Virginia

Effective March 1, 2026

Medical

Benefit Charts

2026 WiseChoice Healthcare Alliance plans

ALL PRODUCT OFFERINGS ARE SUBJECT TO REGULATORY REVIEW AND APPROVAL

This coverage is not insurance and is not offered through an insurance company. This coverage is not required to comply with certain federal market requirements for health insurance, nor is it required to comply with certain state laws for health insurance. Each member shall be liable for his allocated share of the liabilities of the sponsoring association under the health benefit plan as determined by the board of trustees. This means that each member may be responsible for paying an additional sum if the annual premiums present a deficit of funds for the trust. The trust's financial documents shall be available for public inspection at wisechoicehealthcare.com.

Anthem Blue Cross and Blue Shield administers certain health care benefits of participating employers self-insured group health plans pursuant to the terms of Anthem Blue Cross and Blue Shield's administrative services agreement with WiseChoice Healthcare Alliance.

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WE'RE HELPING SOLVE TODAY'S TOUGHEST HEALTHCARE CHALLENGES

By connecting individuals to the care, support, and resources they need to thrive, we're focusing on a bigger whole-health picture.

We're here to support you with:

A transformative digital-first experience. Using innovative digital solutions, advanced analytics, and apps like Sydney℠ Health, we're simplifying and personalizing healthcare delivery.

Meaningful connections through whole-person care. Through medical, pharmacy, and specialty integration, we're leaning into whole-health programs like Wellbeing Solutions to improve outcomes and lower costs.

Collaborative expertise with our network advantage. By leveraging our partnerships, networks, and strong provider relationships, we're supporting access to high-quality, equitable care.

As your trusted partner, we're here to promote an effective healthcare strategy that reinforces innovation, integration, and collaboration.

WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice Virginia MEWA reflecting the WiseChoice HealthCare Alliance.

- Broad portfolio offering an array of pharmacy designs and out of pocket options to provide robust, competitive solutions to groups.

NEW in 2026 – Alternative Health Plans are being launched in Virginia:

- Our Anthem Alternative Health Plan portfolio introduces an innovative approach to healthcare, prioritizing clarity, choice, and cost savings. These plans are tailored to meet market demands for straightforward healthcare solutions. Employees benefit from a transparent cost structure and access to essential tools for price transparency, empowering them to make informed, confident decisions about their healthcare journey.
- Anthem will be adopting Clear Choice and Virtual Access Plus AHP brands in to offer a competitive, simplified member experience in 2026.

NEW Anthem Clear Choice plan options:

- Clear Choice is Anthem's Alternative Health Plan (previously known as our copay-centric Link plans) that provides a straightforward and cost-effective healthcare experience. It features a simple copay design and preferred benefits for high-value providers, making it more affordable and convenient to access care. The plan emphasizes strong member support and an enhanced digital experience, enabling members to effectively manage their healthcare expenses. Additionally, Clear Choice includes incentives and programs that encourage cost-effective shopping for healthcare services and prioritize preventive care. This approach supports members in controlling healthcare costs while promoting overall well-being through proactive health management.
- All services covered with a copay. No coinsurance percentages to calculate!
- The Anthem Clear Choice plans are available on the HealthKeepers POS network.

NEW Anthem Virtual Access Plus plan options:

- Virtual Access Plus plans (*previously known as our copay-centric Link HSA plans*) include features of Alternative Health Plans, such as a copay design and free virtual primary care visits (after deductible), along with a refined digital experience and strong member support. These elements are designed to empower members to manage their healthcare costs effectively.
- All services are covered with a copay after the deductible is met. No coinsurance percentages to calculate!
- Anthem Virtual Access Plus plans are available on the HealthKeepers POS network

NEW Anthem Diamond Providers – included in Clear Choice and Virtual Access Plus:

- **Anthem Diamond Provider** is a new designation that identifies our high-quality, cost-effective care providers when members use Find Care on the Sydney Health app or www.anthem.com.
- Across our markets and providers, there is considerable variability in provider performance (cost, quality, experience). Anthem, using quality, cost and appropriateness of care criteria, has been able to determine a group of HPPs (high-performing providers), also known as Anthem Diamond Providers, which provide high-quality, lower-cost medical services.
- Anthem Diamond Provider Highlights:
  - Enhanced experience in Find Care to help members locate an Anthem Diamond Provider
  - Improved member care shopping experience via Sydney and other tools
  - Lower cost shares for Anthem Diamond Providers for PCP and Specialist services
    - This is a key feature of our new Clear Choice and Virtual Access Plus plans; EPHC will be replaced on these plans but will remain accessible on the rest of the portfolio in 2026.

Benefits for Children Under 19

- $0 Mental Health/Substance Use Disorder Office Visit Copay for Children under age 19
- $0 PCP services for children under 19 to promote pediatric care.
- Removes cost barriers to care to evaluate children for mental health concerns and provide therapy services.

WiseChoice Healthcare Alliance product details – 2 to 50 employees

Embedded EAP Basic in all Small Group plans

- Anthem partners with Virginians on their needs amidst the mental health crisis
- Provide support and guidance to employers including 3 virtual/in-person visits, 24/7 access to resources and more.

Engagement 500 Package

- Up to $500 in incentives for members who complete or participate in certain preventive care, wellness, or condition management program activities, including additional incentives for Diabetes management.
- Building Health Families digital experience, formerly Future Moms program
- Cancer Care Navigator access

NEW Gym Membership Reimbursement Program available only to WiseChoice members

- In 2026 we will offer Gym Membership Reimbursement of $400 annually to incentivize healthy behaviors and encourage engagement with our MEWA members
- Our program offers flexibility to members to choose their mode of exercise, meaning there is no specified network and members are free to use their preferred gym/home/online platform.
- 50 visits required per 6-month period to receive $200, for $400 total per year.

SmartShopper available on all WiseChoice plans

- SmartShopper is a unique engagement and incentive tool that compares the costs of common medical procedures among quality providers.
- It allows employees to make more informed decisions about their care provider, and it's included within the health plan.

