Ohio

Anthem

2021 Plan Year Benefit Charts

Individual and Family
Bronze, Silver, Gold and Catastrophic plans
Certified by the Health Insurance Marketplace

Open Enrollment Period runs
November 1, 2020 - December 15, 2020

HEALTH COVERAGE CREATED WITH YOU IN MIND

Experience the Anthem difference

WARNING: IF YOU OR YOUR FAMILY MEMBERS ARE COVERED BY MORE THAN ONE HEALTH COVERAGE PLAN, YOU MAY NOT BE ABLE TO COLLECT BENEFITS FROM BOTH PLANS. EACH PLAN MAY REQUIRE YOU TO FOLLOW ITS RULES OR USE SPECIFIC DOCTORS AND HOSPITALS, AND IT MAY BE IMPOSSIBLE TO COMPLY WITH BOTH PLANS AT THE SAME TIME. BEFORE YOU ENROLL IN THIS PLAN, READ ALL OF THE RULES VERY CAREFULLY AND COMPARE THEM WITH THE RULES OF ANY OTHER PLAN THAT COVERS YOU OR YOUR FAMILY.

063150HMENABS 7/20

PLAN BENEFIT CHARTS

The benefit information shown here is for network services. These plans do not include coverage for non-network benefits with the exception of emergency care related ambulance services for transportation to a hospital or if the services are approved in advance by Anthem.

Network plans may not be available in all areas. To make sure your selected plan is available in your county, view our county network coverage map here. You can also find this information in the printed kit.

Plan name	Anthem Bronze Pathway X HMO 5000 (5JZX)	Anthem Bronze Pathway X HMO 5500 Online Plus (5K10)	Anthem Bronze Pathway X HMO 6000 (5K09)	Anthem Bronze Pathway X HMO 6000/20% for HSA (5K08)	Anthem Bronze Pathway X HMO 6850/0% for HSA (5K07)	Anthem Bronze Pathway X HMO 8550 (5JZY)	Anthem Silver Pathway X HMO 2600 (5K0J)
Network name	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO
Plan includes non-network coverage?	No	No	No	No	No	No	No
Individual deductible	$5,000	$5,500	$6,000	$6,000	$6,850	$8,550	$2,600
Individual out-of-pocket limit	$8,550	$8,550	$8,550	$7,000	$6,850	$8,550	$8,550
Coinsurance (percentage may vary for some covered services)	40%	30%	35%	20%	0%	0%	20%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP)[2,3] (Other office services may be subject to deductible and plan coinsurance)	$50 copay per visit for the first 3 visits, then deductible and 40% coinsurance	$50 copay	$50 copay per visit for the first 3 visits, then deductible and 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	$30 copay
Office and online visit: specialist[3] (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then $400 copay and 50% coinsurance	Deductible, then $400 copay and 50% coinsurance	Deductible, then $400 copay and 50% coinsurance	Deductible, then $500 copay and 50% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then $300 copay and 50% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 40% coinsurance	Deductible, then $50 copay and 30% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then $50 copay and 20% coinsurance
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then $500 copay and 40% coinsurance	Deductible, then $500 copay and 30% coinsurance	Deductible, then $500 copay and 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then $500 copay and 20% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then $500 copay and 50% coinsurance	Deductible, then $500 copay and 50% coinsurance	Deductible, then $500 copay and 35% coinsurance	Deductible, then $500 copay and 50% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then $500 copay and 20% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible[4] (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 Tier 1: No deductible Tiers 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	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: No deductible Tiers 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	40% coinsurance / 50% coinsurance	$20 copay / $30 copay	35% coinsurance / 45% coinsurance	20% coinsurance / 20% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	$20 copay / $30 copay
Retail pharmacy tier 2: Level 1 / Level 2	40% coinsurance / 50% coinsurance	$80 copay / $95 copay	35% coinsurance / 45% coinsurance	20% coinsurance / 20% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	$50 copay / $60 copay
Retail pharmacy tier 3: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	20% coinsurance / 20% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	40% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	20% coinsurance / 20% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	40% coinsurance / 50% coinsurance
Physical and occupational therapy (limits apply)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Speech therapy (limits apply)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Office visit: chiropractic (limits apply)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 9 .

Individual and Family Benefit Charts for Ohio anthem.com |

PLAN BENEFIT CHARTS

The benefit information shown here is for network services. These plans do not include coverage for non-network benefits with the exception of emergency care related ambulance services for transportation to a hospital or if the services are approved in advance by Anthem.

Network plans may not be available in all areas. To make sure your selected plan is available in your county, view our county network coverage map here. You can also find this information in the printed kit.

