



VIRGINIA | Effective January 1, 2015

Plan Guide for the Individual Market

Plans that offer choices — and meet
Affordable Care Act requirements

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Anthem HealthKeepers
Offered by HealthKeepers, Inc.

Access our full portfolio of plans

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

We're here to help you understand our 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 (dental and vision).
- The latest on our health and wellness offerings ... and much more.

Anthem HealthKeepers 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 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 services, including vision and dental care
- Rehabilitative and habilitative services

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.

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.

In addition, HealthKeepers POS products have coverage for non-emergency/urgent care with PAR BlueCard providers.

For Non-POS plans:

- The only services covered outside the provider network are emergency and urgent care services.

For POS plans:

- Services for non-emergency/urgent care provided by a PAR BlueCard provider, **outside of Anthem HealthKeepers' service area**, will be covered at the out-of-network cost shares, but the member will be protected from balance billing.
- Services for non-emergency/urgent care using a non-network provider in or out of the Anthem HealthKeepers' service area will be covered at the out-of-network cost shares and could be subject to balance billing.
- To find out if a provider is in the BlueCard Program, call 1-800-810-BLUE (2583).
- 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 shows doctors that are in-network. It's ready even before someone enrolls.
- LiveHealth Online — Members talk face-to-face with a doctor through their mobile device or computer with a webcam. They can use LiveHealth Online for common health concerns like colds, the flu, fevers, rashes, infections and allergies. It's faster, simpler and more convenient than a visit to an urgent care center.
- 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 and select Discounts located on the Main Overview page.

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

New HealthKeepers POS plans

Off-exchange

- New POS benefit plans are available throughout our service area* and are on the Pathway Tiered Hospital network.

On-exchange

- New POS benefit plans are available in select areas which are Bristol (area 5), Danville (area 3), and Northern Virginia (area 10) with the exception of Spotsylvania and Stafford counties and the city of Fredericksburg. All other areas have a non-POS version of these plans available. All of these plans use the Pathway X Tiered Network.

On and off-exchange

- POS plans have access to the BlueCard PAR network for emergency and non-emergency care with services covered at higher out-of-network cost shares.
- Out-of-network mail order pharmacy services are not included for POS plans.

New benefits on all plans

- Pediatric dental will be included on all plans with services paid after the medical deductible is met.

*The Anthem HealthKeepers service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123.

Updated naming structure

For 2015, we have enhanced our plan naming convention to be the same for on and off-exchange for simplicity and plan recognition.

Off-exchange

Anthem HealthKeepers + metal tier + product type (if POS) + deductible/coinsurance/for HSA (if applies). HSA plans will not include the deductible amount.

Examples:

- Anthem HealthKeepers Silver POS 2000/20%
- Anthem HealthKeepers Bronze 15% for HSA

On-exchange

Anthem HealthKeepers + metal tier + product type (if POS) + deductible/coinsurance/subsidy level + for HSA (if applies). HSA plans will not include the deductible amount.

Subsidy plan names will include the deductible/coinsurance amount of the Parent plan.

Examples:

- Anthem HealthKeepers Silver X 3350/15% S04
- Anthem HealthKeepers Gold X POS 1000/15%

Multi-State Plan names will remain the same.

Example:

- Anthem Blue Cross and Blue Shield HealthKeepers Gold DirectAccess, a Multi-State Plan

Anthem HealthKeepers off-exchange plans

	Anthem HealthKeepers Bronze 25% for HSA (1GBB)	NEW! Anthem HealthKeepers Bronze POS 4000/20% (1GBA)	Anthem HealthKeepers Bronze 4500/35% (1GB9)
Network Name ¹	Pathway Tiered Hospital	Pathway Tiered Hospital	Pathway Tiered Hospital
Plan includes non-network coverage?	No	Yes	No
Coverage	Network	Network Non-network	Network
Individual Deductible ² (Family ³ = 2 x Individual amount)	\$3,750	\$4,000 \$8,000	\$4,500
How family deductibles work ³	Non-embedded	Embedded	Embedded
Individual Out-of-pocket Limit ² (includes deductible, copays, coinsurance and pharmacy. Family ³ = 2 x Individual amount)	\$6,200	\$6,600 \$15,000	\$6,350
Coinsurance ²	25% coinsurance	20% coinsurance 30% coinsurance	35% coinsurance
Office Visit: Primary Care Physician (PCP) NOTE: Other office services subject to deductible and plan coinsurance.	Deductible, then 25% coinsurance	All benefits below for this plan reflect in-network cost shares \$35 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	\$35 copay per visit for first 3 office visits, then deductible and 35% coinsurance
Office Visit: Specialist	Deductible, then 25% coinsurance	\$65 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	Deductible, then 35% coinsurance
Outpatient Diagnostic Tests (Examples: X-ray, Lab)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 35% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 35% coinsurance
Preventive Care ⁴	No additional cost to you	No additional cost to you	No additional cost to you
Urgent Care	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 35% coinsurance
Emergency Room Care ⁵	Deductible, then 35% coinsurance	Deductible, then 30% coinsurance	Deductible, then 45% coinsurance
Hospital: Inpatient Admission ⁶ (e.g. hospital room) (includes maternity, mental health and substance use)	Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 35% (tier 1) / 50% (tier 2) coinsurance
Hospital: Outpatient Surgery Hospital Facility ⁶ (includes maternity, mental health and substance use)	Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 35% (tier 1) / 50% (tier 2) coinsurance
Maternity ⁶ (prenatal and postnatal care)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 35% coinsurance
Retail Pharmacy Deductible	Combined with medical deductible	Tier 1: No deductible Tiers 2, 3, 4: Combined with medical deductible	Combined with medical deductible
Retail Pharmacy Tier 1 ⁷	Deductible, then 25% coinsurance	\$25 copay	Deductible, then 35% coinsurance
Retail Pharmacy Tier 2 ⁷	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 35% coinsurance
Retail Pharmacy Tier 3 ⁷	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 35% coinsurance
Retail Pharmacy Tier 4 ⁷	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 35% coinsurance
Dental ⁸ and Vision	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 Use: Outpatient Facility & Services ⁵	Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 35% (tier 1) / 50% (tier 2) coinsurance
Mental Health and Substance Use: Inpatient Hospital ⁶	Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 35% (tier 1) / 50% (tier 2) coinsurance
Chiropractic (limit of 30 visits per member per year)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 35% coinsurance
Physical and Occupational Therapy ⁶ (limit of 30 combined visits per member per year)	Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 35% (tier 1) / 50% (tier 2) coinsurance