Pharmacy features to partner with CarelonRx

- CarelonRx Home Delivery featuring reduced mail order cost shares to be less than retail to maximize cost savings and convenience of using our CarelonRx Pharmacy.
- NEW: All three Small Group portfolios will change from "Optional" Home Delivery to "Opt-Out" Home Delivery, meaning members will have to take action if they want to opt-out of using Carelon Rx Home Delivery service.
- PreventiveRx program on HSA plans making chronic condition drugs more accessible to members.

Rx Code	Retail Pharmacy Description	Home Delivery Description
Lean Rx:	$5/100%/100%/100%	$10/100%/100%/100%
Rx0:	$10/$40/$70/$300	$20/$100/$175/$300
Rx1*:	$0/$10/$60/$125/$400 w/ PrevRx	$0/$20/$150/$313/$400
Rx2:	$0/$10/$60/$125/$400	$0/$20/$150/$313/$400
Rx3:	$0/$10/$60/Ded+$125/Ded+$400	$0/$20/$150/$313/$400
Rx4*:	Ded+$0/Ded+$10/Ded+$60/Ded+$125/Ded+$400	$0/$20/$150/$313/$400
Rx6:	$15/$45/25% up to $200 per script/ 25% up to $400 per script	$30/$113/25% up to $600 per script/ 25% up to $400 per script
Rx7:	$15/$45/Ded+25% up to $200 per script/ Ded+25% up to $400 per script	$30/$113/25% up to $600 per script/ 25% up to $400 per script
Rx8*:	$15/$45/Rx Ded+25% up to $200 per script/ Rx Ded+25% up to $400 per script	$30/$113/25% up to $600 per script/ 25% up to $400 per script
Rx9:	$15/$50/$80/$400	$30/$125/$200/$400
Rx11*:	0%	0%
Rx12*:	10%	10%
Rx13*:	20%	20%
Rx14*:	30%	30%

*Preventive Rx included

WiseChoice Healthcare Alliance product details – 2 to 50 employees

Plan Discontinuation:
Rx5 is being discontinued and will be mapped to corresponding Rx9 variation.
Plans impacted are below:

Plan Name (Contract Code)

- WiseChoice HealthKeepers OAPOS 2000/20%/5500 Rx5 (8MZ2)
- WiseChoice PPO 3000/20%/6500 Rx5 (8MYY)
- WiseChoice PPO 1500/20%/4500 Rx5 (8MXH)
- WiseChoice HealthKeepers OAPOS 3000/20%/6500 Rx5 (8MY1)
- WiseChoice BlueChoice Advantage OA 1500/20%/4500 Rx5 (8MX8)
- WiseChoice PPO 2500/20%/6000 Rx5 (8MY0)
- WiseChoice HealthKeepers OAPOS 1500/20%/4500 Rx5 (8MZ3)
- WiseChoice BlueChoice Advantage OA 3000/20%/6500 Rx5 (8MYE)
- WiseChoice BlueChoice Advantage OA 2000/20%/5500 Rx5 (8MW4)
- WiseChoice HealthKeepers OAPOS 2500/20%/6000 Rx5 (8MW1)
- WiseChoice BlueChoice Advantage OA 2500/20%/6000 Rx5 (8MVX)
- WiseChoice PPO 2000/20%/5500 Rx5 (8MYD)

Helpful Terms:

- Providers reflected as "Anthem Diamond Provider" in our Find Care tool are identified as designated providers within this benefit chart.
- DPCP: Designated Primary Care, or Anthem Diamond Provider PCP
- DSPC: Designated Specialist, or Anthem Diamond Provider Specialist
- EPHC: Enhanced Personal Health Care Provider

The following benefit charts show in-network benefits for select visits and/or services. Additional services rendered as part of a visit or service (including urgent care and emergency room visits) may be subject to additional cost shares. Our plans include out-of-network benefits with higher cost shares, including deductible, coinsurance and copays.

For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit **https://plan-summaries.anthem.com/sobdps/**.

All product offerings are subject to regulatory review and approval and are subject to change.

WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice HealthKeepers POS plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	**POS**		
Plan name	**WiseChoice Clear Choice HealthKeepers OAPOS 25/3500**	**WiseChoice Clear Choice HealthKeepers OAPOS 25/5000**	**WiseChoice Clear Choice HealthKeepers OAPOS 35/8000**
Network	CC HealthKeepers	CC HealthKeepers	CC HealthKeepers
Deductible[2] (individual/family)	$0/$0	$0/$0	$0/$0
Coinsurance	None	None	None
Out-of-pocket maximum (individual/family)	$3,500/$7,000	$5,000/$10,000	$8,000/$16,000
Office and virtual visits: Preferred primary care (PPC)[3]	$15	$15	$15
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	DPCP: $15 PCP: $25 DSPC: $30 SPC: $50	DPCP: $15 PCP: $25 DSPC: $55 SPC: $75	DPCP: $15 PCP: $35 DSPC: $80 SPC: $100
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$50	$75	$100
Emergency room (facility)[5]	$500	$750	$1,500
Independent facility: ambulatory outpatient surgery center	$300	$1,000	$1,500
Independent facility: X-ray and ultrasound	$50	$75	$100
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	$300	$500	$500
Hospital outpatient surgery facility	$300	$1,000	$1,500
Hospital inpatient admission	$500 per day up to 4 days per admission	$1,000 per day up to 4 days per admission	$2,750 per day up to 3 days per admission
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1a-4: No deductible ‡	Tiers 1a-4: No deductible ‡	Tiers 1a-4: No deductible ‡
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx2 (9CWB)	Rx2 (9QMY)	Rx2 (9QMF)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice HealthKeepers POS plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	POS		
Plan name	**WiseChoice Clear Choice HealthKeepers OAPOS 0/4000**	**WiseChoice Clear Choice HealthKeepers OAPOS 1000/6000**	**WiseChoice Clear Choice HealthKeepers OAPOS 1500/4500**
Network	CC HealthKeepers	CC HealthKeepers	CC HealthKeepers
Deductible[2] (individual/family)	$0/$0	$1,000/$3,000	$1,500/$3,000
Coinsurance	None	None	None
Out-of-pocket maximum (individual/family)	$4,000/$8,000	$6,000/$12,000	$4,500/$9,000
Office and virtual visits: Preferred primary care (PPC)[3]	$0	$15	$0
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	DPCP: $0 PCP: $0 DSPC: $40 SPC: $60	DPCP: $15 PCP: $25 DSPC: $55 SPC: $75	DPCP: $0 PCP: $0 DSPC: $40 SPC: $60
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$60	$75	$60
Emergency room (facility)[5]	$500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	$500	Deductible, then $500	Deductible, then $500
Independent facility: X-ray and ultrasound	$60	Deductible, then $75	Deductible, then $60
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	$350	Deductible, then $500	Deductible, then $350
Hospital outpatient surgery facility	$500	Deductible, then $500	Deductible, then $500
Hospital inpatient admission	$500 per day up to 4 days per admission	Deductible, then $1,000 per admission	Deductible, then $750 per admission
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1a-4: No deductible ‡	Tiers 1a-2: No deductible Tiers 3-4: Medical deductible applies ‡	Tiers 1a-4: No deductible ‡
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx2 (9CUX)	Rx3 (9CTA)	Rx1 (9CVU)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice HealthKeepers POS plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	POS		
Plan name	**WiseChoice Clear Choice HealthKeepers OAPOS 2000/6250**	**WiseChoice Clear Choice HealthKeepers OAPOS 2500/5500**	**WiseChoice Clear Choice HealthKeepers OAPOS 3500/6500**
Network	CC HealthKeepers	CC HealthKeepers	CC HealthKeepers
Deductible[2] (individual/family)	$2,000/$4,000	$2,500/$5,000	$3,500/$7,000
Coinsurance	None	None	None
Out-of-pocket maximum (individual/family)	$6,250/$12,500	$5,500/$11,000	$6,500/$13,000
Office and virtual visits: Preferred primary care (PPC)[3]	$15	$0	$0
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	DPCP: $15 PCP: $25 DSPC: $55 SPC: $75	DPCP: $0 PCP: $0 DSPC: $40 SPC: $60	DPCP: $0 PCP: $0 DSPC: $40 SPC: $60
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$75	$60	$60
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: X-ray and ultrasound	Deductible, then $75	Deductible, then $60	Deductible, then $60
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then $500	Deductible, then $350	Deductible, then $350
Hospital outpatient surgery facility	Deductible, then $500	Deductible, then $500	Deductible, then $500
Hospital inpatient admission	Deductible, then $1,000 per admission	Deductible, then $750 per admission	Deductible, then $750 per admission
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1a-2: No deductible Tiers 3-4: Medical deductible applies ‡	Tiers 1a-4: No deductible ‡	Tiers 1a-4: No deductible ‡
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx3 (9QNN)	Rx1 (9CW5)	Rx1 (9CV2)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice HealthKeepers POS plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	POS	POS HSA
Plan name	**WiseChoice Clear Choice HealthKeepers OAPOS 5000/7500**	**WiseChoice Virtual Access Plus HealthKeepers OAPOS 4500/6000 w/HSA**
Network	CC HealthKeepers	CC HealthKeepers
Deductible[2] (individual/family)	$5,000/$10,000	$4,500/$9,000
Coinsurance	None	None
Out-of-pocket maximum (individual/family)	$7,500/$15,000	$6,000/$12,000
Office and virtual visits: Preferred primary care (PPC)[3]	$15	Deductible, then $0
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	DPCP: $15 PCP: $75 DSPC: $105 SPC: $125	DPCP: Deductible, then $0 PCP: Deductible, then $0 DSPC: Deductible, then $35 SPC: Deductible, then $55
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full
Urgent care (office)	$125	Deductible, then $55
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then $500	Deductible, then $500
Independent facility: X-ray and ultrasound	Deductible, then $125	Deductible, then $55
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then $500	Deductible, then $350
Hospital outpatient surgery facility	Deductible, then $500	Deductible, then $500
Hospital inpatient admission	Deductible, then $1,000 per admission	Deductible, then $750 per admission
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1a-2: No deductible Tiers 3-4: Medical deductible applies ‡	Tiers 1a-4: Medical deductible applies ‡
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx3 (9CTE)	Rx4 (9QMT)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
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6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice KeyCare PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO		
Plan name	**WiseChoice PPO 15/10%/3000**	**WiseChoice PPO 25/20%/5000**	**WiseChoice PPO 500/20%/5000**
Network	KeyCare	KeyCare	KeyCare
Deductible[2] (individual/family)	$0/$0	$0/$0	$500/$1,500
Coinsurance	10%	20%	20%
Out-of-pocket maximum (individual/family)	$3,000/$6,000	$5,000/$10,000	$5,000/$10,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $10	Children up to age 19: $0 Ages 19+: $15	Children up to age 19: $0 Ages 19+: $15
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $10 PCP: $15 SPC: $50	EPHC: $15 PCP: $25 SPC: $50	EPHC: $15 PCP: $25 SPC: $50
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$50	$50	$50
