

Colorado



2021 Plan Year Product Guide

Individual and Family
Bronze, Silver, Gold and Catastrophic plans
Certified by Connect for Health Colorado®

Open Enrollment Period runs
November 1, 2020 - January 15, 2021

HEALTH COVERAGE CREATED WITH YOU IN MIND

Experience the Anthem difference



HEALTH COVERAGE CREATED WITH YOU IN MIND

EXPERIENCE THE ANTHEM DIFFERENCE

You deserve a health plan that covers what is important to you. That is why, in addition to medical coverage, Anthem Blue Cross and Blue Shield provides other coverage options, resources and programs to better serve your specific needs.

Whether you are looking for coverage for yourself or you and your family, our health plans and networks are designed to give you real choices. Plus, managing your benefits is more convenient than ever - with one bill, one ID card, one service team and one website for all your care. This approach can help improve your health, lower costs and reduce paperwork.



Whole-health coverage

Along with our medical coverage, we offer vision, dental and pharmacy to connect all your care needs. Treating your whole health can lead to better outcomes, less hassle and lower costs. We believe in the power of preventive care. That is why medical preventive care is covered at 100%, with no copay or deductible to meet when you see doctors in your medical plan.

Sydney Health app

Personalized for your needs, the Sydney Health app lets you see benefit details, view claims, refill prescriptions, estimate costs for common procedures, connect with virtual care and use the interactive chat feature to ask health questions.

LiveHealth Online

When you are not feeling well and your doctor is not available, you can visit a board-certified doctor, therapist or psychiatrist by phone or video from the comfort of home. All you need is a smartphone, tablet or computer with a webcam. The doctor or psychiatrist you see using LiveHealth Online can assess your condition, provide a treatment plan and even prescribe medication.¹ You can visit with a doctor in minutes 24 hours a day, 7 days a week. Visits with a therapist or psychiatrist are available by appointment 7 days a week.²

¹ Prescription availability is defined by physician judgment and state regulations. Psychologists or therapists using LiveHealth Online cannot prescribe medications. LiveHealth Online is the trade name of Health Management Corporation. Learn more at livehealthonline.com.

² Appointments subject to the availability of a therapist. Online counseling is not appropriate for all problems. If you are in crisis or having suicidal thoughts, it is important to seek help immediately. Please call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), or 911 for help. If it is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

Important information about our 2021 plans

Anthem is pleased to announce a new Pathway Essentials network launching in the Denver region on January 1, 2021. The Pathway Essentials network is available to policyholders who reside in the following counties: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park.

Here to help you

Review this brochure to see how we can help you select all the coverage you may need. Choose Anthem today.



QUICK ACCESS TO DETAILS

You can select any of the linked headlines to learn more about an offering or benefit.

COVERAGE FOR ALL YOUR NEEDS



Medical: preparing for the unexpected

Your health is personal. And your health plan is, too. Our health care coverage plans for Individuals and Families are designed to help you wherever you are on your health care journey.

We understand that everyone's budget and care needs are different. Whether you use your medical plan for preventive checkups or have regular doctor appointments, you can choose the right plan for your lifestyle. Plus, as a member, you can select great doctors, care centers, and hospitals from our network of providers to help keep you healthy.

Here are three reasons why medical coverage is important:



It is worth the price. Have you ever thought about how much major surgery costs without health insurance? Now, add that to your mortgage, rent and monthly expenses. An unexpected emergency may cost you a lot more than monthly coverage payments.



It helps you stay on top of checkups. When you have coverage, you are more likely to use it — for things like scheduling yearly checkups and tests that can catch issues early. Plans even cover preventive care at no extra cost when you see doctors in your plan's network.



It is an investment in you. You insure your home and cars, so why not do the same for your health? Unlike your possessions, your well-being is irreplaceable to you and your loved ones.

See the difference with Anthem.



[View the medical benefit charts.](#)

You can also find this information in the printed kit.

Your costs

If you think coverage will be too costly for your budget, you could check to see if you are eligible for a health insurance subsidy. What is a subsidy? It is financial help from the government to pay for your health care coverage.

A subsidy, or advanced premium tax credit, lowers your monthly payment.

You may also qualify for a plan where you will pay less for your out-of-pocket costs.

Want to see if you qualify? Visit planfinder.connectforhealthco.com.



COVERAGE FOR ALL YOUR NEEDS



Dental and vision: broader coverage for whole health

Essential pediatric dental and vision benefits are included with our medical plans. Both dental and vision care are important to overall health, so we also offer stand-alone plans to you and your family with great care from leading doctors.

And when you add our dental coverage to your medical benefits, you help your health care team connect your care. For example, dentists can see the early signs of many serious illnesses, including diabetes, cancer and high blood pressure, during routine exams.¹



[Learn more about embedded dental and vision benefits.](#)



[Learn more about stand-alone dental benefits.](#)

You can also find this information in the printed kit.



Pharmacy: committed to improving health outcomes

Our pharmacy solution, powered by IngenioRx, is aligned with your medical plan to make things simple and convenient. With integrated medical and pharmacy data, we can identify any gaps in your care, make you aware of them and help you work toward better health results.

Plus, IngenioRx comes with these extras to empower you to make better choices:

- 24/7 access to dedicated pharmacy experts
- Digital features, like pricing a medication, finding a pharmacy, refilling a prescription and more
- Up to a 90-day supply of medicine by using home delivery or CVS retail pharmacies
- Ability to search for providers, pharmacies and facilities in your plan



[Learn more about pharmacy benefits.](#)

You can also find this information in the printed kit.

¹Academy of General Dentistry, Know Your Teeth website: Warning Signs in the Mouth Can Save Lives (accessed January 2020); knowyourteeth.com.



Supplemental coverage: staying one step ahead

When you experience an accident, hospital stay or are diagnosed with a critical illness, supplemental coverage can provide cash benefits to extend your protection beyond your health plan.

Coverage from LifeSecure™ Insurance Company offered for sale in cooperation with Anthem, includes Personal Accident, Critical Illness and Hospital Recovery insurance plans to help protect your finances before and after you meet your medical deductible.¹ You can apply for one product or a combination of products for more complete coverage.

¹Anthem Blue Cross and Blue Shield does not underwrite, insure or administer the Personal Accident, Critical Illness and Hospital Recovery insurance plans. LifeSecure Insurance Company (Brighton, MI) underwrites and has sole financial responsibility for the Personal Accident, Critical Illness and Hospital Recovery insurance products. LifeSecure is an independent company that does not provide Anthem Blue Cross and Blue Shield products or services. Product cost and availability will vary based on the consumer's state and age. These products are not qualifying health coverage (Minimum Essential Coverage) that satisfies the health coverage requirement of the Affordable Care Act and have limitations and exclusions. The termination or loss of any of these policies does not entitle the client to a special enrollment period to purchase a health benefit plan that qualifies as minimum essential coverage outside of an open enrollment period.



PREVENTIVE CARE: CATCHING PROBLEMS EARLY

Regular checkups help your doctor catch problems early, before they become more serious and costly.

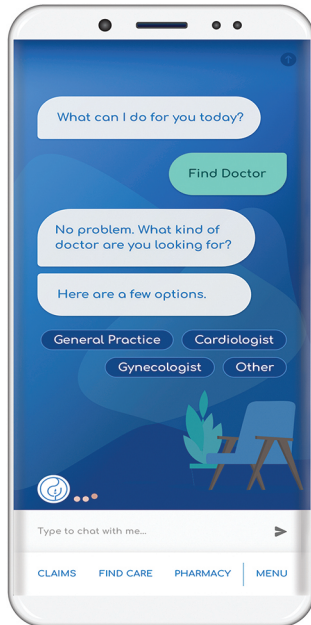
Our plans cover yearly medical checkups and other medical preventive care at 100% when you see a plan doctor.

DIGITAL TOOLS

Sydney Health app: important health information in one place

The Sydney Health app makes it easier to navigate your health care experience. You can find what you need, with one-step access to benefit information, Member Services, LiveHealth Online, an interactive chat feature and more.

You can register on the Sydney Health app to:



- Check benefit information and claim details
- Compare the costs for health care services based on your coverage
- Search for providers and facilities in your plan
- Connect to virtual care options
- Access and use your digital ID card
- Sync your favorite fitness tracker

Once you are enrolled in one of our plans, Sydney Health is available for download on the App Store or Google Play.

Sydney and Sydney Health are service marks of CareMarket, Inc.® 2020.

LiveHealth Online: Connect to these doctors online with Sydney Health

When you or a covered family member experiences a common health issue, like the flu or allergies, you can quickly see a board-certified doctor for quality care without leaving home.

LiveHealth Online connects you to doctors anytime of the day or night by phone or video. Spanish speaking doctors are available by appointment, 7 days a week through Cuidado Medico on LiveHealth Online. All you need is a smartphone, tablet or computer with a webcam. Doctors can assess your condition, provide treatment and send a prescription to a local pharmacy.¹ **An online visit costs about the same as a regular doctor visit, depending on the plan you purchase.**

You can also visit with a licensed therapist for stress, anxiety, depression, family issues and more. Psychiatrists are available by appointment when needed.²

The Anthem Skill for Alexa: Voice activated assistant for your health plan

There is a new way to find the health care information you need, when you need it, in the way you want it. Introducing The Anthem Skill, our new voice-activated option, that works through Amazon's Alexa-ready devices (like an Amazon Echo) or on a mobile device using the Amazon Alexa app.³ The Skill's basic features come at no extra cost and once you are a member you can:

- Order your member ID card
- Check your account balances
- Confirm your deductibles and out-of-pocket maximums
- Renew, refill and check order status of prescriptions
- And more

¹ Prescription availability is defined by physician judgment and state regulations. Psychologists or therapists using LiveHealth Online cannot prescribe medications.

² Appointments subject to the availability of a therapist. Online counseling is not appropriate for all problems. If you are in crisis or having suicidal thoughts, it is important that you seek help immediately. Please call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), or 911 for help. If it is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

³ The Anthem Skill may not be available to all members.

Amazon, Alexa and all related logos are trademarks of Amazon.com, Inc. or its affiliates. Apple and the Apple logo are trademarks of Apple, Inc., registered in the U.S. and other countries and regions. App Store is a service mark of Apple Inc. and the Google Play logo are trademarks of Google LLC.

