

NEW HAMPSHIRE | Effective January 1, 2015

Plan Guide for the Individual Market



Plans that offer choices — and meet
Affordable Care Act requirements

This brochure is intended for broker use only and should not be distributed to consumers or employer groups.

47435NHENABS Rev. 8/14



Access to the latest range of plans

Built from the ground up — with the strengths you've come to expect from the Anthem product portfolio.

We're here to help you understand Anthem plans and offer any support you may need. This guide is one important way we do that, because it gives you a good picture of what's offered.

This guide can answer many of your questions about:

- Changes to look for in 2015, such as the updated — and simplified — plan naming structure.
- 2015 plans and features, including medical, pharmacy and specialty.
- The latest on our health and wellness offerings ... and much more.

The newest Anthem plans are well positioned for the changing market. You'll find they offer all the essential health benefits (EHB) such as emergency care, hospital stays, maternity and newborn care, prescription drugs and preventive care, as well as other features needed to comply with the Affordable Care Act (ACA). They deliver on our longstanding portfolio strengths, including network value, plan variety, pharmacy coverage and more.

Boost your earnings potential with tools and support that help make it easy to quote and sell.

- Online quoting tools let you easily run quotes and get them to your prospects.
- Online applications are simple for clients to fill out and when you send your AgentConnect link, your Broker information is attached to the application.
- Producer Toolbox keeps all the tools you need right at your fingertips.
- Dedicated sales team knows the market — and they're focused on you.

All 2015 plans in our portfolio are ACA-compliant and cover services from preventive care to emergencies and more.

They include:

- Preventive, wellness and long-term disease management services
- Outpatient (ambulatory) care
- Emergency services, including emergency room or urgent care
- Inpatient care (hospital stays)
- Laboratory services
- Prescription drugs
- Mental health and substance abuse
- Maternity (pregnancy) and newborn care
- Pediatric vision
- Pediatric dental on all off-exchange plans
- Rehabilitative and habilitative services

Programs and services for members

- 24/7 NurseLine — Members can call anytime to speak to a registered nurse who's trained to answer general health questions, help them understand symptoms and help them decide on the right care at the right time.
- BlueCard® — Emergency and urgent care coverage in all states through the Blue Cross and Blue Shield Association's BlueCard Program. Members and their covered families can have emergency and urgent care coverage from coast to coast.
- Care Management Support — Helps members with chronic or complex health problems. Our case managers can give helpful information and offer emotional support services, if needed.
- Estimate Your Cost — Out-of-pocket cost calculator helps members know their costs before having certain tests or treatments.
- Find a Doctor — This tool at [anthem.com](https://www.anthem.com) shows doctors that are in-network. It's ready even before someone enrolls.
- MyHealth Advantage — Checks members' health care and pharmacy records to find ways to help them live a healthier life and save money. When we find methods for them to do this, they get a MyHealth Note in the mail.
- Pharmacy on-the-go — Helps members easily find a pharmacy, price a drug, switch from retail to home delivery, order a refill, check order status and more.
- Special Offers discounts — Members-only savings on vitamins, health and beauty products, chiropractic care, acupuncture, massage therapy, LASIK eye surgery, eyeglass frames and contact lenses, hearing aids and services, fitness center memberships, Jenny Craig® and Weight Watchers® weight-loss programs and more. To view all discounts, log into [anthem.com](https://www.anthem.com) and select Discounts located on the Main Overview page.

What you should know about Multi-State Plans (MSPs) on the exchange

On the exchange

The U.S. Office of Personnel Management (OPM) Multi-State Plan Program (MSPP) was established under the Affordable Care Act. It directs the OPM to contract with health insurance carriers to offer at least two plans (one at the silver level and one at the gold level) in each local exchange. The MSPP is intended to promote competition in the Marketplace and helps ensure

consumers have more high-quality, affordable health insurance options. All MSPP plans will include “a Multi-State Plan” at the end of their name when listed on the exchange — this designates them as an OPM-sponsored plan. It does NOT mean that consumers selecting the plan will have health plan coverage in multiple states.



Changes to look for in 2015

Plans, networks and benefits

Based on feedback of the plans we offered, we have only made modest changes to our portfolio, and they include:

- Embedded pediatric dental on all off-exchange plans.

Updated naming structure

For 2015, we have enhanced our plan naming convention to be the same for on and off exchange for a more simplified selling strategy.

