

Nevada

Effective January 1, 2023

Anthem Association Health Plans (AHP) medical and specialty products



WE'RE HELPING SOLVE TODAY'S TOUGHEST HEALTHCARE CHALLENGES

By connecting individuals to the care, support, and resources they need to thrive, we're going beyond traditional health insurance to focus on a bigger whole-health picture.

We're here to support you with:



A transformative digital-first experience. Using innovative digital solutions, advanced analytics, and apps like SydneySM Health, we're simplifying and personalizing healthcare delivery.



Meaningful connections through whole-person care. Through medical, pharmacy, and specialty integration, we're leaning into whole-health programs like Wellbeing Solutions to improve outcomes and lower costs.



Collaborative expertise with our network advantage. By leveraging our partnerships, networks, and strong provider relationships, we're supporting access to high-quality, equitable care.

As your trusted partner, we're here to promote an effective healthcare strategy that reinforces innovation, integration, and collaboration.

Anthem Association Health Plans (AHP) product details

These plans are non-ACA plans. All plans exclude certain state mandated benefits.

****NEW* Anthem Convenient Care HMO plans:***

- Available in Las Vegas area only.
- A transformative, virtual-first health care solution that offers convenient and affordable access to a network of virtual care and in-person providers.
- 24/7 healthcare coordinator support, in a seamless digital experience.
- PCP selection and specialist referrals are required.
- Virtual primary care through K Health and preferred PCP virtual visits are covered in full (no cost share) for non-HSA plans and covered in full after deductible for HSA plans.
- In-person PCP office visits and other services performed in office will have a lower cost share with a preferred PCP.

****NEW* Anthem Choice PPO plans:***

- Uses our popular Choice PPO network, which is broad yet cost-effective.

The following benefit charts show in-network benefits for select visits and/or services. Additional services rendered as part of a visit or service (including urgent care and emergency room visits) may be subject to additional cost shares.

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

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

Anthem Association Health Plans (AHP) product details

Choice PPO plans - Choice PPO is a tiered network that includes Pathway PPO and PPO providers.

Plan type	PPO		
Plan name	Anthem Choice PPO 1 15/45/75/30%	Anthem Choice PPO 2 15/45/75/30%	Anthem Choice PPO 3 15/45/75/30%
Contract code	72F0	72F4	72GL
Deductible ¹ (individual/family)	Tier 1: \$500/\$1,000 Tier 2: \$1,500/\$3,000	Tier 1: \$750/\$1,500 Tier 2: \$2,250/\$4,500	Tier 1: \$1,000/\$2,000 Tier 2: \$3,000/\$6,000
Coinsurance	Tier 1: 10% Tier 2: 30%	Tier 1: 20% Tier 2: 40%	Tier 1: 20% Tier 2: 40%
Out-of-pocket maximum (individual/family)	Tier 1: \$4,500/\$9,000 Tier 2: \$4,500/\$9,000	Tier 1: \$6,500/\$13,000 Tier 2: \$6,500/\$13,000	Tier 1: \$7,500/\$15,000 Tier 2: \$7,500/\$15,000
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) ²	PPC: Not applicable PCP Tier 1: \$15 SPC Tier 1: \$30 PCP Tier 2: \$45 SPC Tier 2: \$90	PPC: Not applicable PCP Tier 1: \$15 SPC Tier 1: \$30 PCP Tier 2: \$45 SPC Tier 2: \$90	PPC: Not applicable PCP Tier 1: \$15 SPC Tier 1: \$30 PCP Tier 2: \$45 SPC Tier 2: \$90
Medical chats and virtual primary care visits ³	Tier 1: \$0 Tier 2: Not applicable	Tier 1: \$0 Tier 2: Not applicable	Tier 1: \$0 Tier 2: Not applicable
Virtual doctor visits: Preferred online provider ⁴	Tier 1: \$0 Tier 2: Same as Tier 1	Tier 1: \$0 Tier 2: Same as Tier 1	Tier 1: \$0 Tier 2: Same as Tier 1
Reference lab	Tier 1: Deductible, then 10% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance
Urgent care (office)	Tier 1: \$30 Tier 2: \$90	Tier 1: \$30 Tier 2: \$90	Tier 1: \$30 Tier 2: \$90
Emergency room (facility)	Tier 1: Deductible, then 10% coinsurance Tier 2: Deductible, then 10% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 20% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 20% coinsurance
Independent facility: ambulatory outpatient surgery center	Tier 1: Deductible, then 10% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance
Independent facility: X-ray and ultrasound	Tier 1: Deductible, then 10% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance
Hospital outpatient surgery facility	Tier 1: Deductible, then 10% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 10% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{6,7}	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script

