



Anthem 

CONNECT for HEALTH
COLORADO 

HOW TO CHOOSE AND USE YOUR HEALTH PLAN

Get the answers you need with this helpful guide

Colorado

2020 Plan Year

Individual and Family

Bronze, Silver, Gold and Catastrophic plans

**Certified by Connect for Health
Colorado®**

Open Enrollment period runs

November 1, 2019 - January 15, 2020

WHY CHOOSE ANTHEM?

When you choose an Individual or Family insurance plan with Anthem Blue Cross and Blue Shield, you'll have access to leading doctors and hospitals. You can even have a private video visit with a doctor or therapist on your smartphone, tablet or computer. And included with every medical plan, you'll get pharmacy coverage, too.

One stop coverage for all your needs

You can coordinate your medical, vision, dental and term life coverage. It's easy and can result in better care delivered sooner at a lower cost. Plus, preventive care is offered for as low as \$0, with no copay or deductible to meet when it's received from doctors in your plan.

Trusted brand name

One in three Americans carries a Blue branded card, which is accepted by providers, such as doctors and hospitals, across the country.¹

Local presence

Our families live and work here – and we've been committed to improving the health of Coloradans like you since 1938.

We understand your needs are unique

That's why we offer health plan choices to help you be your best. We also have many extra benefits you may not be aware of. Take a look.

Convenient options for care:

- With **LiveHealth Online**, you can visit a board certified doctor, psychologist, or therapist using your smartphone, tablet, or computer with a webcam - in both English and Spanish. Doctors are available 24/7 to assess your condition and if it's needed, they can send a prescription to your local pharmacy.²
- With **24/7 NurseLine**, you can call a registered nurse with your health questions or concerns any time, day or night. You can also use the toll free line to access an AudioHealth Library.
- Get personalized information about your health plan through the **Sydney mobile app** or **anthem.com**. Self service tools allow you to see your claims and coverage details, refill prescriptions, estimate the costs of common procedures, make monthly premium payments and much more.

MyHealth Advantage

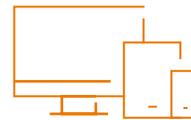
This program tracks your health and pharmacy claims to see if there are any gaps in care or ways to save money. If so, you get a personalized, confidential MyHealth Note in the mail. You can also download the Sydney mobile app to receive your MyHealth Notes electronically through the Mobile Inbox.

¹ https://www.bcbs.com/sites/default/files/file-attachments/page/Blue_Facts_Sheet-2019.pdf

² Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is the trade name of Health Management Corporation. Visit livehealthonline.com to learn more.

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QUICK CLICKS

Get the info you want now. Just pick a topic to take you right to that section.

- Health care plans
- Networks (doctors in your plan)
- Find a Doctor
- Prescriptions

WHAT YOU NEED TO KNOW TO CHOOSE A PLAN

YOUR OPTIONS FOR COVERAGE



Medical plans

Our individual and family health insurance plans give you lots of options. You'll get preventive care, such as screenings and flu shots, for as low as \$0, with no copay from **in-network** doctors (doctors in your plan). Plus, you won't have to meet your deductible first. And you'll have the health insurance you need in case of an emergency or illness.



Dental/Vision

Connecting dental and vision coverage to your medical plan is important to overall health.

- 90% of the body's diseases first show signs and symptoms in the mouth¹
- 1 in 5 cases of tooth loss is linked to diabetes²
- 22 of the top 25 prescribed medications can have an impact on vision³

Essential pediatric dental and vision benefits are included with our medical plans.⁴ Anthem knows how important both dental and vision care is to overall health, so we also offer stand-alone plans to you and your family with great care from leading doctors. When you have medical, dental and vision coverage through Anthem, we connect all of your providers with Anthem Whole Health Connection[®]. It's a program that helps improve your member experience by focusing on your whole person health.



Pharmacy

Our health plans include coverage for prescription drugs. Did you know that pharmacy is the most widely used benefit – 4x more than medical?[†] Getting the most out of your pharmacy benefits can help keep you healthy and save you money.

Manage your drug costs:

Your plan includes coverage for hundreds of brand and generic drugs. You can save money by talking to your doctor about lower cost alternatives. To see if your drug is covered, go to anthem.com/pharmacyinformation and choose the **Colorado Select Drug List**.

Fill your prescription the way you choose:

- **Retail Pharmacies**

Your pharmacy benefit uses the Rx Choice Tiered Network which offers levels of preferred and non-preferred pharmacies. Use a preferred (Level 1) pharmacy to get lower cost options at well-known chains like CVS, Walmart, Costco and Kroger. To see if your pharmacy is in the plan's network, visit anthem.com/pharmacyinformation/rxnetworks.html and select the Colorado Rx Choice Tiered Network.

- **Home Delivery**

With home delivery, you can get up to a 90-day supply of your maintenance medications - drugs used to treat long-term conditions like high blood pressure or diabetes - **delivered right to your door!** By using our home delivery pharmacy, you're more likely to follow your drug treatment plan resulting in better health outcomes.[◇]

¹ Academy of General Dentistry Know Your Teeth website: Warning Signs in the Mouth Can Save Lives (accessed August 2019); knowyourteeth.com

² <https://www.mouthhealthy.org/en/az-topics/d/diabetes>

³ Anthem analysis of top utilized drugs and the side effects as described in Lippincott Drug Guide for Nurses, 2018

⁴ Adult dental and vision coverage are not considered essential health benefits under ACA plan guidelines

[†] Ambulatory Care Use and Physician office visits, US Centers for Disease Control and Prevention (accessed 2/16/2017). Retail Prescription Drugs Filled at Pharmacies (Annual per Capita) (accessed 2/16/2017); kff.org

[◇] Schwab P, Racska P, Rascati K, Mourer M, Meah Y, Worley K. A Retrospective Database Study Comparing Diabetes-related Medication Adherence and Health Outcomes for Mail-order versus Community Pharmacy. *J Manag Care Spec Pharm* 2019 Mar;25(3):332-40: ncbi.nlm.nih.gov/pubmed/30816817.

