

Plan benefit charts – EPO

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EPO plans are available in Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kern, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura, Yolo, and Yuba counties.

Plan type	Bronze plans		Silver plans
	EPO		
Plan name	Anthem Bronze 60 HDHP EPO (9KPH)	Anthem Bronze 60 EPO (9P7E)	Anthem Silver 70 EPO (9P79)
Network name	Pathway - EPO	Pathway - EPO	Pathway - EPO
Plan includes out of network coverage?	No	No	No
Individual deductible	\$7,050	\$6,300	\$5,400
Individual out-of-pocket maximum	\$7,050	\$9,100	\$9,100
Coinsurance (may vary for certain covered services)	0%	40%	30%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) ^{2,3} (other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full	\$60 copay per visit for first 3 visits, then deductible and \$60 copay	\$50 copay, deductible waived
Primary and urgent care visits: virtual care-only providers ⁵	Deductible, then covered in full	Covered in full, deductible waived	Covered in full, deductible waived
Office and online visit: specialist ³ (other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full	\$95 copay per visit for first 3 visits, then deductible and \$95 copay	\$90 copay, deductible waived
Outpatient diagnostic tests (ex. X-ray, EKG)	Deductible, then covered in full	Deductible, then 40% coinsurance	\$95 copay, deductible waived
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	Deductible, then covered in full	Deductible, then 40% coinsurance	\$325 copay, deductible waived
Urgent care ³ (other office services may be subject to deductible and plan coinsurance)	Deductible, then covered in full	\$60 copay per visit for first 3 visits, then deductible and \$60 copay	\$50 copay, deductible waived
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then covered in full	Deductible, then 40% coinsurance	\$450 copay, deductible waived
Hospital: inpatient admission (includes maternity, mental health/substance use)	Deductible, then covered in full	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health/substance use)	Deductible, then covered in full	Deductible, then 40% coinsurance	30% coinsurance, deductible waived
Pharmacy deductible ⁴ (tiers with deductible, cost share applies after deductible)	Tiers 1,2,3,4: Medical deductible applies	Tiers 1,2,3,4: \$500 Combined pharmacy deductible	Tier 1: No deductible Tiers 2,3,4: \$150 Combined pharmacy deductible
Retail pharmacy tier 1	0% coinsurance	\$17 copay	\$19 copay
Retail pharmacy tier 2	0% coinsurance	40% coinsurance (up to \$500 per script)	\$60 copay
Retail pharmacy tier 3	0% coinsurance	40% coinsurance (up to \$500 per script)	\$90 copay
Retail pharmacy tier 4	0% coinsurance	40% coinsurance (up to \$500 per script)	20% coinsurance (up to \$250 per script)
Physical and occupational therapy	Deductible, then covered in full	\$60 copay, deductible waived	\$50 copay, deductible waived
Speech therapy	Deductible, then covered in full	\$60 copay, deductible waived	\$50 copay, deductible waived

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

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Plan type	Gold plans	Platinum plans	Catastrophic plans
	EPO		
Plan name	Anthem Gold 80 EPO (9P9L)	Anthem Platinum 90 EPO (9P7H)	Anthem Minimum Coverage EPO (9P7F)
Network name	Pathway - EPO	Pathway - EPO	Pathway - EPO
Plan includes out of network coverage?	No	No	No
Individual deductible	\$0	\$0	\$9,450
Individual out-of-pocket maximum	\$8,700	\$4,500	\$9,450
Coinsurance (may vary for certain covered services)	20%	10%	0%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office and virtual visit: primary care physician (PCP) ^{2,3} (other office services may be subject to deductible and plan coinsurance)	\$35 copay	\$15 copay	\$0 copay per visit for first 3 visits, then deductible and 0% coinsurance
Primary and urgent care visits: virtual care-only providers ⁵	Covered in full	Covered in full	\$0 copay per visit for first 3 visits, then deductible and 0% coinsurance
Office and online visit: specialist ³ (other office services may be subject to deductible and plan coinsurance)	\$65 copay	\$30 copay	Deductible, then covered in full
Outpatient diagnostic tests (ex. X-ray, EKG)	\$75 copay	\$30 copay	Deductible, then covered in full
Outpatient advanced diagnostic tests (ex. MRI, CT scan)	25% coinsurance	10% coinsurance	Deductible, then covered in full
Urgent care ³ (other office services may be subject to deductible and plan coinsurance)	\$35 copay	\$15 copay	\$0 copay per visit for first 3 visits, then deductible and 0% coinsurance
Emergency room care (copay, if applicable, waived if admitted into the hospital from the emergency room)	\$350 copay	\$150 copay	Deductible, then covered in full
Hospital: inpatient admission (includes maternity, mental health/substance use)	30% coinsurance	10% coinsurance	Deductible, then covered in full
Hospital: outpatient surgery hospital facility (includes maternity, mental health/substance use)	30% coinsurance	10% coinsurance	Deductible, then covered in full
Pharmacy deductible ⁴ (tiers with deductible, cost share applies after deductible)	Tiers 1,2,3,4: No deductible	Tiers 1,2,3,4: No deductible	Tiers 1,2,3,4: Medical deductible applies
Retail pharmacy tier 1	\$15 copay	\$7 copay	0% coinsurance
Retail pharmacy tier 2	\$60 copay	\$16 copay	0% coinsurance
Retail pharmacy tier 3	\$85 copay	\$25 copay	0% coinsurance
Retail pharmacy tier 4	20% coinsurance (up to \$250 per script)	10% coinsurance (up to \$250 per script)	0% coinsurance
Physical and occupational therapy	\$35 copay	\$15 copay	Deductible, then covered in full
Speech therapy	\$35 copay	\$15 copay	Deductible, then covered in full

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