Anthem Association Health Plans (AHP) product details

Choice PPO plans - Choice PPO is a tiered network that includes Pathway PPO and PPO providers.

Plan type	PPO		
Plan name	Anthem Choice PPO 4 15/45/75/30%	Anthem Choice PPO 5 15/45/75/30% *NEW*	Anthem Choice PPO 6 15/45/75/30% *NEW*
Contract code	72GA	72FP	72JO
Deductible ¹ (individual/family)	Tier 1: \$2,000/\$4,000 Tier 2: \$4,000/\$8,000	Tier 1: \$4,000/\$8,000 Tier 2: \$6,000/\$12,000	Tier 1: \$6,000/\$12,000 Tier 2: \$7,000/\$14,000
Coinsurance	Tier 1: 20% Tier 2: 40%	Tier 1: 20% Tier 2: 40%	Tier 1: 20% Tier 2: 40%
Out-of-pocket maximum (individual/family)	Tier 1: \$8,000/\$16,000 Tier 2: \$8,000/\$16,000	Tier 1: \$8,000/\$16,000 Tier 2: \$8,000/\$16,000	Tier 1: \$8,000/\$16,000 Tier 2: \$8,000/\$16,000
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) ²	PPC: Not applicable PCP Tier 1: \$15 SPC Tier 1: \$30 PCP Tier 2: \$45 SPC Tier 2: \$90	PPC: Not applicable PCP Tier 1: \$15 SPC Tier 1: \$30 PCP Tier 2: \$45 SPC Tier 2: \$90	PPC: Not applicable PCP Tier 1: \$15 SPC Tier 1: \$30 PCP Tier 2: \$45 SPC Tier 2: \$90
Medical chats and virtual primary care visits ³	Tier 1: \$0 Tier 2: Not applicable	Tier 1: \$0 Tier 2: Not applicable	Tier 1: \$0 Tier 2: Not applicable
Virtual doctor visits: Preferred online provider ⁴	Tier 1: \$0 Tier 2: Same as Tier 1	Tier 1: \$0 Tier 2: Same as Tier 1	Tier 1: \$0 Tier 2: Same as Tier 1
Reference lab	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance
Urgent care (office)	Tier 1: \$30 Tier 2: \$90	Tier 1: \$30 Tier 2: \$90	Tier 1: \$30 Tier 2: \$90
Emergency room (facility)	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 20% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 20% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 20% coinsurance
Independent facility: ambulatory outpatient surgery center	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance
Independent facility: X-ray and ultrasound	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance
Hospital outpatient surgery facility	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{6,7}	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script

Anthem Association Health Plans (AHP) product details

PPO plans

Plan type	PPO		
Plan name	BluePreferred PPO 1 \$25/\$1000/70% Ω	BlueSecure PPO 6 \$25/\$1000/80% Ω	BlueSecure PPO 7 \$25/\$1500/80% Ω
Contract code	72JP	72F1	72FZ
Deductible ¹ (individual/family)	\$0/\$0	\$1,000/\$3,000	\$1,500/\$4,500
Coinsurance	30%	20%	20%
Out-of-pocket maximum (individual/family)	\$4,500/\$9,000	\$5,000/\$10,000	\$6,000/\$12,000
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) ²	PPC: Not applicable PCP: \$25 SPC: \$50	PPC: Not applicable PCP: \$25 SPC: \$50	PPC: Not applicable PCP: \$25 SPC: \$50
Medical chats and virtual primary care visits ³	\$0	\$0	\$0
Virtual doctor visits: Preferred online provider ⁴	\$0	\$0	\$0
Reference lab	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$50	\$50	\$50
Emergency room (facility)	\$250, then 30% coinsurance	\$250, then 20% coinsurance	\$250, then 20% coinsurance
Independent facility: ambulatory outpatient surgery center	\$500, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: X-ray and ultrasound	Covered in full	\$25	\$25
Hospital outpatient surgery facility	\$1,000, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	\$1,000 per admission, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{6,7}	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script

