

Anthem Plans

ConnectiCare Plans

Plan Name	2018 Anthem Bronze Pathway X HMO w/HSA	2018 Anthem Bronze Pathway X PPO	2018 Anthem Bronze Pathway X PPO w/HSA	2018 Anthem Silver Pathway X HMO w/HSA	2018 Anthem Silver Pathway X PPO	2018 Anthem Silver Pathway X PPO w/HSA	2018 Anthem Gold Pathway X HMO	2018 Anthem Gold Pathway X PPO	2018 Anthem Platinum Pathway X PPO	2018 CTCare Choice Bronze POS	2018 CTCare Choice Bronze POS HSA	2018 CTCare Choice Silver POS	2018 CTCare Choice Silver POS HSA	2018 CTCare Passage Gold POS PCP
Metallic Level	Bronze	Bronze	Bronze	Silver	Silver	Silver	Gold	Gold	Platinum	Bronze	Bronze	Silver	Silver	Gold
Benefit Year	Contract	Contract	Contract	Contract	Contract	Contract	Contract	Contract	Contract	Contract	Contract	Contract	Contract	Contract
PCP Office Visit	\$0 after Ded	\$0 after Ded	\$0 after Ded	\$30 after Ded	\$35.00	\$30 after Ded	\$25.00	\$25.00	\$10.00	\$40.00	50% after Ded	\$40.00	20% after Ded	\$5.00
Specialist Office Visit	\$0 after Ded	\$0 after Ded	\$0 after Ded	\$50 after Ded	\$50.00	\$50 after Ded	\$45.00	\$50.00	\$20.00	\$50 after Ded	50% after Ded	\$50.00	20% after Ded	\$45.00
Preventative Adult Exams	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drugs	Ded then, Tier 1: \$5; Tier 2: \$50; Tier 3: 50%; Tier 4: 50%	\$0 after Ded	\$0 after Ded	Ded then, Tier 1: \$5; Tier 2: \$50; Tier 3: 50%; Tier 4: 50%	Tier 1: \$5; Tier 2: \$50; Tier 3: 50% up to \$500; Tier 4: 50%, \$500 up to \$500	Ded then, Tier 1: \$5; Tier 2: \$50; Tier 3: 50%; Tier 4: 50%	Tier 1: \$5; Tier 2: \$50; Tier 3: 50% up to \$500; Tier 4: 50% up to \$500	Tier 1: \$5; Tier 2: \$50; Tier 3: 50% up to \$500; Tier 4: 50% up to \$500	Tier 1: \$5; Tier 2: \$50; Tier 3: 50% up to \$500; Tier 4: 50% up to \$500	Tier 1: \$5; Ded then, Tier 2: \$60; Tier 3: 50% up to \$200; Tier 4: 50% up to \$500	Tier 1: \$5; Ded then, Tier 2: \$60; Tier 3: 50% up to \$200; Tier 4: 50% up to \$500	Tier 1: \$5; Tier 2: \$60; Tier 3: 50% up to \$200; Tier 4: 50% up to \$500	Ded then, Tier 1: \$5; Tier 2: \$60; Tier 3: 50% up to \$200; Tier 4: 50% up to \$500	Tier 1: \$5; Tier 2: \$40; Tier 3: 50% up to \$200; Tier 4: 50% up to \$500
Mail Order Drug	Ded then, Tier 1: \$13; Tier 2: \$150; Tier 3: 50%; Tier 4: 50%, 90-Day Supply	\$0 after Ded, 90-Day Supply	\$0 after Ded, 90-Day Supply	Ded then, Tier 1: \$13; Tier 2: \$150; Tier 3: 50%; Tier 4: 50%, Up to 90-Day Supply (Copayments are rounded up to the nearest dollar) and 3 copayments apply on Tier 2	Tier 1: \$13; Tier 2: \$150; Tier 3: 50% up to \$1500; Tier 4: 50% up to \$1500, Up to 90-Day Supply; 2.5 copayments apply on Tier 1 (Copayments are rounded up to the nearest dollar) 3 copayments apply on Tier 2, or \$1500 per prescription maximum	Ded then, Tier 1: \$13; Tier 2: \$150; Tier 3: 50%; Tier 4: 50%, Up to 90-Day Supply; 2.5 copayments apply on Tier 1 (Copayments are rounded up to the nearest dollar) and 3 copayments apply on Tier 2	Tier 1: \$13; Tier 2: \$150; Tier 3: 50% up to \$1500; Tier 4: 50% up to \$1500, Up to 90-Day Supply; 2.5 copayments apply on Tier 1 (Copayments are rounded up to the nearest dollar) 3 copayments apply on Tier 2, or \$1500 per