

Small Group ACA product details – 2* to 50 employees

The plan naming structure includes these elements: **Anthem + metal tier + network name + product type + copay or deductible/coinsurance/out-of-pocket maximum**

Our plans use the Select formulary, also referred to as the Connecticut Select Drug List. To view the Select Drug List, visit anthem.com/CTSelectdrugtier4.

The below overview represents in-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

All product offerings are subject to regulatory review and approval and are subject to change.

Plan type	Platinum plans			Gold plans			
	HMO		PPO				
Plan name	Anthem Platinum Pathway CT HMO 10/0%/2500 ¹²	Anthem Platinum Pathway CT HMO 15/0%/3500 ¹²	Anthem Platinum Pathway CT PPO 10/0%/2500 ¹²	Anthem Gold Pathway CT PPO 1500/30%/4000 ¹²	Anthem Gold Pathway CT PPO 1750/20%/4250 ¹²	Anthem Gold Pathway CT PPO 2000/20%/4000 ¹²	Anthem Gold Pathway CT PPO 2000/20%/5000 ¹²
Network	Pathway CT HMO	Pathway CT HMO	Pathway CT PPO				
Contract code	4J7S	4JB8	4J7W	4J9A	4JBU	4J8U	4JBG
Deductible (individual/family)	\$0/\$0	\$0/\$0	\$0/\$0	\$1,500/\$3,000	\$1,750/\$3,500	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	0%	0%	0%	30%	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$3,500/\$7,000	\$2,500/\$5,000	\$4,000/\$8,000	\$4,250/\$8,500	\$4,000/\$8,000	\$5,000/\$10,000
Office visits: Primary care (PCP)/Specialist (SPC)	PCP: \$10 SPC: \$30	PCP: \$15 SPC: \$35	PCP: \$10 SPC: \$30	\$30 for first 3 visits, then deductible and 30% coinsurance	PCP: \$20 SPC: \$40	PCP: \$25 SPC: Deductible, then \$50	PCP: \$20 SPC: \$40
Online doctor visits: Preferred ¹	Covered in full	Covered in full	Covered in full	\$0 for first 12 visits, then \$15	\$0 for first 12 visits, then \$10	\$0 for first 12 visits, then \$10	\$0 for first 12 visits, then \$10
Urgent care (facility)	\$100	\$100	\$100	Deductible, then 30% coinsurance	\$100	Deductible, then \$100	\$100
Emergency room (facility)	\$250	\$300	\$250	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$300	\$300	\$300	\$300	\$300	\$300	\$300
Site of service radiology center: X-ray and ultrasound	Covered in full						
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	\$75	\$75	\$75	\$75	\$75
Outpatient surgery (facility)	\$400	\$400	\$400	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	\$500 per day to a max of \$1,000 per admission	\$500 per day to a max of \$1,000 per admission	\$500 per day to a max of \$1,000 per admission	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$500 copay per day up to 4 days per admission	Deductible, then 20% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-4: No deductible				
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script
Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3/tier 4)	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script

Important: Vision benefits are included with every Anthem Small Group plan at no extra cost. Children up to age 19 are covered for yearly eye exams, plus frames and lenses. Adults are covered for yearly eye exams, plus frames (\$130 when they use a doctor in the plan) and lenses every two years. HSA plans provide access to vision discounts before the deductible is met. Vision exam and other benefits are subject to the plan deductible. Children's dental benefits are included in each plan. Please refer to your Certificate of Coverage for details.

*A small group must have at least 2 eligible, active, full-time FTE employees (working at least 20 hours per week).

† This plan offers site of service (SOS) benefits with no charge for lab tests performed at site of service labs and for X-ray services performed at site of service radiology centers. Advanced diagnostic imaging is covered at \$75 per service up to \$375 per benefit period when performed at site of service radiology centers. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Certificate of Coverage for details.

‡ Nonembedded deductible plan; all other plans have embedded deductibles.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

1 Cost share applies to LiveHealth Online medical doctor visits and behavioral health (mental health / substance abuse) visits.

