

# 2021-2022 Benefit to Benefit Comparison

Effective on your group's renewal on or after January 1, 2022



Below is an overview of changes and updates made to your medical plan which will take effect with your plan's renewal. **For a complete listing of all your benefits, limitations and exclusions, please review the complete Evidence of Coverage (EOC).** Amounts listed below are the member's responsibility to pay after any applicable deductible (unless otherwise specified).

**Anthem benefits are subject to regulatory review and approval.**

## Amended Plans

		Current 2021 plan	New 2022 plan
ALL PLANS - GENERAL UPDATE			
APPLICABLE TO ALL PLANS: EOC LANGUAGE UPDATED WITH STATE MANDATES		Description:	Impact:
HIV Pre and Post Exposure Prophylaxis (PrEP) Prior Authorization (SB 159 effective January 1, 2020)	ALL:	Antiretroviral drugs that are medically necessary for the prevention of AIDS/HIV, including preexposure prophylaxis or postexposure prophylaxis, cannot be subject to prior authorization or step therapy, (except as specified).	<p><i>Prohibits subjecting certain PrEP drugs to prior authorization or step therapy, unless the United States Food and Drug Administration has approved one or more therapeutic equivalents of a drug, device, or product for the prevention of AIDS/HIV.</i></p> <p><i>This does not require a health plan to cover all of the therapeutically equivalent versions without prior authorization or step therapy, if at least one therapeutically equivalent version is covered without prior authorization or step therapy.</i></p> <p><i>The bill also states that a health plan must not prohibit, or permit a delegated pharmacy benefit manager to prohibit, a pharmacy provider from dispensing preexposure prophylaxis or postexposure prophylaxis, and must not cover preexposure prophylaxis that has been furnished by a pharmacist, in excess of a 60-day supply to a single patient once every two years, unless the pharmacist has been directed otherwise by a prescriber.</i></p> <p><i>This does not require a health plan to cover preexposure prophylaxis or postexposure prophylaxis by a pharmacist at an out-of-network pharmacy, unless the health care service plan has an out-of-network pharmacy benefit.</i></p>
USPSTF "A" Recommendation regarding HIV PrEP Drugs (Coverage of Pre-Exposure Prophylaxis Effective June 30, 2020)	ALL:	On June 11, 2019, the USPSTF (US Preventive Services Task Force) released a recommendation with an "A" rating that clinicians offer PrEP with "effective antiretroviral therapy to persons who are at high risk of human immunodeficiency virus (HIV) acquisition."	<i>Plans must cover PrEP consistent with the USPSTF recommendation without cost sharing for plan years beginning on or after one year from the issue date of the recommendation (in this case, plan or policy years beginning on or after June 30, 2020).</i>

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Mental Health and Substance Use (SB 855 effective January 1, 2021)	ALL:	<p>Requires plans to cover medically necessary treatment for all mental health and substance use disorders in the most recent versions of the International Classification of Diseases and the Diagnostic and Statistical Manual of Mental Disorders, under the same terms and conditions applied to other medical conditions.</p> <p>The bill also specifies which standards to use when reviewing mental health services, and provides various new definitions.</p>	<p><i>The bill has many requirements, but here are the key items:</i></p> <p><i>Expands the state's mental health parity law to more than severe mental illness and serious emotional disturbances of a child.</i></p> <p><i>Requires a health care service plan to conduct all medical necessity determinations in accordance with the requirements of current generally accepted standards of mental health and substance use disorder care.</i></p> <p><i>This means that health plans have to apply specified clinical criteria and guidelines in conducting utilization review of the covered health care services and benefits, and we are prohibited from applying different, additional, or conflicting criteria than the criteria and guidelines in the specified sources.</i></p> <p><i>This bill also removes "discretionary clauses" in contracts.</i></p>
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## PPO Plans

PLAN NAME:		Anthem Platinum Select PPO 15/10%	Anthem Platinum Select PPO 15/10%
HEALTH SERVICES			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares	<p><i>Certain services matched to diagnosis below will be covered as preventive with \$0 member copay, such as:</i></p> <ul style="list-style-type: none"> <li><i>• Blood pressure monitor for those diagnosed with hypertension</i></li> <li><i>• Retinopathy screening for diabetes diagnosis</i></li> <li><i>• Peak flow monitor for asthma diagnosis</i></li> <li><i>• Glucometer for diabetes diagnosis</i></li> <li><i>• Hemoglobin A1C testing for diabetes diagnosis</i></li> <li><i>• International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 3 visits, then \$5 copay	<i>\$0 copay, unlimited visits</i>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	10% coinsurance	<i>10% coinsurance up to maximum copay \$250</i>
Cochlear Implants	PPO:	10% coinsurance	<i>50% coinsurance</i>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<i>50% coinsurance</i>

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Wig Coverage	ALL:	Not covered	<i>50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	Standard Network w/R90	<ul style="list-style-type: none"> <li>▪ <i>Network is the same but has been renamed to Advantage Network w/R90</i></li> <li>▪ <i>New ZipDrug Program has been added which hand delivers prescriptions to member's home at no additional cost to member</i></li> </ul>
Home Delivery Program	PPO:	Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).	<ul style="list-style-type: none"> <li>▪ <i>Optional Home Delivery - Member chooses to contact Anthem's Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.</i></li> <li>▪ <i>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</i></li> </ul>
<b>PLAN NAME (S):</b>		Anthem Platinum PPO 20/10% Anthem Platinum Select PPO 20/10%	<i>Anthem Platinum PPO 15/40/10% Anthem Platinum Select PPO 15/40/10%</i>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$4,000/\$8,000	<i>\$4,200/\$8,400</i>
	OON:	\$8,000/\$16,000	<i>\$8,400/\$16,800</i>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay, such as:</i> <ul style="list-style-type: none"> <li>▪ <i>Blood pressure monitor for those diagnosed with hypertension</i></li> <li>▪ <i>Retinopathy screening for diabetes diagnosis</i></li> <li>▪ <i>Peak flow monitor for asthma diagnosis</i></li> <li>▪ <i>Glucometer for diabetes diagnosis</i></li> <li>▪ <i>Hemoglobin A1C testing for diabetes diagnosis</i></li> <li>▪ <i>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
Office and Telehealth/Telemedicine visits for Primary care; Mental Health and Substance Abuse; Retail Health Clinic; Maternity post partum; Nutritional Counseling, Family Planning	PPO:	\$20 copay	<i>\$15 copay</i>
Office Visits for Rehabilitative/Habilitative Physical, Occupational, Speech therapy; Cardiac/Pulmonary therapy, Acupuncture	PPO:	\$20 copay	<i>\$15 copay</i>

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Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 3 visits, then \$5 copay	<b><i>\$0 copay, unlimited visits</i></b>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	10% coinsurance	<b><i>10% coinsurance up to maximum copay \$250</i></b>
Cochlear Implants	PPO:	10% coinsurance	<b><i>50% coinsurance</i></b>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<b><i>50% coinsurance</i></b>
Wig Coverage	PPO:	Not covered	<b><i>50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i></b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (30-day supply)	RX:	Level 1: \$10/\$35/\$70 Level 2: \$20/\$50/\$85	<b><i>Level 1: \$5/\$35/\$70 Level 2: \$15/\$45/\$80</i></b>
Home Delivery - Tier 1 (90-day supply)	RX:	\$25	<b><i>\$13</i></b>
<b>PLAN NAME (S):</b>		Anthem Platinum PPO 15/250/10% Anthem Platinum Select PPO 15/250/10%	<b>Anthem Platinum PPO 15/250/10% Anthem Platinum Select PPO 15/250/10%</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$4,000/\$8,000	<b><i>\$4,200/\$8,400</i></b>
	OON:	\$8,000/\$16,000	<b><i>\$8,400/\$16,800</i></b>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<b><i>Certain services matched to diagnosis below will be covered as preventive with \$0 member copay and deductible waived, such as:</i></b> <ul style="list-style-type: none"> <li><b><i>▪ Blood pressure monitor for those diagnosed with hypertension</i></b></li> <li><b><i>▪ Retinopathy screening for diabetes diagnosis</i></b></li> <li><b><i>▪ Peak flow monitor for asthma diagnosis</i></b></li> <li><b><i>▪ Glucometer for diabetes diagnosis</i></b></li> <li><b><i>▪ Hemoglobin A1C testing for diabetes diagnosis</i></b></li> <li><b><i>▪ International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></b></li> </ul>

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Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 10% coinsurance	<b>Deductible, then 10% coinsurance up to maximum copay \$250</b>
Emergency Room Visit	ALL:	Deductible, then \$200 + 10% coinsurance	<b>Deductible, then \$225 copay+ 10% coinsurance</b>
Cochlear Implants	PPO:	Deductible, then 10% coinsurance	<b>Deductible, then 50% coinsurance</b>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<b>Deductible, then 50% coinsurance</b>
Wig Coverage	PPO:	Not covered	<b>Deductible then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (30-day supply)	RX:	Level 1: \$10/\$35/\$70 Level 2: \$20/\$50/\$85	<b>Level 1: \$5/\$35/\$70 Level 2: \$15/\$45/\$80</b>
Home Delivery - Tier 1 (90-day supply)	RX:	\$25	<b>\$13</b>
<b>PLAN NAME (S):</b>		Anthem Platinum PPO 5/250/15% Anthem Platinum Select PPO 5/250/15% Anthem Platinum PPO 5/250/15% WH	<b>Anthem Platinum PPO 5/250/15% Anthem Platinum Select PPO 5/250/15% Anthem Platinum PPO 5/250/15% WH</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$4,000/\$8,000	<b>\$4,200/\$8,400</b>
	OON:	\$8,000/\$16,000	<b>\$8,400/\$16,800</b>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<b>Certain services matched to diagnosis below will be covered as preventive with \$0 member copay and deductible waived, such as:</b> <ul style="list-style-type: none"> <li>▪ Blood pressure monitor for those diagnosed with hypertension</li> <li>▪ Retinopathy screening for diabetes diagnosis</li> <li>▪ Peak flow monitor for asthma diagnosis</li> <li>▪ Glucometer for diabetes diagnosis</li> <li>▪ Hemoglobin A1C testing for diabetes diagnosis</li> <li>▪ International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</li> </ul>

