

Connecticut | Effective January 1, 2016

# Small Group market product portfolio

	2016 Small Group off-exchange plans					
	Anthem Platinum		Anthem Gold			
	BlueCare HMO 30/0%/3000	Century Preferred PPO 30/0%/3000	BlueCare HMO 2750/0%/4000	Century Preferred PPO 3500/0%/5000 w/ HRA	Century Preferred PPO 2500/0%/5000	Century Preferred PPO 2000/0%/5500
Calendar-year contract code/plan year contract code	1KY5/20UB	1KY7/1YE5	1KXX/1KYY	1KYU/1KVV	1KY2/1KWD	1KXB/1KZR
In-network deductible (individual/family)	None	None	\$2,750/\$5,500	\$3,500/\$7,000	\$2,500/\$5,000	\$2,000/\$4,000
In-network coinsurance	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance	0% coinsurance
In-network, out-of-pocket limit (individual/family) (Includes deductible, copays, coinsurance and pharmacy.)	\$3,000/\$6,000	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,500/\$11,000
Preventive care (includes prenatal visits)	No additional cost	No additional cost	No additional cost	No additional cost	No additional cost	No additional cost
Office visit: primary care physician (PCP) and retail health clinic <sup>1</sup> Note: Other office services subject to deductible and plan coinsurance.	\$30 copay per office visit, unlimited	\$30 copay per office visit, unlimited	\$25 copay per office visit, unlimited	Deductible, then \$25 copay per office visit, unlimited	\$25 copay per office visit, unlimited	\$25 copay per office visit, unlimited
Office visit: specialist <sup>1</sup>	\$50 copay per office visit, unlimited	\$50 copay per office visit, unlimited	\$45 copay per office visit, unlimited	Deductible, then \$50 copay per office visit, unlimited	\$50 copay per office visit, unlimited	\$50 copay per office visit, unlimited
LiveHealth Online	\$20 copay per visit, unlimited	\$20 copay per visit, unlimited	\$15 copay per visit, unlimited	Deductible, then \$15 copay per visit, unlimited	\$15 copay per visit, unlimited	\$15 copay per visit, unlimited
Chiropractic (limit of 20 visits per year) <sup>1</sup>	\$50 copay	\$50 copay	\$45 copay per office visit	Deductible, then \$50 copay	\$50 copay	\$50 copay
Physical and occupational therapy <sup>1</sup> (limit of 40 combined visits per year, limit includes speech therapy)	\$30 copay	\$30 copay	\$30 copay	Deductible, then 0% coinsurance	\$30 copay	\$30 copay
Outpatient diagnostic tests (examples: X-ray, EKG)	0% coinsurance	0% coinsurance	\$25 copay	Deductible, then 0% coinsurance	\$25 copay	\$25 copay
Outpatient advanced diagnostic tests (examples: MRI, CT scan)	0% coinsurance	0% coinsurance	\$75 copay; \$375 copay maximum	Deductible, then 0% coinsurance	\$75 copay; \$375 copay maximum	\$75 copay; \$375 copay maximum
Urgent care	\$75 copay	\$75 copay	\$45 copay	Deductible, then \$50 copay	\$50 copay	\$50 copay
Emergency room care	\$200 copay	\$200 copay	\$200 copay	Deductible, then \$200 copay	\$200 copay	\$200 copay
Hospital: inpatient admission (example: hospital room) (includes maternity, mental health and substance abuse)	\$500 copay per day up to \$1,500 per admission	\$500 copay per day up to \$1,500 per admission	Deductible, then \$500 copay per day up to \$2,000 per admission	Deductible, then \$500 copay	Deductible, then \$500 copay per day up to \$1,500 per admission	Deductible, then \$500 copay per day up to \$1,500 per admission
Hospital: outpatient hospital facility (includes maternity, surgery and/or mental health and substance abuse)	\$300 copay	\$300 copay	Deductible, then \$300 copay	Deductible, then \$300 copay	Deductible, then \$300 copay	Deductible, then \$300 copay
Mental health and substance abuse: office visit/intensive outpatient/partial hospitalization <sup>1</sup>	\$30 copay per office visit, unlimited	\$30 copay per office visit, unlimited	\$25 copay per office visit, unlimited	Deductible, then \$25 copay per office visit, unlimited	\$25 copay per office visit, unlimited	\$25 copay per office visit, unlimited
Out-of-network deductible (individual/family)	Non-network coverage for urgent and emergency care only	\$2,000/\$4,000	Non-network coverage for urgent and emergency care only	\$7,000/\$14,000	\$5,000/\$10,000	\$4,000/\$8,000
Out-of-network coinsurance	Non-network coverage for urgent and emergency care only	30% coinsurance	Non-network coverage for urgent and emergency care only	30% coinsurance	30% coinsurance	30% coinsurance
Out-of-network, out-of-pocket limit (individual/family)	Not covered except for urgent and emergency care only	\$6,000/\$12,000	Not covered except for urgent and emergency care only	\$10,000/\$20,000	\$10,000/\$20,000	\$11,000/\$22,000
Retail/home delivery pharmacy deductible	None	None	None	Combined with medical deductible	None	None
Retail pharmacy tiers	Tier 1: \$5 copay; Tier 2: \$50 copay; Tier 3: 50% coinsurance; Tier 4: 50% coinsurance up to \$500 per script National formulary: <a href="http://anthem.com/National4tier">anthem.com/National4tier</a>	Tier 1: \$5 copay; Tier 2: \$50 copay; Tier 3: 50% coinsurance; Tier 4: 50% coinsurance up to \$500 per script National formulary: <a href="http://anthem.com/National4tier">anthem.com/National4tier</a>	Tier 1: \$5 copay; Tier 2: \$50 copay; Tier 3: 50% coinsurance; Tier 4: 50% coinsurance up to \$500 per script Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: deductible, then \$5 copay; Tier 2: deductible, then \$50 copay; Tiers 3, 4: deductible, then 50% coinsurance Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: \$5 copay; Tier 2: \$50 copay; Tier 3: 50% coinsurance; Tier 4: 50% coinsurance up to \$500 per script Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: \$5 copay; Tier 2: \$50 copay; Tier 3: 50% coinsurance; Tier 4: 50% coinsurance up to \$500 per script National formulary: <a href="http://anthem.com/National4tier">anthem.com/National4tier</a>
Adult vision (materials and exams)	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Healthy Support package	Included	Included	Included	Included	Included	Included
Relativities	1.2762	1.2867	1.1073	0.7467	1.1060	1.1367

