



EXPANDED BRONZE

## Anthem Heart Healthy Bronze Pathway X HMO 6000 (\$0 Virtual PCP + \$0 Select Drugs) - HMO



### Plan costs

Click the down arrow to learn more about each of these.

Monthly premium	\$0.00 per month <small>was \$305.47</small>	▼
Deductible (Health + Rx)	\$6,000 per person	▼
Out-of-pocket max	\$9,200 per person	▼
Network type	HMO	▼
Metal tier	Expanded Bronze	▼
Overall rating	3	▼

Official documents	<a href="#">Summary of benefits and coverages (PDF)</a> <a href="#">Drug formulary</a> <a href="#">Provider list</a> <a href="#">Plan brochure</a>
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### Doctor visits

This applies to doctor visits when you have a condition or symptom. For preventive care visits, such as annual checkups, visits are free.

#### Tier Selector

In network 1

	Before deductible is met	After deductible is met
Primary care visit	\$50	\$50
Specialist visit	Full price	30%
Preventive care visit	No charge	No charge





## Prescription drugs

Prescription coverage is based on which category a drug falls into. To see how this plan categorizes prescriptions, browse its [drug formulary](#). Note that prior authorization may be required for some prescriptions. Some plans may have a separate Rx deductible. Please confirm details in the [Summary of Benefits and Coverages](#).

### Tier Selector

In network 1

	Before deductible is met	After deductible is met
Generic	\$20	\$20
Brand	Full price	\$80
Non-preferred Brand	Full price	35%
Specialty	Full price	40%



## Labs & imaging

These are tests your doctor may run when diagnosing a condition.

### Tier Selector

In network 1

	Before deductible is met	After deductible is met
X-rays	Full price	30%
Imaging (CT/PET/MRI)	Full price	\$400 with 50%
Blood work	Full price	30%



## Hospital & emergency

To see which hospitals, ERs, and Urgent Care centers are part of this plan's network, browse the [provider list](#).

### Tier Selector

In network 1

	Before deductible is met	After deductible is met
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**Urgent care**

\$50

\$50

**Emergency room**

Full price

\$500  
with  
30%

**Ambulance**

Full price

50%

**Hospital stay (facility)**

Full price

\$500  
per  
stay  
with  
50%

**Hospital stay (physician)**

Full price

30%

**Outpatient procedure (facility)**

Full price

30%

**Outpatient procedure (physician)**

Full price

30%

**Physical rehabilitation**

Full price

30%



## Mental health & substance abuse

All plans cover behavioral health treatment (such as psychotherapy or counseling), mental and behavioral health inpatient services, and substance use treatment.

**Tier Selector**

In network 1



**Before deductible is met**

**After deductible is met**

**Outpatient services**

Full price

30%

**Psychiatric hospital stay**

Full price

\$500  
per  
stay  
with  
50%



## Pregnancy & birth

Every plan covers services provided before and after your child is born.

Tier Selector

In network 1



Before deductible is met

After deductible is met

**Well baby care**

No charge

No  
charge

**Labor, delivery, hospital stay**

Full price

\$500  
with  
50%



**Free preventive care**

Every plan includes over 74 preventive care services that are completely free on day one. These services keep you healthy before you become sick, including routine check-ups, counseling, screenings, and immunizations.

Adults

Women

Children

**Abdominal aortic aneurysm one-time screening**

**Alcohol misuse screening and counseling**

**Aspirin use**

**Blood pressure screening**

**Cholesterol screening**

**Colorectal cancer screening**

**Depression screening**

**Diabetes screening**

**Diet counseling**

**Falls prevention**

**Hepatitis B screening**

**Hepatitis C screening**

**HIV screening**

**Immunization vaccines**

**Lung cancer screening**

**Obesity screening and counseling**

**Sexually transmitted infection (STI) prevention counseling**

**Statin preventive medication**

Syphilis screening



Tobacco Use counseling



Tuberculosis screening



## Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$0, based on:

- This plan's monthly premium costs x 12 months
- Your healthcare usage estimate of **Medium** applied to this plan's deductible and copayments.



This plan has the **lowest** annual out-of-pocket estimate of all 86 plans available to you.

## Estimate breakdown

This does **not limit** what you can use — it's just an estimate of what you might use.

12	Monthly premiums	\$0
0	Minimal healthcare usage	\$0
	<b>Annual estimate</b>	<b>\$0</b>
	Monthly estimate (on average)	\$0 per month