



Colorado

Effective January 1, 2022

Small Group ACA medical product guide

Anthem  **SMALL BUSINESS**

Small Group ACA product details – 1 to 100 employees

Dental and vision benefits:

- All plans include coverage for pediatric dental, pediatric vision and adult vision.
- Our Whole Health plans (plans with **WH** at the end of the plan name) include an enhanced dental benefit for both children and adults.

Pharmacy benefits:

- All plans use the Rx Choice Tiered Network with R90 which includes a choice of two levels – Level 1 (preferred) or Level 2 (non-preferred) – with access to more than 66,000 pharmacies across the country, including chains like CVS.
- All plans also use the Select Drug List. To view the Select Drug List, visit [anthem.com/COSelectdrugtier4](https://www.anthem.com/COSelectdrugtier4).
- The Home delivery program covers up to a 90-day supply for tier 1a, tier 1b, tier 2 and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

Anthem Link Pathway EPO, Pathway Essentials HMO and Mountain Enhanced HMO plans:

- *Non-HSA plans:* Virtual text, virtual preferred online provider (video), virtual primary care visits with a member's in-network doctor or our online provider K Health and PCP office visits covered in full (no cost share). Other services such as Specialist virtual and office visits covered at copay. Deductible applies to facility services.
- *HSA plans:* Virtual text, virtual preferred online provider (video), virtual primary care visits with a member's in-network doctor or our online provider K Health and PCP office visits subject to deductible, then covered in full. Other services such as Specialist virtual and office visits subject to deductible, then copay.
- Pathway PPO (EPO), Pathway Essentials HMO and Mountain Enhanced HMO networks may have different out-of-area coverage.
- In-network coinsurance is limited to five benefits – home dialysis and home infusion therapy at 25%; diabetic supplies, durable medical equipment (DME) and prosthetics at 50%.

\$0 Deductible Plans on the Anthem PPO, Pathway EPO, and Mountain Enhanced HMO networks:

- Virtual text, virtual preferred online provider (video), virtual primary care visits with our online provider K Health covered in full (no cost share). Other services such as PCP office visits, Specialist visits, and urgent care visits covered at copay.
- In-network coinsurance is limited to five benefits – home dialysis and home infusion therapy at 25%; diabetic supplies, durable medical equipment (DME) and prosthetics at 50%.
- Pathway PPO (EPO) and Mountain Enhanced HMO networks may have different out-of-area coverage.

The following benefit charts show in-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit <https://plan-summaries.anthem.com/sobdps/>.

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Anthem Link Pathway EPO, Pathway Essentials HMO and Mountain Enhanced HMO plans

While Anthem Link plans use the Pathway PPO network, they are EPO products. *Pathway Essentials HMO* plans only available in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson and Park counties. *Mountain Enhanced HMO* plans only available in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt and Summit counties. Please visit anthem.com or reach out to your Anthem representative for details.

	Gold plans		
Plan name	Anthem Link Gold [Network Name] [EPO/HMO] 1500/5400 Ω	Anthem Link Gold [Network Name] [EPO/HMO] 2000/5000 Ω	Anthem Link Gold [Network Name] [EPO/HMO] 2000/5000 WH Ω
Network (contract code)	Pathway PPO (67F4) Pathway Essentials (67F3) Mountain Enhanced (67HZ)	Pathway PPO (67F8) Pathway Essentials (67F9) Mountain Enhanced (67J0)	Pathway PPO (67MS) Pathway Essentials (67MT) Mountain Enhanced (67MU)
Deductible (individual/family)	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	25%	25%	25%
Out-of-pocket maximum ¹ (individual/family)	\$5,400/\$10,800	\$5,000/\$10,000	\$5,000/\$10,000
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)	PCP: \$0 SPC: \$75	PCP: \$0 SPC: \$75	PCP: \$0 SPC: \$75
Medical chats and virtual primary care visits ³	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full	Covered in full	Covered in full
Urgent care (facility)	\$100	\$100	\$100
Emergency room (facility)	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
Independent facility: ambulatory outpatient surgery center	\$500	\$500	\$500
Hospital outpatient surgery facility	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
Hospital inpatient admission	Deductible, then \$750 per admission	Deductible, then \$750 per admission	Deductible, then \$750 per admission
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply ⁶	Level 1: \$0/\$10/\$60/\$125/\$200 Level 2: \$10/\$20/\$70/\$135/\$210	Level 1: \$0/\$10/\$60/\$125/\$200 Level 2: \$10/\$20/\$70/\$135/\$210	Level 1: \$0/\$10/\$60/\$125/\$200 Level 2: \$10/\$20/\$70/\$135/\$210

