

# Anthem Silver Pathway X PPO 3500/25% (1GM6)



Plan components	Plan details	
Network name <sup>1</sup>	Pathway X Tiered Hospital	
Plan includes non-network coverage? <sup>2</sup>	Yes	
Coverage	Network	Non-network
Individual deductible <sup>3</sup> (Family = 2 x individual amount)	\$2,250	\$6,750
How family deductibles work <sup>4</sup>	Embedded	
Individual out-of-pocket limit <sup>3</sup> (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$4,650	\$13,950
Coinsurance <sup>3</sup>	25% coinsurance	50% coinsurance
Office visit: primary care physician (PCP) <sup>5,6</sup> (includes postnatal visits) NOTE: other office services subject to deductible and plan coinsurance	\$20 copay per office visit, unlimited	
Office visit: specialist <sup>6</sup>	\$60 copay per office visit, unlimited	
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 25% coinsurance	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then 25% coinsurance	
Preventive care <sup>7</sup>	No additional cost	
Urgent care	\$75 copay	
Emergency room care	Deductible, then 25% coinsurance	
Hospital: inpatient admission <sup>8</sup> (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then \$500 copay and 25% coinsurance	
Hospital: outpatient facility (includes surgery, maternity, mental health and substance abuse)	Deductible, then 25% coinsurance	
Maternity <sup>8</sup> (includes delivery and all inpatient services)	Deductible, then \$500 copay and 25% coinsurance	
Retail pharmacy deductible <sup>9</sup> (for tiers with deductible, cost share applies after deductible)	Tier 1: No deductible Tiers 2, 3, 4: \$1,000 Combined pharmacy deductible	
Retail pharmacy tier 1 <sup>10,11</sup>	\$10 copay	
Retail pharmacy tier 2 <sup>10,11</sup>	\$40 copay	
Retail pharmacy tier 3 <sup>10,11</sup>	40% coinsurance	
Retail pharmacy tier 4 <sup>10,11</sup>	40% coinsurance	
Dental <sup>12</sup> and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health and substance abuse: outpatient facility and services	Deductible, then 25% coinsurance	
Mental health and substance abuse: inpatient hospital <sup>8</sup>	Deductible, then \$500 copay and 25% coinsurance	
Chiropractic: office visit (limit of 12 visits per year)	Deductible, then 25% coinsurance	
Physical, occupational and speech therapy (limit of 20 visits per year per type of therapy)	Deductible, then 25% coinsurance	

<sup>†</sup> Pathway X HMO (On exchange) / Pathway HMO (Off exchange) Network is available in the following counties only: Butler, Champaign, Clarke, Clinton, Cuyahoga, Darke, Delaware, Fairfield, Franklin, Geauga, Greene, Knox, Lake, Licking, Lorain, Madison, Medina, Miami, Montgomery, Portage, Preble, Shelby, Summit, Union and Warren.

<sup>1</sup> Tiered hospitals: Our PPO plans offer a Tiered network. Network hospitals are split into two categories, Tier 1 and Tier 2. You pay a lower cost share for hospitals in Tier 1. To see what tier a hospital is in, visit the Find a Doctor tool at anthem.com.

<sup>2</sup> PPO plans also include non-network benefits. Our HMO plans only include non-network benefits for emergency care, urgent care and ambulance services.

<sup>3</sup> Individual deductible, Individual out-of-pocket limit and coinsurance show Network / Non-network cost share information, if applicable for the plan. All other cost share information is for network services only.

<sup>4</sup> Our plans have embedded family deductibles and out-of-pocket limits, where each covered family member only needs to satisfy his or her individual deductible and out-of-pocket limit, not the entire family deductible and out-of-pocket limit, prior to receiving plan benefits.

<sup>5</sup> LiveHealth Online web visits have the same PCP office visit cost share listed in the chart.

<sup>6</sup> For plans with PCP and Specialist office visit limits, the visit limits are combined, not separate.

<sup>7</sup> Nationally recommended preventive care services from network providers have no copay and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms and more, recommended by the United States Preventive Services Task Force.

<sup>8</sup> Cost share shows Tier 1 / Tier 2 coinsurance for hospitals in our network.

<sup>9</sup> For plans with a Retail pharmacy deductible, the pharmacy deductible is separate from the medical deductible. The family deductible is 2 x the individual amount.

<sup>10</sup> With our Home Delivery Complete program, your clients will move from a retail pharmacy to home delivery of medicines they take on a regular basis. These drugs treat long-term conditions, like diabetes, high blood pressure and high cholesterol. Your clients can get the first 30-day supply, plus one additional 30-day refill of the same drug, at their retail pharmacy. After that, they'll use the home delivery pharmacy. If they continue to use a retail pharmacy, they'll pay the full cost of their medicine.

<sup>11</sup> Home delivery pharmacy cost shares are 2 x the retail copay for Tier 1 drugs and 2.5 x the retail copay for Tier 2 drugs when the plan has retail pharmacy copays.

<sup>12</sup> Pediatric dental is included in the medical plan. These dental benefits are subject to the medical plan's deductible and out-of-pocket limit. In compliance with the Affordable Care Act rules, benefits, formulary, pharmacy network, provider network, premiums, copays and coinsurance for these plans may change on January 1 of each year.

**IMPORTANT:** This Benefit Guide is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions are contained in the Contract/Certificate of Coverage. In the event of a conflict between this Contract/Certificate of Coverage and this Benefit Guide, the terms of the Contract/Certificate of Coverage will prevail.

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