Note: Pediatric dental and vision are included in all Small Group plans.

<sup>1</sup> Three office visit copay limit is combined with any other three office visit copay limit indicated.

\*Preventive Rx is included and not subject to deductible.

	2016 Small Group off-exchange plans (continued)				
	Anthem Gold			Anthem Silver	
	Century Preferred PPO 1000/20%/3000	Century Preferred PPO 1000/20%/4500	Century Preferred PPO 1000/20%/3000	BlueCare HMO 6000/0%/6550 w/ HSA	Century Preferred PPO 2600/25%/5000 w/ HSA*
Calendar-year contract code/plan year contract code	1YEB/1YED	1YEF/1YEH	1KY1/1KVY	1KZF/1KZS	1KVX/1KWN
In-network deductible (individual/family)	\$1,000/\$3,000	\$1,000/\$3,000	\$1,000/\$3,000	\$6,000/\$12,000	\$2,600/\$5,200
In-network coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	0% coinsurance	25% coinsurance
In-network, out-of-pocket limit (individual/family) (Includes deductible, copays, coinsurance and pharmacy.)	\$3,000/\$6,000	\$4,500/\$9,000	\$3,000/\$6,000	\$6,550/\$13,100	\$5,000/\$10,000
Preventive care (includes prenatal visits)	No additional cost	No additional cost	No additional cost	No additional cost	No additional cost
Office visit: primary care physician (PCP) and retail health clinic <sup>1</sup> Note: Other office services subject to deductible and plan coinsurance.	\$25 copay per office visit, unlimited	\$15 copay per office visit, unlimited	\$20 copay per visit for first 3 office visits, then deductible and 20% coinsurance <sup>1</sup>	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance
Office visit: specialist <sup>1</sup>	\$50 copay per office visit, unlimited	\$35 copay per office visit, unlimited	\$20 copay per visit for first 3 office visits, then deductible and 20% coinsurance <sup>1</sup>	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance
LiveHealth Online	\$15 copay per office visit, unlimited	\$10 copay per office visit, unlimited	\$15 copay per visit, unlimited	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance
Chiropractic (limit of 20 visits per year) <sup>1</sup>	\$50 copay per office visit, unlimited	\$35 copay	\$20 copay per visit for first 3 office visits, then deductible and 20% coinsurance <sup>1</sup>	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance
Physical and occupational therapy <sup>1</sup> (limit of 40 combined visits per year, limit includes speech therapy)	\$30 copay	\$30 copay	\$30 copay per visit for first 3 office visits, then deductible and 20% coinsurance <sup>1</sup>	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance
Outpatient diagnostic tests (examples: X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance
Outpatient advanced diagnostic tests (examples: MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance
Urgent care	\$50 copay	\$35 copay	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance
Emergency room care	\$200 copay	\$200 copay	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance
Hospital: inpatient admission (example: hospital room) (includes maternity, mental health and substance abuse)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance
Hospital: outpatient hospital facility (includes maternity, surgery and/or mental health and substance abuse)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance
Mental health and substance abuse: office visit/intensive outpatient/partial hospitalization <sup>1</sup>	\$25 copay per office visit, unlimited	\$15 copay per office visit, unlimited	\$20 copay per visit for first 3 office visits, then deductible and 20% coinsurance <sup>1</sup>	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance
Out-of-network deductible (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	Non-network coverage for urgent and emergency care only	\$5,200/\$10,400
Out-of-network coinsurance	40% coinsurance	40% coinsurance	40% coinsurance	Non-network coverage for urgent and emergency care only	50% coinsurance
Out-of-network, out-of-pocket limit (individual/family)	\$6,000/\$12,000	\$9,000/\$18,000	\$6,000/\$12,000	Not covered except for urgent and emergency care only	\$10,000/\$20,000
Retail/home delivery pharmacy deductible	None	None	None	Combined with medical deductible	Combined with medical deductible
Retail pharmacy tiers	Tier 1: \$5 copay; Tier 2: \$50 copay; Tier 3: 50% coinsurance; Tier 4: 50% coinsurance up to \$500 per script National formulary: <a href="http://anthem.com/National4tier">anthem.com/National4tier</a>	Tier 1: \$5 copay; Tier 2: \$50 copay; Tier 3: 50% coinsurance; Tier 4: 50% coinsurance up to \$500 per script Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: \$5 copay; Tier 2: \$50 copay; Tier 3: 50% coinsurance; Tier 4: 50% coinsurance up to \$500 per script National formulary: <a href="http://anthem.com/National4tier">anthem.com/National4tier</a>	Tier 1: deductible, then \$5 copay; Tier 2: deductible, then \$50 copay; Tiers 3, 4: deductible, then 50% coinsurance Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: deductible, then \$5 copay; Tier 2: deductible, then \$50 copay; Tiers 3, 4: deductible, then 50% coinsurance Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>
Adult vision (materials and exams)	Embedded	Embedded	Embedded	Embedded	Embedded
Healthy Support package	Not included	Not included	Included	Included	Included
Relativities	1.1615	1.0928	1.1309	0.6121	0.7466

