

ANTHEM

Small Business Health Options Program (SHOP)

Bronze Pathway X HMO w/HSA

Schedule of Benefits

This is a brief schedule of benefits. Refer to your Anthem Certificate of Coverage (Booklet) for complete details on benefits, conditions, limitations and exclusions. All benefits described below are per member per Benefit Period. Each Member should pick a PCP for routine physicals and to help when you are ill or need follow-up care after you receive Emergency Services. A referral from your Primary Care Provider is not required.

Please see "Important Notices about Your Benefits and Cost-Shares" for important notices pertaining to your benefits, limits, or cost-shares.

Benefits	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Plan Deductible		Not Applicable
<i>Individual</i>	\$6,000 per Member	
<i>Family</i>	\$12,000 per Family	
Out-of-Pocket Maximum		Not Applicable
<i>Individual</i>	\$6,550 per Member	
<i>Family</i>	\$13,100 per Family	
(Includes deductible, copayments and coinsurance)		
Provider Office Visits		
Adult Preventive Visit	No Cost-Share	Not Covered
Infant / Pediatric Preventive Visit	No Cost-Share	Not Covered
Primary Care Provider Office Visits (Includes services for illness, injury, follow-up care and consultations)	No Cost-Share after INET plan Deductible is met	Not Covered
Specialist Office Visits	No Cost-Share after INET plan Deductible is met	Not Covered
Mental Health and Substance Abuse Office Visit	No Cost-Share after INET plan Deductible is met	Not Covered

Benefits	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Outpatient Diagnostic Services		
Advanced Radiology (Including MRI, CAT, CT, PET Scans, MRI and other diagnostic services.)	No Cost-Share after INET plan Deductible is met	Not Covered
Laboratory Services	No Cost-Share after INET plan Deductible is met	Not Covered
Non-Advanced Radiology (Including X-ray, Breast Tomosynthesis, and other diagnostic services.)	No Cost-Share after INET plan Deductible is met	Not Covered
Prescription Drugs – Retail Pharmacy <i>(30 day supply per prescription)</i>		
Tier 1 Prescription Drugs	\$5 Copayment per Prescription after INET plan Deductible is met	Not Covered
Tier 2 Prescription Drugs	\$50 Copayment per Prescription after INET plan Deductible is met	Not Covered
Tier 3 Prescription Drugs	50% Coinsurance after INET plan Deductible is met	Not Covered
Tier 4 Prescription Drugs	50% Coinsurance after INET plan Deductible is met	Not Covered
Prescription Drugs – Mail Order Pharmacy (Home Delivery Pharmacy) <i>(90 day supply per prescription)</i>		
Tier 1 Prescription Drugs	\$13 Copayment per Prescription after INET plan Deductible is met	Not Covered
Tier 2 Prescription Drugs	\$150 Copayment per Prescription after INET plan Deductible is met	Not Covered
Tier 3 Prescription Drugs	50% Coinsurance after INET plan Deductible is met	Not Covered

Benefits	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Tier 4 Prescription Drugs	50% Coinsurance after INET plan Deductible is met	Not Covered
Outpatient Rehabilitative and Habilitative Services (Therapy Services)		
Speech Therapy (Up to 40 visits per plan year, limit combined for Rehabilitative physical, speech, and occupational therapy) (Up to a separate 40 visits per plan year, limit combined for Habilitative physical, speech, and occupational therapy)	No Cost-Share after INET plan Deductible is met	Not Covered
Physical and Occupational Therapy (Up to 40 visits per plan year, limit combined for Rehabilitative physical, speech, and occupational therapy) (Up to a separate 40 visits per plan year, limit combined for Habilitative physical, speech, and occupational therapy)	No Cost-Share after INET plan Deductible is met	Not Covered
Other Services		
Chiropractic Services (Up to 20 visits per plan year)	No Cost-Share after INET plan Deductible is met	Not Covered
Diabetic Equipment and Supplies	50% Coinsurance after INET plan Deductible is met	Not Covered
Durable Medical Equipment (DME)	50% Coinsurance after INET plan Deductible is met	Not Covered
Home Health Care Services (Up to 100 visits per plan year)	No Cost-Share after INET plan deductible is met	Not Covered
Outpatient Services		
<ul style="list-style-type: none"> In a hospital based facility including an ambulatory facility 	No Cost-Share after INET plan Deductible is met	Not Covered
<ul style="list-style-type: none"> In a free-standing facility, not associated with a hospital 	No Cost-Share after INET plan Deductible is met	Not Covered

Benefits	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Inpatient Services		
Inpatient Hospital Services (Including mental health, substance abuse, maternity, hospice, Human Organ and Tissue Transplant (Bone Marrow / Stem Cell) Services, and skilled nursing facility) (Skilled nursing facility stay combined with inpatient rehabilitation is limited to 90 days per plan year)	No Cost-Share after INET plan Deductible is met	Not Covered
Emergency and Urgent Care		
Ambulance Services	No Cost-Share after INET plan Deductible is met	No Cost-Share after INET plan Deductible is met
Emergency Room	No Cost-Share after INET plan Deductible is met	No Cost-Share after INET plan Deductible is met
Urgent Care Centers	No Cost-Share after INET plan Deductible is met	Not Covered
Pediatric Dental Care (for children under age 19)		
Diagnostic & Preventive	No Cost-Share	Not Covered
Basic Restorative Services	No Cost-Share after INET plan Deductible is met	Not Covered
Major Restorative Services	No Cost-Share after INET plan Deductible is met	Not Covered
Orthodontia Services (Medically necessary only)	No Cost-Share after INET plan Deductible is met	Not Covered

Benefits	In-Network (INET) Member Pays	Out-of-Network (OON) Member Pays
Pediatric Vision Care (for children under age 19)		
Prescription Eye Glasses (One pair of frames and lenses per plan year)	<p>Lenses: No Cost-Share after INET plan Deductible is met</p> <p>Collection frame: No Cost-Share after INET plan Deductible is met</p> <p>Non-collection frame: Members choosing to upgrade from a collection frame to a non-collection frame will be given a credit substantially equal to the cost of the collection frame and will be entitled to any discount negotiated by the carrier with the retailer.</p>	Not Covered
Routine Eye Exam by a Specialist (One exam per plan year)	No Cost-Share after INET plan Deductible is met	Not Covered