



Maine

Effective January 1, 2021

Small Group ACA medical product guide

Anthem  | SMALL BUSINESS

Small Group ACA product details – 2 to 50 employees

The plan naming structure includes these elements:

Anthem + metal tier + network name + product type + deductible/coinsurance/out-of-pocket maximum

Pediatric dental and vision and adult eye exams are covered with all Small Group plans. Our Whole Health plans (plan names with **WH**) include enhanced pediatric dental and adult dental benefits.

Anthem Small Group HMO plans

Plan type	Gold plans				Silver plans		
	HMO						
Plan name	Anthem Gold Maine HMO Tiered Options 1500/20%/5700 [□]	Anthem Gold Maine HMO Tiered Options 1500/20%/5700 WH [□]	Anthem Gold Maine HMO Tiered Options 2000/20%/6200 [□]	Anthem Gold Maine HMO Tiered Options 2500/20%/6550 [□]	Anthem Silver Maine HMO Tiered Options 3000/35%/8500 [□]	Anthem Silver Maine HMO Tiered Options 3700/30%/8500 [□]	Anthem Silver Maine HMO Tiered Options 3700/30%/8500 WH [□]
Network	Maine HMO Tiered Options						
Contract code	5S6P	5S7R	5S69	5S6R	5S61	5S6T	5S7V
Deductible (individual/family)	Tier 1: \$1,500/\$3,000 Tier 2: \$3,500/\$7,000	Tier 1: \$1,500/\$3,000 Tier 2: \$3,500/\$7,000	Tier 1: \$2,000/\$4,000 Tier 2: \$5,000/\$10,000	Tier 1: \$2,500/\$5,000 Tier 2: \$6,000/\$12,000	Tier 1: \$3,000/\$6,000 Tier 2: \$7,000/\$14,000	Tier 1: \$3,700/\$7,400 Tier 2: \$7,000/\$14,000	Tier 1: \$3,700/\$7,400 Tier 2: \$7,000/\$14,000
Coinsurance	Tier 1: 20% Tier 2: 40%	Tier 1: 35% Tier 2: 55%	Tier 1: 30% Tier 2: 50%	Tier 1: 30% Tier 2: 50%			
Out-of-pocket maximum (individual/family)	\$5,700/\$11,400	\$5,700/\$11,400	\$6,200/\$12,400	\$6,550/\$13,100	\$8,500/\$17,000	\$8,500/\$17,000	\$8,500/\$17,000
Office visits: Primary care (PCP)	Tier 1: \$0 for first visit, then \$25 Tier 2: \$0 for first visit, then \$70	Tier 1: \$0 for first visit, then \$25 Tier 2: \$0 for first visit, then \$70	Tier 1: \$0 for first visit, then \$25 Tier 2: \$0 for first visit, then \$70	Tier 1: \$0 for first visit, then \$25 Tier 2: \$0 for first visit, then \$70	Tier 1: \$0 for first visit, then \$40 Tier 2: \$0 for first visit, then \$80	Tier 1: \$0 for first visit, then \$40 Tier 2: \$0 for first visit, then \$80	Tier 1: \$0 for first visit, then \$40 Tier 2: \$0 for first visit, then \$80
Office visits: Specialist (SPC) ¹	Tier 1: \$50 Tier 2: \$100	Tier 1: \$50 Tier 2: \$100	Tier 1: \$50 Tier 2: \$100	Tier 1: \$45 Tier 2: \$90	Tier 1: \$80 Tier 2: \$120	Tier 1: \$80 Tier 2: \$120	Tier 1: \$80 Tier 2: \$120
Online doctor visits: LiveHealth Online ²	Tier 1: \$0 for first 3 visits, then \$5 Tier 2: Same as Tier 1	Tier 1: \$0 for first 3 visits, then \$5 Tier 2: Same as Tier 1	Tier 1: \$0 for first 3 visits, then \$5 Tier 2: Same as Tier 1	Tier 1: \$0 for first 3 visits, then \$5 Tier 2: Same as Tier 1	Tier 1: \$0 for first 3 visits, then \$5 Tier 2: Same as Tier 1	Tier 1: \$0 for first 3 visits, then \$5 Tier 2: Same as Tier 1	Tier 1: \$0 for first 3 visits, then \$5 Tier 2: Same as Tier 1
Walk-in center	Tier 1: \$25 Tier 2: \$100	Tier 1: \$40 Tier 2: \$120	Tier 1: \$40 Tier 2: \$120	Tier 1: \$40 Tier 2: \$120			
Emergency room (facility)	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1
Independent facility: lab	Tier 1: \$25 Tier 2: \$25						
Independent facility: X-ray and ultrasound	Tier 1: \$75 Tier 2: Same as Tier 1	Tier 1: \$75 Tier 2: Same as Tier 1	Tier 1: \$75 Tier 2: Same as Tier 1	Tier 1: \$75 Tier 2: Same as Tier 1	Tier 1: \$75 Tier 2: Same as Tier 1	Tier 1: \$75 Tier 2: Same as Tier 1	Tier 1: \$75 Tier 2: Same as Tier 1
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Tier 1: \$250 Tier 2: Same as Tier 1	Tier 1: \$250 Tier 2: Same as Tier 1	Tier 1: \$250 Tier 2: Same as Tier 1	Tier 1: \$250 Tier 2: Same as Tier 1	Tier 1: \$250 Tier 2: Same as Tier 1	Tier 1: \$250 Tier 2: Same as Tier 1	Tier 1: \$250 Tier 2: Same as Tier 1
Hospital outpatient surgery facility	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 35% coinsurance Tier 2: Deductible, then 55% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 35% coinsurance Tier 2: Deductible, then 55% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Pharmacy deductible ³ (individual/family)	Tiers 1-4: No deductible						
Retail pharmacy: 30-day supply (tier 1a/tier 1b/tier 2/tier 3/tier 4)	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script
Home delivery pharmacy: 90-day supply ⁴ (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script

