



Connecticut

Effective January 1, 2022

# Small Group ACA medical product guide

Anthem  | SMALL BUSINESS



## Small Group ACA product details – 2 to 50 employees

A small group must have at least one eligible employee, in addition to the business owner. A spouse cannot be the only eligible employee.

The plan naming structure includes these elements:

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

### ***Dental and vision benefits:***

- Vision benefits are included with every Anthem Small Group plan at no extra cost.
  - Children up to age 19 are covered for yearly eye exams, plus frames and lenses.
  - Adults are covered for yearly eye exams, plus frames (\$130 when they use a doctor in the plan) and lenses every two years.
  - HSA plans provide access to vision discounts before the deductible is met. Vision exam and other benefits are subject to the plan deductible.
- Children's dental benefits are included in each plan. Please refer to your Evidence of Coverage for details.

### ***Pharmacy benefits:***

- All plans use the Advantage with R90 network and the Select Drug List.
- To view the Select Drug List, visit [anthem.com/CTSelectdrugtier4](https://www.anthem.com/CTSelectdrugtier4).

### ***Out of area coverage:***

- PPO plans have Full BlueCard access using the standard BlueCard PPO network.
- HMO plans have Limited BlueCard access for urgent and emergency coverage only using the Trad/Par network.

### ***Anthem Link BlueCare Prime HMO plans:***

- *Non-HSA plans:* Virtual text and virtual primary care visits with a member's in-network doctor or our online provider K Health covered in full (no cost share). Virtual preferred online provider (video visits) and other services such as PCP office visits, Specialist visits covered at copay. Deductible applies to facility services.
- *HSA plans:* Virtual text and virtual primary care visits with a member's in-network doctor or our online provider K Health subject to deductible, then covered in full. Virtual preferred online provider (video visits) and other services such as PCP office visits, Specialist visits subject to deductible, then copay.

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/>.

***All product offerings are subject to regulatory review and approval and are subject to change.***

# Small Group ACA product details – 2 to 50 employees

## Anthem Link BlueCare Prime HMO plans

Plan type	Platinum plans	Gold plans	
		HMO	HMO HSA
Plan name	Anthem Link Platinum BlueCare Prime HMO 10/2500 <sup>⊘,⊚</sup>	Anthem Link Gold BlueCare Prime HMO 2500/6000 <sup>⊘,⊚</sup>	Anthem Link Gold BlueCare Prime HMO 2800/4000 w/HSA <sup>†,⊘,⊚</sup>
Network	BlueCare Prime	BlueCare Prime	BlueCare Prime
Contract code	6APK	6APT	6APM
Deductible (individual/family)	\$0/\$0	\$2,500/\$5,000	\$2,800/\$5,600
Coinsurance	25%	25%	25%
Out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$6,000/\$12,000	\$4,000/\$8,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	\$10	\$10	Deductible, then \$10
Office and virtual visits: Specialist (SPC) <sup>1</sup>	\$50	\$75	Deductible, then \$75
Medical chats and virtual primary care visits <sup>2</sup>	Covered in full	Covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	\$5	\$5	Deductible, then \$5
Urgent care (facility)	\$100	\$100	Deductible, then \$75
Emergency room (facility)	\$500	Deductible, then \$500	Deductible, then \$500
Site of service surgical center: ambulatory outpatient surgery center	\$400	\$400	Deductible, then \$400
Site of service radiology center: X-ray and ultrasound	\$75	\$75	Deductible, then \$75
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	Deductible, then \$75
Hospital outpatient surgery facility	\$500	Deductible, then \$500	Deductible, then \$500
Hospital inpatient admission	\$500 copay per day up to 4 days per admission	Deductible, then \$500 per admission	Deductible, then \$750 per admission
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply <sup>4</sup>	\$0/\$10/\$60/30% up to \$500 per script/30% up to \$1,000 per script	\$0/\$10/\$60/30% up to \$500 per script/30% up to \$1,000 per script	\$0/\$10/\$60/30%/30%
Home delivery pharmacy <sup>4,5</sup>	\$0/\$25/\$180/30% up to \$1,500 per script/30% up to \$1,000 per script	\$0/\$25/\$180/30% up to \$1,500 per script/30% up to \$1,000 per script	\$0/\$25/\$180/30%/30%