Emergency room (facility)[5]	$500	$500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	$500	$500	Deductible, then 20% coinsurance
Independent facility: X-ray and ultrasound	$50	$50	Deductible, then 20% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	$300	$300	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	$500	$500	Deductible, then 20% coinsurance
Hospital inpatient admission	$600 per day up to 4 days per admission	$600 per day up to 4 days per admission	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx6 (9QM9)	Rx0 (9QN6) Rx6 (9CTP)	Rx0 (9CV4) Rx7 (9CTM)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice KeyCare PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO		
Plan name	**WiseChoice PPO 1000/20%/4000**	**WiseChoice PPO 1000/20%/5000**	**WiseChoice PPO 1500/20%/4500**
Network	KeyCare	KeyCare	KeyCare
Deductible[2] (individual/family)	$1,000/$3,000	$1,000/$3,000	$1,500/$3,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	$4,000/$8,000	$5,000/$10,000	$4,500/$9,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $15	Children up to age 19: $0 Ages 19+: $15	Children up to age 19: $0 Ages 19+: $20
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $15 PCP: $25 SPC: $50	EPHC: $15 PCP: $25 SPC: $50	EPHC: $20 PCP: $30 SPC: $50
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$50	$50	$50
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx0 (9CVT)	Rx0 (9QN1) Rx7 (9CWF)	Rx0 (9CW1) Rx6 (9QML) Rx7 (9CU4) Rx9 (9CTC)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice KeyCare PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO		
Plan name	**WiseChoice PPO 1500/20%/6500**	**WiseChoice PPO 1500/20%/8000**	**WiseChoice PPO 2000/0%/4000**
Network	KeyCare	KeyCare	KeyCare
Deductible[2] (individual/family)	$1,500/$3,000	$1,500/$3,000	$2,000/$4,000
Coinsurance	20%	20%	0%
Out-of-pocket maximum (individual/family)	$6,500/$13,000	$8,000/$16,000	$4,000/$8,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $20	Children up to age 19: $0 Ages 19+: $20	Children up to age 19: $0 Ages 19+: $30
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $20 PCP: $30 SPC: $50	EPHC: $20 PCP: $30 SPC: $50	EPHC: $30 PCP: $40 SPC: $75
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$50	$50	$75
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx9 (9QMA)	Rx9 (9CUL)	Rx9 (9QNK)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice KeyCare PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	**PPO**		
Plan name	**WiseChoice PPO 2000/20%/5500**	**WiseChoice PPO 2000/20%/7500**	**WiseChoice PPO 2500/0%/4000**
Network	KeyCare	KeyCare	KeyCare
Deductible[2] (individual/family)	$2,000/$4,000	$2,000/$4,000	$2,500/$5,000
Coinsurance	20%	20%	0%
Out-of-pocket maximum (individual/family)	$5,500/$11,000	$7,500/$15,000	$4,000/$8,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $20	Children up to age 19: $0 Ages 19+: $20	Children up to age 19: $0 Ages 19+: $30
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $20 PCP: $30 SPC: $50	EPHC: $20 PCP: $30 SPC: $50	EPHC: $30 PCP: $40 SPC: $75
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$50	$50	$75
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx0 (9CVS) Rx6 (9CW3) Rx7 (9CVC) Rx9 (9CVV)	Rx9 (9CWC)	Rx9 (9QM7)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice KeyCare PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	**PPO**		
Plan name	**WiseChoice PPO 2500/20%/6000**	**WiseChoice PPO 2500/20%/8000**	**WiseChoice PPO 3000/0%/4500**
Network	KeyCare	KeyCare	KeyCare
Deductible[2] (individual/family)	$2,500/$5,000	$2,500/$5,000	$3,000/$6,000
Coinsurance	20%	20%	0%
Out-of-pocket maximum (individual/family)	$6,000/$12,000	$8,000/$16,000	$4,500/$9,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $30	Children up to age 19: $0 Ages 19+: $30	Children up to age 19: $0 Ages 19+: $30
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $30 PCP: $40 SPC: $75	EPHC: $30 PCP: $40 SPC: $75	EPHC: $30 PCP: $40 SPC: $75
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$75	$75	$75
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx0 (9QN5) Rx6 (9CVH) Rx7 (9CUU) Rx9 (9CUA)	Rx9 (9QMW)	Rx9 (9CW9)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice KeyCare PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO		
Plan name	**WiseChoice PPO 3000/20%/6500**	**WiseChoice PPO 3000/20%/8000**	**WiseChoice PPO 4000/20%/7500**
Network	KeyCare	KeyCare	KeyCare
Deductible[2] (individual/family)	$3,000/$6,000	$3,000/$6,000	$4,000/$8,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	$6,500/$13,000	$8,000/$16,000	$7,500/$15,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $30	Children up to age 19: $0 Ages 19+: $30	Children up to age 19: $0 Ages 19+: $30
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $30 PCP: $40 SPC: $75	EPHC: $30 PCP: $40 SPC: $75	EPHC: $30 PCP: $40 SPC: $75
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$75	$75	$75
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx0 (9CT7) Rx6 (9QN7) Rx7 (9CVA) Rx9 (9CU1)	Rx9 (9CUR)	Rx7 (9CWG) Rx8 (9QMU)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice KeyCare PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO		PPO HSA
Plan name	**WiseChoice PPO 4500/30%/8000**	**WiseChoice PPO 5500/20%/8000**	**WiseChoice PPO 2500NE/10%/4350 w/HSA Δ**
Network	KeyCare	KeyCare	KeyCare
Deductible[2] (individual/family)	$4,500/$9,000	$5,500/$11,000	$2,500/$5,000
Coinsurance	30%	20%	10%
Out-of-pocket maximum (individual/family)	$8,000/$16,000	$8,000/$16,000	$4,350/$8,700
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $30	Children up to age 19: $0 Ages 19+: $35	Not applicable
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $30 PCP: $40 SPC: $75	EPHC: $35 PCP: $45 SPC: $65	PCP/SPC: Deductible, then 10% coinsurance
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$75	$65	Deductible, then 10% coinsurance
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $400	Deductible, then 10% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Hospital outpatient surgery facility	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: $250/$500 Pharmacy deductible ‡	Tiers 1-4: Medical deductible applies ‡
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx7 (9QNB)	Rx8 (9CV3)	Rx12 (9QNA)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice KeyCare PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO HSA		
Plan name	**WiseChoice PPO 3400/10%/5500 w/HSA**	**WiseChoice PPO 4000/20%/7000 w/HSA**	**WiseChoice PPO 5000/30%/6500 w/HSA**
Network	KeyCare	KeyCare	KeyCare
Deductible[2] (individual/family)	$3,400/$6,800	$4,000/$8,000	$5,000/$10,000
Coinsurance	10%	20%	30%
Out-of-pocket maximum (individual/family)	$5,500/$11,000	$7,000/$14,000	$6,500/$13,000
Office and virtual visits: Preferred primary care (PPC)[3]	Not applicable	Not applicable	Not applicable
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	PCP/SPC: Deductible, then 10% coinsurance	PCP/SPC: Deductible, then 20% coinsurance	PCP/SPC: Deductible, then 30% coinsurance
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Emergency room (facility)[5]	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Hospital outpatient surgery facility	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: Medical deductible applies ‡	Tiers 1-4: Medical deductible applies ‡	Tiers 1-4: Medical deductible applies ‡