Plan name	Anthem Silver Pathway X HMO 3000 (5K0N)	Anthem Silver Pathway X HMO 3200/10% for HSA (5JZZ)	Anthem Silver Pathway X HMO 3500 (5K03)	Anthem Silver Pathway X HMO 4000 Online Plus (5JZU)	Anthem Silver Pathway X HMO 4500 (5K0D)	Anthem Silver Pathway X HMO 5000 (5K0S)	Anthem Silver Pathway X HMO 6100/0% for HSA (5K0H)
Network name	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO
Plan includes non-network coverage?	No	No	No	No	No	No	No
Individual deductible	$3,000	$3,200	$3,500	$4,000	$4,500	$5,000	$6,100
Individual out-of-pocket limit	$8,550	$6,850	$8,550	$8,550	$8,550	$8,550	$6,100
Coinsurance (percentage may vary for some covered services)	10%	10%	25%	30%	25%	35%	0%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP)[2,3] (Other office services may be subject to deductible and plan coinsurance)	$40 copay per visit for the first 3 visits, then deductible and 10% coinsurance	Deductible, then 10% coinsurance	$20 copay	$25 copay	$25 copay	$35 copay	Deductible, then 0% coinsurance
Office and online visit: specialist[3] (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	$60 copay	$60 copay	$60 copay	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then $300 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance	Deductible, then $500 copay and 50% coinsurance	Deductible, then 0% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then $50 copay and 10% coinsurance	Deductible, then $50 copay and 10% coinsurance	$90 copay	$90 copay	$90 copay	Deductible, then $50 copay and 35% coinsurance	Deductible, then 0% coinsurance
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then $200 copay and 10% coinsurance	Deductible, then $500 copay and 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then $500 copay and 30% coinsurance	Deductible, then $500 copay and 25% coinsurance	Deductible, then $500 copay and 35% coinsurance	Deductible, then 0% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then $500 copay and 10% coinsurance	Deductible, then $500 copay and 50% coinsurance	Deductible, then $500 copay and 25% coinsurance	Deductible, then $500 copay and 50% coinsurance	Deductible, then $500 copay and 25% coinsurance	Deductible, then $500 copay and 50% coinsurance	Deductible, then 0% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance
Pharmacy deductible[4] (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 Tier 1: No deductible Tiers 2, 3, 4: $1,000 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: $1,000 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: $1,000 Combined pharmacy 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, 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	$10 copay / $20 copay	$10 copay / $25 copay	$10 copay / $20 copay	$10 copay / $20 copay	0% coinsurance / 0% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	$40 copay / $50 copay	$40 copay / $50 copay	$40 copay / $50 copay	$40 copay / $50 copay	0% coinsurance / 0% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance
Physical and occupational therapy (limits apply)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance
Speech therapy (limits apply)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance
Office visit: chiropractic (limits apply)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 9 .

Individual and Family Benefit Charts for Ohio anthem.com |

PLAN BENEFIT CHARTS

The benefit information shown here is for network services. These plans do not include coverage for non-network benefits with the exception of emergency care related ambulance services for transportation to a hospital or if the services are approved in advance by Anthem.

Network plans may not be available in all areas. To make sure your selected plan is available in your county, view our county network coverage map here. You can also find this information in the printed kit.

Plan name	Anthem Silver Pathway X HMO 6900/25% (5K0Z)	Anthem Gold Pathway X HMO 2500 (5JZW)	Anthem Catastrophic Pathway X HMO 8550 (5JZR)
Network name	Pathway X HMO	Pathway X HMO	Pathway X HMO
Plan includes non-network coverage?	No	No	No
Individual deductible	$6,900	$2,500	$8,550
Individual out-of-pocket limit	$8,550	$8,550	$8,550
Coinsurance (percentage may vary for some covered services)	25%	20%	0%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP)[2,3] (Other office services may be subject to deductible and plan coinsurance)	$45 copay	$25 copay	$40 copay per visit for the first 3 visits, then deductible and 0% coinsurance
Office and online visit: specialist[3] (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance	$45 copay	Deductible, then 0% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then $500 copay and 50% coinsurance	Deductible, then $200 copay and 40% coinsurance	Deductible, then 0% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then $50 copay	$90 copay	Deductible, then 0% coinsurance
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then $500 copay and 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then $500 copay and 50% coinsurance	Deductible, then $500 copay and 40% coinsurance	Deductible, then 0% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Pharmacy deductible[4] (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, 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	$15 copay / $25 copay	$10 copay / $20 copay	0% coinsurance / 0% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	$45 copay / $60 copay	$35 copay / $45 copay	0% coinsurance / 0% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance
Physical and occupational therapy (limits apply)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Speech therapy (limits apply)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Office visit: chiropractic (limits apply)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 9 .

