

EmployeeChoice



EmployeeChoice Health Care Plans

For businesses with 5-50 employees
Added HMO flexibility

Helping your employees stay healthy all year long

Five distinct plans + the ability to offer another carrier's HMO

Note: Benefits listed are per member costs, subject to deductible and copayments unless otherwise stated.
 * Offered by Anthem Blue Cross
 ** Offered by Anthem Blue Cross Life and Health Insurance Company

	PPO \$35 Copay GenRx**	PPO \$30 Copay*	Premier PPO \$20 Copay*	PPO 2400 (HSA-Compatible)**	Saver HMO* ¹
Maximum Lifetime Benefits	\$5,000,000 in lifetime benefits per member				Unlimited lifetime benefits per member
Your Choices	Generic-only drug coverage keeps premiums low and benefits high for this unique plan.	This popular plan provides comprehensive coverage with mid-range premiums, low deductibles and low office visit copays.	This high-end plan offers rich benefits, including comprehensive brand-name drug coverage - giving it a truly superior design.	This state-of-the-art solution works hand-in-hand with a health savings account (HSA), allowing your employees to enjoy the benefits of a health plan and financial strategy all in one.	This plan's low premiums + high benefits = an affordable solution your employees will appreciate. And remember, you can offer another carrier's HMO, too!
Annual Deductible	\$500 per member 2-member maximum	\$500 per member 2-member maximum	\$250 per member 2-member maximum	\$2,400 per member \$4,800 family aggregate ^{2,3}	\$1,500 per member Applies to inpatient and outpatient facility services, ambulatory surgical centers and dialysis centers (except medical emergencies)
Annual Out-of-Pocket Maximum⁴ Includes annual deductible	\$4,000 per member 2-member maximum	\$4,000 per member 2-member maximum	\$3,000 per member 2-member maximum	\$3,600 per member \$5,500 family aggregate ^{2,3} Medical/pharmacy combined	\$2,250 per member \$4,500 family aggregate ²
Office Visits	First 12 per member: \$35 copay Additional visits: 45% of negotiated fee (not subject to deductible)	First 12 per member: \$30 copay Additional visits: 45% of negotiated fee (not subject to deductible)	First 12 per member: \$20 copay Additional visits: 40% of negotiated fee (not subject to deductible)	\$35 copay (subject to deductible)	\$20 copay (not subject to deductible)
Professional Services Including maternity, diagnostic lab and X-rays	35% of negotiated fee	30% of negotiated fee	20% of negotiated fee	20% of negotiated fee	No charge
Emergency Care \$100 emergency room copayment for each visit (waived if you're admitted)	35% of negotiated fee	30% of negotiated fee	20% of negotiated fee	20% of negotiated fee	No charge
Hospital Inpatient/Outpatient	35% of negotiated fee	30% of negotiated fee	20% of negotiated fee	20% of negotiated fee	No charge after deductible
Prescription Drugs Amounts shown are copays for each 30-day supply; up to a 60-day supply is available through mail order.	\$15 generic 30% of negotiated fee for self-administered injectable drugs, except insulin. (GenRx Prescription Drug Formulary only)	\$15 generic; \$25 brand-name ⁵ after deductible \$150 brand-name prescription drug deductible per member; 30% of negotiated fee for self-administered injectable drugs, except insulin. Subject to brand-name prescription drug deductible if applicable	\$15 generic; \$25 brand-name ⁶ ; 30% of negotiated fee for self-administered injectable drugs, except insulin	\$10 generic; \$25 brand-name ⁶ ; 30% of negotiated fee for self-administered injectable drugs, except insulin ⁹	\$10 generic; \$25 brand-name ⁹ after annual \$150 brand-name prescription drug deductible per member; 30% of negotiated fee for self-administered injectable drugs, except insulin. Subject to brand-name prescription drug deductible if applicable
Preventive Care	\$35 office visit copay (not subject to deductible) plus 35% of negotiated fee for all other covered services after deductible	\$30 office visit copay (not subject to deductible) plus 30% of negotiated fee for all other covered services after deductible	\$20 office visit copay (not subject to deductible) plus 20% of negotiated fee for all other covered services after deductible	\$35 office visit copay (not subject to deductible) plus 20% of negotiated fee for all other covered services after deductible	\$20 copay (not subject to deductible)
HealthyCheckSM Ages 7- adult Not subject to deductible	\$25 or \$75 copay health screening options	\$25 or \$75 copay health screening options	\$25 or \$75 copay health screening options	\$25 or \$75 copay health screening options	Not covered
Annual Physical Exam Ages 7- adult Not subject to deductible	Not covered	Not covered	\$20 office visit copay plus 20% of negotiated fee for related covered services plus 100% of negotiated fee amount in excess of the Anthem Blue Cross payment ⁷	\$35 office visit copay plus 20% of negotiated fee for related covered services plus 100% of negotiated fee amount in excess of the Anthem Blue Cross payment ⁷	Not covered

All benefit comparisons are for in-network providers. All benefits are subject to applicable deductible(s) or copayment(s) unless otherwise noted. This is a high-level overview only; refer to the Combined Evidence of Coverage and Disclosure Form or Certificate for a comprehensive description of coverage, benefits, special circumstances and limitations. Please note that in-network providers accept Anthem Blue Cross negotiated fee rates as payment in full for covered services. Benefits listed are based on the negotiated fee rate for in-network providers (out-of-network providers can charge more than the negotiated fee rate). When members use an out-of-network provider, they must pay the applicable copayment or coinsurance, plus any charges that exceed that allowable amount.