Note: Pediatric dental and vision are included in all Small Group plans.

1 Three office visit copay limit is combined with any other three office visit copay limit indicated.

\*Preventive Rx is included and not subject to deductible.

2016 Small Group off-exchange plans (continued)

	Anthem Silver				
	Century Preferred PPO 1500/35%/6000	Century Preferred PPO 2500/20%/5250	Century Preferred PPO 2600/20%/5000 w/ HSA	Century Preferred PPO 3000/0%/5000 w/ HSA*	Century Preferred PPO 3500/30%/4500
Calendar-year contract code/plan year contract code	1KZX/1KWG	1KXE/1KZ4	1L00/1KVF	1YFL/1YFN	1KXZ/1KYK
In-network deductible (individual/family)	\$1,500/\$3,000	\$2,500/\$5,000	\$2,600/\$5,200	\$3,000/\$6,000	\$3,500/\$7,000
In-network coinsurance	35% coinsurance	20% coinsurance	20% coinsurance	0% coinsurance	30% coinsurance
In-network, out-of-pocket limit (individual/family) (Includes deductible, copays, coinsurance and pharmacy.)	\$6,000/\$12,000	\$5,250/\$10,500	\$5,000/\$10,000	\$5,000/\$10,000	\$4,500/\$9,000
Preventive care (includes prenatal visits)	No additional cost	No additional cost	No additional cost	No additional cost	No additional cost
Office visit: primary care physician (PCP) and retail health clinic <sup>1</sup> Note: Other office services subject to deductible and plan coinsurance.	\$40 copay per visit for first 3 office visits, then deductible and 35% coinsurance <sup>1</sup>	\$40 copay per visit for first 3 office visits, then deductible and 20% coinsurance <sup>1</sup>	Deductible, then \$40 copay per office visit, unlimited	Deductible, then 0% coinsurance	\$30 copay per visit for first 3 office visits, then deductible and 30% coinsurance <sup>1</sup>
Office visit: specialist <sup>1</sup>	\$40 copay per visit for first 3 office visits, then deductible and 35% coinsurance <sup>1</sup>	\$40 copay per visit for first 3 office visits, then deductible and 20% coinsurance <sup>1</sup>	Deductible, then \$50 copay per office visit, unlimited	Deductible, then 0% coinsurance	\$30 copay per visit for first 3 office visits, then deductible and 30% coinsurance <sup>1</sup>
LiveHealth Online	\$25 copay per visit, unlimited	\$25 copay per visit, unlimited	Deductible, then \$25 copay per visit, unlimited	Deductible, then 0% coinsurance	\$20 copay per visit, unlimited
Chiropractic (limit of 20 visits per year) <sup>1</sup>	\$40 copay per visit for first 3 office visits, then deductible and 35% coinsurance <sup>1</sup>	\$40 copay per visit for first 3 office visits, then deductible and 20% coinsurance <sup>1</sup>	Deductible, then \$50 copay per office visit	Deductible, then 0% coinsurance	\$30 copay per visit for first 3 office visits, then deductible and 30% coinsurance <sup>1</sup>
Physical and occupational therapy <sup>1</sup> (limit of 40 combined visits per year, limit includes speech therapy)	\$30 copay per visit for first 3 office visits, then deductible and 35% coinsurance <sup>1</sup>	\$30 copay per visit for first 3 office visits, then deductible and 20% coinsurance <sup>1</sup>	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	\$30 copay per visit for first 3 office visits, then deductible and 30% coinsurance <sup>1</sup>
Outpatient diagnostic tests (examples: X-ray, EKG)	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Outpatient advanced diagnostic tests (examples: MRI, CT scan)	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Urgent care	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$50 copay	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Emergency room care	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$200 copay	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Hospital: inpatient admission (example: hospital room) (includes maternity, mental health and substance abuse)	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$500 copay	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Hospital: outpatient hospital facility (includes maternity, surgery and/or mental health and substance abuse)	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$300 copay	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance
Mental health and substance abuse: office visit/intensive outpatient/partial hospitalization <sup>1</sup>	\$40 copay per visit for first 3 office visits, then deductible and 35% coinsurance <sup>1</sup>	\$40 copay per visit for first 3 office visits, then deductible and 20% coinsurance <sup>1</sup>	Deductible, then \$40 copay per office visit, unlimited	Deductible, then 0% coinsurance	\$30 copay per visit for first 3 office visits, then deductible and 30% coinsurance <sup>1</sup>
Out-of-network deductible (individual/family)	\$3,000/\$6,000	\$5,000/\$10,000	\$5,200/\$10,400	\$6,000/\$12,000	\$7,000/\$14,000
Out-of-network coinsurance	50% coinsurance	40% coinsurance	40% coinsurance	30% coinsurance	50% coinsurance
Out-of-network, out-of-pocket limit (individual/family)	\$12,000/\$24,000	\$10,500/\$21,000	\$10,000/\$20,000	\$10,000/\$20,000	\$9,000/\$18,000
Retail/home delivery pharmacy deductible	Tier 1: No deductible; Tiers 2, 3, 4: \$500 deductible then copays/coinsurance	None	Combined with medical deductible	Combined with medical deductible	None
Retail pharmacy tiers	Tier 1: \$5 copay; Tier 2: \$50 copay; Tier 3: 50% coinsurance; Tier 4: 50% coinsurance up to \$500 per script Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: \$5 copay; Tier 2: \$50 copay; Tier 3: 50% coinsurance; Tier 4: 50% coinsurance up to \$500 per script Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: deductible then \$5 copay; Tier 2: deductible then \$50 copay; Tiers 3, 4: deductible then 50% coinsurance Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: deductible, then \$5 copay; Tier 2: deductible, then \$50 copay; Tiers 3, 4: deductible, then 50% coinsurance Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: \$5 copay; Tier 2: \$50 copay; Tier 3: 50% coinsurance; Tier 4: 50% coinsurance up to \$500 per script Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>
Adult vision (materials and exams)	Embedded	Embedded	Embedded	Embedded	Embedded
Healthy Support package	Included	Included	Included	Included	Included
Relativities	0.8753	0.8210	0.7255	0.7761	0.7344

Note: Pediatric dental and vision are included in all Small Group plans.

1 Three office visit copay limit is combined with any other three office visit copay limit indicated.

\*Preventive Rx is included and not subject to deductible.

