



Nevada

Effective January 1, 2023

# Anthem medical and specialty products for the Vegas Chamber



# 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 Sydney<sup>SM</sup> Health, we're simplifying and personalizing healthcare delivery.

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**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.

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**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 Balanced Funding (ABF) product details

Available to Vegas Chamber groups with 5 to 50 employees.

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 EPO plans:***

- Anthem's first EPO plans in the Nevada market.
- Uses our popular Choice PPO network, which is broad yet cost-effective.
- Provides cost and premium savings by limiting out-of-network and out-of-state coverage to emergency and urgent care only.

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 Balanced Funding (ABF) product details

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

Plan type	PPO		
Plan name	Anthem Balanced Choice PPO 500/10%/4500	Anthem Balanced Choice PPO 750/20%/8500	Anthem Balanced Choice PPO 1000/20%/7500
Contract code	6V7Z	6V7Q	6V7M
Deductible <sup>1</sup> (individual/family)	Tier 1: \$500/\$1,500 Tier 2: \$1,500/\$3,000	Tier 1: \$750/\$2,250 Tier 2: \$3,000/\$6,000	Tier 1: \$1,000/\$3,000 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: \$8,500/\$17,000 Tier 2: \$8,500/\$17,000	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) <sup>2</sup>	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 <sup>3</sup>	Tier 1: Covered in full Tier 2: Same as Tier 1	Tier 1: Covered in full Tier 2: Same as Tier 1	Tier 1: Covered in full Tier 2: Same as Tier 1
Virtual doctor visits: Preferred online provider <sup>4</sup>	Tier 1: \$5 Tier 2: Same as Tier 1	Tier 1: \$5 Tier 2: Same as Tier 1	Tier 1: \$5 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: Same as Tier 1	Tier 1: Deductible, then 20% coinsurance Tier 2: Same as Tier 1	Tier 1: Deductible, then 20% coinsurance Tier 2: Same as Tier 1
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	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>6,7</sup>	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script

## Footnotes

- 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.
- A limited number of benefits use coinsurance - home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
- 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.
- 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.
- Medical chats and virtual visits for primary care from our online provider K Health, through its affiliated provider groups.
- Cost share applies to virtual visits from our online provider LiveHealth Online (LHO) - urgent/acute medical and behavioral health services (mental health / substance abuse).
- For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
- 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/>.
- 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).

# Anthem Balanced Funding (ABF) product details

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

Plan type	PPO		
Plan name	Anthem Balanced Choice PPO 2000/20%/8000	Anthem Balanced Choice PPO 3000/30%/9100	Anthem Balanced Choice PPO 4000/30%/9100
Contract code	6V7V	75UG	75UK
Deductible <sup>1</sup> (individual/family)	Tier 1: \$2,000/\$4,000 Tier 2: \$4,000/\$8,000	Tier 1: \$3,000/\$6,000 Tier 2: \$6,000/\$12,000	Tier 1: \$4,000/\$8,000 Tier 2: \$8,000/\$16,000
Coinsurance	Tier 1: 20% Tier 2: 40%	Tier 1: 30% Tier 2: 50%	Tier 1: 30% Tier 2: 50%
Out-of-pocket maximum (individual/family)	Tier 1: \$8,000/\$16,000 Tier 2: \$8,000/\$16,000	Tier 1: \$9,100/\$18,200 Tier 2: \$9,100/\$18,200	Tier 1: \$9,100/\$18,200 Tier 2: \$9,100/\$18,200
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) <sup>2</sup>	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: \$30 SPC Tier 1: \$60 PCP Tier 2: \$60 SPC Tier 2: \$90	PPC: Not applicable PCP Tier 1: \$30 SPC Tier 1: \$55 PCP Tier 2: \$50 SPC Tier 2: \$80
Medical chats and virtual primary care visits <sup>3</sup>	Tier 1: Covered in full Tier 2: Same as Tier 1	Tier 1: Covered in full Tier 2: Same as Tier 1	Tier 1: Covered in full Tier 2: Same as Tier 1
Virtual doctor visits: Preferred online provider <sup>4</sup>	Tier 1: \$5 Tier 2: Same as Tier 1	Tier 1: \$5 Tier 2: Same as Tier 1	Tier 1: \$5 Tier 2: Same as Tier 1
Reference lab	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Urgent care (office)	Tier 1: \$30 Tier 2: \$90	Tier 1: \$60 Tier 2: \$90	Tier 1: \$55 Tier 2: \$80
Emergency room (facility)	Tier 1: Deductible, then 20% coinsurance Tier 2: Same as Tier 1	Tier 1: Deductible, then 30% coinsurance Tier 2: Same as Tier 1	Tier 1: Deductible, then 30% coinsurance Tier 2: Same as Tier 1
Independent facility: ambulatory outpatient surgery center	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Independent facility: X-ray and ultrasound	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Hospital outpatient surgery facility	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>6,7</sup>	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script