Ω Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

¹ Out-of-pocket maximum includes deductible, coinsurance and copays.

² Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC.

³ Cost share applies to medical chats and virtual visits for primary care from our online provider K Health, its affiliated provider groups.

⁴ Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

⁵ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

⁶ Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

Additional plan options are available on the Pathway Essentials network. Please contact your Anthem Representative for additional information.

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	Gold plans	Silver plans	
Plan name	Anthem Link Gold [Network Name] [EPO/HMO] 3000/5500 Ω	Anthem Link Silver [Network Name] [EPO/HMO] 5000/8150 Ω	Anthem Link Silver [Network Name] [EPO/HMO] 7000/8400 Ω
Network (contract code)	Pathway PPO (67EW) Pathway Essentials (67EV) Mountain Enhanced (67J1)	Pathway PPO (67FA) Pathway Essentials (67FB) Mountain Enhanced (67J4)	Pathway PPO (67EY) Pathway Essentials (67EX) Mountain Enhanced (67J5)
Deductible (individual/family)	\$3,000/\$6,000	\$5,000/\$10,000	\$7,000/\$14,000
Coinsurance	25%	25%	25%
Out-of-pocket maximum ¹ (individual/family)	\$5,500/\$11,000	\$8,150/\$16,300	\$8,400/\$16,800
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)	PCP: \$0 SPC: \$75	PCP: \$0 SPC: \$75	PCP: \$0 SPC: \$75
Medical chats and virtual primary care visits ³	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full	Covered in full	Covered in full
Urgent care (facility)	\$100	\$100	\$100
Emergency room (facility)	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
Independent facility: ambulatory outpatient surgery center	\$500	\$500	\$500
Hospital outpatient surgery facility	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
Hospital inpatient admission	Deductible, then \$750 per admission	Deductible, then \$750 per admission	Deductible, then \$750 per admission
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply ⁶	Level 1: \$0/\$10/\$60/\$125/\$200 Level 2: \$10/\$20/\$70/\$135/\$210	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600

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	Silver plans		Bronze plans
Plan name	Anthem Link Silver [Network Name] [EPO/HMO] 4000/6500 w/HSA Ω	Anthem Link Silver [Network Name] [EPO/HMO] 4000/6500 w/HSA WH Ω	Anthem Link Bronze [Network Name] [EPO/HMO] 6500/7000 w/HSA Ω
Network (contract code)	Pathway PPO (67F0) Mountain Enhanced (67J3) Pathway Essentials (67EZ)	Pathway PPO (67M8) Pathway Essentials (67M9) Mountain Enhanced (67ML)	Pathway PPO (67FC) Pathway Essentials (67FD) Mountain Enhanced (67HY)
Deductible (individual/family)	\$4,000/\$8,000	\$4,000/\$8,000	\$6,500/\$13,000
Coinsurance	25%	25%	25%
Out-of-pocket maximum ¹ (individual/family)	\$6,500/\$13,000	\$6,500/\$13,000	\$7,000/\$14,000
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)	PCP: Deductible, then \$0 SPC: Deductible, then \$75	PCP: Deductible, then \$0 SPC: Deductible, then \$75	PCP: Deductible, then \$0 SPC: Deductible, then \$75
Medical chats and virtual primary care visits ³	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider ⁴	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Urgent care (facility)	Deductible, then \$100	Deductible, then \$100	Deductible, then \$100
Emergency room (facility)	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
Independent facility: ambulatory outpatient surgery center	Deductible, then \$500	Deductible, then \$500	Deductible, then \$1,000
Hospital outpatient surgery facility	Deductible, then \$1,000	Deductible, then \$1,000	Deductible, then \$1,000
Hospital inpatient admission	Deductible, then \$750 per admission	Deductible, then \$750 per admission	Deductible, then \$750 per admission
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply ⁶	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600

