll by December 15, 2018, to start coverage effective January 1, 2019.


You may be able to change your health coverage outside of this open enrollment period if there are special qualifying events. Check with your Anthem representative to see if you qualify or if you have other questions about open enrollment.


# We want you to be satisfied


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

## Summary of benefits and services

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

 Review the Certificate.

 Call your broker or Anthem representative

 Go to [anthem.com](https://anthem.com).

To access a **Summary of Benefits and Coverage (SBC)**, please visit **[sbc.anthem.com](https://sbc.anthem.com)** and select **NEXT** for Summaries in English or Spanish. Other languages can also be selected.

Community Insurance Company, dba Anthem Blue Cross and Blue Shield, is a Qualified Health Plan issuer that offers individual health plans through the Health Insurance Marketplace.

**In compliance with the Affordable Care Act (ACA), the following plan changes may occur annually on January 1:**

- Benefits
- Premiums (monthly payments)
- Deductibles, copays, coinsurance and out-of-pocket-limits

There may also be changes to our pharmacy and provider networks and prescription formulary/drug list during the year.

# 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 United States citizen or national or a lawfully present non-citizen and a legal resident of the State of Ohio 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 also under age 30 before the plan's effective date; or
- have received certification from the Health Insurance Marketplace that you are exempt from the individual mandate because you qualify for a hardship exemption or don't have an affordable coverage option

## Open enrollment

As established by the rules of the Health Insurance Marketplace, individuals are only permitted to enroll in a Qualified Health Plan (QHP), or as an enrollee to change QHPs, during the annual open enrollment period or a special enrollment period.

American Indians are authorized to move from one QHP to another QHP once per month.

## 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 triggered 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 benefit year for a Qualified Individual who has made a QHP selection during the annual open enrollment period. A subscriber's effective date is determined by the Health Insurance Marketplace based on the receipt of the completed enrollment form. Benefits will not be provided until the applicable subscription charge is paid to Anthem.

## 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're 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. 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 physician'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's an explanation of each type of review:



# Important legal information

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

We may do a pre-service 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 pre-service 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
- 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, 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's how getting precertification can help you out:

**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's in our network can help you get the most for your health care dollar.

**What can you do?** Choose a 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 a network doctor. If you choose a non-network provider, be sure to call us to get prior authorization. Non-network providers may not do that for you. Once you're a member, if you have a question about prior authorization, you can call the Member Service number on the back of your ID card.

## Network providers

If your care is rendered by a primary care doctor (PCP), specialty care doctor (SCP) or another network provider, benefits will be provided at the network level. Regardless of medical necessity, no benefits will be provided for care that is not a covered service even if performed by a PCP, SCP, or another network provider. All medical care must be under the direction of doctors. We have final authority to determine the medical necessity of the service or referral to be arranged. We may inform you that it is not medically necessary for you to receive services or remain in a hospital or other facility. This decision is made upon review of your condition and treatment. You may appeal this decision.

Network providers include PCPs, SCPs, other professional providers, hospitals, and other facility providers who contract with Anthem to perform services for you. PCPs include general practitioners, internists, family practitioners, pediatricians, obstetricians and gynecologists, geriatricians or other network providers as allowed by Anthem. The PCP is the physician who may provide, coordinate, and arrange your health care services. SCPs are network physicians who provide specialty medical services not normally provided by a PCP.

A consultation with a network health care provider for a second opinion may be obtained at the same copayment/coinsurance as any other service.

For services rendered by network providers:

- You will not be required to file any claims for services you obtain directly from network providers. Network providers will seek compensation for covered services rendered from Anthem and not from you except for approved copayments/coinsurance and/or deductibles. You may be billed by your network provider(s) for any non-covered services you receive or where you have not acted in accordance with the Certificate.
- Health care management is the responsibility of the network provider.

# Important legal information

If there is no network provider who is qualified to perform the treatment you require, contact Anthem prior to receiving the service or treatment and Anthem may approve a non-network provider for that service as an authorized service. Non-network providers are described below.

