Purpose of this Document

We post a Quality Overview for each Colorado Qualified Health Plan (QHP) on Connect for Health Colorado. It will give you information about company statistics, health plan accreditation, clinical quality measurement (medical care), enrollee experience (member satisfaction) and plan administration (efficiency, affordability and management) so you can compare health plans while you shop for insurance coverage.



Anthem

Company Statistics

FOUNDED IN:
1938

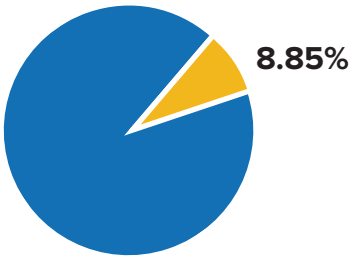
WEBSITE:
anthem.com

COVERAGE AREA:
Covering the entire state of Colorado
Coverage area shows the area where a health insurance plan accepts members.

2025 COLORADO MEMBERSHIP:
Individual Members: 104,991

Colorado Market Share

2025 CONNECT FOR HEALTH COLORADO MARKET SHARE:
Percentage of total market share is based on qualified health plans on Connect for Health Colorado.



Company Summary

Anthem Individual and Family plans help you get care, manage costs, and choose coverage for your needs and budget.

In-network care — Available in every Colorado county, with 98.6% of claims paid at in-network benefit levels.[1] Starting December 1, 2026, Pathway Essentials will include UCHealth, CU Medicine, and Children's Hospital. HCA HealthONE providers and facilities will not be available.

Prescription benefits — Get $0 options for some commonly used medicines and home delivery at no extra cost.

HSA-eligible plans — Set aside tax-free money for qualified healthcare expenses.

Online doctor visits — Connect by video with a doctor from your phone, tablet, or computer.

Behavioral health care — Meet with a therapist, psychologist, or psychiatrist in person or by video. Telehealth appointments may be available within one to two weeks.[2]

24/7 NurseLine — Talk with a registered nurse anytime at no extra cost for health questions and care guidance.

Sydney® Health app — Find care, check claims, access your digital ID card, manage prescriptions, and view plan details.

Anthem has supported Coloradans since 1938 with plans for different needs.

1 Anthem network analysis of commercial business, March 2026.

2 LiveHealth Online post-survey results, Behavioral Health and Virtual Primary Care, 2024.

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Medical Loss Ratio (MLR)

The Affordable Care Act requires insurers to explain how much of your premium dollars are spent on medical services and quality improvement. This is called the Medical Loss Ratio (MLR). It also requires them to give you a rebate if they don't meet the minimum of 80% MLR for individual and small group plans. This limits the amount insurers spend on things like profits, executive salaries and other overhead.

Medical Loss Ratio for 2024*

Individual Patient Care Costs:



If a MLR is more than 100%, that company spent more money on medical care than it received in premium dollars.
**2026 MLR data not yet available.*

Accreditation

Accreditation is when an impartial organization reviews a company's operations to make sure the company is following national standards.

Accreditation for the Exchange Product

Accreditation: NCQA Health Plan Accreditation (Exchange HMO)

The National Committee for Quality Assurance (NCQA) is an independent not-for-profit organization that looks at and reports on the quality of health-related programs.

Accreditation Status: Accredited

Accredited means the organization's programs for service and clinical quality meet basic requirements for consumer protection and quality improvement. "Accredited" is the best possible status for Marketplace plans.

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Understanding the Differences

Health Insurance Marketplace plans have different premiums and out-of-pocket costs, and the quality of service and benefits they provide may differ too. When choosing a health plan, it is important to understand and consider these differences. To help you decide what plan is right for you, we display "quality ratings" calculated using information provided by health plans each year. These quality ratings are based on enrollee experience and the quality of health care services. All health plan ratings are calculated the same way, using the same information source. This information comes from the federal Centers for Medicare & Medicaid Services (part of the U.S. Department of Health and Human Services) using data provided by health plans in 2025. You can learn more about these ratings on the federal web site. www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/Quality-Rating-System/About-the-QRS.html

Star ratings give you a snapshot of how each health plan's quality compares to that of other plans in Colorado and across the country. Star ratings give objective information on how health plans perform in the Marketplace. Since every plan offered is rated the same way, it is easy to compare their quality.

Quality Ratings System: **Global Rating**

★ ★ ★ ★ ☆

Each rated health plan has an "overall" quality rating of 1 to 5 stars (5 is the highest rating). This rating is based on three categories: medical care, member experience, and plan administration. Each of these categories also has its own star rating between 1 to 5 stars. A star rating of 3 means that a health plan is considered on average with other Marketplace plans across the country. A star rating higher than 3 means the plan performed better than average compared to other Marketplace plans in a given year. A star rating lower than 3 means that a plan's performance was below average compared to other Marketplace plans in a given year. A star rating isn't a complete picture of the types of services and care a health plan provides. Each year, ratings may change because of information that health plans provide or changes to how the ratings are calculated.

Note: Ratings are calculated on a 5-year scale and may change from year-to-year. In some cases – like when plans are new or have low enrollment – ratings aren't available. This doesn't mean the plans are low quality.