prescription maximum	Tier 1: \$13; Tier 2: \$150; Tier 3: 50% up to \$1500; Tier 4: 50% up to \$1500, Up to 90-Day Supply; 2.5 copayments apply on Tier 1 (Copayments are rounded up to the nearest dollar) 3 copayments apply on Tier 2, or \$1500 per prescription maximum	Tier 1: \$13; Tier 2: \$150; Tier 3: 50% up to \$1500; Tier 4: 50% up to \$1500, Up to 90-Day Supply; 2.5 copayments apply on Tier 1 (Copayments are rounded up to the nearest dollar) 3 copayments apply on Tier 2, or \$1500 per prescription maximum	Ded then, Tier 1: \$10; Tier 2: \$120; Tier 3: 50% up to \$400; Tier 4: Not Covered, 90-Day Supply	Ded then, Tier 1: \$10; Tier 2: \$120; Tier 3: 50% up to \$400; Tier 4: Not Covered, 90-Day Supply	Tier 1: \$10; Tier 2: \$120; Tier 3: 50% up to \$400; Tier 4: Not Covered, 90-Day Supply	Ded then, Tier 1: \$10; Tier 2: \$120; Tier 3: 50% up to \$400; Tier 4: Not Covered, 90-Day Supply	Tier 1: \$10; Tier 2: \$80; Tier 3: 50% up to \$400; Tier 4: Not Covered, 90-Day Supply
Inpatient Hospital	\$0 after Ded	\$0 after Ded	\$0 after Ded	20% after Ded	25% after Ded	20% after Ded	\$0 after Ded	\$0 after Ded	\$300.00	30% after Ded	50% after Ded	25% after Ded	20% after Ded	20% after Ded
Emergency Room	\$0 after Ded	\$0 after Ded	\$0 after Ded	\$200 after Ded	\$200 after Ded	\$200 after Ded	\$200 after Ded	\$200 after Ded	\$150.00	30% after Ded	50% after Ded	25% after Ded	20% after Ded	20% after Ded
Ambulance	\$0 after Ded	\$0 after Ded	\$0 after Ded	20% after Ded	25%	20% after Ded	\$0.00	\$0.00	\$0.00	30% after Ded	50% after Ded	25% after Ded	20% after Ded	20% after Ded
Inpatient Mental Health	\$0 after Ded	\$0 after Ded	\$0 after Ded	20% after Ded	25% after Ded	20% after Ded	\$0 after Ded	\$0 after Ded	\$300.00	30% after Ded	50% after Ded	25% after Ded	20% after Ded	20% after Ded
Outpatient Surgery	\$0 after Ded	\$0 after Ded	\$0 after Ded	20% after Ded	Fac: \$500; Hosp: 25% after Ded	20% after Ded	Fac: \$200; Hosp: \$0 after Ded	Fac: \$200; Hosp: \$0 after Ded	Fac: \$150; Hosp: \$200	Fac: \$500 after Ded; Hosp: 30% after Ded	50% after Ded	25% after Ded	20% after Ded	Fac: \$500 after Ded; Hosp: 20% after Ded
Outpatient Diagnostic Tests	\$0 after Ded	\$0 after Ded	\$0 after Ded	Lab: Fac: \$0 after Ded, Hosp: 20% after Ded; X-ray: 20% after Ded	Fac: \$0; Hosp: 25% after Ded	Lab: Fac: \$0 after Ded, Hosp: 20% after Ded; X-Ray: 20% after Ded	Fac: \$0; Hosp: \$0 after Ded	Fac: \$0; Hosp: \$0 after Ded	Fac: \$0; Hosp: Lab: \$10, X-ray: \$40	30% after Ded	50% after Ded	25% after Ded	20% after Ded	Lab: \$10; X-ray: \$40
Outpatient Diagnostic Imaging	\$0 after Ded	\$0 after Ded	\$0 after Ded	20% after Ded	Fac: \$75; Hosp: 25% after Ded	20% after Ded	Fac: \$75; Hosp: \$0 after Ded	Fac: \$75; Hosp: \$0 after Ded	\$75.00	30% after Ded	50% after Ded	25% after Ded	20% after Ded	Fac: \$75; Hosp: 20% after Ded
Outpatient Mental Health	\$0 after Ded	\$0 after Ded	\$0 after Ded	20% after Ded	25% after Ded	20% after Ded	\$0 after Ded	\$0 after Ded	\$200.00	\$50.00	50% after Ded	\$50.00	20% after Ded	\$45.00
