Ohio

Effective January 1, 2023

SOCA Benefit Plan
medical and specialty products

Anthem | SMALL BUSINESS

05527OHEENABS Rev. 11/22

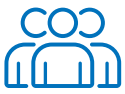
WE'RE HELPING SOLVE TODAY'S TOUGHEST HEALTHCARE CHALLENGES

By connecting individuals to the care, support, and resources they need to thrive, we're going beyond traditional health insurance to focus on a bigger whole-health picture.

We're here to support you with:

A transformative digital-first experience. Using innovative digital solutions, advanced analytics, and apps like Sydney℠ Health, we're simplifying and personalizing healthcare delivery.

Meaningful connections through whole-person care. Through medical, pharmacy, and specialty integration, we're leaning into whole-health programs like Wellbeing Solutions to improve outcomes and lower costs.



Collaborative expertise with our network advantage. By leveraging our partnerships, networks, and strong provider relationships, we're supporting access to high-quality, equitable care.

As your trusted partner, we're here to promote an effective healthcare strategy that reinforces innovation, integration, and collaboration.

Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield health plans ©2021-2022.

SOCA Benefit Plan product details – 1 to 50 employees

Link Blue Connection HMO plans:

- *Non-HSA plans*: Virtual text and virtual primary care visits with a member's network doctor or our online providers, K Health and LiveHealth Online, covered in full (no cost share). PCP office visits for children under age 19 are also covered in full. Other services such as PCP office visits for adults and Specialist visits covered at copay. Deductible applies to facility services, if applicable.
- *HSA plans*: Virtual text and virtual primary care visits with a member's network doctor or our online providers, K Health and LiveHealth Online, subject to deductible, then covered in full. PCP office visits for children under age 19 are also subject to deductible, then covered in full. Other services such as PCP office visits for adults and Specialist visits subject to deductible, then copay.
- Network coinsurance is limited to five benefits – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics.
- With the Blue Connection High-Performance Network (Blue HPN), members receive network coverage when they visit any participating HPN provider in our HPN service areas across the U.S. Non-network and out of country coverage is limited to urgent and emergency care.

****NEW* for 2023***

Low-cost PPO HSA plan with PreventiveRx Plus benefits:

- Benefits cover certain Tier 1 and Tier 2 drugs on the Essential formulary with unique copays and no deductible.
- Drugs include certain ACE Inhibitors, Anti-resorptive Therapies, Beta-blockers, Inhaled Corticosteroids, Insulin and other Glucose Lowering Agents, SSRIs and Statins.
- Tier 1 preventive drug copay: $15 / Tier 2 preventive drug copay: $45.

The following benefit charts show network benefits select visits and/or services. Additional services rendered as part of a visit or service (including urgent care and emergency room visits) may be subject to additional cost shares.

For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit **https://plan-summaries.anthem.com/sobdps/**.

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

SOCA Benefit Plan product details – 1 to 50 employees

PPO plans

Plan type	PPO		
Plan name	SOCA Benefit Plan Blue Access PPO 500/20%/4500	SOCA Benefit Plan Blue Access PPO 500/30%/5500	SOCA Benefit Plan Blue Access PPO 1000/4500
Network	Blue Access	Blue Access	Blue Access
Contract code	6VJP	6VJM	6VJ2
Deductible[1] (individual/family)	$500/$1,000	$500/$1,500	$1,000/$2,000
Coinsurance	20%	30%	Limited §
Out-of-pocket maximum (individual/family)	$4,500/$9,000	$5,500/$11,000	$4,500/$9,000
Office and virtual visits: Primary care (PCP)/Specialist (SPC)[2]	PCP: $25 SPC: $50	PCP: $25 SPC: $50	PCP: $25 SPC: $75
Medical chats and virtual primary care visits[3]	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$75	$75	$75
Emergency room (facility)	$400, then 20% coinsurance	$400, then 30% coinsurance	Deductible, then $500
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then $500
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then $750 per admission
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible[5] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tier 1: No deductible Tiers 2-4: $250/$500 Pharmacy deductible
Retail pharmacy: 30-day supply[6,7]	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375
Home delivery pharmacy[7,8]	$38/$135/$270/$275	$38/$135/$270/$275	$38/$135/$270/$275

Footnotes

§ A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived and unique copays apply to Tier 1 and Tier 2 drugs on the PreventiveRx Plus drug list.
1 *Nonembedded* deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. *Embedded* deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
2 Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. NOTE: The PCP cost share does not apply to virtual primary care visits for Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.
3 Medical chats and virtual visits for primary care from our online provider K Health, through its affiliated provider groups.
4 Virtual visits from our online provider LiveHealth Online (LHO) – urgent/acute medical and behavioral health services (mental health / substance abuse). In addition, free visits for Future Moms Breastfeeding Support visits on LHO are included with all medical plans
5 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.
6 Retail 90 (R90) is included on all plans. Members can get a 90-day supply of maintenance medications from a participating retail pharmacy for drug tiers 1-3 at 3x the retail cost share.
7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/ tier 3/ tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/ tier 3/ tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
8 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

SOCA Benefit Plan product details – 1 to 50 employees

PPO plans

Plan type	PPO		
Plan name	SOCA Benefit Plan Blue Access PPO 1000/20%/6000	SOCA Benefit Plan Blue Access PPO 1500/0%/5000	SOCA Benefit Plan Blue Access PPO 1500/20%/7000
Network	Blue Access	Blue Access	Blue Access
Contract code	6VJF	6VJV	6VJQ
Deductible[1] (individual/family)	$1,000/$2,000	$1,500/$3,000	$1,500/$3,000
Coinsurance	20%	0%	20%
Out-of-pocket maximum (individual/family)	$6,000/$12,000	$5,000/$10,000	$7,000/$14,000
Office and virtual visits: Primary care (PCP)/Specialist (SPC)[2]	PCP: $30 SPC: $60	PCP: $30 SPC: $60	PCP: $30 SPC: $60
Medical chats and virtual primary care visits[3]	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$75	$75	$75
Emergency room (facility)	$400, then 20% coinsurance	$450, then 0% coinsurance	$450, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible[5] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[6,7]	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375
Home delivery pharmacy[7,8]	$38/$135/$270/$275	$38/$135/$270/$275	$38/$135/$270/$275