⊘ This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

⊚ Nonembedded deductible plan; all other plans have embedded deductibles. Please see the Evidence of Coverage for details

⊛ Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> 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. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> 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/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Small Group ACA product details – 2 to 50 employees

## Anthem Link BlueCare Prime HMO plans

Plan type	Silver plans		
	HMO		HMO HSA
Plan name	Anthem Link Silver BlueCare Prime HMO 4500/8700 <sup>◊,Ω</sup>	Anthem Link Silver BlueCare Prime HMO 8300/8700 <sup>◊,Ω</sup>	Anthem Link Silver BlueCare Prime HMO 4500/6500 w/HSA <sup>†,◊,Ω</sup>
Network	BlueCare Prime	BlueCare Prime	BlueCare Prime
Contract code	6APV	6APX	6APP
Deductible (individual/family)	\$4,500/\$9,000	\$8,300/\$16,600	\$4,500/\$9,000
Coinsurance	25%	25%	25%
Out-of-pocket maximum (individual/family)	\$8,700/\$17,400	\$8,700/\$17,400	\$6,500/\$13,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	\$10	\$10	Deductible, then \$10
Office and virtual visits: Specialist (SPC) <sup>1</sup>	\$125	\$125	Deductible, then \$100
Medical chats and virtual primary care visits <sup>2</sup>	Covered in full	Covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	\$5	\$5	Deductible, then \$5
Urgent care (facility)	\$125	\$125	Deductible, then \$100
Emergency room (facility)	Deductible, then \$500	Deductible, then \$400	Deductible, then \$500
Site of service surgical center: ambulatory outpatient surgery center	\$400	\$400	Deductible, then \$400
Site of service radiology center: X-ray and ultrasound	\$75	\$75	Deductible, then \$75
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	Deductible, then \$75
Hospital outpatient surgery facility	Deductible, then \$500	Deductible, then \$400	Deductible, then \$500
Hospital inpatient admission	Deductible, then \$750 per admission	Deductible, then \$400 per admission	Deductible, then \$750 per admission
Pharmacy deductible (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 1-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply <sup>4</sup>	\$0/\$10/\$60/30% up to \$500 per script/30% up to \$1,000 per script	\$0/\$10/\$60/30%/30%	\$0/\$10/\$60/30%/30%
Home delivery pharmacy <sup>4,5</sup>	\$0/\$25/\$180/30% up to \$1,500 per script/30% up to \$1,000 per script	\$0/\$25/\$180/30%/30%	\$0/\$25/\$180/30%/30%

Ω This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

△ Nonembedded deductible plan; all other plans have embedded deductibles. Please see the Evidence of Coverage for details

◊ Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> 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. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> 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/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Small Group ACA product details – 2 to 50 employees