Maternity Services	\$0 after Ded	\$0 after Ded	\$0 after Ded	20% after Ded	25% after Ded	20% after Ded	\$0 after Ded	\$0 after Ded	\$300.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Walk-in Urgent Care	\$0 after Ded	\$0 after Ded	\$0 after Ded	\$75.00 after Ded	\$75.00	\$75.00 after Ded	\$75.00	\$75.00	\$50.00	\$75.00 after Ded	50% after Ded	\$75.00	20% after Ded	\$75.00
Durable Medical Equipment	50% after Ded	\$0 after Ded	50% after Ded	20% after Ded	50%	20% after Ded	50%	50%	50%	30% after Ded	50% after Ded	50% after Ded	20% after Ded	50%
Individual Deductible	\$6,000.00	\$7,350.00	\$6,650.00	\$3,000.00	\$5,000.00	\$3,000.00	\$2,750.00	\$2,500.00	\$0.00	\$6,300.00	\$5,000.00	\$3,600.00	\$3,000.00	\$3,000.00
Family Deductible	\$12,000.00	\$14,700.00	\$13,300.00	\$6,000.00	\$10,000.00	\$6,000.00	\$5,500.00	\$5,000.00	\$0.00	\$12,600.00	\$10,000.00	\$7,200.00	\$6,000.00	\$6,000.00
Coinsurance	0%	0%	0%	20%	25%	20%	0%	0%	0%	30%	50%	25%	20%	20%
Out-of-Pocket Maximum	\$6,650 (inc Ded, Copay + Coins)	\$7,350 (inc Ded, Copay + Coins)	\$6,650 (inc Ded, Copay + Coins)	\$5,500 (inc Ded, Copay + Coins)	\$7,350 (inc Ded, Copay + Coins)	\$5,500 (inc Ded, Copay + Coins)	\$4,000 (inc Ded, Copay + Coins)	\$4,500 (inc Ded, Copay + Coins)	\$2,500 (inc Ded, Copay + Coins)	\$7,350 (inc Ded, Copay + Coins)	\$6,650 (inc Ded, Copay + Coins)	\$7,350 (inc Ded, Copay + Coins)	\$5,500 (inc Ded, Copay + Coins)	\$5,000 (inc Ded, Copay + Coins)
Family Out-of-Pocket Maximum	\$13,300 (inc Ded, Copay + Coins)	\$14,700 (inc Ded, Copay + Coins)	\$13,300 (inc Ded, Copay + Coins)	\$11,000 (inc Ded, Copay + Coins)	\$14,700 (inc Ded, Copay + Coins)	\$11,000 (inc Ded, Copay + Coins)	\$8,000 (inc Ded, Copay + Coins)	\$9,000 (inc Ded, Copay + Coins)	\$5,000 (inc Ded, Copay + Coins)	\$14,700 (inc Ded, Copay + Coins)	\$13,300 (inc Ded, Copay + Coins)	\$14,700 (inc Ded, Copay + Coins)	\$11,000 (inc Ded, Copay + Coins)	\$10,000 (inc Ded, Copay + Coins)
Referrals	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required	Required
OON Out-of-Pocket Maximum	N/A	\$25,725 (inc Ded, Copay + Coins)	\$23,275 (inc Ded, Copay + Coins)	N/A	\$22,050 (inc Ded, Copay + Coins)	\$16,500 (inc Ded, Copay + Coins)	N/A	\$13,500 (inc Ded, Copay + Coins)	\$7,500 (inc Ded, Copay + Coins)	\$30,000 (inc Ded, Copay + Coins)	\$30,000 (inc Ded, Copay + Coins)	\$30,000 (inc Ded, Copay + Coins)	\$30,000 (inc Ded, Copay + Coins)	\$30,000 (inc Ded, Copay + Coins)
OON Family Out-of-Pocket Maximum	N/A	\$51,450 (inc Ded, Copay + Coins)	\$46,550 (inc Ded, Copay + Coins)	N/A	\$44,100 (inc Ded, Copay + Coins)	\$33,000 (inc Ded, Copay + Coins)	N/A	\$27,000 (inc Ded, Copay + Coins)	\$15,000 (inc Ded, Copay + Coins)	\$60,000 (inc Ded, Copay + Coins)	\$60,000 (inc Ded, Copay + Coins)	\$60,000 (inc Ded, Copay + Coins)	\$60,000 (inc Ded, Copay + Coins)	\$60,000 (inc Ded, Copay + Coins)

Important Note: Please check your Plan Documents, Prescriptions Drug Formularies and the Provider Directory available on Anthem's website prior to enrolling.

* There is coverage while outside the network for both emergency room and subsequent hospitalizations – these are covered as in-network in an emergency health situation.

** See plan details for 90-day mail order copays/coinsurance.