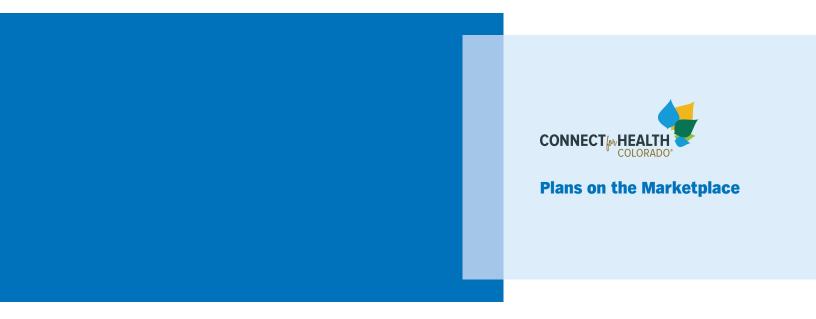






2024 Individual and Family Plans



Open enrollment period runs November 1, 2023 - January 15, 2024 ▷



Helping you feel covered, protected, and confident

Whether you've had health coverage before or are new to this process, we're here to support you every step of the way — from helping you decide which individual plan makes sense for your unique needs to connecting you to the right doctor, resources, and financial help.

We're committed to simplifying and caring for every aspect of your health, including medical, dental, vision, pharmacy, and behavioral health needs.

The following pages contain plan benefit charts along with terms you need to know when selecting a health plan. This information will help you understand commonly used insurance words and assist you in selecting the right coverage for your health and budget.

Let us connect you to the right individual coverage.

Product overview

Understanding provider networks

When choosing a plan, you will have access to a specific network. Certain networks may be larger than others or offer different options for local providers. It's important to understand these differences and keep your healthcare needs in mind when choosing a plan.

Pathway HMO/Pathway Standard HMO, Pathway Essentials/Pathway Essentials Standard, and Mountain Enhanced/Mountain Enhanced Standard networks:

With these health maintenance organizations (HMOs), you pick a primary care physician (PCP). This is your doctor for preventive care, such as yearly checkups, screenings and vaccinations, health problems, or support reaching your health goals. You can also see specialty doctors, like dermatologists and allergists, without a referral if they are in the plan network.

If there's a medical emergency, go to the nearest hospital or urgent care. These plans help pay for medically necessary emergency and urgent care services, whether received in or out of network, or when a service is preapproved.



Anthem 🚭 🗑

Colorado Option Standard health benefit plans:

Standard health benefit plans are state-mandated plans, defined by the Division of Insurance (DOI), that all carriers participating in the market must offer. These standard plans have the same benefits and cost-sharing for many types of care among all carriers.

Standard plans allow you to compare plans more easily across carriers. Since the plan designs are the same, quality, network, and price will be differentiating factors when choosing an insurance company. Carriers will offer these plans with different networks and at different premiums, allowing you to comparison shop. Additionally, the Colorado Option Standard plan benefits, networks, and cost shares may change every year based on regulations issued by the DOI or public hearings regarding which providers must participate in such plans and at what reimbursement rates.

- Standard plans are available on the Pathway Standard, Pathway Essentials Standard, and Mountain Enhanced Standard HMO networks.
- Pathway Standard, Pathway Essentials Standard, and Mountain Enhanced Standard HMO networks may have different out-of-area coverage.

Colorado Option Standard Health Benefit plans are available through **Connect for Health Colorado**®, **Colorado Connect**, and **Anthem** directly.

You may qualify for financial help in 2024 even if you didn't before and may be eligible for additional assistance through Connect for Health Colorado.

View our county network coverage map here.

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Bronze plans			
ган цуре	НМО			
Plan name	Anthem Bronze Mountain Enhanced X HMO 9450 \$0 Select Drugs (9PE7)	Anthem Bronze Mountain Enhanced X HMO 7900 for HSA (9BK5)	Anthem Bronze Mountain Enhanced X HMO 6000 \$0 Select Drugs (9BLV)	
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	
Plan includes out-of-network coverage?	No	No	No	
Individual deductible	\$9,450	\$7,900	\$6,000	
Individual out-of-pocket maximum	\$9,450	\$7,900	\$9,450	
Coinsurance (may vary for certain covered services)	0%	0%	30%	
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$50 copay pervisit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	\$45 copay per visit for first 3 visits, then deductible and 30% coinsurance	
Primary and urgent care visits: virtual care-only providers ³	Covered in full	Deductible, then covered in full	Covered in full	
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance	
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance	
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$500 copay and 30% coinsurance	
Urgent care (other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full	Deductible, then covered in full	\$75 copay	
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$300 copay and 30% coinsurance	
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$500 copay per admission and 40% coinsurance	
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health/ substance use)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance	
Pharmacy deductible (tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	
Retail pharmacy tier 1: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance	
Retail pharmacy tier 2: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance	
Retail pharmacy tier 3: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 50% coinsurance	
Retail pharmacy tier 4: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 50% coinsurance	
Physical and occupational therapy ² (limits apply)	\$50 copay per visit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	\$45 copay per visit for first 3 visits, then deductible and 30% coinsurance	
Speech therapy ² (limits apply)	\$50 copay per visit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	\$45 copay per visit for first 3 visits, then deductible and 30% coinsurance	

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Bronze plans	Silver	' plans
		НМО	
Plan name	Anthem Bronze Mountain Enhanced X HMO 5650 Rx Copay \$0 Select Drugs (9PCM)	Anthem Silver Mountain Enhanced X HMO 6500 Rx Copay \$0 Select Drugs (9BKE)	Anthem Silver Mountain Enhanced X HMO 5000 \$0 Select Drugs (9BC1)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$5,650	\$6,500	\$5,000
Individual out-of-pocket maximum	\$9,450	\$7,800	\$8,000
Coinsurance (may vary for certain covered services)	40%	40%	35%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$50 copay pervisit for first 2 visits, then deductible and 40% coinsurance	\$40 copay	\$35 copay
Primary and urgent care visits: virtual care-only providers ³	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then 40% coinsurance	\$80 copay	Deductible, then 35% coinsurance
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 35% coinsurance
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then \$250 copay and 40% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then 35% coinsurance
Urgent care (other office services may be subject to deductible and plan coinsurance)	\$75 copay	\$75 copay	\$80 copay
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then \$300 copay and 40% coinsurance	Deductible, then \$600 copay and 40% coinsurance	Deductible, then 35% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then \$1,000 copay per admission and 40% coinsurance	Deductible, then \$1,000 copay per admission and 40% coinsurance	Deductible, then 35% coinsurance
Hospital:outpatientsurgeryhospitalfacility (includes maternity , mental health/ substance use)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 35% coinsurance
Pharmacy deductible (tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$30 copay / \$45 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$75 copay / \$90 copay	\$70 copay / \$85 copay	\$40 copay / \$55 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$150 copay / \$160 copay	\$110 copay / \$125 copay	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	\$650 copay / \$660 copay	\$620 copay / \$635 copay	50% coinsurance / 65% coinsurance
Physical and occupational therapy ² (limits apply)	\$50 copay per visit for first 2 visits, then deductible and 40% coinsurance	\$40 copay	\$35 copay
Speech therapy ² (limits apply)	\$50 copay per visit for first 2 visits, then deductible and 40% coinsurance	\$40 copay	\$35 copay

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Silver plans		
		НМО	
Plan name	Anthem Silver Mountain Enhanced X HMO 3500 Rx Copay \$0 Select Drugs (9BC9)	Anthem Silver Mountain Enhanced X HMO 3200 for HSA (9PAY)	Anthem Silver Mountain Enhanced X HMO 2800 \$0 Select Drugs (9PEC)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$3,500	\$3,200	\$2,800
Individual out-of-pocket maximum	\$9,450	\$6,800	\$9,450
Coinsurance (may vary for certain covered services)	15%	20%	30%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance	\$10 copay
Primary and urgent care visits: virtual care-only providers ³	Covered in full	Deductible, then covered in full	Covered in full
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$500 copay and 40% coinsurance	Deductible, then \$250 copay and 30% coinsurance
Urgent care (other office services may be subject to deductible and plan coinsurance)	\$75 copay	Deductible, then 20% coinsurance	\$75 copay
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$350 copay and 30% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then \$500 copay per admission and 30% coinsurance	Deductible, then \$500 copay per admission and 40% coinsurance	Deductible, then \$500 copay per admission and 30% coinsurance
Hospital:outpatientsurgeryhospitalfacility (includes maternity , mental health/ substance use)	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Pharmacy deductible (tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$10 copay	20% coinsurance / 35% coinsurance	30% coinsurance / 45% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	\$70 copay / \$85 copay	20% coinsurance / 35% coinsurance	30% coinsurance / 45% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	\$100 copay / \$115 copay	30% coinsurance / 40% coinsurance	30% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	\$670 copay / \$685 copay	30% coinsurance / 50% coinsurance	30% coinsurance / 50% coinsurance
Physical and occupational therapy ² (limits apply)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance	\$10 copay
Speech therapy ² (limits apply)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance	\$10 copay



Pathway Standard is offered in all counties except Adams, Arapahoe, Archuleta, Boulder, Broomfield, Clear Creek, Denver, Douglas, Eagle, Elbert, Gilpin, Jefferson, La Plata, Mesa, Moffat, Montezuma, Park, Rio Blanco, Routt, and Summit counties. Mountain Enhanced Standard plans are offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Pathway Essentials Standard is offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties.

Dantuna	Bronze plans	Silver plans	Gold plans
Plan type		НМО	
Plan name	Anthem Colorado Option Bronze Mountain Enhanced Std (9PBU)	Anthem Colorado Option Silver Mountain Enhanced Std (9PE2)	Anthem Colorado Option Gold Mountain Enhanced Std (9BKB)
Network name	Mountain Enhanced Standard	Mountain Enhanced Standard	Mountain Enhanced Standard
Plan includes out-of-network coverage?	No	No	No
ndividual deductible	\$7,500	\$4,750	\$1,700
ndividual out-of-pocket maximum	\$9,450	\$9,450	\$8,700
Coinsurance (may vary for certain covered services)	50%	40%	30%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$0 copay per visit for first 3 visits, then deductible, then \$50 copay	\$0 copay	\$0 сорау
Primary and urgent care visits: virtual care-only providers ³	\$0 copay	\$0 copay	\$0 copay
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then 50% coinsurance	\$80 copay	\$50 copay
Dutpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Dutpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Jrgent care (other office services may be subject to deductible and plan coinsurance)	Deductible, then 50% coinsurance	\$80 copay	\$50 copay
Emergency room care copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Hospital:outpatientsurgeryhospitalfacility includes maternity , mental health/ substance use)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Pharmacy deductible (tiers with deductible, cost share applies after deductible)	Tiers 1,2,3,4: No deductible	Tiers 1,2,3,4: No deductible	Tiers 1,2,3,4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	\$30 copay	\$20 copay	\$10 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$200 copay	\$125 copay	\$50 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$350 copay	\$300 copay	\$200 copay
Retail pharmacy tier 4: Level 1 / Level 2	\$700 copay	\$650 copay	\$600 copay
Physical and occupational therapy ² (limits apply)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Speech therapy ² (limits apply)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Bronze plans			
Fiantype	НМО			
Plan name	Anthem Bronze Pathway X HMO 9450 \$0 Select Drugs (9BLP)	Anthem Bronze Pathway X HMO 7900 for HSA (9PDL)	Anthem Bronze Pathway X HMO 6000 \$0 Select Drugs (9PD8)	
Network name	Pathway	Pathway	Pathway	
Plan includes out-of-network coverage?	No	No	No	
Individual deductible	\$9,450	\$7,900	\$6,000	
Individual out-of-pocket maximum	\$9,450	\$7,900	\$9,450	
Coinsurance (may vary for certain covered services)	0%	0%	30%	
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$50 copay pervisit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	\$45 copay per visit for first 3 visits, then deductible and 30% coinsurance	
Primary and urgent care visits: virtual care-only providers ³	Covered in full	Deductible, then covered in full	Covered in full	
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance	
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance	
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$500 copay and 30% coinsurance	
Urgent care (other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full	Deductible, then covered in full	\$75 copay	
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$300 copay and 30% coinsurance	
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$500 copay per admission and 40% coinsurance	
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health/ substance use)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance	
Pharmacy deductible (tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	
Retail pharmacy tier 1: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance	
Retail pharmacy tier 2: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance	
Retail pharmacy tier 3: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 50% coinsurance	
Retail pharmacy tier 4: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 50% coinsurance	
Physical and occupational therapy ² (limits apply)	\$50 copay per visit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	\$45 copay per visit for first 3 visits, then deductible and 30% coinsurance	
Speech therapy ² (limits apply)	\$50 copay per visit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	\$45 copay per visit for first 3 visits, then deductible and 30% coinsurance	

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Bronze plans	Silver	plans
Fiantype		НМО	
Plan name	Anthem Bronze Pathway X HMO 5650 Rx Copay \$0 Select Drugs (9BLS)	Anthem Silver Pathway X HMO 6500 Rx Copay \$0 Select Drugs (9BKZ)	Anthem Silver Pathway X HMO 5000 \$0 Select Drugs (9PCJ)
Network name	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$5,650	\$6,500	\$5,000
Individual out-of-pocket maximum	\$9,450	\$7,800	\$8,000
Coinsurance (may vary for certain covered services)	40%	40%	35%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$50 copay pervisit for first 2 visits, then deductible and 40% coinsurance	\$40 copay	\$35 copay
Primary and urgent care visits: virtual care-only providers ³	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then 40% coinsurance	\$80 copay	Deductible, then 35% coinsurance
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 35% coinsurance
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then \$250 copay and 40% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then 35% coinsurance
Urgent care (other office services may be subject to deductible and plan coinsurance)	\$75 copay	\$75 copay	\$80 copay
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then \$300 copay and 40% coinsurance	Deductible, then \$600 copay and 40% coinsurance	Deductible, then 35% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then \$1,000 copay per admission and 40% coinsurance	Deductible, then \$1,000 copay per admission and 40% coinsurance	Deductible, then 35% coinsurance
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health/ substance use)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 35% coinsurance
Pharmacy deductible (tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$30 copay / \$45 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$75 copay / \$90 copay	\$70 copay / \$85 copay	\$40 copay / \$55 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$150 copay / \$160 copay	\$110 copay / \$125 copay	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	\$650 copay / \$660 copay	\$620 copay / \$635 copay	50% coinsurance / 65% coinsurance
Physical and occupational therapy ² (limits apply)	\$50 copay per visit for first 2 visits, then deductible and 40% coinsurance	\$40 copay	\$35 copay
Speech therapy ² (limits apply)	\$50 copay per visit for first 2 visits, then deductible and 40% coinsurance	\$40 copay	\$35 copay