Anthem Association Health Plans (AHP) product details

PPO plans

Plan type	PPO		
Plan name	BlueSecure PPO 8 \$30/\$2500/80% Ω	BlueSecure PPO 10 \$30/\$4000/90% Ω	BlueSecure PPO 11 \$30/\$5500/70% Ω
Contract code	72HC	72FR	72HJ
Deductible ¹ (individual/family)	\$2,500/\$7,500	\$4,000/\$12,000	\$5,500/\$11,000
Coinsurance	20%	10%	30%
Out-of-pocket maximum (individual/family)	\$6,350/\$12,700	\$6,500/\$13,000	\$7,000/\$14,000
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) ²	PPC: Not applicable PCP: \$30 SPC: \$60	PPC: Not applicable PCP: \$30 SPC: \$60	PPC: Not applicable PCP: \$30 SPC: \$60
Medical chats and virtual primary care visits ³	\$0	\$0	\$0
Virtual doctor visits: Preferred online provider ⁴	\$0	\$0	\$0
Reference lab	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$60	\$60	\$60
Emergency room (facility)	\$300, then 20% coinsurance	\$300, then 10% coinsurance	\$300, then 30% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Independent facility: X-ray and ultrasound	\$30	\$30	\$30
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{6,7}	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script

Anthem Association Health Plans (AHP) product details

PPO plans

Plan type	PPO	
Plan name	BlueSecure PPO 13 \$30/\$6000/70% Ω	BlueSecure PPO LMV1 15/45/75/30%
Contract code	72FT	72G7
Deductible ¹ (individual/family)	\$6,000/\$12,000	\$6,500/\$13,000
Coinsurance	30%	40%
Out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$8,150/\$16,300
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) ²	PPC: Not applicable PCP: \$30 SPC: \$60	PPC: Not applicable PCP: \$30 SPC: \$60
Medical chats and virtual primary care visits ³	\$0	\$0
Virtual doctor visits: Preferred online provider ⁴	\$0	\$0
Reference lab	Covered in full	Deductible, then 40% coinsurance
Urgent care (office)	\$60	\$60
Emergency room (facility)	\$400, then 30% coinsurance	Deductible, then 40% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Independent facility: X-ray and ultrasound	\$30	Deductible, then 40% coinsurance
Hospital outpatient surgery facility	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{6,7}	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script

Anthem Association Health Plans (AHP) product details

PPO plans

Plan type	PPO HSA	
Plan name	Health Savings Account HSA Compatible PPO Plan 23E \$3000/80%	Health Savings Account HSA Compatible PPO Plan 24E \$5000/100%
Contract code	72E4	72E9
Deductible ¹ (individual/family)	\$3,000/\$6,000	\$5,000/\$10,000
Coinsurance	20%	0%
Out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$5,000/\$10,000
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) ²	PPC: Not applicable PCP/SPC: Deductible, then 20% coinsurance	PPC: Not applicable PCP/SPC: Deductible, then 0% coinsurance
Medical chats and virtual primary care visits ³	Deductible, then \$0	Deductible, then \$0
Virtual doctor visits: Preferred online provider ⁴	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Reference lab	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Urgent care (office)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply ^{6,7}	Level 1: 20% Level 2: 30%	0%

Anthem Association Health Plans (AHP) product details

NEW Convenient Care HMO plans

PCP selection and specialist referrals are required. Convenient Care HMO plans only available in Clark and Nye counties.