Footnotes

§ A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived and unique copays apply to Tier 1 and Tier 2 drugs on the PreventiveRx Plus drug list.
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6 Retail 90 (R90) is included on all plans. Members can get a 90-day supply of maintenance medications from a participating retail pharmacy for drug tiers 1-3 at 3x the retail cost share.
7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/ tier 3/ tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/ tier 3/ tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
8 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

SOCA Benefit Plan product details – 1 to 50 employees

PPO plans

Plan type	PPO		
Plan name	SOCA Benefit Plan Blue Access PPO 2500/0%/6000	SOCA Benefit Plan Blue Access PPO 3000/5500	SOCA Benefit Plan Blue Access PPO 3000/20%/7000
Network	Blue Access	Blue Access	Blue Access
Contract code	6VHR	6VHV	6VJ5
Deductible[1] (individual/family)	$2,500/$5,000	$3,000/$6,000	$3,000/$6,000
Coinsurance	0%	Limited §	20%
Out-of-pocket maximum (individual/family)	$6,000/$12,000	$5,500/$11,000	$7,000/$14,000
Office and virtual visits: Primary care (PCP)/Specialist (SPC)[2]	PCP: $30 SPC: $60	PCP: $25 SPC: $75	PCP: $30 SPC: $60
Medical chats and virtual primary care visits[3]	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$75	$75	$75
Emergency room (facility)	$450, then 0% coinsurance	Deductible, then $500	$450, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then $500	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then $750 per admission	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible[5] (individual/family)	Tiers 1-4: No deductible	Tier 1: No deductible Tiers 2-4: $250/$500 Pharmacy deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[6,7]	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375
Home delivery pharmacy[7,8]	$38/$135/$270/$275	$38/$135/$270/$275	$38/$135/$270/$275

Footnotes

§ A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
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7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/ tier 3/ tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/ tier 3/ tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
8 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

SOCA Benefit Plan product details – 1 to 50 employees

PPO plans

Plan type	PPO		
Plan name	SOCA Benefit Plan Blue Access PPO 3500/0%/7000	SOCA Benefit Plan Blue Access PPO 5000/0%/7000	SOCA Benefit Plan Blue Access PPO 6000/0%/8000
Network	Blue Access	Blue Access	Blue Access
Contract code	6VJG	6VJH	6VHT
Deductible[1] (individual/family)	$3,500/$7,000	$5,000/$10,000	$6,000/$12,000
Coinsurance	0%	0%	0%
Out-of-pocket maximum (individual/family)	$7,000/$14,000	$7,000/$14,000	$8,000/$16,000
Office and virtual visits: Primary care (PCP)/Specialist (SPC)[2]	PCP: $30 SPC: $60	PCP: $30 SPC: $60	PCP: $30 SPC: $60
Medical chats and virtual primary care visits[3]	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$75	$75	$75
Emergency room (facility)	$450, then 0% coinsurance	$500, then 0% coinsurance	$550, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible[5] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[6,7]	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375
Home delivery pharmacy[7,8]	$38/$135/$270/$275	$38/$135/$270/$275	$38/$135/$270/$275

Footnotes

§ A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
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6 Retail 90 (R90) is included on all plans. Members can get a 90-day supply of maintenance medications from a participating retail pharmacy for drug tiers 1-3 at 3x the retail cost share.
7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/ tier 3/ tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/ tier 3/ tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
8 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

SOCA Benefit Plan product details – 1 to 50 employees

PPO plans

Plan type	PPO HSA		
Plan name	SOCA Benefit Plan Blue Access PPO 2000C/4000 w/HSA Δ	SOCA Benefit Plan Blue Access PPO 2500/0%/5500 w/HSA Δ	SOCA Benefit Plan Blue Access PPO 3000E/0%/5000 w/HSA
Network	Blue Access	Blue Access	Blue Access
Contract code	6VJB	6VJ4	6VJ7
Deductible[1] (individual/family)	$2,000/$4,000	$2,500/$5,000	$3,000/$6,000
Coinsurance	Limited §	0%	0%
Out-of-pocket maximum (individual/family)	$4,000/$8,000	$5,500/$9,100	$5,000/$10,000
Office and virtual visits: Primary care (PCP)/Specialist (SPC)[2]	PCP: Deductible, then $25 SPC: Deductible, then $50	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Medical chats and virtual primary care visits[3]	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider[4]	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Urgent care (office)	Deductible, then $75	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Emergency room (facility)	Deductible, then $400	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then $250	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then $400 per admission	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible[5] (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply[6,7]	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375
Home delivery pharmacy[7,8]	$38/$135/$270/$275	$38/$135/$270/$275	$38/$135/$270/$275

Footnotes

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6 Retail 90 (R90) is included on all plans. Members can get a 90-day supply of maintenance medications from a participating retail pharmacy for drug tiers 1-3 at 3x the retail cost share.
7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/ tier 3/ tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/ tier 3/ tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
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SOCA Benefit Plan product details – 1 to 50 employees

PPO plans

Plan type	PPO HSA		
Plan name	SOCA Benefit Plan Blue Access PPO 3000E/0%/6000 w/HSA	SOCA Benefit Plan Blue Access PPO 3000E/20%/4500 w/HSA	SOCA Benefit Plan Blue Access PPO 3000E/20%/6000 w/HSA
Network	Blue Access	Blue Access	Blue Access
Contract code	6VJA	6VJJ	6VHU
Deductible[1] (individual/family)	$3,000/$6,000	$3,000/$6,000	$3,000/$6,000
Coinsurance	0%	20%	20%
Out-of-pocket maximum (individual/family)	$6,000/$12,000	$4,500/$9,000	$6,000/$12,000
Office and virtual visits: Primary care (PCP)/Specialist (SPC)[2]	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Medical chats and virtual primary care visits[3]	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider[4]	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Urgent care (office)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency room (facility)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible[5] (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply[6,7]	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375
Home delivery pharmacy[7,8]	$38/$135/$270/$275	$38/$135/$270/$275	$38/$135/$270/$275