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

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

NOTICE: There are hospitals, health care facilities, physicians or other health care providers who may not be included in our networks. A member's financial responsibilities for payment of covered services may differ if they use a network provider or a non-network provider. Please refer to the online provider directory available at [anthem.com](https://www.anthem.com) to determine if a particular provider is in the network, or members can contact Member Services for assistance.

□ Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

1 Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

2 Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits. When using LiveHealth Online, members can have face-to-face video visits with board-certified doctors right from their computer or mobile device.

3 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.

4 Home delivery program typically covers up to a 90-day supply for tier 1, tier 2 and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

Small Group ACA product details – 2 to 50 employees

The plan naming structure includes these elements:

Anthem + metal tier + network name + product type + deductible/coinsurance/out-of-pocket maximum

Pediatric dental and vision and adult eye exams are covered with all Small Group plans. Our Whole Health plans (plan names with **WH**) include enhanced pediatric dental and adult dental benefits.

Anthem Small Group HMO plans

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

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

Plan type	Silver plans					
	HMO	HMO HSA				
Plan name	Anthem Silver Maine HMO Tiered Options 4500/30%/8500 [□]	Anthem Silver Maine HMO Tiered Options 3000/20%/7000 w/HSA [□]	Anthem Silver Maine HMO Tiered Options 3000/20%/7000 w/HSA WH [□]	Anthem Silver Maine HMO Tiered Options 3500/20%/7000 w/HSA [□]	Anthem Silver Maine HMO Tiered Options 4000/30%/7000 w/HSA [□]	Anthem Silver Maine HMO Tiered Options 5000/30%/7000 w/HSA [□]
Network	Maine HMO Tiered Options					
Contract code	5S6V	5S5H	5S81	5S5T	5S67	5S5B
Deductible (individual/family)	Tier 1: \$4,500/\$9,000 Tier 2: \$7,500/\$15,000	Tier 1: \$3,000/\$6,000 Tier 2: \$6,000/\$12,000	Tier 1: \$3,000/\$6,000 Tier 2: \$6,000/\$12,000	Tier 1: \$3,500/\$7,000 Tier 2: \$6,000/\$12,000	Tier 1: \$4,000/\$8,000 Tier 2: \$6,000/\$12,000	Tier 1: \$5,000/\$10,000 Tier 2: \$6,500/\$13,000
Coinsurance	Tier 1: 30% Tier 2: 50%	Tier 1: 20% Tier 2: 40%	Tier 1: 20% Tier 2: 40%	Tier 1: 20% Tier 2: 40%	Tier 1: 30% Tier 2: 50%	Tier 1: 30% Tier 2: 50%
Out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
Office visits: Primary care (PCP)	Tier 1: \$0 for first visit, then \$40 Tier 2: \$0 for first visit, then \$80	Tier 1: Deductible, then \$30 Tier 2: Deductible, then \$60	Tier 1: Deductible, then \$30 Tier 2: Deductible, then \$60	Tier 1: Deductible, then \$30 Tier 2: Deductible, then \$60	Tier 1: Deductible, then \$30 Tier 2: Deductible, then \$60	Tier 1: Deductible, then \$30 Tier 2: Deductible, then \$60
Office visits: Specialist (SPC) ¹	Tier 1: \$80 Tier 2: \$120	Tier 1: Deductible, then \$50 Tier 2: Deductible, then \$100	Tier 1: Deductible, then \$50 Tier 2: Deductible, then \$100	Tier 1: Deductible, then \$50 Tier 2: Deductible, then \$100	Tier 1: Deductible, then \$50 Tier 2: Deductible, then \$100	Tier 1: Deductible, then \$50 Tier 2: Deductible, then \$100
