



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 Gold PPO 30/750/20% | Anthem Gold PPO 30/750/20% |
| Contract Code | 4HX6 | 5SYU |
| In-network benefits | | |
| Deductible (individual/family) | \$750 / \$2,250 | \$750 / \$2,250 |
| Out-of-pocket maximum (individual/family) ¹ | \$7,400 / \$14,800 | \$7,800 / \$15,600 |
| Coinsurance | 20% | 20% |
| Office visit: primary care physician (PCP) | \$30 copay | \$30 copay |
| Office visit: specialist | \$55 copay | \$55 copay |
| Retail Health Clinic | \$30 copay | \$30 copay |
| Urgent care | \$55 copay | \$55 copay |
| Emergency room | Deductible, then \$250 copay and 20% coinsurance | Deductible, then \$250 copay and 20% coinsurance |
| Hospital inpatient | Deductible, then 20% coinsurance | Deductible, then 20% coinsurance |
| Outpatient surgery | Deductible, then 20% coinsurance | Deductible, then \$200 copay and 20% coinsurance |
| Out-of-network benefits | | |
| Deductible (individual/family) | \$2,000 / \$4,000 | \$2,000 / \$4,000 |
| Out-of-pocket maximum (individual/family) ¹ | \$14,800 / \$29,600 | \$15,600 / \$31,200 |
| 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: \$250/\$500 Combined pharmacy deductible | Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: \$250/\$500 Combined pharmacy deductible |
| Retail pharmacy Tier 1 | \$15 copay | Level 1: \$15 copay Level 2: \$25 copay |
| Retail pharmacy Tier 2 | \$40 copay | Level 1: \$45 copay Level 2: \$65 copay |
| Retail pharmacy Tier 3 | \$80 copay | Level 1: \$85 copay Level 2: \$95 copay |

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

| | Current Plan | New Plan to Compare |
|------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------|
| | Anthem Gold PPO 30/750/20% | Anthem Gold PPO 30/750/20% |
| 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 | \$135 copay |
| Home delivery Tier 3 | \$240 copay | \$255 copay |
| 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.