WHAT YOU NEED TO KNOW TO CHOOSE A PLAN

MORE OPTIONS FOR COVERAGE



Term Life Insurance

Anthem Life Insurance Company now offers low cost term life insurance coverage. Our Individual term life plans include two coverage options: \$25,000 and \$50,000. You can choose the coverage amount that fits your needs. Life insurance is an important decision, but it doesn't have to be a complicated one. Term Life Insurance underwritten by Anthem Life Insurance Company.



Additional Coverage

For additional coverage or for the unexpected, you have choices. There are a variety of plans that offer coverage for accidents, critical illness, hospital stays and more available from LifeSecure™*. While these are not Affordable Care Act-compliant plans, they offer reasonably priced coverage for specific benefits. And, when paired with an Anthem health plan, these plans can provide more complete coverage and better financial protection. A representative can help you with additional coverage options from LifeSecure to fit your needs.



TO LEARN MORE

Call your broker or Anthem representative. You can also view and compare plans online at [anthem.com](https://www.anthem.com).

If you'd like a paper copy of this information by fax or mail, call your broker or Anthem representative.

* LifeSecure Insurance Company ("LifeSecure") underwrites and has sole financial responsibility for the Accident, Critical Illness and Hospital Recovery insurance products. LifeSecure is an independent company and there is no ownership affiliation between LifeSecure and Anthem Blue Cross and Blue Shield. LifeSecure products do not offer qualifying health coverage ("Minimum Essential Coverage" or "MEC") that satisfies the health coverage under the Affordable Care Act. The termination or loss of one of these policies does not entitle you to a Special Enrollment Period to purchase a health benefit plan that qualifies as MEC outside of an Open Enrollment Period.

ANSWERS TO YOUR QUESTIONS

WHY DO I NEED COVERAGE?

The short answer is ... life happens and it helps to be ready. No one plans to break an arm or catch pneumonia. That's why having a health care plan is so important. It helps you:

- Pay for those unexpected costs that come with a serious illness or injury.
- Get some important benefits like preventive care that can help you stay healthier and get more effective treatment.

Still not convinced? Here are three reasons why coverage is so important:

- 1 It's worth the price.** Have you ever thought about what the cost would be to have a major surgery without health insurance? Now picture adding that in with your mortgage/rent and monthly expenses. That's a case where monthly payments for coverage are small compared to footing the bill for a major unexpected cost.
- 2 It helps you stay on top of checkups.** When you have coverage, you'll be much more likely to use it to get your yearly checkups and tests that can catch issues early. Plans even include preventive care at no extra cost when you use doctors in your plan (in-network doctors).
- 3 It's an investment in you.** You insure your home and cars, so why would you put yourself at the bottom of the list? Think about how much it would cost to fix you if something serious were to happen.

HOW DO I CHOOSE A PLAN?

Choosing the right plan for you can be a challenge. We get that. So let's start with some questions to figure out what works best for you:

- How often do you see doctors and specialists?
- What prescription medications do you take regularly?
- Are you planning any procedures this year?

See Find a Doctor instructions, Pharmacy coverage details and read about the plan choices below to see which plan best fits your needs.

Plan choices

Metal Levels

- **Bronze:** You'll have lower monthly payments while being covered for check ups and preventive care. You could pay more out of pocket if you need more care, but if you don't expect to go to the doctor very much this year, Bronze may be a good bet. These health plans can be great for people who are younger with no dependents.
- **Silver:** You'll get health coverage that covers all the basics and more. You'll also get preventive care for \$0 with no copay and no deductible from in-network doctors. Silver plans on Connect for Health Colorado offer the greatest assistance for both tax credits and cost sharing subsidies, if you qualify.
- **Gold:** You'll have higher monthly payments but lower out of pocket costs depending on the services you use. You'll also have a lower deductible to meet, and you can save on visits to doctors or specialists when you need them.
- **Catastrophic:** If you're under age 30 (or are 30 or older with an approved hardship exemption from Healthcare.gov) you may qualify for a high-deductible, lower monthly payment, Catastrophic plan. Catastrophic plans can help protect you from worst-case scenarios like serious accidents or illnesses.

ANSWERS TO YOUR QUESTIONS



CAN I AFFORD IT?

If you're thinking coverage might cost too much, you're not alone. But, what you might not know is that you may be able to get help paying for it. And a health insurance subsidy may be the answer. Don't know what a subsidy is? That's just a fancy word for getting financial help from the government to help you pay for your health care coverage.

You could be eligible for a subsidy, also called an advanced premium tax credit, to lower your monthly payment. You may also qualify for a plan where you'll pay less for your out-of-pocket costs.

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

Other ways to help save money:

- Check if your favorite doctor, hospital or other health care provider is in your plan. That way you can make sure you get your care at the lower or negotiated network rate.
- You can also save money by only using the emergency room (ER) for emergencies. Head straight to the ER or call 911 for serious health issues. Otherwise, save yourself money and time by visiting your primary care doctor, an urgent care center, or LiveHealth Online for minor medical issues.



WHY SET UP A HEALTH SAVINGS ACCOUNT?

You may be able to lower your health care costs and your taxes with a health savings account (HSA). You can easily set up a health savings account with Anthem's banking partner after selecting an HSA-compatible health plan. When you use Anthem's integrated banking partner, you will have easy access to view and pay your claims all in one convenient location. An HSA can offer a variety of tax advantages, including paying for qualified out-of-pocket medical expenses using tax-free dollars.



