

Medical Plan Comparison

Prepared for California Association of REALTORS by RealCare Insurance Marketing on October 24th, 2020

All benefits are subject to the Benefit Period Deductible, except those with in-network copays, unless otherwise noted.

Note: All benefits are listed below as "member pays".	Current Plan	New Plan to Compare
	Anthem Bronze PPO 3950/50%	Anthem Bronze PPO 4600/50%
Contract Code	4J08	5SR9
In-network benefits		
Deductible (individual/family)	\$3,950 / \$7,900	\$4,600 / \$9,200
Out-of-pocket maximum (individual/family) ¹	\$8,100 / \$16,200	\$8,100 / \$16,200
Coinsurance	50%	50%
Office visit: primary care physician (PCP)	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Office visit: specialist	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Retail Health Clinic	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Urgent care	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Emergency room	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Hospital inpatient	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Outpatient surgery	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Out-of-network benefits		
Deductible (individual/family)	\$7,900 / \$15,800	\$9,200 / \$18,400
Out-of-pocket maximum (individual/family) ¹	\$16,200 / \$32,400	\$16,200 / \$32,400
Coinsurance	50%	50%
Prescription drug benefits		
Retail and Home Delivery Pharmacy Deductible (for tiers with deductible, cost share applies after deductible)	Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: Medical deductible applies
Retail pharmacy Tier 1	50% coinsurance (up to \$500 per script)	Level 1: 40% coinsurance (up to \$500 per script) Level 2: 50% coinsurance (up to \$500 per script)
Retail pharmacy Tier 2	50% coinsurance (up to \$500 per script)	Level 1: 40% coinsurance (up to \$500 per script) Level 2: 50% coinsurance (up to \$500 per script)

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Note: All benefits are listed below as "member pays".	Current Plan	New Plan to Compare
	Anthem Bronze PPO 3950/50%	Anthem Bronze PPO 4600/50%
Retail pharmacy Tier 3	50% coinsurance (up to \$500 per script)	Level 1: 40% coinsurance (up to \$500 per script) Level 2: 50% coinsurance (up to \$500 per script)
Retail pharmacy Tier 4	50% coinsurance (up to \$500 per script)	Level 1: 40% coinsurance (up to \$500 per script) Level 2: 50% coinsurance (up to \$500 per script)
Home delivery Tier 1	50% coinsurance (up to \$1,500 per script)	40% coinsurance (up to \$1,500 per script)
Home delivery Tier 2	50% coinsurance (up to \$1,500 per script)	40% coinsurance (up to \$1,500 per script)
Home delivery Tier 3	50% coinsurance (up to \$1,500 per script)	40% coinsurance (up to \$1,500 per script)
Home delivery Tier 4	50% coinsurance (up to \$500 per script)	40% coinsurance (up to \$500 per script)

Deductible waived for drugs on the Preventive ACA Drug List - \$10 for tier 1 preventive drugs and \$60 for tier 2 preventive drugs.

¹ Deductibles are included in the Out-of-pocket maximum amounts.

² These plans have a different member deductible amount for in-network and out-of-network depending on whether the subscriber is enrolled as self only or has enrolled dependents within the plan: for example, in-network deductible is \$2,000/member for self-only coverage; \$2,800/member and \$4,000/family for family coverage. These plans comply with both AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

This plan grid offers a high level summary of the plan. Please refer to the <u>Summary of Benefits</u> (SOB) or <u>Summaries of Benefits &</u> <u>Coverage</u> (SBC) for complete plan details.

All product offerings are subject to regulatory review and approval and are subject to change.

For plans with a plan or pharmacy deductible, the cost share applies after deductible for the tiers listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.