

Medical and Specialty

Benefit Charts

2025 ChamberAdvantage plans



ALL PRODUCT OFFERINGS ARE SUBJECT TO REGULATORY REVIEW AND APPROVAL

For Broker/Employer Use Only. Not For General Distribution.

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 SydneySM 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.

ChamberAdvantage product details – 2 to 50 full-time eligible employees

Anthem continues to be a SG Employer/Employee trusted partner in health by offering 42 unique plan options on PPO and HMO with a benefit continuum of rich to lean designs.

***NEW* Copay Centric Plans offered on Blue Access PPO and Pathway HMO Network**

- Copay Centric Plans is a transparent solution for employers who are averse to rich plans and are not ready for leaner CDHP plans. These plans deliver value with a predictive copay and no coinsurance for medical services after the deductible.

***NEW* Buy Down Plan Option offered on Blue Access PPO and Pathway HMO Network**

- Expanding \$2000 and \$3000 deductible option to include a 30% coinsurance option on the Copay/Deductible/Coinsurance plan options. Providing employers/employees with more choice for lower cost health plans.

Updated Pharmacy features

- Expanding pharmacy access by moving from Rx Choice Network to a statewide Base Network with Retail 90 Network. Employees pay the same cost shares regardless of which In-Network Pharmacy they choose.
- Creating a positive experience for our members. Members no longer need to contact Anthem to receive maintenance medications at the retail pharmacy. Members still have the option to have Home Delivery for convenience.
- Simplicity in that members will pay the same cost share value for 90-day supply at the retail pharmacy or through home delivery.
- Aligning medical and pharmacy specialty Rx cost share values. Anthem includes several pharmacy programs to help employees manage the conditions in most affordable manner.
- Higher Customer Satisfaction with CarelonRx's BIOPLUS Specialty Pharmacy in 2025. With 30 years of experience, BioPlus will make filling specialty medications fast and easy for members.

Access for Behavioral Health and Substance Use Disorder

- Offering "no cost" access to behavioral healthcare services for children under 19 years.
- Making quality behavioral healthcare more accessible through the Sydney Health app allowing members to schedule virtual visits with psychologist and therapist.
- Delivering programs through Engagement 200 Package to improve outcomes and lower costs include Emotional well-being resources.

Motivating employees to be healthier

- Offering Engagement 200 Wellness Incentives and Foundational Clinical Programs. Each member can receive up to \$200 in incentives who complete or participate in certain preventive care, wellness, or condition management program activities.
- Sydney Health app or www.anthem.com is easy to use so members can request digital gift cards from available retailers for their reward.

Expanding Dental Options

- Adding lower deductible options to meet the needs of employer/employee groups.

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

ChamberAdvantage product details – 2 to 50 full-time eligible employees

Blue Access and Pathway HMO plans

Blue Access PPO plans include non-network benefits. Pathway HMO plans only include non-network benefits for emergency services.

Plan name	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 0/10%/3000	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 0/10%/5500	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 0/50%/8000
Network (contract code)	Blue Access (8GAW) Pathway HMO (8GB2)	Blue Access (8G97) Pathway HMO (8GBQ)	Blue Access (8GAZ) Pathway HMO (8GBB)
Deductible ¹ (individual/family)	\$0/\$0	\$0/\$0	\$0/\$0
Coinsurance	10%	10%	50%
Out-of-pocket maximum (individual/ family)	\$3,000/\$6,000	\$5,500/\$11,000	\$8,000/\$16,000
Office and virtual visits : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC) ²	PCP: \$30 SPC: \$60 RHC: \$30	PCP: \$30 SPC: \$60 RHC: \$30	PCP: \$30 SPC: \$60 RHC: \$30
Virtual primary care and urgent/acute care services: Virtual care-only provider ³	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$30	\$30	\$30
Emergency room (facility)	\$500	\$500	\$500
Hospital outpatient surgery facility	10% coinsurance	10% coinsurance	50% coinsurance
Hospital inpatient admission	10% coinsurance	10% coinsurance	50% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁴ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{5,6}	\$10/\$35/\$70/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script
Home delivery pharmacy ⁶	\$30/\$105/\$210/25% up to \$400 per script	\$30/\$105/\$210/25% up to \$400 per script	\$30/\$105/\$210/25% up to \$400 per script

Footnotes

^Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.