## Footnotes

- 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.
- A limited number of benefits use coinsurance - home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
- 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.
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- Medical chats and virtual visits for primary care from our online provider K Health, through its affiliated provider groups.
- Cost share applies to virtual visits from our online provider LiveHealth Online (LHO) - urgent/acute medical and behavioral health services (mental health / substance abuse).
- For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
- 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/>.
- 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).

# Anthem Balanced Funding (ABF) product details

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

Plan type	PPO
Plan name	Anthem Balanced Choice PPO 5500/30%/9100
Contract code	75UL
Deductible <sup>1</sup> (individual/family)	Tier 1: \$5,500/\$11,000 Tier 2: \$9,000/\$18,000
Coinsurance	Tier 1: 30% Tier 2: 50%
Out-of-pocket maximum (individual/family)	Tier 1: \$9,100/\$18,200 Tier 2: \$9,100/\$18,200
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) <sup>2</sup>	PPC: Not applicable PCP Tier 1: \$30 SPC Tier 1: \$60 PCP Tier 2: \$50 SPC Tier 2: \$90
Medical chats and virtual primary care visits <sup>3</sup>	Tier 1: Covered in full Tier 2: Same as Tier 1
Virtual doctor visits: Preferred online provider <sup>4</sup>	Tier 1: \$5 Tier 2: Same as Tier 1
Reference lab	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Urgent care (office)	Tier 1: \$60 Tier 2: \$90
Emergency room (facility)	Tier 1: Deductible, then 30% coinsurance Tier 2: Same as Tier 1
Independent facility: ambulatory outpatient surgery center	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Independent facility: X-ray and ultrasound	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Hospital outpatient surgery facility	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>6,7</sup>	\$15/\$45/\$75/30% up to \$500 per script

## Footnotes

- 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.
- A limited number of benefits use coinsurance - home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
- 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.
- 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.
- Medical chats and virtual visits for primary care from our online provider K Health, through its affiliated provider groups.
- Cost share applies to virtual visits from our online provider LiveHealth Online (LHO) - urgent/acute medical and behavioral health services (mental health / substance abuse).
- For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
- 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/>.
- 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).

# Anthem Balanced Funding (ABF) product details

## PPO plans

Plan type	PPO		
Plan name	Anthem Balanced BluePreferred PPO 25/30%/4500 Ω	Anthem Balanced BlueSecure PPO 1000/20%/5000 Ω *NEW*	Anthem Balanced BlueSecure PPO 1500/20%/6000 Ω
Contract code	6V7K	7827	6V80
Deductible <sup>1</sup> (individual/family)	\$0/\$0	\$1,000/\$3,000	\$1,500/\$3,000
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) <sup>2</sup>	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 <sup>3</sup>	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider <sup>4</sup>	\$5	\$5	\$5
Reference lab	Covered in full	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Urgent care (office)	\$50	\$50	\$50
Emergency room (facility)	\$250, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: ambulatory outpatient surgery center	\$500, then 30% coinsurance	\$400	\$400
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	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>6,7</sup>	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script

## 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.
- § A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
- 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.
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- 5 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
- 6 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 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).