Footnotes

§ A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived and unique copays apply to Tier 1 and Tier 2 drugs on the PreventiveRx Plus drug list.
1 *Nonembedded* deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. *Embedded* deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
2 Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. NOTE: The PCP cost share does not apply to virtual primary care visits for Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.
3 Medical chats and virtual visits for primary care from our online provider K Health, through its affiliated provider groups.
4 Virtual visits from our online provider LiveHealth Online (LHO) – urgent/acute medical and behavioral health services (mental health / substance abuse). In addition, free visits for Future Moms Breastfeeding Support visits on LHO are included with all medical plans
5 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.
6 Retail 90 (R90) is included on all plans. Members can get a 90-day supply of maintenance medications from a participating retail pharmacy for drug tiers 1-3 at 3x the retail cost share.
7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/ tier 3/ tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/ tier 3/ tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
8 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

SOCA Benefit Plan product details – 1 to 50 employees

PPO plans

Plan type	PPO HSA		
Plan name	SOCA Benefit Plan Blue Access PPO 3500E/20%/6500 w/HSA	SOCA Benefit Plan Blue Access PPO 4000E/0%/6500 w/HSA	SOCA Benefit Plan Blue Access PPO 4500EC/6250 w/HSA
Network	Blue Access	Blue Access	Blue Access
Contract code	6VJ8	6VHS	6VJE
Deductible[1] (individual/family)	$3,500/$7,000	$4,000/$8,000	$4,500/$9,000
Coinsurance	20%	0%	Limited §
Out-of-pocket maximum (individual/family)	$6,500/$13,000	$6,500/$13,000	$6,250/$12,500
Office and virtual visits: Primary care (PCP)/Specialist (SPC)[2]	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	PCP: Deductible, then $30 SPC: Deductible, then $60
Medical chats and virtual primary care visits[3]	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider[4]	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Urgent care (office)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then $75
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then $450
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then $300
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then $450 per admission
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible[5] (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply[6,7]	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375
Home delivery pharmacy[7,8]	$38/$135/$270/$275	$38/$135/$270/$275	$38/$135/$270/$275

Footnotes

§ A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived and unique copays apply to Tier 1 and Tier 2 drugs on the PreventiveRx Plus drug list.
1 *Nonembedded* deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. *Embedded* deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
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6 Retail 90 (R90) is included on all plans. Members can get a 90-day supply of maintenance medications from a participating retail pharmacy for drug tiers 1-3 at 3x the retail cost share.
7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/ tier 3/ tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/ tier 3/ tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
8 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

SOCA Benefit Plan product details – 1 to 50 employees

PPO plans

Plan type	PPO HSA		
Plan name	SOCA Benefit Plan Blue Access PPO 5000E/0%/7000 w/HSA	SOCA Benefit Plan Blue Access PPO 6350E/0%/6350 w/HSA	SOCA Benefit Plan Blue Access PPO 6700E/0%/6700 w/HSA and PrevRx *NEW*
Network	Blue Access	Blue Access	Blue Access
Contract code	6VJR	6VHN	74PB
Deductible[1] (individual/family)	$5,000/$10,000	$6,350/$12,700	$6,700/$13,400
Coinsurance	0%	0%	0%
Out-of-pocket maximum (individual/family)	$7,000/$14,000	$6,350/$12,700	$6,700/$13,400
Office and virtual visits: Primary care (PCP)/Specialist (SPC)[2]	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Medical chats and virtual primary care visits[3]	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider[4]	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Urgent care (office)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Emergency room (facility)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible[5] (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies ‡
Retail pharmacy: 30-day supply[6,7]	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: 0% Level 2: 0%	Level 1: 0% Level 2: 0%
Home delivery pharmacy[7,8]	$38/$135/$270/$275	0%	0%

Footnotes

§ A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived and unique copays apply to Tier 1 and Tier 2 drugs on the PreventiveRx Plus drug list.
1 *Nonembedded* deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. *Embedded* deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
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5 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.
6 Retail 90 (R90) is included on all plans. Members can get a 90-day supply of maintenance medications from a participating retail pharmacy for drug tiers 1-3 at 3x the retail cost share.
7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/ tier 3/ tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/ tier 3/ tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
8 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

SOCA Benefit Plan product details – 1 to 50 employees

Tiered PPO plans

Plan type	PPO		
Plan name	SOCA Benefit Plan Blue Access Options PPO 500/10%/5000	SOCA Benefit Plan Blue Access Options PPO 1500/0%/7000	SOCA Benefit Plan Blue Access Options PPO 3000/0%/7000
Network	Blue Access OH I	Blue Access OH I	Blue Access OH I
Contract code	6VHX	6VJ9	6VHQ
Deductible[1] (individual/family)	Tier 1: $500/$1,000 Tier 2: $2,000/$4,000	Tier 1: $1,500/$3,000 Tier 2: $2,500/$5,000	Tier 1: $3,000/$6,000 Tier 2: $6,000/$12,000
Coinsurance	Tier 1: 10% Tier 2: 30%	Tier 1: 0% Tier 2: 20%	Tier 1: 0% Tier 2: 20%
Out-of-pocket maximum (individual/family)	Tier 1: $5,000/$10,000 Tier 2: $5,000/$10,000	Tier 1: $7,000/$14,000 Tier 2: $7,000/$14,000	Tier 1: $7,000/$14,000 Tier 2: $7,000/$14,000
Office and virtual visits: Primary care (PCP)/Specialist (SPC)[2]	PCP Tier 1: $25 SPC Tier 1: $50 PCP Tier 2: $40 SPC Tier 2: $80	PCP Tier 1: $25 SPC Tier 1: $50 PCP Tier 2: $40 SPC Tier 2: $80	PCP Tier 1: $25 SPC Tier 1: $50 PCP Tier 2: $40 SPC Tier 2: $80
Medical chats and virtual primary care visits[3]	Tier 1: Covered in full Tier 2: Covered in full	Tier 1: Covered in full Tier 2: Covered in full	Tier 1: Covered in full Tier 2: Covered in full
Virtual doctor visits: Preferred online provider[4]	Tier 1: Covered in full Tier 2: Covered in full	Tier 1: Covered in full Tier 2: Covered in full	Tier 1: Covered in full Tier 2: Covered in full
Urgent care (office)	Tier 1: $75 Tier 2: $75	Tier 1: $75 Tier 2: $75	Tier 1: $75 Tier 2: $75
Emergency room (facility)	Tier 1: $400, then 30% coinsurance Tier 2: $400, then 30% coinsurance	Tier 1: $450, then 20% coinsurance Tier 2: $450, then 20% coinsurance	Tier 1: $500, then 20% coinsurance Tier 2: $500, then 20% coinsurance
Hospital outpatient surgery facility	Tier 1: Deductible, then 10% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 20% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 20% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 10% coinsurance Tier 2: Deductible, then 30% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 20% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible[5] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[6,7]	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375	Level 1: $15/$45/$90/$275 Level 2: $25/$55/$100/$375
Home delivery pharmacy[7,8]	$38/$135/$270/$275	$38/$135/$270/$275	$38/$135/$270/$275