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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.

³ Cost share may apply to virtual visits for primary care, urgent/acute medical and behavioral health (mental health/substance use disorder) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support and EAP counseling from our virtual care-only providers are included with all medical plans at no additional cost.

⁴ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

⁵ 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 and up to a 30-day supply for drug tier 4 (Specialty drugs).

⁶ Pharmacy plans use a 4-Tier (tier 1/tier2/tier3/tier4) 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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Blue Access and Pathway HMO plans

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Plan name	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 500/0%/3500	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 500/0%/6500	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 500/20%/6500
Network (contract code)	Blue Access (8GAP) Pathway HMO (8GBG)	Blue Access (8GA8) Pathway HMO (8GCG)	Blue Access (8GBU) Pathway HMO (8G8Q)
Deductible ¹ (individual/family)	\$500/\$1,500	\$500/\$1,500	\$500/\$1,500
Coinsurance	0%	0%	20%
Out-of-pocket maximum (individual/family)	\$3,500/\$7,000	\$6,500/\$13,000	\$6,500/\$13,000
Office and virtual visits : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC) ²	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25
Virtual primary care and urgent/acute care services: Virtual care-only provider ³	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$25	\$25	\$25
Emergency room (facility)	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁴ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{5,6}	\$10/\$35/\$70/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script
Home delivery pharmacy ⁶	\$30/\$105/\$210/25% up to \$400 per script	\$30/\$105/\$210/25% up to \$400 per script	\$30/\$105/\$210/25% up to \$400 per script

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ChamberAdvantage product details – 2 to 50 full-time eligible employees

Blue Access and Pathway HMO plans

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Plan name	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 650/20%/8500	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 1000/20%/3000	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 1000/20%/7000
Network (contract code)	Blue Access (8G94) Pathway HMO (8G8C)	Blue Access (8G9W) Pathway HMO (8GAA)	Blue Access (8G9L) Pathway HMO (8G9M)
Deductible ¹ (individual/family)	\$650/\$1,950	\$1,000/\$3,000	\$1,000/\$3,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$3,000/\$6,000	\$7,000/\$14,000
Office and virtual visits : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC) ²	PCP: \$30 SPC: \$60 RHC: \$30	PCP: \$20 SPC: \$40 RHC: \$20	PCP: \$20 SPC: \$40 RHC: \$20
Virtual primary care and urgent/acute care services: Virtual care-only provider ³	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$30	\$20	\$20
Emergency room (facility)	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁴ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{5,6}	\$10/\$35/\$70/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script
Home delivery pharmacy ⁶	\$30/\$105/\$210/25% up to \$400 per script	\$30/\$105/\$210/25% up to \$400 per script	\$30/\$105/\$210/25% up to \$400 per script

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Network (contract code)	Blue Access (8G9V) Pathway HMO (8G9C)	Blue Access (8GAK) Pathway HMO (8GC6)	Blue Access (8G8D) Pathway HMO (8G9Z)
Deductible ¹ (individual/family)	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance	20%	20%	0%
Out-of-pocket maximum (individual/family)	\$4,000/\$8,000	\$6,000/\$12,000	\$6,500/\$13,000
Office and virtual visits : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC) ²	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25
Virtual primary care and urgent/acute care services: Virtual care-only provider ³	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$25	\$25	\$25
Emergency room (facility)	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁴ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{5,6}	\$10/\$35/\$70/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script
Home delivery pharmacy ⁶	\$30/\$105/\$210/25% up to \$400 per script	\$30/\$105/\$210/25% up to \$400 per script	\$30/\$105/\$210/25% up to \$400 per script

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Network (contract code)	Blue Access (8G9J) Pathway HMO (8GBF)	Blue Access (8GCZ) Pathway HMO (8G95)	Blue Access (8GBK) Pathway HMO (8GA4)
Deductible ¹ (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	20%	20%	30%
Out-of-pocket maximum (individual/family)	\$3,500/\$7,000	\$7,500/\$15,000	\$5,500/\$11,000
Office and virtual visits : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC) ²	PCP: \$30 SPC: \$60 RHC: \$30	PCP: \$30 SPC: \$60 RHC: \$30	PCP: \$30 SPC: \$60 RHC: \$30
Virtual primary care and urgent/acute care services: Virtual care-only provider ³	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$30	\$30	\$30
Emergency room (facility)	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁴ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{5,6}	\$10/\$35/\$70/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script
Home delivery pharmacy ⁶	\$30/\$105/\$210/25% up to \$400 per script	\$30/\$105/\$210/25% up to \$400 per script	\$30/\$105/\$210/25% up to \$400 per script