2016 Small Group off-exchange plans (continued)

	2016 Small Group off-exchange plans (continued)				
	Anthem Silver		Anthem Bronze		
	Century Preferred PPO 3750/20%/6850	Century Preferred PPO 4000/10%/6000	Century Preferred PPO 5500/30%/6350 w/ HSA*	Century Preferred PPO 6000/30%/6550 w/ HSA*	Century Preferred PPO 5000/20%/6500 w/ HSA
Calendar-year contract code/plan year contract code	1YE7/1YE9	20VB/20VC	1KYR/1KVM	1KY9/1KVB	1KYF/1KW4
In-network deductible (individual/family)	\$3,750/\$7,500	\$4,000/\$8,000	\$5,500/\$11,000	\$6,000/\$12,000	\$5,000/\$10,000
In-network coinsurance	20% coinsurance	10% coinsurance	30% coinsurance	30% coinsurance	20% coinsurance
In-network, out-of-pocket limit (individual/family) (Includes deductible, copays, coinsurance and pharmacy.)	\$6,850/\$13,700	\$6,000/\$12,000	\$6,350/\$12,700	\$6,550/\$13,100	\$6,500/\$13,000
Preventive care (includes prenatal visits)	No additional cost	No additional cost	No additional cost	No additional cost	No additional cost
Office visit: primary care physician (PCP) and retail health clinic <sup>1</sup> Note: Other office services subject to deductible and plan coinsurance.	\$40 copay per office visit, unlimited	\$40 copay per visit for first 3 office visits, then deductible and 10% coinsurance <sup>1</sup>	Deductible, then \$40 copay per office visit, unlimited	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Office visit: specialist <sup>1</sup>	\$50 copay per office visit, unlimited	\$40 copay per visit for first 3 office visits, then deductible and 10% coinsurance <sup>1</sup>	Deductible, then \$50 copay per office visit, unlimited	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
LiveHealth Online	\$25 copay per visit, unlimited	\$25 copay per visit, unlimited	Deductible, then \$25 copay per visit, unlimited	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Chiropractic (limit of 20 visits per year) <sup>1</sup>	\$50 copay per visit	\$40 copay per visit for first 3 office visits, then deductible and 10% coinsurance <sup>1</sup>	Deductible, then \$50 copay per office visit, unlimited	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Physical and occupational therapy <sup>1</sup> (limit of 40 combined visits per year, limit includes speech therapy)	\$30 copay per visit	\$40 copay per visit for first 3 office visits, then deductible and 10% coinsurance <sup>1</sup>	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Outpatient diagnostic tests (examples: X-ray, EKG)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Outpatient advanced diagnostic tests (examples: MRI, CT scan)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Urgent care	\$50 copay	Deductible, then 10% coinsurance	Deductible, then \$75 copay	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Emergency room care	\$200 copay	Deductible, then 10% coinsurance	Deductible, then \$200 copay	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Hospital: inpatient admission (example: hospital room) (includes maternity, mental health and substance abuse)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then \$500 copay	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Hospital: outpatient hospital facility (includes maternity, surgery and/or mental health and substance abuse)	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance	Deductible, then \$300 copay	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Mental health and substance abuse: office visit/intensive outpatient/partial hospitalization <sup>1</sup>	\$40 copay per office visit, unlimited	\$40 copay per visit for first 3 office visits, then deductible and 10% coinsurance <sup>1</sup>	Deductible, then \$40 copay per office visit, unlimited	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Out-of-network deductible (individual/family)	\$7,500/\$15,000	\$8,000/\$16,000	\$11,000/\$22,000	\$12,000/\$24,000	\$10,000/\$20,000
Out-of-network coinsurance	40% coinsurance	30% coinsurance	50% coinsurance	50% coinsurance	40% coinsurance
Out-of-network, out-of-pocket limit (individual/family)	\$13,700/\$27,400	\$12,000/\$24,000	\$12,700/\$25,400	\$13,100/\$26,200	\$13,000/\$26,000
Retail/home delivery pharmacy deductible	None	None	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible
Retail pharmacy tiers	Tier 1: \$5 copay; Tier 2: \$50 copay; Tier 3: 50% coinsurance; Tier 4: 50% coinsurance up to \$500 per script Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: \$5 copay; Tier 2: \$50; Tier 3: 50% coinsurance; Tier 4: 50% coinsurance up to \$500 per script Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: deductible, then \$5 copay; Tier 2: deductible, then \$50 copay; Tiers 3, 4: deductible, then 50% coinsurance Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: deductible, then \$5 copay; Tier 2: deductible, then \$50 copay; Tiers 3, 4: deductible, then 50% coinsurance Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: deductible, then \$5 copay; Tier 2: deductible, then \$50 copay; Tiers 3, 4: deductible, then 50% coinsurance Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>
Adult vision (materials and exams)	Embedded	Embedded	Embedded	Embedded	Embedded
Healthy Support package	Included	Included	Included	Included	Included
Relativities	0.7469	0.6995	0.6356	0.5877	0.6012

Note: Pediatric dental and vision are included in all Small Group plans.

1 Three office visit copay limit is combined with any other three office visit copay limit indicated.

\*Preventive Rx is included and not subject to deductible.