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plantune	Silver plans			
Plan type	НМО			
Plan name	Anthem Silver Pathway X HMO 3500 Rx Copay \$0 Select Drugs (9BL4)	Anthem Silver Pathway X HMO 3200 for HSA (9PD4)	Anthem Silver Pathway X HMO 2800 \$0 Select Drugs (9PDY)	
Network name	Pathway	Pathway	Pathway	
Plan includes out-of-network coverage?	No	No	No	
Individual deductible	\$3,500	\$3,200	\$2,800	
Individual out-of-pocket maximum	\$9,450	\$6,800	\$9,450	
Coinsurance (may vary for certain covered services)	15%	20%	30%	
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$35 copay pervisit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance	\$10 copay	
Primary and urgent care visits: virtual care-only providers ³	Covered in full	Deductible, then covered in full	Covered in full	
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$500 copay and 40% coinsurance	Deductible, then \$250 copay and 30% coinsurance	
Urgent care (other office services may be subject to deductible and plan coinsurance)	\$75 copay	Deductible, then 20% coinsurance	\$75 copay	
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$350 copay and 30% coinsurance	
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then \$500 copay per admission and 30% coinsurance	Deductible, then \$500 copay per admission and 40% coinsurance	Deductible, then \$500 copay per admission and 30% coinsurance	
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health/ substance use)	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	
Pharmacy deductible (tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$10 copay	20% coinsurance / 35% coinsurance	30% coinsurance / 45% coinsurance	
Retail pharmacy tier 2: Level 1 / Level 2	\$70 copay / \$85 copay	20% coinsurance / 35% coinsurance	30% coinsurance / 45% coinsurance	
Retail pharmacy tier 3: Level 1 / Level 2	\$100 copay / \$115 copay	30% coinsurance / 40% coinsurance	30% coinsurance / 50% coinsurance	
Retail pharmacy tier 4: Level 1 / Level 2	\$670 copay / \$685 copay	30% coinsurance / 50% coinsurance	30% coinsurance / 50% coinsurance	
Physical and occupational therapy ² (limits apply)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance	\$10 copay	
Speech therapy ² (limits apply)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance	\$10 copay	

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plantuno	Catastrophic plans
Plan type	НМО
Plan name	Anthem Catastrophic Pathway X HMO 9450 (9PDZ)
Network name	Pathway
Plan includes out-of-network coverage?	No
Individual deductible	\$9,450
Individual out-of-pocket maximum	\$9,450
Coinsurance (may vary for certain covered services)	0%
Preventive care ¹	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$55 copay per visit for first 3 visits, then deductible and 0% coinsurance
Primary and urgent care visits: virtual care-only providers ³	Deductible, then covered in full
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then covered in full
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then covered in full
Urgent care (other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then covered in full
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then covered in full
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health/ substance use)	Deductible, then covered in full
Pharmacy deductible (tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	0% coinsurance / 0% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	0% coinsurance / 0% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	0% coinsurance / 0% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	0% coinsurance / 0% coinsurance
Physical and occupational therapy ² (limits apply)	Deductible, then covered in full
Speech therapy ² (limits apply)	



Pathway Standard is offered in all counties except Adams, Arapahoe, Archuleta, Boulder, Broomfield, Clear Creek, Denver, Douglas, Eagle, Elbert, Gilpin, Jefferson, La Plata, Mesa, Moffat, Montezuma, Park, Rio Blanco, Routt, and Summit counties. Mountain Enhanced Standard plans are offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Pathway Essentials Standard is offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties.

Plantung	Bronze plans	Silver plans	Gold plans
Plan type		НМО	
Plan name	Anthem Colorado Option Bronze Pathway Std (9BK2)	Anthem Colorado Option Silver Pathway Std (9PC3)	Anthem Colorado Option Gold Pathway Std (9BKJ)
Network name	Pathway Standard	Pathway Standard	Pathway Standard
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$7,500	\$4,750	\$1,700
Individual out-of-pocket maximum	\$9,450	\$9,450	\$8,700
Coinsurance (may vary for certain covered services)	50%	40%	30%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$0 copay per visit for first 3 visits, then deductible, then \$50 copay	\$0 copay	\$0 copay
Primary and urgent care visits: virtual care-only providers ³	\$0 copay	\$0 copay	\$0 сорау
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then 50% coinsurance	\$80 copay	\$50 copay
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Urgent care (other office services may be subject to deductible and plan coinsurance)	Deductible, then 50% coinsurance	\$80 copay	\$50 copay
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health/ substance use)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Pharmacy deductible (tiers with deductible, cost share applies after deductible)	Tiers 1,2,3,4: No deductible	Tiers 1,2,3,4: No deductible	Tiers 1,2,3,4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	\$30 copay	\$20 copay	\$10 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$200 copay	\$125 copay	\$50 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$350 copay	\$300 copay	\$200 copay
Retail pharmacy tier 4: Level 1 / Level 2	\$700 copay	\$650 copay	\$600 copay
Physical and occupational therapy ² (limits apply)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Speech therapy ² (limits apply)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Bronze plans			
гап цуре	НМО			
Plan name	Anthem Bronze Pathway Essentials X HMO 9450 \$0 Select Drugs (9PE4)	Anthem Bronze Pathway Essentials X HMO 7900 for HSA (9PDH)	Anthem Bronze Pathway Essentials X HMO 6000 \$0 Select Drugs (9BJQ)	
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials	
Plan includes out-of-network coverage?	No	No	No	
Individual deductible	\$9,450	\$7,900	\$6,000	
Individual out-of-pocket maximum	\$9,450	\$7,900	\$9,450	
Coinsurance (may vary for certain covered services)	0%	0%	30%	
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$50 copay pervisit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	\$45 copay per visit for first 3 visits, then deductible and 30% coinsurance	
Primary and urgent care visits: virtual care-only providers ³	Covered in full	Deductible, then covered in full	Covered in full	
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance	
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance	
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$500 copay and 30% coinsurance	
Urgent care (other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full	Deductible, then covered in full	\$75 copay	
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$300 copay and 30% coinsurance	
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then \$500 copay per admission and 40% coinsurance	
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health/ substance use)	Deductible, then covered in full	Deductible, then covered in full	Deductible, then 30% coinsurance	
Pharmacy deductible (tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	
Retail pharmacy tier 1: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance	
Retail pharmacy tier 2: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 45% coinsurance	
Retail pharmacy tier 3: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 50% coinsurance	
Retail pharmacy tier 4: Level 1 / Level 2	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	30% coinsurance / 50% coinsurance	
Physical and occupational therapy ² (limits apply)	\$50 copay per visit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	\$45 copay per visit for first 3 visits, then deductible and 30% coinsurance	
Speech therapy ² (limits apply)	\$50 copay per visit for first 3 visits, then deductible and 0% coinsurance	Deductible, then covered in full	\$45 copay per visit for first 3 visits, then deductible and 30% coinsurance	

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Bronze plans	Silver	plans
		НМО	
Plan name	Anthem Bronze Pathway Essentials X HMO 5650 Rx Copay \$0 Select Drugs (9BK3)	Anthem Silver Pathway Essentials X HMO 6500 Rx Copay \$0 Select Drugs (9PD1)	Anthem Silver Pathway Essentials X HMO 5000 \$0 Select Drugs (9BJC)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$5,650	\$6,500	\$5,000
Individual out-of-pocket maximum	\$9,450	\$7,800	\$8,000
Coinsurance (may vary for certain covered services)	40%	40%	35%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$50 copay pervisit for first 2 visits, then deductible and 40% coinsurance	\$40 copay	\$35 copay
Primary and urgent care visits: virtual care-only providers ³	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then 40% coinsurance	\$80 copay	Deductible, then 35% coinsurance
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 35% coinsurance
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then \$250 copay and 40% coinsurance	Deductible, then \$500 copay and 50% coinsurance	Deductible, then 35% coinsurance
Urgent care (other office services may be subject to deductible and plan coinsurance)	\$75 copay	\$75 copay	\$80 copay
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then \$300 copay and 40% coinsurance	Deductible, then \$600 copay and 40% coinsurance	Deductible, then 35% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then \$1,000 copay per admission and 40% coinsurance	Deductible, then \$1,000 copay per admission and 40% coinsurance	Deductible, then 35% coinsurance
Hospital:outpatientsurgeryhospitalfacility (includes maternity , mental health/ substance use)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 35% coinsurance
Pharmacy deductible (tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$30 copay / \$45 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$75 copay / \$90 copay	\$70 copay / \$85 copay	\$40 copay / \$55 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$150 copay / \$160 copay	\$110 copay / \$125 copay	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	\$650 copay / \$660 copay	\$620 copay / \$635 copay	50% coinsurance / 65% coinsurance
Physical and occupational therapy ² (limits apply)	\$50 copay per visit for first 2 visits, then deductible and 40% coinsurance	\$40 copay	\$35 copay
Speech therapy ² (limits apply)	\$50 copay per visit for first 2 visits, then deductible and 40% coinsurance	\$40 copay	\$35 copay

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type	Silver plans			
	НМО			
Plan name	Anthem Silver Pathway Essentials X HMO 3500 Rx Copay \$0 Select Drugs (9PBJ)	Anthem Silver Pathway Essentials X HMO 3200 for HSA (9PE5)	Anthem Silver Pathway Essentials X HMO 2800 \$0 Select Drugs (9BK4)	
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials	
Plan includes out-of-network coverage?	No	No	No	
Individual deductible	\$3,500	\$3,200	\$2,800	
Individual out-of-pocket maximum	\$9,450	\$6,800	\$9,450	
Coinsurance (may vary for certain covered services)	15%	20%	30%	
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance	\$10 copay	
Primary and urgent care visits: virtual care-only providers ³	Covered in full	Deductible, then covered in full	Covered in full	
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$500 copay and 40% coinsurance	Deductible, then \$250 copay and 30% coinsurance	
Urgent care (other office services may be subject to deductible and plan coinsurance)	\$75 copay	Deductible, then 20% coinsurance	\$75 copay	
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$350 copay and 30% coinsurance	
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then \$500 copay per admission and 30% coinsurance	Deductible, then \$500 copay per admission and 40% coinsurance	Deductible, then \$500 copay per admission and 30% coinsurance	
Hospital:outpatientsurgeryhospitalfacility (includes maternity , mental health/ substance use)	Deductible, then 15% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	
Pharmacy deductible (tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$10 copay	20% coinsurance / 35% coinsurance	30% coinsurance / 45% coinsurance	
Retail pharmacy tier 2: Level 1 / Level 2	\$70 copay / \$85 copay	20% coinsurance / 35% coinsurance	30% coinsurance / 45% coinsurance	
Retail pharmacy tier 3: Level 1 / Level 2	\$100 copay / \$115 copay	30% coinsurance / 40% coinsurance	30% coinsurance / 50% coinsurance	
Retail pharmacy tier 4: Level 1 / Level 2	\$670 copay / \$685 copay	30% coinsurance / 50% coinsurance	30% coinsurance / 50% coinsurance	
Physical and occupational therapy ² (limits apply)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance	\$10 copay	
Speech therapy ² (limits apply)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	Deductible, then 20% coinsurance	\$10 copay	

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Plan type HM0 Plan name AnthemCatastrophicPathwayEssentials X HM0 9450 (9PBK) Network name Pathway Essentials Plan includes out-of-network coverage? No Individual deductible \$9,450 Individual out-of-pocket maximum \$9,450 Coinsurance (may vary for certain covered services) O% Preventive care' No additional cost to you. Office and virtual visit: primary care physician (PCP) \$55 copay per visit for first 3 visits, then deductible and 0% coinsurance Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance) Deductible, then covered in full Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance) Deductible, then covered in full Outpatient diagnostic tests (ex. X-ray, EKG) Deductible, then covered in full Outpatient advanced diagnostic tests (ex. MRI, CT scan) Deductible, then covered in full Outpatient advanced diagnostic tests (ex. MRI, CT scan) Deductible, then covered in full Nospital: inpatient admission (includes maternity, mental health/substance use) Deductible, then covered in full Hospital: inpatient admission (includes maternity, mental health/substance use) Deductible, then covered i	Plantuno	Catastrophic plans		
Network nameX HMO 9450 (9PBK)Network namePathway EssentialsPlan includes out-of-network coverage?NoIndividual deductible\$9,450Individual out-of-pocket maximum\$9,450Coinsurance0%(may vary for certain covered services)No additional cost to you.Preventive care ¹ No additional cost to you.Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)Deductible, then covered in fullOffice and online visit: specialist (other office services may be subject to deductible and plan coinsurance)Deductible, then covered in fullOffice and online visit: specialist (other office services may be subject to deductible and plan coinsurance)Deductible, then covered in fullOutpatient diagnostic tests (ex. X-ray, EKG)Deductible, then covered in fullOutpatient diagnostic tests (ex. X-ray, EKG)Deductible, then covered in fullOutpatient dayanced diagnostic tests (ex. MRI, CT scan)Deductible, then covered in fullUrgent care (other office services may be subject to deductible and plan coinsurance)Deductible, then covered in fullHospital: inpatient admission (includes maternity, mental health/substance use)Deductible, then covered in fullHospital: inpatient admission (includes maternity, mental health/substance use)Level 1 / Level 2 Pharmacy Tiers 1,2,3,4:Medical deductible appliesRetail pharmacy tier 1: Level 1 / Level 2Oveinsurance / 0% coinsuranceO% coinsurance / 0% coinsuranceRetail pharmacy tier 3: Level 1 / Level 2 <th>Γιαπ ιγμε</th> <th>НМО</th>	Γιαπ ιγμε	НМО		
Plan includes out-of-network coverage?NoIndividual deductible\$9,450Individual out-of-pocket maximum\$9,450Coinsurance0%(may vary for certain covered services)0%Preventive care'No additional cost to you.Office and virtual visit: primary care physician (PCP)\$55 copay per visit for first 3 visits, then deductible and plan coinsurance)Primary and urgent care visits: virtual care-only providers'Deductible, then covered in fullOffice and online visit: specialist (other office services may be subject to deductible and plan coinsurance)Deductible, then covered in fullOutpatient diagnostic tests (ex. X-ray, EKG) outpatient diagnostic tests (ex. X-ray, EKG)Deductible, then covered in fullOutpatient diagnostic tests (ex. X-ray, EKG) subject to deductible and plan coinsurance)Deductible, then covered in fullOutpatient diagnostic tests (ex. X-ray, EKG) subject to deductible and plan coinsurance)Deductible, then covered in fullOutpatient diagnostic tests (ex. X-ray, EKG) subject to deductible and plan coinsurance)Deductible, then covered in fullOutpatient from the emergency room subject to deductible and plan coinsurance)Deductible, then covered in fullHospital: inpatient admission (includes maternity, mental health/substance use)Deductible, then covered in fullHospital: outpatientsurgeryhospitalfacility (includes maternity, mental health/< substance use)Deductible, then covered in fullHospital: inpatient admission (includes maternity, mental health/Deductible, then covered in fullHospital: hparmacy tier	Plan name			
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Speech therapy ² (limits apply) Deductible, then covered in full		Deductible, then covered in full		
	Speech therapy ² (limits apply)	Deductible, then covered in full		



Pathway Standard is offered in all counties except Adams, Arapahoe, Archuleta, Boulder, Broomfield, Clear Creek, Denver, Douglas, Eagle, Elbert, Gilpin, Jefferson, La Plata, Mesa, Moffat, Montezuma, Park, Rio Blanco, Routt, and Summit counties. Mountain Enhanced Standard plans are offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Pathway Essentials Standard is offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties.