Off the exchange

Anthem + metal tier + network name + product type + deductible/coinsurance/for HSA (if applies)

On the exchange

Anthem + metal tier + network name + product type + deductible/ coinsurance/subsidy level or Multi-State Plans (if applies)

Off-exchange plans

	Anthem Bronze Pathway HMO 5000/20% (1GP8)	Anthem Bronze Pathway HMO 5950/20% (1GP9)	Anthem Bronze Pathway HMO 20% for HSA (1GP6)
Network Name	Pathway	Pathway	Pathway
Plan includes non-network coverage?	No	No	No
Coverage	Network	Network	Network
Individual Deductible (Family ¹ = 2 x Individual amount)	\$5,000	\$5,950	\$5,000
How family deductibles work	Embedded	Embedded	Non-Embedded
Individual Out-of-pocket Limit (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x Individual amount)	\$6,000	\$6,600	\$6,000
Coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Office Visit: Primary Care Physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance.	\$40 copay per visit for first 2 office visits, then deductible and 20% coinsurance	\$30 copay per office visit, unlimited	Deductible, then 20% coinsurance
Office Visit: Specialist	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Outpatient Diagnostic Tests (Examples: X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Outpatient Advanced Diagnostic Test (Examples: MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Preventive Care ²	No additional cost to you	No additional cost to you	No additional cost to you
Urgent Care	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 20% coinsurance
Emergency Room Care	Deductible, then \$200 copay and 20% coinsurance	Deductible, then \$200 copay and 20% coinsurance	Deductible, then \$200 copay and 20% coinsurance
Hospital: Inpatient Admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 20% coinsurance
Hospital: Outpatient Surgery Hospital Facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 20% coinsurance
Retail Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible
Retail Pharmacy Tier 1 ³	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Retail Pharmacy Tier 2 ³	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Retail Pharmacy Tier 3 ³	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Retail Pharmacy Tier 4 ³	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Dental ⁴ and Vision ⁵	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Mental Health and Substance Abuse: Outpatient Facility & Services	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Mental Health and Substance Abuse: Inpatient Hospital	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 20% coinsurance
Chiropractic (limit of 12 visits per year)	\$40 copay per visit for first 2 office visits, then deductible and 20% coinsurance	Deductible, \$30 copay	Deductible, then 20% coinsurance
Physical, Occupational and Speech Therapy (limit of 20 visits per year per type of therapy)	\$40 copay per visit for first 2 office visits, then deductible and 20% coinsurance	Deductible, \$30 copay	Deductible, then 20% coinsurance

Anthem Bronze Pathway HMO 0% for HSA (1GP7)	Anthem Silver Pathway HMO 1750/20% (1GPB)	Anthem Silver Pathway HMO 2850/15% (1GPC)	Anthem Silver Pathway HMO 10% for HSA (1GPA)
Pathway	Pathway	Pathway	Pathway
No	No	No	No
Network	Network	Network	Network
\$6,000	\$1,750	\$2,850	\$3,000
Non-Embedded	Embedded	Embedded	Non-embedded
\$6,450	\$6,600	\$6,600	\$3,950
0% coinsurance	20% coinsurance	15% coinsurance	10% coinsurance
Deductible, then 0% coinsurance	\$35 copay per visit for first 2 office visits, then deductible and 20% coinsurance	\$30 copay per office visit, unlimited	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance
No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you
Deductible, then \$50 copay and 0% coinsurance	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 15% coinsurance	Deductible, then \$50 copay and 10% coinsurance
Deductible, then \$200 copay and 0% coinsurance	Deductible, then \$200 copay and 20% coinsurance	Deductible, then \$200 copay and 15% coinsurance	Deductible, then \$200 copay and 10% coinsurance
Deductible, then \$450 copay and 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$500 copay and 15% coinsurance	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance
Deductible, then \$450 copay and 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$500 copay and 15% coinsurance	Deductible, then 10% coinsurance
Combined with medical deductible	Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible	Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible	Combined with medical deductible
Deductible, then 0% coinsurance	\$15 copay	\$15 copay	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	\$40 copay	\$40 copay	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance
Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance
Deductible, then \$450 copay and 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$500 copay and 15% coinsurance	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	\$35 copay per visit for first 2 office visits, then deductible and 20% coinsurance	Deductible, \$30 copay	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	\$35 copay per visit for first 2 office visits, then deductible and 20% coinsurance	Deductible, \$30 copay	Deductible, then 10% coinsurance

