

Anthem Heart Healthy Silver Pathway X HMO 0 (\$0 Virtual PCP + \$0 Select Drugs) S06 - HMO

Because you qualify for a Cost Sharing Reduction (CSR), Silver plans like this one are an *especially* good value.



- ✓ Cheaper doctor visits
- ✓ Cheaper hospital visits
- ✓ Cheaper prescriptions
- ✓ Lower deductibles
- ✓ Lower out-of-pocket max



Plan costs

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

Monthly premium	\$0.00 per month was \$1,143.88		
Deductible (Health + Rx)	\$0 per person	\$0per family	\$0 per family
Out-of-pocket max	\$900 per person	\$1,800per family	\$1,800 per family
Network type	HMO		
Metal tier	Silver		
Overall rating	3		
Official documents	<div><div>Summary of benefits and coverages (PDF)</div><div>Drug formulary</div><div>Provider list</div><div>Plan brochure</div></div>		



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



Primary care visit	\$5	\$5
Specialist visit	\$20	\$20
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	\$3	\$3
Brand	\$40	\$40
Non-preferred Brand	35%	35%
Specialty	40%	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	25%	25%
Imaging (CT/PET/MRI)	\$150 with 50%	\$150 with 50%
Blood work	25%	25%



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
Urgent care	\$50	\$50
Emergency room	\$250 with 25%	\$250 with 25%
Ambulance	25%	25%
Hospital stay (facility)	\$150 per stay with 50%	\$150 per stay with 50%
Hospital stay (physician)	25%	25%
Outpatient procedure (facility)	25%	25%
Outpatient procedure (physician)	25%	25%
Physical rehabilitation	25%	25%



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	25%	25%
Psychiatric hospital stay	\$150 per stay with 50%	\$150 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	\$150 with 50%	\$150 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 \$373, 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 **2nd lowest** annual out-of-pocket estimate of all 112 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
4	<u>Doctor visits</u>	\$35
1	<u>Labs or tests</u>	\$280
7	Prescriptions	\$58
Annual estimate		\$373
Monthly estimate (on average)		\$31 per month