## Non-network providers

For HMO plans, services will only be covered services if rendered by network providers located in the state of Ohio unless:

- The services are for emergency care, ambulance services related to an emergency for transportation to a hospital or urgent care services received at an urgent care center; or
- The services are approved in advance by Anthem.

Covered services which are not obtained from a PCP, SCP or another network provider or not an authorized service will be considered a non-network service. 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. In addition, certain services are not covered unless obtained from a network provider. See your Schedule of Cost Shares and Benefits.

For services rendered by a non-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

## Network or non-network providers

### HMO plans

Anthem will not provide any reimbursement for non-covered services. You may be responsible for the total amount billed by your provider for non-covered services, regardless of whether such services are performed by a network/ participating or non-network/nonparticipating provider. Both services specifically excluded by the terms of the Certificate, and those received after benefits have been exhausted are non-covered services. Benefits may be exhausted by exceeding, for example, the benefit caps or day/visit limits.

In some instances, you may only be asked to pay the lower network cost sharing amount when you use a non-network provider. For example, if you go to a network/participating hospital or provider facility and receive covered services from a non-network provider such as a radiologist, anesthesiologist or pathologist who is employed by or contracted with a

network hospital or facility, you will pay the network cost-share amounts for those covered services. However, you also may be liable for the difference between the maximum allowed amount and the non-network provider's charge.

## 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:

- Accidental dental injury benefit limit – maximum of \$3,000 per member, per dental accident
- Ambulance services (non-emergency transportation) – \$50,000 per occurrence if a non-network provider is used. For HMO plans, non-emergency ambulance/ transportation out of network is not covered unless authorized.
- Therapy services
  - Physical therapy – 20 visits per member per year
  - Occupational therapy – 20 visits per member per year
  - Speech therapy – 20 visits per member per year
- Chiropractic – 12 visits for manipulation per member per year
- Rehabilitation
  - Cardiac – 36 visits per member per year
  - Pulmonary – 20 visits per member per year
  - Inpatient – 60 days per member per year
- Home health care – 100 visits per member per year
- Private duty nursing – 90 days per year; not covered – private duty nursing services in an inpatient setting
- Skilled nursing facility – 90 days per year
- Transplants – per transplant
  - Transportation and lodging – limited to \$10,000
  - Donor search – limited to \$30,000

## Exclusions

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

- Acupuncture

# Important legal information

- Alternative or complementary medicine
- Artificial and mechanical hearts
- Artificial insemination, fertilization, infertility drugs or sterilization reversal
- Bariatric surgery
- Benefits covered by Medicare or a governmental program
- 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 specified in the Certificate
- 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 described in the Certificate
- Cosmetic surgery and/or treatment that's primarily intended to improve your appearance
- Custodial care
- Dental, except as described in the Certificate
- Educational services
- Experimental or investigative treatment
- Hearing aids
- Infertility testing and treatment, except certain treatments as mandated for our HMO plans
- In-vitro fertilization (IVF) as described in the Certificate's exclusions
- Non-chemical additions such as gambling, spending, religious
- Nutritional and dietary supplements
- Over-the-counter drugs, devices or products
- Pharmacy, except as described in the Certificate
- Routine foot care
- Sclerotherapy (a medical procedure used to eliminate varicose veins and spider veins)
- Services we determine aren't medically necessary
- Vision, except as described in the Certificate
- Weight loss programs or treatment of obesity except as mandated
- Workers' compensation

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.

## It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't 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 isn't 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>.

# Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you need assistance to understand this document in an alternate language, you may request it at no additional cost by calling the Member Services number (1-855-748-1808). (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 telephone 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 (1-855-748-1808). (TTY/TDD: 711)

## Arabic

إذا احتجت إلى المساعدة لفهم هذا المستند بلغة أخرى، فيمكنك طلب المساعدة. (1-855-748-1808) دون تكلفة إضافية من خلال الاتصال برقم خدمات الأعضاء (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(1-855-748-1808)請求免費協助。(TTY/TDD: 711)

## Dutch

Als u hulp nodig heeft om dit document te begrijpen in een andere taal, mag u daar zonder aanvullende kosten om vragen door te bellen met het ledenservicenummer (1-855-748-1808). (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 : 1-855-748-1808. (TTY/TDD: 711)