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Network (contract code)	Blue Access (8GA6) Pathway HMO (8GCS)	Blue Access (8GCV) Pathway HMO (8G8X)	Blue Access (8GAC) Pathway HMO (8GAJ)
Deductible ¹ (individual/family)	\$2,500/\$5,000	\$2,500/\$5,000	\$2,500/\$5,000
Coinsurance	0%	20%	20%
Out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$5,000/\$10,000	\$8,000/\$16,000
Office and virtual visits : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC) ²	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$30 SPC: \$60 RHC: \$30	PCP: \$30 SPC: \$60 RHC: \$30
Virtual primary care and urgent/acute care services: Virtual care-only provider ³	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$25	\$30	\$30
Emergency room (facility)	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
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	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁴ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{5,6}	\$10/\$35/\$70/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script
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⁶ Pharmacy plans use a 4-Tier (tier 1/tier2/tier3/tier4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

For Broker/Employer Use Only. Not For General Distribution

ChamberAdvantage product details – 2 to 50 full-time eligible employees

Blue Access and Pathway HMO plans

Blue Access PPO plans include non-network benefits. Pathway HMO plans only include non-network benefits for emergency services.

Plan name	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 2500/50%/6000	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 3000/0%/6500	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 3000/20%/3500 [∞]
Network (contract code)	Blue Access (8G8P) Pathway HMO (8GCX)	Blue Access (8GAX) Pathway HMO (8GBT)	Blue Access (8GBD) Pathway HMO (8G9B)
Deductible ¹ (individual/family)	\$2,500/\$5,000	\$3,000/\$6,000	\$3,000/\$6,000
Coinsurance	50%	0%	20%
Out-of-pocket maximum (individual/family)	\$6,000/\$12,000	\$6,500/\$13,000	\$3,500/\$7,000
Office and virtual visits : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC) ²	PCP: \$30 SPC: \$60 RHC: \$30	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25
Virtual primary care and urgent/acute care services: Virtual care-only provider ³	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$30	\$25	\$25
Emergency room (facility)	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
Hospital outpatient surgery facility	Deductible, then 50% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 50% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁴ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{5,6}	\$10/\$35/\$70/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script	\$15/\$40/\$80/25% up to \$400 per script
Home delivery pharmacy ⁶	\$30/\$105/\$210/25% up to \$400 per script	\$30/\$105/\$210/25% up to \$400 per script	\$45/\$120/\$240/25% up to \$400 per script

Footnotes

^Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.

[∞] Please contact your Anthem Account Manager for Conversion Option.

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.

³ Cost share may apply to virtual visits for primary care, urgent/acute medical and behavioral health (mental health/substance use disorder) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support and EAP counseling from our virtual care-only providers are included with all medical plans at no additional cost.

⁴ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

⁵ 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 and up to a 30-day supply for drug tier 4 (Specialty drugs).

⁶ Pharmacy plans use a 4-Tier (tier 1/tier2/tier3/tier4) 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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ChamberAdvantage product details – 2 to 50 full-time eligible employees

Blue Access and Pathway HMO plans

Blue Access PPO plans include non-network benefits. Pathway HMO plans only include non-network benefits for emergency services.

Plan name	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 3000/20%/9200	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 3000/30%/5000 *NEW*	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 3000/50%/7000
Network (contract code)	Blue Access (8GCR) Pathway HMO (8GC5)	Blue Access (8G8Y) Pathway HMO (8GCF)	Blue Access (8GA3) Pathway HMO (8G8T)
Deductible ¹ (individual/family)	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Coinsurance	20%	30%	50%
Out-of-pocket maximum (individual/family)	\$9,200/\$18,400	\$5,000/\$10,000	\$7,000/\$14,000
Office and virtual visits : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC) ²	PCP: \$30 SPC: \$60 RHC: \$30	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$30 SPC: \$60 RHC: \$30
Virtual primary care and urgent/acute care services: Virtual care-only provider ³	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$30	\$25	\$30
Emergency room (facility)	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁴ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{5,6}	\$10/\$35/\$70/25% up to \$400 per script	\$15/\$40/\$80/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script
Home delivery pharmacy ⁶	\$30/\$105/\$210/25% up to \$400 per script	\$45/\$120/\$240/25% up to \$400 per script	\$30/\$105/\$210/25% up to \$400 per script

Footnotes

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ChamberAdvantage product details – 2 to 50 full-time eligible employees

Blue Access and Pathway HMO plans

Blue Access PPO plans include non-network benefits. Pathway HMO plans only include non-network benefits for emergency services.