Online doctor visits: LiveHealth Online ²	Tier 1: \$0 for first 3 visits, then \$5 Tier 2: Same as Tier 1	Tier 1: Deductible, then 0% coinsurance Tier 2: Same as Tier 1	Tier 1: Deductible, then 0% coinsurance Tier 2: Same as Tier 1	Tier 1: Deductible, then 0% coinsurance Tier 2: Same as Tier 1	Tier 1: Deductible, then 0% coinsurance Tier 2: Same as Tier 1	Tier 1: Deductible, then 0% coinsurance Tier 2: Same as Tier 1
Walk-in center	Tier 1: \$40 Tier 2: \$120	Tier 1: Deductible, then \$30 Tier 2: Deductible, then \$100	Tier 1: Deductible, then \$30 Tier 2: Deductible, then \$100	Tier 1: Deductible, then \$30 Tier 2: Deductible, then \$100	Tier 1: Deductible, then \$30 Tier 2: Deductible, then \$100	Tier 1: Deductible, then \$30 Tier 2: Deductible, then \$100
Emergency room (facility)	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1
Independent facility: lab	Tier 1: \$25 Tier 2: \$25	Tier 1: Deductible, then \$25 Tier 2: Deductible, then \$25	Tier 1: Deductible, then \$25 Tier 2: Deductible, then \$25	Tier 1: Deductible, then \$25 Tier 2: Deductible, then \$25	Tier 1: Deductible, then \$25 Tier 2: Deductible, then \$25	Tier 1: Deductible, then \$25 Tier 2: Deductible, then \$25
Independent facility: X-ray and ultrasound	Tier 1: \$75 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$75 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$75 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$75 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$75 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$75 Tier 2: Same as Tier 1
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Tier 1: \$250 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$250 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$250 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$250 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$250 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$250 Tier 2: Same as Tier 1
Hospital outpatient surgery facility	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Pharmacy deductible ³ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies [‡]				
Retail pharmacy: 30-day supply (tier 1a/tier 1b/tier 2/tier 3/tier 4)	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script
Home delivery pharmacy: 90-day supply ⁴ (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script

NOTICE: There are hospitals, health care facilities, physicians or other health care providers who may not be included in our networks. A member's financial responsibilities for payment of covered services may differ if they use a network provider or a non-network provider. Please refer to the online provider directory available at [anthem.com](https://www.anthem.com) to determine if a particular provider is in the network, or members can contact Member Services for assistance.

□ Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

1 Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

2 Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits. When using LiveHealth Online, members can have face-to-face video visits with board-certified doctors right from their computer or mobile device.

3 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.