## German

Falls Sie Hilfe in einer anderen Sprache benötigen, um dieses Dokument zu verstehen, können Sie diese kostenlos anfordern, indem Sie die Servicenummer für Mitglieder anrufen (1-855-748-1808). (TTY/TDD: 711)

## Italian

Se ha bisogno di assistenza per la comprensione del presente documento in un'altra lingua, può richiederla senza alcun costo aggiuntivo chiamando il numero dedicato ai Servizi per i membri (1-855-748-1808). (TTY/TDD: 711)

## Japanese

この書面を他の言語で理解するための支援が必要な場合には、メンバーサービス番号（1-855-748-1808）に電話して支援を求めることができます。追加費用はかかりません。(TTY/TDD: 711)

## Korean

다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(1-855-748-1808)로 전화를 걸어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

## Oromo

Sanada kana afaan kan biroodhaan hubachuuf yoo gargaarsa barbaadde lakkoofsa bilbilaa tajaajila miseensaa (Member Services) (1-855-748-1808) waraqaa eenyummaa kee irra jiru irratti bilbiluudhaan kaffaltii dabalataa malee gaafachuu dandeessa. (TTY/TDD: 711)

## Pennsylvania Dutch

Wann du Hülfe brauchscht um selle Document zu verschtehe in en annere Schprooch, du kannscht fer sell frooge um nix zu bezaahle. Ruff Member Services Nummer (1-855-748-1808) aa. (TTY/TDD: 711)

## Romanian

Dacă aveți nevoie de asistență pentru a înțelege acest document într-o altă limbă, puteți solicita aceasta în mod gratuit apelând numărul departamentului de servicii destinate membrilor (1-855-748-1808). (TTY/TDD: 711)

# Get help in your language

## Russian

Если вам нужна помощь, чтобы понять содержание настоящего документа на другом языке, вы можете бесплатно запросить ее, позвонив в отдел обслуживания участников (1-855-748-1808). (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 (1-855-748-1808). (TTY/TDD: 711)

## Ukrainian

Якщо ви не розумієте цього документа й вам потрібна допомога з його перекладом на іншу мову, ви маєте право безкоштовно отримати цю послугу. Для цього зателефонуйте на номер служби підтримки учасників програми страхування (1-855-748-1808). (TTY/TDD: 711)



## So that's how it all works.

**Still have questions? Just ask. We're here to help.**

To learn more, call Anthem or your representative. You can also view and compare plans online at [anthem.com](https://www.anthem.com).

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

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# Your HSA:

*Enjoy the advantages of opening  
a Health Savings Account (HSA)  
from BenefitWallet®*

A Health Savings Account can help you pay for health care expenses including prescriptions. Plus, you can claim your HSA contributions as tax deductions, earn interest on your money and roll over the year-end balance.

To realize your plan's full power, consider selecting a qualified high-deductible health plan with an HSA. Our partner, BenefitWallet, administers our HSA solution with The Bank of New York Mellon as the custodian. Setting up your account with BenefitWallet is easy and it comes with built-in advantages and conveniences like:

- A single Customer Service contact for the health plan and your HSA
- A single online health site to access your plan benefit information and account details
- Several payment and deposit options, including debit cards, checks and automatic fund transfers
- Ability to save your receipt images online
- Competitive interest rates and investment opportunities for the funds in your account
- iPhone®, iPad® and Android™ apps for access anywhere
- Health Topics encyclopedia of more than 1,500 ailments
- Medication Advisor for drugs and pharmacy identifier
- Treatment Cost Advisor for common medical conditions
- FDIC-insured checking account with the custodian, The Bank of New York Mellon (BNY Mellon)

Note: You also have the option of using a different financial institution to set up your Health Savings Account.

## Set up is easy

Simply make the selection on your application form and we'll send you welcome materials to get you started. Account registration instructions are included. It's that simple.





# A closer look at your BenefitWallet HSA

## BenefitWallet Welcome Materials

If you make the selection on your application form, your HSA will automatically be set up - no set-up fee required. You'll soon receive HSA welcome materials with all of the instructions for opening and using your account. A separate application for your account is only required if you choose an HSA administrator other than BenefitWallet.

