



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 Platinum PPO 15/250/10%	Anthem Platinum PPO 15/250/10%
Contract Code	4HWQ	5SYC
In-network benefits		
Deductible (individual/family)	\$250 / \$750	\$250 / \$750
Out-of-pocket maximum (individual/family) ¹	\$4,000 / \$8,000	\$4,000 / \$8,000
Coinsurance	10%	10%
Office visit: primary care physician (PCP)	\$15 copay	\$15 copay
Office visit: specialist	\$30 copay	\$30 copay
Retail Health Clinic	\$15 copay	\$15 copay
Urgent care	\$30 copay	\$30 copay
Emergency room	Deductible, then \$200 copay and 10% coinsurance	Deductible, then \$200 copay and 10% coinsurance
Hospital inpatient	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
Outpatient surgery	Deductible, then 10% coinsurance	Deductible, then \$200 copay and 10% coinsurance
Out-of-network benefits		
Deductible (individual/family)	\$2,000 / \$4,000	\$2,000 / \$4,000
Out-of-pocket maximum (individual/family) ¹	\$8,000 / \$16,000	\$8,000 / \$16,000
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: No deductible	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: No deductible
Retail pharmacy Tier 1	\$10 copay	Level 1: \$10 copay Level 2: \$20 copay
Retail pharmacy Tier 2	\$35 copay	Level 1: \$35 copay Level 2: \$50 copay
Retail pharmacy Tier 3	\$70 copay	Level 1: \$70 copay Level 2: \$85 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)

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

	Current Plan	New Plan to Compare
	Anthem Platinum PPO 15/250/10%	Anthem Platinum PPO 15/250/10%
Home delivery Tier 1	\$25 copay	\$25 copay
Home delivery Tier 2	\$105 copay	\$105 copay
Home delivery Tier 3	\$210 copay	\$210 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.