MEMBER ADVANTAGES

Out-of-state protection: benefits that travel with you

When you are out of Colorado for work, school or on vacation, you should not have to worry about health surprises. That is why our health maintenance organization (HMO) plans cover medically necessary emergency and urgent care in all 50 states and worldwide. If you are away from home and you need care right away, you're covered. As an Anthem Blue Cross and Blue Shield member, you have access to care across the country through the BlueCard[®] program and internationally through the Blue Cross Blue Shield Global Core[®] Program.

Find Care: find doctors, check on quality ratings and compare costs

Doctors and hospitals do not all charge the same price for the same service. Find Care helps you compare costs for common health care services before you make big decisions about your care. Estimates are based on what your plan covers, so you see a true picture of what you would pay.

Find Care also makes it quick and simple for you to find high-quality local providers in your plan. You can:

- Search for providers near you by name, specialty or procedure
- Compare costs for health care services and procedures
- Explore virtual care options
- Review details about doctors, such as their specialties, languages they speak, office locations and more

You can access **Find Care** on our website, anthem.com, through the **Sydney Health** app or on **The Anthem Skill for Alexa**.

SpecialOffers: special member discounts

With SpecialOffers, you can take advantage of our discounts on health-related products and services, like vitamins, weight-loss coaching, contact lenses and fitness club memberships available at home or in the gym.¹ It is just another way Anthem wants to help support you and your health goals.

Extra Resources: a little help can go a long way

Anthem offers tools and resources to simplify and help you along your health journey.

Here are some examples:

- **24/7 NurseLine:** Registered nurses answer your health questions by phone, anytime
- **Care Support:** Case managers offer guidance and support in managing your ongoing or complex health issues
- **MyHealth Advantage:** We track your claims to see if there are care gaps or ways to save you money. If we find anything, we mail you a personalized, confidential MyHealth Note that you can also access on the Sydney Health app

¹ SpecialOffers discounts are subject to change without notice.



TAKE CONTROL OF YOUR HEALTH CARE DOLLARS.

A health savings account (HSA) can help you manage and pay for your health care expenses, including deductibles, coinsurance and prescriptions.



[Learn more about HSAs.](#)

You can also find this information in the printed kit.

UNDERSTANDING PROVIDER NETWORKS

When choosing a plan, you will have access to a specific network. Some may be larger than others or offer different options for local providers. It is important to understand these differences and keep your health care needs in mind when choosing a plan.

Pathway, Pathway Essential and Mountain Enhanced networks:

With these health maintenance organizations (HMOs), you pick a primary care physician (PCP). This is your doctor for preventive care, such as yearly checkups, screenings and vaccinations, health problems or support reaching your health goals. You can also see specialty doctors, like dermatologists and allergists, without a referral if they are in the plan network.

When there is a medical emergency, go to the nearest hospital or urgent care. Whether they are in- or out-of-network, all plans help pay for medically necessary emergency and urgent care services, or when a service is preapproved.

Not all networks are available in all counties.

Network Areas of Colorado where plans are available:

Pathway HMO All counties except: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties.

Pathway Essential: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties.

Mountain Enhanced: Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

 [View our county network coverage map.](#)

You can also find this information in the printed kit.



IS YOUR DOCTOR PART OF ANTHEM'S NETWORK?

Follow these steps to check:*

1. Go to **anthem.com** and choose **Find Care**.
2. Scroll to and select *Search as a Guest*.
3. Under *What type of care are you searching for?*, choose **Medical**.
4. Select the state you want to search in.
5. Under *What type of plan do you want to search with?*, choose **Medical (Individuals and Families)**.
6. Under *Select a plan/network*, pick from the list and choose **Continue**.
7. Finally, select **Search** to look for a doctor by name or location.

* We strive to ensure our provider lists are as accurate as possible. It is important to confirm a provider is in your plan. You can do this by calling Member Services or by calling the provider directly.






DECODING ACA METAL LEVELS

Not sure which level is right for you and your family? We are here to help you understand what each one has to offer, so you can make the best decision for your health. Think about the coming year and what care you or someone in your family might need:

- Preventive care, like routine checkups, screenings and lab tests
- Condition management for an ongoing health problem
- Access to therapy after an injury
- Transitional/support services after a major surgery

For more guidance, look at the chart below:

LEVEL	PREMIUM	DEDUCTIBLE	GOOD FIT IF YOU NEED...
 BRONZE	\$	\$\$\$\$	Basic coverage for checkups and preventive care
 SILVER	\$\$	\$\$\$	Coverage for the basics and have a condition or upcoming procedure (offers cost-sharing subsidies through Connect for Health Colorado, if you qualify)
 GOLD	\$\$\$	\$\$	Coverage for the basics and have a condition or upcoming procedure, but want to pay a lower share of the costs

Catastrophic is a high-deductible, low monthly payment option to protect you during serious health crises. To qualify for this coverage level, you have to be under 30 years of age or 30 years of age or older, with an approved hardship exemption from healthcare.gov.

GLOSSARY OF TERMS: PLAIN AND SIMPLE

- **Coinsurance:** This is your percentage of cost each time you access care, once your deductible has been paid.
- **Copay:** This is a set dollar amount you pay for covered services, such as doctor visits.
- **Deductible:** This is the set dollar amount you have to pay before your plan starts to pay most covered health services. In-network covered preventive services do not require a deductible. Your deductible applies to the calendar year (January 1 through December 31), even if your effective date (the date coverage begins) is later than January 1.
- **Drug tiers:** Drugs on a drug list or formulary are typically arranged in tiers. Your cost depends on which tier your drug is in.
- **In-network coverage:** When you go to a doctor, hospital or other provider that accepts a health insurance plan and has agreed to a negotiated amount for their services, this is considered in-network coverage. In-network providers are also called participating providers.
- **Network:** A network is made up of doctors, hospitals, pharmacies and others that provide medical care at negotiated rates to health plan members.
- **Out-of-network coverage:** When you go to a doctor, hospital or other provider that does not take your health insurance plan and does not agree to a negotiated amount for their services, this is considered out-of-network coverage. In these instances, you will be responsible for paying the provider's charges in full, except for emergency and urgent care or when a service is preapproved.
- **Out-of-pocket maximum:** This is the maximum amount you pay out of your pocket for covered health services each year. Once you reach that limit, which varies by plan, we cover the rest up to the maximum allowed amount. In-network providers accept Anthem's maximum allowed amount as their charge.
- **Plan name:** The plan name and contract code are found on the first row of medical plan charts. Look for this when you are applying for a plan. The contract code is in parentheses after the plan name "(WXYZ)."
- **Premium:** This is the amount of money you pay on a monthly basis to your insurance company to keep your health plan active. You cannot apply what you pay for your premium toward your deductible.
- **Preventive care:** These are medical services, like checkups, screenings and vaccines. They help you avoid illness or catch problems early. Preventive care covered at \$0 when you visit a provider in your plan network.





SUMMARY OF BENEFITS AND SERVICES

This document is only a brief summary of benefits and services. Our plans have exclusions, limitations and terms under which the Certificate of Coverage (Coverage) may be continued in force or discontinued. For more complete details on what is covered and what is not:

- Review the Certificate
- Call your broker or Anthem representative
- Go to [anthem.com](https://www.anthem.com).

To view a copy of both a **Summary of Benefits and Coverage (SBC)** and the **CO SBC Supplement**, please visit **sbc.anthem.com** and select **NEXT** for Summaries in English or Spanish. Other languages links are listed on the SBC page below NEXT.

Anthem Blue Cross and Blue Shield, through its subsidiary company, HMO Colorado, is pleased to offer health plans through Connect for Health Colorado. Learn more about Connect for Health Colorado and financial assistance at ConnectforHealthCO.com.

IN COMPLIANCE WITH THE AFFORDABLE CARE ACT (ACA), THE FOLLOWING PLAN CHANGES MAY OCCUR ANNUALLY ON JANUARY 1:

- Benefits
- Premiums (monthly payments)
- Deductibles, copays, coinsurance and out-of-pocket maximums

There may also be changes to our pharmacy and provider networks and prescription formulary/drug list during the year.



THE POWER OF BLUE

We are proud that 1 in 3 Americans carries a Blue-branded card, which is accepted by many health care providers across the country.*

* Blue Cross Blue Shield Association, *Blue Facts* (accessed January 2020); bcbs.com

EXPERIENCE THE ANTHEM DIFFERENCE

We understand that choosing the right care is a big decision. Our health plans are created with budget and choice in mind. We are here to help you understand your benefit options and put your care first.

To see how the Anthem difference can help you:

- Call your broker or call us at **1-888-811-2101**, 8:30 am to 8:00 pm EST
- Visit **anthem.com**, select **Individual and Family**, and apply online
- Find our plans through Connect for Health Colorado at **ConnectforHealthCO.com**

You can buy health care plans once a year during open enrollment. For 2021, this period runs from **November 1, 2020 - January 15, 2021**. Dates may change and vary by state.

We know that sometimes big life events happen and you may need to make plan changes outside the sign up period. To see if your life event qualifies for a plan change, contact your broker or call us at the number above.

When you enroll in one of our plans, you will have access to your Certificate of Coverage (Certificate) or Schedule of Benefits that explains the terms and conditions of coverage, including exclusions and limitations. You will have 10 days to examine your Certificate's features. If you are not fully satisfied during that time, you may cancel your coverage and your premium will be refunded, minus any claims that were already paid.



HERE EVERY STEP OF THE WAY.

Let us help you find a plan that meets your needs.

Contact your broker or call us at **1-888-811-2101**, 8:30 am to 8:00 pm EST. You can also visit **anthem.com** and select **Individual and Family**.

Colorado



2021 Plan Year Benefit Charts
Individual and Family
Bronze, Silver, Gold and Catastrophic plans
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PLAN BENEFIT CHARTS

Pathway HMO is offered in all counties except Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Pathway Essentials** is offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Mountain Enhanced** is offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Network plans may not be available in all areas. To make sure your selected plan is available in your county, view our county network coverage map here. You can also find this information in the printed kit.

