

Anthem Enhanced Choice - State by State

		Kentucky	Georgia	Indiana	Missouri	Ohio	Wisconsin	
PLAN OVERVIEW	Duration	36 months (364 days, 2 terms)	36 months (364 days, 2 terms)	36 months (364 days, 2 terms)	36 months (364 days, 2 terms)	12 months (364 days)	18 months	
	Renewal	Yes	Yes	Yes	Yes	No	Yes	
	Network name	Blue Access	Pathway	Pathway X HMO	Pathway	Pathway Tiered	Blue Preferred	
	Individual deductible levels <small>Family deductibles are 2x single, All Plans, All States</small>	\$1,500	\$2,000	\$2,500	\$3,500	\$5,000	\$7,500	
	Individual out-of-pocket limit levels <small>Family OOP are 2x single, All Plans, All States</small>	\$5,000	\$5,000	\$5,000	\$6,000	\$7,500	\$10,000	
	Coinsurance	20%	20%	20%	20%	20%	20%	
	Preventive care	No additional cost	No additional cost	No additional cost	No additional cost	No additional cost	No additional cost	
OFFICE VISIT	Primary Care Physician	\$40 copay All Plan Levels	Copay	Ded. Level	\$35 copay All Plan Levels	Copay	Ded. Level	\$40 copay All Plan Levels
			\$25	1500/2000		\$20	1500/2000	
			\$35	2500/3500		\$30	2500/3500	
			\$50	5000/7500		\$45	5000/7500	
	Specialist	\$70 copay All Plan Levels	Deductible then 20% coinsurance	\$70 copay All Plan Levels	\$70 copay All Plan Levels	\$70 copay All Plan Levels	\$80 copay All Plan Levels	
Telehealth/Online visit: Primary Care Physician (Includes LiveHealth Online)	\$40 copay All Plan Levels	\$15	1500/2000	\$25 copay All Plan Levels	\$25	2500/3500	\$20 copay All Plan Levels	
		\$25	2500/3500		\$10	1500/2000		
		\$40	5000/7500		\$20	2500/3500		
Urgent Care Center	\$75 copay All Plan Levels	\$75 copay All Plan Levels	\$75 copay All Plan Levels	\$75 copay All Plan Levels	\$75 copay All Plan Levels	\$75 copay All Plan Levels	\$100 copay All Plan Levels	
Emergency Room (ER)	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance	Deductible then 20% coinsurance	
RETAIL PHARMACY	Tier 1: Level 1 / Level 2	\$10 copay / \$20 copay (no deductible)	\$10 copay / \$20 copay (no deductible)	\$10 copay / \$20 copay (no deductible)	\$10 copay / \$20 copay (no deductible)	\$10 copay / \$20 copay (no deductible)	\$10 copay / \$20 copay (no deductible)	
	Tier 2: Level 1 / Level 2	\$35 copay / \$45 copay (no deductible)	\$35 copay / \$45 copay (no deductible)	\$35 copay / \$45 copay (no deductible)	\$35 copay / \$45 copay (no deductible)	\$35 copay / \$45 copay (no deductible)	\$35 copay / \$45 copay (no deductible)	
	Tier 3: Level 1 / Level 2	Deductible then \$75 copay / \$85 copay	Deductible then \$75 copay / \$85 copay	Deductible then \$75 copay / \$85 copay	Deductible then \$75 copay / \$85 copay	Deductible then \$75 copay / \$85 copay	Deductible then \$75 copay / \$85 copay	
	Tier 4: Level 1 / Level 2	Specialty: Deductible + 25% coinsurance / Not covered	Specialty: Deductible + 25% coinsurance / Not covered	Specialty: Deductible + 25% coinsurance / Not covered	Specialty: Deductible + 25% coinsurance / Not covered	Specialty: Deductible + 25% coinsurance / Not covered	Specialty: Deductible + 25% coinsurance / Not covered	
	Maximum Benefit <small>per member per benefit period</small>	\$1 million	\$1 million	\$1 million	\$1 million	\$2 million	\$1 million	