Off-exchange plans

	Anthem Gold Pathway HMO 10% for HSA (1GPD)	Anthem Catastrophic Pathway HMO 6600/0% (1GP5)
Network Name	Pathway	Pathway
Plan includes non-network coverage?	No	No
Coverage	Network	Network
Individual Deductible (Family ¹ = 2 x Individual amount)	\$1,500	\$6,600
How family deductibles work	Non-embedded	Embedded
Individual Out-of-pocket Limit (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x Individual amount)	\$2,500	\$6,600
Coinsurance	10% coinsurance	0% coinsurance
Office Visit: Primary Care Physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance.	PCP visit is not subject to deductible. 10% coinsurance	\$40 copay per visit for first 3 office visits, then deductible and 0% coinsurance
Office Visit: Specialist	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Outpatient Diagnostic Tests (Examples: X-ray, EKG)	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Outpatient Advanced Diagnostic Test (Examples: MRI, CT scan)	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Preventive Care ²	No additional cost to you	No additional cost to you
Urgent Care	Deductible, then \$50 copay and 10% coinsurance	Deductible, then 0% coinsurance
Emergency Room Care	Deductible, then \$200 copay and 10% coinsurance	Deductible, then 0% coinsurance
Hospital: Inpatient Admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 10% coinsurance	Deductible, then 0% coinsurance
Hospital: Outpatient Surgery Hospital Facility	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay and 10% coinsurance	Deductible, then 0% coinsurance
Retail Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible
Retail Pharmacy Tier 1 ³	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Retail Pharmacy Tier 2 ³	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Retail Pharmacy Tier 3 ³	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Retail Pharmacy Tier 4 ³	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Dental ⁴ and Vision ⁵	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric dental and vision covered Adult dental and vision not covered
Mental Health and Substance Abuse: Outpatient Facility & Services	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Mental Health and Substance Abuse: Inpatient Hospital	Deductible, then \$500 copay and 10% coinsurance	Deductible, then 0% coinsurance
Chiropractic (limit of 12 visits per year)	Deductible, then 10% coinsurance	Deductible and 0% coinsurance
Physical, Occupational and Speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 10% coinsurance	Deductible and 0% coinsurance

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On-exchange plans

	Anthem Bronze Pathway X Enhanced HMO 4400/20% (1GPI)	Anthem Bronze Pathway X Enhanced HMO 5750/10% (1GPK)	Anthem Bronze Pathway X Enhanced HMO 25% for HSA (1GPG)
Network Name	Pathway X Enhanced	Pathway X Enhanced	Pathway X Enhanced
Plan includes non-network coverage?	No	No	No
Coverage	Network	Network	Network
Individual Deductible (Family ¹ = 2 x Individual amount)	\$4,400	\$5,750	\$3,600
How family deductibles work	Embedded	Embedded	Non-Embedded
Individual Out-of-pocket Limit (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x Individual amount)	\$6,600	\$6,600	\$6,450
Coinsurance	20% coinsurance	10% coinsurance	25% coinsurance
Office Visit: Primary Care Physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance.	\$35 copay per visit for first 2 office visits, then deductible and 20% coinsurance	\$40 copay per visit for first 2 office visits, then deductible and 10% coinsurance	Deductible, then 25% coinsurance
Office Visit: Specialist	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance
Outpatient Diagnostic Tests (Examples: X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance
Outpatient Advanced Diagnostic Test (Examples: MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance
Preventive Care ²	No additional cost to you	No additional cost to you	No additional cost to you
Urgent Care	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$50 copay and 25% coinsurance
Emergency Room Care	Deductible, then \$200 copay and 20% coinsurance	Deductible, then \$200 copay and 10% coinsurance	Deductible, then \$200 copay and 25% coinsurance
Hospital: Inpatient Admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 25% coinsurance
Hospital: Outpatient Surgery Hospital Facility	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 25% coinsurance
Retail Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible
Retail Pharmacy Tier 1 ³	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance
Retail Pharmacy Tier 2 ³	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance
Retail Pharmacy Tier 3 ³	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance
Retail Pharmacy Tier 4 ³	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance
Dental ⁴ and Vision ⁵	Pediatric vision covered Pediatric and adult dental and adult vision not covered	Pediatric vision covered Pediatric and adult dental and adult vision not covered	Pediatric vision covered Pediatric and adult dental and adult vision not covered
Mental Health and Substance Abuse: Outpatient Facility & Services	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance
Mental Health and Substance Abuse: Inpatient Hospital	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 25% coinsurance
Chiropractic (limit of 12 visits per year)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance
Physical, Occupational and Speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance

Anthem Bronze Pathway X Enhanced HMO 0% for HSA (1GPH)	Anthem Blue Cross and Blue Shield Silver DirectAccess, a Multi-State Plan (1GPQ)	Anthem Silver Pathway X Enhanced HMO 3250/0% (1GPU)	Anthem Silver Pathway X Enhanced HMO 10% for HSA (1GPL)
Pathway X Enhanced	Pathway X Enhanced	Pathway X Enhanced	Pathway X Enhanced
No	No	No	No
Network	Network	Network	Network
\$5,500	\$1,500	\$3,250	\$2,500
Non-Embedded	Embedded	Embedded	Non-Embedded
\$6,450	\$6,000	\$5,000	\$4,000
0% coinsurance	30% coinsurance	0% coinsurance	10% coinsurance
Deductible, then 0% coinsurance	\$35 copay per visit for first 2 office visits, then deductible and 30% coinsurance	\$40 copay per visit for first 3 office visits, then deductible and 0% coinsurance	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance
No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you
Deductible, then \$50 copay and 0% coinsurance	Deductible, then \$50 copay and 30% coinsurance	Deductible, then \$50 copay and 0% coinsurance	Deductible, then \$50 copay and 10% coinsurance
Deductible, then \$200 copay and 0% coinsurance	Deductible, then \$200 copay and 30% coinsurance	Deductible, then \$200 copay and 0% coinsurance	Deductible, then \$200 copay and 10% coinsurance
Deductible, then \$500 copay and 0% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$500 copay and 0% coinsurance	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance
Deductible, then \$500 copay and 0% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$500 copay and 0% coinsurance	Deductible, then 10% coinsurance
Combined with medical deductible	Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible	Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible	Combined with medical deductible
Deductible, then 0% coinsurance	\$15 copay	\$15 copay	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	\$40 copay	\$40 copay	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance
Pediatric vision covered Pediatric and adult dental and adult vision not covered	Pediatric vision covered Pediatric and adult dental and adult vision not covered	Pediatric vision covered Pediatric and adult dental and adult vision not covered	Pediatric vision covered Pediatric and adult dental and adult vision not covered
Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance
Deductible, then \$500 copay and 0% coinsurance	Deductible, then \$500 copay and 30% coinsurance	Deductible, then \$500 copay and 0% coinsurance	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance
Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance

On-exchange plans

	Anthem Gold Pathway X Enhanced HMO 1000/10% (1GPY)	Anthem Blue Cross and Blue Shield Gold DirectAccess, a Multi-State Plan (1GP4)	Anthem Catastrophic Pathway X Enhanced HMO 6600/0% (1GPZ)
Network Name	Pathway X Enhanced	Pathway X Enhanced	Pathway X Enhanced
Plan includes non-network coverage?	No	No	No
Coverage	Network	Network	Network
Individual Deductible (Family ¹ = 2 x Individual amount)	\$1,000	\$1,000	\$6,600
How family deductibles work	Embedded	Embedded	Embedded
Individual Out-of-pocket Limit (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x Individual amount)	\$3,500	\$3,500	\$6,600
Coinsurance	10% coinsurance	10% coinsurance	0% coinsurance
Office Visit: Primary Care Physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance.	\$30 copay per office visit, unlimited	\$30 copay per office visit, unlimited	\$40 copay per visit for first 3 office visits, then deductible and 0% coinsurance
Office Visit: Specialist	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Outpatient Diagnostic Tests (Examples: X-ray, EKG)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Outpatient Advanced Diagnostic Test (Examples: MRI, CT scan)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Preventive Care ²	No additional cost to you	No additional cost to you	No additional cost to you
Urgent Care	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$50 copay and 10% coinsurance	Deductible, then 0% coinsurance
Emergency Room Care	Deductible, then \$200 copay and 10% coinsurance	Deductible, then \$200 copay and 10% coinsurance	Deductible, then 0% coinsurance
Hospital: Inpatient Admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then 0% coinsurance
Hospital: Outpatient Surgery Hospital Facility	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then 0% coinsurance
Retail Pharmacy Deductible	Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible	Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible	Combined with medical deductible
Retail Pharmacy Tier 1 ³	\$15 copay	\$15 copay	Deductible, then 0% coinsurance
Retail Pharmacy Tier 2 ³	\$40 copay	\$40 copay	Deductible, then 0% coinsurance
Retail Pharmacy Tier 3 ³	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Retail Pharmacy Tier 4 ³	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Dental ⁴ and Vision ⁵	Pediatric vision covered Pediatric and adult dental and adult vision not covered	Pediatric dental and vision covered Adult dental and vision not covered	Pediatric vision covered Pediatric and adult dental and adult vision not covered
Mental Health and Substance Abuse: Outpatient Facility & Services	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Mental Health and Substance Abuse: Inpatient Hospital	Deductible, then \$500 copay and 10% coinsurance	Deductible, then \$500 copay and 10% coinsurance	Deductible, then 0% coinsurance
Chiropractic (limit of 12 visits per year)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance
Physical, Occupational and Speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance

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Cost-Share Reduction Plans

	Parent Plan	Cost-Share Reduction Plans		
	Anthem Blue Cross and Blue Shield Silver DirectAccess, a Multi-State Plan (16PQ)	Anthem Blue Cross and Blue Shield Silver DirectAccess, a Multi-State Plan		
		S04 (16PR)	S05 (16PS)	S06 (16PT)
Network Name	Pathway X Enhanced	Pathway X Enhanced	Pathway X Enhanced	Pathway X Enhanced
Plan includes non-network coverage?	No	No	No	No
Coverage	Network	Network	Network	Network
Individual Deductible (Family ¹ = 2 x Individual amount)	\$1,500	\$1,500	\$750	\$175
How family deductibles work	Embedded	Embedded	Embedded	Embedded
Individual Out-of-pocket Limit (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x Individual amount)	\$6,000	\$4,750	\$1,450	\$600
Coinsurance	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Office Visit: Primary Care Physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance.	\$35 copay per visit for first 2 office visits, then deductible and 30% coinsurance	\$30 copay per visit for first 2 office visits, then deductible and 30% coinsurance	\$15 copay per visit for first 2 office visits, then deductible and 30% coinsurance	\$5 copay per visit for first 2 office visits, then deductible and 30% coinsurance
Office Visit: Specialist	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Outpatient Diagnostic Tests (Examples: X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Preventive Care ²	No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you
Urgent Care	Deductible, then \$50 copay and 30% coinsurance	Deductible, then \$50 copay and 30% coinsurance	Deductible, then \$50 copay and 30% coinsurance	Deductible, then \$25 copay and 30% coinsurance
Emergency Room Care	Deductible, then \$200 copay and 30% coinsurance	Deductible, then \$200 copay and 30% coinsurance	Deductible, then \$100 copay and 30% coinsurance	Deductible, then \$75 copay and 30% coinsurance
Hospital: Inpatient Admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	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	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Maternity (includes delivery and all inpatient services)	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
Retail Pharmacy Deductible	Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible	Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible	Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible	Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible
Retail Pharmacy Tier 1 ³	\$15 copay	\$15 copay	\$10 copay	\$10 copay
Retail Pharmacy Tier 2 ³	\$40 copay	\$40 copay	\$30 copay	\$25 copay
Retail Pharmacy Tier 3 ³	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Retail Pharmacy Tier 4 ³	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Dental ⁴ and Vision ⁵	Pediatric vision covered Pediatric and adult dental and adult vision not covered	Pediatric vision covered Pediatric and adult dental and adult vision not covered	Pediatric vision covered Pediatric and adult dental and adult vision not covered	Pediatric vision covered Pediatric and adult dental and adult vision not covered
Mental Health and Substance Abuse: Outpatient Facility & Services	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Mental Health and Substance Abuse: Inpatient Hospital	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
Chiropractic (limit of 12 visits per year)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Physical, Occupational and Speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance

Parent Plan	Cost-Share Reduction Plans		
Anthem Silver Pathway X Enhanced HMO 3250/0% (1GPU)	Anthem Silver Pathway X Enhanced HMO 3250/0%		
	S04 (1GPV)	S05 (1GPW)	S06 (1GPX)
Pathway X Enhanced	Pathway X Enhanced	Pathway X Enhanced	Pathway X Enhanced
No	No	No	No
Network	Network	Network	Network
\$3,250	\$2,900	\$750	\$200
Embedded	Embedded	Embedded	Embedded
\$5,000	\$4,150	\$1,450	\$650
0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance
\$40 copay per visit for first 3 office visits, then deductible and 0% coinsurance	\$30 copay per visit for first 3 office visits, then deductible and 0% coinsurance	\$20 copay per visit for first 3 office visits, then deductible and 0% coinsurance	\$10 copay per visit for first 3 office visits, then deductible and 0% coinsurance
Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you
Deductible, then \$50 copay and 0% coinsurance	Deductible, then \$50 copay and 0% coinsurance	Deductible, then \$50 copay and 0% coinsurance	Deductible, then \$25 copay and 0% coinsurance
Deductible, then \$200 copay and 0% coinsurance	Deductible, then \$200 copay and 0% coinsurance	Deductible, then \$100 copay and 0% coinsurance	Deductible, then \$75 copay and 0% coinsurance
Deductible, then \$500 copay and 0% coinsurance	Deductible, then \$500 copay and 0% coinsurance	Deductible, then \$250 copay and 0% coinsurance	Deductible, then \$100 copay and 0% coinsurance
Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Deductible, then \$500 copay and 0% coinsurance	Deductible, then \$500 copay and 0% coinsurance	Deductible, then \$250 copay and 0% coinsurance	Deductible, then \$100 copay and 0% coinsurance
Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible	Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible	Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible	Tiers 1, 2: No deductible Tiers 3, 4: Combined with medical deductible
\$15 copay	\$15 copay	\$15 copay	\$10 copay
\$40 copay	\$35 copay	\$35 copay	\$35 copay
Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Pediatric vision covered Pediatric and adult dental and adult vision not covered	Pediatric vision covered Pediatric and adult dental and adult vision not covered	Pediatric vision covered Pediatric and adult dental and adult vision not covered	Pediatric vision covered Pediatric and adult dental and adult vision not covered
Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Deductible, then \$500 copay and 0% coinsurance	Deductible, then \$500 copay and 0% coinsurance	Deductible, then \$250 copay and 0% coinsurance	Deductible, then \$100 copay and 0% coinsurance
Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance

Cost-Share Reduction Plans

	Parent Plan	Cost-Share Reduction Plans		
	Anthem Silver Pathway X Enhanced HMO 10% for HSA (1GPL)	Anthem Silver Pathway X Enhanced HMO 10% for HSA S04 (1GPM)	Anthem Silver Pathway X Enhanced HMO 10%	
			S05 (1GPN)	S06 (1GPP)
Network Name	Pathway X Enhanced	Pathway X Enhanced	Pathway X Enhanced	Pathway X Enhanced
Plan includes non-network coverage?	No	No	No	No
Coverage	Network	Network	Network	Network
Individual Deductible (Family ¹ = 2 x Individual amount)	\$2,500	\$2,250	\$1,150	\$500
How family deductibles work	Non-Embedded	Non-Embedded	Non-Embedded	Non-Embedded
Individual Out-of-pocket Limit (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x Individual amount)	\$4,000	\$3,400	\$1,150	\$500
Coinsurance	10% coinsurance	10% coinsurance	0% coinsurance	0% coinsurance
Office Visit: Primary Care Physician (PCP) (includes postnatal visits) NOTE: Other office services subject to deductible and plan coinsurance.	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Office Visit: Specialist	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Outpatient Diagnostic Tests (Examples: X-ray, EKG)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Preventive Care ²	No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you
Urgent Care	Deductible, then \$50 copay and 10% coinsurance	Deductible, then \$50 copay and 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Emergency Room Care	Deductible, then \$200 copay and 10% coinsurance	Deductible, then \$200 copay and 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital: Inpatient Admission (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital: Outpatient Surgery Hospital Facility	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Maternity (includes delivery and all inpatient services)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Retail Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible
Retail Pharmacy Tier 1 ³	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Retail Pharmacy Tier 2 ³	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Retail Pharmacy Tier 3 ³	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Retail Pharmacy Tier 4 ³	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Dental ⁴ and Vision ⁵	Pediatric vision covered Pediatric and adult dental and adult vision not covered	Pediatric vision covered Pediatric and adult dental and adult vision not covered	Pediatric vision covered Pediatric and adult dental and adult vision not covered	Pediatric vision covered Pediatric and adult dental and adult vision not covered
Mental Health and Substance Abuse: Outpatient Facility & Services	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Mental Health and Substance Abuse: Inpatient Hospital	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Chiropractic (limit of 12 visits per year)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Physical, Occupational and Speech Therapy (limit of 20 visits per year per type of therapy)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance

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Off-exchange plans

NOTE: The benefit information presented here is for in-network services. These plans do not include coverage for out-of-network benefits (with the exception of emergency and urgent care).