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Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 15% coinsurance	<b>Deductible, then 15% coinsurance up to maximum copay \$250</b>
Cochlear Implants	PPO:	Deductible, then 15% coinsurance	<b>Deductible, then 50% coinsurance</b>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<b>Deductible, then 50% coinsurance</b>
Wig Coverage	PPO:	Not covered	<b>Deductible then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Cost Shares (30-day supply) - Level 2 pharmacies	RX:	Tier 2 \$50 / Tier 3 \$85	<b>Tier 2 \$45 / Tier 3 \$80</b>
<b>PLAN NAME (S):</b>		Anthem Gold PPO 20/30% Anthem Gold Select PPO 20/30%	<b>Anthem Gold PPO 25/30% Anthem Gold Select PPO 25/30%</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$7,400/\$14,800	<b>\$8,200/\$16,400</b>
	OON:	\$14,800/\$29,600	<b>\$16,400/\$32,800</b>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares	<b>Certain services matched to diagnosis below will be covered as preventive with \$0 copay, such as:</b> <ul style="list-style-type: none"> <li>▪ Blood pressure monitor for those diagnosed with hypertension</li> <li>▪ Retinopathy screening for diabetes diagnosis</li> <li>▪ Peak flow monitor for asthma diagnosis</li> <li>▪ Glucometer for diabetes diagnosis</li> <li>▪ Hemoglobin A1C testing for diabetes diagnosis</li> <li>▪ International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</li> </ul>
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Office Visits for Rehabilitative/Habilitative Physical, Occupational, Speech therapy; Cardiac/Pulmonary therapy, Acupuncture	PPO:	\$20 copay	<b>\$25 copay</b>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	30% coinsurance	<b>30% coinsurance up to maximum copay \$250</b>
Cochlear Implants	PPO:	30% coinsurance	<b>50% coinsurance</b>
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Wig Coverage	PPO:	Not covered	<b>50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</b>
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Home Delivery Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (90-day supply)	RX:	\$38/\$135/\$255	<b>\$25/\$150/\$270</b>
<b>PLAN NAME:</b>		Anthem Gold Select PPO 25/350/20%	<b>Anthem Gold Select PPO 25/350/20%</b>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<b>Certain services matched to diagnosis below will be covered as preventive with \$0 member copay and deductible waived, such as:</b> <ul style="list-style-type: none"> <li>▪ Blood pressure monitor for those diagnosed with hypertension</li> <li>▪ Retinopathy screening for diabetes diagnosis</li> <li>▪ Peak flow monitor for asthma diagnosis</li> <li>▪ Glucometer for diabetes diagnosis</li> <li>▪ Hemoglobin A1C testing for diabetes diagnosis</li> <li>▪ International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</li> </ul>

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Retail Pharmacy Network	PPO:	Standard Network w/R90	<ul style="list-style-type: none"> <li>▪ <b><i>Network is the same but has been renamed to Advantage Network w/R90</i></b></li> <li>▪ <b><i>New ZipDrug Program has been added which hand delivers prescriptions to member's home at no additional cost to member</i></b></li> </ul>
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<b>PLAN NAME (S):</b>		Anthem Gold PPO 30/500/20% Anthem Gold Select PPO 30/500/20%	<b>Anthem Gold PPO 30/500/20% Anthem Gold Select PPO 30/500/20%</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$7,500/\$15,000	<b><i>\$7,900/\$15,800</i></b>
	OON:	\$15,000/\$30,000	<b><i>\$15,800/\$31,600</i></b>
<b>HEALTH SERVICES</b>			



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Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 member copay and deductible waived, such as:</i> <ul style="list-style-type: none"> <li>▪ <i>Blood pressure monitor for those diagnosed with hypertension</i></li> <li>▪ <i>Retinopathy screening for diabetes diagnosis</i></li> <li>▪ <i>Peak flow monitor for asthma diagnosis</i></li> <li>▪ <i>Glucometer for diabetes diagnosis</i></li> <li>▪ <i>Hemoglobin A1C testing for diabetes diagnosis</i></li> <li>▪ <i>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 3 visits, then \$5 copay	<i>\$0 copay, unlimited visits</i>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 20% coinsurance	<i>Deductible, then 20% coinsurance up to maximum copay \$250</i>
Cochlear Implants	PPO:	Deductible, then 20% coinsurance	<i>Deductible, then 50% coinsurance</i>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<i>Deductible, then 50% coinsurance</i>
Wig Coverage	PPO:	Not covered	<i>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			
Separate Pharmacy Deductible	RX:	Applies to tiers 2-4: \$200/member; \$400/Family	<i>Applies to tiers 2-4: \$150/member; \$300/Family</i>
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3	RX:	Level 1: \$15/\$45/\$85 Level 2: \$25/\$65/\$95	<i>Level 1: \$10/\$50/\$90 Level 2: \$20/\$60/\$100</i>
Home Delivery Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (90-day supply)	RX:	\$38/\$135/\$255	<i>\$25/\$150/\$270</i>
<b>PLAN NAME (S):</b>		Anthem Gold PPO 35/500/25% Anthem Gold Select PPO 35/500/25% Anthem Gold PPO 35/500/25% WH	<b>Anthem Gold PPO 35/500/25% Anthem Gold Select PPO 35/500/25% Anthem Gold PPO 35/500/25% WH</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$7,800/\$15,600	<i>\$8,200/\$16,400</i>
	OON:	\$15,600/\$31,200	<i>\$16,400/\$32,800</i>

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Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<p><i>Certain services matched to diagnosis below will be covered as preventive with \$0 member copay and deductible waived, such as:</i></p> <ul style="list-style-type: none"> <li>▪ <i>Blood pressure monitor for those diagnosed with hypertension</i></li> <li>▪ <i>Retinopathy screening for diabetes diagnosis</i></li> <li>▪ <i>Peak flow monitor for asthma diagnosis</i></li> <li>▪ <i>Glucometer for diabetes diagnosis</i></li> <li>▪ <i>Hemoglobin A1C testing for diabetes diagnosis</i></li> <li>▪ <i>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
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OUT-OF-POCKET MAX			
Individual/Family	PPO:	\$7,800/\$15,600	<b>\$8,200/\$16,400</b>
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HEALTH SERVICES			

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Wig Coverage	PPO:	Not covered	<i>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3	RX:	Level 1: \$15/\$45/\$85 Level 2: \$25/\$65/\$95	<i>Level 1: \$10/\$50/\$90 Level 2: \$20/\$60/\$100</i>
Home Delivery Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (90-day supply)	RX:	\$38/\$135/\$255	<i>\$25/\$150/\$270</i>
<b>PLAN NAME (S):</b>		Anthem Gold PPO 35/1000/20% Anthem Gold Select PPO 35/1000/20% Anthem Gold PPO 35/1000/20% WH	<b>Anthem Gold PPO 35/1000/20% Anthem Gold Select PPO 35/1000/20% Anthem Gold PPO 35/1000/20% WH</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$7,800/\$15,600	<i>\$8,200/\$16,400</i>
	OON:	\$15,600/\$31,200	<i>\$16,400/\$32,800</i>
<b>HEALTH SERVICES</b>			

# 2021-2022 Benefit to Benefit Comparison

Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 member copay and deductible waived, such as:</i> <ul style="list-style-type: none"> <li>▪ <i>Blood pressure monitor for those diagnosed with hypertension</i></li> <li>▪ <i>Retinopathy screening for diabetes diagnosis</i></li> <li>▪ <i>Peak flow monitor for asthma diagnosis</i></li> <li>▪ <i>Glucometer for diabetes diagnosis</i></li> <li>▪ <i>Hemoglobin A1C testing for diabetes diagnosis</i></li> <li>▪ <i>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 3 visits, then \$5 copay	<i>\$0 copay, unlimited visits</i>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 20% coinsurance	<i>Deductible, then 20% coinsurance up to maximum copay \$250</i>
Cochlear Implants	PPO:	Deductible, then 20% coinsurance	<i>Deductible, then 50% coinsurance</i>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<i>Deductible, then 50% coinsurance</i>
Wig Coverage	PPO:	Not covered	<i>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			
Separate Pharmacy Deductible	RX:	Applies to tiers 2-4: \$250/member; \$500/Family	<i>Applies to tiers 2-4: \$300/member; \$600/Family</i>
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3	RX:	Level 1: \$15/\$45/\$85 Level 2: \$25/\$65/\$95	<i>Level 1: \$5/\$60/\$110 Level 2: \$15/\$70/\$120</i>
Home Delivery Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (90-day supply)	RX:	\$38/\$135/\$255	<i>\$13/\$180/\$330</i>
<b>PLAN NAME (S):</b>		Anthem Gold PPO 5/1500/30% Anthem Gold Select PPO 5/1500/30%	<b>Anthem Gold PPO 5/1500/30% Anthem Gold Select PPO 5/1500/30%</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$7,500/\$15,000	<i>\$8,300/\$16,600</i>
	OON:	\$15,000/\$30,000	<i>\$16,600/\$33,200</i>
<b>HEALTH SERVICES</b>			

# 2021-2022 Benefit to Benefit Comparison

Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as:</i> <ul style="list-style-type: none"> <li>▪ <i>Blood pressure monitor for those diagnosed with hypertension</i></li> <li>▪ <i>Retinopathy screening for diabetes diagnosis</i></li> <li>▪ <i>Peak flow monitor for asthma diagnosis</i></li> <li>▪ <i>Glucometer for diabetes diagnosis</i></li> <li>▪ <i>Hemoglobin A1C testing for diabetes diagnosis</i></li> <li>▪ <i>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 3 visits, then \$5 copay	<i>\$0 copay, unlimited visits</i>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 30% coinsurance	<i>Deductible, then 30% coinsurance up to maximum copay \$250</i>
Cochlear Implants	PPO:	Deductible, then 30% coinsurance	<i>Deductible, then 50% coinsurance</i>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<i>Deductible, then 50% coinsurance</i>
Wig Coverage	PPO:	Not covered	<i>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			
Separate Pharmacy Deductible	RX:	Applies to tiers 2-4: \$250/member; \$500/Family	<i>Applies to tiers 2-4: \$300/member; \$600/Family</i>
Retail Pharmacy Cost Shares (30-day supply)	RX:	Level 1: Tier 2 \$50/Tier 3 \$100 Level 2: Tier 2 \$75/Tier 3 \$110	<i>Level 1: Tier 2 \$60/Tier 3 \$110 Level 2: Tier 2 \$70/Tier 3 \$120</i>
Home Delivery Pharmacy Cost Shares (90-day supply)	RX:	Tier 2 \$150; Tier 3 \$300	<i>Tier 2 \$180; Tier 3 \$330</i>
<b>PLAN NAME (S):</b>		Anthem Silver PPO 45/1750/40% Anthem Silver Select PPO 45/1750/40% Anthem Silver PPO 45/1750/40% WH	<b>Anthem Silver PPO 45/1750/40%</b> <b>Anthem Silver Select PPO 45/1750/40%</b> <b>Anthem Silver PPO 45/1750/40% WH</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$8,100/\$16,200	<i>\$8,500/\$17,000</i>
	OON:	\$16,200/\$32,400	<i>\$17,000/\$34,000</i>
<b>HEALTH SERVICES</b>			