## Anthem Link BlueCare Prime HMO plans

Plan type	Silver plans	Bronze plans
	HMO HSA	HMO
Plan name	Anthem Link Silver BlueCare Prime HMO 5500/6500 w/HSA <sup>†,◊,Ω</sup>	Anthem Link Bronze BlueCare Prime HMO 8700/8700 <sup>◊,Ω</sup>
Network	BlueCare Prime	BlueCare Prime
Contract code	6APR	6AQH
Deductible (individual/family)	\$5,500/\$11,000	\$8,700/\$17,400
Coinsurance	25%	0%
Out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$8,700/\$17,400
Office and virtual visits: Primary care (PCP) <sup>1</sup>	Deductible, then \$10	Deductible, then \$0
Office and virtual visits: Specialist (SPC) <sup>1</sup>	Deductible, then \$100	Deductible, then \$0
Medical chats and virtual primary care visits <sup>2</sup>	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	Deductible, then \$5	Deductible, then \$0
Urgent care (facility)	Deductible, then \$100	Deductible, then \$0
Emergency room (facility)	Deductible, then \$500	Deductible, then \$0
Site of service surgical center: ambulatory outpatient surgery center	Deductible, then \$400	Deductible, then \$0
Site of service radiology center: X-ray and ultrasound	Deductible, then \$75	Deductible, then \$0
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then \$75	Deductible, then \$0
Hospital outpatient surgery facility	Deductible, then \$500	Deductible, then \$0
Hospital inpatient admission	Deductible, then \$750 per admission	Deductible, then \$0 per admission
Pharmacy deductible (individual/family)	Tiers 1-4: Medical deductible applies <sup>‡</sup>	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply <sup>4</sup>	\$0/\$10/\$60/30%/30%	\$0/\$10/\$60/30%/30%
Home delivery pharmacy <sup>4,5</sup>	\$0/\$25/\$180/30%/30%	\$0/\$25/\$180/30%/30%

Ω This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

△ Nonembedded deductible plan; all other plans have embedded deductibles. Please see the Evidence of Coverage for details

◊ Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> 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. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> 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/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Small Group ACA product details – 2 to 50 employees

## Anthem Pathway CT PPO plans

Plan type	Platinum plans	Gold plans	
	PPO		
Plan name	Anthem Platinum Pathway CT PPO 10/0%/2500 <sup>Ω</sup>	Anthem Gold Pathway CT PPO 2000/20%/4000 <sup>Ω</sup>	Anthem Gold Pathway CT PPO 2000/20%/6000 <sup>Ω</sup>
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
Contract code	6AR3	6AQX	6AQ9
Deductible (individual/family)	\$0/\$0	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	0%	20%	20%
Out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$4,000/\$8,000	\$6,000/\$12,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	\$10	\$25	\$20
Office and virtual visits: Specialist (SPC) <sup>1</sup>	\$30	Deductible, then \$50	\$40
Medical chats and virtual primary care visits <sup>2</sup>	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	\$5	\$5	\$5
Urgent care (facility)	\$100	Deductible, then \$100	\$100
Emergency room (facility)	\$350	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$300	\$300	\$300
Site of service radiology center: X-ray and ultrasound	Covered in full	Covered in full	Covered in full
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	\$75
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 \$500 copay per day up to 4 days per admission	Deductible, then 20% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>4</sup>	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script
Home delivery pharmacy <sup>4,5</sup>	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script

<sup>Ω</sup> This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

<sup>Δ</sup> Nonembedded deductible plan; all other plans have embedded deductibles. Please see the Evidence of Coverage for details

<sup>◇</sup> Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

<sup>†</sup> This HSA-compatible plan includes Preventive Pharmacy.

<sup>‡</sup> Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> 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. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> 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/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Small Group ACA product details – 2 to 50 employees

## Anthem Pathway CT PPO plans

Plan type	Gold plans		
	PPO		PPO HSA
Plan name	Anthem Gold Pathway CT PPO 2500/0%/4500 <sup>Ω</sup>	Anthem Gold Pathway CT PPO 3500/0%/7000 <sup>Ω</sup>	Anthem Gold Pathway CT PPO 1700/10%/6000 w/HSA <sup>†,Δ</sup>
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
Contract code	6AR5	6AQ1	6AQM
Deductible (individual/family)	\$2,500/\$5,000	\$3,500/\$7,000	\$1,700/\$3,400
Coinsurance	0%	0%	10%
Out-of-pocket maximum (individual/family)	\$4,500/\$9,000	\$7,000/\$14,000	\$6,000/\$8,550
Office and virtual visits: Primary care (PCP) <sup>1</sup>	\$25	\$30	Deductible, then \$20
Office and virtual visits: Specialist (SPC) <sup>1</sup>	\$50	\$60	Deductible, then \$40
Medical chats and virtual primary care visits <sup>2</sup>	Covered in full	Covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	\$5	\$5	Deductible, then \$5
Urgent care (facility)	\$100	\$100	Deductible, then \$100
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$300	\$400	Deductible, then 10% coinsurance
Site of service radiology center: X-ray and ultrasound	Covered in full	Covered in full	Deductible, then 10% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	Deductible, then 10% coinsurance
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply <sup>4</sup>	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30%/30%
Home delivery pharmacy <sup>4,5</sup>	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30%/30%

