



Medical Plan Comparison

Prepared for California Association of Realtors by Realcare Insurance Marketing, Inc. on October 27th, 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 60/6350/40%	Anthem Bronze PPO 60/6350/40%
Contract Code	4HU5	5SSR
In-network benefits		
Deductible (individual/family)	\$6,350 / \$12,700	\$6,350 / \$12,700
Out-of-pocket maximum (individual/family) ¹	\$8,150 / \$16,300	\$8,150 / \$16,300
Coinsurance	40%	40%
Office visit: primary care physician (PCP)	Deductible, then \$60 copay	Deductible, then \$60 copay
Office visit: specialist	Deductible, then \$80 copay	Deductible, then \$80 copay
Retail Health Clinic	Deductible, then \$60 copay	Deductible, then \$60 copay
Urgent care	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Emergency room	Deductible, then \$350 copay and 40% coinsurance	Deductible, then \$250 copay and 40% coinsurance
Hospital inpatient	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Outpatient surgery	Deductible, then 40% coinsurance	Deductible, then \$200 copay and 40% coinsurance
Out-of-network benefits		
Deductible (individual/family)	\$12,700 / \$25,400	\$12,700 / \$25,400
Out-of-pocket maximum (individual/family) ¹	\$16,300 / \$32,600	\$16,300 / \$32,600
Coinsurance	50%	50%
Prescription drug benefits		
Retail and Home Delivery Pharmacy Deductible (for tiers with deductible, cost share applies after deductible)	Tier 1: No deductible Tiers 2, 3, 4: \$625/\$1,250 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$625/\$1,250 Combined pharmacy deductible
Retail pharmacy Tier 1	\$20 copay	Level 1: \$20 copay Level 2: \$25 copay
Retail pharmacy Tier 2	\$60 copay	Level 1: \$65 copay Level 2: \$100 copay
Retail pharmacy Tier 3	\$100 copay	Level 1: \$105 copay Level 2: \$140 copay

Note:
All benefits are listed below as
"member pays".

	Current Plan	New Plan to Compare
	Anthem Bronze PPO 60/6350/40%	Anthem Bronze PPO 60/6350/40%
Retail pharmacy Tier 4	30% coinsurance (up to \$500 per script)	Level 1: 30% coinsurance (up to \$500 per script) Level 2: 40% coinsurance (up to \$500 per script)
Home delivery Tier 1	\$50 copay	\$50 copay
Home delivery Tier 2	\$180 copay	\$195 copay
Home delivery Tier 3	\$300 copay	\$315 copay
Home delivery Tier 4	30% coinsurance (up to \$500 per script)	30% 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 [Summary of Benefits](#) (SOB) or [Summaries of Benefits & Coverage](#) (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.