Footnotes

§ A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived and unique copays apply to Tier 1 and Tier 2 drugs on the PreventiveRx Plus drug list.
1 *Nonembedded* deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. *Embedded* deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
2 Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. NOTE: The PCP cost share does not apply to virtual primary care visits for Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.
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6 Retail 90 (R90) is included on all plans. Members can get a 90-day supply of maintenance medications from a participating retail pharmacy for drug tiers 1-3 at 3x the retail cost share.
7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/ tier 3/ tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/ tier 3/ tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
8 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

SOCA Benefit Plan product details – 1 to 50 employees

Link Blue Connection HMO plans

Link plans are only available in our Cincinnati, Columbus and Dayton rating areas.
To find Blue Connection (Blue HPN) providers, visit anthem.com/find-care/ or ask your Anthem representative for details.

Plan type	HMO		
Plan name	SOCA Benefit Plan Link Blue Connection HMO 50/6500	SOCA Benefit Plan Link Blue Connection HMO 2500/5000	SOCA Benefit Plan Link Blue Connection HMO 4000/6500
Network	Blue Connection	Blue Connection	Blue Connection
Contract code	6VJL	6VJW	6VJO
Deductible[1] (individual/family)	$0/$0	$2,500/$5,000	$4,000/$8,000
Coinsurance	Limited §	Limited §	Limited §
Out-of-pocket maximum (individual/family)	$6,500/$13,000	$5,000/$10,000	$6,500/$13,000
Office and virtual visits: Primary care (PCP)/Specialist (SPC)[2]	PCP (children up to age 19): $0 PCP (ages 19+): $50 SPC: $75	PCP (children up to age 19): $0 PCP (ages 19+): $50 SPC: $75	PCP (children up to age 19): $0 PCP (ages 19+): $75 SPC: $125
Medical chats and virtual primary care visits[3]	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$75	$75	$125
Emergency room (facility)	$750	Deductible, then $500	Deductible, then $500
Hospital outpatient surgery facility	$750	Deductible, then $500	Deductible, then $500
Hospital inpatient admission	$1,000 per day up to 4 days per admission	Deductible, then $750 per admission	Deductible, then $750 per admission
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[5] (individual/family)	Tiers 1a-4: No deductible	Tiers 1a-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1a-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply[6,7]	$0/$10/$60/$125/$400	$0/$10/$60/$125/$400	$0/$10/$60/$125/$400
Home delivery pharmacy[7,8]	$0/$25/$180/$375/$400	$0/$25/$180/$375/$400	$0/$25/$180/$375/$400

Footnotes

§ A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived and unique copays apply to Tier 1 and Tier 2 drugs on the PreventiveRx Plus drug list.
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6 Retail 90 (R90) is included on all plans. Members can get a 90-day supply of maintenance medications from a participating retail pharmacy for drug tiers 1-3 at 3x the retail cost share.
7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/ tier 3/ tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/ tier 3/ tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
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SOCA Benefit Plan product details – 1 to 50 employees

Link Blue Connection HMO plans

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Plan type	HMO HSA	
Plan name	SOCA Benefit Plan Link Blue Connection HMO 3000EC/4500 w/HSA	SOCA Benefit Plan Link Blue Connection HMO 4000EC/6250 w/HSA
Network	Blue Connection	Blue Connection
Contract code	6VJ3	6VJK
Deductible[1] (individual/family)	$3,000/$6,000	$4,000/$8,000
Coinsurance	Limited §	Limited §
Out-of-pocket maximum (individual/family)	$4,500/$9,000	$6,250/$12,500
Office and virtual visits: Primary care (PCP)/Specialist (SPC)[2]	PCP (children up to age 19): Deductible, then $0 PCP (ages 19+): Deductible, then $25 SPC: Deductible, then $75	PCP (children up to age 19): Deductible, then $0 PCP (ages 19+): Deductible, then $50 SPC: Deductible, then $100
Medical chats and virtual primary care visits[3]	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider[4]	Deductible, then covered in full	Deductible, then covered in full
Urgent care (office)	Deductible, then $75	Deductible, then $100
Emergency room (facility)	Deductible, then $500	Deductible, then $500
Hospital outpatient surgery facility	Deductible, then $500	Deductible, then $500
Hospital inpatient admission	Deductible, then $750 per admission	Deductible, then $750 per admission
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[5] (individual/family)	Tiers 1a-4: Medical deductible applies	Tiers 1a-4: Medical deductible applies
Retail pharmacy: 30-day supply[6,7]	$0/$10/$60/$125/$400	$0/$10/$60/$125/$400
Home delivery pharmacy[7,8]	$0/$25/$180/$375/$400	$0/$25/$180/$375/$400

Footnotes

§ A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived and unique copays apply to Tier 1 and Tier 2 drugs on the PreventiveRx Plus drug list.
1 *Nonembedded* deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. *Embedded* deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
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7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/ tier 3/ tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/ tier 3/ tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
8 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

SOCA Benefit Plan Dental plan options

Anthem Dental plans fill gaps in care that many dental plans don't. All plans include a carry-over option, composite (tooth-colored) fillings, implants, and Accidental Dental Injury coverage. Members with certain health conditions also receive additional dental benefits including extra cleanings, periodontal treatment and more through our Anthem Whole Health Connection benefit to promote better overall health and wellness.