Plan name	Anthem Bronze Mountain Enhanced X HMO 5650 Rx Copay (5JPR)	Anthem Bronze Mountain Enhanced X HMO 6000 (5JPU)	Anthem Bronze Mountain Enhanced X HMO 7000 for HSA (5JPV)	Anthem Bronze Mountain Enhanced X HMO 8550 (5JQG)	Anthem Bronze Pathway X HMO 5650 Rx Copay (5JPS)	Anthem Bronze Pathway X HMO 6000 (5JPT)	Anthem Bronze Pathway X HMO 7000 for HSA (5JPW)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No	No	No	No	No
Individual deductible	\$5,650	\$6,000	\$7,000	\$8,550	\$5,650	\$6,000	\$7,000
Individual out-of-pocket maximum	\$8,550	\$8,550	\$7,000	\$8,550	\$8,550	\$8,550	\$7,000
Coinsurance (percentage may vary for some covered services)	40%	30%	0%	0%	40%	30%	0%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$50 copay per visit for the first 2 visits, then deductible and 40% coinsurance	\$45 copay per visit for the first 3 visits, then deductible and 30% coinsurance	Deductible, then 0% coinsurance	\$40 copay per visit for the first 3 visits, then deductible and 0% coinsurance	\$50 copay per visit for the first 2 visits, then deductible and 40% coinsurance	\$45 copay per visit for the first 3 visits, then deductible and 30% coinsurance	Deductible, then 0% coinsurance
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$250 copay and 40% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$250 copay and 40% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then 0% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$50 copay	\$50 copay	Deductible, then 0% coinsurance
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$200 copay and 40% coinsurance	Deductible, then \$200 copay and 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$200 copay and 40% coinsurance	Deductible, then \$200 copay and 30% coinsurance	Deductible, then 0% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$1,000 copay and 40% coinsurance	Deductible, then \$500 copay and 40% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$1,000 copay and 40% coinsurance	Deductible, then \$500 copay and 40% coinsurance	Deductible, then 0% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$30 copay / \$40 copay	30% coinsurance / 40% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	\$30 copay / \$40 copay	30% coinsurance / 40% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	\$75 copay / \$85 copay	30% coinsurance / 40% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	\$75 copay / \$85 copay	30% coinsurance / 40% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	\$150 copay / \$160 copay	30% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	\$150 copay / \$160 copay	30% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	\$650 copay / \$660 copay	30% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	\$650 copay / \$660 copay	30% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance
Physical and occupational therapy ² (limits apply)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Speech therapy ² (limits apply)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 14.

PLAN BENEFIT CHARTS

Pathway HMO is offered in all counties except Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Pathway Essentials** is offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. **Mountain Enhanced** is offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

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Plan name	Anthem Bronze Pathway X HMO 8550 (5JQF)	Anthem Bronze Pathway Essentials X HMO 5650 Rx Copay (5L92)	Anthem Bronze Pathway Essentials X HMO 6000 (5L93)	Anthem Bronze Pathway Essentials X HMO 7000 for HSA (5L96)	Anthem Bronze Pathway Essentials X HMO 8550 (5L98)	Anthem Silver Mountain Enhanced X HMO 2000 (5JPK)	Anthem Silver Mountain Enhanced X HMO 3200 Rx Copay (5JPQ)
Network name	Pathway	Pathway Essentials	Pathway Essentials	Pathway Essentials	Pathway Essentials	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No	No	No	No	No
Individual deductible	\$8,550	\$5,650	\$6,000	\$7,000	\$8,550	\$2,000	\$3,200
Individual out-of-pocket maximum	\$8,550	\$8,550	\$8,550	\$7,000	\$8,550	\$7,500	\$8,550
Coinsurance (percentage may vary for some covered services)	0%	40%	30%	0%	0%	30%	15%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$40 copay per visit for the first 3 visits, then deductible and 0% coinsurance	\$50 copay per visit for the first 2 visits, then deductible and 40% coinsurance	\$45 copay per visit for the first 3 visits, then deductible and 30% coinsurance	Deductible, then 0% coinsurance	\$40 copay per visit for the first 3 visits, then deductible and 0% coinsurance	\$35 copay	\$45 copay per visit for the first 3 visits, then deductible and 15% coinsurance
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 0% coinsurance	Deductible, then \$250 copay and 40% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$500 copay and 15% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 0% coinsurance	\$50 copay	\$50 copay	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$50 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 0% coinsurance	Deductible, then \$200 copay and 40% coinsurance	Deductible, then \$200 copay and 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$200 copay and 30% coinsurance	Deductible, then \$500 copay and 15% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then 0% coinsurance	Deductible, then \$1,000 copay and 40% coinsurance	Deductible, then \$500 copay and 40% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$500 copay and 30% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	0% coinsurance / 0% coinsurance	\$30 copay / \$40 copay	30% coinsurance / 40% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 40% coinsurance	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	0% coinsurance / 0% coinsurance	\$75 copay / \$85 copay	30% coinsurance / 40% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 40% coinsurance	\$50 copay / \$60 copay
Retail pharmacy tier 3: Level 1 / Level 2	0% coinsurance / 0% coinsurance	\$150 copay / \$160 copay	30% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 50% coinsurance	\$80 copay / \$90 copay
Retail pharmacy tier 4: Level 1 / Level 2	0% coinsurance / 0% coinsurance	\$650 copay / \$660 copay	30% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 50% coinsurance	\$650 copay / \$650 copay
Physical and occupational therapy ² (limits apply)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance
Speech therapy ² (limits apply)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 14.

PLAN BENEFIT CHARTS

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Plan name	Anthem Silver Mountain Enhanced X HMO 4500 Rx Copay (5JQH)	Anthem Silver Mountain Enhanced X HMO 5500 (5JQ3)	Anthem Silver Mountain Enhanced X HMO 6500 Rx Copay (5LB4)	Anthem Silver Pathway X HMO 2000 (5JPL)	Anthem Silver Pathway X HMO 3200 Rx Copay (5JPP)	Anthem Silver Pathway X HMO 4500 Rx Copay (5JQJ)	Anthem Silver Pathway X HMO 5500 (5JQ4)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	Pathway	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No	No	No	No	No
Individual deductible	\$4,500	\$5,500	\$6,500	\$2,000	\$3,200	\$4,500	\$5,500
Individual out-of-pocket maximum	\$8,550	\$7,800	\$8,500	\$7,500	\$8,550	\$8,550	\$7,800
Coinsurance (percentage may vary for some covered services)	25%	25%	30%	30%	15%	25%	25%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$40 copay per visit for the first 3 visits, then deductible and 25% coinsurance	\$35 copay	\$35 copay	\$35 copay	\$45 copay per visit for the first 3 visits, then deductible and 15% coinsurance	\$40 copay per visit for the first 3 visits, then deductible and 25% coinsurance	\$35 copay
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$300 copay and 50% coinsurance	Deductible, then 25% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then 25% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$200 copay and 30% coinsurance	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$1,000 copay and 35% coinsurance	Deductible, then 25% coinsurance	Deductible, then \$1,000 copay and 40% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$1,000 copay and 35% coinsurance	Deductible, then 25% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	30% coinsurance / 40% coinsurance	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay	30% coinsurance / 40% coinsurance	\$50 copay / \$60 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$80 copay / \$90 copay	35% coinsurance / 50% coinsurance	\$80 copay / \$90 copay	30% coinsurance / 50% coinsurance	\$80 copay / \$90 copay	\$80 copay / \$90 copay	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	\$650 copay / \$660 copay	50% coinsurance / 50% coinsurance	\$650 copay / \$660 copay	30% coinsurance / 50% coinsurance	\$650 copay / \$650 copay	\$650 copay / \$660 copay	50% coinsurance / 50% coinsurance
Physical and occupational therapy ² (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Speech therapy ² (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 14.

PLAN BENEFIT CHARTS

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Plan name	Anthem Silver Pathway X HMO 6500 Rx Copay (5LAX)	Anthem Silver Pathway Essentials X HMO 2000 (5L9K)	Anthem Silver Pathway Essentials X HMO 3200 Rx Copay (5L9M)	Anthem Silver Pathway Essentials X HMO 4500 Rx Copay (5L9P)	Anthem Silver Pathway Essentials X HMO 5500 (5L9R)	Anthem Silver Pathway Essentials X HMO 6500 Rx Copay (5LBC)	Anthem Gold Mountain Enhanced X HMO 1400 Rx Copay (5JQD)
Network name	Pathway	Pathway Essentials	Pathway Essentials	Pathway Essentials	Pathway Essentials	Pathway Essentials	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No	No	No	No	No
Individual deductible	\$6,500	\$2,000	\$3,200	\$4,500	\$5,500	\$6,500	\$1,400
Individual out-of-pocket maximum	\$8,500	\$7,500	\$8,550	\$8,550	\$8,550	\$8,500	\$8,550
Coinsurance (percentage may vary for some covered services)	30%	30%	15%	25%	25%	30%	30%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$35 copay	\$35 copay	\$45 copay per visit for the first 3 visits, then deductible and 15% coinsurance	\$40 copay per visit for the first 3 visits, then deductible and 25% coinsurance	\$35 copay	\$35 copay	\$30 copay
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	\$60 copay
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then 25% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$250 copay and 30% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$200 copay and 30% coinsurance	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$500 copay
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$1,000 copay and 40% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$1,000 copay and 35% coinsurance	Deductible, then 25% coinsurance	Deductible, then \$1,000 copay and 40% coinsurance	Deductible, then \$1,000 copay
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$15 copay	30% coinsurance / 40% coinsurance	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay	30% coinsurance / 40% coinsurance	\$50 copay / \$60 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$80 copay / \$90 copay	30% coinsurance / 50% coinsurance	\$80 copay / \$90 copay	\$80 copay / \$90 copay	35% coinsurance / 50% coinsurance	\$80 copay / \$90 copay	\$80 copay / \$90 copay
Retail pharmacy tier 4: Level 1 / Level 2	\$650 copay / \$660 copay	30% coinsurance / 50% coinsurance	\$650 copay / \$650 copay	\$650 copay / \$660 copay	50% coinsurance / 50% coinsurance	\$650 copay / \$660 copay	\$650 copay / \$660 copay
Physical and occupational therapy ² (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Speech therapy ² (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 14.

PLAN BENEFIT CHARTS

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Plan name	Anthem Gold Pathway X HMO 1400 Rx Copay (5JQE)	Anthem Gold Pathway Essentials X HMO 1400 Rx Copay (5L9G)	Anthem Catastrophic Pathway X HMO 8550 (5JPX)	Anthem Catastrophic Pathway Essentials X HMO 8550 (5L9D)
Network name	Pathway	Pathway Essentials	Pathway	Pathway Essentials
Plan includes out-of-network coverage?	No	No	No	No
Individual deductible	\$1,400	\$1,400	\$8,550	\$8,550
Individual out-of-pocket maximum	\$8,550	\$8,550	\$8,550	\$8,550
Coinsurance (percentage may vary for some covered services)	30%	30%	0%	0%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$30 copay	\$30 copay	\$40 copay per visit for the first 3 visits, then deductible and 0% coinsurance	\$40 copay per visit for the first 3 visits, then deductible and 0% coinsurance
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	\$60 copay	\$60 copay	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay	Deductible, then \$500 copay	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$1,000 copay	Deductible, then \$1,000 copay	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$15 copay	\$5 copay / \$15 copay	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay	\$40 copay / \$50 copay	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	\$80 copay / \$90 copay	\$80 copay / \$90 copay	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	\$650 copay / \$660 copay	\$650 copay / \$660 copay	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
Physical and occupational therapy ² (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Speech therapy ² (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 14.

SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

S04, S05 and S06 plans are available if you qualify for a tax credit subsidy or cost share reduction on Silver plans you buy through Connect for Health Colorado. Have questions? Call your broker or Anthem representative.

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Plan name	Anthem Silver Mountain Enhanced X HMO 2000 (5JPK)			Anthem Silver Mountain Enhanced X HMO 5500 (5JQ3)		
	Anthem Silver Mountain Enhanced X HMO 2000 S04 (5JPH)	Anthem Silver Mountain Enhanced X HMO 700 S05 (5JP1)	Anthem Silver Mountain Enhanced X HMO 200 S06 (5JP0)	Anthem Silver Mountain Enhanced X HMO 3300 S04 (5JPZ)	Anthem Silver Mountain Enhanced X HMO 1000 S05 (5JQ1)	Anthem Silver Mountain Enhanced X HMO 200 S06 (5JQR)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No	No	No	No
Individual deductible	\$2,000	\$700	\$200	\$3,300	\$1,000	\$200
Individual out-of-pocket maximum	\$6,350	\$2,000	\$600	\$6,100	\$1,850	\$700
Coinsurance (percentage may vary for some covered services)	25%	25%	25%	25%	25%	25%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$25 copay	\$10 copay	\$10 copay	\$35 copay	\$25 copay	\$25 copay
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$250 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$150 copay and 25% coinsurance	Deductible, then \$75 copay and 25% coinsurance	Deductible, then \$75 copay and 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$150 copay and 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay
Retail pharmacy tier 3: Level 1 / Level 2	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	50% coinsurance / 50% coinsurance	50% coinsurance / 50% coinsurance	50% coinsurance / 50% coinsurance
Physical and occupational therapy ² (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Speech therapy ² (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance

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SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

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Plan name	Anthem Silver Mountain Enhanced X HMO 3200 Rx Copay (5JPQ)			Anthem Silver Mountain Enhanced X HMO 4500 Rx Copay (5JQH)		
	Anthem Silver Mountain Enhanced X HMO 3100 S04 Rx Copay (5JPN)	Anthem Silver Mountain Enhanced X HMO 800 S05 Rx Copay (5JP6)	Anthem Silver Mountain Enhanced X HMO 200 S06 Rx Copay (5JNY)	Anthem Silver Mountain Enhanced X HMO 3200 S04 Rx Copay (5JQK)	Anthem Silver Mountain Enhanced X HMO 700 S05 Rx Copay (5JQN)	Anthem Silver Mountain Enhanced X HMO 300 S06 Rx Copay (5JQQ)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No	No	No	No
Individual deductible	\$3,100	\$800	\$200	\$3,200	\$700	\$300
Individual out-of-pocket maximum	\$6,450	\$2,250	\$600	\$5,650	\$2,000	\$650
Coinsurance (percentage may vary for some covered services)	15%	15%	15%	25%	25%	25%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$35 copay per visit for the first 3 visits, then deductible and 15% coinsurance	\$25 copay per visit for the first 3 visits, then deductible and 15% coinsurance	\$10 copay per visit for the first 3 visits, then deductible and 15% coinsurance	\$40 copay per visit for the first 3 visits, then deductible and 25% coinsurance	\$40 copay per visit for the first 3 visits, then deductible and 25% coinsurance	\$40 copay per visit for the first 3 visits, then deductible and 25% coinsurance
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$100 copay and 50% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$100 copay and 15% coinsurance	Deductible, then \$75 copay and 15% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$150 copay and 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$150 copay and 30% coinsurance	Deductible, then \$1,000 copay and 35% coinsurance	Deductible, then \$750 copay and 35% coinsurance	Deductible, then \$150 copay and 35% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$45 copay / \$55 copay	\$30 copay / \$40 copay	\$30 copay / \$40 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$35 copay / \$45 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$75 copay / \$85 copay	\$75 copay / \$85 copay	\$60 copay / \$70 copay	\$80 copay / \$90 copay	\$80 copay / \$90 copay	\$80 copay / \$90 copay
Retail pharmacy tier 4: Level 1 / Level 2	\$500 copay / \$510 copay	\$500 copay / \$510 copay	\$250 copay / \$260 copay	\$650 copay / \$660 copay	\$650 copay / \$660 copay	\$300 copay / \$310 copay
Physical and occupational therapy ² (limits apply)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Speech therapy ² (limits apply)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance

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SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

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Plan name	Anthem Silver Mountain Enhanced X HMO 6500 Rx Copay (5LB4)			Anthem Silver Pathway X HMO 2000 (5JPL)		
	Anthem Silver Mountain Enhanced X HMO 6500 S04 Rx Copay (5LBA)	Anthem Silver Mountain Enhanced X HMO 800 S05 Rx Copay (5LB2)	Anthem Silver Mountain Enhanced X HMO 200 S06 Rx Copay (5LB1)	Anthem Silver Pathway X HMO 2000 S04 (5JPJ)	Anthem Silver Pathway X HMO 700 S05 (5JP2)	Anthem Silver Pathway X HMO 200 S06 (5JNZ)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No	No	No	No
Individual deductible	\$3,900	\$800	\$250	\$2,000	\$700	\$200
Individual out-of-pocket maximum	\$6,800	\$2,700	\$800	\$6,350	\$2,000	\$600
Coinsurance (percentage may vary for some covered services)	30%	30%	30%	25%	25%	25%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$5 copay	\$5 copay	\$5 copay	\$25 copay	\$10 copay	\$10 copay
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$250 copay and 50% coinsurance	Deductible, then \$100 copay and 50% coinsurance	Deductible, then \$250 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$100 copay and 30% coinsurance	Deductible, then \$150 copay and 25% coinsurance	Deductible, then \$75 copay and 25% coinsurance	Deductible, then \$75 copay and 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$750 copay and 40% coinsurance	Deductible, then \$250 copay and 40% coinsurance	Deductible, then \$100 copay and 40% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$150 copay and 30% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay	\$30 copay / \$40 copay	\$25 copay / \$35 copay	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	\$80 copay / \$90 copay	\$70 copay / \$85 copay	\$65 copay / \$75 copay	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	\$650 copay / \$660 copay	\$450 copay / \$460 copay	\$300 copay / \$310 copay	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance
Physical and occupational therapy ² (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Speech therapy ² (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance

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SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

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Plan name	Anthem Silver Pathway X HMO 3200 Rx Copay (5JPP)			Anthem Silver Pathway X HMO 5500 (5JQ4)		
	Anthem Silver Pathway X HMO 3100 S04 Rx Copay (5JPM)	Anthem Silver Pathway X HMO 800 S05 Rx Copay (5JP5)	Anthem Silver Pathway X HMO 200 S06 Rx Copay (5JNX)	Anthem Silver Pathway X HMO 3300 S04 (5JPY)	Anthem Silver Pathway X HMO 1000 S05 (5JQ0)	Anthem Silver Pathway X HMO 200 S06 (5JQ2)
Network name	Pathway	Pathway	Pathway	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No	No	No	No
Individual deductible	\$3,100	\$800	\$200	\$3,300	\$1,000	\$200
Individual out-of-pocket maximum	\$6,450	\$2,250	\$600	\$6,100	\$1,850	\$700
Coinsurance (percentage may vary for some covered services)	15%	15%	15%	25%	25%	25%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$35 copay per visit for the first 3 visits, then deductible and 15% coinsurance	\$25 copay per visit for the first 3 visits, then deductible and 15% coinsurance	\$10 copay per visit for the first 3 visits, then deductible and 15% coinsurance	\$35 copay	\$25 copay	\$25 copay
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$100 copay and 15% coinsurance	Deductible, then \$75 copay and 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$150 copay and 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$45 copay / \$55 copay	\$30 copay / \$40 copay	\$30 copay / \$40 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$75 copay / \$85 copay	\$75 copay / \$85 copay	\$60 copay / \$70 copay	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	\$500 copay / \$510 copay	\$500 copay / \$510 copay	\$250 copay / \$260 copay	50% coinsurance / 50% coinsurance	50% coinsurance / 50% coinsurance	50% coinsurance / 50% coinsurance
Physical and occupational therapy ² (limits apply)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Speech therapy ² (limits apply)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance

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Plan name	Anthem Silver Pathway X HMO 4500 Rx Copay (5JQJ)			Anthem Silver Pathway X HMO 6500 Rx Copay (5LAX)		
	Anthem Silver Pathway X HMO 3200 S04 Rx Copay (5JQL)	Anthem Silver Pathway X HMO 700 S05 Rx Copay (5JQM)	Anthem Silver Pathway X HMO 300 S06 Rx Copay (5JQP)	Anthem Silver Pathway X HMO 6500 S04 Rx Copay (5LAY)	Anthem Silver Pathway X HMO 800 S05 Rx Copay (5LAZ)	Anthem Silver Pathway X HMO 200 S06 Rx Copay (5LB0)
Network name	Pathway	Pathway	Pathway	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No	No	No	No
Individual deductible	\$3,200	\$700	\$300	\$3,900	\$800	\$250
Individual out-of-pocket maximum	\$5,650	\$2,000	\$650	\$6,800	\$2,700	\$800
Coinsurance (percentage may vary for some covered services)	25%	25%	25%	30%	30%	30%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$40 copay per visit for the first 3 visits, then deductible and 25% coinsurance	\$40 copay per visit for the first 3 visits, then deductible and 25% coinsurance	\$40 copay per visit for the first 3 visits, then deductible and 25% coinsurance	\$5 copay	\$5 copay	\$5 copay
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$100 copay and 50% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$250 copay and 50% coinsurance	Deductible, then \$100 copay and 50% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$150 copay and 25% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$100 copay and 30% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$1,000 copay and 35% coinsurance	Deductible, then \$750 copay and 35% coinsurance	Deductible, then \$150 copay and 35% coinsurance	Deductible, then \$750 copay and 40% coinsurance	Deductible, then \$250 copay and 40% coinsurance	Deductible, then \$100 copay and 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$35 copay / \$45 copay	\$40 copay / \$50 copay	\$30 copay / \$40 copay	\$25 copay / \$35 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$80 copay / \$90 copay	\$80 copay / \$90 copay	\$80 copay / \$90 copay	\$80 copay / \$90 copay	\$70 copay / \$85 copay	\$65 copay / \$75 copay
Retail pharmacy tier 4: Level 1 / Level 2	\$650 copay / \$660 copay	\$650 copay / \$660 copay	\$300 copay / \$310 copay	\$650 copay / \$660 copay	\$450 copay / \$460 copay	\$300 copay / \$310 copay
Physical and occupational therapy ² (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Speech therapy ² (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 14.

SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

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Plan name	Anthem Silver Pathway Essentials X HMO 2000 (5L9K)			Anthem Silver Pathway Essentials X HMO 3200 Rx Copay (5L9M)		
	Anthem Silver Pathway Essentials X HMO 2000 S04 (5LA0)	Anthem Silver Pathway Essentials X HMO 700 S05 (5LA4)	Anthem Silver Pathway Essentials X HMO 200 S06 (5LA7)	Anthem Silver Pathway Essentials X HMO 3100 S04 Rx Copay (5LA1)	Anthem Silver Pathway Essentials X HMO 800 S05 Rx Copay (5LA6)	Anthem Silver Pathway Essentials X HMO 200 S06 Rx Copay (5LA9)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes out-of-network coverage?	No	No	No	No	No	No
Individual deductible	\$2,000	\$700	\$200	\$3,100	\$800	\$200
Individual out-of-pocket maximum	\$6,350	\$2,000	\$600	\$6,450	\$2,250	\$600
Coinsurance (percentage may vary for some covered services)	25%	25%	25%	15%	15%	15%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$25 copay	\$10 copay	\$10 copay	\$35 copay per visit for the first 3 visits, then deductible and 15% coinsurance	\$25 copay per visit for the first 3 visits, then deductible and 15% coinsurance	\$10 copay per visit for the first 3 visits, then deductible and 15% coinsurance
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$250 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$150 copay and 25% coinsurance	Deductible, then \$75 copay and 25% coinsurance	Deductible, then \$75 copay and 25% coinsurance	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$100 copay and 15% coinsurance	Deductible, then \$75 copay and 15% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$150 copay and 30% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$150 copay and 30% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance	\$45 copay / \$55 copay	\$30 copay / \$40 copay	\$30 copay / \$40 copay
Retail pharmacy tier 3: Level 1 / Level 2	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	\$75 copay / \$85 copay	\$75 copay / \$85 copay	\$60 copay / \$70 copay
Retail pharmacy tier 4: Level 1 / Level 2	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	\$500 copay / \$510 copay	\$500 copay / \$510 copay	\$250 copay / \$260 copay
Physical and occupational therapy ² (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Speech therapy ² (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance

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SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

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Plan name	Anthem Silver Pathway Essentials X HMO 5500 (5L9R)			Anthem Silver Pathway Essentials X HMO 4500 Rx Copay (5L9P)		
	Anthem Silver Pathway Essentials X HMO 3300 S04 (5LA2)	Anthem Silver Pathway Essentials X HMO 1000 S05 (5LA3)	Anthem Silver Pathway Essentials X HMO 200 S06 (5LA8)	Anthem Silver Pathway Essentials X HMO 3200 S04 Rx Copay (5LAV)	Anthem Silver Pathway Essentials X HMO 700 S05 Rx Copay (5LA5)	Anthem Silver Pathway Essentials X HMO 300 S06 Rx Copay (5LAW)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes out-of-network coverage?	No	No	No	No	No	No
Individual deductible	\$3,300	\$1,000	\$200	\$3,200	\$700	\$300
Individual out-of-pocket maximum	\$6,100	\$1,850	\$700	\$5,650	\$2,000	\$650
Coinsurance (percentage may vary for some covered services)	25%	25%	25%	25%	25%	25%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$35 copay	\$25 copay	\$25 copay	\$40 copay per visit for the first 3 visits, then deductible and 25% coinsurance	\$40 copay per visit for the first 3 visits, then deductible and 25% coinsurance	\$40 copay per visit for the first 3 visits, then deductible and 25% coinsurance
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then \$100 copay and 50% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$500 copay and 25% coinsurance	Deductible, then \$150 copay and 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then \$1,000 copay and 35% coinsurance	Deductible, then \$750 copay and 35% coinsurance	Deductible, then \$150 copay and 35% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$35 copay / \$45 copay
Retail pharmacy tier 3: Level 1 / Level 2	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance	\$80 copay / \$90 copay	\$80 copay / \$90 copay	\$80 copay / \$90 copay
Retail pharmacy tier 4: Level 1 / Level 2	50% coinsurance / 50% coinsurance	50% coinsurance / 50% coinsurance	50% coinsurance / 50% coinsurance	\$650 copay / \$660 copay	\$650 copay / \$660 copay	\$300 copay / \$310 copay
Physical and occupational therapy ² (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Speech therapy ² (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance

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Plan name	Anthem Silver Pathway Essentials X HMO 6500 Rx Copay (5LBC)		
	Anthem Silver Pathway Essentials X HMO 6500 S04 Rx Copay (5LBD)	Anthem Silver Pathway Essentials X HMO 800 S05 Rx Copay (5LBH)	Anthem Silver Pathway Essentials X HMO 200 S06 Rx Copay (5LBG)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$3,900	\$800	\$250
Individual out-of-pocket maximum	\$6,800	\$2,700	\$800
Coinsurance (percentage may vary for some covered services)	30%	30%	30%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$5 copay	\$5 copay	\$5 copay
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$250 copay and 50% coinsurance	Deductible, then \$100 copay and 50% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$100 copay and 30% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$750 copay and 40% coinsurance	Deductible, then \$250 copay and 40% coinsurance	Deductible, then \$100 copay and 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay	\$30 copay / \$40 copay	\$25 copay / \$35 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$80 copay / \$90 copay	\$70 copay / \$85 copay	\$65 copay / \$75 copay
Retail pharmacy tier 4: Level 1 / Level 2	\$650 copay / \$660 copay	\$450 copay / \$460 copay	\$300 copay / \$310 copay
Physical and occupational therapy ² (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Speech therapy ² (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance

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MEDICAL AND SILVER COST-SHARE REDUCTION PLANS FOOTNOTES

- 1 Nationally recommended **preventive care services** from in-network providers have no copay, no coinsurance and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms and more, recommended by the United States Preventive Services Task Force.
- 2 **Physical, occupational or speech outpatient therapy** limited to up to 20 visits for each therapy per year for **rehabilitation services**. A separate 20 visit limit for each therapy per year applies to **habilitation services**. From birth until the member's sixth birthday, both of these benefits are provided as required by applicable law.

IMPORTANT LEGAL INFORMATION

Before choosing a health benefit plan, please review the following information along with the other materials enclosed.

Eligibility

You can apply for coverage for yourself or with your family. You must be a United States citizen or a lawfully present non-citizen and a legal resident of the State of Colorado and not entitled to or enrolled in Medicare Parts A/B, C and/or D. Family health coverage includes you, your spouse or domestic partner and any dependent children. Children are covered to the end of the month in which they turn age 26.

Eligibility for a catastrophic plan

You are eligible for this plan if you:

- are also under age 30 before the plan's effective date; or
- have received certification from Healthcare.gov that you qualify for a hardship exemption or do not have an affordable coverage option

Open enrollment

As established by the rules of Connect for Health Colorado, individuals are only permitted to enroll in a Qualified Health Plan (QHP), or as an enrollee to change QHPs, during the annual open enrollment period or a special enrollment period.

American Indians are authorized to move from one QHP to another QHP once per month.

Special enrollment and changes affecting eligibility

In addition to open enrollment, an individual can enroll during the special enrollment period. This is a period of time in which eligible individuals or their dependents can enroll after the open enrollment, typically due to an event such as marriage, birth, adoption, or other qualifying events as defined by law.

Effective date of coverage

The earliest effective date for the annual open enrollment period is the first day of the following benefit period for a Qualified Individual who has made a QHP selection during the annual open enrollment period. Except where noted otherwise, the applicant's effective date is determined by Connect for Health Colorado based on the receipt of the completed enrollment form.

Managing your care if you need to go to a hospital or get certain medical treatment

If you or a family member need certain types of medical care (for example: surgery, treatment in a doctor's office, physical therapy, etc.), you may want to know more about these programs and terms. They may help you better understand your benefits and how your health plan manages these types of care.

Utilization review

Utilization review (UR) is a program that is part of your health plan. It lets us make sure you are getting the right care at the right time. Our utilization review team, made up of licensed health care professionals such as nurses and doctors, does medical reviews. The team goes over the information your doctor has sent us to see if the requested surgery, treatment or other type of care is medically necessary. The utilization review team checks to make sure the treatment meets certain clinical guidelines set by your health plan. After reviewing the records and information, the team will approve (cover) or deny (not cover) the treatment. The utilization review team will let you and your doctor know as soon as possible. Decisions not to approve are put in writing. The written notice will include information on how to appeal the decision and about your rights to an independent medical review.

Reviewing where services are provided

A service must be medically necessary to be a covered service. The utilization review may include a review of the level of care, type of setting or place of service where services can be safely given to you. If services are given in a higher level of care or cost setting when they could be safely given in a lower level place of care or cost setting, they will not be determined to be medically necessary. The service(s), in that case, are being denied based on the review of where they are provided. When this happens the service(s) can be requested again in another setting or place of care and will be reviewed again for medical necessity. At times, a different type of provider or facility may need to be used in order for the service to be considered medically necessary.

IMPORTANT LEGAL INFORMATION

Examples include, but are not limited to:

- A service may be denied on an inpatient basis at a hospital but may be approved if provided on an outpatient basis in a hospital setting.
- A service may be denied on an outpatient basis if taking place in a hospital setting but may be approved at a free-standing imaging center, infusion center, ambulatory surgical center/facility, or in a physician's office.
- A service may be denied at a skilled nursing facility but may be approved in a home setting.

We can do medical reviews like this before, during and after a member's treatment. Here is an explanation of each type of review:

The pre-service review (done before you get medical care)

We may do a pre-service review before a member goes to the hospital or has other types of services or treatment.