SILVER COST-SHARE REDUCTION (CSR) PLANS

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 the exchange.

Network plans may not be available in all areas. To make sure your selected plan is available in your county, view our county network coverage map here. You can also find this information in the printed kit.

Plan name	Anthem Silver Pathway X HMO 2600 (5K0J)			Anthem Silver Pathway X HMO 3000 (5K0N)		
	Anthem Silver Pathway X HMO 2600 S04 (5K0K)	Anthem Silver Pathway X HMO 2600 S05 (5K0L)	Anthem Silver Pathway X HMO 2600 S06 (5K0M)	Anthem Silver Pathway X HMO 3000 S04 (5K0P)	Anthem Silver Pathway X HMO 3000 S05 (5K0Q)	Anthem Silver Pathway X HMO 3000 S06 (5K0R)
Network name	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO
Plan includes non-network coverage?	No	No	No	No	No	No
Individual deductible	$2,600	$900	$200	$3,000	$1,100	$200
Individual out-of-pocket limit	$6,250	$1,850	$600	$4,950	$1,700	$750
Coinsurance (percentage may vary for some covered services)	20%	20%	20%	10%	10%	10%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP)[2,3](Other office services may be subject to deductible and plan coinsurance)	$30 copay	$15 copay	$10 copay	$40 copay per visit for the first 3 visits, then deductible and 10% coinsurance	$30 copay per visit for the first 3 visits, then deductible and 10% coinsurance	$15 copay per visit for the first 3 visits, then deductible and 10% coinsurance
Office and online visit: specialist[3] (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then $300 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then $50 copay and 20% coinsurance	Deductible, then $50 copay and 20% coinsurance	Deductible, then $25 copay and 20% coinsurance	Deductible, then $50 copay and 10% coinsurance	Deductible, then $50 copay and 10% coinsurance	Deductible, then $25 copay and 10% 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 $300 copay and 20% coinsurance	Deductible, then $300 copay and 20% coinsurance	Deductible, then $200 copay and 10% coinsurance	Deductible, then $200 copay and 10% coinsurance	Deductible, then $200 copay and 10% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then $500 copay and 20% coinsurance	Deductible, then $250 copay and 20% coinsurance	Deductible, then $150 copay and 20% coinsurance	Deductible, then $500 copay and 10% coinsurance	Deductible, then $250 copay and 10% coinsurance	Deductible, then $150 copay and 10% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
Pharmacy deductible[4] (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	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	$15 copay / $25 copay	$10 copay / $20 copay	$10 copay / $20 copay	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	$45 copay / $55 copay	$30 copay / $40 copay	$30 copay / $40 copay	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
Physical and occupational therapy (limits apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
Speech therapy (limits apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
Office visit: chiropractic (limits apply)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 9 .

Individual and Family Benefit Charts for Ohio anthem.com |

SILVER COST-SHARE REDUCTION (CSR) PLANS

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 the exchange.

Network plans may not be available in all areas. To make sure your selected plan is available in your county, view our county network coverage map here. You can also find this information in the printed kit.

Plan name	Anthem Silver Pathway X HMO 3200/10% for HSA (5JZZ)			Anthem Silver Pathway X HMO 3500 (5K03)		
	Anthem Silver Pathway X HMO 3200/10% S04 (5K00)	**Anthem Silver Pathway X HMO 3200/10% S05 (5K01)**	**Anthem Silver Pathway X HMO 3200/10% S06 (5K02)**	**Anthem Silver Pathway X HMO 3500 S04 (5K04)**	**Anthem Silver Pathway X HMO 3500 S05 (5K05)**	**Anthem Silver Pathway X HMO 3500 S06 (5K06)**
Network name	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO
Plan includes non-network coverage?	No	No	No	No	No	No
Individual deductible	$2,600	$825	$200	$3,000	$900	$250
Individual out-of-pocket limit	$4,500	$1,825	$800	$6,100	$1,800	$600
Coinsurance (percentage may vary for some covered services)	10%	10%	10%	25%	25%	25%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP)[2,3](Other office services may be subject to deductible and plan coinsurance)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	$20 copay	$20 copay	$20 copay
Office and online visit: specialist[3] (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	$60 copay	$60 copay	$60 copay
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then $300 copay and 50% coinsurance	Deductible, then $150 copay and 50% coinsurance	Deductible, then $100 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then $50 copay and 10% coinsurance	Deductible, then $50 copay and 10% coinsurance	Deductible, then $50 copay and 10% coinsurance	$75 copay	$70 copay	$70 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then $500 copay and 10% coinsurance	Deductible, then $500 copay and 10% coinsurance	Deductible, then $500 copay and 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then $500 copay and 50% coinsurance	Deductible, then $250 copay and 50% coinsurance	Deductible, then $150 copay and 50% coinsurance	Deductible, then $500 copay and 25% coinsurance	Deductible, then $250 copay and 25% coinsurance	Deductible, then $150 copay and 25% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Pharmacy deductible[4] (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	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: $1,000 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: $300 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: $100 Combined pharmacy deductible
Retail pharmacy tier 1: Level 1 / Level 2	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	$10 copay / $20 copay	$10 copay / $20 copay	$10 copay / $20 copay
Retail pharmacy tier 2: Level 1 / Level 2	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	10% coinsurance / 20% coinsurance	$40 copay / $50 copay	$40 copay / $50 copay	$40 copay / $50 copay
Retail pharmacy tier 3: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
Physical and occupational therapy (limits apply)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Speech therapy (limits apply)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Office visit: chiropractic (limits apply)	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 9 .