# 2021-2022 Benefit to Benefit Comparison

Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as:</i> <ul style="list-style-type: none"> <li>▪ <i>Blood pressure monitor for those diagnosed with hypertension</i></li> <li>▪ <i>Retinopathy screening for diabetes diagnosis</i></li> <li>▪ <i>Peak flow monitor for asthma diagnosis</i></li> <li>▪ <i>Glucometer for diabetes diagnosis</i></li> <li>▪ <i>Hemoglobin A1C testing for diabetes diagnosis</i></li> <li>▪ <i>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 3 visits, then \$5 copay	<i>\$0 copay, unlimited visits</i>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 40% coinsurance	<i>Deductible, then 40% coinsurance up to maximum copay \$250</i>
Cochlear Implants	PPO:	Deductible, then 40% coinsurance	<i>Deductible, then 50% coinsurance</i>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<i>Deductible, then 50% coinsurance</i>
Wig Coverage	PPO:	Not covered	<i>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3	RX:	Level 1: \$20/\$60/\$100 Level 2: \$25/\$95/\$140	<i>Level 1: \$15/\$70/\$110 Level 2: \$20/\$80/\$120</i>
Home Delivery Pharmacy Cost Shares (90-day supply) Tier 1/Tier 2/Tier 3	RX:	\$50/\$180/\$300	<i>\$38/\$210/\$330</i>
<b>PLAN NAME (S):</b>		Anthem Silver PPO 55/1850/35% Anthem Silver Select PPO 55/1850/35%	<i>Anthem Silver PPO 55/1950/35% Anthem Silver Select PPO 55/1950/35%</i>
<b>DEDUCTIBLE</b>			
Individual/Family	PPO:	\$1,850/\$3,700	<i>\$1,950/\$3,900</i>
	OON:	\$3,700/\$7,400	<i>\$3,900/\$7,800</i>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$8,500/\$17,000	<i>\$8,700/\$17,400</i>
	OON:	\$17,000/\$34,000	<i>\$17,400/\$34,800</i>

# 2021-2022 Benefit to Benefit Comparison

HEALTH SERVICES			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<p><i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as:</i></p> <ul style="list-style-type: none"> <li>▪ <i>Blood pressure monitor for those diagnosed with hypertension</i></li> <li>▪ <i>Retinopathy screening for diabetes diagnosis</i></li> <li>▪ <i>Peak flow monitor for asthma diagnosis</i></li> <li>▪ <i>Glucometer for diabetes diagnosis</i></li> <li>▪ <i>Hemoglobin A1C testing for diabetes diagnosis</i></li> <li>▪ <i>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 3 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
Office & Telehealth/Telemedicine Visits for Specialty Care	PPO:	\$85 copay	<b>\$90 copay</b>
Virtual Visits for Specialty Care from our Online Provider - LiveHealth Online	PPO:	\$85 copay	<b>\$90 copay</b>
Urgent Care	PPO:	\$85 copay	<b>\$90 copay</b>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 35% coinsurance	<b>Deductible, then 35% coinsurance up to maximum copay \$250</b>
Cochlear Implants	PPO:	Deductible, then 35% coinsurance	<b>Deductible, then 50% coinsurance</b>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<b>Deductible, then 50% coinsurance</b>
Wig Coverage	PPO:	Not covered	<b>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</b>
PHARMACY BENEFITS			
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3	RX:	Level 1: \$20/\$60/\$100 Level 2: \$25/\$95/\$140	<b>Level 1: \$15/\$70/\$110</b> <b>Level 2: \$20/\$80/\$120</b>
Home Delivery Pharmacy Cost Shares (90-day supply) Tier 1/Tier 2/Tier 3	RX:	\$50/\$180/\$300	<b>\$38/\$210/\$330</b>

# 2021-2022 Benefit to Benefit Comparison

PLAN NAME (S):		Anthem Silver PPO 50/2200/40% Anthem Silver Select PPO 50/2200/40%	Anthem Silver PPO 50/2200/40% Anthem Silver Select PPO 50/2200/40%
OUT-OF-POCKET MAX			
Individual/Family	PPO:	\$8,150/\$16,300	<b>\$8,600/\$17,200</b>
	OON:	\$16,300/\$32,600	<b>\$17,200/\$34,400</b>
HEALTH SERVICES			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<b>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as:</b> <ul style="list-style-type: none"> <li>▪ Blood pressure monitor for those diagnosed with hypertension</li> <li>▪ Retinopathy screening for diabetes diagnosis</li> <li>▪ Peak flow monitor for asthma diagnosis</li> <li>▪ Glucometer for diabetes diagnosis</li> <li>▪ Hemoglobin A1C testing for diabetes diagnosis</li> <li>▪ International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 3 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
Office & Telehealth/Telemedicine Visits for Specialty Care	PPO:	\$85 copay	<b>\$90 copay</b>
Virtual Visits for Specialty Care from our Online Provider - LiveHealth Online	PPO:	\$85 copay	<b>\$90 copay</b>
Urgent Care	PPO:	\$85 copay	<b>\$90 copay</b>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 40% coinsurance	<b>Deductible, then 40% coinsurance up to maximum copay \$250</b>
Cochlear Implants	PPO:	Deductible, then 40% coinsurance	<b>Deductible, then 50% coinsurance</b>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<b>Deductible, then 50% coinsurance</b>
Wig Coverage	PPO:	Not covered	<b>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</b>
PHARMACY BENEFITS			



# 2021-2022 Benefit to Benefit Comparison

Separate Pharmacy Deductible	PPO:	Applies to tiers 2-4: \$250/member; \$500/Family	<i>Applies to tiers 2-4: \$300/member; \$600/Family</i>
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3	PPO:	Level 1: \$20/\$60/\$100 Level 2: \$25/\$100/\$140	<i>Level 1: \$15/\$70/\$110 Level 2: \$20/\$80/\$120</i>
Home Delivery Pharmacy Cost Shares (90-day supply) Tier 1/Tier 2/Tier 3	PPO:	\$50/\$180/\$300	<i>\$38/\$210/\$330</i>
<b>PLAN NAME:</b>		Anthem Silver Select PPO 50/2250/20%	<b>Anthem Silver Select PPO 50/2250/30%</b>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 member copay and deductible waived, such as:</i> <ul style="list-style-type: none"> <li>▪ <i>Blood pressure monitor for those diagnosed with hypertension</i></li> <li>▪ <i>Retinopathy screening for diabetes diagnosis</i></li> <li>▪ <i>Peak flow monitor for asthma diagnosis</i></li> <li>▪ <i>Glucometer for diabetes diagnosis</i></li> <li>▪ <i>Hemoglobin A1C testing for diabetes diagnosis</i></li> <li>▪ <i>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 3 visits, then \$5 copay	<i>\$0 copay, unlimited visits</i>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 20% coinsurance	<i>Deductible, then 20% coinsurance up to maximum copay \$250</i>
Cochlear Implants	PPO:	Deductible, then 20% coinsurance	<i>Deductible, then 50% coinsurance</i>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<i>Deductible, then 50% coinsurance</i>
Wig Coverage	ALL:	Not covered	<i>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	Standard Network w/R90	<ul style="list-style-type: none"> <li>▪ <i>Network is the same but has been renamed to Advantage Network w/R90</i></li> <li>▪ <i>New ZipDrug Program has been added which hand delivers prescriptions to member's home at no additional cost to member</i></li> </ul>

# 2021-2022 Benefit to Benefit Comparison

Home Delivery Program	PPO:	Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).	<ul style="list-style-type: none"> <li>▪ <b>Optional Home Delivery - Member chooses to contact Anthem's Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.</b></li> <li>▪ <b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></li> </ul>
<b>PLAN NAME (S):</b>		Anthem Silver PPO 55/2500/45% Anthem Silver Select PPO 55/2500/45% Anthem Silver PPO 55/2500/45% WH	<b>Anthem Silver PPO 55/2500/45%</b> <b>Anthem Silver Select PPO 55/2500/45%</b> <b>Anthem Silver PPO 55/2500/45% WH</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$8,150/\$16,300	<b>\$8,700/\$17,400</b>
	OON:	\$16,300/\$32,600	<b>\$17,400/\$34,800</b>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<b>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as:</b> <ul style="list-style-type: none"> <li>▪ <b>Blood pressure monitor for those diagnosed with hypertension</b></li> <li>▪ <b>Retinopathy screening for diabetes diagnosis</b></li> <li>▪ <b>Peak flow monitor for asthma diagnosis</b></li> <li>▪ <b>Glucometer for diabetes diagnosis</b></li> <li>▪ <b>Hemoglobin A1C testing for diabetes diagnosis</b></li> <li>▪ <b>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</b></li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 3 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
Office & Telehealth/Telemedicine Visits for Specialty Care	PPO:	\$85 copay	<b>\$90 copay</b>
Virtual Visits for Specialty Care from our Online Provider - LiveHealth Online	PPO:	\$85 copay	<b>\$90 copay</b>
Urgent Care	PPO:	\$85 copay	<b>\$90 copay</b>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 45% coinsurance	<b>Deductible, then 45% coinsurance up to maximum copay \$250</b>
Cochlear Implants	PPO:	Deductible, then 45% coinsurance	<b>Deductible, then 50% coinsurance</b>

# 2021-2022 Benefit to Benefit Comparison

Services and Supplies for Cochlear Implants	PPO:	Not covered	<i>Deductible, then 50% coinsurance</i>
Wig Coverage	PPO:	Not covered	<i>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			
Separate Pharmacy Deductible	PPO:	None	<i>Applies to tiers 2-4: \$200/member; \$400/Family</i>
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3	PPO:	Level 1: \$20/\$65/\$110 Level 2: \$25/\$100/\$140	<i>Level 1: \$15/\$70/\$110 Level 2: \$20/\$80/\$120</i>
Home Delivery Pharmacy Cost Shares (90-day supply) Tier 1/Tier 2	PPO:	\$50/\$195	<i>\$38/\$210</i>
<b>PLAN NAME (S):</b>		Anthem Bronze PPO 75/7300/40% Anthem Bronze Select PPO 75/7300/40%	<b>Anthem Bronze PPO 75/7300/40%</b> <b>Anthem Bronze Select PPO 75/7300/40%</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$8,550/\$17,100	<i>\$8,650/\$17,300</i>
	OON:	\$17,100/\$34,200	<i>\$17,300/\$34,600</i>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as:</i> <ul style="list-style-type: none"> <li>▪ Blood pressure monitor for those diagnosed with hypertension</li> <li>▪ Retinopathy screening for diabetes diagnosis</li> <li>▪ Peak flow monitor for asthma diagnosis</li> <li>▪ Glucometer for diabetes diagnosis</li> <li>▪ Hemoglobin A1C testing for diabetes diagnosis</li> <li>▪ International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 3 visits, then \$5 copay	<i>\$0 copay, unlimited visits</i>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 40% coinsurance	<i>Deductible, then 40% coinsurance up to maximum copay \$250</i>
Cochlear Implants	PPO:	Deductible, then 40% coinsurance	<i>Deductible, then 50% coinsurance</i>

