

Small Group product details – 1* to 50 employees



The plan naming structure includes these elements: **Anthem + metal tier + network name + product type + copay or deductible/coinsurance/ out-of-pocket maximum**

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The below overview represents in-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

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Platinum plans

Plan type	Plan name	Network	Contract code	Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Office visits: PCP/SPC/retail health clinic	Office visits: Online health ¹	Urgent care (facility)	Emergency room (facility)	Ambulatory surgery center	Outpatient surgery	Hospital inpatient admission	Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3/tier 4)
HMO	Anthem Platinum BlueCare HMO 10/0%/2500	BlueCare	2V16/2V17	\$0/\$0	0%	\$2,500/\$5,000	\$10/\$20/\$10	\$10	\$50	\$150	\$150	\$200	\$300 copay per admission	\$5/\$50/50% up to \$500 per script/50% up to \$500 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$500 per script
	Anthem Platinum BlueCare HMO 25/10%/3500	BlueCare	2V2Y/2V2Z	\$0/\$0	10%	\$3,500/\$7,000	\$25/\$40/\$25	\$15	\$75	\$200	\$150	10% coinsurance	10% coinsurance	\$5/\$50/50% up to \$500 per script/50% up to \$500 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$500 per script
EPO	Anthem Platinum Century Preferred EPO 10/0%/2500	Century Preferred	2V3A/2V3B	\$0/\$0	0%	\$2,500/\$5,000	\$10/\$20/\$10	\$10	\$50	\$150	\$150	\$200	\$300 copay per admission	\$5/\$50/50% up to \$500 per script/50% up to \$500 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$500 per script
PPO	Anthem Platinum Century Preferred PPO 10/0%/2500	Century Preferred	2V1A/2V1B	\$0/\$0	0%	\$2,500/\$5,000	\$10/\$20/\$10	\$10	\$50	\$150	\$150	\$200	\$300 copay per admission	\$5/\$50/50% up to \$500 per script/50% up to \$500 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$500 per script

Gold plans

Plan type	Plan name	Network	Contract code	Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Office visits: PCP/SPC/retail health clinic	Office visits: Online health ¹	Urgent care (facility)	Emergency room (facility)	Ambulatory surgery center	Outpatient surgery	Hospital inpatient admission	Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3/tier 4)
HMO	Anthem Gold BlueCare HMO Tiered 20/0%/6600	BlueCare Tiered	2V20/2V21	Tier 1: \$0/\$0 Tier 2: \$0/\$0	Tier 1: 0% Tier 2: 0%	\$6,600/\$13,200	Tier 1: \$20/\$50/\$40 Tier 2: \$40/\$50/\$40	Tier 1: \$10 Tier 2: \$10	Tier 1: \$75 Tier 2: \$75	Tier 1: \$200 Tier 2: \$200	Tier 1: \$150 Tier 2: \$150	Tier 1: \$250 Tier 2: \$350	Tier 1: \$250 copay per day up to 4 days per admission Tier 2: \$500 copay per day up to 4 days per admission	\$5/\$50/50% up to \$500 per script/50% up to \$500 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$500 per script
EPO	Anthem Gold Century Preferred EPO 1000/20%/6000	Century Preferred	2V3E/2V3F	\$1,000/\$3,000	20%	\$6,000/\$12,000	\$20/\$40/\$20	\$10	\$75	Deductible, then \$200	\$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$5/\$50/50% up to \$500 per script/50% up to \$500 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$500 per script
PPO	Anthem Gold Century Preferred PPO 1000/20%/6000	Century Preferred	2V1W/2V1X	\$1,000/\$3,000	20%	\$6,000/\$12,000	\$20/\$40/\$20	\$10	\$75	Deductible, then \$200	\$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$5/\$50/50% up to \$500 per script/50% up to \$500 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$500 per script
	Anthem Gold Century Preferred PPO 1500/20%/3000	Century Preferred	2V0Z/2V0Y	\$1,500/\$3,000	20%	\$3,000/\$6,000	\$20 for first 3 visits, then deductible and 20% coinsurance	\$10	Deductible, then 20% coinsurance	Deductible, then \$200	\$200	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$5/\$50/50% up to \$500 per script/50% up to \$500 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$500 per script

*A small group must have at least 1 active, full-time FTE employee (working at least 20 hours per week).