Individual and Family Benefit Charts for Ohio anthem.com |

SILVER COST-SHARE REDUCTION (CSR) PLANS

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 the exchange.

Network plans may not be available in all areas. To make sure your selected plan is available in your county, view our county network coverage map here. You can also find this information in the printed kit.

Plan name	Anthem Silver Pathway X HMO 4000 Online Plus (5JZU)			Anthem Silver Pathway X HMO 4500 (5K0D)		
	Anthem Silver Pathway X HMO 4000 S04 Online Plus (5JZV)	**Anthem Silver Pathway X HMO 4000 S05 Online Plus (5JZT)**	**Anthem Silver Pathway X HMO 4000 S06 Online Plus (5JZS)**	**Anthem Silver Pathway X HMO 4500 S04 (5K0E)**	**Anthem Silver Pathway X HMO 4500 S05 (5K0F)**	**Anthem Silver Pathway X HMO 4500 S06 (5K0G)**
Network name	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO
Plan includes non-network coverage?	No	No	No	No	No	No
Individual deductible	$3,500	$500	$200	$3,150	$700	$300
Individual out-of-pocket limit	$5,550	$1,900	$700	$5,700	$1,950	$650
Coinsurance (percentage may vary for some covered services)	30%	30%	30%	25%	25%	25%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP)[2,3](Other office services may be subject to deductible and plan coinsurance)	$20 copay	$15 copay	$15 copay	$25 copay	$15 copay	$10 copay
Office and online visit: specialist[3] (Other office services may be subject to deductible and plan coinsurance)	$45 copay	$45 copay	$30 copay	$60 copay	$60 copay	$40 copay
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then $300 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance	Deductible, then $100 copay and 50% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	$90 copay	$90 copay	$90 copay	$90 copay	$90 copay	$75 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then $500 copay and 30% coinsurance	Deductible, then $400 copay and 30% coinsurance	Deductible, then $400 copay and 30% coinsurance	Deductible, then $500 copay and 25% coinsurance	Deductible, then $500 copay and 25% coinsurance	Deductible, then $150 copay and 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then $500 copay and 50% coinsurance	Deductible, then $300 copay and 50% coinsurance	Deductible, then $150 copay and 50% coinsurance	Deductible, then $500 copay and 25% coinsurance	Deductible, then $500 copay and 25% coinsurance	Deductible, then $150 copay and 25% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Pharmacy deductible[4] (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: $1,000 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: $400 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: $150 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: $1,000 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: $300 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: $100 Combined pharmacy deductible
Retail pharmacy tier 1: Level 1 / Level 2	$10 copay / $25 copay	$10 copay / $25 copay	$10 copay / $20 copay	$10 copay / $20 copay	$10 copay / $20 copay	$10 copay / $20 copay
Retail pharmacy tier 2: Level 1 / Level 2	$40 copay / $50 copay	$40 copay / $50 copay	$30 copay / $40 copay	$40 copay / $50 copay	$40 copay / $50 copay	$35 copay / $45 copay
Retail pharmacy tier 3: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
Physical and occupational therapy (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Speech therapy (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Office visit: chiropractic (limits apply)	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 9 .

Individual and Family Benefit Charts for Ohio anthem.com |

SILVER COST-SHARE REDUCTION (CSR) PLANS

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 the exchange.

Network plans may not be available in all areas. To make sure your selected plan is available in your county, view our county network coverage map here. You can also find this information in the printed kit.