Out of Area Coverage - PPO plans have Full BlueCard access using the standard BlueCard PPO network. HMO plans have Limited BlueCard access for urgent and emergency coverage only using the Trad/Par network.

Small Group ACA product details – 2* to 50 employees

The plan naming structure includes these elements: **Anthem + metal tier + network name + product type + copay or deductible/coinsurance/out-of-pocket maximum**

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The below overview represents in-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

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Plan type	Gold plans				Silver plans		
	PPO		PPO HSA		HMO HSA	PPO	
Plan name	Anthem Gold Pathway CT PPO 2500/0%/ ¹² 4500 ¹²	Anthem Gold Pathway CT PPO 3500/0%/ ¹² 7000 ¹²	Anthem Gold Pathway CT PPO Tiered 2000/0%/6000	Anthem Gold Pathway CT PPO Tiered 2500/0%/6000	Anthem Gold Pathway CT PPO 1400/10%/4000 w/HSA ^{†,△}	Anthem Silver Pathway CT HMO 2800/50%/6000 w/HSA [†]	Anthem Silver Pathway CT PPO 3500/30%/ ¹² 8150 ¹²
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO Tiered	Pathway CT PPO Tiered	Pathway CT PPO	Pathway CT HMO	Pathway CT PPO
Contract code	4J8Q	4JA1	4J76	4J7J	4J72	4JAD	4J9E
Deductible (individual/family)	\$2,500/\$5,000	\$3,500/\$7,000	Tier 1: \$2,000/\$4,000 Tier 2: \$3,000/\$6,000	Tier 1: \$2,500/\$5,000 Tier 2: \$3,500/\$7,000	\$1,400/\$2,800	\$2,800/\$5,600	\$3,500/\$7,000
Coinsurance	0%	0%	Tier 1: 0% Tier 2: 30%	Tier 1: 0% Tier 2: 30%	10%	50%	30%
Out-of-pocket maximum (individual/family)	\$4,500/\$9,000	\$7,000/\$14,000	\$6,000/\$12,000	\$6,000/\$12,000	\$4,000/\$8,000	\$6,000/\$12,000	\$8,150/\$16,300
Office visits: Primary care (PCP)/Specialist (SPC)	PCP: \$25 SPC: \$50	PCP: \$30 SPC: \$60	Tier 1: PCP: \$20 SPC: \$40 Tier 2: Deductible, then 30% coinsurance	Tier 1: PCP: \$25 SPC: \$50 Tier 2: PCP: Deductible, then \$45 SPC: Deductible, then \$70	PCP: Deductible, then \$20 SPC: Deductible, then \$40	PCP: Deductible, then \$40 SPC: Deductible, then \$80	\$40 for first 3 visits, then deductible and 30% coinsurance
Online doctor visits: Preferred ¹	\$0 for first 12 visits, then \$10	\$0 for first 12 visits, then \$15	Tier 1: \$0 for first 12 visits, then \$10 Tier 2: \$0 for first 12 visits, then \$10	Tier 1: \$0 for first 12 visits, then \$10 Tier 2: \$0 for first 12 visits, then \$10	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$0 for first 12 visits, then \$15
Urgent care (facility)	\$100	\$100	Tier 1: \$100 Tier 2: \$100	Tier 1: \$100 Tier 2: \$100	Deductible, then \$100	Deductible, then \$100	Deductible, then 30% coinsurance
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 50% coinsurance	Deductible, then 30% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$300	\$400	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 50% coinsurance	\$400
Site of service radiology center: X-ray and ultrasound	Covered in full	Covered in full	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 50% coinsurance	Covered in full
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 50% coinsurance	\$75
Outpatient surgery (facility)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 50% coinsurance	Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 50% coinsurance	Deductible, then 30% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30%/30%	\$5/\$50/30%/30%	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script
Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3/tier 4)	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30%/30%	\$13/\$150/30%/30%	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script