TO LEARN MORE

Call your broker or Anthem representative. You can also view and compare plans online at anthem.com.

If you'd like a paper copy of this information by fax or mail, call your broker or Anthem representative.

ANSWERS TO YOUR QUESTIONS

HOW DO I FIND A DOCTOR OR HOSPITAL?

You can find an in-network doctor, hospital, dentist, pharmacy and more by using our **Find a Doctor** tool.¹ It's quick and easy. Plus, you'll get the most from your health care coverage (and save money), if you choose a doctor or hospital in your plan. Follow these simple steps:

- 1 Go to **anthem.com**.
- 2 Select **Find a Doctor** at the top right of your screen.
- 3 Scroll past **Search as a Member** to **Search as Guest**.
- 4 Choose **Search by Selecting a Plan or Network** and complete the form.

The difference between in-network doctors and out-of-network doctors

In-network Doctors:	Doctors and other health care providers who contract with us to provide care at discounted rates.
Out-of-network Doctors:	Doctors and other health care providers who are not contracted with the health plan.

WHAT SHOULD I KNOW ABOUT MY NETWORK?

Depending on what type of plan you choose, your benefits, doctor and medical facility choices may be different:

- **Pathway and Mountain Enhanced networks:** With our health maintenance organization (HMO) plans, you have access to a wide range of doctors, health care providers and plans based on where you live in Colorado.

You have to choose a primary care doctor, but you don't need a referral to see other in-network doctors. HMOs don't offer out-of-network benefits, except for emergency and urgent care or when a service is preapproved. If you see doctors not in the plan for any other reason, you'll have to pay 100% out of pocket.
- Not all networks are available in all counties. Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco and Summit counties offer both the **Pathway** and **Mountain Enhanced** networks. All other Colorado counties offer the **Pathway** network only.
- **If you are online, click here to see our county network coverage map or refer to your paper kit for more details.**

¹ 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* at [anthem.com](https://www.anthem.com) do change.

MEMBER ADVANTAGES

Making informed health care decisions for you and your family is simple with our website, mobile app and online care options.

ONLINE TOOLS

No matter which plan you choose, you can register at anthem.com or on the Sydney mobile app to get personalized information about your health plan all in one place.



Use the self-service tools on our secure website to:

- See your claims and coverage details.
- Estimate your costs on common procedures, before you step into the doctor's office.
- Manage your prescription benefits and search the drug list that applies to your plan.
- Check the price of a drug or refill a prescription.
- Make your monthly payments online.



With our Sydney mobile app, you can:

- Find a nearby doctor, specialist, urgent care center or hospital.
- Download a virtual member ID card.
- Manage your prescription drug benefits.

CONVENIENT ONLINE CARE

Have a private video visit with a board-certified doctor or licensed therapist through LiveHealth Online.



LiveHealth Online

- No need to sit in a waiting room or even leave home for non-emergencies.

Talk to a doctor whenever, wherever with LiveHealth Online

Easy:

Connect to a doctor 24 hours a day, from a computer, tablet, or smartphone with a webcam.

Face-to-face:

Chat by two-way video for common health issues, like a cold, the flu, allergies and more.

Save:

On average members save on care, compared to ER, urgent care, or other health facilities.

LiveHealth Online Psychology offers virtual counseling

Convenient:

Visits available from 7 a.m. to 11 p.m., coast-to-coast.

Quick access:

Schedule a visit and be seen within four days, or on demand, when available.

Same cost:

Cost-share is the same as it is for in-office Mental Health/Substance Use therapy benefits.

MEMBER ADVANTAGES

PLANS INCLUDE OTHER FEATURES TO HELP YOU AND YOUR FAMILY STAY HEALTHY AT NO ADDITIONAL COST

- **24/7 Nurseline:** Our registered nurses can answer your health questions wherever you are – any time, day or night. All you have to do is call.
- **Care Support:** If you need extra care for ongoing or complex health issues, a case manager may call you. Your case manager can answer your questions, set up care with different doctors and help you use your health benefits.
- **MyHealth Advantage:** Avoid health issues, stay healthy and save money. This program tracks your health information to see if there's anything you can do to improve your health. If so, you'll get a personalized and confidential MyHealth Note in the mail.

PEACE OF MIND WHEN YOU TRAVEL

Whether you're traveling for work or on vacation, going to the ER or urgent care is the last thing you want to worry about. The good news is you don't have to! All of our HMO plans cover medically necessary emergency and urgent care in all 50 states, even when you're not using your plan's doctors and hospitals.

Guest Membership/Away From Home Care when temporarily living out of state – HMO.

Will you or a family member be living away from home and outside of your health plan's service area for more than 90 days? With our HMO plans, we can cover you. Just ask for a guest membership (also known as Away From Home Care) to one of our affiliated Blue Cross and Blue Shield plans in that area. A guest membership lets you become a "guest" of that other health plan and enjoy its benefits and coverage. It comes in handy for students going to college in another state. After you're a member, call Guest Membership at 800-827-6422 to learn more. Guest memberships aren't available in all areas.

SIMPLIFIED PAYMENTS

We know life gets busy, so we're making it easier for you to pay your monthly payments.

- Set up electronic funds transfer (EFT) or bank draft.
- Enroll in WebPay to use with a Visa or MasterCard debit or credit card.
- Download our Sydney mobile app and pay with a credit card or your bank account. You can even set up autopay in the app.

You can set up automatic monthly payments with each option. Just make sure your card account information and expiration date stays up to date.