Plan name	Anthem Silver Pathway X HMO 5000 (5K0S)			Anthem Silver Pathway X HMO 6100/0% for HSA (5K0H)		
	Anthem Silver Pathway X HMO 5000 S04 (5K0T)	**Anthem Silver Pathway X HMO 5000 S05 (5K0U)**	**Anthem Silver Pathway X HMO 5000 S06 (5K0V)**	**Anthem Silver Pathway X HMO 6100/0% for HSA S04 (5K0A)**	**Anthem Silver Pathway X HMO 6100/0% S05 (5K0B)**	**Anthem Silver Pathway X HMO 6100/0% S06 (5K0C)**
Network name	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO	Pathway X HMO
Plan includes non-network coverage?	No	No	No	No	No	No
Individual deductible	$3,650	$900	$250	$3,700	$1,400	$550
Individual out-of-pocket limit	$5,200	$1,725	$650	$3,700	$1,400	$550
Coinsurance (percentage may vary for some covered services)	35%	35%	35%	0%	0%	0%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP)[2,3](Other office services may be subject to deductible and plan coinsurance)	$35 copay	$25 copay	$25 copay	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Office and online visit: specialist[3] (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then $500 copay and 50% coinsurance	Deductible, then $500 copay and 50% coinsurance	Deductible, then $350 copay and 50% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then $50 copay and 35% coinsurance	Deductible, then $50 copay and 35% coinsurance	Deductible, then $50 copay and 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then $500 copay and 35% coinsurance	Deductible, then $500 copay and 35% coinsurance	Deductible, then $350 copay and 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then $500 copay and 50% coinsurance	Deductible, then $500 copay and 50% coinsurance	Deductible, then $350 copay and 50% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Pharmacy deductible[4] (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	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	$10 copay / $20 copay	$10 copay / $20 copay	$10 copay / $20 copay	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	$40 copay / $50 copay	$40 copay / $50 copay	$40 copay / $50 copay	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance	0% coinsurance / 0% coinsurance
Physical and occupational therapy (limits apply)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Speech therapy (limits apply)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Office visit: chiropractic (limits apply)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 9 .

Individual and Family Benefit Charts for Ohio anthem.com |

SILVER COST-SHARE REDUCTION (CSR) PLANS

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 the exchange.

Network plans may not be available in all areas. To make sure your selected plan is available in your county, view our county network coverage map here. You can also find this information in the printed kit.

Plan name	Anthem Silver Pathway X HMO 6900/25% (5K0Z)		
	Anthem Silver Pathway X HMO 6900/25% S04 (5K0W)	**Anthem Silver Pathway X HMO 6900/25% S05 (5K0X)**	**Anthem Silver Pathway X HMO 6900/25% S06 (5K0Y)**
Network name	Pathway X HMO	Pathway X HMO	Pathway X HMO
Plan includes non-network coverage?	No	No	No
Individual deductible	$3,450	$1,300	$250
Individual out-of-pocket limit	$5,300	$1,650	$700
Coinsurance (percentage may vary for some covered services)	25%	25%	25%
Preventive care[1]	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP)[2,3](Other office services may be subject to deductible and plan coinsurance)	$40 copay	$25 copay	$10 copay
Office and online visit: specialist[3] (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 $500 copay and 50% coinsurance	Deductible, then $250 copay and 50% coinsurance	Deductible, then $150 copay and 50% coinsurance
Urgent care (Other office services may be subject to deductible and plan coinsurance)	Deductible, then $50 copay	Deductible, then $50 copay	Deductible, then $50 copay
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then $500 copay and 25% coinsurance	Deductible, then $350 copay and 25% coinsurance	Deductible, then $250 copay and 25% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then $500 copay and 50% coinsurance	Deductible, then $250 copay and 50% coinsurance	Deductible, then $150 copay and 50% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Pharmacy deductible[4] (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	$10 copay / $20 copay	$10 copay / $20 copay	$10 copay / $20 copay
Retail pharmacy tier 2: Level 1 / Level 2	$40 copay / $50 copay	$30 copay / $40 copay	$30 copay / $40 copay
Retail pharmacy tier 3: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance	40% coinsurance / 50% coinsurance
Physical and occupational therapy (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Speech therapy (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Office visit: chiropractic (limits apply)	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 9 .

MEDICAL AND SILVER COST-SHARE REDUCTION PLANS FOOTNOTES

1 Nationally recommended **preventive care services** from 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, mammograms and more, recommended by the United States Preventive Services Task Force.

2 **LiveHealth Online** PCP web visits have the same PCP office visit cost share listed in the chart, except for Online Plus plans. Available on select bronze and silver plans, Online Plus offers unlimited, $5 online PCP office visit copays.

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

4 For plans with a **Pharmacy deductible**, the pharmacy deductible is separate from the medical deductible. The family deductible is 2 times the individual amount.