	Employer Sponsored								
Plan name	**Design type**	**Annual benefit maximum**	**Annual deductible[1] (ind/fam)**	**Diagnostic/ preventive (INN/OON)**	**Basic (INN/OON)**	**Major[2] (INN/OON)**	**Endodontic/ periodontal/ oral surgery**	**Ortho[2]**	**Out-of-network reimbursement**
MEWA Essential Choice Classic OH-C20	Active	$1,000	$50/$150	100% / 80%	80%/60%	50% / 50%	Major	Not covered	MAC
MEWA Essential Choice Classic OH-C7	Passive	$1,000	$50/$150	100% / 100%	80%/80%	50% / 50%	Major	Children only $1,000	90th
MEWA Essential Choice Classic OH-C3	Passive	$1,000	$50/$150	100% / 100%	80%/80%	50% / 50%	Major	Not covered	90th
MEWA Essential Choice Classic OH-C5	Passive	$1,000	$50/$150	100% / 100%	80%/80%	50% / 50%	Basic	Children only $1,000	90th
MEWA Essential Choice Classic OH-C1	Passive	$1,000	$50/$150	100% / 100%	80%/80%	50% / 50%	Basic	Not covered	90th
MEWA Essential Choice Classic OH-C13	Passive	$1,500	$50/$150	100% / 100%	80%/80%	50% / 50%	Basic	Children only $1,000	90th
MEWA Essential Choice Classic OH-C9	Passive	$1,500	$50/$150	100% / 100%	80%/80%	50% / 50%	Basic	Not covered	90th
MEWA Essential Choice Classic OH-C50	Passive	Unlimited	$50/$150	100% / 100%	80%/80%	50% / 50%	Basic	Not covered	90th

	Voluntary								
Plan name	**Design type**	**Annual benefit maximum**	**Annual deductible[1] (ind/fam)**	**Diagnostic/ preventive (INN/OON)**	**Basic (INN/OON)**	**Major[2] (INN/OON)**	**Endodontic/ periodontal/ oral surgery**	**Ortho[2]**	**Out-of-network reimbursement**
MEWA Essential Choice Voluntary OH-V20	Active	$1,000	$50/$150	100% / 80%	80%/60%	50% / 50%	Major	Not covered	MAC
MEWA Essential Choice Voluntary OH-V1	Passive	$1,000	$50/$150	100% / 100%	80%/80%	50% / 50%	Basic	Not covered	90th
MEWA Essential Choice Voluntary OH-V5	Passive	$1,000	$50/$150	100% / 100%	80%/80%	50% / 50%	Basic	Children only $1,000	90th
MEWA Essential Choice Voluntary OH-V9	Passive	$1,500	$50/$150	100% / 100%	80%/80%	50% / 50%	Basic	Not covered	90th

INN = In-network or Network

OON = Out-of-network or Non-network

MAC = Maximum allowable charge

1 Deductible is waived for diagnostic and preventive services.

2 ***Employer-sponsored*** plans have no waiting period for major services or orthodontia (if covered). ***Voluntary*** plans have a 12-month waiting period for major services or orthodontia (if covered).

Not seeing the plan you're looking for?

Our complete Essential Choice dental portfolio is now available. Ask your Anthem representative for more details.

SOCA Benefit Plan Vision plan options[1]

Saving money is important to you and your employees. And convenience and choice are right up there, too. That's why Blue View Vision℠ is a clear winner for both of you. Ours is one of America's biggest vision networks, so it's easy for your employees to find an eye care provider online or close to their home or work. And our network discounts keep out-of-pocket costs down. Members save an average of 63% in the Blue View Vision Network!

Plan availability

Employer plans:

- Participation guidelines apply. Please see final quote for details.

	Employer-sponsored					
Plan name	**Copay (eye exam/ eyeglass lenses)**	**Allowance (frames/ contact lenses)**	**Eye exam (frequency)**	**Eyeglass lenses (frequency)**	**Frames (frequency)**	**Contact lenses (frequency)**
MEWA FS.A.10.0.130.130	$10 / $0	$130 / $130	Once every CY	Once every CY	Once every CY	Once every CY
MEWA FS.A.10.10.150.150	$10 / $10	$150 / $150	Once every CY	Once every CY	Once every CY	Once every CY
MEWA FS.A.10.25.150.150	$10 / $25	$150 / $150	Once every CY	Once every CY	Once every CY	Once every CY
MEWA FS.A.20.20.130.130	$20 / $20	$130 / $130	Once every CY	Once every CY	Once every CY	Once every CY
MEWA FS.B.10.10.150.150	$10 / $10	$150 / $150	Once every CY	Once every CY	Once every other CY	Once every CY
MEWA FS.B.10.20.130.130	$10 / $20	$130 / $130	Once every CY	Once every CY	Once every other CY	Once every CY
MEWA FS.B.10.25.130.130	$10 / $25	$130 / $130	Once every CY	Once every CY	Once every other CY	Once every CY
MEWA FS.B.10.25.150.150	$10 / $25	$150 / $150	Once every CY	Once every CY	Once every other CY	Once every CY
MEWA FS.B.20.20.130.130	$20 / $20	$130 / $130	Once every CY	Once every CY	Once every other CY	Once every CY
MEWA FS.C.20.20.130.130	$20 / $20	$130 / $130	Once every CY	Once every other CY	Once every other CY	Once every other CY
MEWA FS.C.20.20.150.150	$20 / $20	$150 / $150	Once every CY	Once every other CY	Once every other CY	Once every other CY
Blue View Vision Exam MEWA Rider[2]	$20 / Not covered	Not covered	Once every CY	Not covered	Not covered	Not covered

1 Plans cover non-network benefits. Only one plan may be selected.

2 This plan only available as Employer-sponsored. The plan cannot be paired with any other standalone vision plan. If purchased, all members enrolling in medical must also enroll in the vision exam rider. Low-cost, access to Blue View Vision network – including all the materials and discounts that come with our network.

