

BeneFits from Anthem Blue Cross... just the right fit for your business

Have you considered health coverage for your business, but run into roadblocks?

Consider them gone.

Our BeneFits portfolio keeps health coverage simple and affordable for small businesses just like yours. Whether you have two employees or 50, we invite you to try BeneFits on for size.

Say “goodbye” to roadblocks and “hello” to simplicity and savings.

- You only need 60% of your employees to enroll in order to qualify for the many advantages of health coverage.
- Your contribution to each employee's monthly premium can be as low as 25% or — if you'd rather pay a flat dollar amount — as low as \$50.
- When you add life coverage or both life and dental, you may actually save money on your premiums — making valuable coverage more affordable than ever.

Check out our six BeneFits plans. And feel free to call your Anthem Blue Cross agent at any time for more details. Because everyone deserves a good fit.

anthem.com/specialty

And, since a good fit allows room to grow, it's easy - and can actually save you money when adding any combination of dental, life and workers' compensation coverage to your BeneFits package!



HEALTH | DENTAL | VISION | LIFE

Benefit changes:

The following benefit changes have gone into effect based on the new federal health care reform law beginning on or after September 23, 2010.

- Dependents are eligible to retain or enroll in coverage under their parent's plan until they turn 26.
- We removed some yearly limits on certain plans:
 - Durable medical equipment
 - Smoking cessation program
 - Removed annual maximum on physical exam benefit
- We removed \$5 million lifetime maximum from PPO plans.
- We removed pre-existing exclusions for members younger than 19 from plans in which such exclusions existed.
- In-network preventive care is covered at 100% on all plans.

Ready to reap the benefits of this simple, affordable package designed just for you? Call your Anthem Blue Cross agent today!

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Anthem Blue Cross offers the Select \$25 HMO plan, Anthem Blue Cross Life and Health Insurance Company offers: the three Hospital BeneFits plans, Lumenos HSA 3000 (100/70) plan and the PPO \$35 Copay GenRx plan; and Term Life and AD&D products. Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensees of the Blue Cross Association.

Workers' Compensation coverage is provided through Employers' Compensation Insurance Company, a separate company that does not offer blue branded products or services. Administrative services for the Premium Only Plan (P.O.P.) are provided by Ceridian Benefit Services, Inc., an independent company that is not affiliated with Anthem Blue Cross, its affiliates or parent organization.

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THIS BROCHURE IS AN OVERVIEW OF COVERAGE. A COMPREHENSIVE DESCRIPTION OF COVERAGE, BENEFITS, EXCLUSIONS AND LIMITATIONS IS CONTAINED IN THE CERTIFICATES AND/OR COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORMS.

BeneFits



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BeneFits Health Care Plans: You Choose

Designed for businesses with 2-50 employees
Just the right fit for your business

Helping your employees stay healthy all year long

BeneFits

Anthem's NEW MyHealth Advantage provides timely and personalized alerts in the mail, called MyHealth Notes, which notify members of possible gaps in health care, medication alerts or possible ways to save money. Early detection of potential health issues may lead to decreased health care costs.

Health Tools

Anthem's 360° Health is a collection of programs, interactive support and extras that surround members with the help they need to better manage their health and live healthier lives.

360° Health includes:

- 24/7 NurseLine
- Audio Health Library
- MyHealth Assessment
- MyHealth Record
- MyHealth@Anthem
- Future Moms
- ConditionCare
- ComplexCare
- SpecialOffers@Anthem

Anthem Care Comparison allows for a side-by-side comparison of quality and cost for health procedures in your area.

Time Well SpentSM offers tools to help create a culture of health in the workplace and raise the level of employee awareness.

For more detail on these health tools and programs available please visit anthem.com/ca and click 360 Health.

All benefit comparisons are for in-network providers. All benefits are subject to applicable deductible(s) or copay(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. In-network benefits are based on negotiated fee rate. Benefits for out-of-network may be based on negotiated fee or customary and reasonable charges. 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 copay or coinsurance, plus any charges that exceed that allowable amount.