4 Home delivery program typically covers up to a 90-day supply for tier 1, tier 2 and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

Small Group ACA product details – 2 to 50 employees

The plan naming structure includes these elements:

Anthem + metal tier + network name + product type + deductible/coinsurance/out-of-pocket maximum

Pediatric dental and vision and adult eye exams are covered with all Small Group plans. Our Whole Health plans (plan names with **WH**) include enhanced pediatric dental and adult dental benefits.

Anthem Small Group PPO plans

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

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

Plan type	Gold plans						
	PPO						PPO HSA
Plan name	Anthem Gold Blue Choice PPO 500/25%/8000 [□]	Anthem Gold Blue Choice PPO 1000/20%/6000 [□]	Anthem Gold Blue Choice PPO 1500/20%/5000 [□]	Anthem Gold Blue Choice PPO 1500/20%/5000 WH [□]	Anthem Gold Blue Choice PPO 2000/20%/5500 [□]	Anthem Gold Blue Choice PPO 2500/20%/6500 [□]	Anthem Gold Blue Choice PPO 3500/0%/3500 w/HSA
Network	Blue Choice PPO	Blue Choice PPO					
Contract code	5S6D	5S4Z	5S6X	5S7T	5S7H	5S6F	5S65
Deductible (individual/family)	\$500/\$1,500	\$1,000/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000	\$3,500/\$7,000
Coinsurance	25%	20%	20%	20%	20%	20%	0%
Out-of-pocket maximum (individual/family)	\$8,000/\$16,000	\$6,000/\$12,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,500/\$11,000	\$6,500/\$13,000	\$3,500/\$7,000
Office visits: Primary care (PCP)	\$0 for first visit, then \$20	\$0 for first visit, then \$30	Deductible, then 0% coinsurance				
Office visits: Specialist (SPC) ¹	\$40	\$60	\$60	\$60	\$60	\$60	Deductible, then 0% coinsurance
Online doctor visits: LiveHealth Online ²	\$0 for first 3 visits, then \$5	Deductible, then 0% coinsurance					
Walk-in center	\$20	\$30	\$30	\$30	\$30	\$30	Deductible, then 0% coinsurance
Emergency room (facility)	Deductible, then \$300	Deductible, then 0% coinsurance					
Independent facility: lab	\$25	\$25	\$25	\$25	\$25	\$25	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	\$75	\$75	\$75	\$75	\$75	\$75	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	\$250	\$250	\$250	\$250	\$250	\$250	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance				
Hospital inpatient admission	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance				
Pharmacy deductible ³ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies [‡]					
Retail pharmacy: 30-day supply (tier 1a/tier 1b/tier 2/tier 3/tier 4)	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: 0% Level 2: 0%
Home delivery pharmacy: 90-day supply ⁴ (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	0%

NOTICE: There are hospitals, health care facilities, physicians or other health care providers who may not be included in our networks. A member's financial responsibilities for payment of covered services may differ if they use a network provider or a non-network provider. Please refer to the online provider directory available at anthem.com to determine if a particular provider is in the network, or members can contact Member Services for assistance.

□ Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

1 Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

2 Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits. When using LiveHealth Online, members can have face-to-face video visits with board-certified doctors right from their computer or mobile device.

3 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.

4 Home delivery program typically covers up to a 90-day supply for tier 1, tier 2 and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

Small Group ACA product details – 2 to 50 employees

The plan naming structure includes these elements:

Anthem + metal tier + network name + product type + deductible/coinsurance/out-of-pocket maximum

Pediatric dental and vision and adult eye exams are covered with all Small Group plans. Our Whole Health plans (plan names with **WH**) include enhanced pediatric dental and adult dental benefits.