Anthem HealthKeepers Bronze 5500/25% (1GB8)	Anthem HealthKeepers Bronze 15% for HSA (1GB7)	Anthem HealthKeepers Silver 1500/30% (1GB6)	NEW! Anthem HealthKeepers Silver POS 2000/20% (1GBF)	
Pathway Tiered Hospital	Pathway Tiered Hospital	Pathway Tiered Hospital	Pathway Tiered Hospital	
No	No	No	Yes	
Network	Network	Network	Network	Non-network
\$5,500	\$6,000	\$1,500	\$2,000	\$4,000
Embedded	Non-embedded	Embedded	Embedded	
\$6,350	\$6,350	\$5,500	\$5,900	\$12,000
25% coinsurance	15% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance
\$40 copay per visit for first 2 office visits, then deductible and 25% coinsurance	Deductible, then 15% coinsurance	\$35 copay per visit for first 3 office visits, then deductible and 30% coinsurance	All benefits below for this plan reflect in-network cost shares \$20 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	
Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 30% coinsurance	\$60 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	
Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you	
Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
Deductible, then 35% coinsurance	Deductible, then 15% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	
Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	
Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	
Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
Combined with medical deductible	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	
Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	\$15 copay	\$15 copay	
Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	\$40 copay	\$40 copay	
Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% 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 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	
Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	
Deductible, then 25% coinsurance	Deductible, then 15% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	

Anthem HealthKeepers off-exchange plans

	Anthem HealthKeepers Silver 2250/20% (1GBE)	Anthem HealthKeepers Silver 2600/20% (1GBD)	Anthem HealthKeepers Silver 3350/15% (1GBC)
Network Name ¹	Pathway Tiered Hospital	Pathway Tiered Hospital	Pathway Tiered Hospital
Plan includes non-network coverage?	No	No	No
Coverage	Network	Network	Network
Individual Deductible ² (Family ³ = 2 x Individual amount)	\$2,250	\$2,600	\$3,350
How family deductibles work ³	Embedded	Embedded	Embedded
Individual Out-of-pocket Limit ² (includes deductible, copays, coinsurance and pharmacy. Family ³ = 2 x Individual amount)	\$6,350	\$5,950	\$5,150
Coinsurance ²	20% coinsurance	20% coinsurance	15% coinsurance
Office Visit: Primary Care Physician (PCP) NOTE: Other office services subject to deductible and plan coinsurance.	\$35 copay per office visit, unlimited	\$35 copay per visit for first 3 office visits, then deductible and 20% coinsurance	\$45 copay per office visit, unlimited
Office Visit: Specialist	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance
Outpatient Diagnostic Tests (Examples: X-ray, Lab)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance
Preventive Care ⁴	No additional cost to you	No additional cost to you	No additional cost to you
Urgent Care	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance
Emergency Room Care ⁵	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance
Hospital: Inpatient Admission ⁶ (e.g. hospital room) (includes maternity, mental health and substance use)	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Hospital: Outpatient Surgery Hospital Facility ⁶ (includes maternity, mental health and substance use)	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Maternity ⁶ (prenatal and postnatal care)	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% 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
Retail Pharmacy Tier 1 ⁷	\$15 copay	\$15 copay	\$15 copay
Retail Pharmacy Tier 2 ⁷	\$40 copay	\$40 copay	\$40 copay
Retail Pharmacy Tier 3 ⁷	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance
Retail Pharmacy Tier 4 ⁷	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance
Dental ⁸ and Vision	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 Use: Outpatient Facility & Services ⁸	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Mental Health and Substance Use: Inpatient Hospital ⁸	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Chiropractic (limit of 30 visits per member per year)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance
Physical and Occupational Therapy ⁸ (limit of 30 combined visits per member per year)	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance

Anthem HealthKeepers Gold 750/20% (1GBJ)	NEW! Anthem HealthKeepers Gold POS 1000/15% (1GBH)		Anthem HealthKeepers Catastrophic 6600/0% (1GB6)
Pathway Tiered Hospital	Pathway Tiered Hospital		Pathway Tiered Hospital
No	Yes		No
Network	Network	Non-network	Network
\$750	\$1,000	\$2,000	\$6,600
Embedded	Embedded		Embedded
\$3,500	\$4,100	\$12,000	\$6,600
20% coinsurance	15% coinsurance	30% coinsurance	0% coinsurance
\$30 copay per office visit, unlimited	All benefits below for this plan reflect in-network cost shares \$20 copay per office visit, unlimited		\$40 copay per visit for first 3 office visits, then deductible and 0% coinsurance
Deductible, then 20% coinsurance	\$50 copay per office visit, unlimited		Deductible, then 0% coinsurance
Deductible, then 20% coinsurance	Deductible, then 15% coinsurance		Deductible, then 0% coinsurance
Deductible, then 20% coinsurance	Deductible, then 15% coinsurance		Deductible, then 0% coinsurance
No additional cost to you	No additional cost to you		No additional cost to you
Deductible, then 20% coinsurance	Deductible, then 15% coinsurance		Deductible, then 0% coinsurance
Deductible, then 30% coinsurance	Deductible, then 25% coinsurance		Deductible, then 0% coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance		Deductible, then 0% coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance		Deductible, then 0% coinsurance
Deductible, then 20% coinsurance	Deductible, then 15% coinsurance		Deductible, then 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		Combined with medical deductible
\$15 copay	\$15 copay		Deductible, then 0% coinsurance
\$40 copay	\$30 copay		Deductible, then 0% coinsurance
Deductible, then 20% coinsurance	Deductible, then 15% coinsurance		Deductible, then 0% coinsurance
Deductible, then 20% coinsurance	Deductible, then 15% coinsurance		Deductible, then 0% 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
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance		Deductible, then 0% coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance		Deductible, then 0% coinsurance
Deductible, then 20% coinsurance	Deductible, then 15% coinsurance		Deductible, then 0% coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance		Deductible, then 0% coinsurance

Anthem HealthKeepers on-exchange plans

	Anthem HealthKeepers Bronze X 25% for HSA (1GA2)	NEW! Anthem HealthKeepers Bronze X POS 4000/20%* (1GA0)	NEW! Anthem HealthKeepers Bronze X 4000/20%* (1G9Y)
Network Name ¹	Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital
Plan includes non-network coverage?	No	Yes	No
Coverage	Network	Network	Network
Individual Deductible ² (Family ³ = 2 x Individual amount)	\$3,750	\$4,000	\$4,000
How family deductibles work ³	Non-embedded	Embedded	Embedded
Individual Out-of-pocket Limit ² (includes deductible, copays, coinsurance and pharmacy. Family ³ = 2 x Individual amount)	\$6,200	\$6,600	\$6,600
Coinsurance ²	25% coinsurance	20% coinsurance	20% coinsurance
Office Visit: Primary Care Physician (PCP) NOTE: Other office services subject to deductible and plan coinsurance.	Deductible, then 25% coinsurance	All benefits below for this plan reflect in-network cost shares \$35 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	\$35 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined
Office Visit: Specialist	Deductible, then 25% coinsurance	\$65 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	\$65 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined
Outpatient Diagnostic Tests (Examples: X-ray, Lab)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Preventive Care ⁴	No additional cost to you	No additional cost to you	No additional cost to you
Urgent Care	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency Room Care ⁵	Deductible, then 35% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Hospital: Inpatient Admission ⁶ (e.g. hospital room) (includes maternity, mental health and substance use)	Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Hospital: Outpatient Surgery Hospital Facility ⁶ (includes maternity, mental health and substance use)	Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Maternity ⁶ (prenatal and postnatal care)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Retail Pharmacy Deductible	Combined with medical deductible	Tier 1: No deductible Tiers 2, 3, 4: Combined with medical deductible	Tier 1: No deductible Tiers 2, 3, 4: Combined with medical deductible
Retail Pharmacy Tier 1 ⁷	Deductible, then 25% coinsurance	\$25 copay	\$25 copay
Retail Pharmacy Tier 2 ⁷	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Retail Pharmacy Tier 3 ⁷	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Retail Pharmacy Tier 4 ⁷	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Dental ⁸ and Vision	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 Use: Outpatient Facility & Services ⁵	Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Mental Health and Substance Use: Inpatient Hospital ⁶	Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Chiropractic (limit of 30 visits per member per year)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Physical and Occupational Therapy ⁶ (limit of 30 combined visits per member per year)	Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance

