

Anthem Balanced Funding product details – 10-50 and 51+



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All plans have Rx National Plus with R90 network and the Select drug list. To view the Select Drug List, visit anthem.com/CTSelectdrugtier4.

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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10-50 and 51+ 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 Balanced BlueCare HMO 10/10%/7350 (HMO15)	BlueCare	2W2W/2W2Y	\$0/\$0	10%	\$7,350/\$14,700	\$10/\$20/\$10	\$10	\$50	\$150	\$150	\$200	\$300 copay per admission	\$5/\$50/50% up to \$500 per script/50% up to \$1000 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$1000 per script
PPO	Anthem Balanced Century Preferred PPO 10/10%/7350 (PP045)	Century Preferred	2W34/2W36	\$0/\$0	10%	\$7,350/\$14,700	\$10/\$20/\$10	\$10	\$50	\$150	\$150	\$200	\$300 copay per admission	\$5/\$50/50% up to \$500 per script/50% up to \$1000 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$1000 per script
	Anthem Balanced Century Preferred PPO 1000/20%/7350 (PP047)	Century Preferred	2LTL/2LTN	\$1,000/\$3,000	20%	\$7,350/\$14,700	\$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 \$1000 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$1000 per script
	Anthem Balanced Century Preferred PPO 2500/10%/7350 (PP050)	Century Preferred	2LSN/2LSQ	\$2,500/\$5,000	10%	\$7,350/\$14,700	\$25/\$50/\$25	\$10	\$75	Deductible, then \$200	\$200	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	\$5/\$50/50% up to \$500 per script/50% up to \$1000 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$1000 per script
	Anthem Balanced Century Preferred PPO 3500/30%/7350 (PP051)	Century Preferred	23XF/23XH	\$3,500/\$7,000	30%	\$7,350/\$14,700	\$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 \$1000 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$1000 per script
	Anthem Balanced Century Preferred PPO 3750/25%/7350 (PP052)	Century Preferred	23XP/23XR	\$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 \$1000 per script	\$13/\$180/50% up to \$1500 per script/50% up to \$1000 per script
	Anthem Balanced Century Preferred PPO 4500/10%/7350 (PP054)	Century Preferred	2LSW/2LSY	\$4,500/\$9,000	10%	\$7,350/\$14,700	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 \$1000 per script Plan deductible: Tiers 3-4	\$13/\$150/50% up to \$1500 per script/50% up to \$1000 per script Plan deductible: Tiers 3-4
	Anthem Balanced Century Preferred PPO 5000/25%/7350 (PP055)	Century Preferred	23Y5/23Y7	\$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 \$1000 per script	\$13/\$150/50% up to \$1500 per script/50% up to \$1000 per script
PPO HSA	Anthem Balanced Century Preferred PPO 3000/20%/6650 w/HSA (HSA23) [†]	Century Preferred	23YV/23YX	\$3,000/\$6,000	20%	\$6,650/\$13,300	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
	Anthem Balanced Century Preferred PPO 5000/30%/6650 w/HSA (HSA24) [†]	Century Preferred	23Z3/23Z5	\$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 Balanced Century Preferred PPO 6650/0%/6650 w/HSA (HSA25) [†]	Century Preferred	23ZK/23ZM	\$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

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.

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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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51+ 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 Balanced BlueCare HMO 10/0%/2500 (HM013)	BlueCare	23UD/23UF	\$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 Balanced BlueCare HMO Tiered 20/0%/6600 (HMO 16T)	BlueCare Tiered	23WH/23WK	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 Balanced Century Preferred EPO 10/0%/2500 (EP01)	Century Preferred EPO	23UV/23UX	\$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 Balanced Century Preferred EPO 1000/20%/6000 (EP02)	Century Preferred EPO	23VK/23VM	\$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 Balanced Century Preferred PPO 10/0%/2500 (PP044)	Century Preferred	23UM/23UP	\$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 Balanced Century Preferred PPO 1000/20%/6000 (PP046)	Century Preferred	23VB/23VD	\$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 Balanced Century Preferred PPO 2000/0%/4000 (PP049)	Century Preferred	23W1/23W3	\$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 Balanced Century Preferred PPO 4500/0%/6000 (PP053)	Century Preferred	23XX/23XZ	\$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

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PPO	Anthem Balanced Century Preferred PPO Tiered 1500/0%/5000 (PP048T)	Century Preferred Tiered	23WR/23WT	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 Balanced Century Preferred PPO 3000/0%/6500 w/HSA (HSA22) [†]	Century Preferred	23YM/23YP	\$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 Balanced Century Preferred PPO Tiered 2750/0%/6650 w/HSA (HSA21T) [†]	Century Preferred Tiered	23YD/23YF	Tier 1: \$2,750/\$5,500 Tier 2: \$2,750/\$5,500	Tier 1: 0% Tier 2: 20%	\$6,650/\$13,300	Tier 1: Deductible, then 0%/20%/20% coinsurance Tier 2: Deductible, then 20% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 20% coinsurance	Tier 1: Deductible, then 20% coinsurance Tier 2: Deductible, then 20% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 0% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 20% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 20% coinsurance	Tier 1: Deductible, then 0% coinsurance Tier 2: Deductible, then 20% coinsurance	\$5/\$50/50%/50% Plan deductible: [‡] Tiers 1-4	\$13/\$150/50%/50% 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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