Plan type	HMO		
Plan name	Anthem Convenient Care HMO 0/20%/5000 *NEW*	Anthem Convenient Care HMO 1000/20%/6500 *NEW*	Anthem Convenient Care HMO 2000/20%/6000 *NEW*
Contract code	72E1	72E2	72DV
Deductible ¹ (individual/family)	\$0/\$0	\$1,000/\$3,000	\$2,000/\$6,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$6,500/\$13,000	\$6,000/\$12,000
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) ²	PPC: \$0 PCP: \$45 SPC: \$55	PPC: \$0 PCP: \$45 SPC: \$55	PPC: \$5 PCP: \$50 SPC: \$60
Medical chats and virtual primary care visits ³	\$0	\$0	\$0
Virtual doctor visits: Preferred online provider ⁴	\$0	\$0	\$0
Reference lab	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Urgent care (office)	\$45	\$45	\$50
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1a-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1a-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1a-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply ^{6,7}	Level 1: \$0/\$10/\$60/\$125/\$400 Level 2: \$10/\$20/\$70/\$135/\$500	Level 1: \$0/\$10/\$60/\$125/\$400 Level 2: \$10/\$20/\$70/\$135/\$500	Level 1: \$0/\$10/\$60/\$125/\$400 Level 2: \$10/\$20/\$70/\$135/\$500

Anthem Association Health Plans (AHP) product details

NEW Convenient Care HMO plans

PCP selection and specialist referrals are required. Convenient Care HMO plans only available in Clark and Nye counties.

Plan type	HMO	
Plan name	Anthem Convenient Care HMO 4000/30%/7000 *NEW*	Anthem Convenient Care HMO 6500/40%/8500 *NEW*
Contract code	72DT	72DY
Deductible ¹ (individual/family)	\$4,000/\$12,000	\$6,500/\$13,000
Coinsurance	30%	40%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$8,500/\$17,000
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) ²	PPC: \$5 PCP: \$50 SPC: \$75	PPC: \$10 PCP: \$50 SPC: \$75
Medical chats and virtual primary care visits ³	\$0	\$0
Virtual doctor visits: Preferred online provider ⁴	\$0	\$0
Reference lab	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Urgent care (office)	\$50	\$50
Emergency room (facility)	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Hospital outpatient surgery facility	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1a-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1a-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply ^{6,7}	Level 1: \$0/\$10/\$60/\$125/\$400 Level 2: \$10/\$20/\$70/\$135/\$500	Level 1: \$0/\$10/\$60/\$125/\$400 Level 2: \$10/\$20/\$70/\$135/\$500

Anthem Association Health Plans (AHP) product details

HMO plans

PCP selection and referrals to most specialists are required for our guided access HMO. Guided access HMO plans only available in Carson City, Clark, Douglas, Lyon, Nye, Storey and Washoe counties.

Plan type	HMO		
Plan name	Guided Access HMO \$10 \$0/20%/\$5000 Ω	Guided Access HMO \$10 \$1000/20%/\$6500 Ω	Guided Access HMO \$10 \$500/20%/\$6000 Ω
Contract code	72FN	72JR	72JL
Deductible ¹ (individual/family)	\$0/\$0	\$1,000/\$3,000	\$500/\$1,500
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$6,500/\$13,000	\$6,000/\$12,000
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) ²	PPC: Not applicable PCP: \$10 SPC: \$30	PPC: Not applicable PCP: \$10 SPC: \$30	PPC: Not applicable PCP: \$10 SPC: \$30
Medical chats and virtual primary care visits ³	\$0	\$0	\$0
Virtual doctor visits: Preferred online provider ⁴	\$0	\$0	\$0
Reference lab	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Urgent care (office)	\$30	\$30	\$30
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: ambulatory outpatient surgery center	\$300	\$300	\$300
Independent facility: X-ray and ultrasound	Covered in full	Covered in full	Covered in full
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{6,7}	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script

Anthem Association Health Plans (AHP) product details

HMO plans

PCP selection and referrals to most specialists are required for our guided access HMO. Guided access HMO plans only available in Carson City, Clark, Douglas, Lyon, Nye, Storey and Washoe counties.