Anthem HealthKeepers Bronze X 4500/35% (1G9W)	Anthem HealthKeepers Bronze X 5500/25% (1G9U)	Anthem HealthKeepers Bronze X 15% for HSA (1G9S)
Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital
No	No	No
Network	Network	Network
\$4,500	\$5,500	\$6,000
Embedded	Embedded	Non-embedded
\$6,350	\$6,350	\$6,350
35% coinsurance	25% coinsurance	15% coinsurance
\$35 copay per visit for first 3 office visits, then deductible and 35% coinsurance	\$40 copay per visit for first 2 office visits, then deductible and 25% coinsurance	Deductible, then 15% coinsurance
Deductible, then 35% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance
Deductible, then 35% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance
Deductible, then 35% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance
No additional cost to you	No additional cost to you	No additional cost to you
Deductible, then 35% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance
Deductible, then 45% coinsurance	Deductible, then 35% coinsurance	Deductible, then 15% coinsurance
Deductible, then 35% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% coinsurance
Deductible, then 35% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% coinsurance
Deductible, then 35% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance
Combined with medical deductible	Combined with medical deductible	Combined with medical deductible
Deductible, then 35% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance
Deductible, then 35% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance
Deductible, then 35% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance
Deductible, then 35% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% 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
Deductible, then 35% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% coinsurance
Deductible, then 35% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% coinsurance
Deductible, then 35% coinsurance	Deductible, then 25% coinsurance	Deductible, then 15% coinsurance
Deductible, then 35% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 25% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% coinsurance

Anthem HealthKeepers on-exchange plans

	Anthem Blue Cross and Blue Shield HealthKeepers Silver DirectAccess, a Multi-State Plan (1GAV)	NEW! Anthem HealthKeepers Silver X 2000/20% (1GAK)	NEW! Anthem HealthKeepers Silver X POS 2000/20% ¹ (1GAQ)
Network Name ¹	Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital
Plan includes non-network coverage?	No	No	Yes
Coverage	Network	Network	Network Non-network
Individual Deductible ² (Family ³ = 2 x Individual amount)	\$1,500	\$2,000	\$2,000 \$4,000
How family deductibles work ³	Embedded	Embedded	Embedded
Individual Out-of-pocket Limit ² (includes deductible, copays, coinsurance and pharmacy. Family ³ = 2 x Individual amount)	\$5,500	\$5,900	\$5,900 \$12,000
Coinsurance ²	30% coinsurance	20% coinsurance	20% coinsurance 30% coinsurance
Office Visit: Primary Care Physician (PCP) NOTE: Other office services subject to deductible and plan coinsurance.	\$35 copay per visit for first 3 office visits, then deductible and 30% coinsurance	\$20 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	All benefits below for this plan reflect in-network cost shares \$20 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined
Office Visit: Specialist	Deductible, then 30% coinsurance	\$60 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	\$60 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined
Outpatient Diagnostic Tests (Examples: X-ray, Lab)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Preventive Care ⁴	No additional cost to you	No additional cost to you	No additional cost to you
Urgent Care	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency Room Care ⁵	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Hospital: Inpatient Admission ⁶ (e.g. hospital room) (includes maternity, mental health and substance use)	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Hospital: Outpatient Surgery Hospital Facility ⁶ (includes maternity, mental health and substance use)	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Maternity ⁶ (prenatal and postnatal care)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% 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
Retail Pharmacy Tier 1 ⁷	\$15 copay	\$15 copay	\$15 copay
Retail Pharmacy Tier 2 ⁷	\$40 copay	\$40 copay	\$40 copay
Retail Pharmacy Tier 3 ⁷	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Retail Pharmacy Tier 4 ⁷	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Dental ⁸ and Vision	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 Use: Outpatient Facility & Services ⁹	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Mental Health and Substance Use: Inpatient Hospital ⁹	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Chiropractic (limit of 30 visits per member per year)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Physical and Occupational Therapy ⁹ (limit of 30 combined visits per member per year)	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance

Anthem HealthKeepers Silver X 2250/20% (1GAE)	Anthem HealthKeepers Silver X 2600/20% (1GA9)	Anthem HealthKeepers Silver X 3350/15% (1GA4)
Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital
No	No	No
Network	Network	Network
\$2,250	\$2,600	\$3,350
Embedded	Embedded	Embedded
\$6,350	\$5,950	\$5,150
20% coinsurance	20% coinsurance	15% coinsurance
\$35 copay per office visit, unlimited	\$35 copay per visit for first 3 office visits, then deductible and 20% coinsurance	\$45 copay per office visit, unlimited
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance
No additional cost to you	No additional cost to you	No additional cost to you
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance
Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% 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
\$15 copay	\$15 copay	\$15 copay
\$40 copay	\$40 copay	\$40 copay
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% 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
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance

Anthem HealthKeepers on-exchange plans

	Anthem Blue Cross and Blue Shield HealthKeepers Gold DirectAccess, a Multi-State Plan (1GB4)	NEW! Anthem HealthKeepers Gold X 1000/15% [†] (1GB0)	NEW! Anthem HealthKeepers Gold X POS 1000/15% [†] (1GB2)
Network Name ¹	Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital
Plan includes non-network coverage?	No	No	Yes
Coverage	Network	Network	Network Non-network
Individual Deductible ² (Family ³ = 2 x Individual amount)	\$750	\$1,000	\$1,000 \$2,000
How family deductibles work ³	Embedded	Embedded	Embedded
Individual Out-of-pocket Limit ² (includes deductible, copays, coinsurance and pharmacy. Family ³ = 2 x Individual amount)	\$3,500	\$4,100	\$4,100 \$12,000
Coinsurance ²	20% coinsurance	15% coinsurance	15% coinsurance 30% coinsurance
Office Visit: Primary Care Physician (PCP) NOTE: Other office services subject to deductible and plan coinsurance.	\$30 copay per office visit, unlimited	\$20 copay per office visit, unlimited	All benefits below for this plan reflect in-network cost shares \$20 copay per office visit, unlimited
Office Visit: Specialist	Deductible, then 20% coinsurance	\$50 copay per office visit, unlimited	\$50 copay per office visit, unlimited
Outpatient Diagnostic Tests (Examples: X-ray, Lab)	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Preventive Care ⁴	No additional cost to you	No additional cost to you	No additional cost to you
Urgent Care	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Emergency Room Care ⁵	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Hospital: Inpatient Admission ⁶ (e.g. hospital room) (includes maternity, mental health and substance use)	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Hospital: Outpatient Surgery Hospital Facility ⁶ (includes maternity, mental health and substance use)	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Maternity ⁶ (prenatal and postnatal care)	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% 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
Retail Pharmacy Tier 1 ⁷	\$15 copay	\$15 copay	\$15 copay
Retail Pharmacy Tier 2 ⁷	\$40 copay	\$30 copay	\$30 copay
Retail Pharmacy Tier 3 ⁷	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Retail Pharmacy Tier 4 ⁷	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Dental ⁸ and Vision	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 Use: Outpatient Facility & Services ⁹	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Mental Health and Substance Use: Inpatient Hospital ⁹	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Chiropractic (limit of 30 visits per member per year)	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Physical and Occupational Therapy ⁹ (limit of 30 combined visits per member per year)	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance

Anthem HealthKeepers Catastrophic X 6600/0% (1G9R)
Pathway X Tiered Hospital
No
Network
\$6,600
Embedded
\$6,600
0% coinsurance
\$40 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
No additional cost to you
Deductible, then 0% coinsurance
Deductible, then 0% coinsurance
Deductible, then 0% coinsurance
Deductible, then 0% coinsurance
Deductible, then 0% coinsurance
Combined with medical deductible
Deductible, then 0% coinsurance
Deductible, then 0% coinsurance
Deductible, then 0% coinsurance
Deductible, then 0% coinsurance
Pediatric dental and vision covered Adult dental and vision not covered
Deductible, then 0% coinsurance
Deductible, then 0% coinsurance
Deductible, then 0% coinsurance
Deductible, then 0% coinsurance

Anthem HealthKeepers on-exchange and Cost-Share

	Parent Plan	Cost-Share Reduction Plans		
	Anthem Blue Cross and Blue Shield HealthKeepers Silver DirectAccess, a Multi-State Plan (1GAV)	Anthem Blue Cross and Blue Shield HealthKeepers Silver DirectAccess, a Multi-State Plan		
		S04 * (1GAX)	S05 * (1GAY)	S06 * (1GAZ)
Network Name ¹	Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital
Plan includes non-network coverage?	No	No	No	No
Coverage	Network	Network	Network	Network
Individual Deductible ² (Family ³ = 2 x Individual amount)	\$1,500	\$1,500	\$725	\$175
How family deductibles work ³	Embedded	Embedded	Embedded	Embedded
Individual Out-of-pocket Limit ² (includes deductible, copays, coinsurance and pharmacy. Family ³ = 2 x Individual amount)	\$5,500	\$4,250	\$1,450	\$600
Coinsurance ²	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Office Visit: Primary Care Physician (PCP) NOTE: Other office services subject to deductible and plan coinsurance.	\$35 copay per visit for first 3 office visits, then deductible and 30% coinsurance	\$30 copay per visit for first 3 office visits, then deductible and 30% coinsurance	\$20 copay per visit for first 3 office visits, then deductible and 30% coinsurance	\$10 copay per visit for first 3 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, Lab)	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 ⁴	No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you
Urgent Care	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Emergency Room Care ⁵	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Hospital: Inpatient Admission ⁶ (e.g. hospital room) (includes maternity, mental health and substance use)	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance
Hospital: Outpatient Surgery Hospital Facility ⁶ (includes maternity, mental health and substance use)	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance
Maternity ⁶ (prenatal and postnatal care)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 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 ⁷	\$15 copay	\$15 copay	\$10 copay	\$10 copay
Retail Pharmacy Tier 2 ⁷	\$40 copay	\$40 copay	\$35 copay	\$30 copay
Retail Pharmacy Tier 3 ⁷	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Retail Pharmacy Tier 4 ⁷	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Dental ⁸ and Vision	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
Mental Health and Substance Use: Outpatient Facility & Services ⁹	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance
Mental Health and Substance Use: Inpatient Hospital ⁹	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance
Chiropractic (limit of 30 visits per member per year)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Physical and Occupational Therapy ⁹ (limit of 30 combined visits per member per year)	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 30% (tier 1) / 50% (tier 2) coinsurance

Reduction* plans

*S04, S05 and S06 denote the subsidy level that a consumer may qualify for based on their income. For S04 it is between 250 to 200% of the federal poverty level (FPL); for S05 it is between 200 to 150%; and for S06 it is between 150 to 133% of the FPL.