Plan type	Bronze plans	Silver plans	Gold plans
пап црс		НМО	
Plan name	Anthem Colorado Option Bronze Pathway Essentials Std (9PC6)	Anthem Colorado Option Silver Pathway Essentials Std (9BJR)	Anthem Colorado Option Gold Pathway Essentials Std (9PB3)
Network name	Pathway Essentials Standard	Pathway Essentials Standard	Pathway Essentials Standard
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$7,500	\$4,750	\$1,700
Individual out-of-pocket maximum	\$9,450	\$9,450	\$8,700
Coinsurance (may vary for certain covered services)	50%	40%	30%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (other office services may be subject to deductible and plan coinsurance)	\$0 copay per visit for first 3 visits, then deductible, then \$50 copay	\$0 copay	\$0 copay
Primary and urgent care visits: virtual care-only providers ³	\$0 copay	\$0 copay	\$0 copay
Office and online visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then 50% coinsurance	\$80 copay	\$50 copay
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Urgent care (other office services may be subject to deductible and plan coinsurance)	Deductible, then 50% coinsurance	\$80 copay	\$50 copay
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health/ substance use)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Pharmacy deductible (tiers with deductible, cost share applies after deductible)	Tiers 1,2,3,4: No deductible	Tiers 1,2,3,4: No deductible	Tiers 1,2,3,4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	\$30 copay	\$20 copay	\$10 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$200 copay	\$125 copay	\$50 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$350 copay	\$300 copay	\$200 copay
Retail pharmacy tier 4: Level 1 / Level 2	\$700 copay	\$650 copay	\$600 copay
Physical and occupational therapy ² (limits apply)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Speech therapy ² (limits apply)	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance

Dental benefits included within these medical plans

Pediatric dental benefits are included with all of our medical plans for individuals until the end of the month in which they turn 19. Plans that include embedded adult dental benefits would be subject to benefits listed below in the adults age 19+ column. Coverage includes preventive care, fillings and some other major services like medically necessary orthodontia.

- Shared deductible for medical and dental services
- Shared out-of-pocket maximum for medical and dental services

	Medical plans		
Cost shares show what the member pays	Members age 18 and younger	Adults age 19+	
	In-network	In-network	
Dental network	Dental Prime	Dental Prime	
Deductible	Dental services subject to the medical deductible		
Annual maximum (per person)	None	Not covered	
Annual out-of-pocket maximum	Combined with medical		
Diagnostic and preventive	No waiting period		
Cleaning, exams, x-rays	0% coinsurance	Not covered	
Basic services	No waiting period		
Fillings	50% coinsurance	Not covered	
Complex and major services	No waiting period		
Endodontic	50% coinsurance	Not covered	
Periodontic	Not covered	Not covered	
Oral surgery	50% coinsurance	Not covered	
Major restorative	50% coinsurance	Not covered	
Medically necessary orthodontia ²	50% coinsurance	Not covered	
Cosmetic orthodontia	Not covered	Not covered	

1 For medical plans where the deductible equals the out-of-pocket maximum, any services subject to the deductible have coinsurance of 0% after deductible.

2 Orthodontia is usually considered dentally necessary when a child's teeth are misaligned (crooked or not spaced correctly) to the point where they don't work properly. This could cause the child to have trouble speaking or eating. Some examples would be (1) if a child can't bite into an apple because they can't close their front teeth together or (2) if a child bites into the gum tissue of the palate (roof of the mouth) when trying to bite down.

Vision benefits included within these medical plans

The following vision care services are covered for members until the end of the month in which they turn 19. Plans that include embedded adult vision benefits would be subject to benefits listed below in the adults age 19+ column. Coverage may include eye exams, eyeglass lenses, frames, and contact lenses. The benefit period is the calendar year (January 1 through December 31).

If you purchase a Catastrophic plan, you must meet your medical deductible before pediatric vision benefits are paid.

	CO - P2			
Cost shares show what the member	Members age	18 and younger	Adult	s 19+
pays	Benefit Frequency	Cost share In-network	Benefit Frequency	Cost share In-network
Eye exam	Once every benefit period	\$0 copay		Not covered
Lenses ¹				
Single, bifocal, and trifocal	Once every benefit period	\$0 copay		Not covered
Standard progressive	Once every benefit period	\$0 copay		Not covered
Frames ¹	Once every benefit period	Anthem formulary		Not covered
Contact lenses				
Non-elective ²	N/A	\$0 copay		Not covered
Elective/disposable ²	N/A	Anthem formulary		Not covered
Low vision services				
Low vision optical/ non-optical or supplemental aids	N/A	Not covered (benefits are only available when received from Blue View Vision providers)		Not covered (benefits are only available when received from Blue View Vision providers)

1 A collection of frames and lenses that can be purchased for a \$0 copay (may differ by provider).

2 Benefits for contact lenses are in lieu of the eyeglass lens benefit. If you receive contact lenses, no benefit will be available for eyeglass lenses until the next benefit period

Vision benefits included within these medical plans

The following vision care services are covered for members until the end of the month in which they turn 19. Plans that include embedded adult vision benefits would be subject to benefits listed below in the adults age 19+ column. Coverage may include eye exams, eyeglass lenses, frames, and contact lenses. The benefit period is the calendar year (January 1 through December 31).

If you purchase a Catastrophic plan, you must meet your medical deductible before pediatric vision benefits are paid.

	CO - CAT - P6			
Cost shares show what the member	Members age	18 and younger	Adult	s 19+
pays	Benefit Frequency	Cost share In-network	Benefit Frequency	Cost share In-network
Eye exam	Once every benefit period	\$0 copay		Not covered
Lenses ¹				
Single, bifocal, and trifocal	Once every benefit period	\$0 copay		Not covered
Standard progressive	Once every benefit period	\$0 copay		Not covered
Frames ¹	Once every benefit period	e every benefit period Anthem formulary		Not covered
Contact lenses				
Non-elective ²	N/A	\$0 copay		Not covered
Elective/disposable ²	N/A	Anthem formulary		Not covered
Low vision services				
Low vision optical/ non-optical or supplemental aids	N/A	Not covered (benefits are only available when received from Blue View Vision providers)		Not covered (benefits are only available when received from Blue View Vision providers)

1 A collection of frames and lenses that can be purchased for a \$0 copay (may differ by provider).

2 Benefits for contact lenses are in lieu of the eyeglass lens benefit. If you receive contact lenses, no benefit will be available for eyeglass lenses until the next benefit period

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

	Anthem Silver Mountain Enhanced X HMO 6500 Rx Copay \$0 Select Drugs (9BKE)			
Plan name	Anthem Silver Mountain Enhanced X HMO 4500 SO4 Rx Copay \$0 Select Drugs (9PDB)	Anthem Silver Mountain Enhanced X HMO 800 S05 Rx Copay \$0 Select Drugs (9BJ7)	Anthem Silver Mountain Enhanced X HMO 50 SO6 Rx Copay \$0 Select Drugs (9PEA)	
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	
Plan includes out-of-network coverage?	No	No	No	
Individual deductible	\$4,500	\$800	\$50	
Individual out-of-pocket maximum	\$7,550	\$2,600	\$700	
Coinsurance (may vary for certain covered services)	40%	40%	40%	
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$10 copay	\$5 copay	\$5 copay	
Primary and urgent care visits: Virtual care-only providers ³	Covered in full	Covered in full	Covered in full	
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	\$80 copay	\$50 copay	\$50 copay	
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$250 copay and 50% coinsurance	Deductible, then \$100 copay and 50% coinsurance	
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$75 copay	\$75 copay	\$75 copay	
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$600 copay and 40% coinsurance	Deductible, then \$250 copay and 40% coinsurance	Deductible, then \$100 copay and 40% coinsurance	
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$750 copay per admission and 40% coinsurance	Deductible, then \$250 copay per admission and 40% coinsurance	Deductible, then \$100 copay per admission and 40% coinsurance	
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	
Retail pharmacy tier 2: Level 1 / Level 2	\$70 copay / \$85 copay	\$30 copay / \$45 copay	\$25 copay / \$40 copay	
Retail pharmacy tier 3: Level 1 / Level 2	\$110 copay / \$125 copay	\$70 copay / \$85 copay	\$65 copay / \$80 copay	
Retail pharmacy tier 4: Level 1 / Level 2	\$620 copay / \$635 copay	\$450 copay / \$465 copay	\$300 copay / \$315 copay	
Physical and occupational therapy ² (limits apply)	\$10 copay	\$5 copay	\$5 copay	
Speech therapy ^{2} (limits apply)	\$10 copay	\$5 copay	\$5 copay	

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Anthem Silver Mountain Enhanced X HMO 5000 \$0 Select Drugs (9B			
Plan name	Anthem Silver Mountain Enhanced X HMO 3500 SO4 \$0 Select Drugs (9BKD)	Anthem Silver Mountain Enhanced X HMO 1000 S05 \$0 Select Drugs (9BC5)	Anthem Silver Mountain Enhanced X HMO 100 S06 \$0 Select Drugs (9BKP)
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$3,500	\$1,000	\$100
Individual out-of-pocket maximum	\$7,475	\$2,200	\$750
Coinsurance (may vary for certain covered services)	35%	35%	35%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$35 copay	\$25 copay	\$5 copay
Primary and urgent care visits: Virtual care-only providers ³	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health / substance use)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$55 copay	\$40 copay / \$55 copay	\$40 copay / \$55 copay
Retail pharmacy tier 3: Level 1 / Level 2	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	50% coinsurance / 65% coinsurance	50% coinsurance / 65% coinsurance	50% coinsurance / 65% coinsurance
Physical and occupational therapy ² (limits apply)	\$35 copay	\$25 copay	\$5 copay
Speech therapy ² (limits apply)	\$35 copay	\$25 copay	\$5 copay

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

Pathway Standard is offered in all counties except Adams, Arapahoe, Archuleta, Boulder, Broomfield, Clear Creek, Denver, Douglas, Eagle, Elbert, Gilpin, Jefferson, La Plata, Mesa, Moffat, Montezuma, Park, Rio Blanco, Routt, and Summit counties. Mountain Enhanced Standard plans are offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties. Pathway Essentials Standard is offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties.

Plan name Inthem Colorado Option Silver 73% Mountain Enhanced Std (9PDU) Anthem Colorado Option Silver 87% Mountain Enhanced Std (9PCV) Anthem Colorado Option Silver 87% Mountain Enhanced Sta (9PCV) Network name Mountain Enhanced Sta (9PDU) Mountain Enhanced Sta (9PCV) Mountain Enhanced Sta (9PCV) Plan includes out-of-network coverage? No No No No Individual ductorie \$3,450 \$800 \$100 \$100 Coinsurance (may vary for certain covered services) 7450 \$3,150 \$1,100 Coinsurance Preventive care' Mo additional cost to you. No additional co		Anthem Colorado Option Silver Mountain Enhanced Std (9PE2)			
Plan includes out-of-network coverage?NoNoNoNoIndividual deut-of-necket maximum\$7,450\$30.00\$10.00Coinsurance (may vay for certain coveral services)40%30%20%Preventive care'No additional cost to you.No additional cost to you.No additional cost to you.Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)\$0 copay\$0 copay\$0 copayPrimary and urgent care visits: Virtual care-only providers'\$0 copay\$0 copay\$0 copayOffice and virtual visit: primary care physican (PCP) (Other office services may be subject to deductible and plan coinsurance)\$0 copay\$0 copay\$0 copayOffice and virtual visit: primary care physican (PCP)\$0 copay\$0 copay\$0 copay\$0 copayOffice and visit: specialist (Other office services may be subject to deductible, then 40% coinsurance Deductible, then 30% coinsuranceDeductible, then 20% coinsuranceOutpatient dayanced diagnostic tests (Ex. X-ray, EKØ 	Plan name				
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MRi, CT scan)Image: CT scan, CT	Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
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(includes maternity, mental health / substance use)Image: Substance useImage: Substance use <td>• •</td> <td>Deductible, then 40% coinsurance</td> <td>Deductible, then 30% coinsurance</td> <td>Deductible, then 20% coinsurance</td>	• •	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
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Retail pharmacy tier 3: Level 1 / Level 2\$300 copay\$120 copay\$40 copayRetail pharmacy tier 4: Level 1 / Level 2\$600 copay\$180 copay\$60 copayPhysical and occupational therapy2 (limits apply)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsurance	Retail pharmacy tier 1: Level 1 / Level 2	\$20 copay	\$0 copay	\$0 copay	
Retail pharmacy tier 4: Level 1 / Level 2\$600 copay\$180 copay\$60 copayPhysical and occupational therapy2 (limits apply)Deductible, then 40% coinsurance Deductible, then 30% coinsuranceDeductible, then 20% coinsurance	Retail pharmacy tier 2: Level 1 / Level 2	\$125 copay	\$60 copay	\$20 copay	
Physical and occupational therapy ² (limits apply) Deductible, then 40% coinsurance Deductible, then 30% coinsurance Deductible, then 20% coinsurance	Retail pharmacy tier 3: Level 1 / Level 2	\$300 copay	\$120 copay	\$40 copay	
apply)	Retail pharmacy tier 4: Level 1 / Level 2	\$600 copay	\$180 copay	\$60 copay	
Speech therapy2 (limits apply)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsurance		Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
	Speech therapy ² (limits apply)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