SPECIAL SAVINGS FROM SPECIALOFFERS¹

Members can get discounts on products and services, including vitamins, weight loss support, glasses and contacts, sports gear and fitness club memberships, that help promote better health and wellbeing. **You can even get a 20% discount on a 23andME[®] Ancestry kit and \$40 off each Health + Ancestry kit.**

¹ SpecialOffers discounts are subject to change without notice.

PLAN BENEFIT CHARTS

Not all networks are available in all counties. Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco and Summit counties offer both the **Pathway** and **Mountain Enhanced** networks. All other Colorado counties offer the **Pathway** network only. If you are online, click here to see our county network coverage map or refer to your paper kit for more details.

	Anthem Bronze Mountain Enhanced X HMO 5000 Rx Copay (4CPU)	Anthem Bronze Mountain Enhanced X HMO 6000 (4CPZ)	Anthem Bronze Mountain Enhanced X HMO 6850 for HSA (4CQ0)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$5,000	\$6,000	\$6,850
Individual out-of-pocket maximum	\$8,150	\$8,150	\$6,850
Coinsurance (percentage may vary for some covered services)	40%	30%	0%
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)	\$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 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
Outpatient diagnostic tests (Ex. X-ray, EKG)	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
Urgent care	\$100 copay	\$100 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
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
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	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
Retail pharmacy tier 1: Level 1 / Level 2	\$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
Retail pharmacy tier 3: Level 1 / Level 2	\$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
Physical and occupational therapy ² (limits apply)	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

Please see Medical and Silver cost-share reduction plans footnotes on page 28.

PLAN BENEFIT CHARTS

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	Anthem Bronze Mountain Enhanced X HMO 8150 (4CRE)	Anthem Bronze Pathway X HMO 5000 Rx Copay (4CPV)	Anthem Bronze Pathway X HMO 6000 (4CPY)
Network name	Mountain Enhanced	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$8,150	\$5,000	\$6,000
Individual out-of-pocket maximum	\$8,150	\$8,150	\$8,150
Coinsurance (percentage may vary for some covered services)	0%	40%	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)	\$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
Office 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
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% 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
Urgent care	Deductible, then 0% coinsurance	\$100 copay	\$100 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
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
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 0% coinsurance	Deductible, then 40% 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: 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
Retail pharmacy tier 1: Level 1 / Level 2	0% coinsurance / 0% coinsurance	\$30 copay / \$40 copay	30% coinsurance / 40% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	0% coinsurance / 0% coinsurance	\$75 copay / \$85 copay	30% coinsurance / 40% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	0% coinsurance / 0% coinsurance	\$150 copay / \$160 copay	30% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	0% coinsurance / 0% coinsurance	\$650 copay / \$660 copay	30% coinsurance / 50% coinsurance
Physical and occupational therapy ² (limits apply)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Speech therapy ² (limits apply)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 28.

PLAN BENEFIT CHARTS

Not all networks are available in all counties. Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco and Summit counties offer both the **Pathway** and **Mountain Enhanced** networks. All other Colorado counties offer the **Pathway** network only. If you are online, click here to see our county network coverage map or refer to your paper kit for more details.

	Anthem Bronze Pathway X HMO 6850 for HSA (4CQ1)	Anthem Bronze Pathway X HMO 8150 (4CRC)	Anthem Silver Mountain Enhanced X HMO 2000 (4CPP)
Network name	Pathway	Pathway	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$6,850	\$8,150	\$2,000
Individual out-of-pocket maximum	\$6,850	\$8,150	\$7,500
Coinsurance (percentage may vary for some covered services)	0%	0%	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)	Deductible, then 0% coinsurance	\$40 copay per visit for the first 3 visits, then deductible and 0% coinsurance	\$35 copay
Office visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$250 copay and 30% coinsurance
Urgent care	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$100 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$200 copay and 30% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then 0% coinsurance	Deductible, then 0% 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 0% 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: 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	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 40% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 40% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 50% coinsurance
Physical and occupational therapy ² (limits apply)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Speech therapy ² (limits apply)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 28.

PLAN BENEFIT CHARTS

Not all networks are available in all counties. Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco and Summit counties offer both the **Pathway** and **Mountain Enhanced** networks. All other Colorado counties offer the **Pathway** network only. If you are online, click here to see our county network coverage map or refer to your paper kit for more details.

	Anthem Silver Mountain Enhanced X HMO 3000 Rx Copay (4CPT)	Anthem Silver Mountain Enhanced X HMO 4500 Rx Copay (4CRK)	Anthem Silver Mountain Enhanced X HMO 5150 (4CQH)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$3,000	\$4,500	\$5,150
Individual out-of-pocket maximum	\$8,150	\$8,150	\$6,800
Coinsurance (percentage may vary for some covered services)	15%	25%	35%
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)	\$40 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 visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$300 copay and 50% coinsurance	Deductible, then 35% coinsurance
Urgent care	\$100 copay	\$100 copay	\$100 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 \$500 copay and 25% coinsurance	Deductible, then 35% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$1,000 copay and 35% coinsurance	Deductible, then 35% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 35% 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: No deductible Tiers 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$15 copay / \$25 copay	\$10 copay / \$20 copay	\$10 copay / \$20 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$50 copay / \$60 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$80 copay / \$90 copay	\$80 copay / \$90 copay	40% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	\$500 copay / \$510 copay	\$650 copay / \$660 copay	40% coinsurance / 50% coinsurance
Physical and occupational therapy ² (limits apply)	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance
Speech therapy ² (limits apply)	Deductible, then 15% coinsurance	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 28.