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

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	Bronze plans
Plan name	Anthem Link Bronze [Network Name] [EPO/HMO] 6500/7000 w/HSA WH Ω
Network (contract code)	Pathway PPO (67M6) Pathway Essentials (67M7) Mountain Enhanced (67MK)
Deductible (individual/family)	\$6,500/\$13,000
Coinsurance	25%
Out-of-pocket maximum ¹ (individual/family)	\$7,000/\$14,000
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)	PCP: Deductible, then \$0 SPC: Deductible, then \$75
Medical chats and virtual primary care visits ³	Deductible, then covered in full
Virtual doctor visits: Preferred online provider ⁴	Deductible, then covered in full
Urgent care (facility)	Deductible, then \$100
Emergency room (facility)	Deductible, then \$500
Independent facility: ambulatory outpatient surgery center	Deductible, then \$1,000
Hospital outpatient surgery facility	Deductible, then \$1,000
Hospital inpatient admission	Deductible, then \$750 per admission
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply ⁶	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600

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4 Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

5 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

6 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

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	Platinum plans		
Plan name	Anthem Platinum [Network Name] [PPO/EPO/HMO] 10/25%/2500 Rx Copay Ω	Anthem Platinum [Network Name] [PPO/EPO/HMO] 250/20%/3500 Rx Copay	Anthem Platinum [Network Name] [PPO/EPO/HMO] 250/20%/3500 WH Rx Copay
Network (contract code)	Anthem PPO (67MV) Pathway PPO (67J6) Mountain Enhanced (67J7)	Anthem PPO (67GE) Pathway PPO (67H4) Mountain Enhanced (67GD)	Anthem PPO (67MP) Pathway PPO (67MN) Mountain Enhanced (67MM)
Deductible (individual/family)	\$0/\$0	\$250/\$750	\$250/\$750
Coinsurance	25%	20%	20%
Out-of-pocket maximum ¹ (individual/family)	\$2,500/\$5,000	\$3,500/\$7,000	\$3,500/\$7,000
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)	PCP: \$10 SPC: \$50	PCP: \$15 SPC: \$25	PCP: \$15 SPC: \$25
Medical chats and virtual primary care visits ³	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full	Covered in full	Covered in full
Urgent care (facility)	\$50	\$25	\$25
Emergency room (facility)	\$500	Deductible, then \$300	Deductible, then \$300
Independent facility: ambulatory outpatient surgery center	\$350	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	\$500	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	\$500 copay per day up to 4 days per admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ⁶	Level 1: \$0/\$10/\$60/\$125/\$200 Level 2: \$10/\$20/\$70/\$135/\$210	Level 1: \$0/\$10/\$60/\$125/\$200 Level 2: \$10/\$20/\$70/\$135/\$210	Level 1: \$0/\$10/\$60/\$125/\$200 Level 2: \$10/\$20/\$70/\$135/\$210

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	Platinum plans	Gold plans	
Plan name	Anthem Platinum [Network Name] [PPO/EPO/HMO] 500/10%/4000 Rx Copay	Anthem Gold [Network Name] [PPO/EPO/HMO] 50/25%/6750 Rx Copay Ω	Anthem Gold [Network Name] [PPO/EPO/HMO] 1000/20%/7500 Rx Copay
Network (contract code)	Anthem PPO (67GL) Pathway PPO (67HA) Mountain Enhanced (67GK)	Anthem PPO (67MW) Pathway PPO (67J8) Mountain Enhanced (67J9)	Anthem PPO (67G2) Pathway PPO (67HJ) Mountain Enhanced (67G1)
Deductible (individual/family)	\$500/\$1,500	\$0/\$0	\$1,000/\$3,000
Coinsurance	10%	25%	20%
Out-of-pocket maximum ¹ (individual/family)	\$4,000/\$8,000	\$6,750/\$13,500	\$7,500/\$15,000
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)	PCP: \$25 SPC: \$40	PCP: \$50 SPC: \$75	PCP: \$25 SPC: \$50
Medical chats and virtual primary care visits ³	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full	Covered in full	Covered in full
Urgent care (facility)	\$40	\$75	\$50
Emergency room (facility)	Deductible, then \$300	\$1,000	Deductible, then \$300
Independent facility: ambulatory outpatient surgery center	Deductible, then 10% coinsurance	\$500	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 10% coinsurance	\$1,000	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 10% coinsurance	\$1,000 copay per day up to 4 days per admission	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ⁶	Level 1: \$0/\$10/\$60/\$125/\$200 Level 2: \$10/\$20/\$70/\$135/\$210	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600