Parent Plan	Cost-Share Reduction Plans		
Anthem HealthKeepers Silver X 2000/20% (1GAK)	Anthem HealthKeepers Silver X 2000/20%		
	S04* (1GAM)	S05* (1GAN)	S06* (1GAP)
Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital
No	No	No	No
Network	Network	Network	Network
\$2,000	\$1,750	\$700	\$200
Embedded	Embedded	Embedded	Embedded
\$5,900	\$4,000	\$1,300	\$600
20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
\$20 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	\$20 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	\$15 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	\$10 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined
\$60 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	\$60 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	\$40 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	\$30 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% 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	\$10 copay	\$10 copay
\$40 copay	\$40 copay	\$35 copay	\$30 copay
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% 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 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance

Anthem HealthKeepers on-exchange and Cost-Share

	Parent Plan		Cost-Share Reduction Plans					
	Anthem HealthKeepers Silver X POS 2000/20% ¹ (1GAQ)		Anthem HealthKeepers Silver X POS 2000/20%					
			S04* (1GAS)		S05* (1GAT)		S06* (1GAU)	
Network Name ¹	Pathway X Tiered Hospital		Pathway X Tiered Hospital		Pathway X Tiered Hospital		Pathway X Tiered Hospital	
Plan includes non-network coverage?	Yes		Yes		Yes		Yes	
Coverage	Network	Non-network	Network	Non-network	Network	Non-network	Network	Non-network
Individual Deductible ² (Family ³ = 2 x Individual amount)	\$2,000	\$4,000	\$1,750	\$4,000	\$700	\$4,000	\$200	\$4,000
How family deductibles work ³	Embedded		Embedded		Embedded		Embedded	
Individual Out-of-pocket Limit ² (includes deductible, copays, coinsurance and pharmacy. Family ³ = 2 x Individual amount)	\$5,900	\$12,000	\$4,000	\$12,000	\$1,300	\$12,000	\$600	\$12,000
Coinsurance ²	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance
Office Visit: Primary Care Physician (PCP) NOTE: Other office services subject to deductible and plan coinsurance	All benefits below for this plan reflect in-network cost shares \$20 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined		All benefits below for this plan reflect in-network cost shares \$20 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined		All benefits below for this plan reflect in-network cost shares \$15 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined		All benefits below for this plan reflect in-network cost shares \$10 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	
Office Visit: Specialist	\$60 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined		\$60 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined		\$40 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined		\$30 copay per visit for first 5 office visits, then deductible and 20% coinsurance Visit limits for PCP and Specialists are combined	
Outpatient Diagnostic Tests (Examples: X-ray, Lab)	Deductible, then 20% coinsurance		Deductible, then 20% coinsurance		Deductible, then 20% coinsurance		Deductible, then 20% coinsurance	
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 20% coinsurance		Deductible, then 20% coinsurance		Deductible, then 20% coinsurance		Deductible, then 20% coinsurance	
Preventive Care ⁴	No additional cost to you		No additional cost to you		No additional cost to you		No additional cost to you	
Urgent Care	Deductible, then 20% coinsurance		Deductible, then 20% coinsurance		Deductible, then 20% coinsurance		Deductible, then 20% coinsurance	
Emergency Room Care ⁵	Deductible, then 30% coinsurance		Deductible, then 30% coinsurance		Deductible, then 30% coinsurance		Deductible, then 30% coinsurance	
Hospital: Inpatient Admission ⁶ (e.g. hospital room) (includes maternity, mental health and substance use)	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance		Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance		Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance		Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	
Hospital: Outpatient Surgery Hospital Facility ⁶ (includes maternity, mental health and substance use)	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance		Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance		Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance		Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	
Maternity ⁶ (prenatal and postnatal care)	Deductible, then 20% coinsurance		Deductible, then 20% coinsurance		Deductible, then 20% coinsurance		Deductible, then 20% 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 ⁷	\$15 copay		\$15 copay		\$10 copay		\$10 copay	
Retail Pharmacy Tier 2 ⁷	\$40 copay		\$40 copay		\$35 copay		\$30 copay	
Retail Pharmacy Tier 3 ⁷	Deductible, then 20% coinsurance		Deductible, then 20% coinsurance		Deductible, then 20% coinsurance		Deductible, then 20% coinsurance	
Retail Pharmacy Tier 4 ⁷	Deductible, then 20% coinsurance		Deductible, then 20% coinsurance		Deductible, then 20% coinsurance		Deductible, then 20% coinsurance	
Dental ⁸ and Vision	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	
Mental Health and Substance Use: Outpatient Facility & Services ⁹	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance		Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance		Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance		Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	
Mental Health and Substance Use: Inpatient Hospital ⁹	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance		Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance		Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance		Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	
Chiropractic (limit of 30 visits per member per year)	Deductible, then 20% coinsurance		Deductible, then 20% coinsurance		Deductible, then 20% coinsurance		Deductible, then 20% coinsurance	
Physical and Occupational Therapy ⁹ (limit of 30 combined visits per member per year)	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance		Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance		Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance		Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	

Reduction* plans

*S04, S05 and S06 denote the subsidy level that a consumer may qualify for based on their income. For S04 it is between 250 to 200% of the federal poverty level (FPL); for S05 it is between 200 to 150%; and for S06 it is between 150 to 133% of the FPL.

