



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 Gold HMO 35	Anthem Gold HMO 35
Contract Code	4HUV	5SWW
In-network benefits		
Deductible (individual/family)	\$0 / \$0	\$0 / \$0
Out-of-pocket maximum (individual/family) ¹	\$6,000 / \$12,000	\$6,500 / \$13,000
Coinsurance	0%	0%
Office visit: primary care physician (PCP)	\$35 copay	\$35 copay
Office visit: specialist	\$70 copay	\$70 copay
Retail Health Clinic	\$35 copay	\$35 copay
Urgent care	\$35 copay	\$35 copay
Emergency room	\$300 copay	\$300 copay
Hospital inpatient	\$750 copay per day up to 4 days per admission	\$750 copay per day up to 4 days per admission
Outpatient surgery	\$500 copay	\$500 copay
Out-of-network benefits		
Deductible (individual/family)	Not applicable / Not applicable	Not applicable / Not applicable
Out-of-pocket maximum (individual/family) ¹	Not applicable / Not applicable	Not applicable / Not applicable
Prescription drug benefits		
Retail and Home Delivery Pharmacy Deductible (for tiers with deductible, cost share applies after deductible)	Tiers 1, 2, 3, 4: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible
Retail pharmacy Tier 1	\$15 copay	Level 1: \$15 copay Level 2: \$25 copay
Retail pharmacy Tier 2	\$40 copay	Level 1: \$40 copay Level 2: \$60 copay
Retail pharmacy Tier 3	\$80 copay	Level 1: \$80 copay Level 2: \$90 copay
Retail pharmacy Tier 4	30% coinsurance (up to \$250 per script)	Level 1: 30% coinsurance (up to \$250 per script) Level 2: 40% coinsurance (up to \$250 per script)
Home delivery Tier 1	\$38 copay	\$38 copay
Home delivery Tier 2	\$120 copay	\$120 copay
Home delivery Tier 3	\$240 copay	\$240 copay

Note:
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"member pays".

	Current Plan	New Plan to Compare
	Anthem Gold HMO 35	Anthem Gold HMO 35
Home delivery Tier 4	30% coinsurance (up to \$250 per script)	30% coinsurance (up to \$250 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.