¹ Served by the Anthem Blue Cross HMO (CaliforniaCare) network, which is available in most counties.

² Per family amount is aggregate, i.e. if one or more family member's eligible covered expenses (combined) meet this amount, the requirement is satisfied for all covered family members.

³ PPO 2400 plan annual deductible and annual out-of-pocket maximum: medical/pharmacy combined; in-network and out-of-network combined; certain payments do not apply.

⁴ Annual out-of-pocket maximum: Expenses that contribute to the maximum copayment limit vary from plan to plan and have restrictions and limitations. Refer to each plan's Combined Evidence of Coverage and Disclosure Form or Certificate for full details.

⁵ Prescription drugs: If a member selects a brand-name drug when a generic equivalent drug is available, even if the physician writes a "dispense as written" or "do not substitute" prescription, the member will be responsible for the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.

⁶ Prescription drugs: Members may select a brand-name drug when a generic drug is available if the physician writes a "dispense as written" or "do not substitute" prescription.

⁷ Annual physical exam: maximum annual Anthem Blue Cross payment of \$200 for members covered more than six months; \$100 for members covered six months or less. Refer to each plan's Combined Evidence of Coverage and Disclosure Form or Certificate for full details.

Note: A high-deductible health plan is not a health savings account (HSA). An HSA, which must be established for tax advantage treatment, is a separate arrangement between the individual and a bank or other qualified institution. Consultation with a tax advisor is recommended.

360° Health® — a valuable part of every plan, all year round.

Quite simply, 360° Health gives you a way to help your employees be as healthy as they can be. A comprehensive suite of programs and services that work together to achieve optimal health outcomes, 360° Health offers access to:

- Online resources, including helpful decision-making tools
- Interactive health programs
- Discounts on health-related products

Your employees also will appreciate the personalized programs that help manage and coordinate care for over 40 chronic conditions. 360° Health can help your employees at all stages of their lives, and wherever they are along the health spectrum.

Complete your benefits package and save while you're at it!

If you're just offering medical coverage to your employees, you're only getting part of the rewards, savings and benefits easily available to you. Here's how our dental, vision and life plans can complete your package.

1% medical savings - When you purchase \$25,000 or more in life coverage along with a medical plan, you'll save 1% on your medical premium* - making life insurance more affordable than ever.

6% life savings plus 6% dental savings - When you purchase both \$25,000 or more in life and any of our insured dental plans at the same time, you'll save 6% on your life premium and 6% on your dental premium. That's in addition to the 1% savings on your medical premium!

Workers' compensation...you need it; we've got it... with a discount built right in!

That's right - when you integrate workers' compensation coverage from Employers Compensation Insurance Company with any of our medical plans, you get an **automatic 10% discount off** the workers' compensation portion of your bill. And you can potentially save on the medical portion of your bill.

Be sure to ask your Anthem Blue Cross agent about these spectacular savings opportunities!

Note: You must have a minimum of five employees enrolling in Anthem Blue Cross to be eligible for the EmployeeChoice Program. Other group participation requirements apply.

* .90 is the best Risk Adjustment Factor available

Call your Anthem Blue Cross agent today to find out if EmployeeChoice is the right choice for you!

You may have some employees who are interested in keeping their current HMO plan with another carrier.

We get it.

That's why with EmployeeChoice you have the unique ability to offer another carrier's HMO alongside our five Anthem Blue Cross plans. The EmployeeChoice program gives you:

- **Five distinct health plans** (including four PPOs and one HMO) - and you automatically get to offer all five when you purchase the program.
- **Control of your cash flow** - simply choose the option that works for you, and your employees will pay the rest through payroll deductions:
 - *Fixed dollar contribution* - you pay \$100 or more (in \$5 increments)
 - *Traditional contribution* - you pay 50% or more
 - *Percentage and plan contribution* - you pay 50% or more, tied to a specific plan
- **Special savings** when you add our specialty products (dental, vision, life and workers' compensation) with medical.
- **Online Tools** - Manage your coverage in one seamless online experience with EmployerAccess
- **Guaranteed rates** and benefits for your first year of coverage.

EmployeeChoice is available to companies with as few as five enrolling employees.



With Anthem Blue Cross, your employees get the dependable, high-quality benefits they want, while you get the pricing flexibility you want. Sit back and relax...and let EmployeeChoice work for you.

anthem.com/ca

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