Anthem Small Group PPO plans

Plan type	Gold plans	Silver plans					
	PPO HSA	PPO					
Plan name	Anthem Gold Blue Choice PPO 4250/0%/4250 w/HSA	Anthem Silver Blue Choice PPO 3000/30%/8000 [□]	Anthem Silver Blue Choice PPO 3500/30%/8500 [□]	Anthem Silver Blue Choice PPO 3500/30%/8500 WH [□]	Anthem Silver Blue Choice PPO 4500/10%/8500 [□]	Anthem Silver Blue Choice PPO 5500/20%/8500 [□]	Anthem Silver Blue Choice PPO 7000/20%/8300 Rx [□]
Network	Blue Choice PPO	Blue Choice PPO	Blue Choice PPO	Blue Choice PPO	Blue Choice PPO	Blue Choice PPO	Blue Choice PPO
Contract code	5S7M	5S63	5S75	5S7X	5S6Z	5S6H	5S73
Deductible (individual/family)	\$4,250/\$8,500	\$3,000/\$6,000	\$3,500/\$7,000	\$3,500/\$7,000	\$4,500/\$9,000	\$5,500/\$11,000	\$7,000/\$14,000
Coinsurance	0%	30%	30%	30%	10%	20%	20%
Out-of-pocket maximum (individual/family)	\$4,250/\$8,500	\$8,000/\$16,000	\$8,500/\$17,000	\$8,500/\$17,000	\$8,500/\$17,000	\$8,500/\$17,000	\$8,300/\$16,600
Office visits: Primary care (PCP)	Deductible, then 0% coinsurance	\$0 for first visit, then \$50	\$0 for first visit, then \$40	\$0 for first visit, then \$40 for next 2 visits, then deductible and 20% coinsurance			
Office visits: Specialist (SPC) ¹	Deductible, then 0% coinsurance	\$100	\$80	\$80	\$80	\$80	Deductible, then 20% coinsurance
Online doctor visits: LiveHealth Online ²	Deductible, then 0% coinsurance	\$0 for first 3 visits, then \$5					
Walk-in center	Deductible, then 0% coinsurance	\$50	\$40	\$40	\$40	\$40	Deductible, then 20% coinsurance
Emergency room (facility)	Deductible, then 0% coinsurance	Deductible, then \$300					
Independent facility: lab	Deductible, then 0% coinsurance	\$25	\$25	\$25	\$25	\$25	\$25
Independent facility: X-ray and ultrasound	Deductible, then 0% coinsurance	\$75	\$75	\$75	\$75	\$75	\$75
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 0% coinsurance	\$250	\$250	\$250	\$250	\$250	\$250
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible ³ (individual/family)	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: No deductible	Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible				
Retail pharmacy: 30-day supply (tier 1a/tier 1b/tier 2/tier 3/tier 4)	Level 1: 0% Level 2: 0%	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script
Home delivery pharmacy: 90-day supply ⁴ (tier 1a/tier 1b/tier 2/tier 3/tier 4)	0%	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script

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

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

NOTICE: There are hospitals, health care facilities, physicians or other health care providers who may not be included in our networks. A member's financial responsibilities for payment of covered services may differ if they use a network provider or a non-network provider. Please refer to the online provider directory available at [anthem.com](https://www.anthem.com) to determine if a particular provider is in the network, or members can contact Member Services for assistance.

□ Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

1 Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

2 Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits. When using LiveHealth Online, members can have face-to-face video visits with board-certified doctors right from their computer or mobile device.

3 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.

4 Home delivery program typically covers up to a 90-day supply for tier 1, tier 2 and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

Small Group ACA product details – 2 to 50 employees

The plan naming structure includes these elements:

Anthem + metal tier + network name + product type + deductible/coinsurance/out-of-pocket maximum

Pediatric dental and vision and adult eye exams are covered with all Small Group plans. Our Whole Health plans (plan names with **WH**) include enhanced pediatric dental and adult dental benefits.