SOCA Benefit Plan Life and Disability plans

For extra support, our life and disability plans offer Resource Advisor, which includes counseling by phone, face-to-face or LiveHealth Online; financial and legal counseling; online tools for the whole family and Perks at Work discounts on goods and services to help employees stay healthy and more. Travel Assistance is included with all life plans to give your employees help with emergency medical evacuations, lost baggage and more.*

Basic life / Accidental death and dismemberment (AD&D)

	Group size 2-9	Group size 10-50
Life benefit amounts	Flat dollar amount: $15,000 / $20,000 / $25,000 / $30,000 / $35,000 / $40,000 / $45,000 / $50,000 Salary-based amount: 1x employee salary up to a maximum of $100,000	Flat dollar amount: from $15,000 to $350,000 Salary-based amount: 1x, 2x or 3x salary up to a maximum of $350,000
Accidental death and dismemberment (AD&D) benefits (included with Life)	Available to employee only. Equal to life benefit. Includes seat belt benefit, airbag benefit, education benefit and repatriation benefit, coma benefit and common carrier benefit.	
Dependent life	Child coverage begins on the 15th day following birth and ends at 26 years. Dependent coverage cannot be more than 50% of employee life amount. $10,000 spouse/$5,000 each child $5,000 spouse/$2,500 each child	$20,000 spouse/$10,000 each child $10,000 spouse/$5,000 each child $5,000 spouse/$2,500 each child

*All Travel Assistance services must be arranged in advance by Generali Global Assistance in order to be covered.

Supplemental/Voluntary life and Accidental death and dismemberment (AD&D)

	Group size 10-50
Life benefit amounts	Available as increments, employee salary-based or flat dollar amount. Minimum of $25,000 to a maximum of $300,000.
Accidental death and dismemberment (AD&D) benefits (included with Life)	Available to employee only. Equal to life benefit. Includes seat belt benefit, airbag benefit, education benefit and repatriation benefit, coma benefit and common carrier benefit.
Dependent life	Child coverage begins on the 15th day following birth and ends at 26 years. Dependent coverage can not be more than 50% of employee life amount. Spouse: $10,000 to $50,000 Child: $5,000 / $10,000 / $15,000

Short-term disability

Short-term disability coverage integrates with your Anthem health benefit to improve employee health and productivity. We refer disability claimants with certain chronic conditions and maternity claims to appropriate medical care management programs. It helps reduce disability costs, increase engagement in health and wellness programs to reduce cost of care, and improve the overall member experience.

	Group size 2-9	Group size 10-50
Benefit payments	Flat dollar amount of $250 per week; or 60% or 67%* of weekly earnings up to the maximum weekly benefit	Flat dollar amount of $200 or $250 per week; or 50%, 55%, 60% or 67%* of weekly earnings up to the maximum weekly benefit
Maximum weekly benefits	$200 to $1,350	$200 to $2,000
Elimination period	Benefits can begin on the 1st day for disability injury and 8th day for disability illness, 8th day for disability injury and 8th day for disability illness or 15th day for disability injury and 15th day for disability illness.	Benefits can begin on the 1st day for disability injury and 8th day for disability illness, 8th day for disability injury and 8th day for disability illness or 15th day for disability injury and 15th day for disability illness.
Maximum benefit periods	13 or 26 weeks	Standard options: 13 or 26 weeks Other options to coordinate with LTD benefits: 9, 11, 12, 22, 24 or 25 weeks

*67% option must be non-contributory (employer pays 100% toward the premium cost).

Voluntary short-term disability (VSTD)

	Group size 10-50
Benefit payments	Flat dollar amount: $200 or $250 per week Salary-based amount: 50%, 55% or 60% of weekly earnings
Maximum weekly benefits	$200 to $1,500
Elimination period	Benefits can begin on the 1st day for disability injury and 8th day for disability illness, 8th day for disability injury and 8th day for disability illness or 15th day for disability injury and 15th day for disability illness.
Maximum benefit periods	Standard options: 13 or 26 weeks Other options to coordinate with LTD benefits: 9, 11, 12, 22, 24 or 25 weeks
Pre-existing condition	3/12 or 12/12

Long-term disability

	Group size 2-9	Group size 10-50
Benefit payments	60% of monthly earnings up to the maximum monthly benefit	50%, 60% or 67%* of monthly earnings up to the maximum monthly benefit
Maximum monthly benefits	$3,000 / $6,000	$1,000 to $6,000
Elimination period (days)	90/180	90/180
Maximum benefit period	to age 65 / 5-year reducing benefit duration / 2-year reducing benefit duration	to Social Security normal retirement age (SSNRA)
Pre-existing condition	12/6/24	3/6/12, 3/12, 12/6/24, 12/24

*67% option must be non-contributory (employer pays 100% toward the premium cost).

Voluntary long-term disability (VLTD)

	Group size 10-50
Benefit payments	50% or 60% of monthly earnings
Maximum monthly benefits	$1,000 to $6,000
Elimination period (days)	90/180
Maximum benefit period	to Social Security normal retirement age (SSNRA)
Pre-existing condition	3/6/12, 3/12, 12/6/24, 12/24

Additional information for Basic life and AD&D, Short-term disability and Long-term disability coverage:

- Plan availability based on group's SIC.
- All product offerings are subject to regulatory review and approval and are subject to change.

When you package disability with one of our medical plans your employees are connected with teams of clinical, behavioral health, vocational rehabilitation and counseling specialists who can help them get back to life and back to work.

Exclusions and Limitations

Request a copy of the *Combined Evidence of Coverage/Member Booklet* for comprehensive details on covered services, exclusions and limitations. These exclusions and limitations will apply to all members enrolled in any of the products described in this guide unless otherwise noted.

Dental benefits and limitations

Benefits listed for overview purposes. This is not a contract. It is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of the Booklet.

