



Medical Plan Comparison

Prepared for California Association of REALTORS by RealCare Insurance Marketing, Inc. on October 25th, 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 6600/0% w/HSA	Anthem Bronze PPO 6950/0% w/HSA
Contract Code	52SM	5SU5
In-network benefits		
Deductible (individual/family)	\$6,600 / \$13,200	\$6,950 / \$13,900
Out-of-pocket maximum (individual/family) ¹	\$6,600 / \$13,200	\$6,950 / \$13,900
Coinsurance	0%	0%
Office visit: primary care physician (PCP)	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Office visit: specialist	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Retail Health Clinic	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Urgent care	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Emergency room	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Outpatient surgery	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Out-of-network benefits		
Deductible (individual/family)	\$16,500 / \$33,000	\$13,900 / \$27,800
Out-of-pocket maximum (individual/family) ¹	\$19,800 / \$39,600	\$20,850 / \$41,700
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 Tiers 1, 2, 3, 4: Medical deductible applies
Retail pharmacy Tier 1	0% coinsurance	Level 1: 0% coinsurance Level 2: 0% coinsurance
Retail pharmacy Tier 2	0% coinsurance	Level 1: 0% coinsurance Level 2: 0% coinsurance
Retail pharmacy Tier 3	0% coinsurance	Level 1: 0% coinsurance Level 2: 0% coinsurance
Retail pharmacy Tier 4	0% coinsurance	Level 1: 0% coinsurance Level 2: 0% coinsurance
Home delivery Tier 1	0% coinsurance	0% coinsurance

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

	Current Plan	New Plan to Compare
	Anthem Bronze PPO 6600/0% w/HSA	Anthem Bronze PPO 6950/0% w/HSA
Home delivery Tier 2	0% coinsurance	0% coinsurance
Home delivery Tier 3	0% coinsurance	0% coinsurance
Home delivery Tier 4	0% coinsurance	0% coinsurance

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.