Plan type	HMO		
Plan name	Guided Access HMO \$15 \$2000/20%/\$6000L Ω	Guided Access HMO \$15 \$4000/30%/\$7000L Ω	Guided Access HMO \$20 \$6500/40%/\$8500L Ω
Contract code	72H7	72HU	72J3
Deductible ¹ (individual/family)	\$2,000/\$6,000	\$4,000/\$12,000	\$6,500/\$13,000
Coinsurance	20%	30%	40%
Out-of-pocket maximum (individual/family)	\$6,000/\$12,000	\$7,000/\$14,000	\$8,500/\$17,000
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) ²	PPC: Not applicable PCP: \$15 SPC: \$45	PPC: Not applicable PCP: \$15 SPC: \$45	PPC: Not applicable PCP: \$20 SPC: \$60
Medical chats and virtual primary care visits ³	\$0	\$0	\$0
Virtual doctor visits: Preferred online provider ⁴	\$0	\$0	\$0
Reference lab	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Urgent care (office)	\$45	\$45	\$60
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Independent facility: ambulatory outpatient surgery center	\$400	\$400	\$400
Independent facility: X-ray and ultrasound	\$15	\$15	\$20
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential	Rx Choice Tiered Network with R90/Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{6,7}	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script	Level 1: \$15/\$45/\$75/30% up to \$500 per script Level 2: \$25/\$55/\$85/30% up to \$600 per script

Anthem Association Health Plans (AHP) product details

Footnotes

- Ω Site of Service plan may have reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.
- 1 All plans have embedded deductibles and out-of-pocket maximums, which means each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
- 2 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies. NOTE: The PPC cost share does not apply to virtual primary care visits with preferred providers for *Anthem Convenient Care HMO* plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans. The PCP cost share does not apply to virtual primary care visits for *Anthem Link* plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.
- 3 Medical chats and virtual visits for primary care from our online provider K Health, through its affiliated provider groups.
- 4 Cost share applies to virtual visits from our online provider LiveHealth Online (LHO) – urgent/acute medical and behavioral health services (mental health / substance abuse).
- 5 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
- 6 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.
- 7 Home delivery cost shares are 2.5x the retail copay for drug tier 1 and 3x the retail pharmacy copay for all other non-specialty tiers for plans with pharmacy copays. Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

Dental plan options

Anthem Dental plans fill gaps in care that many dental plans don't. All plans include a carry-over option, composite (tooth-colored) fillings, implants, and Accidental Dental Injury coverage. Members with certain health conditions also receive additional dental benefits including extra cleanings, periodontal treatment and more through our Anthem Whole Health Connection benefit to promote better overall health and wellness.

Plan name	Employer Sponsored								
	Design type	Annual benefit maximum	Annual deductible ¹ (ind/fam)	Diagnostic/preventive (INN/OON)	Basic (INN/OON)	Major ² (INN/OON)	Endodontic/periodontal/oral surgery	Ortho ²	Out-of-network reimbursement
NV AHP - Low Plan	Active	\$1,000	\$50/\$150	100% / 80%	80%/60%	50% / 50%	Major	Not covered	MAC
NV-AHP - Medium Plan	Active	\$1,500	\$50/\$150	100% / 80%	80%/60%	50% / 50%	Basic	Not covered	MAC
MV AHP - High Plan	Active	\$2,000	\$50/\$150	100% / 100%	90%/80%	60% / 50%	Basic	Children only \$1,500	90th

INN = In-network or Network

OON = Out-of-network or Non-network

MAC = Maximum allowable charge

¹ Deductible is waived for diagnostic and preventive services.

² **Employer-sponsored** plans have no waiting period for major services or orthodontia (if covered).



Not seeing the plan you're looking for?
Ask your Anthem representative for more details.