Parent Plan	Cost-Share Reduction Plans		
Anthem HealthKeepers Silver X 2250/20% (1GAE)	Anthem HealthKeepers Silver X 2250/20%		
	S04* (1GAG)	S05* (1GAH)	S06* (1GAJ)
Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital
No	No	No	No
Network	Network	Network	Network
\$2,250	\$2,100	\$700	\$200
Embedded	Embedded	Embedded	Embedded
\$6,350	\$4,500	\$1,450	\$600
20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
\$35 copay per office visit, unlimited	\$35 copay per office visit, unlimited	\$20 copay per office visit, unlimited	\$10 copay per office visit, unlimited
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% 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	\$40 copay	\$35 copay	\$30 copay
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% 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 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance

Anthem HealthKeepers on-exchange and Cost-Share

	Parent Plan	Cost-Share Reduction Plans		
	Anthem HealthKeepers Silver X 2600/20% (1GA9)	Anthem HealthKeepers Silver X 2600/20%		
		S04* (1GAB)	S05* (1GAC)	S06* (1GAD)
Network Name ¹	Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital
Plan includes non-network coverage?	No	No	No	No
Coverage	Network	Network	Network	Network
Individual Deductible ² (Family ³ = 2 x Individual amount)	\$2,600	\$2,500	\$750	\$200
How family deductibles work ³	Embedded	Embedded	Embedded	Embedded
Individual Out-of-pocket Limit ² (includes deductible, copays, coinsurance and pharmacy. Family ³ = 2 x Individual amount)	\$5,950	\$4,000	\$1,450	\$600
Coinsurance ²	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Office Visit: Primary Care Physician (PCP) NOTE: Other office services subject to deductible and plan coinsurance.	\$35 copay per visit for first 3 office visits, then deductible and 20% coinsurance	\$30 copay per visit for first 3 office visits, then deductible and 20% coinsurance	\$25 copay per visit for first 3 office visits, then deductible and 20% coinsurance	\$10 copay per visit for first 3 office visits, then deductible and 20% coinsurance
Office Visit: Specialist	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Outpatient Diagnostic Tests (Examples: X-ray, Lab)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Outpatient Advanced Diagnostic Tests (Examples: MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Preventive Care ⁴	No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you
Urgent Care	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency Room Care ⁵	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Hospital: Inpatient Admission ⁶ (e.g. hospital room) (includes maternity, mental health and substance use)	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Hospital: Outpatient Surgery Hospital Facility ⁶ (includes maternity, mental health and substance use)	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Maternity ⁶ (prenatal and postnatal care)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% 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 ⁷	\$15 copay	\$15 copay	\$10 copay	\$10 copay
Retail Pharmacy Tier 2 ⁷	\$40 copay	\$40 copay	\$35 copay	\$30 copay
Retail Pharmacy Tier 3 ⁷	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Retail Pharmacy Tier 4 ⁷	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Dental ⁸ and Vision	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
Mental Health and Substance Use: Outpatient Facility & Services ⁹	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Mental Health and Substance Use: Inpatient Hospital ⁹	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance
Chiropractic (limit of 30 visits per member per year)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Physical and Occupational Therapy ⁹ (limit of 30 combined visits per member per year)	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance	Deductible, then 20% (tier 1) / 50% (tier 2) coinsurance

Reduction* plans

*S04, S05 and S06 denote the subsidy level that a consumer may qualify for based on their income. For S04 it is between 250 to 200% of the federal poverty level (FPL); for S05 it is between 200 to 150%; and for S06 it is between 150 to 133% of the FPL.

Parent Plan	Cost-Share Reduction Plans		
Anthem HealthKeepers Silver X 3350/15% (1GA4)	Anthem HealthKeepers Silver X 3350/15%		
	S04* (1GA6)	S05* (1GA7)	S06* (1GA8)
Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital
No	No	No	No
Network	Network	Network	Network
\$3,350	\$2,350	\$750	\$200
Embedded	Embedded	Embedded	Embedded
\$5,150	\$4,200	\$1,450	\$600
15% coinsurance	15% coinsurance	15% coinsurance	15% coinsurance
\$45 copay per office visit, unlimited	\$40 copay per office visit, unlimited	\$30 copay per office visit, unlimited	\$15 copay per office visit, unlimited
Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you
Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% 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	\$10 copay	\$10 copay
\$40 copay	\$40 copay	\$35 copay	\$30 copay
Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% 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 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance
Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance	Deductible, then 15% (tier 1) / 45% (tier 2) coinsurance

Off and On-Exchange

¹ New POS benefit plans are available on the exchange in the following areas: Bristol (area 5), Danville (area 3) and Northern Virginia (area 10) with the exception of Spotsylvania and Stafford counties and the city of Fredericksburg. All other areas have a non-POS version of this plan available.

Our service area includes all of Virginia except for the City of Fairfax, the Town of Vienna and the area east of State Route 123. You may be able to get more cost-savings subsidies on Silver plans. Check with your Anthem HealthKeepers authorized representative for more information and to find out if you qualify for a tax credit or subsidy.

1 Tiered hospitals: Our plans offer a Tiered network. In-network hospitals are split into two categories, Tier 1 and Tier 2. You will pay a lower cost share for hospitals in Tier 1. You can find out what tier a hospital is in through our Find a Doctor tool at [anthem.com](https://www.anthem.com).