Diagnostic and preventive services

- **Periodic dental exam and cleaning** - limited to two per 12 months
- **Bitewing X-rays** - limited to one per 12 months
- **Full-mouth or panoramic x-rays** - limited to one per 60 months
- **Fluoride application** - limited to one per 12 months through age 18
- **Sealant application** - limited to one per 60 months through age 18

Basic (restorative) services

- **Consultation (second opinion) and brush biopsy** - limited to one per 12 months
- **Space maintainer insertion** - limited to one per tooth space per lifetime through age 18
- **Amalgam fillings and composite fillings (includes posterior)** - limited to one per tooth surface per 24 months

Endodontics

- **Root canals, retreatments, apicoectomies and apexifications** - limited to one per tooth per lifetime; permanent teeth only

Periodontics

- **Periodontal maintenance** - limited to four per 12 months
- **Scaling and root planning** - limited to one per quadrant per 24 months when the tooth pocket has a depth of four millimeters or greater
- **Periodontal surgery (osseous, gingivectomy, graft procedures)** - limited to one per quadrant per 36 months

Oral surgery

- **Simple and surgical extractions** - limited to one per tooth per lifetime

Major services

- **Crowns, onlays, veneers, dentures, bridges and implants** - limited to one per tooth per 84 months
- **Crown, denture, and bridge repairs and adjustments** - limited to one per tooth per 12 months; not within 6 months of placement. Plan member receives the benefit for the least costly, commonly performed course of treatment. The plan member is responsible for the balance of the treatment cost. Missing tooth clause of 24 months applies for the replacement of congenitally missing teeth or teeth lost prior to the coverage effective date for this plan.

Annual maximum carryover

- An annual opportunity for members to carry-over a portion of their annual maximum from one year to the next if their annual dental claims are less than the amount specified in their plan. Network Boost is a feature available to carry-over an additional portion of a member's annual maximum from one year to the next when all dental claims are performed by participating network dentists.

Non-network

- Claim payments are based on the amount charged by the dentist or our maximum allowed amount, whichever is less. If a dentist not in our network charges more than our maximum allowed amount, the patient is responsible for the difference. Dentists in our network agree not to charge more than their contractual agreement with us.

Dental exclusions

Below is a partial listing of non-covered services under these dental plans. Please see the group policy for a full list.

- Services provided before or after the term of this coverage - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate
- Orthodontics (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services
- Cosmetic dentistry provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist
- Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care
- Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services
- Waiting periods apply for Major services and Orthodontic services for all Voluntary plans
- Dependent child coverage limited to children under 26.

Vision exclusions

We do not provide vision benefits for services, supplies or charges:

- Received from an individual or entity that is not a provider, as defined in the Booklet.
- For any condition, disease, defect, aliment, or injury arising out of and in the course of employment if benefits are available under any Worker's Compensation Act or other similar law. This exclusion applies if you receive the benefits in whole or in part. This exclusion also applies whether or not you claim the benefits or compensation. It also applies whether or not you recover from any third party.
- To the extent that they are provided as benefits by any governmental unit, unless otherwise required by law or regulation.
- For illness or injury that occurs as a result of any act of war, declared or undeclared.
- For a condition resulting from direct participation in a riot, civil disobedience, nuclear explosion, or nuclear accident.For which you have no legal obligation to pay in the absence of this or like coverage.

- Received from an optical or medical department maintained by or on behalf of an employer, mutual benefit association, labor union, trust or similar person or group.
- Prescribed, ordered, referred by, or received from a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.
- For completion of claim forms or charges for medical records or reports unless otherwise required by law.
- For missed or canceled appointments.
- In excess of member reimbursement amount.
- Incurred prior to your effective date.
- Incurred after the termination date of this coverage except as specified elsewhere in the Booklet.
- For services or supplies primarily for educational, vocational, or training purposes, except as otherwise specified herein.
- For sunglasses and accompanying frames.
- For safety glasses and accompanying frames.
- For inpatient or outpatient hospital vision care.
- For orthoptics or vision training and any associated supplemental testing.
- For non-prescription lenses.
- For two pairs of glasses in lieu of bifocals.
- For plano lenses (lenses that have no refractive power).
- For medical or surgical treatment of the eyes.
- Lost or broken lenses or frames, unless the member has reached his or her normal interval for service when seeking replacements.
- For services or supplies not specifically listed in the Booklet.
- Certain brands on which the manufacturer imposes a no discount policy.
- For services or supplies combined with any other offer, coupon or in-store advertisement.

Vision limitations

Limitations apply to the following benefits, see the benefit grid on the previous page for details:

- Routine eye exam
- Standard plastic lenses
- Frames
- Contact lenses

Group term life exclusions

A two-year suicide exclusion applies to Optional life:

1. No payment will be made with respect to the amount of optional insurance under the Policy if the insured and/or their covered dependents commits suicide whether while sane or insane and death occurs within two years after the date on which the deceased became insured for or elected an increased amount of insurance.

Accidental death & dismemberment (AD&D) exclusions

1. Bodily or mental infirmity or illness or disease of any kind, or any medical or surgical treatment, diagnostic or preventive care (unless the treatment or care is provided in connection with a loss.)
2. Suicide or attempted suicide or self-inflicted injury whether committed while sane or insane.
3. Committing or attempting to commit a felony, or engaging in any unlawful act or illegal occupation, or committing or provoking an unlawful act.
4. An act or accident of war, declared or undeclared, whether civil or international, or any substantial armed conflict between organized forces of a military nature.
5. Participation in any riot or violent disorder.
6. An infection, unless caused by a visible external wound which was sustained by accidental injury.
7. Poisoning in any form, including, but not limited to, ingestion or inhalation of gas, fumes, chemicals, drugs, alcohol or any combination thereof.
8. Being under the influence of any drug, narcotic, intoxicant or chemical, unless administered by or taken according to the advice of a doctor.
9. Being intoxicated. "Intoxication" under this exclusion means being legally intoxicated as determined by the laws of the jurisdiction where the accident occurred. Conviction is not necessary for determination of being intoxicated.
10. Travel or flight in any aircraft except solely as a passenger in a powered civil aircraft having a valid and current airworthiness certificate and operated by a duly licensed or certified pilot while such aircraft is being used for the sole purpose of transportation only. Parachuting or descent from any aircraft in flight will be deemed to be part of such flight.
11. Taking part in the sports of parachute jumping, skydiving or hang gliding.
12. Riding, driving, or testing a motorized vehicle used in a race or speed contest.
13. Any period while an insured is confined to a penal or correctional institution.
14. Any loss or injury as a result of autoerotic asphyxiation.
15. Any loss or injury which occurs while in the course of operation of any motorized vehicle:
    - Under the influence of any intoxicant or drug, unless prescribed by a doctor; or
    - If the insured's blood alcohol concentration is in excess of the legal limit in the jurisdiction in which the accident occurred.