<sup>Ω</sup> This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

<sup>Δ</sup> Nonembedded deductible plan; all other plans have embedded deductibles. Please see the Evidence of Coverage for details

<sup>◇</sup> Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

<sup>†</sup> This HSA-compatible plan includes Preventive Pharmacy.

<sup>‡</sup> Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> 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. **NOTE:** The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> 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/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).



# Small Group ACA product details – 2 to 50 employees

## Anthem Pathway CT PPO plans

Plan type	Silver plans		
	PPO		
Plan name	Anthem Silver Pathway CT PPO 4500/0%/8700 <sup>Ω</sup>	Anthem Silver Pathway CT PPO 4500/40%/8700 <sup>Ω</sup>	Anthem Silver Pathway CT PPO 5000/25%/8700 <sup>Ω</sup>
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
Contract code	6AQR	6AQB	6AQT
Deductible (individual/family)	\$4,500/\$9,000	\$4,500/\$9,000	\$5,000/\$10,000
Coinsurance	0%	40%	25%
Out-of-pocket maximum (individual/family)	\$8,700/\$17,400	\$8,700/\$17,400	\$8,700/\$17,400
Office and virtual visits: Primary care (PCP) <sup>1</sup>	\$40	\$40	\$50
Office and virtual visits: Specialist (SPC) <sup>1</sup>	Deductible, then \$80	\$80	\$70
Medical chats and virtual primary care visits <sup>2</sup>	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	\$5	\$5	\$5
Urgent care (facility)	Deductible, then \$100	\$100	\$100
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 40% coinsurance	Deductible, then 25% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$400	\$400	\$500
Site of service radiology center: X-ray and ultrasound	Covered in full	Covered in full	Covered in full
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	\$75
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 25% coinsurance
Hospital inpatient admission	Deductible, then \$600 copay per day up to 4 days per admission	Deductible, then 40% coinsurance	Deductible, then 25% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>4</sup>	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script
Home delivery pharmacy <sup>4,5</sup>	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script

<sup>Ω</sup> This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

<sup>Δ</sup> Nonembedded deductible plan; all other plans have embedded deductibles. Please see the Evidence of Coverage for details

<sup>◇</sup> Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

<sup>†</sup> This HSA-compatible plan includes Preventive Pharmacy.

<sup>‡</sup> Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> 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. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> 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/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Small Group ACA product details – 2 to 50 employees

## Anthem Pathway CT PPO plans

Plan type	Silver plans		
	PPO		PPO HSA
Plan name	Anthem Silver Pathway CT PPO 5500/25%/8700 <sup>Ω</sup>	Anthem Silver Pathway CT PPO 7000/40%/8700 <sup>Ω</sup>	Anthem Silver Pathway CT PPO 3000/20%/7000 w/HSA <sup>†</sup>
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
Contract code	6AQP	6AQ7	6AQK
Deductible (individual/family)	\$5,500/\$11,000	\$7,000/\$14,000	\$3,000/\$6,000
Coinsurance	25%	40%	20%
Out-of-pocket maximum (individual/family)	\$8,700/\$17,400	\$8,700/\$17,400	\$7,000/\$14,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	\$40	\$50	Deductible, then \$40
Office and virtual visits: Specialist (SPC) <sup>1</sup>	\$80	\$100	Deductible, then \$80
Medical chats and virtual primary care visits <sup>2</sup>	Covered in full	Covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	\$5	\$5	Deductible, then \$5
Urgent care (facility)	\$100	\$100	Deductible, then \$100
Emergency room (facility)	Deductible, then 25% coinsurance	Deductible, then 40% coinsurance	Deductible, then 20% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$400	\$400	Deductible, then 20% coinsurance
Site of service radiology center: X-ray and ultrasound	Covered in full	Covered in full	Deductible, then 20% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 25% coinsurance	Deductible, then 40% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 25% coinsurance	Deductible, then 40% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply <sup>4</sup>	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30%/30%
Home delivery pharmacy <sup>4,5</sup>	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30%/30%