The concurrent review (done during medical care and recovery)

We do a concurrent review when you are in the hospital or are released and need more care related to the hospital stay. This could mean services or treatment, such as physical therapy or durable medical equipment. The utilization review team looks at the member's medical information at the time of the review to see if the treatment is medically necessary.

The post-service review (done after you get medical care)

We do a post-service review when you have already had surgery or another type of medical care. When the utilization review team learns about the treatment, they look at the medical information the doctor or provider had about you at the time the medical care was given. The team then can see if the treatment was medically necessary.

Case management

Case management is conducted by a licensed health care professional who works with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

Precertification

Precertification is the process of getting approval from your health plan before you get services. This process lets you know if we will cover a service, supply, therapy or drug. We approve services that meet our standards for needed and appropriate treatment. The guidelines we use to approve treatment are based on standards of care in medical policies, clinical guidelines and the terms of your plan. As these may change, we review our precertification guidelines regularly. Precertification is a type of pre-service review.

Here is how requesting precertification can help you:

Saving time. Preauthorizing services is a process of verifying, in advance, whether a proposed treatment, service or supply is medically necessary and/or medically appropriate. The doctors in our network ask for prior authorization for our members.

Saving money. Paying only for medically necessary services helps everyone save. Choosing a doctor who is in our network can help you get the most for your health care dollar.

What can you do? Choose an in-network doctor. Talk to your doctor about your conditions and treatment options. Ask your doctor which covered services need prior authorization or call us to ask. The doctor's office will ask for prior authorization for you. Plus, costs are usually lower with an in-network doctor. If you choose an out-of-network provider, be sure to call us to get prior authorization. Out-of-network providers may not do that for you. It is important to understand that not all plans offer out-of-network coverage, with the exception of emergency or urgent care or ambulance services related to an emergency for transportation to a hospital or urgent care services received at an urgent care center. Please review the Certificate in order to determine your benefits. Once you are a member, if you have a question about prior authorization, you can call the Member Service number on the back of your ID card.

In-network providers

In-network providers are the key to providing and coordinating your health care services. Benefits are provided when you obtain covered services from providers located in the state of Colorado; however, the broadest benefits are provided for services obtained from a primary care doctor (PCP), specialty care doctor (SCP), or other in-network providers.

Services you obtain from any provider other than a PCP, SCP or another in-network provider are considered an out-of-network service, except for emergency care or urgent care, or as an authorized service if you purchase one of our HMO plans.

Out-of-network providers

IMPORTANT LEGAL INFORMATION

For HMO plans, services will only be covered services if rendered by providers located in the state of Colorado unless:

- The services are for emergency care, urgent care or ambulance services related to an emergency for transportation to a hospital or urgent care services received at an urgent care center, as specified in the Certificate; or
- The services are approved in advance by Anthem.

Covered services which are not obtained from a PCP, SCP or another in-network provider or not an authorized service will be considered a out-of-network service. The only exceptions are emergency care and urgent care or ambulance services related to an emergency for transportation to a hospital or urgent care services received at an urgent care center. In addition, certain services are not covered unless obtained from an in-network provider; see your Summary of Benefits. Emergency care from an out-of-network provider is based on the allowable charge determined by us. This means that you may be responsible for the difference between what we allow and what the provider chooses to bill.

For services rendered by an out-of-network provider, you are responsible for:

- The difference between the actual charge and the maximum allowed amount plus any deductible and/or copayments/coinsurance;
- Services that are not medically necessary;
- Non-covered services;
- Filing claims;
- Higher cost-sharing amounts

Laws and rights that protect you

As a member, you have rights and responsibilities. You have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. You also have certain rights and responsibilities when receiving your health care. Visit this link to find more information on our website: <http://www.anthem.com/health-insurance/customer-care/faq>.

Limitations

The specific limitations are spelled out in the terms of the particular plan, but some of the more common services limited by these plans are:

- Ambulance services (non-emergency transportation) – \$50,000 per occurrence if an out-of-network provider is used. Out-of-network ambulance for non-emergency services is covered only if precertified by us.
- Applied behavior analysis for autism
 - From birth through age 8: 550 sessions, 25 minutes in length per year
 - Depending on the law, you may be entitled to exceed these maximums
- Hearing aids – 1 pair every 5 years for members under age 18
- Home health care – 28 hours per week
- Rehabilitative care (outpatient only) – An equal number of therapy visits are available for habilitative care (outpatient only)
 - Chiropractic care – 20 visits per member per year
 - Occupational therapy – 20 visits per member per year
 - Physical therapy – 20 visits per member per year
 - Speech therapy – 20 visits per member per year
- Skilled nursing facility – 100 days per year

Exclusions

This list includes some of the more common services not covered by these plans:

- Acupuncture, regardless of which type of provider performs the service
- Alternative or complementary medicine
- Artificial and mechanical devices

IMPORTANT LEGAL INFORMATION

- Breast reduction or augmentation
- Care provided by a member of your family
- Care received in an emergency room that is not emergency care, except as described in the Certificate's exclusions
- Charges incurred prior to the effective date of coverage or after the termination date of coverage
- Charges greater than the maximum allowable amount (charges exceeding the amount Anthem recognizes for services)
- Comfort and/or convenience items
- Compound drugs except as stated in your Certificate
- Consumer wearable/personal mobile devices (such as a smart phone, smart watch, or other personal tracking devices), including any software or applications
- Corrective eye surgery
- Cosmetic surgery and/or treatment that's primarily intended to improve your appearance
- Custodial ordered care as described in the Certificate's exclusions (this exclusion does not apply to hospice care)
- Dental, except as described in the Certificate
- Educational/training services
- Experimental or investigative treatment and any resulting complications
- Feet – surgical treatment
- Foot care – routine
- In-vitro fertilization (IVF) as described in the Certificate's exclusions
- Nutritional and dietary supplements, over-the-counter drugs, devices or products
- Physical fitness such as health club memberships, exercise equipment, etc.
- Prescriptions for infertility treatment, except where coverage is specifically required by law.
- Services we determine are not medically necessary
- Teeth – congenital anomaly treatment of congenitally missing, malpositioned, or super numerary teeth, even if part of a congenital anomaly, except as stated in the Certificate or as required by law
- Teeth, jawbone, gums – treatment of the teeth, jawbone or gums that are required as a result of a medical condition except as expressly required by law or specifically stated in the Certificate as a covered service
- Vein treatment – treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes
- Vision, except as described in the Certificate
- Weight loss programs/surgery or treatment of obesity, as specified in the Certificate
- Workers' compensation

A high-deductible health plan is not a health savings account (HSA). An HSA is a separate arrangement between an individual and a qualified financial institution. To take advantage of tax benefits, an HSA needs to be established. This brochure provides general information only and is not intended to be a substitute for the advice of a qualified tax professional.

It is important we treat you fairly

That is why we follow federal civil rights laws in our health programs and activities. We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language is not English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and

IMPORTANT LEGAL INFORMATION

Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

GET HELP IN YOUR LANGUAGE

Curious to know what all this says? We would be too. Here is the English version:

If you need assistance to understand this document in an alternate language, you may request it at no additional cost by calling the Member Services number (1-855-453-7031). (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Member Services telephone number listed above.

Spanish

Si necesita ayuda para entender este documento en otro idioma, puede solicitarla sin costo adicional llamando al número de Servicios para Miembros (1-855-453-7031). (TTY/TDD: 711)

Amharic

ይህንን ሰነድ ለመረዳት በአማራጭ ቋንቋ እርዳታ ማግኘት ከፈለጉ፣ የአባል አገልግሎቶች ቁጥርን (1-855-453-7031) በመደወል ያለምንም ክፍያ ማግኘት ይችላሉ። (TTY/TDD: 711)

Arabic

إذا احتجت إلى المساعدة لفهم هذا المستند بلغة أخرى، فيمكنك طلب المساعدة دون تكلفة إضافية من خلال الاتصال برقم خدمات الأعضاء. (1-855-453-7031) (TTY/TDD: 711)

Bassa

Ɔ jũ ké n̄ d̄yí gbo-kpá-kpá m̄ó b̄é n̄ ké céè-d̄è n̄ià ke múin wó dé b̄āà-w̄ēin w̄ùd̄ù d̄ò mú n̄i, n̄ b̄ēin ɔ z̄òò d̄ȳiin dé M̄éḅà j̄è gbo-gm̄ò Kp̄òè n̄òbà n̄ià ke <1-855-453-7031> dá dá mú. M̄ se w̄íḍi k̄àkò d̄ò p̄ēin mu. (TTY/TDD: 711)

Chinese

如果您需要協助以便以另一種語言理解本文件，您可以撥打成員服務號碼(1-855-453-7031)請求免費協助。(TTY/TDD: 711)

Farsi

در صورتی که برای درک این سند به زبانی دیگر نیازمند کمک هستید، می‌توانید بدون هیچ هزینه اضافی این را درخواست کنید. برای این کار با مرکز خدمات اعضاء به شماره 1-855-453-7031 تماس بگیرید. (TTY/TDD: 711)

French

Si vous avez besoin d'aide pour comprendre ce document dans une autre langue, vous pouvez en faire la demande gratuitement en appelant les Services destinés aux membres au numéro suivant : 1-855-453-7031. (TTY/TDD: 711)

German

Falls Sie Hilfe in einer anderen Sprache benötigen, um dieses Dokument zu verstehen, können Sie diese kostenlos anfordern, indem Sie die Servicenummer für Mitglieder anrufen (1-855-453-7031). (TTY/TDD: 711)

Igbo

Ọ bụrụ na ị chọrọ enyemaka iji ghọta dokụmentị a n'asụsụ dị iche, ị nwere ike ịrịọ ya na akwughị ugwo ọ bụla ọzọ site na ịkpọ nọmba Ọrụ Onye Otu (1-855-453-7031). (TTY/TDD: 711)

Japanese

この書面を他の言語で理解するための支援が必要な場合には、メンバーサービス番号 (1-855-453-7031) に電話して支援を求めることができます。追加費用はかかりません。(TTY/TDD: 711)

Korean

다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(1-855-453-7031)로 전화를 걸어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

GET HELP IN YOUR LANGUAGE

Nepali

यदि तपाईंलाई यो कागजात कुनै अर्को भाषामा बुझ्न सहायता चाहिएमा, तपाईंले सदस्य सेवा नम्बर (1-855-453-7031) मा कल गरेर कुनै अतिरिक्त खर्च बिना यसको लागि अनुरोध गर्न सक्नुहुन्छ। (TTY/TDD: 711)