# 2021-2022 Benefit to Benefit Comparison

Services and Supplies for Cochlear Implants	PPO:	Not covered	<i>Deductible, then 50% coinsurance</i>
Wig Coverage	PPO:	Not covered	<i>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			
Separate Pharmacy Deductible	PPO:	Applies to tiers 2-4: \$750/member; \$1,500/family	<i>Applies to tiers 2-4: \$650/member; \$1,300/family</i>
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3/Tier 4	PPO:	Level 1: \$25/\$115/\$160/30% up to \$500 Level 2: \$25/\$130/\$180/40% up to \$500	<i>Level 1: \$20/\$90/\$160/30% up to \$400 Level 2: \$20/\$100/\$170/40% up to \$500</i>
Home Delivery Pharmacy Cost Shares (90-day supply) Tier 1/Tier 2/Tier 3/Tier 4	PPO:	\$63/\$345/\$480/30% up to \$500	<i>\$50/\$270/\$480/30% up to \$400</i>
<b>PLAN NAME (S):</b>		Anthem Bronze PPO 4600/50% Anthem Bronze Select PPO 4600/50%	<i>Anthem Bronze PPO 4600/50% Anthem Bronze Select PPO 4600/50%</i>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as:</i> <ul style="list-style-type: none"> <li>▪ <i>Blood pressure monitor for those diagnosed with hypertension</i></li> <li>▪ <i>Retinopathy screening for diabetes diagnosis</i></li> <li>▪ <i>Peak flow monitor for asthma diagnosis</i></li> <li>▪ <i>Glucometer for diabetes diagnosis</i></li> <li>▪ <i>Hemoglobin A1C testing for diabetes diagnosis</i></li> <li>▪ <i>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Deductible, then 50%	<i>Deductible, then Anthem pays 100% (unlimited visits)</i>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 50% coinsurance	<i>Deductible, then 50% coinsurance up to maximum copay \$250</i>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<i>Deductible, then 50% coinsurance</i>
Wig Coverage	PPO:	Not covered	<i>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>

# 2021-2022 Benefit to Benefit Comparison

PHARMACY BENEFITS			
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3/Tier 4	RX:	Level 1: 40% up to \$500 per script (all Tiers 1-4) Level 2: 50% up to \$500 per script (all Tiers 1-4)	<b>Level 1: \$20/\$80/\$120/30% up to \$400</b> <b>Level 2: \$20/\$90/\$130/40% up to \$500</b>
Home Delivery Pharmacy Cost Shares (90-day supply) Tier 1/Tier 2/Tier 3/Tier 4	RX:	40% up to \$1,500 per script/40% up to \$1,500 per script/40% up to \$1,500 per script/40% up to \$500 per script	<b>\$50/\$240/\$360/30% up to \$400</b>
<b>PLAN NAME:</b>		Anthem Bronze PPO 40/5600/40% Anthem Bronze Select PPO 40/5600/40%	<b>Anthem Bronze PPO 40/6200/40%</b> <b>Anthem Bronze Select PPO 40/6200/40%</b>
DEDUCTIBLE			
Individual/Family	PPO:	\$5,600/\$11,200	<b>\$6,200/\$12,400</b>
	OON:	\$11,200/\$22,400	<b>\$12,400/\$24,800</b>
OUT-OF-POCKET MAX			
Individual/Family	PPO:	\$8,400/\$16,800	<b>\$8,700/\$17,400</b>
	OON:	\$16,800/\$33,600	<b>\$17,400/\$34,800</b>
HEALTH SERVICES			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<b>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as:</b> <ul style="list-style-type: none"> <li>▪ Blood pressure monitor for those diagnosed with hypertension</li> <li>▪ Retinopathy screening for diabetes diagnosis</li> <li>▪ Peak flow monitor for asthma diagnosis</li> <li>▪ Glucometer for diabetes diagnosis</li> <li>▪ Hemoglobin A1C testing for diabetes diagnosis</li> <li>▪ International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 12 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 40% coinsurance	<b>Deductible, then 40% coinsurance up to maximum copay \$250</b>
Cochlear Implants	PPO:	Deductible, then 40% coinsurance	<b>Deductible, then 50% coinsurance</b>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<b>Deductible, then 50% coinsurance</b>

# 2021-2022 Benefit to Benefit Comparison

Wig Coverage	PPO:	Not covered	<i>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3/Tier 4	RX:	Level 1: \$20/\$70/\$110/30% up to \$500 Level 2: \$25/\$115/\$150/40% up to \$500	<i>Level 1: \$20/\$80/\$120/30% up to \$400 Level 2: \$20/\$90/\$130/40% up to \$500</i>
Home Delivery Pharmacy Cost Shares (90-day supply) Tier 2/Tier 3/Tier 4	RX:	\$210/\$330/30% up to \$500 per script	<i>\$240/\$360/30% up to \$400</i>
<b>PLAN NAME:</b>		Anthem Bronze PPO 60/6350/40% Anthem Bronze Select PPO 60/6350/40%	<i>Anthem Bronze PPO 60/6850/40% Anthem Bronze Select PPO 60/6850/40%</i>
<b>DEDUCTIBLE</b>			
Individual/Family	PPO:	\$6,350/\$12,700	<i>\$6,850/\$13,700</i>
	OON:	\$12,700/\$25,400	<i>\$13,700/\$27,400</i>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$8,150/\$16,300	<i>\$8,200/\$16,400</i>
	OON:	\$16,300/\$32,600	<i>\$16,400/\$32,800</i>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as: ▪ Blood pressure monitor for those diagnosed with hypertension ▪ Retinopathy screening for diabetes diagnosis ▪ Peak flow monitor for asthma diagnosis ▪ Glucometer for diabetes diagnosis ▪ Hemoglobin A1C testing for diabetes diagnosis ▪ International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 12 visits, then \$5 copay	<i>\$0 copay, unlimited visits</i>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 40% coinsurance	<i>Deductible, then 40% coinsurance up to maximum copay \$250</i>
Cochlear Implants	PPO:	Deductible, then 40% coinsurance	<i>Deductible, then 50% coinsurance</i>

# 2021-2022 Benefit to Benefit Comparison

Services and Supplies for Cochlear Implants	PPO:	Not covered	<i>Deductible, then 50% coinsurance</i>
Wig Coverage	PPO:	Not covered	<i>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			
Separate Pharmacy Deductible	RX:	Applies to tiers 2-4: \$625/member; \$1,250/Family	<i>Applies to tiers 2-4: \$650/member; \$1,300/Family</i>
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3/Tier 4	RX:	Level 1: \$20/\$65/\$105/30% up to \$500 per script Level 2: \$25/\$100/\$140/40% up to \$500 per script	<i>Level 1: \$20/\$90/\$160/30% up to \$400 Level 2: \$20/\$100/\$170/40% up to \$500</i>
Home Delivery Pharmacy Cost Shares (90-day supply) Tier 2/Tier 3/Tier 4	RX:	\$195/\$315/30% up to \$500 per script	<i>\$270/\$480/30% up to \$400</i>
<b>PLAN NAME (S):</b>		Anthem Bronze PPO 70/6600/35% Anthem Bronze Select PPO 70/6600/35%	<b>Anthem Bronze PPO 70/6600/35% Anthem Bronze Select PPO 70/6600/35%</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$8,550/\$17,100	<i>\$8,700/\$17,400</i>
	OON:	\$17,100/\$34,200	<i>\$17,400/\$34,800</i>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 member copay and deductible waived, such as:</i> <ul style="list-style-type: none"> <li>▪ Blood pressure monitor for those diagnosed with hypertension</li> <li>▪ Retinopathy screening for diabetes diagnosis</li> <li>▪ Peak flow monitor for asthma diagnosis</li> <li>▪ Glucometer for diabetes diagnosis</li> <li>▪ Hemoglobin A1C testing for diabetes diagnosis</li> <li>▪ International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 12 visits, then \$5 copay	<i>\$0 copay, unlimited visits</i>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 35% coinsurance	<i>Deductible, then 35% coinsurance up to maximum copay \$250</i>
Cochlear Implants	PPO:	Deductible, then 35% coinsurance	<i>Deductible, then 50% coinsurance</i>

# 2021-2022 Benefit to Benefit Comparison

Services and Supplies for Cochlear Implants	PPO:	Not covered	<i>Deductible, then 50% coinsurance</i>
Wig Coverage	PPO:	Not covered	<i>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			
Separate Pharmacy Deductible	RX:	Applies to tiers 2-4: \$625/member; \$1,250/Family	<i>Applies to tiers 2-4: \$650/member; \$1,300/Family</i>
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3/Tier 4	RX:	Level 1: \$20/\$70/\$110/30% up to \$500 per script Level 2: \$25/\$115/\$150/40% up to \$500 per script	<i>Level 1: \$20/\$80/\$120/30% up to \$400 Level 2: \$20/\$90/\$130/40% up to \$500</i>
Home Delivery Pharmacy Cost Shares (90-day supply) Tier 2/Tier 3/Tier 4	RX:	\$210/\$330/30% up to \$500 per script	<i>\$240/\$360/30% up to \$400</i>
<b>HSA Plans</b>			
<b>PLAN NAME (S):</b>		Anthem Silver PPO 2000/30% w/HSA - RxC* Anthem Silver Select PPO 2000/30% w/HSA - RxC*	<i>Anthem Silver PPO 2100/30% w/HSA PrevRx* Anthem Silver Select PPO 2100/30% w/HSA PrevRx*</i>
<b>DEDUCTIBLE</b>			
Individual/Member of a Family/Family	PPO:	\$2,000/\$2,800/\$4,000	<i>\$2,100/\$2,800/\$4,200</i>
	OON:	\$4,000/\$5,600/\$8,000	<i>\$4,200/\$5,600/\$8,400</i>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$6,750/\$13,500	<i>\$7,050/\$14,100</i>
	OON:	\$13,500/\$27,000	<i>\$14,100/\$28,200</i>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as:</i> <ul style="list-style-type: none"> <li>▪ Blood pressure monitor for those diagnosed with hypertension</li> <li>▪ Retinopathy screening for diabetes diagnosis</li> <li>▪ Peak flow monitor for asthma diagnosis</li> <li>▪ Glucometer for diabetes diagnosis</li> <li>▪ Hemoglobin A1C testing for diabetes diagnosis</li> <li>▪ International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Deductible, then 30% coinsurance	<i>Deductible, then Anthem pays 100% (unlimited visits)</i>