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	Gold plans		
Plan name	Anthem Gold [Network Name] [PPO/EPO/HMO] 1000/20%/7500 WH Rx Copay	Anthem Gold [Network Name] [PPO/EPO/HMO] 1500/20%/6000 Rx Copay	Anthem Gold [Network Name] [PPO/EPO/HMO] 2500/30%/6000 Rx Copay
Network (contract code)	Anthem PPO (67MJ) Pathway PPO (67MH) Mountain Enhanced (67MG)	Anthem PPO (67FE) Pathway PPO (67FF) Mountain Enhanced (67FG)	Anthem PPO (67GV) Pathway PPO (67GT) Mountain Enhanced (67GU)
Deductible (individual/family)	\$1,000/\$3,000	\$1,500/\$3,000	\$2,500/\$5,000
Coinsurance	20%	20%	30%
Out-of-pocket maximum ¹ (individual/family)	\$7,500/\$15,000	\$6,000/\$12,000	\$6,000/\$12,000
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)	PCP: \$25 SPC: \$50	PCP: \$40 SPC: \$80	PCP: \$30 SPC: \$60
Medical chats and virtual primary care visits ³	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full	Covered in full	Covered in full
Urgent care (facility)	\$50	\$80	\$60
Emergency room (facility)	Deductible, then \$300	\$300, then deductible, then 20% coinsurance	Deductible, then \$300
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	\$500, then deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	\$500, then deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	\$500, then deductible, then 20% coinsurance per admission	Deductible, then 30% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ⁶	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600

Ω Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

¹ Out-of-pocket maximum includes deductible, coinsurance and copays.

² Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC.

³ Cost share applies to medical chats and virtual visits for primary care from our online provider K Health, its affiliated provider groups.

⁴ Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

⁵ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

⁶ Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

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Small Group ACA product details – 1 to 100 employees

Anthem PPO, Pathway EPO and Mountain Enhanced HMO plans

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	Gold plans		Silver plans
Plan name	Anthem Gold [Network Name] [PPO/EPO/HMO] 3000/40%/7500 Rx Copay	Anthem Gold [Network Name] [PPO/EPO/HMO] 2500/0%/2500 w/HSA Δ	Anthem Silver [Network Name] [PPO/EPO/HMO] 75/25%/8700 Rx Copay Ω
Network (contract code)	Anthem PPO (67F7) Pathway PPO (67F5) Mountain Enhanced (67F6)	Anthem PPO (67HR) Pathway PPO (67HS) Mountain Enhanced (67HQ)	Anthem PPO (67MX) Pathway PPO (67JA) Mountain Enhanced (67JB)
Deductible (individual/family)	\$3,000/\$6,000	\$2,500/\$5,000	\$0/\$0
Coinsurance	40%	0%	25%
Out-of-pocket maximum ¹ (individual/family)	\$7,500/\$15,000	\$2,500/\$5,000	\$8,700/\$17,400
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)	PCP: \$20 SPC: \$40	Deductible, then 0% coinsurance	PCP: \$75 SPC: \$150
Medical chats and virtual primary care visits ³	Covered in full	Deductible, then covered in full	Covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full	Deductible, then covered in full	Covered in full
Urgent care (facility)	\$40	Deductible, then 0% coinsurance	\$150
Emergency room (facility)	Deductible, then \$300	Deductible, then 0% coinsurance	\$1,500
Independent facility: ambulatory outpatient surgery center	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance	\$750
Hospital outpatient surgery facility	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance	\$2,500
Hospital inpatient admission	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance	\$3,000 copay per day up to 3 days per admission
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ⁶	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600	Level 1: 0% Level 2: 0%	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600

Ω Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

¹ Out-of-pocket maximum includes deductible, coinsurance and copays.

² Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC.

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⁵ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

⁶ Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

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Small Group ACA product details – 1 to 100 employees

Anthem PPO, Pathway EPO and Mountain Enhanced HMO plans

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	Silver plans		
Plan name	Anthem Silver [Network Name] [PPO/EPO/HMO] 3500/50%/7900 Rx Copay	Anthem Silver [Network Name] [PPO/EPO/HMO] 4000/30%/8250 Rx Copay	Anthem Silver [Network Name] [PPO/EPO/HMO] 4500/30%/8700 Rx Copay
Network (contract code)	Anthem PPO (67HN) Pathway PPO (67HP) Mountain Enhanced (67HM)	Anthem PPO (67FH) Pathway PPO (67FJ) Mountain Enhanced (67FK)	Anthem PPO (67G3) Pathway PPO (67HT) Mountain Enhanced (67G4)
Deductible (individual/family)	\$3,500/\$7,000	\$4,000/\$8,000	\$4,500/\$9,000
Coinsurance	50%	30%	30%
Out-of-pocket maximum ¹ (individual/family)	\$7,900/\$15,800	\$8,250/\$16,500	\$8,700/\$17,400
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)	PCP: \$50 SPC: \$75	PCP: \$40 SPC: \$80	PCP: \$40 SPC: \$60
Medical chats and virtual primary care visits ³	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full	Covered in full	Covered in full
Urgent care (facility)	\$75	\$80	\$60
Emergency room (facility)	Deductible, then \$500	\$500, then deductible, then 30% coinsurance	Deductible, then \$400
Independent facility: ambulatory outpatient surgery center	Deductible, then 50% coinsurance	\$500, then deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Hospital outpatient surgery facility	Deductible, then 50% coinsurance	\$500, then deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then 50% coinsurance	\$500, then deductible, then 30% coinsurance per admission	Deductible, then 30% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ⁶	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600

Ω Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

1 Out-of-pocket maximum includes deductible, coinsurance and copays.

2 Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC.

3 Cost share applies to medical chats and virtual visits for primary care from our online provider K Health, its affiliated provider groups.

4 Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

5 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

6 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

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Small Group ACA product details – 1 to 100 employees

Anthem PPO, Pathway EPO and Mountain Enhanced HMO plans

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	Silver plans		
Plan name	Anthem Silver [Network Name] [PPO/EPO/HMO] 4500/30%/8700 WH Rx Copay	Anthem Silver [Network Name] [PPO/EPO/HMO] 6000/30%/8550 Rx Copay	Anthem Silver [Network Name] [PPO/EPO/HMO] 7500/30%/8150 Rx Copay
Network (contract code)	Anthem PPO (67MD) Pathway PPO (67MF) Mountain Enhanced (67ME)	Anthem PPO (67FL) Pathway PPO (67FM) Mountain Enhanced (67FN)	Anthem PPO (67FX) Pathway PPO (67FV) Mountain Enhanced (67FW)
Deductible (individual/family)	\$4,500/\$9,000	\$6,000/\$12,000	\$7,500/\$15,000
Coinsurance	30%	30%	30%
Out-of-pocket maximum ¹ (individual/family)	\$8,700/\$17,400	\$8,550/\$17,100	\$8,150/\$16,300
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)	PCP: \$40 SPC: \$60	PCP: \$50 SPC: \$90	PCP: \$40 SPC: \$80
Medical chats and virtual primary care visits ³	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full	Covered in full	Covered in full
Urgent care (facility)	\$60	\$90	\$80
Emergency room (facility)	Deductible, then \$400	\$500, then deductible, then 30% coinsurance	Deductible, then \$500
Independent facility: ambulatory outpatient surgery center	Deductible, then 30% coinsurance	\$500, then deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Hospital outpatient surgery facility	Deductible, then 30% coinsurance	\$500, then deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	\$500, then deductible, then 30% coinsurance per admission	Deductible, then 30% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ⁶	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600

Ω Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

1 Out-of-pocket maximum includes deductible, coinsurance and copays.

2 Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC.