## Interest and investments

You'll earn interest on your HSA funds and have the chance to invest your funds as long as you keep a minimum \$1,000 HSA balance. Investment options include a number of mutual fund families. Once you're ready to invest, log in to your account and select "Investments" from the Quick Links menu or contact the BenefitWallet Service Center at **1-866-686-4798** or **1-855-545-4168** (for TDD callers) Mon - Fri 8 a.m. to 11 p.m. (ET); Sat - Sun 9 a.m. to 6 p.m. (ET).

## Debit cards, checkbooks and online bill pay

Use your VISA debit card, your HSA checkbook or online bill pay (provided by BenefitWallet) to pay your doctor or pharmacy directly for eligible medical expenses — or to reimburse yourself for qualified medical expenses paid out of pocket.

## Deposits to your account

You can make your deposits online or with a mobile app. You can also send a check and deposit slip to the address printed on your deposit slip. Deposit slips can be found at the back of the checkbook, online through the Help Center or through the BenefitWallet Service Center. In addition, you can set up an electronic funds transfer between your bank and BenefitWallet for one-time or recurring account contributions.

## Account activity statement

Regularly, you'll receive an electronic statement from BenefitWallet that shows all your account activity. Your monthly statement is free if you open your account electronically. You can receive a paper statement for an additional fee of \$1.25 per month. Visit [anthem.com](http://anthem.com) or call your dedicated Customer Service line to learn how to elect this option. You'll also receive *IRS 1099* and *IRS 5498* forms from BNY Mellon near tax time to help with tax preparation.

## BenefitWallet HSA fee and rate schedule

A *Deposit Agreement* and *Disclosure Statement*, along with a *Rate and Fee Sheet* will be made available to you by BenefitWallet. Please refer to those documents for the complete terms and conditions related to your account.

As appealing as these options may sound, you should still talk to your tax advisor when trying to maximize financial benefits for your personal situation.

Banking fees	
Monthly account fee	\$2.95
First two debit cards, debit card transactions, first checkbook, check writing, online bill pay, electronic transfers	no charge
ATM transactions	\$2
Card replacement Duplicate check	\$5
Check reorder	\$10
Nonsufficient funds	\$25
Stop-check service	\$25
Periodic paper statement	\$1.25

# This is what the IRS requires if you want to open a Health Savings Account:

- You must be covered by an HSA-compatible, high-deductible health plan.
- You must be a U.S. resident, and not a resident of Puerto Rico or American Samoa.
- You cannot be covered by any other medical plan that is not an HSA-compatible, high-deductible health plan.
- You cannot be enrolled in Medicare.
- You cannot be claimed as a dependent on another individual's tax return.
- If you are a veteran, you may not have received veteran's benefits within the last three months.
- You cannot be active military.
- Your spouse cannot be enrolled in an FSA plan.

Xerox HR Solutions, LLC an independent corporate entity, provides the BenefitWallet product and related banking administration on behalf of Anthem.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield of Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



# Peace of mind made easy

**Anthem individual term life insurance —  
affordable and no exam needed**



**Life insurance is an important decision, but it doesn't have to be a complicated one.**

You want your loved ones to be taken care of — even if you're not here to provide for them. That's why it's important to have life insurance to help your family with expenses when the unexpected happens. Anthem individual term life insurance plans can give your family peace of mind for their future. While you may not want to think about it, there's actually no better time than now to protect your family.

To make things even better, we've made it simpler to get coverage:

- There's no medical exam required.
- If you also have a health plan with us, you'll only get one bill for health and life coverage.
- Life insurance is available with Anthem's health coverage or without — it's your choice.

**Our individual term life plans include two coverage options: \$25,000 and \$50,000.**

You can choose the coverage amount that fits your needs. Individuals between the ages of 18 and 64 are eligible to apply.