2016 Small Group off-exchange plans (continued)

Anthem Bronze

	BlueCare HMO 5550/0%/6550 w/ HSA	Century Preferred PPO 5000/20%/6550 w/ HSA	BlueCare HMO 5500/0%/6450 w/ HSA	Century Preferred PPO 6000/0%/6550 w/ HSA	Century Preferred PPO 4500/30%/6550 w/ HSA	Century Preferred PPO 5000/20%/6550 w/ HSA
Calendar-year contract code/plan year contract code	1KW9/1KZN	1KZ5/1KVW	1KXR/1KYE	1KX3/1KY8	1KZA/1KYW	1KZ7/1KWH
In-network deductible (individual/family)	\$5,550/\$11,100	\$5,000/\$10,000	\$5,500/\$11,000	\$6,000/\$12,000	\$4,500/\$9,000	\$5,000/\$10,000
In-network coinsurance	0% coinsurance	20% coinsurance	0% coinsurance	0% coinsurance	30% coinsurance	20% coinsurance
In-network, out-of-pocket limit (individual/family) (Includes deductible, copays, coinsurance and pharmacy.)	\$6,550/\$13,100	\$6,550/\$13,100	\$6,450/\$12,900	\$6,550/\$13,100	\$6,550/\$13,100	\$6,550/\$13,100
Preventive care (includes prenatal visits)	No additional cost	No additional cost	No additional cost	No additional cost	No additional cost	No additional cost
Office visit: primary care physician (PCP) and retail health clinic <sup>1</sup> Note: Other office services subject to deductible and plan coinsurance.	Deductible, then 0% coinsurance	Deductible, then \$40 copay per office visit, unlimited	Deductible, then \$30 copay per office visit, unlimited	Deductible, then \$30 copay per office visit, unlimited	Deductible, then 30% coinsurance	Deductible, then \$30 copay per office visit, unlimited
Office visit: specialist <sup>1</sup>	Deductible, then 0% coinsurance	Deductible, then \$50 copay per office visit, unlimited	Deductible, then \$50 copay per office visit, unlimited	Deductible, then \$40 copay per office visit, unlimited	Deductible, then 30% coinsurance	Deductible, then \$50 copay per office visit, unlimited
LiveHealth Online	Deductible, then 0% coinsurance	Deductible, then \$25 copay per visit, unlimited	Deductible, then \$20 copay per visit, unlimited	Deductible then \$20 copay per visit, unlimited	Deductible, then 30% coinsurance	Deductible, then \$20 copay per visit, unlimited
Chiropractic (limit of 20 visits per year) <sup>1</sup>	Deductible, then 0% coinsurance	Deductible, then \$50 copay per office visit	Deductible, then \$50 copay per office visit	Deductible, then \$40 copay per office visit	Deductible, then 30% coinsurance	Deductible, then \$50 copay
Physical and occupational therapy <sup>1</sup> (limit of 40 combined visits per year, limit includes speech therapy)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Outpatient diagnostic tests (examples: X-ray, EKG)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Outpatient advanced diagnostic tests (examples: MRI, CT scan)	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance
Urgent care	Deductible, then 0% coinsurance	Deductible, then \$50 copay	Deductible, then \$50 copay	Deductible, then \$40 copay	Deductible, then 30% coinsurance	Deductible, then \$50 copay
Emergency room care	Deductible, then 0% coinsurance	Deductible, then \$200 copay	Deductible, then \$200 copay	Deductible, then \$200 copay	Deductible, then 30% coinsurance	Deductible, then \$200 copay