Oromo

Sanada kana afaan kan biroodhaan hubachuuf yoo gargaarsa barbaadde lakkoofsa bilbilaa tajaajila miseensaa (Member Services) (1-855-453-7031) waraqaa eenyummaa kee irra jiru irratti bilbiluudhaan kaffaltii dabalataa malee gaafachuu dandeessa. (TTY/TDD: 711)

Russian

Если вам нужна помощь, чтобы понять содержание настоящего документа на другом языке, вы можете бесплатно запросить ее, позвонив в отдел обслуживания участников (1-855-453-7031). (TTY/TDD: 711)

Tagalog

Kung kailangan ninyo ng tulong upang maunawaan ang dokumentong ito sa ibang wika, maaari ninyo itong hilingin nang walang karagdagang bayad sa pamamagitan ng pagtawag sa Member Services sa numerong (1-855-453-7031). (TTY/TDD: 711)

Vietnamese

Nếu quý vị cần hỗ trợ để hiểu được tài liệu này bằng một ngôn ngữ thay thế, quý vị có thể yêu cầu mà không tốn thêm chi phí bằng cách gọi số của Dịch Vụ Thành Viên (1-855-453-7031). (TTY/TDD: 711)

Yoruba

Tí o bá nilò iránwọ kí àkọsílẹ̀ yìí le yé ọ ní èdè miràn, o le bèrè rẹ láísí àfikún owó nípa pípe Nọmbà Àwọn ipèsè ọmọ-ẹgbé (1-855-453-7031). (TTY/TDD: 711)

EXPERIENCE THE ANTHEM DIFFERENCE

Start by:

- Calling your broker or call us at **1-888-811-2101**, 8:30 am to 8:00 pm EST
- Visiting **anthem.com**, select **Individual and Family**, and applying online
- Finding our plans through Connect for Health Colorado at **ConnectforHealthCO.com**

You can buy health care plans once a year during open enrollment. For 2021, this period runs from **November 1, 2020 - January 15, 2021**. Dates may change and vary by state.

We know that sometimes big life events happen and you may need to make plan changes outside the sign up period. To see if your life event qualifies for a plan change, contact your broker or call us at the number above.

When you enroll in one of our plans, you will have access to your Certificate of Coverage (Certificate) or Schedule of Benefits that explains the terms and conditions of coverage, including exclusions and limitations. You will have 10 days to examine your Certificate's features. If you are not fully satisfied during that time, you may cancel your coverage and your premium will be refunded, minus any claims that were already paid.



HERE EVERY STEP OF THE WAY.

Let us help you find a plan that meets your needs. Contact your broker or call us at **1-888-811-2101**, 8:30 am to 8:00 pm EST. You can also visit **anthem.com** and select Individual and Family.

EMBEDDED PEDIATRIC DENTAL BENEFITS DETAILS

Embedded pediatric dental benefits are included with all of our medical plans for members until the end of the month in which they turn 19. Coverage includes preventive care, fillings and some other major services like medically necessary orthodontia.

- Shared deductible for medical and dental services
- Shared out-of-pocket maximum for medical and dental services

	Medical plans ¹	Catastrophic medical plans
	<i>in-network</i>	<i>in-network</i>
Dental network	Dental Prime	Dental Prime
Deductible	All dental services subject to the medical deductible	All dental services subject to the medical deductible
Annual maximum (per person)	None	None
Annual out-of-pocket maximum	Combined with medical	Combined with medical
Diagnostic and preventive	<i>No waiting period</i>	<i>No waiting period</i>
Cleaning, exams, x-rays	0% coinsurance	0% coinsurance
Basic services	<i>No waiting period</i>	<i>No waiting period</i>
Fillings	50% coinsurance	0% coinsurance
Complex and major services	<i>No waiting period</i>	<i>No waiting period</i>
Endodontic/oral surgery	50% coinsurance	0% coinsurance
Major services	50% coinsurance	0% coinsurance
Dentally necessary orthodontia ²	50% coinsurance	0% coinsurance
Cosmetic orthodontia	Not covered	Not covered

1 For medical plans where the deductible equals the out-of-pocket maximum, any services subject to the deductible have coinsurance of 0% after deductible.

2 Orthodontia is usually considered dentally necessary when a child's teeth are misaligned (crooked or not spaced correctly) to the point where they don't work properly. This could cause the child to have trouble speaking or eating. Some examples would be (1) if a child can't bite into an apple because they can't close their front teeth together or (2) if a child bites into the gum tissue of the palate (roof of the mouth) when they try to bite down.

EMBEDDED PEDIATRIC VISION BENEFITS DETAILS

The following vision care services are covered for members until the end of the month in which they turn 19. Coverage may include eye exams, eye glass lenses, frames and contact lenses. The benefit period is the calendar year (January 1 through December 31).

If you purchase a Catastrophic plan, you must meet your medical deductible before pediatric vision benefits are paid.

	Benefit frequency	Cost share <i>in-network</i>
Eye exam	Once every benefit period	\$0 copay up to maximum allowed amount
Lenses (single, bifocal, trifocal and standard progressive)	Once every benefit period	\$0 copay up to maximum allowed amount
Frames	Once every benefit period	Anthem formulary ¹
Contact lenses (Non-elective)	Once every benefit period ²	Covered in full
Contact lenses (Elective/disposable)	Once every benefit period ²	Anthem formulary ¹

1 A collection of frames and lenses that can be purchased for a \$0 copay (may differ by provider).

2 Benefits for contact lenses are in lieu of the eyeglass lens benefit. If you receive contact lenses, no benefit will be available for eyeglass lenses until the next benefit period.



Healthy smiles. Healthy you.

You can take control of your oral health with the right dental coverage





Regular dental checkups are about more than keeping your mouth healthy. They can help dentists identify health conditions like heart disease and diabetes. In fact, over 90% of diseases first show signs and symptoms in the mouth.¹

That is why we want to make it easier for you to take care of your — and help catch health issues earlier.



Our plans give you several options to help you save money on the dental care you need.

ANTHEM DENTAL PLANS

When you choose Anthem, you will have access to one of the largest dental networks in the country, so you're sure to find a dental who is close to home or work.

Plus, you will receive 100% coverage for preventive care, like regular dental cleanings, exams, and X-rays, when you go to a dentist in your plan. All plans cover preventive care, with no waiting periods, so those benefits can be used right away. Anthem has strong network discounts - our members save more by visiting one of our network dentists with our 38% average national network discount.²

We offer a variety of individual and family plan options to fit your needs and budget, including:

Anthem Dental Family PPO plans

Each one of our Dental Family plans covers the pediatric dental essential health benefits for children up to age 19. You can choose from Anthem Dental Family Value, Anthem Dental Family and Anthem Dental Family Enhanced benefit levels for adults:

- Anthem Dental Family Value — covers preventive care and basic services like fillings and nonsurgical tooth removal.
- Anthem Dental Family — covers preventive care, basic services, and more complex procedures like root canals, oral surgery, crowns, and dentures.
- Anthem Dental Family Enhanced — covers all of the above, with lower out-of-pocket costs for adults and children; it also covers cosmetic orthodontics for children.



You can see detailed dental plan benefits comparison charts [here](#).

OUR PLANS HELP LOWER YOUR OUT-OF-POCKET COSTS

You'll save the most money if you see a dentist in your plan's network. Those dentists have agreed to accept the rates negotiated by your plan, which helps you save money on the services you need, whenever you need them — including during any waiting periods and after you reach your annual maximum benefit.

Through , you will also receive discounts on at-home teeth-straightening aligners and other health and wellness products and services that may not be covered under your plan.



Find a dentist

To find dental care near you, go to [anthem.com/find-care](https://www.anthem.com/find-care).



ONLINE RESOURCES TO PUT A SMILE ON YOUR FACE

All plans come with online tools to help you better understand your dental health. Once you are a member, log in to [anthem.com](https://www.anthem.com) to use:

Ask a hygienist

You can email questions to licensed dental professionals and receive quick, private, personalized advice at no extra cost.

Dental cost estimator

This tool helps you estimate your costs for dental procedures and services in the ZIP code where you receive care, before you go.

Dental health assessment

After you answer a few questions, you will receive feedback based on those responses to help you keep a healthy smile.

Teledentistry

The TeleDentists[®] offers virtual dental care, including emergency exams, and can prescribe medications, if needed.

Dental care when you're away from home

If you travel outside of the U.S., you still have access to emergency dental services through the International Emergency Dental Program,³ which comes with all of our plans. With one call, you can receive help finding an English speaking dentist for your urgent dental care needs. You can even receive help with translation services when you call the dentist's office. Services you receive through this program will not count toward your yearly limit, if your plan has one.



YOU CAN SIGN UP TODAY FOR OUR DENTAL PLANS!



Online: To shop and compare plans, go to [ConnectforHealthCO.com](https://connectforhealthco.com) and select the Anthem dental plan that best fits your needs.

1 Academy of General Dentistry. Warning Signs in the Mouth Can Save Lives (Accessed June 2020): [knowyourteeth.com](https://www.knowyourteeth.com).

2 Anthem Quarterly Network Metric Report.

3 The International Emergency Dental Program is managed by DeCare Dental. DeCare Dental is an independent company offering dental management services to Anthem Blue Cross and Blue Shield.

This is only a brief description of some plan terms and benefits. Please refer to your Evidence of Coverage for more complete details, including benefits, limitations and exclusions.

Sydney Health is offered through an arrangement with CareMarket, Inc. Sydney and Sydney Health are service marks of CareMarket, Inc.® 2020.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem.

Copies of Colorado network access plans are available on request from Member Services or can be obtained by going to anthem.com/co/networkaccess.

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. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.



