
Anthem Enhanced Choice Plans
A new kind of health coverage for the working uninsured.
BROKER TRAINING
Anthem

The Opportunity

1.7–2MM
Adults across six states
GA, IN, KY, MO, OH and WI

A portion of the population does not have health insurance coverage. The reasons are varied — their employer may not offer health insurance, they may be in the gig economy, part-time or recently unemployed, or simply cannot afford a policy through the ACA without a subsidy.

The Solution

Anthem Enhanced Choice

Individual coverage for those who want preventive care, prescription drugs, doctor visits and many pre-existing conditions covered by a plan designed to offer savings and flexibility to meet their needs and the needs of their family.

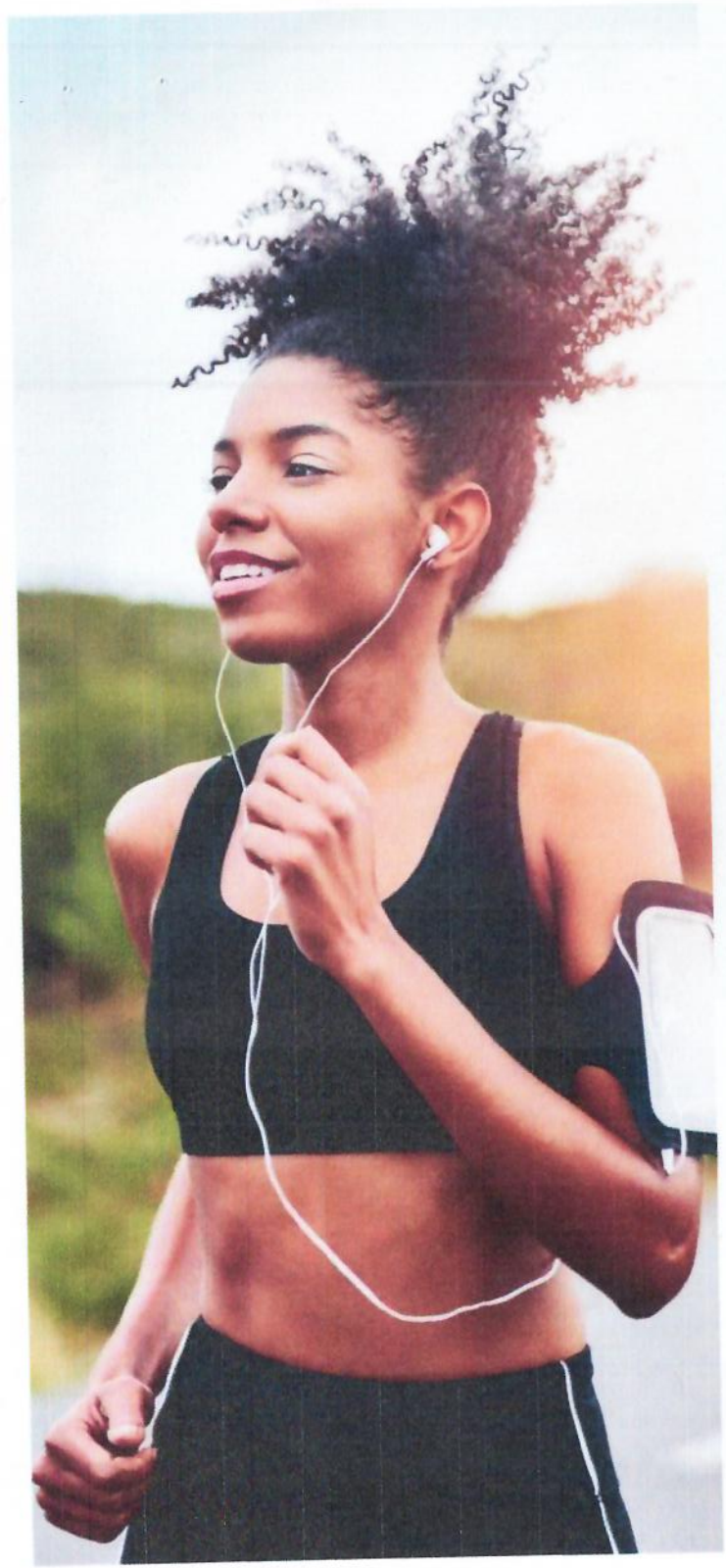
What is in it for you?

An entirely new business opportunity.

A fully digital experience.

Anthem Enhanced Choice plans provide a fully digital experience, which means that all plan-related communications may be sent by email and general interactions with Anthem Blue Cross and Blue Shield (Anthem) will occur digitally through Anthem's website and mobile app(s).

This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your polic carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on hea benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.



The Details

Quality coverage for your clients. A new market opportunity for you.

Anthem Enhanced Choice is a health plan that provides coverage for nearly 36 months — over 3 terms — and members only need to apply once.

- In Wisconsin, the plan provides coverage for nearly 18 months — over 2 terms — and members only need apply once.

