

# ANTHEM ENHANCED CHOICE

A new kind of coverage for Ohio's working uninsured.





# ANTHEM ENHANCED CHOICE CAN HELP YOU FIND AFFORDABLE, QUALITY COVERAGE.

You can enjoy the confidence that comes with health coverage, but without a higher price tag. The new Anthem Enhanced Choice plans help offer you the coverage you need and deserve.

**Anthem Enhanced Choice offers a solution for hardworking Americans who do not qualify for financial assistance created by the Affordable Care Act, or ACA subsidies.** Tens of thousands of uninsured individuals in Ohio can finally afford health coverage designed to offer savings and flexibility to meet their needs, and the needs of their family.

Anthem Enhanced Choice is a medically underwritten health plan that provides coverage for 364 days, with the option to apply for additional coverage periods (364 days each). And, unlike traditional health plans, you can apply year-round, not just during open enrollment. Anyone can apply,<sup>1</sup> and pre-existing conditions are covered right from the start for enrolled members.<sup>2</sup>

**Anthem Enhanced Choice member benefits include:**

- Preventive care visits covered at 100%.
- Prescription drug coverage with affordable out-of-pocket copays.
- Access to quality doctors, care centers and hospitals from Anthem's network.
- No referrals needed for a specialist visit.
- A choice of six plans to meet every need and budget.

Anthem Enhanced Choice plans provide a fully digital experience, which means that all plan-related communications may be sent by email and general interactions with Anthem Blue Cross and Blue Shield (Anthem) will occur digitally through Anthem's website and mobile app(s).

**Anthem Enhanced Choice can help provide quality coverage for you and your family.**

## ANTHEM ENHANCED CHOICE PLANS OFFER:

Individual coverage for those who want preventive care, prescription drugs and doctor visits covered by a plan designed to offer savings and flexibility.

**For more information, talk to your insurance broker or call us today at 1-844-640-3711, Monday–Friday, 8:30am–5pm EST.**

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.



ANTHEM ENHANCED CHOICE PLANS BENEFIT CHART

	Anthem Enhanced Choice 1500 (5U33)	Anthem Enhanced Choice 2000 (5U34)	Anthem Enhanced Choice 2500 (5U35)	Anthem Enhanced Choice 3500 (5U36)	Anthem Enhanced Choice 5000 (5U37)	Anthem Enhanced Choice 7500 (5U38)
Network name	Pathway Tiered Hospital	Pathway Tiered Hospital	Pathway Tiered Hospital	Pathway Tiered Hospital	Pathway Tiered Hospital	Pathway Tiered Hospital
Individual deductible	\$1,500	\$2,000	\$2,500	\$3,500	\$5,000	\$7,500
Individual out-of-pocket limit	\$5,000	\$5,000	\$5,000	\$6,000	\$7,500	\$10,000
Coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Preventive care <sup>3</sup>	No additional cost	No additional cost	No additional cost	No additional cost	No additional cost	No additional cost
Office visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	\$20 copay	\$20 copay	\$30 copay	\$30 copay	\$45 copay	\$45 copay
Office visit: specialist (Other office services may be subject to deductible and plan coinsurance)	\$70 copay	\$70 copay	\$70 copay	\$70 copay	\$70 copay	\$70 copay
Telehealth/Online visit: primary care physician (PCP) (Includes LiveHealth Online)	\$10 copay	\$10 copay	\$20 copay	\$20 copay	\$35 copay	\$35 copay
Urgent Care Center	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Emergency Room (ER) (Copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Retail pharmacy tier 1: Level 1 / Level 2	\$10 copay / \$20 copay (no deductible)	\$10 copay / \$20 copay (no deductible)	\$10 copay / \$20 copay (no deductible)	\$10 copay / \$20 copay (no deductible)	\$10 copay / \$20 copay (no deductible)	\$10 copay / \$20 copay (no deductible)
Retail pharmacy tier 2: Level 1 / Level 2	\$35 copay / \$45 copay (no deductible)	\$35 copay / \$45 copay (no deductible)	\$35 copay / \$45 copay (no deductible)	\$35 copay / \$45 copay (no deductible)	\$35 copay / \$45 copay (no deductible)	\$35 copay / \$45 copay (no deductible)
Retail pharmacy tier 3: Level 1 / Level 2	Deductible then \$75 copay / \$85 copay	Deductible then \$75 copay / \$85 copay	Deductible then \$75 copay / \$85 copay	Deductible then \$75 copay / \$85 copay	Deductible then \$75 copay / \$85 copay	Deductible then \$75 copay / \$85 copay
Retail pharmacy tier 4: Level 1 / Level 2	Specialty: Deductible + 25% coinsurance / Not covered	Specialty: Deductible + 25% coinsurance / Not covered	Specialty: Deductible + 25% coinsurance / Not covered	Specialty: Deductible + 25% coinsurance / Not covered	Specialty: Deductible + 25% coinsurance / Not covered	Specialty: Deductible + 25% coinsurance / Not covered
Maximum benefit (Per member, per benefit period)	\$1 million	\$1 million	\$1 million	\$1 million	\$1 million	\$1 million

Please see the member contract for cost share details for non-network providers.  
Members may request one plan downgrade within the 364 days of the maximum plan duration. A request to upgrade plan coverage may only occur at the time of re-application.

# READY FOR MORE FROM ANTHEM ENHANCED CHOICE?

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or call us today at **1-844-640-3711**, Monday–Friday, 8:30am–5pm EST.



1 Eligibility restrictions apply. Age eligibility includes coverage up to age 26 for dependents. For child only coverage, a separate application for each child is needed. To be eligible for membership as a subscriber for an Anthem Enhanced Choice plan, the applicant must be a United States citizen or national; or be a legal resident of Georgia, Indiana, Kentucky, Missouri, Ohio or Wisconsin; be qualified on the effective date, according to our medical underwriting guidelines, submit proof satisfactory to Anthem to confirm dependent eligibility; agree to pay for the cost of the premium that Anthem requires; reveal any coordination of benefits arrangements or other health benefit arrangements for the applicant or dependents as they become effective; not be incarcerated in Georgia, Indiana, Kentucky, Missouri, Ohio or Wisconsin.

2 Pre-existing conditions are a covered benefit unless specifically excluded. Please refer to applicable state-specific benefits, exclusions and limitations.

3 Nationally recommended preventive care services from network providers have no copay, no coinsurance and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms and more, recommended by the United States Preventive Services Task Force.

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.