<sup>Ω</sup> This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

<sup>Δ</sup> Nonembedded deductible plan; all other plans have embedded deductibles. Please see the Evidence of Coverage for details

<sup>◇</sup> Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

<sup>†</sup> This HSA-compatible plan includes Preventive Pharmacy.

<sup>‡</sup> Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> 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. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> 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/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Small Group ACA product details – 2 to 50 employees

## Anthem Pathway CT PPO plans

Plan type	Silver plans		
	PPO HSA		
Plan name	Anthem Silver Pathway CT PPO 3700/10%/7000 w/HSA <sup>†</sup>	Anthem Silver Pathway CT PPO 4000/20%/7000 w/HSA <sup>†</sup>	Anthem Silver Pathway CT PPO 5000/40%/7000 w/HSA <sup>†</sup>
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
Contract code	6AQD	6AQ3	6AQ5
Deductible (individual/family)	\$3,700/\$7,400	\$4,000/\$8,000	\$5,000/\$10,000
Coinsurance	10%	20%	40%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	Deductible, then \$40	Deductible, then \$40	Deductible, then \$40
Office and virtual visits: Specialist (SPC) <sup>1</sup>	Deductible, then \$80	Deductible, then \$80	Deductible, then \$80
Medical chats and virtual primary care visits <sup>2</sup>	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	Deductible, then \$5	Deductible, then \$5	Deductible, then \$5
Urgent care (facility)	Deductible, then \$100	Deductible, then \$100	Deductible, then \$100
Emergency room (facility)	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 40% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 40% coinsurance
Site of service radiology center: X-ray and ultrasound	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 40% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 40% coinsurance
Hospital outpatient surgery facility	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 40% coinsurance
Hospital inpatient admission	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 40% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: Medical deductible applies <sup>‡</sup>	Tiers 1-4: Medical deductible applies <sup>‡</sup>	Tiers 1-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply <sup>4</sup>	\$5/\$50/30%/30%	\$5/\$50/30%/30%	\$5/\$50/30%/30%
Home delivery pharmacy <sup>4,5</sup>	\$13/\$150/30%/30%	\$13/\$150/30%/30%	\$13/\$150/30%/30%

Ω This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

△ Nonembedded deductible plan; all other plans have embedded deductibles. Please see the Evidence of Coverage for details

◇ Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> 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. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> 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/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Small Group ACA product details – 2 to 50 employees

## Anthem Pathway CT PPO plans

Plan type	Bronze plans		
	PPO	PPO HSA	
Plan name	Anthem Bronze Pathway CT PPO 8700/0%/8700	Anthem Bronze Pathway CT PPO 6300/40%/7000 w/HSA <sup>†</sup>	Anthem Bronze Pathway CT PPO 6500/40%/7000 w/HSA <sup>†</sup>
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO
Contract code	6AQF	6AR7	6AQV
Deductible (individual/family)	\$8,700/\$17,400	\$6,300/\$12,600	\$6,500/\$13,000
Coinsurance	0%	40%	40%
Out-of-pocket maximum (individual/family)	\$8,700/\$17,400	\$7,000/\$14,000	\$7,000/\$14,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	Deductible, then \$0	Deductible, then \$50	Deductible, then \$50
Office and virtual visits: Specialist (SPC) <sup>1</sup>	Deductible, then \$0	Deductible, then \$80	Deductible, then \$80
Medical chats and virtual primary care visits <sup>2</sup>	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	Deductible, then \$0	Deductible, then \$5	Deductible, then \$5
Urgent care (facility)	Deductible, then \$0	Deductible, then \$100	Deductible, then \$100
Emergency room (facility)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Site of service radiology center: X-ray and ultrasound	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies <sup>‡</sup>	Tiers 1-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply <sup>4</sup>	0%	\$25/\$75/40%/40%	\$25/\$75/40%/40%
Home delivery pharmacy <sup>4,5</sup>	0%	\$63/\$225/40%/40%	\$63/\$225/40%/40%