Out of Area Coverage - EPO and PPO plans have Full BlueCard access using the standard BlueCard PPO network. HMO plans have Limited BlueCard access for urgent and emergency coverage only using the Trad/Par network.

Δ Nonembedded deductible plan; all other plans have embedded deductibles.

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Gold plans

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PPO	Anthem Gold Century Preferred PPO 2000/0%/4000	Century Preferred	2V2C/2V2D	\$2,000/\$4,000	0%	\$4,000/\$8,000	PCP: \$25 SPC: Deductible, then \$40 RHC: \$25	\$10	Deductible, then \$75	Deductible, then \$200	\$200	Deductible, then \$250	Deductible, then \$300 per admission	\$5/\$50/50% up to \$500 per script/50% up to \$500 per script Plan deductible: Tiers 3-4	\$13/\$150/50% up to \$1500 per script/50% up to \$500 per script Plan deductible: Tiers 3-4
	Anthem Gold Century Preferred PPO 2500/0%/4500	Century Preferred	2V1F/2V1E	\$2,500/\$5,000	0%	\$4,500/\$9,000	\$25/\$50/\$25	\$10	\$75	Deductible, then \$200	\$200	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$5/\$50/50% up to \$500 per script/50% up to \$500 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$500 per script
	Anthem Gold Century Preferred PPO Tiered 1500/0%/5000	Century Preferred Tiered	2V28/2V29	Tier 1: \$1,500/\$3,000 Tier 2: \$3,500/\$7,000	Tier 1: 0% Tier 2: 10%	\$5,000/\$10,000	Tier 1: \$20/\$50/\$40 Tier 2: \$40/\$50/\$40	Tier 1: \$10 Tier 2: \$10	Tier 1: \$75 Tier 2: \$75	Tier 1: Deductible, then \$200 Tier 2: Deductible, then \$200	Tier 1: \$150 Tier 2: \$150	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 10% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 10% coinsurance	\$5/\$50/50% up to \$500 per script/50% up to \$500 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$500 per script
PPO HSA	Anthem Gold Century Preferred PPO 1350/10%/3675 w/HSA ^{Δ,†}	Century Preferred	2V36/2V37	\$1,350/\$2,700	10%	\$3,675/\$7,350	Deductible, then \$20/\$40/\$20	Deductible, then \$20	Deductible, then \$75	Deductible, then \$200	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	\$5/\$50/50%/50% Plan deductible: [‡] Tiers 1-4	\$13/\$150/50%/50% Plan deductible: [‡] Tiers 1-4
PPO HRA	Anthem Gold Century Preferred PPO 4250/20%/7350 w/HRA	Century Preferred	2V3J/2V3K	\$4,250/\$8,500	20%	\$7,350/\$14,700	\$40/\$50/\$40	\$20	\$75	Deductible, then \$200	\$500	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$5/\$50/50% up to \$500 per script/50% up to \$500 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$500 per script

Silver plans

Plan type	Plan name	Network	Contract code	Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Office visits: PCP/SPC/retail health clinic	Office visits: Online health ¹	Urgent care (facility)	Emergency room (facility)	Ambulatory surgery center	Outpatient surgery	Hospital inpatient admission	Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3/tier 4)
PPO	Anthem Silver Century Preferred PPO 3500/30%/5500	Century Preferred	2V12/2V13	\$3,500/\$7,000	30%	\$5,500/\$11,000	\$30 for first 3 visits, then deductible and 30% coinsurance	\$15	Deductible, then 30% coinsurance	Deductible, then \$200	\$300	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	\$5/\$50/50% up to \$500 per script/50% up to \$500 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$500 per script
	Anthem Silver Century Preferred PPO 3750/25%/7350	Century Preferred	2V2Q/2V2R	\$3,750/\$7,500	25%	\$7,350/\$14,700	\$40/\$50/\$40	\$20	\$75	Deductible, then \$200	\$500	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	\$5/\$60/50% up to \$500 per script/50% up to \$500 per script	\$13/\$180/50% up to \$1500 per script/50% up to \$500 per script