# 2021-2022 Benefit to Benefit Comparison

Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 30% coinsurance	<i>Deductible, then 30% member coinsurance up to maximum copay \$250</i>
Cochlear Implants	PPO:	Deductible, then 30% coinsurance	<i>Deductible, then 50% coinsurance</i>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<i>Deductible, then 50% coinsurance</i>
Wig Coverage	PPO:	Not covered	<i>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			
PreventiveRx Plus Drug Coverage	RX:	Treated as any other medical condition where you pay: Tier 1: Deductible, then \$20 copay Tier 2: Deductible, then \$60 copay	<i>Your cost share is reduced by waiving deductible for drugs included on the PreventiveRx Plus drug list which is a designated list of drugs for the treatment of diabetes, asthma, depression, heart health, high blood pressure, high cholesterol, and osteoporosis according to IRS guidelines.</i>  <i>Tier 1: \$15 copay (deductible waived)</i> <i>Tier 2: \$70 copay (deductible waived)</i>
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3	RX:	Level 1: \$20/\$60/\$85 Level 2: \$25/\$95/\$115	<i>Level 1: \$15/\$70/\$110</i> <i>Level 2: \$20/\$80/\$120</i>
Home Delivery Pharmacy Cost Shares (90-day supply) Tier 1/Tier 2/Tier 3	RX:	\$50/\$180/\$255	<i>\$38/\$210/\$330</i>
<b>PLAN NAME (S):</b>		Anthem Silver PPO 2500/35% w/HSA PrevRx* Anthem Silver Select PPO 2500/30% w/HSA PrevRx*	<i>Anthem Silver PPO 2600/35% w/HSA PrevRx*</i> <i>Anthem Silver Select PPO 2600/30% w/HSA PrevRx*</i>
<b>DEDUCTIBLE</b>			
Individual/Member of a Family/Family	PPO:	\$2,500/\$2,800/\$5,000	<i>\$2,600/\$2,800/\$5,200</i>
	OON:	\$5,000/\$5,600/\$10,000	<i>\$5,200/\$5,600/\$10,400</i>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$6,950/\$13,900	<i>\$7,050/\$14,100</i>
	OON:	\$13,900/\$27,800	<i>\$14,100/\$28,200</i>
<b>HEALTH SERVICES</b>			

# 2021-2022 Benefit to Benefit Comparison

Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as:</i> <ul style="list-style-type: none"> <li>▪ <i>Blood pressure monitor for those diagnosed with hypertension</i></li> <li>▪ <i>Retinopathy screening for diabetes diagnosis</i></li> <li>▪ <i>Peak flow monitor for asthma diagnosis</i></li> <li>▪ <i>Glucometer for diabetes diagnosis</i></li> <li>▪ <i>Hemoglobin A1C testing for diabetes diagnosis</i></li> <li>▪ <i>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Deductible, then 35% coinsurance	<i>Deductible, then Anthem pays 100% (unlimited visits)</i>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 35% coinsurance	<i>Deductible, then 35% member coinsurance up to maximum copay \$250</i>
Cochlear Implants	PPO:	Deductible, then 35% coinsurance	<i>Deductible, then 50% coinsurance</i>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<i>Deductible, then 50% coinsurance</i>
Wig Coverage	PPO:	Not covered	<i>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			
PreventiveRx Plus Drug Coverage	RX:	Your pharmacy cost share is reduced for drugs included on the PreventiveRx Plus drug list which is a designated list of drugs for chronic conditions. You pay: Tier 1: \$10 copay (deductible waived) Tier 2: \$60 copay (deductible waived)	<i>The PreventiveRx Plus drug list will be modified to cover drugs pre-deductible to comply with IRS guidance, changes include:</i>  <i>—Modification of the drug classes to comply with IRS guidance including, but not limited to, reduced list of covered drugs and the addition of Selective Serotonin Reuptake Inhibitors (SSRIs)</i>  <i>In addition, cost shares will be modified:</i> <i>Tier 1: \$15 copay (deductible waived)</i> <i>Tier 2: \$70 copay (deductible waived)</i>
Retail Pharmacy Cost Shares (30-day supply)	RX:	Level 1: \$20/\$65/\$100 Level 2: \$25/\$100/\$115	<i>Level 1: \$15/\$70/\$110</i> <i>Level 2: \$20/\$80/\$120</i>
Home Delivery Pharmacy Cost Shares (90-day supply)	RX:	\$50/\$195/\$300	<i>\$38/\$210/\$330</i>

# 2021-2022 Benefit to Benefit Comparison

<b>PLAN NAME (S):</b>		Anthem Bronze PPO 5600/45% w/HSA Anthem Bronze Select PPO 5600/45% w/HSA Anthem Bronze PPO 5600/45% w/HSA WH	<b>Anthem Bronze PPO 6000/45% w/HSA PrevRx</b> <b>Anthem Bronze Select PPO 6000/45% w/HSA PrevRx</b> <b>Anthem Bronze PPO 6000/45% w/HSA PrevRx WH</b>
<b>DEDUCTIBLE</b>			
Individual/Family	PPO:	\$5,600/\$11,200	<b>\$6,000/\$12,000</b>
	OON:	\$11,200/\$22,400	<b>\$12,000/\$24,000</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$7,000/\$14,000	<b>\$7,050/\$14,100</b>
	OON:	\$14,000/\$28,000	<b>\$14,100/\$28,200</b>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<b>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as:</b> <ul style="list-style-type: none"> <li>▪ Blood pressure monitor for those diagnosed with hypertension</li> <li>▪ Retinopathy screening for diabetes diagnosis</li> <li>▪ Peak flow monitor for asthma diagnosis</li> <li>▪ Glucometer for diabetes diagnosis</li> <li>▪ Hemoglobin A1C testing for diabetes diagnosis</li> <li>▪ International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Deductible, then 45%	<b>Deductible, then Anthem pays 100% (unlimited visits)</b>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 45% coinsurance	<b>Deductible, then 45% coinsurance up to maximum copay \$250</b>
Cochlear Implants	PPO:	Deductible, then 45% coinsurance	<b>Deductible, then 50% coinsurance</b>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<b>Deductible, then 50% coinsurance</b>
Wig Coverage	PPO:	Not covered	<b>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</b>
<b>PHARMACY BENEFITS</b>			

# 2021-2022 Benefit to Benefit Comparison

PreventiveRx Plus Drug Coverage	RX:	Treated as any other medical condition where you pay: Tier 1 and Tier 2: Deductible, then 35% up to \$500	<i>Your cost share is reduced by waiving deductible for drugs included on the PreventiveRx Plus drug list which is a designated list of drugs for the treatment of diabetes, asthma, depression, heart health, high blood pressure, high cholesterol, and osteoporosis according to IRS guidelines.</i>  <i>Tier 1: \$20 copay (deductible waived)</i> <i>Tier 2: \$90 copay (deductible waived)</i>
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3/Tier 4	RX:	Level 1: 35% up to \$500 per script Level 2: 45% up to \$500 per script	<i>Level 1: \$20/\$90/\$160/30% up to \$400</i> <i>Level 2: \$20/\$100/\$170/40% up to \$500</i>
Home Delivery Pharmacy Cost Shares (90-day supply) Tier 1/Tier 2/Tier 3/Tier 4	RX:	35% up to \$1,500 per script/35% up to \$1,500 per script/35% up to \$1,500 per script/35% up to \$500 per script	<i>\$50/\$270/\$480/30% up to \$400</i>
<b>PLAN NAME (S):</b>		Anthem Bronze PPO 6950/0% w/HSA Anthem Bronze Select PPO 6950/0% w/HSA Anthem Bronze PPO 6950/0% w/HSA WH	<i>Anthem Bronze PPO 6700/0% w/HSA PrevRx</i> <i>Anthem Bronze Select PPO 6700/0% w/HSA PrevRx</i> <i>Anthem Bronze PPO 6700/0% w/HSA PrevRx WH</i>
<b>DEDUCTIBLE</b>			
Individual/Family	PPO:	\$6,950/\$13,900	<i>\$6,700/\$13,400</i>
	OON:	\$13,900/\$27,800	<i>\$13,400/\$26,800</i>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$6,950/\$13,900	<i>\$7,050/\$14,100</i>
	OON:	\$20,850/\$41,700	<i>\$17,625/\$35,250</i>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as:</i> ▪ <i>Blood pressure monitor for those diagnosed with hypertension</i> ▪ <i>Retinopathy screening for diabetes diagnosis</i> ▪ <i>Peak flow monitor for asthma diagnosis</i> ▪ <i>Glucometer for diabetes diagnosis</i> ▪ <i>Hemoglobin A1C testing for diabetes diagnosis</i> ▪ <i>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<i>Deductible, then 0% coinsurance</i>
Wig Coverage	PPO:	Not covered	<i>Deductible, then 0% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			

# 2021-2022 Benefit to Benefit Comparison

PreventiveRx Plus Drug Coverage	RX:	Treated as any other medical condition where you pay: Tier 1 and Tier 2: Deductible, then 0%	<i>Your cost share is reduced by waiving deductible for drugs included on the PreventiveRx Plus drug list which is a designated list of drugs for the treatment of diabetes, asthma, depression, heart health, high blood pressure, high cholesterol, and osteoporosis according to IRS guidelines.</i>  <i>Tier 1: \$20 copay (deductible waived)</i> <i>Tier 2: \$90 copay (deductible waived)</i>
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3/Tier 4	RX:	Level 1: 0% after deductible Level 2: 0% after deductible	<i>Level 1: \$20/\$90/\$160/30% up to \$400 (after deductible)</i> <i>Level 2: \$20/\$100/\$170/40% up to \$500 (after deductible)</i>
Home Delivery Pharmacy Cost Shares (90-day supply) Tier 1/Tier 2/Tier 3/Tier 4	RX:	0% after deductible	<i>\$50/\$270/\$480/30% up to \$400 (after deductible)</i>
<b>PLAN NAME:</b>		Anthem Bronze Select PPO 7000/0% w/HSA	<b>Anthem Bronze Select PPO 7000/0% w/HSA</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	OON:	\$21,000/\$42,000	<i>\$17,500/\$35,000</i>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as:</i> <ul style="list-style-type: none"> <li><i>• Blood pressure monitor for those diagnosed with hypertension</i></li> <li><i>• Retinopathy screening for diabetes diagnosis</i></li> <li><i>• Peak flow monitor for asthma diagnosis</i></li> <li><i>• Glucometer for diabetes diagnosis</i></li> <li><i>• Hemoglobin A1C testing for diabetes diagnosis</i></li> <li><i>• International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<i>Deductible, then 0% coinsurance</i>
Wig Coverage	PPO:	Not covered	<i>Deductible, then 0% coinsurance - One wig covered after cancer treatment per member per calendar year, in-network and out-of-network combined</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	Standard Network w/R90	<ul style="list-style-type: none"> <li><i>• Network is the same but has been renamed to Advantage Network w/R90</i></li> <li><i>• New ZipDrug Program has been added which hand delivers prescriptions to member's home at no additional cost to member</i></li> </ul>