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx13 (9CWN)	Rx13 (9QMG)	Rx14 (9CV8)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice KeyCare PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO HSA	
Plan name	**WiseChoice PPO 6000/30%/6500 w/HSA**	**WiseChoice PPO 7000/0%/7000 w/HSA**
Network	KeyCare	KeyCare
Deductible[2] (individual/family)	$6,000/$12,000	$7,000/$14,000
Coinsurance	30%	0%
Out-of-pocket maximum (individual/family)	$6,500/$13,000	$7,000/$14,000
Office and virtual visits: Preferred primary care (PPC)[3]	Not applicable	Not applicable
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	PCP/SPC: Deductible, then 30% coinsurance	PCP/SPC: Deductible, then 0% coinsurance
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full
Urgent care (office)	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Emergency room (facility)[5]	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: Medical deductible applies ‡	Tiers 1-4: Medical deductible applies ‡
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx14 (9CTN)	Rx11 (9CUY)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice BlueChoice Advantage Open Access PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO		
Plan name	**WiseChoice BlueChoice Advantage OA 15/10%/3000**	**WiseChoice BlueChoice Advantage OA 25/20%/5000**	**WiseChoice BlueChoice Advantage OA 500/20%/5000**
Network	BlueChoice Adv Open Access	BlueChoice Adv Open Access	BlueChoice Adv Open Access
Deductible[2] (individual/family)	$0/$0	$0/$0	$500/$1,500
Coinsurance	10%	20%	20%
Out-of-pocket maximum (individual/family)	$3,000/$6,000	$5,000/$10,000	$5,000/$10,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $10	Children up to age 19: $0 Ages 19+: $15	Children up to age 19: $0 Ages 19+: $15
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $10 PCP: $15 SPC: $50	EPHC: $15 PCP: $25 SPC: $50	EPHC: $15 PCP: $25 SPC: $50
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$50	$50	$50
Emergency room (facility)[5]	$500	$500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	$500	$500	Deductible, then 20% coinsurance
Independent facility: X-ray and ultrasound	$50	$50	Deductible, then 20% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	$300	$300	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	$500	$500	Deductible, then 20% coinsurance
Hospital inpatient admission	$600 per day up to 4 days per admission	$600 per day up to 4 days per admission	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx6 (9QNC)	Rx0 (9CU8) Rx6 (9CTT)	Rx0 (9CVN) Rx7 (9CUD)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice BlueChoice Advantage Open Access PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO		
Plan name	**WiseChoice BlueChoice Advantage OA 1000/20%/4000**	**WiseChoice BlueChoice Advantage OA 1000/20%/5000**	**WiseChoice BlueChoice Advantage OA 1500/20%/4500**
Network	BlueChoice Adv Open Access	BlueChoice Adv Open Access	BlueChoice Adv Open Access
Deductible[2] (individual/family)	$1,000/$3,000	$1,000/$3,000	$1,500/$3,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	$4,000/$8,000	$5,000/$10,000	$4,500/$9,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $15	Children up to age 19: $0 Ages 19+: $15	Children up to age 19: $0 Ages 19+: $20
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $15 PCP: $25 SPC: $50	EPHC: $15 PCP: $25 SPC: $50	EPHC: $20 PCP: $30 SPC: $50
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$50	$50	$50
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx0 (9CVD)	Rx0 (9CWL) Rx7 (9QN8)	Rx0 (9QMS) Rx6 (9QN3) Rx7 (9CUW) Rx9 (9CWJ)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice BlueChoice Advantage Open Access PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO		
Plan name	**WiseChoice BlueChoice Advantage OA 1500/20%/6500**	**WiseChoice BlueChoice Advantage OA 1500/20%/8000**	**WiseChoice BlueChoice Advantage OA 2000/0%/4000**
Network	BlueChoice Adv Open Access	BlueChoice Adv Open Access	BlueChoice Adv Open Access
Deductible[2] (individual/family)	$1,500/$3,000	$1,500/$3,000	$2,000/$4,000
Coinsurance	20%	20%	0%
Out-of-pocket maximum (individual/family)	$6,500/$13,000	$8,000/$16,000	$4,000/$8,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $20	Children up to age 19: $0 Ages 19+: $20	Children up to age 19: $0 Ages 19+: $30
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $20 PCP: $30 SPC: $50	EPHC: $20 PCP: $30 SPC: $50	EPHC: $30 PCP: $40 SPC: $75
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$50	$50	$75
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx9 (9QN9)	Rx9 (9CW0)	Rx9 (9CVF)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice BlueChoice Advantage Open Access PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO		
Plan name	**WiseChoice BlueChoice Advantage OA 2000/20%/5500**	**WiseChoice BlueChoice Advantage OA 2000/20%/7500**	**WiseChoice BlueChoice Advantage OA 2500/0%/4000**
Network	BlueChoice Adv Open Access	BlueChoice Adv Open Access	BlueChoice Adv Open Access
Deductible[2] (individual/family)	$2,000/$4,000	$2,000/$4,000	$2,500/$5,000
Coinsurance	20%	20%	0%
Out-of-pocket maximum (individual/family)	$5,500/$11,000	$7,500/$15,000	$4,000/$8,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $20	Children up to age 19: $0 Ages 19+: $20	Children up to age 19: $0 Ages 19+: $30
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $20 PCP: $30 SPC: $50	EPHC: $20 PCP: $30 SPC: $50	EPHC: $30 PCP: $40 SPC: $75
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$50	$50	$75
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx0 (9CW4) Rx6 (9CVL) Rx7 (9QNL) Rx9 (9QN4)	Rx9 (9CT0)	Rx9 (9CU2)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice BlueChoice Advantage Open Access PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO		
Plan name	**WiseChoice BlueChoice Advantage OA 2500/20%/6000**	**WiseChoice BlueChoice Advantage OA 2500/20%/8000**	**WiseChoice BlueChoice Advantage OA 3000/0%/4500**
Network	BlueChoice Adv Open Access	BlueChoice Adv Open Access	BlueChoice Adv Open Access
Deductible[2] (individual/family)	$2,500/$5,000	$2,500/$5,000	$3,000/$6,000
Coinsurance	20%	20%	0%
Out-of-pocket maximum (individual/family)	$6,000/$12,000	$8,000/$16,000	$4,500/$9,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $30	Children up to age 19: $0 Ages 19+: $30	Children up to age 19: $0 Ages 19+: $30
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $30 PCP: $40 SPC: $75	EPHC: $30 PCP: $40 SPC: $75	EPHC: $30 PCP: $40 SPC: $75
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$75	$75	$75
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx0 (9CU9) Rx6 (9QN2) Rx7 (9CVG) Rx9 (9CUV)	Rx9 (9CV9)	Rx9 (9CUF)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice BlueChoice Advantage Open Access PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO		
Plan name	**WiseChoice BlueChoice Advantage OA 3000/20%/6500**	**WiseChoice BlueChoice Advantage OA 3000/20%/8000**	**WiseChoice BlueChoice Advantage OA 4000/20%/7500**
Network	BlueChoice Adv Open Access	BlueChoice Adv Open Access	BlueChoice Adv Open Access