	Anthem Silver Mountain Enhanced X HMO 3500 Rx Copay \$0 Select Drugs			
Plan name	Anthem Silver Mountain Enhanced X HMO 3100 SO4 Rx Copay \$0 Select Drugs (9PE6)	Anthem Silver Mountain Enhanced X HMO 800 S05 Rx Copay \$0 Select Drugs (9PDG)	Anthem Silver Mountain Enhanced X HMO 75 SO6 Rx Copay \$0 Select Drugs (9BHX)	
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	
Plan includes out-of-network coverage?	No	No	No	
Individual deductible	\$3,100	\$800	\$75	
Individual out-of-pocket maximum	\$6,650	\$2,600	\$950	
Coinsurance (may vary for certain covered services)	15%	15%	15%	
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	\$25 copay pervisit for first 3 visits, then deductible and 15% coinsurance	\$10 copay	
Primary and urgent care visits: Virtual care-only providers ³	Covered in full	Covered in full	Covered in full	
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance	
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	\$50 copay	
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$100 copay and 15% coinsurance	Deductible, then \$75 copay and 15% coinsurance	
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$500 copay per admission and 30% coinsurance	Deductible, then \$250 copay per admission and 30% coinsurance	Deductible, then \$150 copay per admission and 30% coinsurance	
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health / substance use)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$10 copay	\$5 copay / \$10 copay	\$5 copay / \$10 copay	
Retail pharmacy tier 2: Level 1 / Level 2	\$70 copay / \$85 copay	\$30 copay / \$45 copay	\$30 copay / \$45 copay	
Retail pharmacy tier 3: Level 1 / Level 2	\$100 copay / \$115 copay	\$75 copay / \$90 copay	\$60 copay / \$75 copay	
Retail pharmacy tier 4: Level 1 / Level 2	\$500 copay / \$515 copay	\$500 copay / \$515 copay	\$250 copay / \$265 copay	
Physical and occupational therapy ² (limits apply)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	\$25 copay per visit for first 3 visits, then deductible and 15% coinsurance	\$10 сорау	
Speech therapy ² (limits apply)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	\$25 copay per visit for first 3 visits, then deductible and 15% coinsurance	\$10 сорау	

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

HM0 2800 S04 S0 Select Drugs (BLS)HM0 1000 S05 S0 Select Drugs (BKO)Anthem Silver Mountain Enhanced M HM0 25 S08 S0 Select Drugs (9PC8)Network nameMountain EnhancedMountain EnhancedMountain EnhancedMountain EnhancedMountain EnhancedPlan includes out-of-network coverage 7NoNoNoIndividual deductible\$2,800\$1,000\$25Individual out-of-pocker maximum\$5,850\$1,950\$1,000ColsuranceColsurance20%20%ColsuranceColsurance20%0Office and virtual visit primary care byscicin (PCP)No additional cost to you.No additional cost to you.No additional cost to you.Office and virtual visit primary care byscicin (PCP)Deductible, then 20% coinsuranceDeductible, then 20% coinsuranceDeductible, then 20% coinsuranceOffice and online visit specialist deductible and plan coinsuranceCovered in fullCovered in fullCovered in fullCare-only providers'Deductible, then 20% coinsuranceDeductible, then 20% coinsuranceDeductible, then 20% coinsuranceOutpatient advanced diagnostic tests (Ex. Other office services may be subject to deductible and plan coinsuranceDeductible, then 20% coinsuranceDeductible, then 20% coinsuranceOutpatient diagnostic tests (Ex. Yary, FK)Deductible, then 20% coinsuranceDeductible, then 20% coinsuranceOutpatient diagnostic tests (Ex. Yary, FK)Deductible, then 20% coinsuranceDeductible, then 20% coinsuranceOutpatient diagnostic tests (Ex. Yary, FK)Deductible, then 20% coinsur		Anthem Silver Mountain Enhanced X HMO 3200 for HSA (9PAY)			
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(may vary for certain covered services)Indext (indext	Individual out-of-pocket maximum	\$5,850	\$1,950	\$1,000	
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	apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	
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Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

	Anthem Silver Mountain Enhanced X HMO 2800 \$0 Select Drugs (9PEC)			
Plan name	Anthem Silver Mountain Enhanced X HMO 2800 SO4 \$0 Select Drugs (9BJ3)	Anthem Silver Mountain Enhanced X HMO 700 S05 \$0 Select Drugs (9PAU)	Anthem Silver Mountain Enhanced X HMO 50 S06 \$0 Select Drugs (9PE3)	
Network name	Mountain Enhanced	Mountain Enhanced	Mountain Enhanced	
Plan includes out-of-network coverage?	No	No	No	
Individual deductible	\$2,800	\$700	\$50	
Individual out-of-pocket maximum	\$7,550	\$2,700	\$900	
Coinsurance (may vary for certain covered services)	25%	25%	25%	
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$10 copay	\$10 copay	\$10 copay	
Primary and urgent care visits: Virtual care-only providers ³	Covered in full	Covered in full	Covered in full	
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$250 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance	
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	\$50 copay	
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$75 copay and 25% coinsurance	Deductible, then \$75 copay and 25% coinsurance	
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$500 copay per admission and 30% coinsurance	Deductible, then \$250 copay per admission and 30% coinsurance	Deductible, then \$150 copay per admission and 30% coinsurance	
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	
Retail pharmacy tier 1: Level 1 / Level 2	25% coinsurance / 40% coinsurance	25% coinsurance / 40% coinsurance	25% coinsurance / 40% coinsurance	
Retail pharmacy tier 2: Level 1 / Level 2	25% coinsurance / 40% coinsurance	25% coinsurance / 40% coinsurance	25% coinsurance / 40% coinsurance	
Retail pharmacy tier 3: Level 1 / Level 2	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	
Retail pharmacy tier 4: Level 1 / Level 2	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	
Physical and occupational therapy ² (limits apply)	\$10 copay	\$10 copay	\$10 copay	
Speech therapy ² (limits apply)	\$10 copay	\$10 copay	\$10 copay	
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S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

	Anthem Silver Pathway X HMO 6500 Rx Copay \$0 Select Drugs (9BKZ)			
Plan name	Anthem Silver Pathway X HMO 4500 SO4 Rx Copay \$0 Select Drugs (9PBA)	Anthem Silver Pathway X HMO 800 S05 RxCopay \$0 Select Drugs (9PBE)	Anthem Silver Pathway X HMO 50 SO6 Rx Copay \$0 Select Drugs (9PCZ)	
Network name	Pathway	Pathway	Pathway	
Plan includes out-of-network coverage?	No	No	No	
Individual deductible	\$4,500	\$800	\$50	
Individual out-of-pocket maximum	\$7,550	\$2,600	\$700	
Coinsurance (may vary for certain covered services)	40%	40%	40%	
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$10 copay	\$5 copay	\$5 copay	
Primary and urgent care visits: Virtual care-only providers ³	Covered in full	Covered in full	Covered in full	
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	\$80 copay	\$50 copay	\$50 copay	
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$250 copay and 50% coinsurance	Deductible, then \$100 copay and 50% coinsurance	
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$75 copay	\$75 copay	\$75 copay	
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$600 copay and 40% coinsurance	Deductible, then \$250 copay and 40% coinsurance	Deductible, then \$100 copay and 40% coinsurance	
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$750 copay per admission and 40% coinsurance	Deductible, then \$250 copay per admission and 40% coinsurance	Deductible, then \$100 copay per admission and 40% coinsurance	
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay	
Retail pharmacy tier 2: Level 1 / Level 2	\$70 copay / \$85 copay	\$30 copay / \$45 copay	\$25 copay / \$40 copay	
Retail pharmacy tier 3: Level 1 / Level 2	\$110 copay / \$125 copay	\$70 copay / \$85 copay	\$65 copay / \$80 copay	
Retail pharmacy tier 4: Level 1 / Level 2	\$620 copay / \$635 copay	\$450 copay / \$465 copay	\$300 copay / \$315 copay	
Physical and occupational therapy ² (limits apply)	\$10 copay	\$5 copay	\$5 copay	
Speech therapy ² (limits apply)	\$10 copay	\$5 copay	\$5 copay	
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S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

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Detwork namePathwaySU5 S0 Select Drugs (9B2)1SU5 S0 Select Drugs (9B2)3SU5 S0 Select Drugs (9PE)3Network namePathwayPathwayPathwayPathwayPlan includes out-of-network coverage?NoNoNoNoIndividual dout-of-pocket maximum\$7.475\$2.200\$750Cinisurance35%35%35%35%Preventive care'No additional cost to you.No additional cost to you.No additional cost to you.Office and virtual visit primary care physician (PCP)So copay\$35 copay\$5 copayPrimary and ugent care visits: Virtual care-only providers'Covered in fullCovered in fullCovered in fullOffice and virtual visit primary care physician (PCP)Deductible, then 35% coinsuranceDeductible, then 35% coinsuranceOffice and virtual visits: Virtual care-only providers'Deductible, then 35% coinsuranceDeductible, then 35% coinsuranceOutpattent digenostic tests (EX, Xray, KRG) (Other office services may be subject to deductible, then 35% coinsuranceDeductible, then 35% coinsuranceOutpattent digenostic tests (EX, MRI, CT scan)Deductible, then 35% coinsuranceDeductible, then 35% coinsuranceOutpattent digenostic tests (EX, Xray, KRG) (Copay, fapticat admitad (nith the hospital framithe then) substance use)Deductible, then 35% coinsuranceDeductible and plan coinsurance (Copay, fapticate admitad) (nith the hospital framithe then) substance use)Deductible, then 35% coinsuranceDeductible, then 35% coinsuranceDeductible, then 35% coinsurance (Anthem Silver Pathway X HMO 5000 \$0 Select Drugs (9PCJ)		
Plan Includes out-of-network coverage? No No No Individual dout-of-pocket maximum \$3,500 \$1,000 \$100 Individual out-of-pocket maximum \$7,475 \$2,200 \$750 Coinsurance (may vary for certain covered services) 35% 35% 35% 35% Preventive care' No additional cost to you. Office and virtual visit: primary care physician (PCP) \$35 copay \$25 copay \$5 copay Office and virtual visit: primary care physician (PCP) Covered in full Covered in full Covered in full Corear-only providers' Deductible, then 35% coinsurance Deductible, then 35% coinsurance Deductible, then 35% coinsurance Office and virtual visit: primary care physician (Cr) Deductible, then 35% coinsurance Deductible, then 35% coinsurance Deductible, then 35% coinsurance Outpatter advanced diagnostic tests (Ex. X-ray, EK3) Deductible, then 35% coinsurance Deductible, then 35% coinsurance Deductible, then 35% coinsurance Upgent care (Copay, fapplicable, waved flammited indo the hospital formation signance) Deductible, then 35% coinsurance Deductible, then 35% coinsurance Deductible and plan coinsurance signa Deductible, then 35% coinsurance Deductible, then 35% coinsurance Deductible, then 35% co	Pian name	Anthem Silver Pathway X HMO 3500 SO4 \$0 Select Drugs (9BJ1)		
Individual deductible\$3,500\$1,000\$100Individual out-of-pocket maximum\$7,475\$2,200\$750Coinsurance (may vary for certain covered services)35%35%35%35%Preventive care'No additional cost to you.No additional cost to you.No additional cost to you.No additional cost to you.Office and virtual visits primary care ofdered mitual visits primary and urgent care visits. Virtual deductible and plan coinsurance)Covered in fullCovered in fullOffice and virtual visits primary and urgent care visits. Virtual deductible and plan coinsurance)Covered in fullCovered in fullOffice and virtual visits primary and urgent care visits. Virtual deductible and plan coinsurance)Covered in fullCovered in fullOffice and virtual vanced diagnostic tests [EX, Xray, EK0 deductible, then 35% coinsuranceDeductible, then 35% coinsuranceDeductible, then 35% coinsuranceOutpatient davanced diagnostic tests [EX, Xray, EK0 deductible, then 35% coinsuranceDeductible, then 35% coinsuranceDeductible, then 35% coinsuranceUrgent care (Corpay, if applicable, waived if admitted into inte hospital from the emergency room care (Corpay, if applicable, waived if admitted into beductible, then 35% coinsuranceDeductible, then 35% coinsurancePhospital inpatient admission (includes maternity, mental health / substance use)Deductible, then 35% coinsuranceDeductible, then 35% coinsurancePhospital inpatient admission (includes maternity, mental health / substance use)Deductible, then 35% coinsuranceDeductible, then 35% coinsurancePhospit	Network name	Pathway	Pathway	Pathway
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(may vary for certain covered services)No additional cost to you.No additional cost to	Individual out-of-pocket maximum	\$7,475	\$2,200	\$750
Office and virtual visit: primary care physician (PCP)\$35 copay\$25 copay\$5 copayOffice and virtual visit: primary care physician (PCP)Sovered in fullCovered in fullCovered in fullCovered in fullOffice and online visit: specialist (Other office services may be subject to deductible, then 35% coinsurance)Deductible, then 35% coinsuranceDeductible, then 35% coinsuranceDeductible, then 35% coinsuranceOffice and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)Deductible, then 35% coinsuranceDeductible, then 35% coinsuranceDeductible, then 35% coinsuranceOutpatient advanced diagnostic tests (Ex. X-ray, EKG)Deductible, then 35% coinsuranceDeductible, then 35% coinsuranceDeductible, then 35% coinsuranceUrgent care (Copay, if applicable, waived if admitted into the hospital from the emergency room)Deductible, then 35% coinsuranceDeductible, then 35% coinsuranceDeductible, then 35% coinsuranceHospital: inpatient admission (includes maternity, mental health / substance use)Deductible, then 35% coinsuranceDeductible, then 35% coinsuranceDeductible, then 35% coinsurancePharmacy deductible after deductibleLevel 1 / Level 2 Pharmacy Tiers 3.4: Medical deductible appliesLevel 1 / Level 2 Pharmacy Tiers 3.4: Medical deductible appliesRetail pharmacy tier 3: Level 1 / Level 2\$40 copay (\$55 copay\$40 copay (\$55 copay\$40 copay (\$55 copayRetail pharmacy tier 3: Level 1 / Level 2\$50 coinsurance / 50% coinsurance50% coinsurance / 50% coinsurance50% coinsurance / 50% coinsurance		35%	35%	35%
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(Other office services may be subject to deductible and plan coinsurance)Deductible, then 35% coinsuranceDeductible, then 35% coinsuranceOutpatient diagnostic tests (Ex. X-ray, EKG) Outpatient advanced diagnostic tests (Ex.Deductible, then 35% coinsuranceDeductible, then 35% coinsuranceDeductible, then 35% coinsuranceOutpatient diagnostic tests (Ex. X-ray, EKG) MRI, CT scan)Deductible, then 35% coinsuranceDeductible, then 35% coinsuranceDeductible, then 35% coinsuranceUrgent care 	Primary and urgent care visits: Virtual care-only providers ³	Covered in full	Covered in full	Covered in full
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)Deductible, then 35% coinsuranceDeductible, then 35% coinsuranceUrgent care (Other office services may be subject to deductible and plan coinsurance)\$50 copay\$50 copay\$50 copayEmergency room care (Copay, if applicable, waived if admitted into the hospital inpatient admission (includes maternity, mental health / substance use)Deductible, then 35% coinsuranceDeductible, then 35% coinsuranceDeductible, then 35% coinsuranceHospital: inpatient admission (includes maternity, mental health / substance use)Deductible, then 35% coinsuranceDeductible, then 35% coinsuranceDeductible, then 35% coinsurancePharmacy deductible (for tiers with deductible), cost share applies after deductible)Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible appliesLevel 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible appliesLevel 1 / Level 2 Pharmacy Tiers 3,4: Medical deductible appliesRetail pharmacy tier 1: Level 1 / Level 2\$5 copay\$5 copay\$5 copayRetail pharmacy tier 3: Level 1 / Level 2\$5% coinsurance / 50% coinsurance25% coinsurance / 50% coinsurance / 55% coinsuranc	(Other office services may be subject to	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
MRi, CT scan)Image: CT scan, CT	Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
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Retail pharmacy tier 3: Level 1 / Level 235% coinsurance / 50% coinsurance35% coinsurance / 50% coinsuranceRetail pharmacy tier 4: Level 1 / Level 250% coinsurance / 65% coinsurance50% coinsurance / 65% coinsurancePhysical and occupational therapy2\$35 copay\$25 copay\$5 copay	Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 4: Level 1 / Level 2 50% coinsurance / 65% coinsurance 50% coinsurance / 65% coinsurance 50% coinsurance / 65% coinsurance Physical and occupational therapy ² (limits apply) \$35 copay \$25 copay \$5 copay	Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$55 copay	\$40 copay / \$55 copay	\$40 copay / \$55 copay
Physical and occupational therapy ² (limits \$35 copay apply) \$35 copay \$25 copay \$5 copay	Retail pharmacy tier 3: Level 1 / Level 2	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance
apply)	Retail pharmacy tier 4: Level 1 / Level 2	50% coinsurance / 65% coinsurance	50% coinsurance / 65% coinsurance	50% coinsurance / 65% coinsurance
Speech therapy ² (limits apply) \$35 copay \$25 copay \$5 copay		\$35 copay	\$25 copay	\$5 copay
	Speech therapy ² (limits apply)	\$35 copay	\$25 copay	\$5 copay