# 2021-2022 Benefit to Benefit Comparison

Home Delivery Program	PPO:	Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).	<ul style="list-style-type: none"> <li>▪ <b>Optional Home Delivery - Member chooses to contact Anthem's Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.</b></li> <li>▪ <b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></li> </ul>
<b>EPO Plans</b>			
<b>PLAN NAME (S):</b>		Anthem Gold EPO 35/500/20%	<b>Anthem Gold EPO 35/500/20%</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	PPO:	\$6,000/\$12,000	<b>\$6,900/\$13,800</b>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<b>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as:</b> <ul style="list-style-type: none"> <li>▪ <b>Blood pressure monitor for those diagnosed with hypertension</b></li> <li>▪ <b>Retinopathy screening for diabetes diagnosis</b></li> <li>▪ <b>Peak flow monitor for asthma diagnosis</b></li> <li>▪ <b>Glucometer for diabetes diagnosis</b></li> <li>▪ <b>Hemoglobin A1C testing for diabetes diagnosis</b></li> <li>▪ <b>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</b></li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 3 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 20% coinsurance	<b>Deductible, then 20% coinsurance up to maximum copay \$250</b>
Cochlear Implants	PPO:	Deductible, then 20% coinsurance	<b>Deductible, then 50% coinsurance</b>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<b>Deductible, then 50% coinsurance</b>
Wig Coverage	PPO:	Not covered	<b>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year</b>
<b>PHARMACY BENEFITS</b>			
Separate Pharmacy Deductible	RX:	Applies to tiers 2-4: \$250/member; \$500/Family	<b>Applies to tiers 2-4: \$300/member; \$600/Family</b>

# 2021-2022 Benefit to Benefit Comparison

Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3	RX:	Level 1: \$15/\$45/\$85 Level 2: \$25/\$65/\$95	<b>Level 1: \$5/\$60/\$110</b> <b>Level 2: \$15/\$70/\$120</b>
Home Delivery Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (90-day supply)	RX:	\$38/\$135/\$255	<b>\$13/\$180/\$330</b>
<b>PLAN NAME (S):</b>		Anthem Gold EPO 35/1700/20%	<b>Anthem Gold EPO 35/1700/20%</b>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	PPO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<b>Certain services matched to diagnosis below will be covered as preventive with \$0 copay and deductible waived, such as:</b> <ul style="list-style-type: none"> <li>▪ Blood pressure monitor for those diagnosed with hypertension</li> <li>▪ Retinopathy screening for diabetes diagnosis</li> <li>▪ Peak flow monitor for asthma diagnosis</li> <li>▪ Glucometer for diabetes diagnosis</li> <li>▪ Hemoglobin A1C testing for diabetes diagnosis</li> <li>▪ International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</li> </ul>
Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	PPO:	Covered in full for first 3 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
Rx for Infusion/Injection (Other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	PPO:	Deductible, then 20% coinsurance	<b>Deductible, then 20% coinsurance up to maximum copay \$250</b>
Cochlear Implants	PPO:	Deductible, then 20% coinsurance	<b>Deductible, then 50% coinsurance</b>
Services and Supplies for Cochlear Implants	PPO:	Not covered	<b>Deductible, then 50% coinsurance</b>
Wig Coverage	PPO:	Not covered	<b>Deductible, then 50% coinsurance - One wig covered after cancer treatment per member per calendar year</b>
<b>PHARMACY BENEFITS</b>			
Separate Pharmacy Deductible	RX:	Applies to tiers 2-4: \$250/member; \$500/Family	<b>Applies to tiers 2-4: \$300/member; \$600/Family</b>
Retail Pharmacy Cost Shares (30-day supply) Tier 1/Tier 2/Tier 3	RX:	Level 1: \$15/\$45/\$85 Level 2: \$25/\$65/\$95	<b>Level 1: \$5/\$60/\$110</b> <b>Level 2: \$15/\$70/\$120</b>

# 2021-2022 Benefit to Benefit Comparison

Home Delivery Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (90-day supply)	RX:	\$38/\$135/\$255	<b>\$13/\$180/\$330</b>
<b>HMO Plans</b>			
<b>PLAN NAME (S):</b>		Anthem Platinum HMO 20 Anthem Platinum Select HMO 20 Anthem Platinum Priority Select HMO 20	<b>Anthem Platinum HMO 0/25</b> <b>Anthem Platinum Select HMO 0/25</b> <b>Anthem Platinum Priority Select HMO 0/25</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	HMO:	\$2,200/\$4,400	<b>\$2,300/\$4,600</b>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	HMO:	Covered as any other medical condition under medical benefit at applicable member cost shares	<b>Certain services matched to diagnosis below will be covered as preventive with \$0 copay, such as:</b> <ul style="list-style-type: none"> <li>▪ <b>Blood pressure monitor for those diagnosed with hypertension</b></li> <li>▪ <b>Retinopathy screening for diabetes diagnosis</b></li> <li>▪ <b>Peak flow monitor for asthma diagnosis</b></li> <li>▪ <b>Glucometer for diabetes diagnosis</b></li> <li>▪ <b>Hemoglobin A1C testing for diabetes diagnosis</b></li> <li>▪ <b>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</b></li> </ul>
<b>Applies to HMO and Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 3 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
<b>Applies to Priority Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 12 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
Primary Care - Office and Telehealth/Telemedicine visits; Mental Health and Substance Abuse; Retail Health Clinic; Maternity post partum; Nutritional Counseling, Family Planning	HMO:	\$20 copay	<b>\$25 copay</b>
Office Visits for Rehabilitative/Habilitative Physical, Occupational, Speech therapy; Cardiac/Pulmonary Rehab therapy	HMO:	\$20 copay	<b>\$25 copay</b>



# 2021-2022 Benefit to Benefit Comparison

Allergy testing and injection administration	HMO:	\$20 copay	<b>\$25 copay</b>
Chiropractic Care - Office	HMO:	\$20 copay	<b>\$25 copay</b>
Chiropractic Care - Outpatient Hospital	HMO:	\$40 copay	<b>\$25 copay</b>
Acupuncture	HMO:	\$20 copay	<b>\$25 copay</b>
Urgent Care	HMO:	\$20 copay	<b>\$25 copay</b>
Specialty Care - Office & Telehealth/Telemedicine Visits; and Preferred Online Visits from LiveHealth Online; Office surgery, Elective abortions, Dialysis, Radiation, Chemo, and Respiratory therapy	HMO:	\$40 copay	<b>\$50 copay</b>
Outpatient Hospital - Rehabilitative/Habilitative Physical, Occupational, Speech therapy; Cardiac/Pulmonary Rehab therapy	HMO:	\$40 copay	<b>\$50 copay</b>
Home Health Care Visits; Other Services/Supplies; Home Dialysis; Home Infusion; Private Duty Nursing in Home	HMO:	\$40 copay	<b>\$50 copay</b>
Advanced Imaging - Office/UrgentCare	HMO:	\$100 copay per test	<b>\$100 copay per set of tests</b>
Advanced Imaging - ASC	HMO:	\$100 copay per test	<b>\$100 copay per set of tests</b>
Advanced Imaging - Outpatient Hospital	HMO:	\$200 copay per test	<b>\$250 copay per set of tests</b>
Rx for Infusion/Injection (other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	HMO:	\$150 copay	<b>20% coinsurance up to maximum copay \$250</b>
Emergency Room	HMO:	\$250 copay	<b>\$275 copay</b>
Durable Medical Equipment	HMO:	\$100 copay	<b>50% coinsurance</b>
Diabetes Equipment & Supplies	HMO:	\$50 copay	<b>50% coinsurance</b>
Prosthetics	HMO:	\$20 copay	<b>\$25 copay</b>
Foot Orthotics	HMO:	\$20 copay	<b>\$25 copay</b>
Cochlear Implants	HMO:	\$20 copay	<b>50% coinsurance</b>
Services and Supplies for Cochlear Implants	HMO:	Not covered	<b>50% coinsurance</b>

# 2021-2022 Benefit to Benefit Comparison

Wig Coverage	HMO:	Not covered	<b>50% coinsurance for one wig covered after cancer treatment per member per calendar year</b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (30-day supply)	RX:	Level 1: \$10/\$35/\$70 Level 2: \$20/\$50/\$85	<b>Level 1: \$5/\$20/\$50 Level 2: \$15/\$30/\$60</b>
Home Delivery Cost Shares Tier 1/Tier 2/Tier 3 (90-day supply)	RX:	\$25/\$105/\$210	<b>\$13/\$60/\$150</b>
<b>PLAN NAME (S):</b>		Anthem Platinum HMO 25 Anthem Platinum Select HMO 25 Anthem Platinum Priority Select HMO 25	<b>Anthem Platinum HMO 0/30 Anthem Platinum Select HMO 0/30 Anthem Platinum Priority Select HMO 0/30</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	HMO:	\$2,350/\$4,700	<b>\$2,400/\$4,800</b>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	HMO:	Covered as any other medical condition under medical benefit at applicable member cost shares	<b>Certain services matched to diagnosis below will be covered as preventive with \$0 copay, such as:</b> <ul style="list-style-type: none"> <li>▪ Blood pressure monitor for those diagnosed with hypertension</li> <li>▪ Retinopathy screening for diabetes diagnosis</li> <li>▪ Peak flow monitor for asthma diagnosis</li> <li>▪ Glucometer for diabetes diagnosis</li> <li>▪ Hemoglobin A1C testing for diabetes diagnosis</li> <li>▪ International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</li> </ul>
<b>Applies to HMO and Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 3 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
<b>Applies to Priority Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 12 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
Primary Care - Office and Telehealth/Telemedicine visits; Mental Health and Substance Abuse; Retail Health Clinic; Maternity post partum; Nutritional Counseling, Family Planning	HMO:	\$25 copay	<b>\$30 copay</b>

# 2021-2022 Benefit to Benefit Comparison

Office Visits for Rehabilitative/Habilitative Physical, Occupational, Speech therapy; Cardiac/Pulmonary Rehab therapy	HMO:	\$25 copay	<b>\$30 copay</b>
Allergy testing and injection administration	HMO:	\$25 copay	<b>\$30 copay</b>
Chiropractic Care - Office/Outpatient Hospital	HMO:	\$25 copay	<b>\$30 copay</b>
Acupuncture	HMO:	\$25 copay	<b>\$30 copay</b>
Urgent Care	HMO:	\$25 copay	<b>\$30 copay</b>
Advanced Imaging - Office/UrgentCare	HMO:	\$100 copay per test	<b>\$100 copay per set of tests</b>
Advanced Imaging - ASC	HMO:	\$100 copay per test	<b>\$100 copay per set of tests</b>
Advanced Imaging - Outpatient Hospital	HMO:	\$200 copay per test	<b>\$250 copay per set of tests</b>
Rx for Infusion/Injection (other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	HMO:	\$150 copay	<b>20% coinsurance up to maximum copay \$250</b>
Emergency Room	HMO:	\$250 copay	<b>\$275 copay</b>
Durable Medical Equipment	HMO:	\$100 copay	<b>50% coinsurance</b>
Diabetes Equipment & Supplies	HMO:	\$50 copay	<b>50% coinsurance</b>
Prosthetics	HMO:	\$25 copay	<b>\$30 copay</b>
Foot Orthotics	HMO:	\$25 copay	<b>\$30 copay</b>
Cochlear Implants	HMO:	\$25 copay	<b>50% coinsurance</b>
Services and Supplies for Cochlear Implants	HMO:	Not covered	<b>50% coinsurance</b>
Wig Coverage	HMO:	Not covered	<b>50% coinsurance for one wig covered after cancer treatment per member per calendar year</b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (30-day supply)	RX:	Level 1: \$10/\$35/\$70 Level 2: \$20/\$50/\$85	<b>Level 1: \$5/\$35/\$70 Level 2: \$15/\$45/\$80</b>
Home Delivery Cost Shares Tier 1 (90-day supply)	RX:	\$25	<b>\$13</b>