Ω This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

△ Nonembedded deductible plan; all other plans have embedded deductibles. Please see the Evidence of Coverage for details

◇ Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> 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. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> 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/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Small Group ACA product details – 2 to 50 employees

## Anthem Pathway CT PPO plans

	Bronze plans
Plan type	PPO HSA
Plan name	Anthem Bronze Pathway CT PPO 6900/0%/7000 w/HSA <sup>†</sup>
Network	Pathway CT PPO
Contract code	6AR9
Deductible (individual/family)	\$6,900/\$13,800
Coinsurance	0%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	Deductible, then \$0
Office and virtual visits: Specialist (SPC) <sup>1</sup>	Deductible, then \$0
Medical chats and virtual primary care visits <sup>2</sup>	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>3</sup>	Deductible, then \$0
Urgent care (facility)	Deductible, then \$0
Emergency room (facility)	Deductible, then 0% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	Deductible, then 0% coinsurance
Site of service radiology center: X-ray and ultrasound	Deductible, then 0% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply <sup>4</sup>	\$25/\$75/40%/40%
Home delivery pharmacy <sup>4,5</sup>	\$63/\$225/40%/40%

Ω This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

△ Nonembedded deductible plan; all other plans have embedded deductibles. Please see the Evidence of Coverage for details

◇ Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> 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. **NOTE:** The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> 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/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

# Small Group ACA product details – 2 to 50 employees

## Anthem Pathway CT PPO Tiered plans

Plan type	Gold plans	Silver plans	Bronze plans
	PPO	PPO HSA	
Plan name	Anthem Gold Pathway CT PPO Tiered 2500/0%/6000	Anthem Silver Pathway CT PPO Tiered 5000/20%/7000 w/HSA <sup>†</sup>	Anthem Bronze Pathway CT PPO Tiered 6300/20%/7000 w/HSA <sup>†</sup>
Network	Pathway CT PPO Tiered	Pathway CT PPO Tiered	Pathway CT PPO Tiered
Contract code	6AR1	6APZ	6AQZ
Deductible (individual/family)	Tier 1: \$2,500/\$5,000 Tier 2: \$5,000/\$10,000	Tier 1: \$5,000/\$10,000 Tier 2: \$6,000/\$12,000	Tier 1: \$6,300/\$12,600 Tier 2: \$6,800/\$13,600
Coinsurance	Tier 1: 0% Tier 2: 30%	Tier 1: 20% Tier 2: 40%	Tier 1: 20% Tier 2: 40%
Out-of-pocket maximum (individual/family)	\$6,000/\$12,000	\$7,000/\$14,000	\$7,000/\$14,000
Office and virtual visits: Primary care (PCP) <sup>1</sup>	Tier 1: \$25 Tier 2: Deductible, then \$45	Tier 1: Deductible, then \$30 Tier 2: Deductible, then \$50	Tier 1: Deductible, then \$60 Tier 2: Deductible, then \$80
Office and virtual visits: Specialist (SPC) <sup>1</sup>	Tier 1: \$50 Tier 2: Deductible, then \$70	Tier 1: Deductible, then \$50 Tier 2: Deductible, then \$70	Tier 1: Deductible, then \$80 Tier 2: Deductible, then \$100
Medical chats and virtual primary care visits <sup>2</sup>	Tier 1: Covered in full Tier 2: Same as Tier 1	Tier 1: Deductible, then covered in full Tier 2: Same as Tier 1	Tier 1: Deductible, then covered in full Tier 2: Same as Tier 1
Virtual doctor visits: Preferred online provider <sup>3</sup>	Tier 1: \$5 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$5 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$5 Tier 2: Same as Tier 1
Urgent care (facility)	\$100	Deductible, then \$100	Deductible, then \$100
Emergency room (facility)	Tier 1: Same as Tier 2 Tier 2: Deductible, then 30% coinsurance	Tier 1: Same as Tier 2 Tier 2: Deductible, then 40% coinsurance	Tier 1: Same as Tier 2 Tier 2: Deductible, then 40% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 40% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 40% coinsurance
Site of service radiology center: X-ray and ultrasound	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 40% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 40% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 40% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 40% coinsurance
Hospital outpatient surgery facility	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies <sup>‡</sup>	Tiers 1-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply <sup>4</sup>	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30%/30%	\$25/\$75/40%/40%
Home delivery pharmacy <sup>4,5</sup>	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30%/30%	\$63/\$225/40%/40%