Plan name	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 4000/0%/7000	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 5000/20%/8500	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 5500/0%/7500
Network (contract code)	Blue Access (8GBR) Pathway HMO (8G9X)	Blue Access (8G9D) Pathway HMO (8GBE)	Blue Access (8GA2) Pathway HMO (8GC1)
Deductible ¹ (individual/family)	\$4,000/\$8,000	\$5,000/\$10,000	\$5,500/\$11,000
Coinsurance	0%	20%	0%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$8,500/\$17,000	\$7,500/\$15,000
Office and virtual visits : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC) ²	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$30 SPC: \$60 RHC: \$30	PCP: \$25 SPC: \$50 RHC: \$25
Virtual primary care and urgent/acute care services: Virtual care-only provider ³	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$25	\$30	\$25
Emergency room (facility)	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁴ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{5,6}	\$10/\$35/\$70/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script
Home delivery pharmacy ⁶	\$30/\$105/\$210/25% up to \$400 per script	\$30/\$105/\$210/25% up to \$400 per script	\$30/\$105/\$210/25% up to \$400 per script

Footnotes

^Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.

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⁴ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

⁵ 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 and up to a 30-day supply for drug tier 4 (Specialty drugs).

⁶ Pharmacy plans use a 4-Tier (tier 1/tier2/tier3/tier4) 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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ChamberAdvantage product details – 2 to 50 full-time eligible employees

Blue Access and Pathway HMO plans

Blue Access PPO plans include non-network benefits. Pathway HMO plans only include non-network benefits for emergency services.

Plan name	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 6500/30%/7900	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 1000/5000 *NEW*	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 2000/4500 *NEW*
Network (contract code)	Blue Access (8G8S) Pathway HMO (8G8U)	Blue Access (8G9U) Pathway HMO (8G9T)	Blue Access (8G8W) Pathway HMO (8G9Y)
Deductible ¹ (individual/family)	\$6,500/\$13,000	\$1,000/\$3,000	\$2,000/\$4,000
Coinsurance	30%	None	None
Out-of-pocket maximum (individual/family)	\$7,900/\$15,800	\$5,000/\$10,000	\$4,500/\$9,000
Office and virtual visits : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC) ²	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$50 SPC: \$75 RHC: \$50	PCP: \$50 SPC: \$75 RHC: \$50
Virtual primary care and urgent/acute care services: Virtual care-only provider ³	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$25	\$50	\$50
Emergency room (facility)	Deductible, then \$500	Deductible, then \$500	Deductible, then \$500
Hospital outpatient surgery facility	Deductible, then 30% coinsurance	Deductible, then \$500	Deductible, then \$500
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then \$750 per admission	Deductible, then \$750 per admission
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁴ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{5,6}	\$15/\$40/\$80/25% up to \$400 per script	\$10/\$35/\$70/25% up to \$400 per script	\$15/\$40/\$80/25% up to \$400 per script
Home delivery pharmacy ⁶	\$45/\$120/\$240/25% up to \$400 per script	\$30/\$105/\$210/25% up to \$400 per script	\$45/\$120/\$240/25% up to \$400 per script

Footnotes

^Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.

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⁴ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

⁵ 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 and up to a 30-day supply for drug tier 4 (Specialty drugs).

⁶ Pharmacy plans use a 4-Tier (tier 1/tier2/tier3/tier4) 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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ChamberAdvantage product details – 2 to 50 full-time eligible employees

Blue Access and Pathway HMO plans

Blue Access PPO plans include non-network benefits. Pathway HMO plans only include non-network benefits for emergency services.