Take a look at how much each plan would cost you:

#### **Anthem individual term life monthly rates**

Age	\$25,000	\$50,000
18	\$2.50	\$5.00
19-29	\$4.75	\$9.50
30-39	\$5.50	\$11.00
40-49	\$12.50	\$25.00
50-59	\$34.75	\$69.50
60-64	\$49.00	\$98.00

### **Want to know more?**

**Go to [anthem.com](https://www.anthem.com) for more information or to apply for life insurance. Or call 1-877-212-1793 with any questions.**



The initial rates for term life insurance are based on your age at the time the policy is issued and are subject to change in accordance with the published rate table. The policy is issued for a one-year term, renewable at the policyholder's option. Term life insurance is subject to the written provisions of the policy. The policy contains exclusions and limitations, including the exclusion for death due to suicide for the first two years (first year in Missouri) the policy is in force. The policy will terminate at age 65.

Life and Disability products underwritten by Anthem Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

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# Your prescription drug benefits

## Anthem plans help keep you healthy and lower your health care costs

### Your medications — covered

All of our pharmacy plans have a drug list that includes hundreds of covered brand-name and generic drugs in every category and class, meeting or exceeding Affordable Care Act (ACA) requirements. Individual and family plans use the Select Drug List.

To view the Select Drug List and see if your drug is covered, go to [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation) and choose the Ohio **Individual Select Drug List**.

### Filling your prescriptions

It's simple. Choose the way that works best for you to get the medicines you need, when you need them.

### Home delivery pharmacy – your medicine delivered right to your door

We offer home delivery to make it easier for you to get your medicine quickly and safely. People who use home delivery pharmacy are more likely to follow their drug treatment plan, resulting in increased medication adherence. That means fewer doctor visits and hospital stays — and lower health care costs for you.<sup>1</sup>

### Retail pharmacies in your network

The **Rx Choice Tiered Network** offers two levels of pharmacies — giving you choices, convenience and savings:

<b>Level 1</b>	Get the lowest cost for your prescriptions when you use one of nearly 25,000 Level 1 network pharmacies, including <b>CVS, Target, Wal-Mart, Kroger</b> and <b>Costco</b> .
<b>Level 2</b>	You can also use one of the 45,000+ Level 2 network pharmacies. Your prescriptions will be covered, but you'll pay an additional copay or coinsurance.

Our **National Pharmacy Network** includes nearly 70,000 retail pharmacies — making it easy for you to get prescriptions filled near your home or work, or even when you travel.





## Your pharmacy benefits — easy to manage at [anthem.com](https://www.anthem.com)

Manage all your prescription benefits in one place. It's easy. It's convenient. And you can do things like:

- Find out if your drug is covered. Go to [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation) and choose the **Individual Select Drug List** for your state.
- See if your preferred pharmacy is in the plan's network.  
Visit [anthem.com/pharmacyinformation/rxnetworks.html](https://www.anthem.com/pharmacyinformation/rxnetworks.html) to see all of the pharmacies in our networks, including Level 1 pharmacies where you can save the most money.
- Learn more about your pharmacy benefits — including why some drugs need preapproval to be covered — by going to our frequently asked questions (FAQs) at [anthem.com/faqs/ohio/pharmacy](https://www.anthem.com/faqs/ohio/pharmacy).

**On the go, too!** Most of the same helpful tools are available on your cell phone or other mobile device with the Anthem Anywhere app. You can manage your drug benefits wherever you are, whenever you need to.

## Medical + pharmacy — better and easier than ever

With our combined medical and pharmacy benefits, your doctor can see the whole picture of your health.

For you, this means:

- Better overall health.
- A smoother experience.
- Fewer hospital stays and lower medical costs.<sup>2</sup>
- Saving more on prescription drugs.<sup>2</sup>

<sup>1</sup> Examination of the Link Between Medication Adherence and Use of Mail-Order Pharmacies in Chronic Disease States. Journal of Managed Care & Specialty Pharmacy, Nov. 2016.

<sup>2</sup> Integrating pharmacy with medical benefits can help your bottom line. Smart Business Online (sbonline.com), Apr. 2015.

This document is only a brief summary of benefits and services. Our plans have exclusions, limitations and terms under which the <enter contract name> may be continued in force or discontinued. For more information, review the <enter contract name>, call your Anthem Sales representative or go to [anthem.com](https://www.anthem.com).