2021 Plan Year Benefit Charts

Individual and Family
Dental Benefits

Open Enrollment Period is
November 1, 2020 to January 15, 2021

Dental plan options to meet your needs and budget

Get more with Anthem

ANTHEM FAMILY DENTAL PPO PLAN

Cost shares show what the member pays

	Dental Family Value		Dental Family	
	Dependents age 18 and younger	Adults age 19+	Dependents age 18 and younger	Adults age 19+
	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network
Dental network	Dental Prime	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, all services)	\$50	\$50	\$50	\$50
Annual maximum (per person)	None	\$750	None	\$750
Annual out-of-pocket limit	\$350 ¹ / None	None	\$350 ¹ / None	None
Diagnostic and preventive	No waiting period	No waiting period	No waiting period	No waiting period
Cleaning, exams, x-rays	0% / 30% coinsurance	0% / 50% coinsurance	0% / 30% coinsurance	0% / 50% coinsurance
Basic services	No waiting period	6-month waiting period	No waiting period	6-month waiting period
Fillings	40% / 50% coinsurance	50% / 75% coinsurance	40% / 50% coinsurance	50% / 75% coinsurance
Brush biopsy	Not covered	Covered	Not covered	Covered
Complex and major services	No waiting period	Not covered	No waiting period	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	50% / 50% coinsurance ²	Not covered	50% / 50% coinsurance ²	70% / 85% coinsurance
Prosthetics (crowns, dentures, bridges)	50% / 50% coinsurance ²	Not covered	50% / 50% coinsurance ²	70% / 85% coinsurance
Medically necessary orthodontia	50% / 50% coinsurance	Not covered	50% / 50% coinsurance	Not covered
Cosmetic orthodontia	Not covered	Not covered	Not covered	Not covered
International emergency dental program	Included	Included	Included	Included
Blue View Vision	Available	Available	Available	Available

¹ Per child, up to \$700 per family.

² Coverage for pediatric children does not cover periodontic or prosthetic services.

³ Except 12-month waiting period for cosmetic orthodontia.

⁴ \$1,000 lifetime maximum for cosmetic orthodontia.

Dental Family Enhanced	
Dependents age 18 and younger	Adults age 19+
In-network / Out-of-network	In-network / Out-of-network
Dental Prime	Dental Prime
\$25	\$50
None	\$1,000
\$350 ¹ / None	None
No waiting period	No waiting period
0% / 20% coinsurance	0% / 50% coinsurance
No waiting period	6-month waiting period
20% / 40% coinsurance	20% / 60% coinsurance
Not covered	Covered
No waiting period ³	12-month waiting period
20% / 50% coinsurance	50% / 75% coinsurance
50% / 50% coinsurance ²	50% / 75% coinsurance
50% / 50% coinsurance	Not covered
50% / 50% coinsurance ⁴	Not covered
Included	Included
Available	Available





Copies of Colorado network access plans are available on request from Member Services or can be obtained by going to anthem.com/co/networkaccess.

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. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

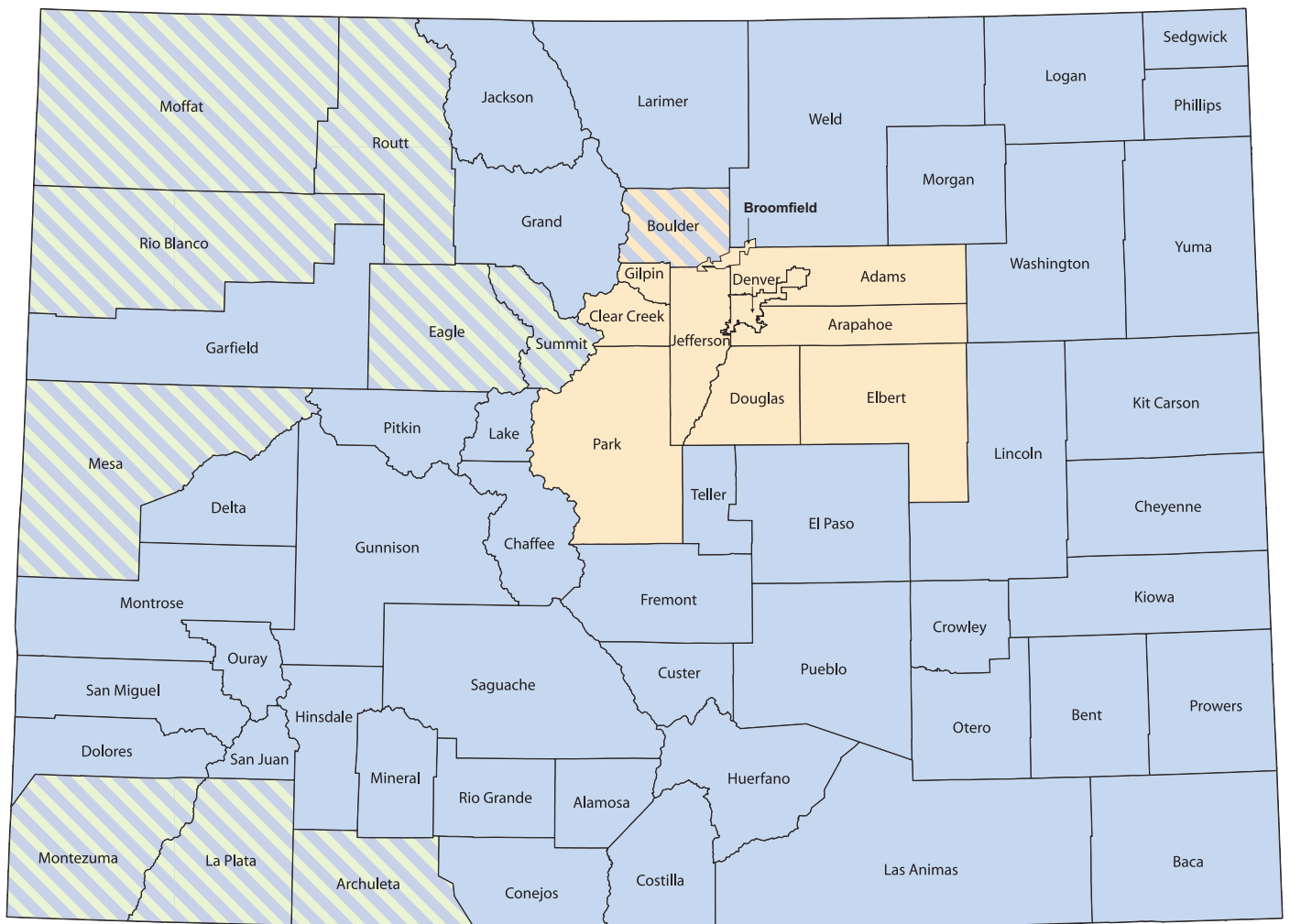
COLORADO

Anthem Blue Cross and Blue Shield Individual Health Care Coverage Service Area Effective 1/1/2021

Not all HMO networks are available in all counties. Check this map to see what is available in your area. * Pathway, Pathway Essentials and Mountain Enhanced networks are offered on and off the Marketplace.

- = Pathway
- = Pathway Essentials
- = Pathway and Pathway Essentials
- = Pathway and Mountain Enhanced

* While we make efforts to ensure that our lists of doctors, hospitals, and other providers are up to date and accurate, providers do leave our networks from time to time, and the listings included on *Find a Doctor / Find Care* at anthem.com do change.



FOUR WAYS YOUR HSA CAN WORK FOR YOU

Keeping track of different health care plans and cards to manage expenses can be confusing. Your Health Savings Account or HSA can help you pay for health care expenses, including prescriptions. It can also help you manage your care – all with a single debit card, website, mobile app and phone number. Plus, you can claim your HSA contributions as tax deductions, earn interest on your money and roll over the year-end balance.

1



You receive one debit card to make paying for out-of-pocket expenses simple.

2



You can find all your benefit and spending account information on one website.

- Check your HSA balance.
- Look for doctors, other health care professionals, hospitals and facilities.
- Review your claims, find out if you owe anything for care and pay your balance directly from your HSA online.
- See your benefit information, including deductible and out-of-pocket responsibilities.
- Estimate the cost of care before you see a doctor.

3



Whether you are home or traveling, the Sydney Health mobile app allows you to:

- See all of your account and claims information.
- Take a photo of a receipt and upload it for reimbursement.
- Manage and send payments from your HSA.
- Find care wherever you are, 24/7.

You can download the app from the App Store® or Google Play™.

4



You have one phone number for all your customer service needs.



RECEIVE REAL-TIME ALERTS FOR YOUR HSA

Do you want to know if your balance is low, receive confirmation of your deposit or see if an account statement is available? Sign up for email or text message alerts at [anthem.com](https://www.anthem.com) to stay on top of HSA updates.



USING YOUR HSA

Open your HSA

In order to open an HSA, you must have an HSA-compatible, high-deductible health plan.

Once you decide to open your HSA, our banking partner will confirm your identity, as required by law, and notify you if additional information is needed.¹

Keep in mind, the information you provide at enrollment is used to open your account and confirm your identity. It is important that you enroll using your legal name to avoid delays in opening your account.

Receive your welcome letter and debit card

Once your account is open:

- You can log on to **anthem.com** to see your account information at any time.
- You can learn more about your health plan, benefits and HSA at **anthem.com**.
- You will receive a welcome letter and debit card issued to you and your spouse or domestic partner.²

¹ Under the Patriot Act, all financial institutions are required to confirm the identity of anyone opening a new account through the Consumer Identification Program (CIP).

² A debit card will automatically be issued to you and your spouse or domestic partner. If you need debit cards for other dependents, you can order them online at anthem.com or call Member Services at the number on your ID card.

Transfer HSA funds

If you already have an HSA, you can transfer your funds to your new HSA.

- **One account experience.** With your funds in one place, you will have one login, one statement, one mobile app, one support team and one debit card.
- **No unnecessary fees.** By consolidating funds and closing your other account, you eliminate account administration fees from your prior HSA custodian.
- **Easier tax filings.** By having one HSA for the whole year, you will only have one set of tax forms to manage when it comes time to file your taxes.
- **Increased investment opportunity.** By combining your accounts, you have the maximum opportunity to grow your savings for the future.

We are here to help if you need it. After your account is open, visit **anthem.com** or the Sydney Health app. You can also call Member Services at the number on the back of your ID card for more information. Please note that your prior HSA custodian may charge a fee to transfer and close your account.

This is what the IRS requires if you want to open an HSA:

- You must be covered by an HSA-compatible, high-deductible health plan.
- You must be a U.S. resident, and not a resident of Puerto Rico or American Samoa.
- You cannot be covered by any other comprehensive medical plan that is not an HSA-compatible, high-deductible health plan.
- You cannot be enrolled in Medicare.
- You cannot be claimed as a dependent on another individual's tax return.
- If you are a veteran, you may not have received veteran's benefits within the last three months, unless those benefits are related to a service-connected disability.
- You cannot be enrolled in TRICARE, the federal government insurance program for active and retired military.
- Your spouse cannot be enrolled in a flexible spending account (FSA) plan.

Note: You have the option of using a different financial institution to set up your HSA. However, you would be responsible for any HSA-related fees applied by the chosen financial institution.

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