Unlike traditional health plans, your clients can apply year-round, not just during open enrollment. Anyone can apply,[1] and pre-existing conditions are covered right from the start for enrolled members.[2]

Anthem Enhanced Choice addresses an unmet consumer need that other carriers cannot match. Member benefits include:

- **Preventive care visits covered at 100%**
- **Prescription drug coverage with affordable out-of-pocket copays**
- **Access to quality doctors, care centers and hospitals from Anthem's network**
- **No referrals needed for a specialist visit**
- **A choice of 6 plans to meet every need and budget**

1 Eligibility restrictions apply. Age eligibility includes coverage up to age 26 for dependents. For child only coverage, a separate application for each child is needed. To be eligible for membership as a subscriber for an Anthem Enhanced Choice plan, the applicant must be a United States citizen or national; or be a legal resident o Georgia, Indiana, Kentucky, Missouri, Ohio or Wisconsin; be qualified on the effective date, according to our medical underwriting guidelines, submit proof satisfactor to Anthem to confirm dependent eligibility; agree to pay for the cost of the premium that Anthem requires; reveal any coordination of benefits arrangements or other health benefit arrangements for the applicant or dependents as they become effective; not be incarcerated in Georgia, Indiana, Kentucky, Missouri, Ohio or Wisconsin.

2 Pre-existing conditions are a covered benefit unless specifically excluded. Please refer to applicable state-specific benefits, exclusions and limitations.

The Audience

- Driven by cost considerations
- Income: Those earning above 250% of FPL
- Marital status: Single (66%)

- Race: Not Hispanic (61%), Hispanic (39%)
- Gender: Male (62%)
- Level of education: High school or less (88%)

- Age: 25-44 (52%)
  - 18-24 (16%)
  - 25-34 (31%)
  - 35-44 (21%)
  - 45-54 (19%)
  - 55-64 (13%)

Serving those who need a comprehensive, affordable solution.

Questions?

Anthem Enhanced Choice Plans

Reach a wider audience of untapped prospects.

ANTHEM ENHANCED CHOICE PLANS BENEFIT CHART
GEORGIA

	Anthem Enhanced Choice 1500 (5U6X)	Anthem Enhanced Choice 2000 (5U6S)	Anthem Enhanced Choice 2500 (5U6T)	Anthem Enhanced Choice 3500 (5U6U)	Anthem Enhanced Choice 5000 (5U6V)	Anthem Enhanced Choice 7500 (5U6W)
Network name	Pathway	Pathway	Pathway	Pathway	Pathway	Pathway
Individual deductible	$1,500	$2,000	$2,500	$3,500	$5,000	$7,500
Individual out-of-pocket limit	$5,000	$5,000	$5,000	$6,000	$7,500	$10,000
Coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Preventive care[3]	No additional cost	No additional cost	No additional cost	No additional cost	No additional cost	No additional cost
Office visit: primary care physician (PCP) (Other office services may be subject to deductible and plan coinsurance)	$25 copay	$25 copay	$35 copay	$35 copay	$50 copay	$50 copay
Office visit: specialist (other office services may be subject to deductible and plan coinsurance)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Telehealth/Online visit: primary care physician (PCP) (Includes LiveHealth Online)	$15 copay	$15 copay	$25 copay	$25 copay	$40 copay	$40 copay
Urgent Care Center	$75 copay	$75 copay	$75 copay	$75 copay	$75 copay	$75 copay
Emergency Room (ER) (Copay, if applicable, waived if admitted into the hospital from the emergency room)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Retail pharmacy tier 1: Level 1 / Level 2	$10 copay / $20 copay (no deductible)	$10 copay / $20 copay (no deductible)	$10 copay / $20 copay (no deductible)	$10 copay / $20 copay (no deductible)	$10 copay / $20 copay (no deductible)	$10 copay / $20 copay (no deductible)
Retail pharmacy tier 2: Level 1 / Level 2	$35 copay / $45 copay (no deductible)	$35 copay / $45 copay (no deductible)	$35 copay / $45 copay (no deductible)	$35 copay / $45 copay (no deductible)	$35 copay / $45 copay (no deductible)	$35 copay / $45 copay (no deductible)
Retail pharmacy tier 3: Level 1 / Level 2	Deductible then $75 copay / $85 copay	Deductible then $75 copay / $85 copay	Deductible then $75 copay / $85 copay	Deductible then $75 copay / $85 copay	Deductible then $75 copay / $85 copay	Deductible then $75 copay / $85 copay
Retail pharmacy tier 4: Level 1 / Level 2	Specialty: Deductible + 25% coinsurance / Not covered	Specialty: Deductible + 25% coinsurance / Not covered	Specialty: Deductible + 25% coinsurance / Not covered	Specialty: Deductible + 25% coinsurance / Not covered	Specialty: Deductible + 25% coinsurance / Not covered	Specialty: Deductible + 25% coinsurance / Not covered
Maximum benefit (Per member, per benefit period)	$1 million	$1 million	$1 million	$1 million	$1 million	$1 million

3 Nationally recommended preventive care services from network providers have no copay, no coinsurance and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms and more, recommended by the United States Preventive Services Task Force.

Members may request one plan downgrade within the 364 or 365 days of the maximum plan duration. A request to upgrade plan coverage may only occur at the time of renewal.