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	PPO						
Plan name	Anthem Silver Pathway CT PPO 4500/0%/8150 ¹²	Anthem Silver Pathway CT PPO 4500/40%/8150 ¹²	Anthem Silver Pathway CT PPO 5000/25%/8150 ¹²	Anthem Silver Pathway CT PPO 5500/25%/8150 ¹²	Anthem Silver Pathway CT PPO 7000/40%/8150 ¹²	Anthem Silver Pathway CT PPO Tiered 5200/0%/8150	Anthem Silver Pathway CT PPO 3000/20%/6850 w/HSA ¹
Network	Pathway CT PPO	Pathway CT PPO Tiered	Pathway CT PPO				
Contract code	4J88	4JBY	4J8C	4J84	4JB4	4J7E	4J6Y
Deductible (individual/family)	\$4,500/\$9,000	\$4,500/\$9,000	\$5,000/\$10,000	\$5,500/\$11,000	\$7,000/\$14,000	Tier 1: \$5,200/\$10,400 Tier 2: \$7,000/\$14,000	\$3,000/\$6,000
Coinsurance	0%	40%	25%	25%	40%	Tier 1: 0% Tier 2: 30%	20%
Out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$6,850/\$13,700
Office visits: Primary care (PCP)/Specialist (SPC)	PCP: \$40 SPC: Deductible, then \$80	PCP: \$40 SPC: \$80	PCP: \$50 SPC: \$70	PCP: \$40 SPC: Deductible, then \$80	PCP: \$50 SPC: \$100	Tier 1: PCP: \$40 SPC: \$80 Tier 2: Deductible, then 30% coinsurance	PCP: Deductible, then \$40 SPC: Deductible, then \$80
Online doctor visits: Preferred ¹	\$0 for first 12 visits, then \$15	Tier 1: \$0 for first 12 visits, then \$15 Tier 2: \$0 for first 12 visits, then \$15	Deductible, then 0% coinsurance				
Urgent care (facility)	Deductible, then \$100	\$100	\$100	\$100	\$100	Tier 1: \$100 Tier 2: \$100	Deductible, then \$100
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 40% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 40% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	\$400	\$400	\$500	\$400	\$400	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Site of service radiology center: X-ray and ultrasound	Covered in full	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Deductible, then 20% coinsurance				
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	\$75	\$75	\$75	\$75	\$75	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Outpatient surgery (facility)	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 40% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then \$600 copay per day up to 4 days per admission	Deductible, then 40% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 40% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies ⁺				
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% up to \$500 per script/30% up to \$1,000 per script	\$5/\$50/30% ¹³
Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3/tier 4)	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% up to \$1,500 per script/30% up to \$1,000 per script	\$13/\$150/30% ¹³

