

# Plan benefit charts – HMO

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Plan type	Bronze plans	Silver plans	Gold plans
	HMO		
<b>Plan name</b>	Anthem Bronze 60 HMO (9KQ2)	Anthem Silver 70 HMO (9KQ0)	Anthem Gold 80 HMO (9KQU)
<b>Network name</b>	Pathway - HMO	Pathway - HMO	Pathway - HMO
<b>Plan includes out of network coverage?</b>	No	No	No
<b>Individual deductible</b>	\$6,300	\$5,400	\$0
<b>Individual out-of-pocket maximum</b>	\$9,100	\$9,100	\$8,700
<b>Coinsurance</b> (may vary for certain covered services)	40%	30%	20%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.	No additional cost to you.
<b>Office and virtual visit: primary care physician (PCP)</b> <sup>2,3</sup> (other office services may be subject to deductible and plan coinsurance)	\$60 copay per visit for first 3 visits, then deductible and \$60 copay	\$50 copay, deductible waived	\$35 copay
<b>Primary and urgent care visits: virtual care-only providers</b> <sup>5</sup>	Covered in full, deductible waived	Covered in full, deductible waived	Covered in full
<b>Office and online visit: specialist</b> <sup>3</sup> (other office services may be subject to deductible and plan coinsurance)	\$95 copay per visit for first 3 visits, then deductible and \$95 copay	\$90 copay, deductible waived	\$65 copay
<b>Outpatient diagnostic tests</b> (ex. X-ray, EKG)	Deductible, then 40% coinsurance	\$95 copay, deductible waived	\$75 copay
<b>Outpatient advanced diagnostic tests</b> (ex. MRI, CT scan)	Deductible, then 40% coinsurance	\$325 copay, deductible waived	\$75 copay
<b>Urgent care</b> <sup>3</sup> (other office services may be subject to deductible and plan coinsurance)	\$60 copay per visit for first 3 visits, then deductible and \$60 copay	\$50 copay, deductible waived	\$35 copay
<b>Emergency room care</b> (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then 40% coinsurance	\$450 copay, deductible waived	\$350 copay
<b>Hospital: inpatient admission</b> (includes maternity, mental health/substance use)	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	\$330 copay per day up to 5 days per admission
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health/substance use)	Deductible, then 40% coinsurance	30% coinsurance, deductible waived	\$130 copay
<b>Pharmacy deductible</b> <sup>4</sup> (tiers with deductible, cost share applies after deductible)	Tiers 1,2,3,4: \$500 Combined pharmacy deductible	Tier 1: No deductible Tiers 2,3,4: \$150 Combined pharmacy deductible	Tiers 1,2,3,4: No deductible
<b>Retail pharmacy tier 1</b>	\$17 copay	\$19 copay	\$15 copay
<b>Retail pharmacy tier 2</b>	40% coinsurance (up to \$500 per script)	\$60 copay	\$60 copay
<b>Retail pharmacy tier 3</b>	40% coinsurance (up to \$500 per script)	\$90 copay	\$85 copay
<b>Retail pharmacy tier 4</b>	40% coinsurance (up to \$500 per script)	20% coinsurance (up to \$250 per script)	20% coinsurance (up to \$250 per script)
<b>Physical and occupational therapy</b>	\$60 copay, deductible waived	\$50 copay, deductible waived	\$35 copay
<b>Speech therapy</b>	\$60 copay, deductible waived	\$50 copay, deductible waived	\$35 copay

Please see Medical and Silver cost-share reduction plans footnotes on page 13.

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Plan type	Platinum plans	Catastrophic plans
	HMO	
<b>Plan name</b>	Anthem Platinum 90 HMO (9KQT)	AnthemMinimumCoverageHMO(9KPZ)
<b>Network name</b>	Pathway - HMO	Pathway - HMO
<b>Plan includes out of network coverage?</b>	No	No
<b>Individual deductible</b>	\$0	\$9,450
<b>Individual out-of-pocket maximum</b>	\$4,500	\$9,450
<b>Coinsurance</b> (may vary for certain covered services)	10%	0%
<b>Preventive care</b> <sup>1</sup>	No additional cost to you.	No additional cost to you.
<b>Office and virtual visit: primary care physician (PCP)</b> <sup>2,3</sup> (other office services may be subject to deductible and plan coinsurance)	\$15 copay	\$0 copay per visit for first 3 visits, then deductible and 0% coinsurance
<b>Primary and urgent care visits: virtual care-only providers</b> <sup>5</sup>	Covered in full	\$0 copay per visit for first 3 visits, then deductible and 0% coinsurance
<b>Office and online visit: specialist</b> <sup>3</sup> (other office services may be subject to deductible and plan coinsurance)	\$30 copay	Deductible, then covered in full
<b>Outpatient diagnostic tests</b> (ex. X-ray, EKG)	\$30 copay	Deductible, then covered in full
<b>Outpatient advanced diagnostic tests</b> (ex. MRI, CT scan)	\$75 copay	Deductible, then covered in full
<b>Urgent care</b> <sup>3</sup> (other office services may be subject to deductible and plan coinsurance)	\$15 copay	\$0 copay per visit for first 3 visits, then deductible and 0% coinsurance
<b>Emergency room care</b> (copay, if applicable, waived if admitted into the hospital from the emergency room)	\$150 copay	Deductible, then covered in full
<b>Hospital: inpatient admission</b> (includes maternity, mental health/substance use)	\$225 copay per day up to 5 days per admission	Deductible, then covered in full
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health/substance use)	\$75 copay	Deductible, then covered in full
<b>Pharmacy deductible</b> <sup>4</sup> (tiers with deductible, cost share applies after deductible)	Tiers 1,2,3,4: No deductible	Tiers 1,2,3,4: Medical deductible applies
<b>Retail pharmacy tier 1</b>	\$7 copay	0% coinsurance
<b>Retail pharmacy tier 2</b>	\$16 copay	0% coinsurance
<b>Retail pharmacy tier 3</b>	\$25 copay	0% coinsurance
<b>Retail pharmacy tier 4</b>	10% coinsurance (up to \$250 per script)	0% coinsurance
<b>Physical and occupational therapy</b>	\$15 copay	Deductible, then covered in full
<b>Speech therapy</b>	\$15 copay	Deductible, then covered in full

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