Vision plan options¹

Saving money is important to you and your employees. And convenience and choice are right up there, too. That's why Blue View VisionSM is a clear winner for both of you. Ours is one of America's biggest vision networks, so it's easy for your employees to find an eye care provider online or close to their home or work. And our network discounts keep out-of-pocket costs down. Members save an average of 63% in the Blue View Vision Network!

Plan availability

Employer plans:

- Participation guidelines apply. Please see final quote for details.

Plan name	Employer-sponsored					
	Copay (eye exam/ eyeglass lenses ²)	Allowance (frames ³ / contact lenses ^{4,5})	Eye exam (frequency)	Eyeglass lenses (frequency)	Frames (frequency)	Contact lenses (frequency)
FS.A.10.20.130.130	\$10 / \$20	\$130 / \$130	Once every CY	Once every CY	Once every CY	Once every CY
FS.B.10.10.130.130	\$10 / \$10	\$130 / \$130	Once every CY	Once every CY	Once every other CY	Once every CY
FS.B.10.25.130.130	\$10 / \$25	\$130 / \$130	Once every CY	Once every CY	Once every other CY	Once every CY

1 Plans cover out-of-network benefits. Only one plan may be selected.
2 If you buy covered eyewear from a Blue View Vision provider, members may choose to add any of the following lens enhancements - Transitions[®], Standard polycarbonate (child under 19 only) or factory scratch coating - at no extra cost.
3 After the frames allowance is met, members receive 20% of any balance.
4 After the contact lens allowance is met, members receive 15% of any balance for conventional elective lenses. There is no additional discount for disposable elective lenses.
5 Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.



Life and Disability plans

For extra support, our life and disability plans offer Resource Advisor, which includes counseling by phone, face-to-face or LiveHealth Online; financial and legal counseling; online tools for the whole family and Perks at Work discounts on goods and services to help employees stay healthy and more. Travel Assistance is included with all life plans to give your employees help with emergency medical evacuations, lost baggage and more.*

Group term life / Accidental death and dismemberment (AD&D)

Basic life benefit amounts	Flat dollar amount: \$15,000 / \$25,000 / \$50,000
Accidental death and dismemberment (AD&D) benefits (included with Life)	Equal to life benefit. Includes seat belt benefit, airbag benefit, education benefit and repatriation benefit, coma benefit and common carrier benefit.

*All Travel Assistance services must be arranged in advance by Generali Global Assistance in order to be covered.

Short-term disability

Short-term disability coverage integrates with your Anthem health benefit to improve employee health and productivity. We refer disability claimants with certain chronic conditions and maternity claims to appropriate medical care management programs. It helps reduce disability costs, increase engagement in health and wellness programs to reduce cost of care, and improve the overall member experience.

Benefit payments	Flat dollar amount of \$250 per week
Maximum weekly benefit	\$250
Elimination period	Benefits begin on the 1st day for disability injury and 8th day for disability illness
Maximum benefit periods	13 or 26 weeks

When you package disability with one of our medical plans your employees are connected with teams of clinical, behavioral health, vocational rehabilitation and counseling specialists who can help them get back to life and back to work.

Additional information for Group term life and AD&D and Short-term disability:

- Plan availability based on group's SIC.
- All product offerings are subject to regulatory review and approval and are subject to change.

MOVING FORWARD, TOGETHER

Delivering the future of healthcare, today

Thank you for the opportunity to be your trusted partner in health. We understand providing benefits is an important decision for small businesses. That's why we are committed to earning your confidence by offering transformative solutions to help simplify care, improve access and affordability, and achieve better health for your employees and their families.

By always asking more of ourselves, we strive to build and deliver the healthcare of tomorrow for your employees, right now. We look forward to collaborating to elevate the health of your employees and your business.

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



www.anthem.com

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Dental, vision, life and disability are not subject to the ABF stop loss policy and they are not self-funded benefits. Specialty products are insured by Anthem Blue Cross and Blue Shield or its affiliates under a separate group insurance policy and remain subject to regulation by the Nevada Division of Insurance.

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

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