Hospital: inpatient admission (example: hospital room) (includes maternity, mental health and substance abuse)	Deductible, then 0% coinsurance	Deductible, then \$500 copay	Deductible, then \$500 copay	Deductible, then \$500 copay	Deductible, then 30% coinsurance	Deductible, then \$500 copay
Hospital: outpatient hospital facility (includes maternity, surgery and/or mental health and substance abuse)	Deductible, then 0% coinsurance	Deductible, then \$300 copay	Deductible, then \$300 copay	Deductible, then \$300 copay	Deductible, then 30% coinsurance	Deductible, then \$300 copay
Mental health and substance abuse: office visit/intensive outpatient/partial hospitalization <sup>1</sup>	Deductible, then 0% coinsurance	Deductible, then \$40 copay per office visit, unlimited	Deductible, then \$30 copay per office visit, unlimited	Deductible, then \$30 copay per office visit, unlimited	Deductible, then 30% coinsurance	Deductible, then \$30 copay per office visit, unlimited
Out-of-network deductible (individual/family)	Non-network coverage for urgent and emergency care only	\$10,000/\$20,000	Non-network coverage for urgent and emergency care only	\$12,000/\$24,000	\$9,000/\$18,000	\$10,000/\$20,000
Out-of-network coinsurance	Non-network coverage for urgent and emergency care only	40% coinsurance	Non-network coverage for urgent and emergency care only	30% coinsurance	50% coinsurance	40% coinsurance
Out-of-network, out-of-pocket limit (individual/family)	Not covered except for urgent and emergency care only	\$13,100/\$26,200	Not covered except for urgent and emergency care only	\$13,100/\$26,200	\$13,100/\$26,200	\$13,100/\$26,200
Retail/home delivery pharmacy deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible
Retail pharmacy tiers	Tier 1: deductible, then \$5 copay; Tier 2: deductible, then \$50 copay; Tiers 3, 4: deductible, then 50% coinsurance Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: deductible, then \$5 copay; Tier 2: deductible, then \$50 copay; Tiers 3, 4: deductible, then 50% coinsurance Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: deductible, then \$5 copay; Tier 2: deductible, then \$50 copay; Tiers 3, 4: deductible, then 50% coinsurance Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: deductible, then \$5 copay; Tier 2: deductible, then \$50 copay; Tiers 3, 4: deductible, then 50% coinsurance Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: deductible, then \$5 copay; Tier 2: deductible, then \$50 copay; Tiers 3, 4: deductible, then 50% coinsurance Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>	Tier 1: deductible, then \$5 copay; Tier 2: deductible, then \$50 copay; Tiers 3, 4: deductible, then 50% coinsurance Select formulary: <a href="http://anthem.com/CTSelectdrugtier4">anthem.com/CTSelectdrugtier4</a>
Adult vision (materials and exams)	Embedded	Embedded	Embedded	Embedded	Embedded	Embedded
Healthy Support package	Included	Included	Included	Included	Included	Included
Relativities	0.6140	0.6420	0.6411	0.6353	0.6310	0.6449

Note: Pediatric dental and vision are included in all Small Group plans.