Plan name	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 3000/6500 *NEW*	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 1650/30%/4800 w/HSA Δ	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 3000/30%/6500 w/HSA Δ
Network (contract code)	Blue Access (8G9K) Pathway HMO (8GBS)	Blue Access (8G93) Pathway HMO (8GAG)	Blue Access (8G8Z) Pathway HMO (8G9Q)
Deductible ¹ (individual/family)	\$3,000/\$6,000	\$1,650/\$3,300	\$3,000/\$6,000
Coinsurance	None	30%	30%
Out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$4,800/\$9,200	\$6,500/\$9,200
Office and virtual visits : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC) ²	PCP: \$75 SPC: \$125 RHC: \$75	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Virtual primary care and urgent/acute care services: Virtual care-only provider ³	Covered in full	Deductible, then covered in full	Deductible, then covered in full
Urgent care (office)	\$75	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Emergency room (facility)	Deductible, then \$500	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Hospital outpatient surgery facility	Deductible, then \$500	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then \$750 per admission	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁴ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply ^{5,6}	\$15/\$40/\$80/25% up to \$400 per script	30%	30%
Home delivery pharmacy ⁶	\$45/\$120/\$240/25% up to \$400 per script	30%	30%

Footnotes

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.

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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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3 Cost share may apply to virtual visits for primary care, urgent/acute medical and behavioral health (mental health/substance use disorder) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support and EAP counseling from our virtual care-only providers are included with all medical plans at no additional cost.

4 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

5 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 and up to a 30-day supply for drug tier 4 (Specialty drugs).

6 Pharmacy plans use a 4-Tier (tier 1/tier2/tier3/tier4) 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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ChamberAdvantage product details – 2 to 50 full-time eligible employees

Blue Access and Pathway HMO plans

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Plan name	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 3300E/0%/4000 w/HSA	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 3300E/20%/6000 w/HSA	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 4000E/0%/6000 w/HSA
Network (contract code)	Blue Access (8GCD) Pathway HMO (8GC4)	Blue Access (8GAM) Pathway HMO (8G9E)	Blue Access (8GCT) Pathway HMO (8G96)
Deductible ¹ (individual/family)	\$3,300/\$6,600	\$3,300/\$6,600	\$4,000/\$8,000
Coinsurance	0%	20%	0%
Out-of-pocket maximum (individual/family)	\$4,000/\$8,000	\$6,000/\$12,000	\$6,000/\$12,000
Office and virtual visits : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC) ²	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Virtual primary care and urgent/acute care services: Virtual care-only provider ³	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 0% coinsurance
Emergency room (facility)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁴ (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 ^{5,6}	0%	20%	0%
Home delivery pharmacy ⁶	0%	20%	0%

Footnotes

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.

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ChamberAdvantage product details – 2 to 50 full-time eligible employees

Blue Access and Pathway HMO plans

Blue Access PPO plans include non-network benefits. Pathway HMO plans only include non-network benefits for emergency services.

Plan name	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 4500E/0%/7000 w/HSA	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 5000E/20%/7000 w/HSA	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 3300EC/0%/5000 w/HSA
Network (contract code)	Blue Access (8GCM) Pathway HMO (8J4G)	Blue Access (8G89) Pathway HMO (8GD0)	Blue Access (8GCL) Pathway HMO (8GAS)
Deductible ¹ (individual/family)	\$4,500/\$9,000	\$5,000/\$10,000	\$3,300/\$6,600
Coinsurance	0%	20%	0%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000	\$5,000/\$10,000
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)/Retail health clinic (RHC)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	PCP: Deductible, then \$50 SPC: Deductible, then \$100 RHC: Deductible, then \$50
Virtual primary care and urgent/acute care services: Virtual care-only provider ³	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 \$50
Emergency room (facility)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$500
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$500
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$750 per admission
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁴ (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 ^{5,6}	0%	20%	\$20/\$50/\$90/25% up to \$400 per script
Home delivery pharmacy ⁶	0%	20%	\$60/\$150/\$270/25% up to \$400 per script

Footnotes

^Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.

[∞] Please contact your Anthem Account Manager for Conversion Option.

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.

³ Cost share may apply to virtual visits for primary care, urgent/acute medical and behavioral health (mental health/substance use disorder) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support and EAP counseling from our virtual care-only providers are included with all medical plans at no additional cost.

⁴ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

⁵ 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 and up to a 30-day supply for drug tier 4 (Specialty drugs).