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Plan type	Silver plans					Bronze plans	
	PPO HSA					HMO	HMO HSA
Plan name	Anthem Silver Pathway CT PPO 3400/10%/6850 w/HSA [†]	Anthem Silver Pathway CT PPO 4000/20%/6850 w/HSA [†]	Anthem Silver Pathway CT PPO 4500/0%/6850 w/HSA [†]	Anthem Silver Pathway CT PPO 5000/40%/6850 w/HSA [†]	Anthem Silver Pathway CT PPO Tiered 3500/0%/6850 w/HSA [†]	Anthem Bronze Pathway CT HMO 7750/50%/8150	Anthem Bronze Pathway CT HMO 5500/50%/6850 w/HSA [†]
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO Tiered	Pathway CT HMO	Pathway CT HMO
Contract code	4JA5	4J9T	4J92	4J9X	4J7N	4K2T	4JA9
Deductible (individual/family)	\$3,400/\$6,800	\$4,000/\$8,000	\$4,500/\$9,000	\$5,000/\$10,000	Tier 1: \$3,500/\$7,000 Tier 2: \$4,500/\$9,000	\$7,750/\$15,500	\$5,500/\$11,000
Coinsurance	10%	20%	0%	40%	Tier 1: 0% Tier 2: 30%	50%	50%
Out-of-pocket maximum (individual/family)	\$6,850/\$13,700	\$6,850/\$13,700	\$6,850/\$13,700	\$6,850/\$13,700	\$6,850/\$13,700	\$8,150/\$16,300	\$6,850/\$13,700
Office visits: Primary care (PCP)/Specialist (SPC)	Deductible, then 10% coinsurance PCP: Deductible, then \$40 SPC: Deductible, then \$80	Deductible, then 0% coinsurance PCP: Deductible, then \$40 SPC: Deductible, then \$80	Deductible, then 0% coinsurance PCP: Deductible, then \$40 SPC: Deductible, then \$80	Deductible, then 0% coinsurance PCP: Deductible, then \$40 SPC: Deductible, then \$80	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Deductible, then 50% coinsurance PCP: Deductible, then \$40 SPC: Deductible, then \$80	PCP: Deductible, then \$40 SPC: Deductible, then \$80
Online doctor visits: Preferred ¹	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Urgent care (facility)	Deductible, then 10% coinsurance	Deductible, then \$100	Deductible, then 0% coinsurance	Deductible, then \$100	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance	Deductible, then 50% coinsurance	Deductible, then \$100
Emergency room (facility)	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Site of service radiology center: X-ray and ultrasound	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Outpatient surgery (facility)	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Hospital inpatient admission	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 40% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: Medical deductible applies [†]	Tiers 1-4: Medical deductible applies [†]	Tiers 1-4: Medical deductible applies [†]	Tiers 1-4: Medical deductible applies [†]	Tiers 1-4: Medical deductible applies [†]	Tiers 1-4: Medical deductible applies [†]	Tiers 1-4: Medical deductible applies [†]
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$5/\$50/30%/30%	\$5/\$50/30%/30%	\$5/\$50/30%/30%	\$5/\$50/30%/30%	\$5/\$50/30%/30%	\$5/\$50/30%/30%	\$5/\$50/30%/30%
Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3/tier 4)	\$13/\$150/30%/30%	\$13/\$150/30%/30%	\$13/\$150/30%/30%	\$13/\$150/30%/30%	\$13/\$150/30%/30%	\$13/\$150/30%/30%	\$13/\$150/30%/30%

Important: Vision benefits are included with every Anthem Small Group plan at no extra cost. Children up to age 19 are covered for yearly eye exams, plus frames and lenses. Adults are covered for yearly eye exams, plus frames (\$130 when they use a doctor in the plan) and lenses every two years. HSA plans provide access to vision discounts before the deductible is met. Vision exam and other benefits are subject to the plan deductible. Children's dental benefits are included in each plan. Please refer to your Certificate of Coverage for details.

*A small group must have at least 2 eligible, active, full-time FTE employees (working at least 20 hours per week).

† This plan offers site of service (SOS) benefits with no charge for lab tests performed at site of service labs and for X-ray services performed at site of service radiology centers. Advanced diagnostic imaging is covered at \$75 per service up to \$375 per benefit period when performed at site of service radiology centers. If these services are performed by other providers, the cost share may be higher for the plan. Please see the Certificate of Coverage for details.

△ Nonembedded deductible plan; all other plans have embedded deductibles.

† This HSA-compatible plan includes Preventive Pharmacy.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

1 Cost share applies to LiveHealth Online medical doctor visits and behavioral health (mental health / substance abuse) visits.

Out of Area Coverage - PPO plans have Full BlueCard access using the standard BlueCard PPO network. HMO plans have Limited BlueCard access for urgent and emergency coverage only using the Trad/Par network.

Small Group ACA product details – 2* to 50 employees

The plan naming structure includes these elements: **Anthem + metal tier + network name + product type + copay or deductible/coinsurance/out-of-pocket maximum**

Our plans use the Select formulary, also referred to as the Connecticut Select Drug List. To view the Select Drug List, visit anthem.com/CTSelectdrugtier4.