1 Three office visit copay limit is combined with any other three office visit copay limit indicated.

\*Preventive Rx is included and not subject to deductible.

# Dental

Anthem Blue Cross and Blue Shield (Anthem) has the largest dental network in Connecticut and the highest in-network utilization.<sup>1</sup>

## Dental Complete

Anthem's Dental Complete provides access to the largest dental network in Connecticut and has the highest in-network utilization:<sup>1</sup>

- Access to more than 97,000 unique dentists nationwide.
- Deep network discounts save members an average of 30-32% on covered dental services.
- Annual maximum carryover is available, which lets members carry over some unused benefit dollars.
- 100% coverage for in-network preventive services, such as exams, cleanings and X-rays.

## Dental Prime and Complete (stand-alone plans)

	Value	Classic	Enhanced	Voluntary
	Passive PPO	Passive PPO	Active PPO	Passive PPO
Diagnostic and preventive services	100%/100%	100%/100%	100%/100%	100%/100%
Basic services	80%/80%	80%/80%	90%/80%	80%/80%
Major services	Not covered	50%/50%	60%/50%	50%/50%
Endodontic, periodontal and oral surgery services	Not covered	Basic	Basic	Major
Implants	Not covered	Covered or not covered	Covered	Not covered
Posterior composites	Not covered	Covered or not covered	Covered	Not covered
Orthodontia	Not covered	Not covered or child	Not covered, child or child/adult	Not covered, child or child/adult
Annual deductible (per person/family)	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual benefit maximum and orthodontia maximum	\$500 or \$1,000	\$1,000, \$1,500 or \$2,000	\$1,500 or \$2,000	\$1,000, \$1,500 or \$2,000
Waiting periods (major and orthodontia)	No waiting period	No waiting period	No waiting period	12-month waiting period
Annual maximum carryover	Not included	Included/not included	Included/not included	Included/not included
Out-of-network reimbursement	MAC/90th	MAC/90th	90th	MAC/90th
Dental network	Complete	Complete	Complete	Complete

<sup>1</sup> Network information based on Strenuus data as of May 19, 2015. Competitive comparison based on Connecticut unique dentists. Utilization information based on Ruark Dental Study, 2014.

## Ease of doing business

Our dental, vision, life and disability plans tie into our health coverage, so we can help employees get the care they need, when they need it. When your clients get all their benefits from Anthem, it means they'll have less administrative hassle and spend less energy managing all their plans:

- We offer one account team, coordinated implementation and integrated renewal process.
- New, Small Group clients with both medical and dental have integrated administration (one application, one enrollment, one online service and one ID card).
- Blue View Vision<sup>SM</sup> includes integration with medical and combined online capabilities.
- Member assistance programs available in all life and disability plans.
- Your local account management team is here in Connecticut. We are here to help and work hand-in-hand with you.

# Vision

Anthem's Blue View Vision plan gives your employees access to over 33,000 eye doctors across the country.<sup>1</sup> And it's part of your medical plan.

## Blue View Vision looks at the big picture

From network to pricing to service, our vision plan leads the industry. Your employees have access to one of the largest vision networks in the country, including convenient retail locations with extended hours. Simplified administration, from enrollment through claims processing, takes the hassle out of managing your benefits. And our connected vision and health coverage leads to early detection, prevention and management of chronic conditions so we can help keep your employees healthy and productive.

## Blue View Vision is included in all Anthem Small Group medical plans:

- Coverage for children (through age 18) includes an annual eye exam and annual frames and lenses coverage.
- Coverage for adults (19 and older) includes annual eye exam and every other year frames and lenses coverage.<sup>2</sup>
- Members can save an average of 63% on their purchase from Blue View Vision network providers.<sup>3</sup>
- In-network benefits that include Transitions<sup>®</sup> lenses, an industry-leading 35% to 40%<sup>4</sup> discount on an additional pair, scratch coating and polycarbonate lenses for children under 19.
- 1-800 CONTACTS<sup>®</sup> as an in-network provider. Employees can call or go online.

## 2016 Small Group off-exchange vision plan

For groups wanting to add a stand-alone plan design, the following plan is available for purchase.