⁶ Pharmacy plans use a 4-Tier (tier 1/tier2/tier3/tier4) 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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ChamberAdvantage product details – 2 to 50 full-time eligible employees

Blue Access and Pathway HMO plans

Blue Access PPO plans include non-network benefits. Pathway HMO plans only include non-network benefits for emergency services.

Plan name	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 3500EC/0%/6000 w/HSA	Anthem ChamberAdvantage [Network Name] [PPO/HMO] 5000EC/0%/7000 w/HSA
Network (contract code)	Blue Access (8GAR) Pathway HMO (8GA5)	Blue Access (8GCE) Pathway HMO (8G8K)
Deductible ¹ (individual/family)	\$3,500/\$7,000	\$5,000/\$10,000
Coinsurance	0%	0%
Out-of-pocket maximum (individual/family)	\$6,000/\$12,000	\$7,000/\$14,000
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)/Retail health clinic (RHC)	PCP: Deductible, then \$50 SPC: Deductible, then \$100 RHC: Deductible, then \$50	PCP: Deductible, then \$50 SPC: Deductible, then \$100 RHC: Deductible, then \$50
Virtual primary care and urgent/acute care services: Virtual care-only provider ³	Deductible, then covered in full	Deductible, then covered in full
Urgent care (office)	Deductible, then \$50	Deductible, then \$50
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	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁴ (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply ^{5,6}	\$20/\$50/\$90/25% up to \$400 per script	\$20/\$50/\$90/25% up to \$400 per script
Home delivery pharmacy ⁶	\$60/\$150/\$270/25% up to \$400 per script	\$60/\$150/\$270/25% up to \$400 per script

Footnotes

^Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.

[∞] Please contact your Anthem Account Manager for Conversion Option.

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.

³ Cost share may apply to virtual visits for primary care, urgent/acute medical and behavioral health (mental health/substance use disorder) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support and EAP counseling from our virtual care-only providers are included with all medical plans at no additional cost.

⁴ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

⁵ 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 and up to a 30-day supply for drug tier 4 (Specialty drugs).

⁶ Pharmacy plans use a 4-Tier (tier 1/tier2/tier3/tier4) 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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ChamberAdvantage 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. *Additional plans available upon request.*

Plan name	Employer Sponsored								
	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 KY-C20	Active	\$1,000	\$50/\$150	100% / 80%	80%/60%	50% / 50%	Major	Not covered	MAC
MEWA Essential Choice Classic KY-C3	Passive	\$1,000	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Major	Not covered	90th
MEWA Essential Choice Classic KY-C1	Passive	\$1,000	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Basic	Not covered	90th
MEWA Essential Choice Classic KY-C5	Passive	\$1,000	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Basic	Children only \$1,000	90th
MEWA Essential Choice Classic KY-C27	Active	\$1,500	\$50/\$150	100% / 80%	80%/60%	50% / 50%	Major	Not covered	90th
MEWA Essential Choice Classic KY-C9	Passive	\$1,500	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Basic	Not covered	90th
MEWA Essential Choice Classic KY-C13	Passive	\$1,500	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Basic	Children only \$1,000	90th
MEWA Essential Choice Enhanced KY-E33	Passive	\$2,000	\$50/\$150	100% / 100%	90%/90%	60% / 60%	Basic	Adults and children \$1,500	90th

Plan name	Voluntary								
	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 KY-V3	Passive	\$1,000	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Major	Not covered	90th
MEWA Essential Choice Voluntary KY-V1	Passive	\$1,000	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Basic	Not covered	90th
MEWA Essential Choice Voluntary KY-V13	Passive	\$1,500	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Basic	Children only \$1,000	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).

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Not seeing the plan you're looking for?
Our complete Essential Choice dental portfolio is now available. Ask your Anthem representative for more details.

ChamberAdvantage Vision plan options¹

Saving money is important to you and your employees. And convenience and choice are right up there, too. That's why Blue View VisionSM 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.

Plan name	Employer-sponsored					
	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 / \$50	\$0 / \$0	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.

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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, ailment, 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 maximum allowable 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

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.



www.anthem.com

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 Booklet, Member Booklet, Summaries of Benefits and related amendments, the provisions of the Booklet, Member Booklet, Summaries of Benefits and related amendments will govern. For more information, please call your broker or Anthem representative.

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