# Anthem Balanced Funding (ABF) product details

## PPO plans

Plan type	PPO		
Plan name	Anthem Balanced BlueSecure PPO 2500/20%/6350 Ω	Anthem Balanced BlueSecure PPO 4000/20%/6500 Ω *NEW*	Anthem Balanced BlueSecure PPO 6000/20%/7500 Ω *NEW*
Contract code	6V7T	78Z8	78Z6
Deductible <sup>1</sup> (individual/family)	\$2,500/\$5,000	\$4,000/\$8,000	\$6,000/\$12,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$6,350/\$12,700	\$6,500/\$13,000	\$7,500/\$15,000
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) <sup>2</sup>	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 <sup>3</sup>	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider <sup>4</sup>	\$5	\$5	\$5
Reference lab	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Urgent care (office)	\$60	\$60	\$60
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: ambulatory outpatient surgery center	\$400	\$400	\$400
Independent facility: X-ray and ultrasound	\$30	\$30	\$30
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	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>6,7</sup>	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script

## 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.
- § A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
- 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).



# Anthem Balanced Funding (ABF) product details

## PPO plans

Plan type	PPO HSA	
Plan name	Anthem Balanced PPO 3000/20%/5000 w/HSA	Anthem Balanced PPO 6350/0%/6350 w/HSA
Contract code	6V7J	6V7Y
Deductible <sup>1</sup> (individual/family)	\$3,000/\$6,000	\$6,350/\$12,700
Coinsurance	20%	0%
Out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$6,350/\$12,700
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) <sup>2</sup>	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 <sup>3</sup>	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>4</sup>	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	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply <sup>6,7</sup>	20%	0%

## Footnotes

- <sup>Q</sup> 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.
- <sup>S</sup> A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
- <sup>1</sup> 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.
- <sup>2</sup> 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.
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- <sup>4</sup> Cost share applies to virtual visits from our online provider LiveHealth Online (LHO) – urgent/acute medical and behavioral health services (mental health / substance abuse).
- <sup>5</sup> For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
- <sup>6</sup> 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/>.
- <sup>7</sup> 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).

# Anthem Balanced Funding (ABF) product details

## \*NEW\* Choice EPO plans

Plan type	EPO		
Plan name	Anthem Balanced Choice EPO 1500/20%/8000	Anthem Balanced Choice EPO 2500/20%/8000	Anthem Balanced Choice EPO 3500/30%/9100
Contract code	71JF	75UE	75UR
Deductible <sup>1</sup> (individual/family)	Tier 1: \$1,500/\$3,000 Tier 2: \$3,000/\$6,000	Tier 1: \$2,500/\$5,000 Tier 2: \$5,000/\$10,000	Tier 1: \$3,500/\$7,000 Tier 2: \$7,000/\$14,000
Coinsurance	Tier 1: 20% Tier 2: 40%	Tier 1: 20% Tier 2: 40%	Tier 1: 30% Tier 2: 50%
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: \$9,100/\$18,200 Tier 2: \$9,100/\$18,200
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) <sup>2</sup>	PPC: Not applicable PCP Tier 1: \$20 SPC Tier 1: \$40 PCP Tier 2: \$40 SPC Tier 2: \$60	PPC: Not applicable PCP Tier 1: \$30 SPC Tier 1: \$50 PCP Tier 2: \$50 SPC Tier 2: \$75	PPC: Not applicable PCP Tier 1: \$30 SPC Tier 1: \$60 PCP Tier 2: \$60 SPC Tier 2: \$90
Medical chats and virtual primary care visits <sup>3</sup>	Tier 1: Covered in full Tier 2: Same as Tier 1	Tier 1: Covered in full Tier 2: Same as Tier 1	Tier 1: Covered in full Tier 2: Same as Tier 1
Virtual doctor visits: Preferred online provider <sup>4</sup>	Tier 1: \$5 Tier 2: Same as Tier 1	Tier 1: \$5 Tier 2: Same as Tier 1	Tier 1: \$5 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 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Urgent care (office)	Tier 1: \$40 Tier 2: \$60	Tier 1: \$50 Tier 2: \$75	Tier 1: \$60 Tier 2: \$90
Emergency room (facility)	Tier 1: Deductible, then 20% coinsurance Tier 2: Same as Tier 1	Tier 1: Deductible, then 20% coinsurance Tier 2: Same as Tier 1	Tier 1: Deductible, then 30% coinsurance Tier 2: Same as Tier 1
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 30% coinsurance Tier 2: Deductible, then 50% 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 30% coinsurance Tier 2: Deductible, then 50% 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 30% coinsurance Tier 2: Deductible, then 50% 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 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>6,7</sup>	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script

