

Anthem Heart Healthy Silver Pathway X HMO 1300 (\$0 Virtual PCP + \$0 Select Drugs) S05 - 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          | \$25.42 <small>per month <del>was \$424.42</del></small> | ▼ |
| Deductible (Health + Rx) | \$1,300 <small>per person</small>                        | ▼ |
| Out-of-pocket max        | \$2,100 <small>per person</small>                        | ▼ |
| Network type             | HMO  | ▼ |
| Metal tier               | Silver   | ▼ |
| Overall rating           | 3  | ▼ |

- Official documents
- [Summary of benefits and coverages \(PDF\)](#)
  - [Drug formulary](#)
  - [Provider list](#)
  - [Plan brochure](#)



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 | \$15 | \$15 |
|--------------------|------|------|



|                       |           |           |
|-----------------------|-----------|-----------|
| Specialist visit      | \$40      | \$40      |
| 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 | 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               | 25%                     |
| Imaging (CT/PET/MRI) | Full price               | \$250 with 50%          |
| Blood work           | Full price               | 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                   | Full price               | \$350<br>with<br>25%                |
| Ambulance                        | Full price               | 25%                                 |
| Hospital stay (facility)         | Full price               | \$250<br>per<br>stay<br>with<br>50% |
| Hospital stay (physician)        | Full price               | 25%                                 |
| Outpatient procedure (facility)  | Full price               | 25%                                 |
| Outpatient procedure (physician) | Full price               | 25%                                 |
| Physical rehabilitation          | Full price               | 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       | Full price               | 25%                     |
| Psychiatric hospital stay | Full price               | \$250<br>per<br>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               | \$250 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 \$1,532, 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 **45th lowest** annual out-of-pocket estimate of all 99 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 | \$305           |
| 2                             | Doctor visits    | \$55            |
| 1                             | Labs or tests    | \$1,120         |
| 5                             | Prescriptions    | \$52            |
| Annual estimate               |                  | \$1,532         |
| Monthly estimate (on average) |                  | \$128 per month |