2 Individual deductible, individual out-of-pocket limit and coinsurance reflect in-network/non-network cost share information, if applicable for the plan. All other cost share information is for in-network services only.

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

4 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.

5 Emergency room services on most plans have a higher cost share. For additional details on this and other covered services, go to [anthem.com](https://www.anthem.com).

6 Cost share shows Tier 1/Tier 2 coinsurance for hospitals in our network.

7 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.

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.

HealthKeepers, Inc. does not discriminate based on race, color, ethnicity, national origin, religion, age, gender, gender identity, mental or physical disabilities, sexual orientation, genetic information, including pregnancy and expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health condition or health status in the administration of the plan, including enrollment, marketing practices, benefit designs, and benefit determinations.



Anthem[®] HealthKeepers Offered by HealthKeepers, Inc.

Health • Dental • Vision

**Anthem HealthKeepers 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.

This piece refers to:

On-exchange policy form #'s VA_HMPSHS_(1/15)_ONHIX. Schedule of benefits forms: VA_SB_BRZ_HMO_4000_20_35_(1/15)_ONHIX, VA_SB_BRZ_HMO_4500_35_35_(1/15)_ONHIX, VA_SB_BRZ_HMO_5500_25_40_(1/15)_ONHIX, VA_SB_BRZ_HMO_HSA_3750_25_(1/15)_ONHIX, VA_SB_BRZ_HMO_HSA_6000_15_(1/15)_ONHIX, VA_SB_BRZ_HMO_POS_4000_20_35_(1/15)_ONHIX, VA_SB_SVR_HMO_1500_30_30_MSP_SUB01_(1/15)_ONHIX, VA_SB_SVR_HMO_1500_30_30_MSP_SUB02_(1/15)_ONHIX, VA_SB_SVR_HMO_1500_30_30_MSP_SUB03_(1/15)_ONHIX, VA_SB_SVR_HMO_1500_30_35_MSP_(1/15)_ONHIX, VA_SB_SVR_HMO_2000_20_20_(1/15)_ONHIX, VA_SB_SVR_HMO_2000_20_20_SUB01_(1/15)_ONHIX, VA_SB_SVR_HMO_2000_20_20_SUB02_(1/15)_ONHIX, VA_SB_SVR_HMO_2000_20_20_SUB03_(1/15)_ONHIX, VA_SB_SVR_HMO_2250_20_35_(1/15)_ONHIX, VA_SB_SVR_HMO_2250_20_35_SUB01_(1/15)_ONHIX, VA_SB_SVR_HMO_2250_20_35_SUB02_(1/15)_ONHIX, VA_SB_SVR_HMO_2250_20_35_SUB03_(1/15)_ONHIX, VA_SB_SVR_HMO_2600_20_35_(1/15)_ONHIX, VA_SB_SVR_HMO_2600_20_35_SUB01_(1/15)_ONHIX, VA_SB_SVR_HMO_2600_20_35_SUB02_(1/15)_ONHIX, VA_SB_SVR_HMO_2600_20_35_SUB03_(1/15)_ONHIX, VA_SB_SVR_HMO_3350_15_45_(1/15)_ONHIX, VA_SB_SVR_HMO_3350_15_45_SUB01_(1/15)_ONHIX, VA_SB_SVR_HMO_3350_15_45_SUB02_(1/15)_ONHIX, VA_SB_SVR_HMO_3350_15_45_SUB03_(1/15)_ONHIX, VA_SB_SVR_HMO_POS_2000_20_20_(1/15)_ONHIX, VA_SB_SVR_HMO_POS_2000_20_20_SUB01_(1/15)_ONHIX, VA_SB_SVR_HMO_POS_2000_20_20_SUB02_(1/15)_ONHIX, VA_SB_SVR_HMO_POS_2000_20_20_SUB03_(1/15)_ONHIX, VA_SB_GLD_HMO_1000_15_20_(1/15)_ONHIX, VA_SB_GLD_HMO_750_20_30_MSP_(1/15)_ONHIX, VA_SB_GLD_HMO_POS_1000_15_20_(1/15)_ONHIX and VA_SB_CAT_HMO_6600_0_40_(1/15)_ONHIX.

Off-exchange Policy form #'s VA_HMPSHS_(1/15). Schedule of benefits forms: VA_SB_BRZ_HMO_4500_35_35_(1/15), VA_SB_BRZ_HMO_5500_25_40_(1/15), VA_SB_BRZ_HMO_HSA_3750_25_(1/15), VA_SB_BRZ_HMO_HSA_6000_15_(1/15), VA_SB_BRZ_HMO_POS_4000_20_35_(1/15), VA_SB_SVR_HMO_1500_30_35_(1/15), VA_SB_SVR_HMO_2250_20_35_(1/15), VA_SB_SVR_HMO_2600_20_35_(1/15), VA_SB_SVR_HMO_3350_15_45_(1/15), VA_SB_SVR_HMO_POS_2000_20_20_(1/15), VA_SB_GLD_HMO_750_20_30_(1/15), VA_SB_GLD_HMO_POS_1000_15_20_(1/15) and VA_SB_CAT_HMO_6600_0_40_(1/15).

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