## Footnotes

- 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.
- A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
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- Medical chats and virtual visits for primary care from our online provider K Health, through its affiliated provider groups.
- Cost share applies to virtual visits from our online provider LiveHealth Online (LHO) – urgent/acute medical and behavioral health services (mental health / substance abuse).
- For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
- 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/>.
- 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).

# Anthem Balanced Funding (ABF) product details

## \*NEW\* Choice EPO plans

Plan type	EPO	
Plan name	Anthem Balanced Choice EPO 4500/30%/9100	Anthem Balanced Choice EPO 6000/30%/9100
Contract code	75US	71JG
Deductible <sup>1</sup> (individual/family)	Tier 1: \$4,500/\$9,000 Tier 2: \$9,000/\$18,000	Tier 1: \$6,000/\$12,000 Tier 2: \$7,000/\$14,000
Coinsurance	Tier 1: 30% Tier 2: 50%	Tier 1: 30% Tier 2: 50%
Out-of-pocket maximum (individual/family)	Tier 1: \$9,100/\$18,200 Tier 2: \$9,100/\$18,200	Tier 1: \$9,100/\$18,200 Tier 2: \$9,100/\$18,200
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) <sup>2</sup>	PPC: Not applicable PCP Tier 1: \$30 SPC Tier 1: \$55 PCP Tier 2: \$50 SPC Tier 2: \$80	PPC: Not applicable PCP Tier 1: \$40 SPC Tier 1: \$60 PCP Tier 2: \$60 SPC Tier 2: \$80
Medical chats and virtual primary care visits <sup>3</sup>	Tier 1: Covered in full Tier 2: Same as Tier 1	Tier 1: Covered in full Tier 2: Same as Tier 1
Virtual doctor visits: Preferred online provider <sup>4</sup>	Tier 1: \$5 Tier 2: Same as Tier 1	Tier 1: \$5 Tier 2: Same as Tier 1
Reference lab	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Urgent care (office)	Tier 1: \$55 Tier 2: \$80	Tier 1: \$60 Tier 2: \$80
Emergency room (facility)	Tier 1: Deductible, then 30% coinsurance Tier 2: Same as Tier 1	Tier 1: Deductible, then 30% coinsurance Tier 2: Same as Tier 1
Independent facility: ambulatory outpatient surgery center	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Independent facility: X-ray and ultrasound	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Hospital outpatient surgery facility	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>6,7</sup>	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script

## Footnotes

- 1 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.
- 2 A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
- 3 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.
- 4 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.
- 5 Medical chats and virtual visits for primary care from our online provider K Health, through its affiliated provider groups.
- 6 Cost share applies to virtual visits from our online provider LiveHealth Online (LHO) – urgent/acute medical and behavioral health services (mental health / substance abuse).
- 7 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
- 8 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/>.
- 9 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).