Deductible[2] (individual/family)	$3,000/$6,000	$3,000/$6,000	$4,000/$8,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	$6,500/$13,000	$8,000/$16,000	$7,500/$15,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $30	Children up to age 19: $0 Ages 19+: $30	Children up to age 19: $0 Ages 19+: $30
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $30 PCP: $40 SPC: $75	EPHC: $30 PCP: $40 SPC: $75	EPHC: $30 PCP: $40 SPC: $75
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$75	$75	$75
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx0 (9CVX) Rx6 (9CUP) Rx7 (9CTH) Rx9 (9CUT)	Rx9 (9CTV)	Rx7 (9CVM) Rx8 (9CUJ)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice BlueChoice Advantage Open Access PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO		PPO HSA
Plan name	**WiseChoice BlueChoice Advantage OA 4500/30%/8000**	**WiseChoice BlueChoice Advantage OA 5500/20%/8000**	**WiseChoice BlueChoice Advantage OA 2500NE/10%/4350 w/HSA Δ**
Network	BlueChoice Adv Open Access	BlueChoice Adv Open Access	BlueChoice Adv Open Access
Deductible[2] (individual/family)	$4,500/$9,000	$5,500/$11,000	$2,500/$5,000
Coinsurance	30%	20%	10%
Out-of-pocket maximum (individual/family)	$8,000/$16,000	$8,000/$16,000	$4,350/$8,700
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $30	Children up to age 19: $0 Ages 19+: $35	Not applicable
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $30 PCP: $40 SPC: $75	EPHC: $35 PCP: $45 SPC: $65	PCP/SPC: Deductible, then 10% coinsurance
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$75	$65	Deductible, then 10% coinsurance
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $400	Deductible, then 10% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Hospital outpatient surgery facility	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: $250/$500 Pharmacy deductible ‡	Tiers 1-4: Medical deductible applies ‡
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx7 (9CW6)	Rx8 (9CWP)	Rx12 (9QMH)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice BlueChoice Advantage Open Access PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO HSA		
Plan name	**WiseChoice BlueChoice Advantage OA 3400/10%/5500 w/HSA**	**WiseChoice BlueChoice Advantage OA 4000/20%/7000 w/HSA**	**WiseChoice BlueChoice Advantage OA 5000/30%/6500 w/HSA**
Network	BlueChoice Adv Open Access	BlueChoice Adv Open Access	BlueChoice Adv Open Access
Deductible[2] (individual/family)	$3,400/$6,800	$4,000/$8,000	$5,000/$10,000
Coinsurance	10%	20%	30%
Out-of-pocket maximum (individual/family)	$5,500/$11,000	$7,000/$14,000	$6,500/$13,000
Office and virtual visits: Preferred primary care (PPC)[3]	Not applicable	Not applicable	Not applicable
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	PCP/SPC: Deductible, then 10% coinsurance	PCP/SPC: Deductible, then 20% coinsurance	PCP/SPC: Deductible, then 30% coinsurance
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Emergency room (facility)[5]	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Hospital outpatient surgery facility	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: Medical deductible applies ‡	Tiers 1-4: Medical deductible applies ‡	Tiers 1-4: Medical deductible applies ‡
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx13 (9CW8)	Rx13 (9CUN)	Rx14 (9CTY)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice BlueChoice Advantage Open Access PPO plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	PPO HSA	
Plan name	**WiseChoice BlueChoice Advantage OA 6000/30%/6500 w/HSA**	**WiseChoice BlueChoice Advantage OA 7000/0%/7000 w/HSA**
Network	BlueChoice Adv Open Access	BlueChoice Adv Open Access
Deductible[2] (individual/family)	$6,000/$12,000	$7,000/$14,000
Coinsurance	30%	0%
Out-of-pocket maximum (individual/family)	$6,500/$13,000	$7,000/$14,000
Office and virtual visits: Preferred primary care (PPC)[3]	Not applicable	Not applicable
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	PCP/SPC: Deductible, then 30% coinsurance	PCP/SPC: Deductible, then 0% coinsurance
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full
Urgent care (office)	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Emergency room (facility)[5]	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: Medical deductible applies ‡	Tiers 1-4: Medical deductible applies ‡
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx14 (9QMJ)	Rx11 (9CUH)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice HealthKeepers POS plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	POS		
Plan name	**WiseChoice HealthKeepers OAPOS 15/10%/3000**	**WiseChoice HealthKeepers OAPOS 25/20%/5000**	**WiseChoice HealthKeepers OAPOS 500/20%/5000**
Network	HealthKeepers	HealthKeepers	HealthKeepers
Deductible[2] (individual/family)	$0/$0	$0/$0	$500/$1,500
Coinsurance	10%	20%	20%
Out-of-pocket maximum (individual/family)	$3,000/$6,000	$5,000/$10,000	$5,000/$10,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $10	Children up to age 19: $0 Ages 19+: $15	Children up to age 19: $0 Ages 19+: $15
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $10 PCP: $15 SPC: $50	EPHC: $15 PCP: $25 SPC: $50	EPHC: $15 PCP: $25 SPC: $50
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$50	$50	$50
Emergency room (facility)[5]	$500	$500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	$500	$500	Deductible, then 20% coinsurance
Independent facility: X-ray and ultrasound	$50	$50	Deductible, then 20% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	$300	$300	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	$500	$500	Deductible, then 20% coinsurance
Hospital inpatient admission	$600 per day up to 4 days per admission	$600 per day up to 4 days per admission	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx6 (9QMC)	Rx0 (9QMX) Rx6 (9CVB)	Rx0 (9CUE) Rx7 (9CTB)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice HealthKeepers POS plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	POS		
Plan name	**WiseChoice HealthKeepers OAPOS 1000/20%/4000**	**WiseChoice HealthKeepers OAPOS 1000/20%/5000**	**WiseChoice HealthKeepers OAPOS 1500/20%/4500**
Network	HealthKeepers	HealthKeepers	HealthKeepers
Deductible[2] (individual/family)	$1,000/$3,000	$1,000/$3,000	$1,500/$3,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	$4,000/$8,000	$5,000/$10,000	$4,500/$9,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $15	Children up to age 19: $0 Ages 19+: $15	Children up to age 19: $0 Ages 19+: $20
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $15 PCP: $25 SPC: $50	EPHC: $15 PCP: $25 SPC: $50	EPHC: $20 PCP: $30 SPC: $50
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$50	$50	$50
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx0 (9CVE)	Rx0 (9CT9) Rx7 (9CVK)	Rx0 (9CV7) Rx6 (9CVW) Rx7 (9CWE) Rx9 (9CW7)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice HealthKeepers POS plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	POS		
Plan name	**WiseChoice HealthKeepers OAPOS 1500/20%/6500**	**WiseChoice HealthKeepers OAPOS 1500/20%/8000**	**WiseChoice HealthKeepers OAPOS 2000/0%/4000**
Network	HealthKeepers	HealthKeepers	HealthKeepers
Deductible[2] (individual/family)	$1,500/$3,000	$1,500/$3,000	$2,000/$4,000