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Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

	Anthem Silver Pathway X HMO 3500 Rx Copay \$0 Select Drugs (9BL4)		
Plan name	Anthem Silver Pathway X HMO 3100 SO4 Rx Copay \$0 Select Drugs (9BKW)	Anthem Silver Pathway X HMO 800 S05 Rx Copay \$0 Select Drugs (9BJZ)	Anthem Silver Pathway X HMO 75 S06 Rx Copay \$0 Select Drugs (9PBF)
Network name	Pathway	Pathway	Pathway
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$3,100	\$800	\$75
Individual out-of-pocket maximum	\$6,650	\$2,600	\$950
Coinsurance (may vary for certain covered services)	15%	15%	15%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	\$25 copay pervisit for first 3 visits, then deductible and 15% coinsurance	\$10 copay
Primary and urgent care visits: Virtual care-only providers ³	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$100 copay and 15% coinsurance	Deductible, then \$75 copay and 15% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$500 copay per admission and 30% coinsurance	Deductible, then \$250 copay per admission and 30% coinsurance	Deductible, then \$150 copay per admission and 30% coinsurance
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health / substance use)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$10 copay	\$5 copay / \$10 copay	\$5 copay / \$10 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$70 copay / \$85 copay	\$30 copay / \$45 copay	\$30 copay / \$45 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$100 copay / \$115 copay	\$75 copay / \$90 copay	\$60 copay / \$75 copay
Retail pharmacy tier 4: Level 1 / Level 2	\$500 copay / \$515 copay	\$500 copay / \$515 copay	\$250 copay / \$265 copay
Physical and occupational therapy ² (limits apply)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	\$25 copay per visit for first 3 visits, then deductible and 15% coinsurance	\$10 copay
Speech therapy ² (limits apply)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	\$25 copay per visit for first 3 visits, then deductible and 15% coinsurance	\$10 сорау

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

	Anthem Silver Pathway X HMO 3200 for HSA (9PD4)			
Plan name	Anthem Silver Pathway X HMO 2800 SO4 \$0 Select Drugs (9BKC)	Anthem Silver Pathway X HMO 1000 S05 \$0 Select Drugs (9PCN)	Anthem Silver Pathway X HMO 25 SO6 \$0 Select Drugs (9PCT)	
Network name	Pathway	Pathway	Pathway	
Plan includes out-of-network coverage?	No	No	No	
Individual deductible	\$2,800	\$1,000	\$25	
Individual out-of-pocket maximum	\$5,850	\$1,950	\$1,000	
Coinsurance (may vary for certain covered services)	20%	20%	20%	
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	
Primary and urgent care visits: Virtual care-only providers ³	Covered in full	Covered in full	Covered in full	
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$450 copay and 40% coinsurance	Deductible, then \$300 copay and 40% coinsurance	Deductible, then \$75 copay and 40% coinsurance	
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$500 copay and 20% coinsurance	Deductible, then \$100 copay and 20% coinsurance	
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$500 copay per admission and 40% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health / substance use)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	
Retail pharmacy tier 1: Level 1 / Level 2	20% coinsurance / 35% coinsurance	20% coinsurance / 35% coinsurance	20% coinsurance / 35% coinsurance	
Retail pharmacy tier 2: Level 1 / Level 2	20% coinsurance / 35% coinsurance	20% coinsurance / 35% coinsurance	20% coinsurance / 35% coinsurance	
Retail pharmacy tier 3: Level 1 / Level 2	30% coinsurance / 40% coinsurance	30% coinsurance / 40% coinsurance	30% coinsurance / 40% coinsurance	
Retail pharmacy tier 4: Level 1 / Level 2	30% coinsurance / 50% coinsurance	30% coinsurance / 50% coinsurance	30% coinsurance / 50% coinsurance	
Physical and occupational therapy ² (limits apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	
Speech therapy ² (limits apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	
Please see Medical and Silver cost-share reduction of	ans footnotes on page 38			

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Anthem Silver Pathway X HM0 200 S04 S0 Select Drugs (1986)Anthem Silver Pathway X HM0 200 S05 S0 Select Drugs (1986)Anthem Silver Pathway X HM0 200 S05 S0 Select Drugs (1986)Network namePathwayPathwayPathwayPathwayPlan includes out-of-network coverage?NoNoNoIndividual deutcible\$2.00\$700\$50Coinsurance (may var) for certain covered services)25%25%25%Preventive care'No additional cost to you.No additional cost to you.No additional cost to you.Office and virtual visit primary care physician (PCP)\$10 copay\$10 copay\$10 copayOffice and virtual visit primary care office and virtual visit primary care office and virtual visit primary be subject to deductible, then 25% coinsuranceCovered in fullCovered in fullOffice and virtual visit primary care office and virtual visit primary be subject to deductible, then 25% coinsuranceDeductible, then 25% coinsuranceDeductible, then 25% coinsuranceOutpatient diagnostic tests (Ex. X-ray, EKØ)Deductible, then 25% coinsuranceDeductible, then \$200 copay and 25% coinsuranceDeductible, then \$200 copay and 25% coinsuranceOutpatient advanced dignostic tests (Ex. X-ray, EKØ)Deductible, then \$200 copay and 25% coinsuranceDeductible, then \$250 copayS50 copayOffore office services may be subject to deductible and plan coinsuranceDeductible, then \$200 copay and 25% coinsuranceDeductible, then \$250 copay and 25% coinsuranceDeductible, then \$250 copay and 25% coinsuranceOutpatient advanced dignostic te		Anthem Silver Pathway X HMO 2800 \$0 Select Drugs (9PDY)		
Plan Includes out-of-network coverage?NoNoNoIndividual deut-of-pocket maximum\$2,200\$700\$50Individual out-of-pocket maximum\$7,550\$2,700\$900Coinsurance25%25%25%25%(may vary for certain covered services)No additional cost to you.No additional cost to you.No additional cost to you.No additional cost to you.Office and vitual visit: primary care physician (PCP)No additional cost to you.No additional cost to you.No additional cost to you.No additional cost to you.Office and vitual visit: primary care physician (PCP)Covered in fullCovered in fullCovered in fullCore and online visit: specialist (other office services may be subject to deductible, then 25% coinsuranceDeductible, then 25% coinsuranceDeductible, then 25% coinsuranceOutpatient diagnostic tests (Ex. X-ray, EKG) deductible, then 25% coinsuranceDeductible, then 25% coinsuranceDeductible, then 25% coinsuranceOutpatient diagnostic tests (Ex. Sray, BKG) deductible, then 25% coinsuranceDeductible, then 25% coinsuranceDeductible, then 25% coinsuranceOutpatient diverse may be subject to deductible and plan coinsurance)Deductible, then 25% coinsuranceDeductible, then 25% coinsuranceCoinsurance (Corpay, fapplicable, wavei fladmitted into the hospital forward fladmitted into to insurance	Plan name			Anthem Silver Pathway X HMO 50 SO6 \$0 Select Drugs (9PB2)
Individual deductible\$2,800\$700\$50Individual out-of-pocket maximum\$7,550\$2,700\$900Coinsurance (may vary for certain covered services)25%25%25%25%Preventive care'No additional cost to you.No additional cost to you.<	Network name	Pathway	Pathway	Pathway
Individual out-of-pocket maximum\$7,550\$2,700\$900Coinsurance (may vary for certain covered services)25%25%25%25%Preventive care'No additional cost to you.No additional cost to you.No additional cost to you.No additional cost to you.Office and virtual visit primary care physician (CP) (Other office services may be subject to deductible and plan coinsurance)\$10 copay\$10 copay\$10 copayOffice and online visit specialist (Other office services may be subject to deductible and plan coinsurance)Covered in fullCovered in fullCovered in fullCorbitic and online visit specialist (Other office services may be subject to deductible, then 25% coinsuranceDeductible, then 25% coinsuranceDeductible, then 25% coinsuranceOutpatient diagnostic tests (EX MRI, CT scan)Deductible, then 25% coinsuranceDeductible, then 25% coinsuranceDeductible, then 25% coinsuranceUrgent care (Copay, flapplicable, wisked if admitted inti- the hospital from the emergency room care (Copay, flapplicable, wisked if admitted inti- the hospital from the emergency room)Deductible, then 250 copay per admission and 30% coinsuranceDeductible, then 25% coinsuranceHospital-inpatent admission (Includes adternity, metal health / substance use)Deductible, then 25% coinsuranceDeductible, then 25% coinsuranceDeductible, then 25% coinsuranceHospital-inpatent admission (Includes admission ad 30% coinsuranceDeductible, then 25% coinsuranceDeductible, then 25% coinsuranceDeductible, then 25% coinsuranceHospital-inpatent admission (Includes admission	Plan includes out-of-network coverage?	No	No	No
Coinsurance (may vary for certain covered services)25%25%25%25%Preventive careNo additional cost to you.No additional cost to you.No additional cost to you.No additional cost to you.Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)\$10 copay\$10 copay\$10 copayPrimary and urgent care visits: Virtual care-ony providers'Covered in fullCovered in fullCovered in fullOffice and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible, then 25% coinsuranceDeductible, then 25% coinsuranceDeductible, then 25% coinsuranceOffice and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)Deductible, then 25% coinsuranceDeductible, then 25% coinsuranceOutpatient diagnostic tests (Ex. Veductible (then \$250 copay and 25% coinsurance)Deductible, then \$200 copay and 25% coinsuranceDeductible, then \$200 copay and 25% coinsuranceDeductible, then \$250 copay and 25% coinsuranceDeductible, then \$250 copay and 25% coinsuranceDeductible, then \$250 copay and 25% coinsuranceDeductible, then \$55 copay and 25% coins	Individual deductible	\$2,800	\$700	\$50
(may vary for certain covered services)No additional cost to you.No additional cost to	Individual out-of-pocket maximum	\$7,550	\$2,700	\$900
Office and virtual visit: primary care physician (PCP)\$10 copay\$10 copay\$10 copay\$10 copayOffice and virtual visit: primary care physician (PCP)Sovered in fullCovered in fullCovered in fullCovered in fullOffice and online visit: specialist (Other office services may be subject to deductible, then 25% coinsurance)Deductible, then 25% coinsuranceDeductible, then 25% coinsuranceDeductible, then 25% coinsuranceOutpatient advanced diagnostic tests (Ex. X-ray, EKG) Outpatient advanced diagnostic tests (Ex.Deductible, then \$250 copay and 25% coinsuranceDeductible, then \$200 c		25%	25%	25%
physician (PCP) (Other office services may be subject to deductible and plan coinsurance)Covered in fullCovered in fullCovered in fullPrimary and urgent care visits: Virtual care-only providers'Covered in fullCovered in fullCovered in fullCovered in fullOffice and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)Deductible, then 25% coinsuranceDeductible, then 25% coinsuranceDeductible, then 25% coinsuranceOutpatient diagnostic tests (Ex. X-ray, EKG)Deductible, then 25% coinsuranceDeductible, then 25% coinsuranceDeductible, then 25% coinsuranceOutpatient daynaced diagnostic tests (Ex. NRI, CT scan)Deductible, then 250 copay and 25% coinsuranceDeductible, then 250 copay and 25% coinsuranceDeductible, then 250 copay and 25% coinsuranceOutpatient advanced diagnostic tests (Ex. NRI, CT scan)Deductible, then \$200 copay and 25% coinsuranceDeductible, then \$250 copayDeductible, then \$250 copay(Defer care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)Deductible, then \$500 copay per admission and 30% coinsuranceDeductible, then \$250 copay per admission and 30% coinsuranceDeductible, then \$250 copay per admission and 30% coinsuranceHospital-inpatient admission (includes maternity, mental health / substance use)Deductible, then \$25% coinsuranceDeductible, then \$25% coinsurancePharmacy deductible after adductible after adductible after adductible, then \$1.2,3.4: Medical deductible appliesDeductible, then \$25% coinsuranceDeductible, then \$25% coinsurance<	Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
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(Other office services may be subject to deductible and plan coinsurance)Deductible, then 25% coinsuranceDeductible, then 25% coinsuranceOutpatient diagnostic tests (EX. X-ray, EKG) MRI, CT scan)Deductible, then \$250 copay and 25% coinsuranceDeductible, then \$200 copay and 25% 		Covered in full	Covered in full	Covered in full
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)Deductible, then \$250 copay and 25% coinsuranceDeductible, then \$200 copay and 25% coinsuranceDeductible, then \$200 copay and 25% coinsuranceUrgent care (Other office services may be subject to deductible and plan coinsurance)\$50 copay\$50 copay\$50 copayEmergency room care (Copay, if applicable, waived if admitted into the hospital inpatient admission (includes maternity, mental health / substance use)Deductible, then \$200 copay and 25% coinsuranceDeductible, then \$75 copay and 25% coinsuranceDeductible, then \$75 copay and 25% coinsuranceHospital: inpatient admission (includes maternity, mental health / substance use)Deductible, then \$500 copay per admission and 30% coinsuranceDeductible, then \$250 copay per admission and 30% coinsuranceDeductible, then \$150 copay per admission and 30% coinsurancePharmacy deductible for tiers with deductible, cost share appliesLevel 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible appliesLevel 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible appliesLevel 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible appliesLevel 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies25% coinsurance25% coinsuranceRetail pharmacy tier 1: Level 1 / Level 2 Physical and occupational therapy ² (limits apply)25% coinsurance / 50% coinsurance 25% coinsurance / 50% coinsurance25% coinsurance / 50% coinsurance 25% coinsurance / 50% coinsurance25% coinsurance / 50% coinsurancePhysical and occupational therapy ² (limits apply)\$10 copay\$10 copay\$10 copay\$10 copay<	(Other office services may be subject to	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
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Retail pharmacy tier 2: Level 1 / Level 225% coinsurance / 40% coinsurance25% coinsurance / 40% coinsuranceRetail pharmacy tier 3: Level 1 / Level 225% coinsurance / 50% coinsurance25% coinsurance / 50% coinsurance25% coinsurance / 50% coinsuranceRetail pharmacy tier 4: Level 1 / Level 225% coinsurance / 50% coinsurance25% coinsurance / 50% coinsurance25% coinsurance / 50% coinsurancePhysical and occupational therapy2\$10 copay\$10 copay\$10 copay\$10 copay	(for tiers with deductible, cost share applies	Tiers 1,2,3,4: Medical deductible	Tiers 1,2,3,4: Medical deductible	Tiers 1,2,3,4: Medical deductible
Retail pharmacy tier 3: Level 1 / Level 225% coinsurance / 50% coinsurance25% coinsurance / 50% coinsurance25% coinsurance / 50% coinsuranceRetail pharmacy tier 4: Level 1 / Level 225% coinsurance / 50% coinsurance25% coinsurance / 50% coinsurance25% coinsurance / 50% coinsurancePhysical and occupational therapy2\$10 copay\$10 copay\$10 copay\$10 copay	Retail pharmacy tier 1: Level 1 / Level 2	25% coinsurance / 40% coinsurance	25% coinsurance / 40% coinsurance	25% coinsurance / 40% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2 25% coinsurance / 50% coinsurance 25% coinsurance / 50% coinsurance 25% coinsurance / 50% coinsurance Physical and occupational therapy ² (limits apply) \$10 copay \$10 copay \$10 copay	Retail pharmacy tier 2: Level 1 / Level 2	25% coinsurance / 40% coinsurance	25% coinsurance / 40% coinsurance	25% coinsurance / 40% coinsurance
Physical and occupational therapy ² (limits \$10 copay \$10 copay \$10 copay apply) \$10 copay \$10 copay	Retail pharmacy tier 3: Level 1 / Level 2	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance
apply)	Retail pharmacy tier 4: Level 1 / Level 2	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance
		\$10 copay	\$10 copay	\$10 copay
Speech therapy* (limits apply)\$10 copay\$10 copay\$10 copay	Speech therapy ² (limits apply)	\$10 copay	\$10 copay	\$10 copay