Ω This plan offers site of service (SOS) benefits with no charge on services performed at site of service labs (after deductible on HSA and Select Bronze non-HSA plans). These plans also provide services for x-rays, advanced imaging services, surgeries at site of service radiology centers and ambulatory surgical centers at lower cost shares than other settings. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Evidence of Coverage for details.

Δ Nonembedded deductible plan; all other plans have embedded deductibles. Please see the Evidence of Coverage for details

◇ Gated plan requiring selection of a PCP located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network. Plan also requires referrals from the PCP to specialists and other providers located within Anthem's service area and participating with Anthem's BlueCare Prime HMO network.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

<sup>1</sup> 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. NOTE: The PCP cost share does not apply to virtual primary care visits for Anthem Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

<sup>2</sup> Cost share applies to medical chats and virtual visits for primary care from our online provider K Health.

<sup>3</sup> Cost share applies to virtual visits from our online provider LiveHealth Online - urgent/acute medical and behavioral health services (mental health / substance abuse).

<sup>4</sup> 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/>.

<sup>5</sup> Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

## 2022 Fully Insured

### Medical Underwriting Notes:

- Due 20th of the month for the first of the following month.
- Guaranteed Issue
- Guaranteed Renewability
- Employer must be actively engaged in business for at least three consecutive months.
- A small group must have at least one eligible employee, in addition to the business owner. A spouse cannot be the only eligible employee.
- HealthSync Tiered plans may not be offered alongside non-tiered plans unless the non-tiered plans are for out of state employees.
- Groups may offer up to five plan designs.
- Employer must contribute a minimum of 25% of the single employee premium for all enrolled employees.
- Participation requirement: After valid waivers, 75% participation is required.

### Sold Case Checklist:

- 2022 Employer Application
- Census Enrollment macro file
- Signed proposal
- Tax filing (UC2/UC5)
- Hold Harmless Document (for Life Insurance Sales)
- Act Wise Questionnaire (for HSA sales with Act Wise Banking set up)

### Case Submission Process:

- Enter Group Data via the Broker Portal and upload census, tax, Excel and check copy.
- Mail check to the following address:  
Attn: New Small Group Sales - Gale Bentley or Catherine Zasciurinkas  
Anthem Blue Cross and Blue Shield  
108 Leigus Road  
Wallingford CT 06492
- If document cannot be uploaded, then email paperwork with copy of the check to: [ctsgnewsalesandmissinginfo@anthem.com](mailto:ctsgnewsalesandmissinginfo@anthem.com); cc: your Small Group Account Executive; and mail check to the address above.
- All new business submissions must be uploaded through the Broker Portal.

# 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 Evidence of Coverage, Member Booklet, Summaries of Benefits, and related amendments, the provisions of the Evidence 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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