# Anthem Balanced Funding (ABF) 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 Balanced Guided Access HMO 25/7000 Ω	Anthem Convenient Care Balanced Guided Access HMO 50/9100 Ω	Anthem Convenient Care Balanced Guided Access HMO 2000/5000 Ω
Contract code	75UM	75UP	71JE
Deductible <sup>1</sup> (individual/family)	\$0/\$0	\$0/\$0	\$2,000/\$4,000
Coinsurance	Limited \$	Limited \$	Limited \$
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$9,100/\$18,200	\$5,000/\$10,000
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) <sup>2</sup>	PPC: \$5 PCP: \$45 SPC: \$60	PPC: \$10 PCP: \$50 SPC: \$125	PPC: \$5 PCP: \$45 SPC: \$60
Medical chats and virtual primary care visits <sup>3</sup>	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider <sup>4</sup>	\$5	\$5	\$5
Reference lab	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$45	\$50	\$45
Emergency room (facility)	\$1,000	\$1,500	Deductible, then \$1,000
Independent facility: ambulatory outpatient surgery center	\$500	\$1,000	\$500
Independent facility: X-ray and ultrasound	\$50	\$75	\$40
Hospital outpatient surgery facility	\$1,000	\$3,000	Deductible, then \$500
Hospital inpatient admission	\$1,000 per day up to 4 days per admission	\$3,000 per day up to 3 days per admission	Deductible, then \$750 per admission
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1a-4: No deductible	Tiers 1a-4: No deductible	Tiers 1a-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply <sup>6,7</sup>	\$0/\$10/\$60/\$125/\$500	\$0/\$10/\$60/\$125/\$500	\$0/\$10/\$60/\$125/\$500

## 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.
- § A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
- 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.
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- 5 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
- 6 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 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).

# Anthem Balanced Funding (ABF) 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	HMO HSA	
Plan name	Anthem Convenient Care Balanced Guided Access HMO 4500/7000 Ω	Anthem Convenient Care Balanced Guided Access HMO 3500/6000 w/HSA Ω	Anthem Convenient Care Balanced Guided Access HMO 5000/7000 w/HSA Ω
Contract code	75UN	75UQ	75UJ
Deductible <sup>1</sup> (individual/family)	\$4,500/\$9,000	\$3,500/\$7,000	\$5,000/\$10,000
Coinsurance	Limited \$	Limited \$	Limited \$
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$6,000/\$12,000	\$7,000/\$14,000
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) <sup>2</sup>	PPC: \$10 PCP: \$50 SPC: \$125	PPC: Deductible, then \$10 PCP: Deductible, then \$50 SPC: Deductible, then \$75	PPC: Deductible, then \$10 PCP: Deductible, then \$60 SPC: Deductible, then \$100
Medical chats and virtual primary care visits <sup>3</sup>	Covered in full	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>4</sup>	\$5	Deductible, then \$5	Deductible, then \$5
Reference lab	Covered in full	Deductible, then covered in full	Deductible, then covered in full
Urgent care (office)	\$50	Deductible, then \$50	Deductible, then \$60
Emergency room (facility)	Deductible, then \$1,000	Deductible, then \$1,000	Deductible, then \$1,000
Independent facility: ambulatory outpatient surgery center	\$500	Deductible, then \$350	Deductible, then \$350
Independent facility: X-ray and ultrasound	\$40	Deductible, then \$60	Deductible, then \$60
Hospital outpatient surgery facility	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
Hospital inpatient admission	Deductible, then \$750 per admission	Deductible, then \$750 per admission	Deductible, then \$750 per admission
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1a-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1a-4: Medical deductible applies	Tiers 1a-4: Medical deductible applies
Retail pharmacy: 30-day supply <sup>6,7</sup>	\$0/\$10/\$60/\$125/\$500	\$0/\$10/\$60/\$125/\$500	\$0/\$10/\$60/\$125/\$500

## 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.
- § A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
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- 5 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
- 6 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 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).