Plan	Copay <sup>5</sup> for eye exam/ Eyeglass lenses	Frames/Contact lenses allowance <sup>5,6</sup>	Eye exam (frequency)	Eyeglass lenses (frequency)	Frames (frequency)	Contact lenses (frequency)
C7	\$20/\$20	\$130/\$80	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year

Additional plan designs are available. Please talk to your Anthem Sales representative to learn more.

1 Blue View Vision network size statistics, 2015  
 2 For HSA plans, covered Blue View Vision services are subject to the medical deductible. And for copay based medical plans, the specialist copay applies to routine eye exams covered by Blue View Vision. In-network balance billing protection and network savings apply to covered services regardless if applied to deductible or not.  
 3 Average approximate savings based on a Blue View Vision plan with \$10 lens co-pay and \$130 frame allowance for glasses or \$130 contact lens allowance.  
 4 Discounts are subject to change without notice. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan.  
 5 Above amounts reflect in-network copays and allowances.  
 6 Nonelective contacts covered in full.

Note: Benefits include coverage for member's choice of eyeglass lenses or contact lenses, but not both.

# Anthem Whole Health Connection<sup>SM</sup>

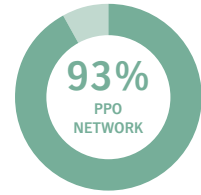
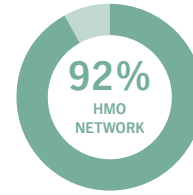
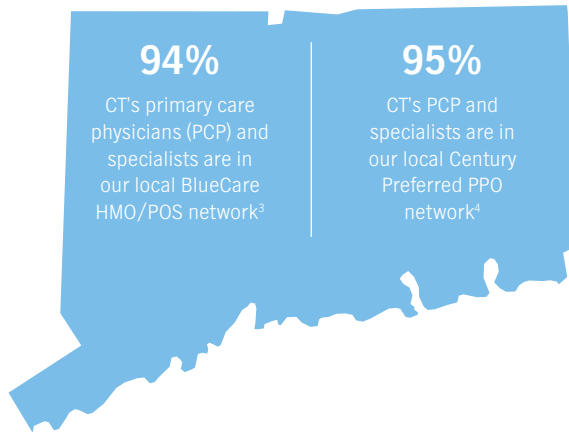
Real choice.  Quality care.  Lower costs.

Only Anthem paves the way for two-way communication between eye doctors and primary care doctors. We help them work together, share information and coordinate care all through one company. That's something stand-alone vision carriers can't provide. So your employees benefit from an approach that makes the eye exam far less routine.



# More value, access and health and wellness resources than ever before

Anthem members have access to the best doctors and hospitals in Connecticut and across the country:



have access to *Connecticut Magazine's* Top Doctors



**95%**  
U.S. hospitals are in the BlueCard<sup>®</sup> Network



**91%**  
U.S. doctors are in the BlueCard<sup>®</sup> Network

**16 years in a row**

with more of *New York Magazine's* Top Doctors

That's more than any other insurer<sup>1,2,5</sup>

## LiveHealth Online gives employees access to care — anytime, anywhere

All it takes is an Internet connection. Employees can talk with board-certified doctors, 24/7, from their computer or mobile device for nonemergency health issues, when their own doctor isn't available. Once they sign up at [livehealthonline.com](http://livehealthonline.com) or download the free app, they can see a doctor, get a diagnosis and even get prescriptions,<sup>6</sup> if needed. Depending on their plan, members can use LiveHealth Online for the same or lower cost as a primary care office visit copay or \$49. LiveHealth Online is part of all Small Group plans and claims are submitted automatically.

## Healthy Support package is included with Small Group plans<sup>8</sup>

There's value in healthier employees and with our plans employees have access to voluntary wellness programs, services and rewards that can help them live healthier lives. It comes at no extra cost and includes these financial incentives:

- Preventive adult wellness exam — \$50 annually.<sup>9</sup>
- Tobacco-free certification — \$50 annually.<sup>9</sup>
- Wellness package provides up to \$150 in incentives for employees who take healthy actions.
- Flu shot — \$50 annually.<sup>9</sup>
- 100% in-network preventive care coverage.

1 Based on lists in Connecticut Magazine Top Doctors issue, April 2014.

2 Blue Cross and Blue Shield Association website: *About Blue Cross and Blue Shield Association* (accessed July 2015): [bcbs.com/about-the-association/](http://bcbs.com/about-the-association/).

3 Anthem National Network and Statistic Site, April 2015.

4 Anthem National Network and Statistic Site, April 2015.

5 Based on lists in New York Magazine's June 2015 issue and searches of competitors' websites provided by third-party vendor, NetMinder/The Ignition Group, 07/2015.

6 Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to expand to more in the near future. Visit the home page of [livehealthonline.com](http://livehealthonline.com) to view the service map by state.

7 Discounts are subject to change without notice. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan.

8 For off-exchange plans only.

9 \$150 combined annual maximum.

# Notes

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