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

Pathway Standard is offered in all counties except Adams, Arapahoe, Archuleta, Boulder, Broomfield, Clear Creek, Denver, Douglas, Eagle, Elbert, Gilpin, Jefferson, La Plata, Mesa, Moffat, Montezuma, Park, Rio Blanco, Routt, and Summit counties. Mountain Enhanced Standard plans are offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties. Pathway Essentials Standard is offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties.

Anthem Colorado Antion Silver Pathway Std (QDC3)

	Anthem Co	Anthem Colorado Option Silver Pathway Std (9PC3)		
Plan name	Anthem Colorado Option Silver 73% Pathway Std (9PDJ)	Anthem Colorado Option Silver 87% Pathway Std (9BKU)	Anthem Colorado Option Silver 94% Pathway Std (9BCE)	
Network name	Pathway Standard	Pathway Standard	Pathway Standard	
Plan includes out-of-network coverage?	No	No	No	
Individual deductible	\$3,450	\$800	\$100	
Individual out-of-pocket maximum	\$7,450	\$3,150	\$1,100	
Coinsurance (may vary for certain covered services)	40%	30%	20%	
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$0 copay	\$0 copay	\$0 copay	
Primary and urgent care visits: Virtual care-only providers ³	\$0 copay	\$0 copay	\$0 copay	
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	\$80 copay	\$60 copay	\$40 copay	
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$80 copay	\$60 copay	\$40 copay	
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Tiers 1,2,3,4: No deductible	Tiers 1,2,3,4: No deductible	Tiers 1,2,3,4: No deductible	
Retail pharmacy tier 1: Level 1 / Level 2	\$20 copay	\$0 copay	\$0 copay	
Retail pharmacy tier 2: Level 1 / Level 2	\$125 copay	\$60 copay	\$20 copay	
Retail pharmacy tier 3: Level 1 / Level 2	\$300 copay	\$120 copay	\$40 copay	
Retail pharmacy tier 4: Level 1 / Level 2	\$600 copay	\$180 copay	\$60 copay	
Physical and occupational therapy ² (limits apply)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
Speech therapy ² (limits apply)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

	Anthem Silver Pathway E	ssentials X HMO 6500 Rx Copa	y \$0 Select Drugs (9PD1)
Plan name	Anthem Silver Pathway Essentials X HMO 4500 SO4 Rx Copay \$0 Select Drugs (9PC7)	Anthem Silver Pathway Essentials X HMO 800 S05 Rx Copay \$0 Select Drugs (9BJ6)	Anthem Silver Pathway Essentials X HMO 50 SO6 Rx Copay \$0 Select Drugs (9PDE)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$4,500	\$800	\$50
Individual out-of-pocket maximum	\$7,550	\$2,600	\$700
Coinsurance (may vary for certain covered services)	40%	40%	40%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$10 copay	\$5 copay	\$5 copay
Primary and urgent care visits: Virtual care-only providers ³	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	\$80 copay	\$50 copay	\$50 copay
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$500 copay and 50% coinsurance	Deductible, then \$250 copay and 50% coinsurance	Deductible, then \$100 copay and 50% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$75 сорау	\$75 copay	\$75 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$600 copay and 40% coinsurance	Deductible, then \$250 copay and 40% coinsurance	Deductible, then \$100 copay and 40% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$750 copay per admission and 40% coinsurance	Deductible, then \$250 copay per admission and 40% coinsurance	Deductible, then \$100 copay per admission and 40% coinsurance
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$70 copay / \$85 copay	\$30 copay / \$45 copay	\$25 copay / \$40 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$110 copay / \$125 copay	\$70 copay / \$85 copay	\$65 copay / \$80 copay
Retail pharmacy tier 4: Level 1 / Level 2	\$620 copay / \$635 copay	\$450 copay / \$465 copay	\$300 copay / \$315 copay
Physical and occupational therapy ² (limits apply)	\$10 copay	\$5 copay	\$5 copay
Speech therapy ² (limits apply)	\$10 copay	\$5 copay	\$5 copay

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

Anthem Silver Pathway Essentials X HMO 5000 \$0 Select Drugs (981C)

	Anthem Silver Path	way Essentials X HMU 5000 \$0	Select Drugs (9BJC)
Plan name	Anthem Silver Pathway Essentials X HMO 3500 SO4 \$0 Select Drugs (9PCP)	Anthem Silver Pathway Essentials X HMO 1000 S05 \$0 Select Drugs (9BK6)	Anthem Silver Pathway Essentials X HMO 100 SO6 \$0 Select Drugs (9BCO)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$3,500	\$1,000	\$100
Individual out-of-pocket maximum	\$7,475	\$2,200	\$750
Coinsurance (may vary for certain covered services)	35%	35%	35%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$35 copay	\$25 copay	\$5 copay
Primary and urgent care visits: Virtual care-only providers ³	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 сорау	\$50 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health / substance use)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2: No deductible Tiers 3,4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$15 copay	\$5 copay / \$15 copay	\$5 copay / \$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$40 copay / \$55 copay	\$40 copay / \$55 copay	\$40 copay / \$55 copay
Retail pharmacy tier 3: Level 1 / Level 2	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance	35% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	50% coinsurance / 65% coinsurance	50% coinsurance / 65% coinsurance	50% coinsurance / 65% coinsurance
Physical and occupational therapy ² (limits apply)	\$35 copay	\$25 copay	\$5 copay
Speech therapy ² (limits apply)	\$35 copay	\$25 copay	\$5 copay
New Market and Alexandrian and Alexandrian	Collector and OO		

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

Pathway Standard is offered in all counties except Adams, Arapahoe, Archuleta, Boulder, Broomfield, Clear Creek, Denver, Douglas, Eagle, Elbert, Gilpin, Jefferson, La Plata, Mesa, Moffat, Montezuma, Park, Rio Blanco, Routt, and Summit counties. Mountain Enhanced Standard plans are offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties. Pathway Essentials Standard is offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties.

Plan nameInthem Colorado Option Silver 73% Pathway Essentials Std (9P04)Anthem Colorado Option Silver 74% Pathway Essentials Std (9P60)Anthem Colorado Option Silver 74% Pathway Essentials Std (9P60)Network namePathway Essentials StandardPathway Essentials StandardPathway Essentials StandardPathway Essentials StandardPhan includes out-of-network coverageNoNoNoNoIndividual deductible\$3,450\$800\$1.00Colissurance (may vay for certain covered services)40%30%20%Preventive care'No additional cost to you.No additional cost to you.No additional cost to you.Office and virtual visit primary care physician (PCP)\$0 copay\$0 copay\$0 copayOffice ond virtual visit primary care physician (PCP)\$0 copay\$0 copay\$0 copayOffice and virtual visit primary care physician (PCP)\$0 copay\$0 copay\$0 copayOffice and virtual visit primary care physician (PCP)\$0 copay\$0 copay\$0 copayOutpatient diagnostic tests (Ex. X-ray, EKG)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceOutpatient advanced diagnostic tests (Ex. X-ray, EKG)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceOutpatient advanced diagnostic tests (Ex. X-ray, EKG)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceOutpatient advanced diagnostic tests (Ex. Y-ray, EKG)Deductible, then 40% coinsurance </th <th></th> <th colspan="4">Anthem Colorado Option Silver Pathway Essentials Std (9BJR)</th>		Anthem Colorado Option Silver Pathway Essentials Std (9BJR)			
Plan includes out-of-network coverage?NoNoNoNoIndividual deductible\$3,450\$800\$100Individual out-of-pocket maximum\$7,450\$3,150\$1,100Coinsurance (may vay for certain covered services)40%30%20%Preventive care inNo additional cost to you.No additional cost to you.No additional cost to you.Office and virtual visits primary care physician (reguent care visits.No additional cost to you.No additional cost to you.Office and virtual visits primary care physican (reguent care visits.\$0 copay\$0 copay\$0 copayOffice and virtual visits primary care physican (reguent care visits.\$0 copay\$0 copay\$0 copayOffice and virtual visits primary care physican (reguent care visits.\$0 copay\$0 copay\$0 copayOffice and oninsurance?\$0 copay\$0 copay\$0 copay\$0 copayOutpatient dayanced idagnostic tests (Ex. Xray, EKG)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceOutpatient dayanced idagnostic tests (Ex. Copay)\$80 copay\$60 copay\$40 copayUrgent care (Copay, frapicable, waived fradmitted into the hepsital from the emergency room.Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceNespital-inspital-dayasion (includes maternity, mental health / substance use)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceNespital-inspital-discopatent-sy	Plan name				
Individual deductible\$3,450\$800\$100Individual out-of-pocket maximum\$7,450\$3,150\$1,100Consurance (may vary for certain covered services)40%30%20%Preventive care'No additional cost to you.No additional cost to you.No additional cost to you.Office and vitual visits primary care physician (PCP)\$0 copay\$0 copay\$0 copayOffice and visits Virtual care-on providers'\$0 copay\$0 copay\$0 copayOffice and visits Virtual care-on providers'\$0 copay\$0 copay\$0 copayOffice and visits Virtual care-on providers'\$0 copay\$0 copay\$0 copayOffice and visits Virtual deductible and plan coinsurance)\$0 copay\$0 copay\$0 copayOffice and visits visits\$0 copay\$0 copay\$40 copayOutpatient diagnostic tests (Ex. X-ray, EK0) deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceOutpatient advanced diagnostic tests (Ex. MRI, CT scan)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceUrgent care (Copay, if applicable, waived if admitted intip it the hospital from the emergency room.)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceHorgency com care (Copay, if applicable, waived if admitted intip it the hospital from the emergency room.)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceHorgency if applica	Network name	Pathway Essentials Standard	Pathway Essentials Standard	Pathway Essentials Standard	
Individual out-of-pocket maximum\$7.450\$3.150\$1.100Consurance (may vary for certain covered services)40%30%20%Preventive care!No additional cost to you.No additional cost to you.No additional cost to you.No additional cost to you.Office and virtual visit primary care physical (PCP) (Other office services may be subject to deductible and jan coinsurance)\$0 copay\$0 copay\$0 copayOffice and onine visit specialist (Other office services may be subject to deductible and plan coinsurance)\$0 copay\$0 copay\$0 copayOffice and onine visit specialist (Other office services may be subject to deductible and plan coinsurance)\$0 copay\$0 copay\$0 copayOutpatient diagnostic test (EX, Vara), EK0 Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceOutpatient diagnostic test (EX, Vara), EK0 Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceUrgent care (Copay), flapplicable, waived if admitted inti behysican (the double)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceHospital: Inpatient admission (includes abstrance use)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceHospital: Inpatient admission (includes abstrance use)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceHospital: Inpatient admitsion (includes includes maternit), mental heath / substance	Plan includes out-of-network coverage?	No	No	No	
Coinsurance (may vay for certain covered services)40%30%20%Preventive careNo additional cost to you.No additional cost to you.No additional cost to you.Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)\$0 copay\$0 copay\$0 copayPrimary and urgent care visits: Virtual care-only providers'\$0 copay\$0 copay\$0 copay\$0 copayOffice and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)\$0 copay\$60 copay\$40 copayOutpatient diagnostic tests (EX, X-ray, EK) Outpatient diagnostic tests (EX, X-ray, EK) Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceOutpatient diagnostic tests (EX, X-ray, EK) Outpatient divenced diagnostic tests (EX, X-ray, EK) Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceUrgent care (Other office services may be subject to deductible and plan coinsurance)\$80 copay\$60 copay\$40 copayUrgent care (Copay, if applicable, waived if admitted into it hospital inpatient admission (includes maternity, mental health / substance use)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceHospital-inpatient diverser (SE, X-ray, EK) Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceInters 1,2,3,4: No deductible for ther with deductible, cost share applies atter deductibleDeductible, then 40% coi	Individual deductible	\$3,450	\$800	\$100	
Imay vary for certain covered services)Image: Certain covered services)No additional cost to you.No additional cost to you.Office and online visit services may be subject to deductible and plan coinsurance)S60 copay\$60 copay\$40 copay\$40 copayOutpatient advanced diagnostic tests (EX. X-ray, EKG)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceUrgent care (Copay rapencies may be subject to deductible and plan coinsurance)S80 copay\$60 copay\$40 copay\$40 copayUrgent care (Copay, rapencies may be subject to deductible and plan coinsurance)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceEmergency room care (Copay, Tabita tripatient admission (include, mark	Individual out-of-pocket maximum	\$7,450	\$3,150	\$1,100	
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)\$0 copay\$0 copay\$0 copay\$0 copayPrimary and urgent care visits: Virtual care-only providers'\$0 copay\$0 copay\$0 copay\$0 copayOffice and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)\$80 copay\$60 copay\$40 copayOutpatient dayanced diagnostic tests (Ex, X-ray, EKG) Outpatient dayanced diagnostic tests (Ex, MRI, CT scan)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceUrgent care (Copay, fapilicable, walved if admitted into the hospital from the emergency room care (Copay, fapilicable, walved if admitted into the sopital from the emergency room)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceHospital: hompatent admission (Includes substance use)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceHospital: hompatent admission (Includes substance use)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceHospital: hompatent admission (Includes substance use)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceHospital: hompatent admission (Includes substance use)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceHospital: hompatent admission substance use)Deductible, then		40%	30%	20%	
physician (PCP) (Other office services may be subject to deductible and plan coinsurance)\$0 copay\$0 copay\$0 copay\$0 copayPrimary and urgent care visits: Virtual (Other office services may be subject to deductible and plan coinsurance)\$0 copay\$0 copay\$0 copay\$0 copayOffice and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)\$0 copay\$0 copay\$0 copay\$0 copayOutpatient advanced diagnostic tests (EX. X-ray, EKG) Dutpatient advanced diagnostic tests (EX. To scan)Deductible, then 40% coinsurance Deductible, then 30% coinsuranceDeductible, then 20% coinsuranceUrgent care (Other office services may be subject to deductible and plan coinsurance)\$80 copay\$60 copay\$40 copayEmergency room care (Copay, if applicable, waived if admitted info the hospital from the emergency room.)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsuranceHospital-toutpatient admission (includes maternity, mental health / substance use)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsurancePharmacy deductible (or ters with deductible, cost share applies after deductibleTiers 1,2,3,4: No deductibleDeductible, then 30% coinsuranceDeductible, then 20% coinsurancePharmacy deductible (or ters with deductible, cost share applies after deductibleTiers 1,2,3,4: No deductibleDeductibleTiers 1,2,3,4: No deductibleRetail pharmacy tier 1: Level 1 / Level 2\$20 copay\$0 copay\$0 copay\$0 copay<	Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	
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Retail pharmacy tier 4: Level 1 / Level 2 \$600 copay \$180 copay \$60 copay Physical and occupational therapy ² (limits apply) Deductible, then 40% coinsurance beductible, then 30% coinsurance Deductible, then 20% coinsurance	Retail pharmacy tier 2: Level 1 / Level 2	\$125 copay	\$60 copay	\$20 copay	
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apply)	Retail pharmacy tier 4: Level 1 / Level 2	\$600 copay	\$180 copay	\$60 copay	
Speech therapy2 (limits apply)Deductible, then 40% coinsuranceDeductible, then 30% coinsuranceDeductible, then 20% coinsurance		Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	
	Speech therapy ² (limits apply)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