PLAN BENEFIT CHARTS

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	Anthem Silver Mountain Enhanced X HMO 5500 (4CQ8)	Anthem Silver Pathway X HMO 2000 (4CPW)	Anthem Silver Pathway X HMO 3000 Rx Copay (4CPS)
Network name	Mountain Enhanced	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$5,500	\$2,000	\$3,000
Individual out-of-pocket maximum	\$7,000	\$7,500	\$8,150
Coinsurance (percentage may vary for some covered services)	25%	30%	15%
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)	\$35 copay	\$35 copay	\$40 copay per visit for the first 3 visits, then deductible and 15% coinsurance
Office visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 25% coinsurance	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$500 copay and 15% coinsurance
Urgent care	\$100 copay	\$100 copay	\$100 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 25% 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 25% 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 25% 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: No deductible Tiers 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	\$10 copay / \$20 copay	30% coinsurance / 40% coinsurance	\$15 copay / \$25 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay	30% coinsurance / 40% coinsurance	\$50 copay / \$60 copay
Retail pharmacy tier 3: Level 1 / Level 2	35% coinsurance / 50% coinsurance	30% coinsurance / 50% coinsurance	\$80 copay / \$90 copay
Retail pharmacy tier 4: Level 1 / Level 2	50% coinsurance / 50% coinsurance	30% coinsurance / 50% coinsurance	\$500 copay / \$510 copay
Physical and occupational therapy ² (limits apply)	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance
Speech therapy ² (limits apply)	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 15% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 28.

PLAN BENEFIT CHARTS

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	Anthem Silver Pathway X HMO 4500 Rx Copay (4CRJ)	Anthem Silver Pathway X HMO 5150 (4CQA)	Anthem Silver Pathway X HMO 5500 (4CQ9)
Network name	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$4,500	\$5,150	\$5,500
Individual out-of-pocket maximum	\$8,150	\$6,800	\$7,000
Coinsurance (percentage may vary for some covered services)	25%	35%	25%
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)	\$40 copay per visit for the first 3 visits, then deductible and 25% coinsurance	\$35 copay	\$35 copay
Office visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance	Deductible, then 25% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance	Deductible, then 25% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$300 copay and 50% coinsurance	Deductible, then 35% coinsurance	Deductible, then 25% coinsurance
Urgent care	\$100 copay	\$100 copay	\$100 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 35% coinsurance	Deductible, then 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$1,000 copay and 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 25% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 35% 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: No deductible Tiers 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$10 copay / \$20 copay	\$10 copay / \$20 copay	\$10 copay / \$20 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$80 copay / \$90 copay	40% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	\$650 copay / \$660 copay	40% coinsurance / 50% coinsurance	50% coinsurance / 50% coinsurance
Physical and occupational therapy ² (limits apply)	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance	Deductible, then 25% coinsurance
Speech therapy ² (limits apply)	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance	Deductible, then 25% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 28.

PLAN BENEFIT CHARTS

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	Anthem Gold Mountain Enhanced X HMO 1400 Rx Copay (4CQJ)	Anthem Gold Pathway X HMO 1400 Rx Copay (4CQK)	Anthem Catastrophic Pathway X HMO 8150 (4CPX)
Network name	Mountain Enhanced	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$1,400	\$1,400	\$8,150
Individual out-of-pocket maximum	\$8,150	\$8,150	\$8,150
Coinsurance (percentage may vary for some covered services)	30%	30%	0%
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)	\$30 copay	\$30 copay	\$40 copay per visit for the first 3 visits, then deductible and 0% coinsurance
Office visit: specialist (Other office services may be subject to deductible and plan coinsurance)	\$60 copay	\$60 copay	Deductible, then 0% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then 30% 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
Urgent care	\$100 copay	\$100 copay	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
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$1,000 copay	Deductible, then \$1,000 copay	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
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
Retail pharmacy tier 1: Level 1 / Level 2	\$10 copay / \$20 copay	\$10 copay / \$20 copay	0% coinsurance / 0% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay	\$40 copay / \$50 copay	0% coinsurance / 0% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	\$80 copay / \$90 copay	\$80 copay / \$90 copay	0% coinsurance / 0% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	\$650 copay / \$660 copay	\$650 copay / \$660 copay	0% coinsurance / 0% coinsurance
Physical and occupational therapy ² (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Speech therapy ² (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 28.

SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

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	Anthem Silver Mountain Enhanced X HMO 5500 (4CQ8)	Anthem Silver Mountain Enhanced X HMO 3300 S04 (4CQ3)	Anthem Silver Mountain Enhanced X HMO 1000 S05 (4CQ5)	Anthem Silver Mountain Enhanced X HMO 200 S06 (4CP5)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No	No
Individual deductible	\$5,500	\$3,300	\$1,000	\$200
Individual out-of-pocket maximum	\$7,000	\$5,700	\$1,600	\$700
Coinsurance (percentage may vary for some covered services)	25%	25%	25%	25%
Preventive care ¹	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	\$25 copay	\$25 copay
Office visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance			
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% coinsurance			
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 25% coinsurance			
Urgent care	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 25% coinsurance			
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance			
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	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: No deductible Tiers 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$10 copay / \$20 copay			
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay			
Retail pharmacy tier 3: Level 1 / Level 2	35% coinsurance / 50% coinsurance			
Retail pharmacy tier 4: Level 1 / Level 2	50% coinsurance / 50% coinsurance			
Physical and occupational therapy ² (limits apply)	Deductible, then 25% coinsurance			
Speech therapy ² (limits apply)	Deductible, then 25% coinsurance			

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SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