The below overview represents in-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

All product offerings are subject to regulatory review and approval and are subject to change.

Plan type	Bronze plans				
	PPO	PPO HSA			
Plan name	Anthem Bronze Pathway CT PPO 8150/0%/8150	Anthem Bronze Pathway CT PPO 5500/35%/6850 w/HSA [†]	Anthem Bronze Pathway CT PPO 5750/20%/6850 w/HSA [†]	Anthem Bronze Pathway CT PPO 6850/0%/6850 w/HSA [†]	Anthem Bronze Pathway CT PPO Tiered 5750/20%/6850 w/HSA [†]
Network	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO	Pathway CT PPO Tiered
Contract code	4JBL	4J8G	4J80	4J8Y	4J7A
Deductible (individual/family)	\$8,150/\$16,300	\$5,500/\$11,000	\$5,750/\$11,500	\$6,850/\$13,700	Tier 1: \$5,750/\$11,500 Tier 2: \$6,750/\$13,500
Coinsurance	0%	35%	20%	0%	Tier 1: 20% Tier 2: 40%
Out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$6,850/\$13,700	\$6,850/\$13,700	\$6,850/\$13,700	\$6,850/\$13,700
Office visits: Primary care (PCP)/Specialist (SPC)	Deductible, then 0% coinsurance	PCP: Deductible, then \$40 SPC: Deductible, then \$80	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Tier 1: PCP: Deductible, then \$30 SPC: Deductible, then \$50 Tier 2: PCP: Deductible, then \$50 SPC: Deductible, then \$70
Online doctor visits: Preferred ¹	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance
Urgent care (facility)	Deductible, then 0% coinsurance	Deductible, then \$100	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Tier 1: Deductible, then \$100 Tier 2: Deductible, then \$100
Emergency room (facility)	Deductible, then 0% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Tier 1: Deductible, then 40% coinsurance Tier 2: Deductible, then 40% coinsurance
Site of service surgical center: ambulatory outpatient surgery center	Deductible, then 0% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 40% coinsurance
Site of service radiology center: X-ray and ultrasound	Deductible, then 0% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 40% coinsurance
Site of service radiology center: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 0% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Tier 1: Not applicable Tier 2: Deductible, then 40% coinsurance
Outpatient surgery (facility)	Deductible, then 0% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance
Pharmacy deductible (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	0%	\$5/\$50/30%/30%	\$5/\$50/30%/30%	0%	\$5/\$50/30%/30%
Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3/tier 4)	0%	\$13/\$150/30%/30%	\$13/\$150/30%/30%	0%	\$13/\$150/30%/30%

Important: Vision benefits are included with every Anthem Small Group plan at no extra cost. Children up to age 19 are covered for yearly eye exams, plus frames and lenses. Adults are covered for yearly eye exams, plus frames (\$130 when they use a doctor in the plan) and lenses every two years. HSA plans provide access to vision discounts before the deductible is met. Vision exam and other benefits are subject to the plan deductible. Children's dental benefits are included in each plan. Please refer to your Certificate of Coverage for details.

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‡ Nonembedded deductible plan; all other plans have embedded deductibles.

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We're in this together

Let us help you save more time

Thank you for letting us partner with you. We understand that providing health benefits is an important decision for small businesses. That's why we're doing everything we can to offer the highest-quality coverage while keeping costs down. And we're right by your side to help make things simpler for you through the process.

Easier than ever

Our plans were put together with small businesses in mind – they're simple to understand, administer and use!

Questions? We're here to help. Call your Anthem representative.



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This is not a contract or policy. This guide is not a contract with Anthem Blue Cross and Blue Shield (Anthem). If there is any difference between this guide and the Certificate of Coverage, Member Booklet, Summaries of Benefits, and related amendments, the provisions of the Certificate of Coverage, Member Booklet, Summaries of Benefits and related amendments will govern. For more information, please call your producer or Anthem representative.

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