3 Cost share applies to medical chats and virtual visits for primary care from our online provider K Health, its affiliated provider groups.

4 Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

5 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

6 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

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Small Group ACA product details – 1 to 100 employees

Anthem PPO, Pathway EPO and Mountain Enhanced HMO plans

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	Silver plans		
Plan name	Anthem Silver [Network Name] [PPO/EPO/HMO] 3000/20%/5250 w/HSA	Anthem Silver [Network Name] [PPO/EPO/HMO] 4500/0%/4500 w/HSA	Anthem Silver [Network Name] [PPO/EPO/HMO] 4500/0%/4500 w/HSA WH
Network (contract code)	Anthem PPO (67GF) Pathway PPO (67H8) Mountain Enhanced (67GG)	Anthem PPO (67H6) Pathway PPO (67H7) Mountain Enhanced (67H5)	Anthem PPO (67MC) Pathway PPO (67MB) Mountain Enhanced (67MA)
Deductible (individual/family)	\$3,000/\$6,000	\$4,500/\$9,000	\$4,500/\$9,000
Coinsurance	20%	0%	0%
Out-of-pocket maximum ¹ (individual/family)	\$5,250/\$10,500	\$4,500/\$9,000	\$4,500/\$9,000
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Medical chats and virtual primary care visits ³	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider ⁴	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Urgent care (facility)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/Select	Rx Choice Tiered Network with R90/Select	Rx Choice Tiered Network with R90/Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply ⁶	Level 1: 20% Level 2: 30%	Level 1: 0% Level 2: 0%	Level 1: 0% Level 2: 0%

Ω Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

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⁵ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

⁶ Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

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Small Group ACA product details – 1 to 100 employees

Anthem PPO, Pathway EPO and Mountain Enhanced HMO plans

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	Bronze plans		
Plan name	Anthem Bronze [Network Name] [PPO/EPO/HMO] 7500/30%/8550 Rx Copay	Anthem Bronze [Network Name] [PPO/EPO/HMO] 7000/0%/7000 w/HSA	Anthem Bronze [Network Name] [PPO/EPO/HMO] 7000/0%/7000 w/HSA WH
Network (contract code)	Anthem PPO (67FP) Pathway PPO (67FQ) Mountain Enhanced (67FR)	Anthem PPO (67HV) Pathway PPO (67HW) Mountain Enhanced (67HU)	Anthem PPO (67M5) Pathway PPO (67M4) Mountain Enhanced (67M3)
Deductible (individual/family)	\$7,500/\$15,000	\$7,000/\$14,000	\$7,000/\$14,000
Coinsurance	30%	0%	0%
Out-of-pocket maximum ¹ (individual/family)	\$8,550/\$17,100	\$7,000/\$14,000	\$7,000/\$14,000
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)	\$35 for first 3 visits, then deductible and 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Medical chats and virtual primary care visits ³	Covered in full	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full	Deductible, then covered in full	Deductible, then covered in full
Urgent care (facility)	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Emergency room (facility)	Deductible, then \$500	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select	Rx Choice Tiered Network with R90/ Select
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply ⁶	Level 1: \$0/\$10/\$60/\$125/\$500 Level 2: \$10/\$20/\$70/\$135/\$600	Level 1: 0% Level 2: 0%	Level 1: 0% Level 2: 0%

Ω Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

¹ Out-of-pocket maximum includes deductible, coinsurance and copays.

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⁵ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

⁶ Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 5-Tier (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

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PARTNERED FOR POSSIBILITIES

Helping to contain costs and improving access to quality care

We appreciate the opportunity to partner with you. We understand that providing health benefits is an important decision for small businesses. That's why we're working hard to build confidence, improve the member experience, and make care convenient and accessible.

We care for the same things you do, including finding simple solutions for your day-to-day challenges. We look forward to supporting you and your employees and are excited about our future **possibilities**.

Questions? We're here to help. Call your Anthem representative.



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

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