IMPORTANT LEGAL INFORMATION

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 national or a lawfully present non-citizen and a legal resident of the State of Ohio 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 the exchange that you are exempt from the individual mandate because you qualify for a hardship exemption or do not have an affordable coverage option

Open enrollment

As established by the rules of the exchange, 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 as an enrollee to add a Qualified Individual to the current QHP during a special enrollment period for which the Qualified Individual has experienced a qualifying event.

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 year for a Qualified Individual who has made a QHP selection during the annual open enrollment period. A subscriber's effective date is determined by the exchange based on the receipt of the completed enrollment form. Benefits will not be provided until the applicable premium is paid to Anthem. 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.

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 physician'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 any serious, complex, and/or chronic 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. Precertification 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 precertification 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 a network doctor. Talk to your doctor about your conditions and treatment options. Ask your doctor which covered services need precertification or call us to ask. The doctor's office will ask for precertification for you. Plus, costs are usually lower with a network doctor. If you choose a non-network provider, be sure to call us to get precertification. Non-network providers may not do that for you. Once you are a member, if you have a question about precertification, you can call the Member Service number on the back of your ID card.

Network providers

If your care is rendered by a primary care doctor (PCP), specialty care doctor (SCP) or another network provider, benefits will be provided at the network level. Regardless of medical necessity, no benefits will be provided for care that is not a covered service even if performed by a PCP, SCP, or another network provider. All medical care must be under the direction of doctors. We have final authority to determine the medical necessity of the service or referral to be arranged. We may inform you that it is not medically necessary for you to receive services or remain in a hospital or other facility. This decision is made upon review of your condition and treatment. You may appeal this decision.

Network providers include PCPs, SCPs, other professional providers, hospitals, and other facility providers who contract with Anthem to perform services for you. PCPs include general practitioners, internists, family practitioners, pediatricians, obstetricians and gynecologists, geriatricians or other network providers as allowed by Anthem. The PCP is the doctor who may provide, coordinate, and arrange your health care services. SCPs are network doctors who provide specialty medical services not normally provided by a PCP.

A consultation with a network health care provider for a second opinion may be obtained at the same copayment/coinsurance as any other service.

For services rendered by network providers:

- You will not be required to file any claims for services you obtain directly from network providers. Network providers will seek compensation for covered services rendered from Anthem and not from you except for approved copayments/coinsurance and/or deductibles. You may be billed by your network provider(s) for any non-covered services you receive or where you have not acted in accordance with the Certificate.
- Health care management is the responsibility of the network provider.

If there is no network provider who is qualified to perform the treatment you require, contact Anthem prior to receiving the service or treatment and Anthem may approve a non-network provider for that service as an authorized service. Non-network providers are described below.

Non-network providers

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

- The services are for emergency care or ambulance services related to an emergency for transportation to a hospital; or
- The services are approved in advance by Anthem.

Covered services which are not obtained from a PCP, SCP or another network provider or not an authorized service will be considered a non-network service. The only exceptions are emergency care or ambulance services related to an emergency for transportation to a hospital. In addition, certain services are not covered unless obtained from a network provider. See your Schedule of Cost Shares and Benefits.

For services rendered by a non-network provider, you are responsible for:

- The difference between the actual charge and the maximum allowed amount plus any deductible and/or copayments/coinsurance;
- Services that are not medically necessary;
- Non-covered services;
- Filing claims;
- Higher cost-sharing amounts

Network or non-network providers

HMO plans

Anthem will not provide any reimbursement for non-covered services. You may be responsible for the total amount billed by your provider for non-covered services, regardless of whether such services are performed by a network/ participating or non-network/ nonparticipating provider. Both services specifically excluded by the terms of the Certificate, and those received after benefits have been exhausted are non-covered services. Benefits may be exhausted by exceeding, for example, the benefit caps or day/visit limits.

In some instances, you may only be asked to pay the lower network cost sharing amount when you use a non-network provider. For example, if you go to a network/participating hospital or provider facility and receive covered services from a non-network provider such as a radiologist, anesthesiologist or pathologist who is employed by or contracted with a network hospital or facility, you will pay the network cost-share amounts for those covered services. However, you also may be liable for the difference between the maximum allowed amount and the non-network provider's charge.

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. Visit this link to find more information on our website: **http://www.anthem.com/health-insurance/customer-care/faq**.