# 2021-2022 Benefit to Benefit Comparison

PLAN NAME (S)		Anthem Gold HMO 30 Anthem Gold Select HMO 30 Anthem Gold Priority Select HMO 30	Anthem Gold HMO 30 Anthem Gold Select HMO 30 Anthem Gold Priority Select HMO 30
OUT-OF-POCKET MAX			
Individual/Family	HMO:	\$6,000/\$12,000	<b>\$6,250/\$12,500</b>
HEALTH SERVICES			
Preventive Care for Chronic Conditions	HMO:	Covered as any other medical condition under medical benefit at applicable member cost shares	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay, such as:</i> <ul style="list-style-type: none"> <li>▪ Blood pressure monitor for those diagnosed with hypertension</li> <li>▪ Retinopathy screening for diabetes diagnosis</li> <li>▪ Peak flow monitor for asthma diagnosis</li> <li>▪ Glucometer for diabetes diagnosis</li> <li>▪ Hemoglobin A1C testing for diabetes diagnosis</li> <li>▪ International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</li> </ul>
<b>Applies to HMO and Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 3 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
<b>Applies to Priority Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 12 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
Specialty Care - Office & Telehealth/Telemedicine Visits; and Preferred Online Visits from LiveHealth Online; Office surgery, Elective abortions, Dialysis, Radiation, Chemo, and Respiratory therapy	HMO:	\$55 copay	<b>\$60 copay</b>
Outpatient Hospital - Rehabilitative/Habilitative Physical, Occupational, Speech therapy; Cardiac/Pulmonary Rehab therapy	HMO:	\$55 copay	<b>\$60 copay</b>
Home Health Care Visits; Other Services/Supplies; Home Dialysis; Home Infusion; Private Duty Nursing in Home	HMO:	\$55 copay	<b>\$60 copay</b>

# 2021-2022 Benefit to Benefit Comparison

Advanced Imaging - Office/UrgentCare	HMO:	\$100 copay per test	<b>\$100 copay per set of tests</b>
Advanced Imaging - ASC	HMO:	\$100 copay per test	<b>\$100 copay per set of tests</b>
Advanced Imaging - Outpatient Hospital	HMO:	\$250 copay per test	<b>\$250 copay per set of tests</b>
Rx for Infusion/Injection (other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	HMO:	\$150 copay	<b>20% coinsurance up to maximum copay \$250</b>
Emergency Room	HMO:	\$300 copay	<b>\$325 copay</b>
Outpatient Hospital Admissions	HMO:	\$400 copay	<b>\$450 copay</b>
Durable Medical Equipment	HMO:	\$100 copay	<b>50% coinsurance</b>
Diabetes Equipment & Supplies	HMO:	\$50 copay	<b>50% coinsurance</b>
Cochlear Implants	HMO:	\$30 copay	<b>50% coinsurance</b>
Services and Supplies for Cochlear Implants	HMO:	Not covered	<b>50% coinsurance</b>
Wig Coverage	HMO:	Not covered	<b>50% coinsurance for one wig covered after cancer treatment per member per calendar year</b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (30-day supply)	RX:	Level 1: \$15/\$40/\$80 Level 2: \$25/\$60/\$90	<b>Level 1: \$10/\$50/\$90 Level 2: \$20/\$60/\$100</b>
Home Delivery Cost Shares Tier 1/Tier 2/Tier 3 (90-day supply)	RX:	\$38/\$120/\$240	<b>\$25/\$150/\$270</b>
<b>PLAN NAME (S)</b>		Anthem Gold HMO 35 Anthem Gold Select HMO 35 Anthem Gold Priority Select HMO 35	<b>Anthem Gold HMO 35 Anthem Gold Select HMO 35 Anthem Gold Priority Select HMO 35</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	HMO:	\$6,500/\$13,000	<b>\$6,750/\$13,500</b>
<b>HEALTH SERVICES</b>			

# 2021-2022 Benefit to Benefit Comparison

Preventive Care for Chronic Conditions	HMO:	Covered as any other medical condition under medical benefit at applicable member cost shares	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay, such as:</i> <ul style="list-style-type: none"> <li>▪ <i>Blood pressure monitor for those diagnosed with hypertension</i></li> <li>▪ <i>Retinopathy screening for diabetes diagnosis</i></li> <li>▪ <i>Peak flow monitor for asthma diagnosis</i></li> <li>▪ <i>Glucometer for diabetes diagnosis</i></li> <li>▪ <i>Hemoglobin A1C testing for diabetes diagnosis</i></li> <li>▪ <i>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
<b>Applies to HMO and Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 3 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
<b>Applies to Priority Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 12 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
Advanced Imaging - Office/UrgentCare	HMO:	\$100 copay per test	<b>\$100 copay per set of tests</b>
Advanced Imaging - ASC	HMO:	\$100 copay per test	<b>\$100 copay per set of tests</b>
Advanced Imaging - Outpatient Hospital	HMO:	\$250 copay per test	<b>\$250 copay per set of tests</b>
Rx for Infusion/Injection (other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	HMO:	\$150 copay	<b>20% coinsurance up to maximum copay \$250</b>
Emergency Room	HMO:	\$300 copay	<b>\$325 copay</b>
Outpatient Hospital Admissions	HMO:	\$500 copay	<b>\$550 copay</b>
Durable Medical Equipment	HMO:	\$100 copay	<b>50% coinsurance</b>
Diabetes Equipment & Supplies	HMO:	\$50 copay	<b>50% coinsurance</b>
Cochlear Implants	HMO:	\$35 copay	<b>50% coinsurance</b>
Services and Supplies for Cochlear Implants	HMO:	Not covered	<b>50% coinsurance</b>
Wig Coverage	HMO:	Not covered	<b>50% coinsurance for one wig covered after cancer treatment per member per calendar year</b>
<b>PHARMACY BENEFITS</b>			

# 2021-2022 Benefit to Benefit Comparison

Retail Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (30-day supply)	RX:	Level 1: \$15/\$40/\$80 Level 2: \$25/\$60/\$90	<b>Level 1: \$10/\$50/\$90</b> <b>Level 2: \$20/\$60/\$100</b>
Home Delivery Cost Shares Tier 1/Tier 2/Tier 3 (90-day supply)	RX:	\$38/\$120/\$240	<b>\$25/\$150/\$270</b>
<b>PLAN NAME (S)</b>		Anthem Gold HMO 35/700/20% Anthem Gold Select HMO 35/700/20% Anthem Gold Priority Select HMO 35/700/20%	<b>Anthem Gold HMO 35/700/20%</b> <b>Anthem Gold Select HMO 35/700/20%</b> <b>Anthem Gold Priority Select HMO 35/700/20%</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	HMO:	\$8,400/\$16,800	<b>\$8,450/\$16,900</b>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	HMO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<b>Certain services matched to diagnosis below will be covered as preventive with \$0 copay (deductible waived), such as:</b> <ul style="list-style-type: none"> <li>▪ <b>Blood pressure monitor for those diagnosed with hypertension</b></li> <li>▪ <b>Retinopathy screening for diabetes diagnosis</b></li> <li>▪ <b>Peak flow monitor for asthma diagnosis</b></li> <li>▪ <b>Glucometer for diabetes diagnosis</b></li> <li>▪ <b>Hemoglobin A1C testing for diabetes diagnosis</b></li> <li>▪ <b>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</b></li> </ul>
<b>Applies to HMO and Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 3 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
<b>Applies to Priority Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 12 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
Advanced Imaging - Office/UrgentCare	HMO:	\$125 copay per test	<b>\$200 copay per set of tests</b>
Advanced Imaging - ASC	HMO:	\$125 copay per test	<b>\$200 copay per set of tests</b>
Advanced Imaging - Outpatient Hospital	HMO:	Deductible, then \$250 copay per test	<b>Deductible, then \$350 copay per set of tests</b>
Rx for Infusion/Injection (other than allergy serum)/Specialty Drugs in an Office, Urgent Care	HMO:	20% coinsurance	<b>20% coinsurance up to maximum copay \$250</b>

# 2021-2022 Benefit to Benefit Comparison

Rx for Infusion/Injection (other than allergy serum)/Specialty Drugs in an Outpatient Hospital, Home Care	HMO:	Deductible, then 20% coinsurance	<i>Deductible, then 20% coinsurance up to maximum copay \$250</i>
Diabetes Equipment & Supplies	HMO:	Deductible, then 20% coinsurance	<i>Deductible, then 50% coinsurance</i>
Cochlear Implants	HMO:	\$35 copay	<i>Deductible, then 50% coinsurance</i>
Services and Supplies for Cochlear Implants	HMO:	Not covered	<i>Deductible, then 50% coinsurance</i>
Wig Coverage	HMO:	Not covered	<i>Deductible, then 50% coinsurance for one wig covered after cancer treatment per member per calendar year</i>
<b>PHARMACY BENEFITS</b>			
Separate Pharmacy Deductible	RX:	Applies to tiers 2-4: \$100/member; \$200/Family	<i>Applies to tiers 2-4: \$150/member; \$300/Family</i>
Retail Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (30-day supply)	RX:	Level 1: \$15/\$45/\$85 Level 2: \$25/\$65/\$95	<i>Level 1: \$10/\$50/\$90 Level 2: \$20/\$60/\$100</i>
Home Delivery Cost Shares Tier 1/Tier 2/Tier 3 (90-day supply)	RX:	\$38/\$135/\$255	<i>\$25/\$150/\$270</i>
<b>PLAN NAME (S)</b>		Anthem Gold HMO 35/1250/20% Anthem Gold Select HMO 35/1250/20% Anthem Gold Priority Select HMO 35/1250/20%	<b>Anthem Gold HMO 35/1250/20%</b> <b>Anthem Gold Select HMO 35/1250/20%</b> <b>Anthem Gold Priority Select HMO 35/1250/20%</b>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	HMO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay (deductible waived), such as:</i> <ul style="list-style-type: none"> <li>▪ <i>Blood pressure monitor for those diagnosed with hypertension</i></li> <li>▪ <i>Retinopathy screening for diabetes diagnosis</i></li> <li>▪ <i>Peak flow monitor for asthma diagnosis</i></li> <li>▪ <i>Glucometer for diabetes diagnosis</i></li> <li>▪ <i>Hemoglobin A1C testing for diabetes diagnosis</i></li> <li>▪ <i>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
<b>Applies to HMO and Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 3 visits, then \$5 copay	<i>\$0 copay, unlimited visits</i>