	Anthem Silver Pathway E	Essentials X HMO 3500 Rx Copa	y \$0 Select Drugs (9PBJ)
Plan name	Anthem Silver Pathway Essentials X HMO 3100 S04 Rx Copay \$0 Select Drugs (9BK8)	Anthem Silver Pathway Essentials X HMO 800 S05 Rx Copay \$0 Select Drugs (9PD2)	Anthem Silver Pathway Essentials X HMO 75 SO6 Rx Copay \$0 Select Drugs (9PCX)
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$3,100	\$800	\$75
Individual out-of-pocket maximum	\$6,650	\$2,600	\$950
Coinsurance (may vary for certain covered services)	15%	15%	15%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$35 copay pervisit for first 3 visits, then deductible and 15% coinsurance	\$25 copay per visit for first 3 visits, then deductible and 15% coinsurance	\$10 copay
Primary and urgent care visits: Virtual care-only providers ³	Covered in full	Covered in full	Covered in full
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance	Deductible, then \$200 copay and 15% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 copay	\$50 copay	\$50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$500 copay and 15% coinsurance	Deductible, then \$100 copay and 15% coinsurance	Deductible, then \$75 copay and 15% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$500 copay per admission and 30% coinsurance	Deductible, then \$250 copay per admission and 30% coinsurance	Deductible, then \$150 copay per admission and 30% coinsurance
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health / substance use)	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance	Deductible, then 15% coinsurance
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: No deductible
Retail pharmacy tier 1: Level 1 / Level 2	\$5 copay / \$10 copay	\$5 copay / \$10 copay	\$5 copay / \$10 copay
Retail pharmacy tier 2: Level 1 / Level 2	\$70 copay / \$85 copay	\$30 copay / \$45 copay	\$30 copay / \$45 copay
Retail pharmacy tier 3: Level 1 / Level 2	\$100 copay / \$115 copay	\$75 copay / \$90 copay	\$60 copay / \$75 copay
Retail pharmacy tier 4: Level 1 / Level 2	\$500 copay / \$515 copay	\$500 copay / \$515 copay	\$250 copay / \$265 copay
Physical and occupational therapy ² (limits apply)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	\$25 copay per visit for first 3 visits, then deductible and 15% coinsurance	\$10 copay
Speech therapy ² (limits apply)	\$35 copay per visit for first 3 visits, then deductible and 15% coinsurance	\$25 copay per visit for first 3 visits, then deductible and 15% coinsurance	\$10 copay

SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

HM0 2800 S04 S0 Select Drugs (PPDS)HM0 1000 S05 S0 Select Drugs (PCD)Anthem Siver Pathway Essentials M HM0 25 S08 S0 Select Drugs (PCS)Network namePathway EssentialsPathway EssentialsPathway EssentialsPathway EssentialsPlan includes out-of-network coverage 7NoNoNoIndividual deductible\$2,800\$1,000\$25Individual out-of-pocker maximum\$5,850\$1,950\$1,000ColsuranceColsurance20%20%ColsuranceDeductible, then 20% coinsuranceDeductible, then 20% coinsuranceNo additional cost to you.Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible, then 20% coinsuranceDeductible, then 20% coinsuranceDeductible, then 20% coinsuranceOffice and online visit: specialist deductible and plan consurance)Covered in fullCovered in fullCovered in fullCorter office services may be subject to deductible and plan consuranceDeductible, then 20% coinsuranceDeductible, then 20% coinsuranceOutpatient diagnostic tests (Ex. Yare, KCB) odeuctible, then 20% coinsuranceDeductible, then 20% coinsuranceDeductible, then 20% coinsuranceUrgent care outpatient diagnostic tests (Ex. Yare, KCB)Deductible, then 20% coinsuranceDeductible, then 20% coinsuranceUrgent care outpatient diagnostic tests (Ex. Yare, KCB)Deductible, then 20% coinsuranceDeductible, then 20% coinsuranceUrgent care outpatient diagnostic tests (Ex. Yare, KCB)Deductible, then 20% coinsuranceDeductible, then 20% coinsurance <t< th=""><th></th><th colspan="4">Anthem Silver Pathway Essentials X HMO 3200 for HSA (9PE5)</th></t<>		Anthem Silver Pathway Essentials X HMO 3200 for HSA (9PE5)			
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Please see Medical and Silver cost-share reduction plans footnotes on page 38.

SILVER COST-SHARE REDUCTION (CSR) PLANS - HMO

S04, S05, and S06 plans are available if you qualify for a tax credit subsidy or cost-share reduction on Silver plans you buy through Connect for Health Colorado. If you have questions, call your broker or Anthem representative.

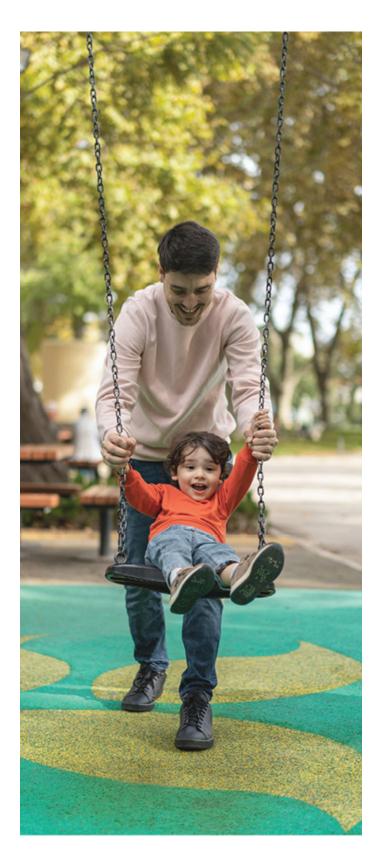
Pathway HMO is offered in all counties. Pathway Essentials offered in Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson, and Park counties. Mountain Enhanced offered in Archuleta, Eagle, La Plata, Mesa, Moffat, Montezuma, Rio Blanco, Routt, and Summit counties.

	Anthem Silver Pathway Essentials X HMO 2800 \$0 Select Drugs (9BK4)			
Plan name	Anthem Silver Pathway Essentials X HMO 2800 SO4 \$0 Select Drugs (9PDQ)	Anthem Silver Pathway Essentials X HMO 700 S05 \$0 Select Drugs (9BLO)	Anthem Silver Pathway Essentials X HMO 50 S06 \$0 Select Drugs (9BC4)	
Network name	Pathway Essentials	Pathway Essentials	Pathway Essentials	
Plan includes out-of-network coverage?	No	No	No	
Individual deductible	\$2,800	\$700	\$50	
Individual out-of-pocket maximum	\$7,550	\$2,700	\$900	
Coinsurance (may vary for certain covered services)	25%	25%	25%	
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.	
Office and virtual visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$10 copay	\$10 copay	\$10 copay	
Primary and urgent care visits: Virtual care-only providers ³	Covered in full	Covered in full	Covered in full	
Office and online visit: specialist (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then \$250 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$200 copay and 25% coinsurance	
Urgent care (Other office services may be subject to deductible and plan coinsurance)	\$50 сорау	\$50 copay	\$50 copay	
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$75 copay and 25% coinsurance	Deductible, then \$75 copay and 25% coinsurance	
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then \$500 copay per admission and 30% coinsurance	Deductible, then \$250 copay per admission and 30% coinsurance	Deductible, then \$150 copay per admission and 30% coinsurance	
Hospital:outpatientsurgeryhospitalfacility (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	
Pharmacy deductible (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1,2,3,4: Medical deductible applies	
Retail pharmacy tier 1: Level 1 / Level 2	25% coinsurance / 40% coinsurance	25% coinsurance / 40% coinsurance	25% coinsurance / 40% coinsurance	
Retail pharmacy tier 2: Level 1 / Level 2	25% coinsurance / 40% coinsurance	25% coinsurance / 40% coinsurance	25% coinsurance / 40% coinsurance	
Retail pharmacy tier 3: Level 1 / Level 2	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	
Retail pharmacy tier 4: Level 1 / Level 2	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	25% coinsurance / 50% coinsurance	
Physical and occupational therapy ² (limits apply)	\$10 copay	\$10 copay	\$10 copay	
Speech therapy ² (limits apply)	\$10 copay	\$10 copay	\$10 copay	
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Please see Medical and Silver cost-share reduction plans footnotes on page 38.

Medical and Silver cost-share reduction plans footnotes

- 1 Nationally recommended **preventive care services** from in-network providers have no copay, no coinsurance and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, and mammograms, as recommended by the United States Preventive Services Task Force.
- 2 Physical, occupational, or speech outpatient therapy is limited to up to 20 visits for each therapy per year for rehabilitation services. A separate 20-visit limit for each therapy per year applies to habilitation services. From birth until the member's 6th birthday, both of these benefits are provided as required by applicable law.
- 3 Cost share may apply to virtual visits for specialists and behavioral health services from the virtual care-only providers available through Sydney Health and our website.



Terms you need to know

Coinsurance: Your percentage of healthcare costs after your deductible has been paid.

Copay: The set dollar amount you pay for covered services, such as doctor visits.

Deductible: The set dollar amount you are responsible for before your plan pays for healthcare services. Deductibles apply to the calendar year (January 1 - December 31), even if your coverage start date is after January 1.

Drug tiers: Drugs on a drug list/formulary are typically arranged in tiers. Your drug's cost depends on its tier.

In-network coverage: In-network coverage means visiting a participating doctor, hospital, or another provider who accepts a negotiated amount from your health insurance plan.

Network: A network is made up of doctors, hospitals, pharmacies, and other providers offering medical care at negotiated rates to health plan members.

Out-of-network coverage: Out-of-network coverage means visiting a doctor, hospital, or another provider who does not accept your health insurance plan. Members will be responsible for all of the costs with some exceptions such as emergency services, preapproved services, urgent care, and more.

Out-of-pocket maximum: This is the maximum amount you will pay out-of-pocket for covered health services. After reaching your yearly maximum, your health plan covers the rest.

Plan name: The plan name and contract code are found on the first row of the medical plan charts, in parentheses after the plan name: "(WXYZ)."

Premium: This is the amount of money you pay monthly to your insurance company to keep your health plan active. You cannot apply what you pay for your premium toward your deductible.

Preventive care: These are medical services, like checkups, screenings, and vaccines, that can help you avoid illness and catch problems early. Preventive care is covered at \$0 when you visit a provider in your plan's network.

Before choosing a health benefit plan, please review the following information along with the other materials enclosed.

Eligibility

You can apply for coverage for yourself or with your family. You must be a United States citizen or a lawfully present non-citizen and a legal resident of the State of Colorado and not entitled to or enrolled in Medicare Parts A/B, C and/or D. Family health coverage includes you, your spouse or domestic partner and any dependent children. Children are covered to the end of the month in which they turn age 26.

Eligibility for a catastrophic plan

You are eligible for this plan if you:

- are also under age 30 before the plan's effective date; or
- have received certification from Healthcare.gov that you qualify for a hardship exemption or do not have an affordable coverage option

Open enrollment

As established by the rules of Connect for Health Colorado, individuals are only permitted to enroll in a Qualified Health Plan (QHP), or as an enrollee to change QHPs, during the annual open enrollment period or a special enrollment period.

American Indians are authorized to move from one QHP to another QHP once per month.

Special enrollment and changes affecting eligibility

In addition to open enrollment, an individual can enroll during the special enrollment period. This is a period of time in which eligible individuals or their dependents can enroll after the open enrollment, typically due to an event such as marriage, birth, adoption, or other qualifying events as defined by law.

Effective date of coverage

The earliest effective date for the annual open enrollment period is the first day of the following benefit period for a Qualified Individual who has made a QHP selection during the annual open enrollment period. Except where noted otherwise, the applicant's effective date is determined by Connect for Health Colorado based on the receipt of the completed enrollment form.