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:

- Accidental dental injury benefit limit – maximum of $3,000 per member, per dental accident
- Ambulance services (non-emergency transportation) – For HMO plans, non-emergency ambulance out of network is not covered unless preauthorized.
- Therapy services
  - Physical therapy – 20 visits per member per calendar year
  - Occupational therapy – 20 visits per member per calendar year
  - Speech therapy – 20 visits per member per calendar year
- Chiropractic – 12 visits for manipulation per member per calendar year
- Rehabilitation
  - Cardiac – 36 visits per member per calendar year
  - Pulmonary – 20 visits per member per calendar year
  - Inpatient – 60 days per member per calendar year
- Home health care – 100 visits per member per calendar year
- Private duty nursing in the home setting – 90 days per calendar year; not covered – private duty nursing services in an inpatient setting
- Skilled nursing facility – 90 days per calendar year
- Transplants – per transplant
  - Transportation and lodging – limited to $10,000 maximum benefit limit
  - Donor search – limited to a maximum of $30,000

Exclusions

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

- Alternative or complementary medicine, such as acupuncture
- Artificial insemination, fertilization, in-vitro fertilization, infertility drugs or sterilization reversal
- Bariatric surgery
- Benefits covered by Medicare Parts A, B and/or D, or a governmental program
- Breast reduction or augmentation
- Care provided by a member of your immediate family
- Care received in an emergency room that is not emergency care, except as specified in the Certificate
- 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 described in the Certificate
- Consumer wearable/personal mobile devices (such as a smart phone, smart watch, or other personal tracking devices), including any software or applications
- Cosmetic surgery and/or treatment that is primarily intended to improve your appearance

- Custodial care except when provided as hospice services
- Dental, except as described in the Certificate
- Educational/Training services
- Experimental or investigative services
- Hearing aids
- Infertility testing and treatment, except certain treatments as mandated for our HMO plans
- In-vitro fertilization (IVF) as described in the Certificate's exclusions
- Nutritional and dietary supplements
- Over-the-counter drugs, devices or products
- Pharmacy, except as described in the Certificate
- Routine foot care
- Sclerotherapy (a medical procedure used to eliminate varicose veins and spider veins)
- Services not listed as covered in your Certificate
- Services we determine are not medically necessary
- Vision, except as described in the Certificate
- Weight loss programs or treatment of obesity except as mandated
- Workers' compensation

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.

GET HELP IN YOUR LANGUAGE

Curious to know what all this says? We would be too. 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 (1-855-748-1808). (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 (1-855-748-1808). (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. (1-855-748-1808) (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(1-855-748-1808)請求免費協助。(TTY/TDD: 711)

Dutch

Als u hulp nodig heeft om dit document te begrijpen in een andere taal, mag u daar zonder aanvullende kosten om vragen door te bellen met het ledenservicenummer (1-855-748-1808). (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 : 1-855-748-1808. (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 (1-855-748-1808). (TTY/TDD: 711)

Italian

Se ha bisogno di assistenza per la comprensione del presente documento in un'altra lingua, può richiederla senza alcun costo aggiuntivo chiamando il numero dedicato ai Servizi per i membri (1-855-748-1808). (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（1-855-748-1808）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(1-855-748-1808)로 전화를 걸어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

Oromo

Sanada kana afaan kan biroodhaan hubachuuf yoo gargaarsa barbaadde lakkoofsa bilbilaa tajaajila miseensaa (Member Services) (1-855-748-1808) waraqaa eenyummaa kee irra jiru irratti bilbiluudhaan kaffaltii dabalataa malee gaafachuu dandeessa. (TTY/TDD: 711)

Pennsylvania Dutch

Wann du Helfe brauchscht um selle Document zu verschtehe in en annere Schprooch, du kannscht fer sell frooge um nix zu bezaahle. Ruff Member Services Nummer (1-855-748-1808) aa. (TTY/TDD: 711)

GET HELP IN YOUR LANGUAGE

Romanian

Dacă aveți nevoie de asistență pentru a înțelege acest document într-o altă limbă, puteți solicita aceasta în mod gratuit apelând numărul departamentului de servicii destinate membrilor (1-855-748-1808). (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 (1-855-748-1808). (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 (1-855-748-1808). (TTY/TDD: 711)

Ukrainian

Якщо ви не розумієте цього документа й вам потрібна допомога з його перекладом на іншу мову, ви маєте право безкоштовно отримати цю послугу. Для цього зателефонуйте на номер служби підтримки учасників програми страхування (1-855-748-1808). (TTY/TDD: 711)

Anthem

EXPERIENCE THE ANTHEM DIFFERENCE

Start by:

- Calling your broker or call us at **1-888-811-2101**, 8:30 am to 8:00 pm EST
- Visiting **anthem.com**, select **Individual and Family**, and applying online

You can buy health care plans once a year during open enrollment. For 2021, this period runs from **November 1, 2020 - December 15, 2020**. Dates may change and vary by state.

We know that sometimes big life events happen and you may need to make plan changes outside the open enrollment period. To see if your life event qualifies for a plan change, contact your broker or call us at the number above.

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

HERE EVERY STEP OF THE WAY.

