



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 Silver HMO 55/2250/45%	Anthem Silver HMO 55/2250/45%
Contract Code	4HYF	5SX8
In-network benefits		
Deductible (individual/family)	\$2,250 / \$4,500	\$2,250 / \$4,500
Out-of-pocket maximum (individual/family) ¹	\$8,150 / \$16,300	\$8,400 / \$16,800
Coinsurance	45%	45%
Office visit: primary care physician (PCP)	\$55 copay	\$55 copay
Office visit: specialist	\$110 copay	\$110 copay
Retail Health Clinic	\$55 copay	\$55 copay
Urgent care	\$55 copay	\$55 copay
Emergency room	Deductible, then \$350 copay and 45% coinsurance	Deductible, then \$350 copay and 45% coinsurance
Hospital inpatient	Deductible, then 45% coinsurance	Deductible, then 45% coinsurance
Outpatient surgery	Deductible, then 45% coinsurance	Deductible, then 45% coinsurance
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)	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: \$300/\$600 Combined pharmacy deductible
Retail pharmacy Tier 1	\$20 copay	Level 1: \$20 copay Level 2: \$25 copay
Retail pharmacy Tier 2	\$80 copay	Level 1: \$85 copay Level 2: \$110 copay
Retail pharmacy Tier 3	\$110 copay	Level 1: \$115 copay Level 2: \$165 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 Silver HMO 55/2250/45%	Anthem Silver HMO 55/2250/45%
Home delivery Tier 1	\$50 copay	\$50 copay
Home delivery Tier 2	\$240 copay	\$255 copay
Home delivery Tier 3	\$330 copay	\$345 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.