Managing your care if you need to go to a hospital or get certain medical treatment

If you or a family member need certain types of medical care (for example: surgery, treatment in a doctor's office, physical therapy, etc.), you may want to know more about these programs and terms. They may help you better understand your benefits and how your health plan manages these types of care.

Utilization review

Utilization review (UR) is a program that is part of your health plan. It lets us make sure you are getting the right care at the right time. Our utilization review team, made up of licensed health care professionals such as nurses and doctors, does medical reviews. The team goes over the information your doctor has sent us to see if the requested surgery, treatment or other type of care is medically necessary. The utilization review team checks to make sure the treatment meets certain clinical guidelines set by your health plan. After reviewing the records and information, the team will approve (cover) or deny (not cover) the treatment. The utilization review team will let you and your doctor know as soon as possible. Decisions not to approve are put in writing. The written notice will include information on how to appeal the decision and about your rights to an independent medical review.

Reviewing where services are provided

A service must be medically necessary to be a covered service. The utilization review may include a review of the level of care, type of setting or place of service where services can be safely given to you. If services are given in a higher level of care or cost setting when they could be safely given in a lower level place of care or cost setting, they will not be determined to be medically necessary. The service(s), in that case, are being denied based on the review of where they are provided. When this happens the service(s) can be requested again in another setting or place of care and will be reviewed again for medical necessity. At times, a different type of provider or facility may need to be used in order for the service to be considered medically necessary.

Examples include, but are not limited to:

- A service may be denied on an inpatient basis at a hospital but may be approved if provided on an outpatient basis in a hospital setting.
- A service may be denied on an outpatient basis if taking place in a hospital setting but may be approved at a free-standing imaging center, infusion center, ambulatory surgical center/facility, or in a doctor's office.
- A service may be denied at a skilled nursing facility but may be approved in a home setting.

We can do medical reviews like this before, during and after a member's treatment. Here is an explanation of each type of review:

The pre-service review (done before you get medical care)

We may do a pre-service review before a member goes to the hospital or has other types of services or treatment.

The concurrent review (done during medical care and recovery)

We do a concurrent review when you are in the hospital or are released and need more care related to the hospital stay. This could mean services or treatment, such as physical therapy or durable medical equipment. The utilization review team looks at the member's medical information at the time of the review to see if the treatment is medically necessary.

The post-service review (done after you get medical care)

We do a post-service review when you have already had surgery or another type of medical care. When the utilization review team learns about the treatment, they look at the medical information the doctor or provider had about you at the time the medical care was given. The team then can see if the treatment was medically necessary.

Case management

Case management is conducted by a licensed health care professional who works with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

Precertification

Precertification is the process of getting approval from your health plan before you get services. This process lets you know if we will cover a service, supply, therapy or drug. We approve services that meet our standards for needed and appropriate treatment. The guidelines we use to approve treatment are based on standards of care in medical policies, clinical guidelines and the terms of your plan. As these may change, we review our precertification guidelines regularly. Precertification is a type of pre-service review.

Here is how requesting precertification can help you:

Saving time. Preauthorizing services is a process of verifying, in advance, whether a proposed treatment, service or supply is medically necessary and/or medically appropriate. The doctors in our network ask for prior authorization for our members.

Saving money. Paying only for medically necessary services helps everyone save. Choosing a doctor who is in our network can help you get the most for your health care dollar.

What can you do? Choose an in-network doctor. Talk to your doctor about your conditions and treatment options. Ask your doctor which covered services need prior authorization or call us to ask. The doctor's office will ask for prior authorization for you. Plus, costs are usually lower with an in-network doctor. If you choose an out-of-network provider, be sure to call us to get prior authorization. Out-of-network providers may not do that for you. It is important to understand that not all plans offer out-of-network coverage, with the exception of emergency or urgent care or ambulance services related to an emergency for transportation to a hospital or urgent care services received at an urgent care center. Please review the Certificate in order to determine your benefits. Once you are a member, if you have a question about prior authorization, you can call the Member Service number on the back of your ID card.

In-network providers

In-network providers are the key to providing and coordinating your health care services. Benefits are provided when you obtain covered services from providers located in the state of Colorado; however, the broadest benefits are provided for services obtained from a primary care doctor (PCP), specialty care doctor (SCP), or other in-network providers.

Services you obtain from any provider other than a PCP, SCP or another in-network provider are considered an out-of-network service, except for emergency care or urgent care, or as an authorized service if you purchase one of our HMO plans.

Out-of-network providers

For HMO plans, services will only be covered services if rendered by providers located in the state of Colorado unless:

- The services are for emergency care, urgent care or ambulance services related to an emergency for transportation to a hospital or urgent care services received at an urgent care center, as specified in the Certificate; or
- The services are approved in advance by Anthem.

Covered services which are not obtained from a PCP, SCP or another in-network provider or not an authorized service will be considered a out-of-network service and not covered under your Certificate. The only exceptions are emergency care and urgent care or ambulance services related to an emergency for transportation to a hospital or urgent care services received at an urgent care center. In addition, certain services are not covered unless obtained from an in-network provider; see your Summary of Benefits. Emergency care from an out-of-network provider is based on the allowable charge determined by us. For Covered Emergency Services from an Out-of-Network Provider at a Facility in Colorado, You are not responsible for the charges over the Plan's Maximum Allowed Amount.

Laws and rights that protect you

As a member, you have rights and responsibilities. You have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. You also have certain rights and responsibilities when receiving your health care. For more information, visit our website or contact Member Services by calling the number on the back of your ID card.

Limitations

The specific limitations are spelled out in the terms of the particular plan, but some of the more common services limited by these plans are:

- Acupuncture is covered for 6 visits
- Ambulance services (non-emergency transportation) \$50,000 per occurrence if an out-of-network provider is used. Out-of-network ambulance for non-emergency services is covered only if precertified by us.
- Applied behavior analysis for autism
- Hearing aids 1 pair every 5 years for members under age 18
- Home health care 28 hours per week
- Rehabilitative care (outpatient only) An equal number of therapy visits are available for habilitative care (outpatient only)
 - Chiropractic care 20 visits per member per year
 - Occupational therapy 20 visits per member per year
 - Physical therapy 20 visits per member per year
 - Speech therapy 20 visits per member per year
- Skilled nursing facility 100 days per member per year

Exclusions

This list includes some of the more common services not covered by these plans:

- Alternative or complementary medicine
- Artificial and mechanical devices
- Breast reduction or augmentation
- Care provided by a member of your family
- · Care received in an emergency room that is not emergency care, except as described in the Certificate's exclusions
- · Charges incurred prior to the effective date of coverage or after the termination date of coverage
- Charges greater than the maximum allowable amount (charges exceeding the amount Anthem recognizes for services)
- Comfort and/or convenience items
- Compound drugs except as stated in your Certificate

- Consumer wearable/personal mobile devices (such as a smart phone, smart watch, or other personal tracking devices), including any software or applications
- Corrective eye surgery
- · Cosmetic surgery and/or treatment that's primarily intended to improve your appearance
- Custodial ordered care as described in the Certificate's exclusions (this exclusion does not apply to hospice care)
- Dental, except as described in the Certificate
- · Educational/training services (training is allowed for diabetes outpatient-self management training)
- Experimental or investigative treatment and any resulting complications
- Feet surgical treatment
- Foot care routine
- In-vitro fertilization (IVF) as described in the Certificate's exclusions
- Nutritional and dietary supplements, some over-the-counter drugs, devices or products
- Physical fitness such as health club memberships, exercise equipment, etc.
- Prescriptions for infertility treatment, except where coverage is specifically required by law.
- Services we determine are not medically necessary
- Teeth congenital anomaly treatment of congenitally missing, malpositioned, or super numerary teeth, even if part of a congenital anomaly, except as stated in the Certificate or as required by law
- Teeth, jawbone, gums treatment of the teeth, jawbone or gums that are required as a result of a medical condition except as expressly required by law or specifically stated in the Certificate as a covered service
- Vein treatment treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes
- Vision, except as described in the Certificate
- · Weight loss programs/surgery or treatment of obesity, as specified in the Certificate
- Workers' compensation

Health Savings Accounts

A high-deductible health plan is not a health savings account (HSA). An HSA is a separate arrangement between an individual and a qualified financial institution. To take advantage of tax benefits, an HSA needs to be established. This brochure provides general information only and is not intended to be a substitute for the advice of a qualified tax professional.

It is important we treat you fairly

That is why we follow federal civil rights laws in our health programs and activities. We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language is not English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Find help in your language

If you're curious to know what all this says, here is the English version:

If you need assistance to understand this document in an alternate language, you may request it at no additional cost by calling the Member Services number (1-855-453-7031). (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the Member Services telephone number listed above.

Spanish

Si necesita ayuda para entender este documento en otro idioma, puede solicitarla sin costo adicional llamando al número de Servicios para Miembros (1-855-453-7031). (TTY/TDD: 711)

Amharic

ይህንን ሰነድ ለመረዳት በአማራጭ ቋንቋ እርዳታ ማግኘት ከፈለኍ፣ የአባል አንልባለቶች ቁጥርን (1-855-453-7031) በመደወል ያለምንም ክፍያ ማግኘት ይችላሉ። (TTY/TDD: 711)

Arabic

إذا احتجت إلى المساعدة لفهم هذا المستند بلغة أخرى، فيمكنك طلب المساعدة دون تكلفة إضافية من خلال الاتصال برقم خدمات الأعضاء. (TTY/TDD: 711) (TTY/TDD: 75-453-453-7031)

Bassa

O jǔ ké mì dyi gbo-kpá-kpá mô bê mì ké céè-dè nià ke múin wô dé bãà-wêin wùdù dò mú ní, mì bêin o zòò dyìin dé Mêbà jè gbo-gmô Kpôè nôbà nià ke <1-855-453-7031> dá dá mú. Mì se wídi kàkò dò pêin mu. (TTY/TDD: 711)

Chinese

如果您需要協助以便以另一種語言理解本文件,您可以撥打成員服務號碼(1-855-453-7031)請求免費協助。(TTY/TDD: 711)

Farsi

در صورتی که برای درک این سند به زبانی دیگر نیازمند کمک هستید، میتوانید بدون هیچ هزینه اضافی این را درخواست کنید. برای این کار با مرکز خدمات اعضاء به شماره 7031-453-555-1 تماس بگیرید، (TTY/TDD: 711)

French

Si vous avez besoin d'aide pour comprendre ce document dans une autre langue, vous pouvez en faire la demande gratuitement en appelant les Services destinés aux membres au numéro suivant : 1-855-453-7031. (TTY/TDD: 711)

German

Falls Sie Hilfe in einer anderen Sprache benötigen, um dieses Dokument zu verstehen, können Sie diese kostenlos anfordern, indem Sie die Servicenummer für Mitglieder anrufen (1-855-453-7031). (TTY/TDD: 711)

Igbo

O bụrụ na i chọrọ enyemaka iji ghọta dokumenti a n'asụsụ dị iche, i nwere ike irio ya na akwughi ugwo o bụla ozo site na ikpo nomba Oru Onye Otu (1-855-453-7031). (TTY/TDD: 711)

Japanese

この書面を他の言語で理解するための支援が必要な場合には、メンバーサービス番号(1-855-453-7031)に電話して支援 を求めることができます。追加費用はかかりません。(TTY/TDD: 711)

Korean

다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(1-855-453-7031)로 전화를 걸 어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

Find help in your language

Nepali

यदि तपाईंलाई यो कागजात कुनै अर्को भाषामा बुझ्न सहायता चाहिएमा, तपाईंले सदस्य सेवा नम्बर (1-855-453-7031) मा कल गरेर कुनै अतिरिकत खरच बिना यसको लागि अनुरोध गरन सक्नुहुन्छ। (TTY/TDD: 711)

Oromo

Sanada kana afaan kan biroodhaan hubachuuf yoo gargaarsa barbaadde lakkoofsa bilbilaa tajaajila miseensaa (Member Services) (1-855-453-7031) waraqaa eenyummaa kee irra jiru irratti bilbiluudhaan kaffaltii dabalataa malee gaafachuu dandeessa. (TTY/TDD: 711)

Russian

Если вам нужна помощь, чтобы понять содержание настоящего документа на другом языке, вы можете бесплатно запросить ее, позвонив в отдел обслуживания участников (1-855-453-7031). (TTY/TDD: 711)

Tagalog

Kung kailangan ninyo ng tulong upang maunawaan ang dokumentong ito sa ibang wika, maaari ninyo itong hilingin nang walang karagdagang bayad sa pamamagitan ng pagtawag sa Member Services sa numerong (1-855-453-7031). (TTY/TDD: 711)

Vietnamese

Nếu quý vị cần hỗ trợ để hiểu được tài liệu này bằng một ngôn ngữ thay thế, quý vị có thể yêu cầu mà không tốn thêm chi phí bằng cách gọi số của Dịch Vụ Thành Viên (1-855-453-7031). (TTY/TDD: 711)

Yoruba

Tí o bá nílò ìrànwó kí àkosílè yìí le yé o ní èdè míràn, o le bèrè rè láìsí àfikún owó nípa pípe Nómbà Àwon ìpèsè omo-egbé (1-855-453-7031). (TTY/TDD: 711)

Open enrollment period runs **November 1,** 2023 - January 15, 2024

Reimagining what's possible for every moment of care

We know finding a plan that works for you and your loved ones is a big decision. With Anthem, you're never alone for the important choices.

Get started today

- Call us at **888-811-2101**, 7:00 a.m. to 7:00 p.m. MT, or contact your broker.
- Visit **anthem.com**, select **Insurance Plans**, and choose **Individual and Family Plans**. Then, Shop Plans to apply online.
- Find plans on the Marketplace at **ConnectforHealthCO.com**.
- Find Colorado Connect plans at **colorado-connect.com.**

Let us connect you to the right individual and family coverage.



Qualifying life events

If you experience a major life event, you may need to make plan changes outside the sign-up period. To see if your life event qualifies for a plan change, call us at **888-811-2101** or contact your broker.

You can buy health plans once a year during open enrollment. Healthcare plans can also be purchased as a result of a special enrollment period. For 2024, the open enrollment period runs from **November 1, 2023 - January 15, 2024. Dates may change and vary by state.**

When you enroll in one of our plans, you will have access to your *Certificate of Coverage*, which explains the terms and conditions of coverage, including exclusions and limitations. You will have 10 days to examine your *Certificate of Coverage*'s features. If you are not fully satisfied during that time, you may cancel your coverage and your monthly payment will be refunded, minus any claims that were already paid.

Printed kits are available from your broker on request.

Virtual care visits, including medical chats and video visits using the Sydney Health app are at no cost to members for most plans. Those enrolled in High-Deductible Health Plans associated with a Health Savings Account and Catastruphic plans must first meet their deductible. Wirtual care visits refer to medical chats and/or video consultation, as deemed appropriate by a licensed physician. In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney³⁸ Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

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