Coinsurance	20%	20%	0%
Out-of-pocket maximum (individual/family)	$6,500/$13,000	$8,000/$16,000	$4,000/$8,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $20	Children up to age 19: $0 Ages 19+: $20	Children up to age 19: $0 Ages 19+: $30
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $20 PCP: $30 SPC: $50	EPHC: $20 PCP: $30 SPC: $50	EPHC: $30 PCP: $40 SPC: $75
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$50	$50	$75
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx9 (9CT5)	Rx9 (9CVY)	Rx9 (9CV1)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice HealthKeepers POS plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	POS		
Plan name	**WiseChoice HealthKeepers OAPOS 2000/20%/5500**	**WiseChoice HealthKeepers OAPOS 2500/20%/8000**	**WiseChoice HealthKeepers OAPOS 2500/0%/4000**
Network	HealthKeepers	HealthKeepers	HealthKeepers
Deductible[2] (individual/family)	$2,000/$4,000	$2,500/$5,000	$2,500/$5,000
Coinsurance	20%	20%	0%
Out-of-pocket maximum (individual/family)	$5,500/$11,000	$8,000/$16,000	$4,000/$8,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $20	Children up to age 19: $0 Ages 19+: $30	Children up to age 19: $0 Ages 19+: $30
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $20 PCP: $30 SPC: $50	EPHC: $30 PCP: $40 SPC: $75	EPHC: $30 PCP: $40 SPC: $75
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$50	$75	$75
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx0 (9CV6) Rx6 (9CVJ) Rx7 (9CTG) Rx9 (9QMM)	Rx9 (9QMD)	Rx9 (9CSZ)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice HealthKeepers POS plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	POS		
Plan name	**WiseChoice HealthKeepers OAPOS 2500/20%/6000**	**WiseChoice HealthKeepers OAPOS 2000/20%/7500**	**WiseChoice HealthKeepers OAPOS 3000/0%/4500**
Network	HealthKeepers	HealthKeepers	HealthKeepers
Deductible[2] (individual/family)	$2,500/$5,000	$2,000/$4,000	$3,000/$6,000
Coinsurance	20%	20%	0%
Out-of-pocket maximum (individual/family)	$6,000/$12,000	$7,500/$15,000	$4,500/$9,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $30	Children up to age 19: $0 Ages 19+: $20	Children up to age 19: $0 Ages 19+: $30
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $30 PCP: $40 SPC: $75	EPHC: $20 PCP: $30 SPC: $50	EPHC: $30 PCP: $40 SPC: $75
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$75	$50	$75
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx0 (9CT4) Rx6 (9CUZ) Rx7 (9CU0) Rx9 (9CUC)	Rx9 (9CWH)	Rx9 (9QMZ)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
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8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice HealthKeepers POS plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	POS		
Plan name	**WiseChoice HealthKeepers OAPOS 3000/20%/6500**	**WiseChoice HealthKeepers OAPOS 3000/20%/8000**	**WiseChoice HealthKeepers OAPOS 4000/20%/7500**
Network	HealthKeepers	HealthKeepers	HealthKeepers
Deductible[2] (individual/family)	$3,000/$6,000	$3,000/$6,000	$4,000/$8,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	$6,500/$13,000	$8,000/$16,000	$7,500/$15,000
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $30	Children up to age 19: $0 Ages 19+: $30	Children up to age 19: $0 Ages 19+: $30
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $30 PCP: $40 SPC: $75	EPHC: $30 PCP: $40 SPC: $75	EPHC: $30 PCP: $40 SPC: $75
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$75	$75	$75
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $500	Deductible, then $500
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx0 (9CVR) Rx6 (9CTU) Rx7 (9QMB) Rx9 (9CV0)	Rx9 (9CVP)	Rx7 (9CV5) Rx8 (9CUG)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
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8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice HealthKeepers POS plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	POS		POS HSA
Plan name	**WiseChoice HealthKeepers OAPOS 4500/30%/8000**	**WiseChoice HealthKeepers OAPOS 5500/20%/8000**	**WiseChoice HealthKeepers OAPOS 2500NE/10%/4350 w/HSA Δ**
Network	HealthKeepers	HealthKeepers	HealthKeepers
Deductible[2] (individual/family)	$4,500/$9,000	$5,500/$11,000	$2,500/$5,000
Coinsurance	30%	20%	10%
Out-of-pocket maximum (individual/family)	$8,000/$16,000	$8,000/$16,000	$4,350/$8,700
Office and virtual visits: Preferred primary care (PPC)[3]	Children up to age 19: $0 Ages 19+: $30	Children up to age 19: $0 Ages 19+: $35	Not applicable
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	EPHC: $30 PCP: $40 SPC: $75	EPHC: $35 PCP: $45 SPC: $65	PCP/SPC: Deductible, then 10% coinsurance
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	$75	$65	Deductible, then 10% coinsurance
Emergency room (facility)[5]	Deductible, then $500	Deductible, then $400	Deductible, then 10% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Hospital outpatient surgery facility	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 10% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: $250/$500 Pharmacy deductible ‡	Tiers 1-4: Medical deductible applies ‡
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx7 (9CVQ)	Rx8 (9CUS)	Rx12 (9CTJ)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
4 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use) services from the virtual care-only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support from our virtual care-only providers are included with all medical plans at no additional cost.
5 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived.
6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice HealthKeepers POS plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	POS HSA		
Plan name	**WiseChoice HealthKeepers OAPOS 3400/10%/5500 w/HSA**	**WiseChoice HealthKeepers OAPOS 4000/20%/7000 w/HSA**	**WiseChoice HealthKeepers OAPOS 5000/30%/6500 w/HSA**
Network	HealthKeepers	HealthKeepers	HealthKeepers
Deductible[2] (individual/family)	$3,400/$6,800	$4,000/$8,000	$5,000/$10,000
Coinsurance	10%	20%	30%
Out-of-pocket maximum (individual/family)	$5,500/$11,000	$7,000/$14,000	$6,500/$13,000
Office and virtual visits: Preferred primary care (PPC)[3]	Not applicable	Not applicable	Not applicable
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	PCP/SPC: Deductible, then 10% coinsurance	PCP/SPC: Deductible, then 20% coinsurance	PCP/SPC: Deductible, then 30% coinsurance
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full	Covered in full
Urgent care (office)	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Emergency room (facility)[5]	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Hospital outpatient surgery facility	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: Medical deductible applies ‡	Tiers 1-4: Medical deductible applies ‡	Tiers 1-4: Medical deductible applies ‡
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx13 (9QMN)	Rx13 (9CWM)	Rx14 (9CW2)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
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7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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WiseChoice Healthcare Alliance product details – 2 to 50 employees