Let us help you find a plan that meets your needs. Contact your broker or call us at **1-888-811-2101**, 8:30 am to 8:00 pm EST. You can also visit **anthem.com** and select Individual and Family.

06315OHMENABS 7/20

COUNTY NETWORK COVERAGE MAP

Anthem

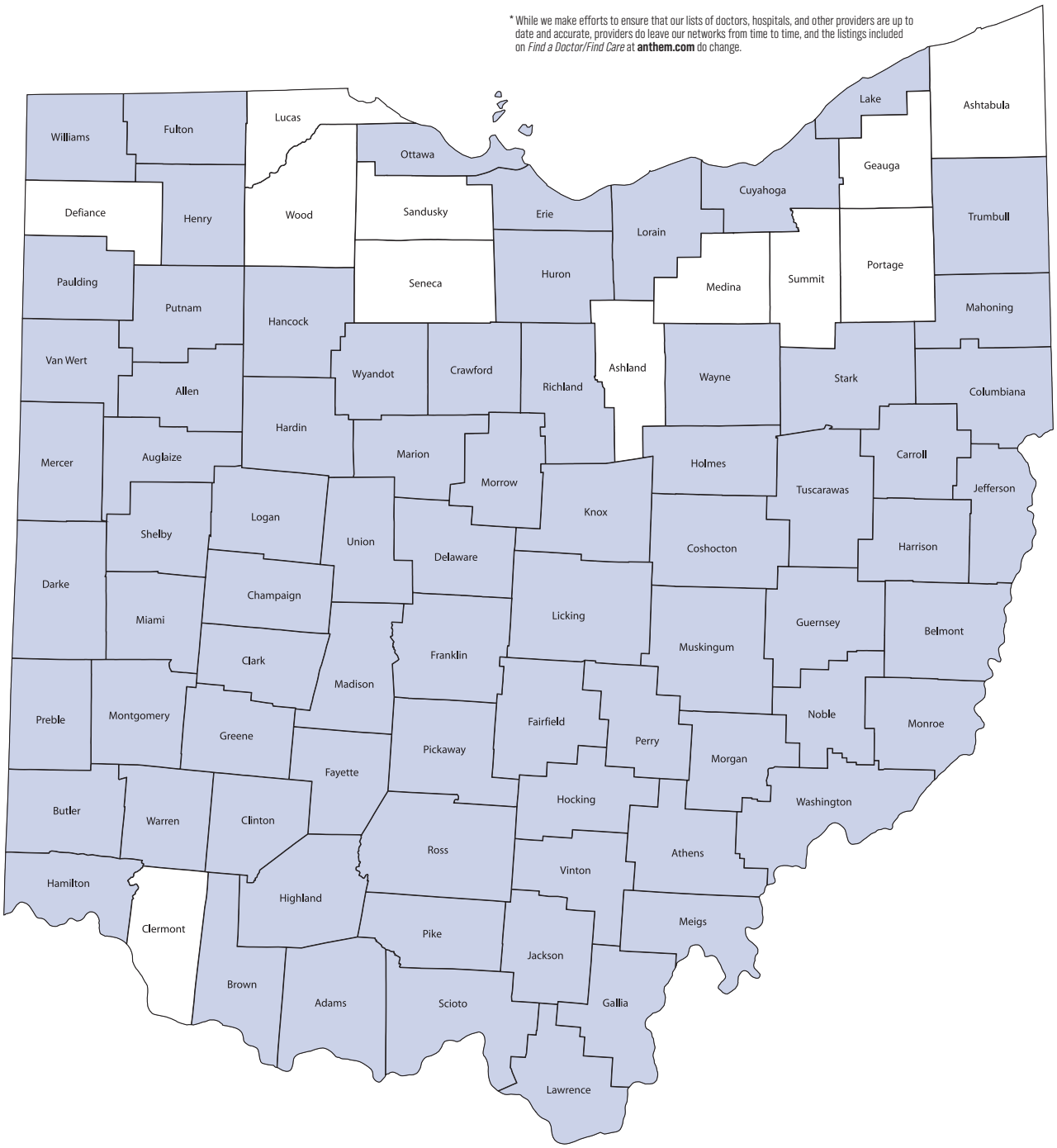
OHIO

Anthem Blue Cross and Blue Shield Individual Health Care Coverage Service Area Effective 1/1/2021

Plans are not available in all counties. Please check this map to see what is available in your area.* Pathway networks are offered off the Marketplace and Pathway X networks are offered on the Marketplace.

= Service Area

* While we make efforts to ensure that our lists of doctors, hospitals, and other providers are up to date and accurate, providers do leave our networks from time to time, and the listings included on *Find a Doctor/Find Care* at **anthem.com** do change.



1139020HMENABS 03/20