

Anthem Bronze Pathway X PPO 5550/20% (1GL3)



Plan components	Plan details	
Network name ¹	Pathway X Tiered Hospital	
Plan includes non-network coverage? ²	Yes	
Coverage	Network	Non-network
Individual deductible ³ (Family = 2 x individual amount)	\$5,550	\$16,650
How family deductibles work ⁴	Embedded	
Individual out-of-pocket limit ³ (Includes deductible, copays, coinsurance and pharmacy. Family = 2 x individual amount)	\$6,850	\$20,550
Coinsurance ³	20% coinsurance	50% coinsurance
Office visit: primary care physician (PCP) ^{5,6} (includes postnatal visits) NOTE: other office services subject to deductible and plan coinsurance	Deductible, then 20% coinsurance	
Office visit: specialist ⁶	Deductible, then 20% coinsurance	
Outpatient diagnostic tests (Examples: X-ray, EKG)	Deductible, then 20% coinsurance	
Outpatient advanced diagnostic tests (Examples: MRI, CT scan)	Deductible, then 20% coinsurance	
Preventive care ⁷	No additional cost	
Urgent care	Deductible, then \$50 copay and 20% coinsurance	
Emergency room care	Deductible, then \$500 copay and 20% coinsurance	
Hospital: inpatient admission ⁸ (e.g. hospital room) (includes maternity, mental health and substance abuse)	Deductible, then 20% (tier 1)/50% (tier 2) coinsurance	
Hospital: outpatient facility (includes surgery, maternity, mental health and substance abuse)	Deductible, then 20% coinsurance	
Maternity ⁸ (includes delivery and all inpatient services)	Deductible, then 20% (tier 1)/50% (tier 2) coinsurance	
Retail pharmacy deductible ⁹ (for tiers with deductible, cost share applies after deductible)	Tiers 1, 2: No deductible Tiers 3, 4: Medical deductible applies	
Retail pharmacy tier 1 ^{10,11}	\$30 copay	
Retail pharmacy tier 2 ^{10,11}	\$75 copay	
Retail pharmacy tier 3 ^{10,11}	20% coinsurance	
Retail pharmacy tier 4 ^{10,11}	20% coinsurance	
Dental ¹² and vision	Pediatric dental and vision covered Adult dental and vision not covered	
Mental health and substance abuse: outpatient facility and services	Deductible, then 20% coinsurance	
Mental health and substance abuse: inpatient hospital ⁸	Deductible, then 20% (tier 1)/50% (tier 2) coinsurance	
Chiropractic: office visit (limit of 12 visits per year)	Deductible, then 20% coinsurance	
Physical, occupational and speech therapy (limit of 20 visits per year per type of therapy)	Deductible, then 20% coinsurance	

[†] 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.

¹ 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.

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

³ 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.

⁴ 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.

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

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

⁷ 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.

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

⁹ 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.

¹⁰ 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.

¹¹ 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.

¹² 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.

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.