WiseChoice HealthKeepers POS plans

Please reference the product overview on page three (above) for more detailed information on Anthem Alternative Health Plans and the Designated Primary Care Provider (DPCP) and Designated Specialty Care Provider (DSPC).

Plan type	POS HSA	
Plan name	**WiseChoice HealthKeepers OAPOS 6000/30%/6500 w/HSA**	**WiseChoice HealthKeepers OAPOS 7000/0%/7000 w/HSA**
Network	HealthKeepers	HealthKeepers
Deductible[2] (individual/family)	$6,000/$12,000	$7,000/$14,000
Coinsurance	30%	0%
Out-of-pocket maximum (individual/family)	$6,500/$13,000	$7,000/$14,000
Office and virtual visits: Preferred primary care (PPC)[3]	Not applicable	Not applicable
Office and virtual visits: Designated primary care (DPCP)/EPHC/Primary Care(PCP)/Designated Specialist(DSPC)/ Specialist(SPC)	PCP/SPC: Deductible, then 30% coinsurance	PCP/SPC: Deductible, then 0% coinsurance
Virtual primary care and urgent/acute care services: Virtual care-only provider[4]	Covered in full	Covered in full
Urgent care (office)	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Emergency room (facility)[5]	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Advantage with R90/Essential	Advantage with R90/Essential
Pharmacy deductible[6] (individual/family)	Tiers 1-4: Medical deductible applies ‡	Tiers 1-4: Medical deductible applies ‡
Retail pharmacy: 30-day supply[7,8] Home delivery pharmacy[8,9]	Rx14 (9CTL)	Rx11 (9QMR)

Δ Nonembedded deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums.
‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.
2 **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
3 Preferred primary care physician (PPC), Primary care physician (PCP) and Specialist (SPC) cost share applies to office visits and virtual visits with a member's regular PPC, PCP or SPC. Some plans include a reduced cost share when seeing a PPC. For plans without a PPC benefit, the PCP cost share applies.
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6 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
7 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit.
8 Pharmacy plans may use a 4-tier (tier 1/tier 2/tier 3/tier 4) or 4-tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at **https://plan-summaries.anthem.com/sobdps/**.
9 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

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By always asking more of ourselves, we strive to build and deliver the healthcare of tomorrow for your employees, right now. We look forward to collaborating to elevate the health of your employees and your business.

We're here to help. Call your representative.

WiseChoice healthcare alliance | Anthem And Its Affiliate HealthKeepers, Inc.

This coverage is not insurance and is not offered through an insurance company. This coverage is not required to comply with certain federal market requirements for health insurance, nor is it required to comply with certain state laws for health insurance. Each member shall be liable for his allocated share of the liabilities of the sponsoring association under the health benefit plan as determined by the board of trustees. This means that each member may be responsible for paying an additional sum if the annual premiums present a deficit of funds for the trust. The trust's financial documents shall be available for public inspection at wisechoicehealthcare.com.