1 Our plans, with the exception of HSA plans, have embedded family deductibles where each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits. Our HSA plans have non-embedded family deductibles where **all** family members share one common family deductible.

2 Nationally recommended preventive care services received in-network have no copay and no deductible requirement. Preventive care services consist of services recommended by the United States Preventive Services Task Force, including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.

3 Prescription drugs: You can also use the home delivery pharmacy, managed by Express Scripts, Inc., instead of a retail pharmacy, for drugs you take on a routine basis (e.g. maintenance medicines). You can choose to continue using a retail pharmacy or switch your maintenance prescriptions to the convenience of the home delivery pharmacy. It's your choice. But remember: you are required to notify Express Scripts with your choice of staying with retail or switching to the home delivery pharmacy before your third retail pharmacy fill. After that, your prescriptions won't be covered until you call and notify Express Scripts of your choice. To avoid any disruption to your maintenance prescription drug coverage, you should contact Express Scripts with your choice as soon as you can.

4 Pediatric dental is included in the medical plan and uses the Dental Complete network. These dental benefits are subject to the medical plan's deductible and out-of-pocket limit.

5 Pediatric vision is included in the medical plan and uses the Blue View Vision network.

In compliance with the Affordable Care Act rules, benefits, formulary, pharmacy network, provider network, premium, copay and coinsurance for these plans may change on January 1 of each year.

On-exchange plans

NOTE: The benefit information presented here is for in-network services. These plans do not include coverage for out-of-network benefits (with the exception of emergency and urgent care).

1 Our plans, with the exception of HSA plans, have embedded family deductibles where each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits. Our HSA plans have non-embedded family deductibles where **all** family members share one common family deductible.

2 Nationally recommended preventive care services received in-network have no copay and no deductible requirement. Preventive care services consist of services recommended by the United States Preventive Services Task Force, including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.

3 Prescription drugs: You can also use the home delivery pharmacy, managed by Express Scripts, Inc., instead of a retail pharmacy, for drugs you take on a routine basis (e.g. maintenance medicines). You can choose to continue using a retail pharmacy or switch your maintenance prescriptions to the convenience of the home delivery pharmacy. It's your choice. But remember: you are required to notify Express Scripts with your choice of staying with retail or switching to the home delivery pharmacy before your 3rd retail pharmacy fill. After that, your prescriptions won't be covered until you call and notify Express Scripts of your choice. To avoid any disruption to your maintenance prescription drug coverage, you should contact Express Scripts with your choice as soon as you can.

4 Pediatric dental is included in the Anthem Blue Cross and Blue Shield Gold DirectAccess, a Multi-State Plan and uses the Dental Complete network. These dental benefits are subject to the medical plan's deductible and out-of-pocket limit.

5 Pediatric vision is included in the medical plan and uses the Blue View Vision network.

You may qualify for a tax credit subsidy or cost-share reduction on Silver plans. Subsidies are only available for Qualified Health Plans purchased through the New Hampshire Health Insurance Marketplace. Anthem Blue Cross and Blue Shield is a Qualified Health Plan issuer that offers such plans through the New Hampshire Health Insurance Marketplace. Check with your Anthem authorized representative for more information and to find out if you qualify for a tax credit or subsidy.

Multi-State Plans are overseen by the U.S. Office of Personnel Management (OPM) and are similar to the other Qualified Health Plan products offered on the exchanges. Generally, all of the same requirements that apply to other products also apply to these Multi-State Plan products. The name "Multi-State Plan" does NOT mean that consumers have health plan coverage for non-urgent care in multiple states.

In compliance with the Affordable Care Act rules, benefits, formulary, pharmacy network, provider network, premium, copay and coinsurance for these plans may change on January 1 of each year.



Anthem plans deliver on network value, plan variety, pharmacy coverage and more.

The plan details in this guide are a summary for informational and comparison purposes only. For more details, please view the Summary of Benefits and Coverage (SBC) at www.sbc.anthem.com.

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