Anthem Small Group PPO plans

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

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

Plan type	Silver plans						
	PPO HSA						
Plan name	Anthem Silver Blue Choice PPO 2800/20%/7000 w/HSA ^Q	Anthem Silver Blue Choice PPO 2800/20%/7000 w/HSA WH ^Q	Anthem Silver Blue Choice PPO 3500/20%/7000 w/HSA ^Q	Anthem Silver Blue Choice PPO 4000/20%/7000 w/HSA ^Q	Anthem Silver Blue Choice PPO 5000/10%/7000 w/HSA ^Q	Anthem Silver Blue Choice PPO 5550/0%/5550 w/HSA	Anthem Silver Blue Choice PPO 7000/0%/7000 w/HSA
Network	Blue Choice PPO	Blue Choice PPO	Blue Choice PPO				
Contract code	5S5D	5S7Z	5S5K	5S5P	5S5R	5S7P	5S55
Deductible (individual/family)	\$2,800/\$5,600	\$2,800/\$5,600	\$3,500/\$7,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,550/\$11,100	\$7,000/\$14,000
Coinsurance	20%	20%	20%	20%	10%	0%	0%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$5,550/\$11,100	\$7,000/\$14,000
Office visits: Primary care (PCP)	Deductible, then \$30	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance				
Office visits: Specialist (SPC) ¹	Deductible, then \$50	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance				
Online doctor visits: LiveHealth Online ²	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance				
Walk-in center	Deductible, then \$30	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance				
Emergency room (facility)	Deductible, then \$300	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance				
Independent facility: lab	Deductible, then \$25	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance				
Independent facility: X-ray and ultrasound	Deductible, then \$75	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance				
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then \$250	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance				
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance			
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance			
Pharmacy deductible ³ (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 (tier 1a/tier 1b/tier 2/tier 3/tier 4)	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: 0% Level 2: 0%	Level 1: 0% Level 2: 0%
Home delivery pharmacy: 90-day supply ⁴ (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	0%	0%

NOTICE: There are hospitals, health care facilities, physicians or other health care providers who may not be included in our networks. A member's financial responsibilities for payment of covered services may differ if they use a network provider or a non-network provider. Please refer to the online provider directory available at anthem.com to determine if a particular provider is in the network, or members can contact Member Services for assistance.

^Q Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

¹ Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

² Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits. When using LiveHealth Online, members can have face-to-face video visits with board-certified doctors right from their computer or mobile device.

³ 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.

⁴ Home delivery program typically covers up to a 90-day supply for tier 1, tier 2 and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

Small Group ACA product details – 2 to 50 employees

The plan naming structure includes these elements:

Anthem + metal tier + network name + product type + deductible/coinsurance/out-of-pocket maximum

Pediatric dental and vision and adult eye exams are covered with all Small Group plans. Our Whole Health plans (plan names with **WH**) include enhanced pediatric dental and adult dental benefits.

Anthem Small Group PPO plans

	Bronze plans
Plan type	PPO
Plan name	Anthem Bronze Blue Choice PPO 8500/0%/8500 ²
Network	Blue Choice PPO
Contract code	5S83
Deductible (individual/family)	\$8,500/\$17,000
Coinsurance	0%
Out-of-pocket maximum (individual/family)	\$8,500/\$17,000
Office visits: Primary care (PCP)	\$0 for first visit, then \$60 for next 2 visits, then deductible and 0% coinsurance
Office visits: Specialist (SPC) ¹	Deductible, then 0% coinsurance
Online doctor visits: LiveHealth Online ²	\$0 for first 3 visits, then \$5
Walk-in center	Deductible, then 0% coinsurance
Emergency room (facility)	Deductible, then \$0
Independent facility: lab	\$25
Independent facility: X-ray and ultrasound	\$75
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	\$250
Hospital outpatient surgery facility	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance
Pharmacy deductible ³ (individual/family)	Tier 1: No deductible Tiers 2-4: Medical deductible applies
Retail pharmacy: 30-day supply (tier 1a/tier 1b/tier 2/tier 3/tier 4)	Level 1: \$5/\$25/0%/0%/0% Level 2: \$15/\$35/0%/0%/0%
Home delivery pharmacy: 90-day supply ⁴ (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$13/\$63/0%/0%/0%

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

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

NOTICE: There are hospitals, health care facilities, physicians or other health care providers who may not be included in our networks. A member's financial responsibilities for payment of covered services may differ if they use a network provider or a non-network provider. Please refer to the online provider directory available at [anthem.com](https://www.anthem.com) to determine if a particular provider is in the network, or members can contact Member Services for assistance.

Q Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

1 Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

2 Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits. When using LiveHealth Online, members can have face-to-face video visits with board-certified doctors right from their computer or mobile device.

3 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.