Living benefit/Accelerated death benefit exclusions

No Accelerated death benefit will be payable if any of the following conditions are true:

1. We have been notified that all or a portion of the insured's life benefits are to be paid to the insured's former spouse as part of a divorce agreement.
2. If the Accelerated death benefit election is forced by creditors or government agencies, we will honor it only to the extent required by law.

Short-term disability exclusions

1. The Policy does not cover any disabilities or loss caused by, resulting from, or related to any of the following:
    - War or an act of war, declared or undeclared, whether civil or international;
    - Service in the armed forces, military reserves or National Guard of any country or international authority, or in a civilian unit serving with such forces;
    - Self-inflicted injury or illness or the insured's attempt to commit suicide while sane or insane;
    - Active participation in a riot or civil commotion;
    - Participating in, committing or attempting to commit a felony, or any type of assault or battery, or engaging in an unlawful act or illegal occupation. This exclusion applies even if you plead to a lesser charge or no contest;
    - Operating any motorized vehicle if;
        - under the influence of any intoxicant or drug whether or not prescribed by a doctor; or
        - the insured's blood alcohol concentration is in excess of the legal limit in the state in which the accident or injury occurred.

- Any accident, injury or illness caused by, resulting from, or related to the insured being under the influence of any illicit drug, narcotic, intoxicant or chemical;
- Loss of professional license, occupational license or certification;
- Any illness or injury caused by or during employment for wage or profit, if you are eligible for coverage under Workers' Compensation insurance as allowed by the plan sponsor's state of domicile.

2. In addition, the Policy will not pay a benefit for any period for which any of the following applies:
   - The insured is no longer receiving, accepting or following regular care from a doctor;
   - With respect to a mental disorder, any period during which the insured is not under the continuing regular care of a psychiatrist specializing in psychiatric care.
   - With respect to alcoholism and drug addiction, any period during which the insured is not being actively supervised by and receiving continuing treatment from a rehabilitation center or a designated institution approved for such treatment by an appropriate body in the governing jurisdiction, or, if none, by us.
   - The insured has applied for benefits under fraudulent circumstances and these circumstances resulted in a conviction of fraud.
   - The insured unreasonably fails to submit to an independent medical exam requested by us.
   - The insured is confined to a penal or correctional institution.
   - Disability results from cosmetic or reconstructive surgery, except for complications arising from such surgery, or surgery necessary to correct a deformity caused by illness or accidental injury.
   - The insured or the insured's doctor fails to provide any medical or any psychiatric records which we request.
   - Any period that any other requirement or condition of the Policy is not met, including but not limited to those listed in the **When Disability Benefits Ends** section of the certificate.

Long-term disability exclusions

1. The Policy does not cover any disabilities or loss caused by, resulting from, or related to any of the following:
   - War or any act of war, declared or undeclared, whether civil or international;
   - Service in the armed forces, military reserves or National Guard of any country or international authority, or in a civilian unit serving with such forces;
   - Self-inflicted injury or illness or the insured's attempt to commit suicide while sane or insane;
   - Active participation in a riot or civil commotion;
   - Participating in, committing or attempting to commit a felony or any type of assault or battery, or engaging in an unlawful act or illegal occupation. This exclusion applies even if you plead to a lesser charge or no contest;
   - Operating any motorized vehicle if;
     - under the influence or any intoxicant or drug whether or not prescribed by a physician; or
     - The insured's blood alcohol concentration is in excess of the legal limit in the state in which the accident or injury occurred.
   - Any accident, injury or illness caused by, resulting from, or related to the insured being under the influence of any illicit drug, narcotic, intoxicant or chemical;
   - Loss of professional license, occupational license or certification.
   - Any pre-existing condition, as further defined in the Exclusions section.
2. In addition, the Policy will not pay a benefit for any period for which any of the following applies:
   - The insured is no longer receiving, accepting or following regular care from a doctor;
   - With respect to a mental disorder, any period during which the insured is not under the continuing regular care of a psychiatrist specializing in psychiatric care.
   - With respect to alcoholism and drug addiction, any period during which the insured is not being actively supervised by and receiving continuing treatment from a rehabilitation center or a designated institution approved for such treatment by an appropriate body in the governing jurisdiction, or, if not, by us.
   - The insured has applied for benefits under fraudulent circumstances and these circumstances resulted in a conviction of fraud.
   - The insured unreasonably fails to submit to an independent medical exam requested by us.
   - The insured is confined to a penal or correctional institution.
   - Disability results from cosmetic or reconstructive surgery, except for complications arising from such surgery, or surgery necessary to correct a deformity caused by illness or accidental injury.
   - The insured or the insured's doctor fails to provide any medical or any psychiatric records which we request.
   - Any period that any other requirement or condition of the Policy is not met, including but not limited to those listed in the **When Disability Benefits Ends** section of the certificate.

MOVING FORWARD, TOGETHER

Delivering the future of healthcare, today

Thank you for the opportunity to be your trusted partner in health. We understand providing benefits is an important decision for small businesses. That's why we are committed to earning your confidence by offering transformative solutions to help simplify care, improve access and affordability, and achieve better health for your employees and their families.

By always asking more of ourselves, we strive to build and deliver the healthcare of tomorrow for your employees, right now. We look forward to collaborating to elevate the health of your employees and your business.

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

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