	Hospital BeneFits**	Hospital BeneFits Plus**	Hospital BeneFits Preferred**	PPO \$35 Copay GenRx**	Lumenos® HSA 3000 (100/70)**	Select \$25 HMO*
Member is responsible for all amounts listed unless otherwise noted *Offered by Anthem Blue Cross **Offered by Anthem Blue Cross Life and Health Insurance Company						
Maximum Lifetime Benefits	Unlimited in lifetime benefits per member					Unlimited
Your Choices	Our most affordable BeneFits PPO plan offers hospital-only coverage with a reasonable deductible and access to generic-only prescription drugs...at budget-friendly prices	This affordable PPO plan provides hospital-only coverage, a lower deductible, enhanced benefits (including some doctor visits), and access to generic-only prescription drugs	This affordable PPO plan features hospital-only benefits, access to generic-only prescription drugs, even more benefits (including some doctor visits at an even lower deductible), plus basic dental and vision	Innovative generic-only drug benefit design keeps premiums low and benefits high.	This HSA-compatible health plan offers 100% coverage for preventive care before the annual deductible is met and is compatible with a tax-advantaged HSA	A comprehensive HMO plan available in over 20 California counties with predictable costs and unlimited lifetime coverage
Annual Deductible First you pay for eligible covered charges up to this amount, and then plan benefits begin	\$1,250 per member; once 2-family-members meet their deductible, the deductible is met for the family	\$1,000 per member; once 2-family-members meet their deductible, the deductible is met for the family	\$750 per member; once 2-family-members meet their deductible, the deductible is met for the family	\$500 per member; once 2-family-members meet their deductible, the deductible is met for the family	\$3,000 per member \$6,000 per family aggregate ¹ health/pharmacy combined	\$500 per member Applies to non-emergency facility charges for inpatient/outpatient hospitals, ambulatory surgical centers and dialysis centers
Hospital Inpatient	After deductible, Facility fees: 30% Professional fees: 30%	After deductible, Facility fees: 30% Professional fees: 30%	After deductible, Facility fees: 30% Professional fees: 30%	After deductible, Facility fees: 35% Professional fees: 35%	0% after deductible	Facility fees: 10% after deductible Professional fees: no charge not subject to deductible
Outpatient Facility Services	30% after deductible	30% after deductible	30% after deductible	35% after deductible	0% after deductible	20% after deductible
Annual Out-of-Pocket Maximum² The most a member pays in a year for qualified covered services before plan pays 100% for most in-network services. Certain member payments do not apply.	Annual deductible plus \$2,500 per member; once 2-family-members meet their maximum, the maximum is met for the family	Annual deductible plus \$2,500 per member; once 2-family-members meet their maximum, the maximum is met for the family	Annual deductible plus \$2,500 per member; once 2-family-members meet their maximum, the maximum is met for the family	\$4,000 per member; once 2-family-members meet their maximum, the maximum is met for the family	\$5,000 per member \$10,000 per family aggregate ¹ health/pharmacy combined	\$2,250 per member \$4,500 per family aggregate ¹
Prescription Drugs The in-network amount shown is the copay for a 30-day retail supply.	Generic only \$15 copay 30% generic self-injectables (except insulin; up to \$100 per fill) no drug deductible (GenRx Prescription Drug Formulary only)	Generic only \$15 copay 30% generic self-injectables (except insulin; up to \$100 per fill) no drug deductible (GenRx Prescription Drug Formulary only)	Generic only \$15 copay 30% generic self-injectables (except insulin; up to \$100 per fill) no drug deductible (GenRx Prescription Drug Formulary only)	Generic only \$10 copay 30% generic self-injectables (except insulin; up to \$100 per fill) no drug deductible (GenRx Prescription Drug Formulary only)	After combined health/pharmacy deductible: \$10 generic \$30 brand formulary ³ \$50 brand nonformulary ³ 30% self-injectables (except insulin)	\$10 generic After \$150 brand-name drug deductible: \$25 brand formulary ³ \$40 brand nonformulary ³ 30% self-injectables (except insulin) up to \$100 per fill
Doctor Office Visits	No benefits for routine doctor office visits	50% (not subject to deductible)	50% (not subject to deductible)	\$35 copay (not subject to deductible)	0% after deductible (the deductible is waived for preventive care)	\$25 copay for primary care physician visits \$35 copay for specialist or referral care visits (includes office visits for maternity) not subject to deductible
Other Professional Services	30% after deductible related to covered hospital charges only	30% after deductible related to covered hospital charges only	30% after deductible related to covered hospital charges only	35% after deductible (includes maternity, diagnostic lab and X-rays)	0% deductible (the deductible is waived for preventive care)	No charge, except \$100 copay for complex radiology services (MRI/CT/CAT/PET/nuclear cardiac) obtained in a nonhospital-based facility (includes maternity, diagnostic lab and X-rays) not subject to deductible
Preventive Care⁵	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	0% (not subject to deductible)	No copay (not subject to deductible)
HealthyCheckSM Screenings Ages 7 to adult	Not subject to deductible; No copay	Not subject to deductible; No copay	Not subject to deductible; No copay	No copay (not subject to deductible)	Not available	Not available
Annual Physical Exam Ages 7 to adult ⁶	Not subject to deductible; No copay	Not subject to deductible; No copay	Not subject to deductible; No copay	Not subject to deductible; No copay	0% (not subject to deductible)	Not subject to deductible; No copay
Emergency Room You are also responsible for your \$100 copay, which is waived if you're admitted	30% after deductible	30% after deductible	30% after deductible	35% of negotiated fee after deductible	0% after deductible (not subject to \$100 copay)	No charge (emergency room not subject to deductible)

¹ Per-family amount is aggregate, i.e., once one or more family members' eligible covered expenses (combined) meet this amount, the requirement is satisfied for all covered family members.

² Annual Out-of-Pocket Maximum: Expenses that contribute to the annual out-of-pocket maximum 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.

³ 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 a generic copay plus the difference in cost between the brand-name drug and the generic-equivalent drug.

⁴ Amount shown applies to covered charges for doctor visits and related services (diagnostic lab, X-rays, etc.).

⁵ Includes Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

⁶ Each family member ages 7 to adult may choose annually between a physical exam and a HealthyCheck screening.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits. This summary of benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).