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	Anthem Silver Mountain Enhanced X HMO 5150 (4CQH)	Anthem Silver Mountain Enhanced X HMO 3500 S04 (4CQB)	Anthem Silver Mountain Enhanced X HMO 800 S05 (4CQE)	Anthem Silver Mountain Enhanced X HMO 200 S06 (4CQG)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No	No
Individual deductible	\$5,150	\$3,500	\$800	\$200
Individual out-of-pocket maximum	\$6,800	\$5,300	\$1,700	\$700
Coinsurance (percentage may vary for some covered services)	35%	35%	35%	35%
Preventive care ¹	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	\$15 copay	\$10 copay
Office visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 35% coinsurance			
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 35% coinsurance			
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 35% coinsurance			
Urgent care	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 35% coinsurance			
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then 35% coinsurance			
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 35% 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: No deductible Tiers 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$10 copay / \$20 copay			
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$30 copay / \$40 copay	\$20 copay / \$30 copay
Retail pharmacy tier 3: Level 1 / Level 2	40% coinsurance / 50% coinsurance			
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 50% coinsurance			
Physical and occupational therapy ² (limits apply)	Deductible, then 35% coinsurance			
Speech therapy ² (limits apply)	Deductible, then 35% coinsurance			

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SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

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	Anthem Silver Mountain Enhanced X HMO 4500 Rx Copay (4CRK)	Anthem Silver Mountain Enhanced X HMO 3200 S04 Rx Copay (4CRL)	Anthem Silver Mountain Enhanced X HMO 700 S05 Rx Copay (4CRX)	Anthem Silver Mountain Enhanced X HMO 300 S06 Rx Copay (4CRQ)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No	No
Individual deductible	\$4,500	\$3,200	\$700	\$300
Individual out-of-pocket maximum	\$8,150	\$5,600	\$1,700	\$650
Coinsurance (percentage may vary for some covered services)	25%	25%	25%	25%
Preventive care ¹	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	\$40 copay per visit for the first 3 visits, then deductible and 25% coinsurance
Office visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance			
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% 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 \$300 copay and 50% coinsurance	Deductible, then \$100 copay and 50% coinsurance
Urgent care	\$100 copay	\$100 copay	\$100 copay	\$100 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 \$500 copay and 25% coinsurance	Deductible, then \$150 copay and 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$1,000 copay and 35% 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			
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
Retail pharmacy tier 1: Level 1 / Level 2	\$10 copay / \$20 copay			
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$35 copay / \$45 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$80 copay / \$90 copay			
Retail pharmacy tier 4: Level 1 / Level 2	\$650 copay / \$660 copay	\$650 copay / \$660 copay	\$650 copay / \$660 copay	\$300 copay / \$310 copay
Physical and occupational therapy ² (limits apply)	Deductible, then 25% coinsurance			
Speech therapy ² (limits apply)	Deductible, then 25% coinsurance			

Please see Medical and Silver cost-share reduction plans footnotes on page 28.

SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

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	Anthem Silver Mountain Enhanced X HMO 3000 Rx Copay (4CPT)	Anthem Silver Mountain Enhanced X HMO 3000 S04 Rx Copay (4CPR)	Anthem Silver Mountain Enhanced X HMO 800 S05 Rx Copay (4CPC)	Anthem Silver Mountain Enhanced X HMO 200 S06 Rx Copay (4CP4)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No	No
Individual deductible	\$3,000	\$3,000	\$800	\$200
Individual out-of-pocket maximum	\$8,150	\$6,300	\$1,850	\$600
Coinsurance (percentage may vary for some covered services)	15%	15%	15%	15%
Preventive care ¹	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 15% 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
Office visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 15% coinsurance			
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 15% coinsurance			
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance
Urgent care	\$100 copay	\$100 copay	\$100 copay	\$75 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 \$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 \$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 15% 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
Retail pharmacy tier 1: Level 1 / Level 2	\$15 copay / \$25 copay	\$10 copay / \$20 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$50 copay / \$60 copay	\$45 copay / \$55 copay	\$30 copay / \$40 copay	\$30 copay / \$40 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$80 copay / \$90 copay	\$75 copay / \$85 copay	\$75 copay / \$85 copay	\$60 copay / \$70 copay
Retail pharmacy tier 4: Level 1 / Level 2	\$500 copay / \$510 copay	\$500 copay / \$510 copay	\$500 copay / \$510 copay	\$250 copay / \$260 copay
Physical and occupational therapy ² (limits apply)	Deductible, then 15% coinsurance			
Speech therapy ² (limits apply)	Deductible, then 15% coinsurance			

Please see Medical and Silver cost-share reduction plans footnotes on page 28.

SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

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	Anthem Silver Mountain Enhanced X HMO 2000 (4CPP)	Anthem Silver Mountain Enhanced X HMO 2000 S04 (4CPM)	Anthem Silver Mountain Enhanced X HMO 700 S05 (4CP7)	Anthem Silver Mountain Enhanced X HMO 200 S06 (4CQ7)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No	No
Individual deductible	\$2,000	\$2,000	\$700	\$200
Individual out-of-pocket maximum	\$7,500	\$6,200	\$1,600	\$600
Coinsurance (percentage may vary for some covered services)	30%	25%	25%	25%
Preventive care ¹	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	\$10 copay	\$10 copay
Office visit: specialist (Other office services may be subject to deductible and plan 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 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$250 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance
Urgent care	\$100 copay	\$100 copay	\$75 copay	\$75 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$200 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 \$500 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 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: 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
Retail pharmacy tier 1: Level 1 / Level 2	30% coinsurance / 40% coinsurance	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	30% coinsurance / 40% coinsurance	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	30% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	30% coinsurance / 50% coinsurance	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 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Speech therapy ² (limits apply)	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 28.

SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

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	Anthem Silver Pathway X HMO 5500 (4CQ9)	Anthem Silver Pathway X HMO 3300 S04 (4CQ2)	Anthem Silver Pathway X HMO 1000 S05 (4CQ4)	Anthem Silver Pathway X HMO 200 S06 (4CQ6)
Network name	Pathway	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No	No
Individual deductible	\$5,500	\$3,300	\$1,000	\$200
Individual out-of-pocket maximum	\$7,000	\$5,700	\$1,600	\$700
Coinsurance (percentage may vary for some covered services)	25%	25%	25%	25%
Preventive care ¹	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	\$25 copay	\$25 copay
Office visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance			
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% coinsurance			
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 25% coinsurance			
Urgent care	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 25% coinsurance			
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance			
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	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: No deductible Tiers 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$10 copay / \$20 copay			
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay			
Retail pharmacy tier 3: Level 1 / Level 2	35% coinsurance / 50% coinsurance			
Retail pharmacy tier 4: Level 1 / Level 2	50% coinsurance / 50% coinsurance			
Physical and occupational therapy ² (limits apply)	Deductible, then 25% coinsurance			
Speech therapy ² (limits apply)	Deductible, then 25% coinsurance			

Please see Medical and Silver cost-share reduction plans footnotes on page 28.

SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

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	Anthem Silver Pathway X HMO 5150 (4CQA)	Anthem Silver Pathway X HMO 3500 S04 (4CQC)	Anthem Silver Pathway X HMO 800 S05 (4CQD)	Anthem Silver Pathway X HMO 200 S06 (4CQF)
Network name	Pathway	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No	No
Individual deductible	\$5,150	\$3,500	\$800	\$200
Individual out-of-pocket maximum	\$6,800	\$5,300	\$1,700	\$700
Coinsurance (percentage may vary for some covered services)	35%	35%	35%	35%
Preventive care ¹	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	\$15 copay	\$10 copay
Office visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 35% coinsurance			
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 35% coinsurance			
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 35% coinsurance			
Urgent care	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 35% coinsurance			
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then 35% coinsurance			
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 35% 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: No deductible Tiers 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$10 copay / \$20 copay			
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$30 copay / \$40 copay	\$20 copay / \$30 copay
Retail pharmacy tier 3: Level 1 / Level 2	40% coinsurance / 50% coinsurance			
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 50% coinsurance			
Physical and occupational therapy ² (limits apply)	Deductible, then 35% coinsurance			
Speech therapy ² (limits apply)	Deductible, then 35% coinsurance			

Please see Medical and Silver cost-share reduction plans footnotes on page 28.

SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

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	Anthem Silver Pathway X HMO 4500 Rx Copay (4CRJ)	Anthem Silver Pathway X HMO 3200 S04 Rx Copay (4CRM)	Anthem Silver Pathway X HMO 700 S05 Rx Copay (4CRP)	Anthem Silver Pathway X HMO 300 S06 Rx Copay (4CRN)
Network name	Pathway	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No	No
Individual deductible	\$4,500	\$3,200	\$700	\$300
Individual out-of-pocket maximum	\$8,150	\$5,600	\$1,700	\$650
Coinsurance (percentage may vary for some covered services)	25%	25%	25%	25%
Preventive care ¹	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	\$40 copay per visit for the first 3 visits, then deductible and 25% coinsurance
Office visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance			
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% 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 \$300 copay and 50% coinsurance	Deductible, then \$100 copay and 50% coinsurance
Urgent care	\$100 copay	\$100 copay	\$100 copay	\$100 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 \$500 copay and 25% coinsurance	Deductible, then \$150 copay and 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$1,000 copay and 35% 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			
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
Retail pharmacy tier 1: Level 1 / Level 2	\$10 copay / \$20 copay			
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$40 copay / \$50 copay	\$35 copay / \$45 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$80 copay / \$90 copay			
Retail pharmacy tier 4: Level 1 / Level 2	\$650 copay / \$660 copay	\$650 copay / \$660 copay	\$650 copay / \$660 copay	\$300 copay / \$310 copay
Physical and occupational therapy ² (limits apply)	Deductible, then 25% coinsurance			
Speech therapy ² (limits apply)	Deductible, then 25% coinsurance			

Please see Medical and Silver cost-share reduction plans footnotes on page 28.

SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

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	Anthem Silver Pathway X HMO 3000 Rx Copay (4CPS)	Anthem Silver Pathway X HMO 3000 S04 Rx Copay (4CPQ)	Anthem Silver Pathway X HMO 800 S05 Rx Copay (4CPB)	Anthem Silver Pathway X HMO 200 S06 Rx Copay (4CP3)
Network name	Pathway	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No	No
Individual deductible	\$3,000	\$3,000	\$800	\$200
Individual out-of-pocket maximum	\$8,150	\$6,300	\$1,850	\$600
Coinsurance (percentage may vary for some covered services)	15%	15%	15%	15%
Preventive care ¹	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 15% 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
Office visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 15% coinsurance			
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 15% coinsurance			
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance
Urgent care	\$100 copay	\$100 copay	\$100 copay	\$75 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 \$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 \$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 15% 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
Retail pharmacy tier 1: Level 1 / Level 2	\$15 copay / \$25 copay	\$10 copay / \$20 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$50 copay / \$60 copay	\$45 copay / \$55 copay	\$30 copay / \$40 copay	\$30 copay / \$40 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$80 copay / \$90 copay	\$75 copay / \$85 copay	\$75 copay / \$85 copay	\$60 copay / \$70 copay
Retail pharmacy tier 4: Level 1 / Level 2	\$500 copay / \$510 copay	\$500 copay / \$510 copay	\$500 copay / \$510 copay	\$250 copay / \$260 copay
Physical and occupational therapy ² (limits apply)	Deductible, then 15% coinsurance			
Speech therapy ² (limits apply)	Deductible, then 15% coinsurance			

Please see Medical and Silver cost-share reduction plans footnotes on page 28.

SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

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	Anthem Silver Pathway X HMO 2000 (4CPW)	Anthem Silver Pathway X HMO 2000 S04 (4CPN)	Anthem Silver Pathway X HMO 700 S05 (4CP8)	Anthem Silver Pathway X HMO 200 S06 (4CP6)
Network name	Pathway	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No	No
Individual deductible	\$2,000	\$2,000	\$700	\$200
Individual out-of-pocket maximum	\$7,500	\$6,200	\$1,600	\$600
Coinsurance (percentage may vary for some covered services)	30%	25%	25%	25%
Preventive care ¹	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	\$10 copay	\$10 copay
Office visit: specialist (Other office services may be subject to deductible and plan 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 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$250 copay and 30% coinsurance	Deductible, then \$250 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance
Urgent care	\$100 copay	\$100 copay	\$75 copay	\$75 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$200 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 \$500 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 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: 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
Retail pharmacy tier 1: Level 1 / Level 2	30% coinsurance / 40% coinsurance	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	30% coinsurance / 40% coinsurance	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance	25% coinsurance / 35% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	30% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	30% coinsurance / 50% coinsurance	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 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Speech therapy ² (limits apply)	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 28.

MEDICAL AND SILVER COST-SHARE REDUCTION PLANS BENEFIT 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.

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.

UNDERSTANDING INSURANCE TERMS

Let's take a look at some common insurance terms you probably see a lot.

HERE'S WHAT THEY MEAN:



Coinsurance

Your percentage of the costs. After you meet your deductible, this is your percentage of costs each time you get care and then your plan covers the rest up to the maximum allowed amount. In-network providers agree to accept Anthem's maximum allowed amount as their charge.



Copay

This is a set dollar amount you pay for covered services, such as doctor visits. The amount can vary based on covered service. It's listed in your medical plan charts.



Deductible

This is the set dollar amount you pay before we begin paying for most covered health services you receive. It's listed in your benefit plan. In-network covered preventive services don't 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 drug tier your drug is in.



In-network coverage

This refers to doctors, hospitals, dentists, pharmacies and other care providers who are part of the plan's network or are in the plan. HMO plans only include coverage for in-network benefits, except for emergency and urgent care, ambulance services, or when a service is pre-approved.



Out-of-network coverage

This refers to doctors, hospitals, dentists, pharmacies and other care providers who don't participate in the plan or network. HMO plans don't offer out-of-network benefits, except for emergency and urgent care, ambulance services, or when a service is pre-approved.



Out-of-pocket maximum

This is the maximum amount you can pay out of your pocket for covered 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 agree to accept Anthem's maximum allowed amount as their charge.



Plan name

Plan name and contract code are found on the first row of the medical plan charts. Look for this when you're applying for a plan. The contract code is in parentheses after the plan name.

READY TO ENROLL? LET'S MAKE IT HAPPEN.

HELP IS CLOSE AT HAND:



Call your broker or Anthem representative to enroll or learn more about our health care plans; or



Visit our website at [anthem.com](https://www.anthem.com) and apply online; or



Find our plans through Connect for Health Colorado at [ConnectforHealthCO.com](https://www.ConnectforHealthCO.com).

You can buy health care plans once a year through an open enrollment period. This year, the open enrollment period runs from **November 1, 2019 - January 15, 2020**.

You may be able to change your health coverage outside of this open enrollment period if there are special qualifying events. Check with your broker or Anthem representative to see if you qualify or if you have other questions about eligibility.



WE WANT YOU TO BE SATISFIED

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

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 may be continued in force or discontinued. For more complete details on what's covered and what isn't:



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 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.

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 don't 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 is a program that is part of your health plan. It lets us make sure you're 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.

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's 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.

IMPORTANT LEGAL INFORMATION

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's how getting precertification can help you out:

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's 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're 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.

With our health maintenance organization (HMO) plans, you choose one of our in-network PCPs who helps to coordinate your care. When you need to see other in-network doctors, a referral from your PCP is not required.

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

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.

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
- 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

IMPORTANT LEGAL INFORMATION

- Alternative or complementary medicine
- Artificial and mechanical devices
- 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 aren't 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's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't 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 isn't 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 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's 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. إضافة من خلال الاتصال برقم خدمات الأعضاء (1-855-453-7031) (TTY/TDD: 711)

Bassa

Ɔ jũ ké m̄ d̄yi gbo-kpá-kpá mó b̄é m̄ ké céè-d̄è nià ke múin wó dé bãà-w̄éin wùd̄u d̄ò mú ní, m̄ b̄éin ɔ zòò d̄ȳiin dé M̄éba jè gbo-gm̄ò Kpòè n̄òbà nià ke <1-855-453-7031> dá dá mú. M̄ se w̄id̄i kàkò d̄ò p̄éin 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 اعضا 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 ịjị ghọta dọkumentị a n'asụsụ dị iche, ị nwere ike ịrịọ ya na akwughị ugwọ ọ bụla ọzọ site na ịkpọ nọmba Orụ 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)

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)

GET HELP IN YOUR LANGUAGE

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 àkọsilẹ yíí le yé ọ ní èdè mírán, o le bèrè rẹ láísí àfikún owó nípa pípe Nọmbà Àwọn ìpèsè ọmọ-ẹgbẹ (1-855-453-7031). (TTY/TDD: 711)



WE'RE HERE TO HELP

Still have questions? Just ask.

To learn more, call your broker or Anthem representative. You can also view and compare plans online at **[anthem.com](https://www.anthem.com)**. If you'd like a paper copy of this information by fax or mail, call your broker or Anthem representative.

Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.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.

05529COMENABS 10/19