# Anthem Balanced Funding (ABF) product details

## Anthem Link 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	Anthem Link Balanced Guided Access HMO 25/7000 Ω	Anthem Link Balanced Guided Access HMO 50/8700 Ω	Anthem Link Balanced Guided Access HMO 2500/5000 Ω
Contract code	6V7P	6V7H	6V7G
Deductible <sup>1</sup> (individual/family)	\$0/\$0	\$0/\$0	\$2,500/\$5,000
Coinsurance	Limited \$	Limited \$	Limited \$
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$8,700/\$17,400	\$5,000/\$10,000
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) <sup>2</sup>	PPC: Not applicable PCP: \$25 SPC: \$60	PPC: Not applicable PCP: \$50 SPC: \$125	PPC: Not applicable PCP: \$25 SPC: \$50
Medical chats and virtual primary care visits <sup>3</sup>	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider <sup>4</sup>	\$5	\$5	\$5
Reference lab	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$60	\$125	\$50
Emergency room (facility)	\$1,000	\$1,500	Deductible, then \$1,000
Independent facility: ambulatory outpatient surgery center	\$500	\$1,000	\$500
Independent facility: X-ray and ultrasound	\$50	\$75	\$50
Hospital outpatient surgery facility	\$1,000	\$3,000	Deductible, then \$500
Hospital inpatient admission	\$1,000 per day up to 4 days per admission	\$2,750 per day up to 4 days per admission	Deductible, then \$750 per admission
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1a-4: No deductible	Tiers 1a-4: No deductible	Tiers 1a-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply <sup>6,7</sup>	\$0/\$10/\$60/\$125/\$500	\$0/\$10/\$60/\$125/\$500	\$0/\$10/\$60/\$125/\$500

## 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.
- § A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
- 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.
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- 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).
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- 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/>.
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# Anthem Balanced Funding (ABF) product details

## Anthem Link 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		HMO HSA
Plan name	Anthem Link Balanced Guided Access HMO 3500/9100 Ω	Anthem Link Balanced Guided Access HMO 5000/8700 Ω	Anthem Link Balanced Guided Access HMO 4000/5000 w/HSA Ω
Contract code	75UF	6V7X	6V7F
Deductible <sup>1</sup> (individual/family)	\$3,500/\$7,000	\$5,000/\$10,000	\$4,000/\$8,000
Coinsurance	Limited \$	Limited \$	Limited \$
Out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$8,700/\$17,400	\$5,000/\$10,000
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) <sup>2</sup>	PPC: Not applicable PCP: \$40 SPC: \$85	PPC: Not applicable PCP: \$50 SPC: \$100	PPC: Not applicable PCP: Deductible, then \$50 SPC: Deductible, then \$75
Medical chats and virtual primary care visits <sup>3</sup>	Covered in full	Covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider <sup>4</sup>	\$5	\$5	Deductible, then \$5
Reference lab	Covered in full	Covered in full	Deductible, then covered in full
Urgent care (office)	\$85	\$100	Deductible, then \$75
Emergency room (facility)	Deductible, then \$1,000	Deductible, then \$1,000	Deductible, then \$1,000
Independent facility: ambulatory outpatient surgery center	\$500	\$500	Deductible, then \$350
Independent facility: X-ray and ultrasound	\$40	\$75	Deductible, then \$60
Hospital outpatient surgery facility	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
Hospital inpatient admission	Deductible, then \$750 per admission	Deductible, then \$750 per admission	Deductible, then \$750 per admission
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible <sup>5</sup> (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-4: Medical deductible applies
Retail pharmacy: 30-day supply <sup>6,7</sup>	\$0/\$10/\$60/\$125/\$500	\$0/\$10/\$60/\$125/\$500	\$0/\$10/\$60/\$125/\$500

## 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.
- § A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
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- 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.
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# Anthem Balanced Funding (ABF) product details