Quality Ratings System: **Summary Indicators**

★ ★ ★ ★ ☆

Medical Care

How well the plans' doctors, hospitals, and others in the plan's network improve or maintain member health through appropriate screenings, vaccines, and other basic services, and how informed and up-to-date your doctors are about your health care status, blood tests and x-ray results (details on page 4).

Insufficient Measure Data for Scoring

Member Experience

How easy it is to get the care you need, when you need it and how other plan members rate their doctors and the care they get (details on page 5).

★ ★ ★ ★ ☆

Plan Administration

If the plan coordinates the care members get from different providers and how well the plan provides access to needed information (details on page 6).

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Appendix 1: Clinical Quality Management

Below you will find the detailed measures used to assign the star rating for Medical Care.

Medical Care

★★★★☆

How well the plans' doctors, hospitals, and others in the plan's network improve or maintain member health through appropriate screenings, vaccines, and other basic services, and how informed and up-to-date your doctors are about your health care status, blood tests and x-ray results.

Medical Care includes:

- Asthma Medication Ratio
- Depression Screening and Follow-Up for Adolescents and Adults (ECDS)
- Follow-Up After Hospitalization for Mental Illness (7-Day Follow-Up and 30-Day Follow-Up)
- Initiation and Engagement of Substance Use Disorder Treatment
- Controlling High Blood Pressure
- Proportion of Days Covered (RAS Antagonists)
- Proportion of Days Covered (Statins)
- Eye Exam for Patients with Diabetes
- Glycemic Status Assessment for Patients With Diabetes: Glycemic Status >9.0%
- Kidney Health Evaluation for Patients with Diabetes
- Proportion of Days Covered (Diabetes All Class)
- Plan All-Cause Readmissions
- Breast Cancer Screening (ECDS)
- Colorectal Cancer Screening (ECDS)
- Prenatal and Postpartum Care (Postpartum Care)
- Prenatal and Postpartum Care (Timeliness of Prenatal Care)
- Chlamydia Screening
- Medical Assistance with Smoking and Tobacco Use Cessation
- Adult Immunization Status (ECDS)
- Oral Evaluation, Dental Services
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
- Well-Child Visits in the First 30 Months of Life
- Blood Pressure Control for Patients with Hypertension (ECDS)
- Cervical Cancer Screening (ECDS)
- Child and Adolescent Well-Care Visits
- Childhood Immunization Status (ECDS) (Combination 10)
- Immunizations for Adolescents (ECDS) (Combination 2)

Note: Plan quality ratings and enrollee survey results are calculated by CMS using data provided by health plans in 2026. The ratings are being displayed for health plans for the 2027 plan year. Learn more about these ratings at: www.healthcare.gov/quality-ratings

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Appendix 2: Member Experience

Below you will find the detailed measures used to assign the star rating for Enrollee Experience.

Member Experience

Insufficient Measure Data for Scoring

How easy it is to get the care you need, when you need it and how other plan members rate their doctors and the care they get.

Member Experience includes:

- Access to Care
- Care Coordination
- Enrollee Experience with Cost
- Rating of All Health Care
- Rating of Personal Doctor
- Rating of Specialist

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Appendix 3: Plan Efficiency, Affordability & Management

Below you will find the detailed measures used to assign the star rating for Plan Efficiency, Affordability & Management or Plan Administration.

Plan Administration

★★★★☆

If the plan coordinates the care members get from different providers and how well the plan provides access to needed information.

Plan Administration includes:

- Appropriate Treatment for Upper Respiratory Infection
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
- Use of Imaging Studies for Low Back Pain
- Access to Information
- Plan Administration
- Rating of Health Plan

Note: Plan quality ratings and enrollee survey results are calculated by CMS using data provided by health plans in 2026. The ratings are being displayed for health plans for the 2027 plan year. Learn more about these ratings at: www.healthcare.gov/quality-ratings

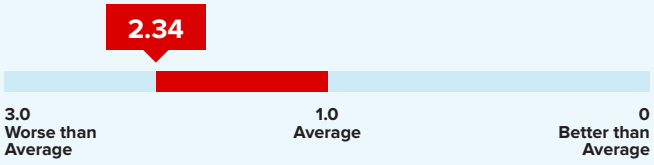
Confirmed Complaints

105

People complain to the Colorado Division of Insurance (DOI) about things like claims handling, cancellation of a policy or a premium refund. In a "confirmed complaint," the DOI decided the insurance company did not follow the state insurance law or regulation, a federal requirement, or the terms and conditions of an insurance policy or certificate they sold. Confirmed complaints come from people in all group sizes, not just individual plans like those available at Connect for Health Colorado.

Consumer Complaint Index

The complaint index shows how often people complain about their health insurance company compared to other companies. These numbers are adjusted for the size of the company and how many policy holders it has in Colorado. A company's total number of complaints divided by its total premium income for a specific insurance product is the complaint index. The average is 1.0. An index greater than 1.0 means more people complained about **Anthem Blue Cross and Blue Shield** than other companies.



Source: *2025 Colorado DORA Division of Insurance Online Complaint Report*