# 2021-2022 Benefit to Benefit Comparison

<b>Applies to Priority Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 12 visits, then \$5 copay	<i>\$0 copay, unlimited visits</i>
Advanced Imaging - Office/UrgentCare	HMO:	\$125 copay per test	<i>\$200 copay per set of tests</i>
Advanced Imaging - ASC	HMO:	\$125 copay per test	<i>\$200 copay per set of tests</i>
Advanced Imaging - Outpatient Hospital	HMO:	Deductible, then \$250 copay per test	<i>Deductible, then \$350 copay per set of tests</i>
Rx for Infusion/Injection (other than allergy serum)/Specialty Drugs in an Office, Urgent Care	HMO:	20% coinsurance	<i>20% coinsurance up to maximum copay \$250</i>
Rx for Infusion/Injection (other than allergy serum)/Specialty Drugs in an Outpatient Hospital, Home Care	HMO:	Deductible, then 20% coinsurance	<i>Deductible, then 20% coinsurance up to maximum copay \$250</i>
Diabetes Equipment & Supplies	HMO:	Deductible, then 20% coinsurance	<i>Deductible, then 50% coinsurance</i>
Cochlear Implants	HMO:	\$35 copay	<i>Deductible, then 50% coinsurance</i>
Services and Supplies for Cochlear Implants	HMO:	Not covered	<i>Deductible, then 50% coinsurance</i>
Wig Coverage	HMO:	Not covered	<i>Deductible, then 50% coinsurance for one wig covered after cancer treatment per member per calendar year</i>
<b>PHARMACY BENEFITS</b>			
Separate Pharmacy Deductible	RX:	Applies to tiers 2-4: \$100/member; \$200/Family	<i>Applies to tiers 2-4: \$150/member; \$300/Family</i>
Retail Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (30-day supply)	RX:	Level 1: \$15/\$45/\$85 Level 2: \$25/\$65/\$95	<i>Level 1: \$10/\$50/\$90 Level 2: \$20/\$60/\$100</i>
Home Delivery Cost Shares Tier 1/Tier 2/Tier 3 (90-day supply)	RX:	\$38/\$135/\$255	<i>\$25/\$150/\$270</i>
<b>PLAN NAME (S)</b>		Anthem Silver HMO 55 Anthem Silver Select HMO 55 Anthem Silver Priority Select HMO 55	<b>Anthem Silver HMO 55 Anthem Silver Select HMO 55 Anthem Silver Priority Select HMO 55</b>
<b>OUT-OF-POCKET MAX</b>			

# 2021-2022 Benefit to Benefit Comparison

Individual/Family	HMO:	\$8,400/\$16,800	<b>\$8,700/\$17,400</b>
<b>HEALTH SERVICES</b>			
Preventive Care for Chronic Conditions	HMO:	Covered as any other medical condition under medical benefit at applicable member cost shares	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay, such as:</i> <ul style="list-style-type: none"> <li>▪ <i>Blood pressure monitor for those diagnosed with hypertension</i></li> <li>▪ <i>Retinopathy screening for diabetes diagnosis</i></li> <li>▪ <i>Peak flow monitor for asthma diagnosis</i></li> <li>▪ <i>Glucometer for diabetes diagnosis</i></li> <li>▪ <i>Hemoglobin A1C testing for diabetes diagnosis</i></li> <li>▪ <i>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
<b>Applies to HMO and Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 3 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
<b>Applies to Priority Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 12 visits, then \$5 copay	<b>\$0 copay, unlimited visits</b>
Rx for Infusion/Injection (other than allergy serum)/Specialty Drugs in an Office, Urgent Care, Outpatient Hospital, Home Care	HMO:	\$150 copay	<b>20% coinsurance up to maximum copay \$250</b>
Advanced Imaging - Office/UrgentCare	HMO:	\$200 copay per test	<b>\$200 copay per set of tests</b>
Advanced Imaging - ASC	HMO:	\$200 copay per test	<b>\$200 copay per set of tests</b>
Advanced Imaging - Outpatient Hospital	HMO:	\$350 copay per test	<b>\$350 copay per set of tests</b>
Emergency Room	HMO:	\$450 copay	<b>\$500 copay</b>

# 2021-2022 Benefit to Benefit Comparison

Ambulatory Surgical Center (ASC) and Outpatient Facility services for Mental Health and Substance Abuse Facility services including habilitative therapy and Partial Hospitalization Program (PHP); Intensive Outpatient Program (IOP); Applied Behavior Analysis	HMO:	\$500 copay	<b>\$550 copay</b>
Inpatient Facility, Mental Health/Substance Abuse Acute Facility, Residential Treatment Facility	HMO:	\$600 copay per day up to 5 days	<b>\$650 copay per day up to 5 days</b>
Durable Medical Equipment	HMO:	\$100 copay	<b>50% coinsurance</b>
Diabetes Equipment & Supplies	HMO:	\$50 copay	<b>50% coinsurance</b>
Cochlear Implants	HMO:	\$55 copay	<b>50% coinsurance</b>
Services and Supplies for Cochlear Implants	HMO:	Not covered	<b>50% coinsurance</b>
Wig Coverage	HMO:	Not covered	<b>50% coinsurance for one wig covered after cancer treatment per member per calendar year</b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (30-day supply)	RX:	Level 1: \$20/\$85/\$115 Level 2: \$25/\$110/\$165	<b>Level 1: \$15/\$90/\$120 Level 2: \$20/\$100/\$130</b>
Home Delivery Cost Shares Tier 1/Tier 2/Tier 3 (90-day supply)	RX:	\$50/\$255/\$345	<b>\$38/\$270/\$360</b>
<b>PLAN NAME (S)</b>		Anthem Silver HMO 55/2250/45% Anthem Silver Select HMO 55/2250/45% Anthem Silver Priority Select HMO 55/2250/45%	<b>Anthem Silver HMO 60/2500/45% Anthem Silver Select HMO 60/2500/45% Anthem Silver Priority Select HMO 60/2500/45%</b>
<b>DEDUCTIBLE</b>			
Individual/Family	HMO:	\$2,250/\$4,500	<b>\$2,500/\$5,000</b>
<b>OUT-OF-POCKET MAX</b>			
Individual/Family	HMO:	\$8,400/\$16,800	<b>\$8,700/\$17,400</b>
<b>HEALTH SERVICES</b>			

# 2021-2022 Benefit to Benefit Comparison

Preventive Care for Chronic Conditions	HMO:	Covered as any other medical condition under medical benefit at applicable member cost shares, subject to deductible	<i>Certain services matched to diagnosis below will be covered as preventive with \$0 copay (deductible waived), such as:</i> <ul style="list-style-type: none"> <li>▪ <i>Blood pressure monitor for those diagnosed with hypertension</i></li> <li>▪ <i>Retinopathy screening for diabetes diagnosis</i></li> <li>▪ <i>Peak flow monitor for asthma diagnosis</i></li> <li>▪ <i>Glucometer for diabetes diagnosis</i></li> <li>▪ <i>Hemoglobin A1C testing for diabetes diagnosis</i></li> <li>▪ <i>International Normalized Ratio (INR) testing for liver disease and/or bleeding disorders</i></li> </ul>
<b>Applies to HMO and Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 3 visits, then \$5 copay	<b><i>\$0 copay, unlimited visits</i></b>
<b>Applies to Priority Select HMO Plans only:</b> Virtual Visits from our Online Provider - LiveHealth Online – Includes Medical and Mental Health and Substance Abuse visits	HMO:	Covered in full for first 12 visits, then \$5 copay	<b><i>\$0 copay, unlimited visits</i></b>
Primary Care - Office and Telehealth/Telemedicine visits; Mental Health and Substance Abuse; Retail Health Clinic; Maternity post partum; Nutritional Counseling, Family Planning	HMO:	\$55 copay	<b><i>\$60 copay</i></b>
Office Visits for Rehabilitative/Habilitative Physical, Occupational, Speech therapy; Cardiac/Pulmonary Rehab therapy	HMO:	\$55 copay	<b><i>\$60 copay</i></b>
Allergy testing and injection administration	HMO:	\$55 copay	<b><i>\$60 copay</i></b>
Chiropractic Care	HMO:	\$55 copay	<b><i>\$60 copay</i></b>
Acupuncture	HMO:	\$55 copay	<b><i>\$60 copay</i></b>
Urgent Care	HMO:	\$55 copay	<b><i>\$60 copay</i></b>
Prosthetics and Foot Orthotics	HMO:	\$55 copay	<b><i>\$60 copay</i></b>
Advanced Imaging - Office/UrgentCare	HMO:	\$200 copay per test	<b><i>\$200 copay per set of tests</i></b>
Advanced Imaging - ASC	HMO:	\$200 copay per test	<b><i>\$200 copay per set of tests</i></b>
Advanced Imaging - Outpatient Hospital	HMO:	Deductible, then \$350 copay per test	<b><i>Deductible, then \$350 copay per set of tests</i></b>

# 2021-2022 Benefit to Benefit Comparison

Ambulatory Surgical Center (ASC) and Outpatient Facility services for Mental Health and Substance Abuse Facility services including habilitative therapy and Partial Hospitalization Program (PHP); Intensive Outpatient Program (IOP); Applied Behavior Analysis	HMO:	Deductible, then \$500 copay	<b><i>Deductible, then \$600 copay</i></b>
Rx for Infusion/Injection (other than allergy serum)/Specialty Drugs in an Office, Urgent Care	HMO:	45% coinsurance	<b><i>45% coinsurance up to maximum copay \$250</i></b>
Rx for Infusion/Injection (other than allergy serum)/Specialty Drugs in an Outpatient Hospital, Home Care	HMO:	Deductible, then 45% coinsurance	<b><i>Deductible, then 45% coinsurance up to maximum copay \$250</i></b>
Diabetes Equipment & Supplies	HMO:	Deductible, then 45% coinsurance	<b><i>Deductible, then 50% coinsurance</i></b>
Cochlear Implants	HMO:	\$55 copay	<b><i>Deductible, then 50% coinsurance</i></b>
Services and Supplies for Cochlear Implants	HMO:	Not covered	<b><i>Deductible, then 50% coinsurance</i></b>
Wig Coverage	HMO:	Not covered	<b><i>Deductible, then 50% coinsurance for one wig covered after cancer treatment per member per calendar year</i></b>
<b>PHARMACY BENEFITS</b>			
Separate Pharmacy Deductible	RX:	Applies to tiers 2-4: \$300/member; \$600/Family	<b><i>Applies to tiers 2-4: \$200/member; \$400/Family</i></b>
Retail Pharmacy Cost Shares Tier 1/Tier 2/Tier 3 (30-day supply)	RX:	Level 1: \$20/\$85/\$115 Level 2: \$25/\$110/\$165	<b><i>Level 1: \$15/\$70/\$110 Level 2: \$20/\$80/\$120</i></b>
Home Delivery Cost Shares Tier 1/Tier 2/Tier 3 (90-day supply)	RX:	\$50/\$255/\$345	<b><i>\$38/\$210/\$330</i></b>

\*These plans have a different per-member deductible amount, depending on whether the subscriber is enrolled as self-only, or has enrolled dependents within the plan. Plans have been designed in this manner to comply with both AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

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