## HMO plans

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Plan type	HMO		
Plan name	Anthem Balanced Guided Access HMO 10/20%/5000 Ω	Anthem Balanced Guided Access HMO 1000/20%/6500 Ω	Anthem Balanced Guided Access HMO 2000/20%/6000 Ω
Contract code	6V7S	6V7U	6V7W
Deductible <sup>1</sup> (individual/family)	\$0/\$0	\$1,000/\$3,000	\$2,000/\$4,000
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) <sup>2</sup>	PPC: Not applicable PCP: \$10 SPC: \$30	PPC: Not applicable PCP: \$10 SPC: \$30	PPC: Not applicable PCP: \$15 SPC: \$45
Medical chats and virtual primary care visits <sup>3</sup>	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider <sup>4</sup>	\$5	\$5	\$5
Reference lab	Covered in full	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Urgent care (office)	\$30	\$30	\$45
Emergency room (facility)	\$400	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: ambulatory outpatient surgery center	\$100	\$300	\$400
Independent facility: X-ray and ultrasound	Covered in full	\$10	\$15
Hospital outpatient surgery facility	\$300	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	\$500 per day up to 3 days per admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply <sup>6,7</sup>	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script

## 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.
- § A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
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- 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).

# Anthem Balanced Funding (ABF) product details

## HMO plans

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Plan type	HMO		
Plan name	Anthem Balanced Guided Access HMO 3000/30%/7000 Ω	Anthem Balanced Guided Access HMO 4000/30%/7000 Ω	Anthem Balanced Guided Access HMO 6000/40%/8000 Ω
Contract code	75UH	6V7L	6V7N
Deductible <sup>1</sup> (individual/family)	\$3,000/\$6,000	\$4,000/\$8,000	\$6,000/\$12,000
Coinsurance	30%	30%	40%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000	\$8,000/\$16,000
Office and virtual visits: Preferred primary care (PPC)/Primary care (PCP)/Specialist (SPC) <sup>2</sup>	PPC: Not applicable PCP: \$15 SPC: \$50	PPC: Not applicable PCP: \$15 SPC: \$50	PPC: Not applicable PCP: \$20 SPC: \$60
Medical chats and virtual primary care visits <sup>3</sup>	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider <sup>4</sup>	\$5	\$5	\$5
Reference lab	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Urgent care (office)	\$45	\$45	\$60
Emergency room (facility)	Deductible, then 30% 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 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 40% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1a-4: No deductible
Retail pharmacy: 30-day supply <sup>6,7</sup>	\$15/\$45/\$75/30% up to \$500 per script	\$15/\$45/\$75/30% up to \$500 per script	\$0/\$10/\$60/\$125/\$500

## Footnotes

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## 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 <sup>1</sup> (ind/fam)	Diagnostic/preventive (INN/OON)	Basic (INN/OON)	Major <sup>2</sup> (INN/OON)	Endodontic/periodontal/oral surgery	Ortho <sup>2</sup>	Out-of-network reimbursement
Las Vegas Chamber of Commerce - Low Plan	Active	\$1,000	\$50/\$150	100% / 80%	80%/60%	50% / 50%	Major	Not covered	MAC
Las Vegas Chamber of Commerce - Medium Plan	Active	\$1,500	\$50/\$150	100% / 80%	80%/60%	50% / 50%	Basic	Not covered	MAC
Las Vegas Chamber of Commerce - 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

<sup>1</sup> Deductible is waived for diagnostic and preventive services.

<sup>2</sup> **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 options<sup>1</sup>

Saving money is important to you and your employees. And convenience and choice are right up there, too. That's why Blue View Vision<sup>SM</sup> 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 <sup>2</sup> )	Allowance (frames <sup>3</sup> / contact lenses <sup>4,5</sup> )	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<sup>®</sup>, 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](http://www.anthem.com)

Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

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.

Life and Disability products underwritten by Anthem Life Insurance Company. Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.