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PPO	Anthem Silver Century Preferred PPO 4500/0%/6000	Century Preferred	2V2L/2V2M	\$4,500/\$9,000	0%	\$6,000/\$12,000	PCP: \$30 SPC: Deductible, then \$45 RHC: \$30	\$15	Deductible, then \$75	Deductible, then \$200	\$300	Deductible, then \$300	Deductible, then \$500 per admission	\$5/\$50/50% up to \$500 per script/50% up to \$500 per script Plan deductible: Tiers 3-4	\$13/\$150/50% up to \$1500 per script/50% up to \$500 per script Plan deductible: Tiers 3-4
	Anthem Silver Century Preferred PPO 5000/25%/7350	Century Preferred	2V2G/2V2H	\$5,000/\$10,000	25%	\$7,350/\$14,700	\$35/\$50/\$35	\$20	\$75	Deductible, then \$200	\$500	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	\$5/\$50/50% up to \$500 per script/50% up to \$500 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$500 per script
PPO HSA	Anthem Silver Century Preferred PPO 3000/0%/6500 w/HSA [†]	Century Preferred	2V1S/2V1T	\$3,000/\$6,000	0%	\$6,500/\$13,000	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$5/\$50/50%/50% Plan deductible: [‡] Tiers 1-4	\$13/\$150/50%/50% Plan deductible: [‡] Tiers 1-4
	Anthem Silver Century Preferred PPO 3000/20%/5500 w/HSA [†]	Century Preferred	2V32/2V33	\$3,000/\$6,000	20%	\$5,500/\$11,000	Deductible, then \$30/\$50/\$30	Deductible, then \$30	Deductible, then \$75	Deductible, then \$200	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$5/\$50/50%/50% Plan deductible: [‡] Tiers 1-4	\$13/\$150/50%/50% Plan deductible: [‡] Tiers 1-4

Bronze plans

Plan type	Plan name	Network	Contract code	Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Office visits: PCP/SPC/retail health clinic	Office visits: Online health ¹	Urgent care (facility)	Emergency room (facility)	Ambulatory surgery center	Outpatient surgery	Hospital inpatient admission	Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	Home delivery pharmacy: 90-day supply (tier 1/tier 2/tier 3/tier 4)
PPO HSA	Anthem Bronze Century Preferred PPO 5000/30%/6650 w/HSA [†]	Century Preferred	2V2U/2V2V	\$5,000/\$10,000	30%	\$6,650/\$13,300	Deductible, then \$30/\$50/\$30	Deductible, then \$30	Deductible, then \$75	Deductible, then \$200	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	\$5/\$50/50%/50% Plan deductible: [‡] Tiers 1-4	\$13/\$150/50%/50% Plan deductible: [‡] Tiers 1-4
	Anthem Bronze Century Preferred PPO 5500/20%/6650 w/HSA [†]	Century Preferred	2V1K/2V1J	\$5,500/\$11,000	20%	\$6,650/\$13,300	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$5/\$50/50%/50% Plan deductible: [‡] Tiers 1-4	\$13/\$150/50%/50% Plan deductible: [‡] Tiers 1-4
	Anthem Bronze Century Preferred PPO 6650/0%/6650 w/HSA [†]	Century Preferred	2V1N/2V1P	\$6,650/\$13,300	0%	\$6,650/\$13,300	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	0% Plan deductible: [‡] Tiers 1-4	0% Plan deductible: [‡] Tiers 1-4

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This is not a contract or policy. This guide is not a contract with Anthem Blue Cross and Blue Shield (Anthem). If there is any difference between this guide and the Certificate of Coverage, Member Booklet, Summaries of Benefits, and related amendments, the provisions of the Certificate of Coverage, Member Booklet, Summaries of Benefits and related amendments will govern. For more information, please call your producer or Anthem representative.

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