4 Home delivery program typically covers up to a 90-day supply for tier 1, tier 2 and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

Small Group ACA product details – 2 to 50 employees

The plan naming structure includes these elements:

Anthem + metal tier + network name + product type + deductible/coinsurance/out-of-pocket maximum

Pediatric dental and vision and adult eye exams are covered with all Small Group plans. Our Whole Health plans (plan names with **WH**) include enhanced pediatric dental and adult dental benefits.

Anthem Chamber BlueOptions plans

Plan type	Gold plans		Silver plans			
	PPO	HMO	PPO	HMO	PPO HSA	
Plan name	Anthem Gold Blue Choice PPO Chamber 2500/20%/6500 [□]	Anthem Gold Maine HMO Tiered Options Chamber 1500/20%/5700 [□]	Anthem Silver Blue Choice PPO Chamber 3500/30%/8500 [□]	Anthem Silver Blue Choice PPO Chamber 4500/10%/8500 [□]	Anthem Silver Maine HMO Tiered Options Chamber 3700/30%/8500 [□]	Anthem Silver Blue Choice PPO Chamber 7000/0%/7000 w/HSA
Network	Blue Choice PPO	Maine HMO Tiered Options	Blue Choice PPO	Blue Choice PPO	Maine HMO Tiered Options	Blue Choice PPO
Contract code	5S6M	5S6B	5S7F	5S7B	5S5Z	5S51
Deductible (individual/family)	\$2,500/\$5,000	Tier 1: \$1,500/\$3,000 Tier 2: \$3,500/\$7,000	\$3,500/\$7,000	\$4,500/\$9,000	Tier 1: \$3,700/\$7,400 Tier 2: \$7,000/\$14,000	\$7,000/\$14,000
Coinsurance	20%	Tier 1: 20% Tier 2: 40%	30%	10%	Tier 1: 30% Tier 2: 50%	0%
Out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$5,700/\$11,400	\$8,500/\$17,000	\$8,500/\$17,000	\$8,500/\$17,000	\$7,000/\$14,000
Office visits: Primary care (PCP)	\$0 for first visit, then \$30	Tier 1: \$0 for first visit, then \$25 Tier 2: \$0 for first visit, then \$70	\$0 for first visit, then \$40	\$0 for first visit, then \$40	Tier 1: \$0 for first visit, then \$40 Tier 2: \$0 for first visit, then \$80	Deductible, then 0% coinsurance
Office visits: Specialist (SPC) ¹	\$60	Tier 1: \$50 Tier 2: \$100	\$80	\$80	Tier 1: \$80 Tier 2: \$120	Deductible, then 0% coinsurance
Online doctor visits: LiveHealth Online ²	\$0 for first 3 visits, then \$5	Tier 1: \$0 for first 3 visits, then \$5 Tier 2: Same as Tier 1	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	Tier 1: \$0 for first 3 visits, then \$5 Tier 2: Same as Tier 1	Deductible, then 0% coinsurance
Walk-in center	\$30	Tier 1: \$25 Tier 2: \$100	\$40	\$40	Tier 1: \$40 Tier 2: \$120	Deductible, then 0% coinsurance
Emergency room (facility)	Deductible, then \$300	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1	Deductible, then \$300	Deductible, then \$300	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1	Deductible, then 0% coinsurance
Independent facility: lab	\$25	Tier 1: \$25 Tier 2: \$25	\$25	\$25	Tier 1: \$25 Tier 2: \$25	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	\$75	Tier 1: \$75 Tier 2: Same as Tier 1	\$75	\$75	Tier 1: \$75 Tier 2: Same as Tier 1	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	\$250	Tier 1: \$250 Tier 2: Same as Tier 1	\$250	\$250	Tier 1: \$250 Tier 2: Same as Tier 1	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance	Deductible, then 0% coinsurance
Pharmacy deductible ³ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies [‡]				
Retail pharmacy: 30-day supply (tier 1a/tier 1b/tier 2/tier 3/tier 4)	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: 0% Level 2: 0%
Home delivery pharmacy: 90-day supply ⁴ (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	0%

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

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

NOTICE: There are hospitals, health care facilities, physicians or other health care providers who may not be included in our networks. A member's financial responsibilities for payment of covered services may differ if they use a network provider or a non-network provider. Please refer to the online provider directory available at [anthem.com](https://www.anthem.com) to determine if a particular provider is in the network, or members can contact Member Services for assistance.

□ Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

1 Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

2 Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits. When using LiveHealth Online, members can have face-to-face video visits with board-certified doctors right from their computer or mobile device.

3 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.

4 Home delivery program typically covers up to a 90-day supply for tier 1, tier 2 and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

Small Group ACA product details – 2 to 50 employees

The plan naming structure includes these elements:

Anthem + metal tier + network name + product type + deductible/coinsurance/out-of-pocket maximum

Pediatric dental and vision and adult eye exams are covered with all Small Group plans. Our Whole Health plans (plan names with **WH**) include enhanced pediatric dental and adult dental benefits.

Anthem Chamber BlueOptions plans

Plan type	Silver plans	
	HMO HSA	
Plan name	Anthem Silver Maine HMO Tiered Options Chamber 3500/20%/7000 w/HSA [□]	Anthem Silver Maine HMO Tiered Options Chamber 5000/30%/7000 w/HSA [□]
Network	Maine HMO Tiered Options	Maine HMO Tiered Options
Contract code	5S5V	5S5X
Deductible (individual/family)	Tier 1: \$3,500/\$7,000 Tier 2: \$6,000/\$12,000	Tier 1: \$5,000/\$10,000 Tier 2: \$6,500/\$13,000
Coinsurance	Tier 1: 20% Tier 2: 40%	Tier 1: 30% Tier 2: 50%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000
Office visits: Primary care (PCP)	Tier 1: Deductible, then \$30 Tier 2: Deductible, then \$60	Tier 1: Deductible, then \$30 Tier 2: Deductible, then \$60
Office visits: Specialist (SPC) ¹	Tier 1: Deductible, then \$50 Tier 2: Deductible, then \$100	Tier 1: Deductible, then \$50 Tier 2: Deductible, then \$100
Online doctor visits: LiveHealth Online ²	Tier 1: Deductible, then 0% coinsurance Tier 2: Same as Tier 1	Tier 1: Deductible, then 0% coinsurance Tier 2: Same as Tier 1
Walk-in center	Tier 1: Deductible, then \$30 Tier 2: Deductible, then \$100	Tier 1: Deductible, then \$30 Tier 2: Deductible, then \$100
Emergency room (facility)	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$300 Tier 2: Same as Tier 1
Independent facility: lab	Tier 1: Deductible, then \$25 Tier 2: Deductible, then \$25	Tier 1: Deductible, then \$25 Tier 2: Deductible, then \$25
Independent facility: X-ray and ultrasound	Tier 1: Deductible, then \$75 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$75 Tier 2: Same as Tier 1
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Tier 1: Deductible, then \$250 Tier 2: Same as Tier 1	Tier 1: Deductible, then \$250 Tier 2: Same as Tier 1
Hospital outpatient surgery facility	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Hospital inpatient admission	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 40% coinsurance	Tier 1: Deductible, then 30% coinsurance Tier 2: Deductible, then 50% coinsurance
Pharmacy deductible ³ (individual/family)	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]
Retail pharmacy: 30-day supply (tier 1a/tier 1b/tier 2/tier 3/tier 4)	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script	Level 1: \$5/\$25/\$60/30% up to \$350 per script/30% up to \$600 per script Level 2: \$15/\$35/\$70/40% up to \$450 per script/40% up to \$700 per script
Home delivery pharmacy: 90-day supply ⁴ (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script	\$13/\$63/\$180/30% up to \$1,050 per script/30% up to \$600 per script

NOTICE: There are hospitals, health care facilities, physicians or other health care providers who may not be included in our networks. A member's financial responsibilities for payment of covered services may differ if they use a network provider or a non-network provider. Please refer to the online provider directory available at anthem.com to determine if a particular provider is in the network, or members can contact Member Services for assistance.

□ Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

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

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

1 Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

2 Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits. When using LiveHealth Online, members can have face-to-face video visits with board-certified doctors right from their computer or mobile device.

3 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.

4 Home delivery program typically covers up to a 90-day supply for tier 1, tier 2 and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

We're in this together

Let us help you save more time

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

Easier than ever

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

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

