

You can detach this page at the perforated line and make copies for your employees to tell them about the Benefits plan your company offers. Each summary is printed in English on one side and in Spanish on the other; Chinese and Korean versions are available at anthem.com/ca. You can also contact your agent, or call Small Group Customer Service at 800-627-8797 for help.

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Hospital Benefits

With this PPO plan, you'll be protected if you need to be hospitalized. After you reach your out-of-pocket maximum, Anthem Blue Cross Life and Health Insurance Company will pay the rest of your covered hospital charges that year if you use in-network providers – up to \$5 million. You also get a break on prescription drugs with a \$15 copay for generic drugs if you use an in-network pharmacy.

The member is responsible for all amounts listed, unless otherwise noted.	Always use in-network providers and save with Anthem Blue Cross negotiated prices	
Benefits for eligible covered services	In-Network	Out-of-Network
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.	
Hospital After meeting your annual deductible, you pay this amount of the covered inpatient hospital charges.	Facility fees: 30% Professional fees: 30%	Facility fees: All charges except \$650 per day plus excess charges Professional fees: 50% plus excess charges
Annual Out-of-Pocket Maximum Certain member copayments do not apply	Annual deductible plus \$2,500 per member Once 2 family members meet their maximum, the maximum is met for the family.	
Lifetime Covered Charges Paid by Anthem Blue Cross Life and Health Insurance Company	\$5,000,000	
Generic Prescription Drugs Benefits are available immediately; the in-network amount shown is the copay for a 30-day retail supply.	\$15 Self-administered injectable drugs 30% of negotiated fee	50% reimbursement per drug-limited fee schedule if filled in California
Doctor Office Visits and Related Professional Services	No benefits for routine doctor visits	
HealthyCheckSM Screenings Two levels of health screenings, including lab work and immunizations (the deductible is waived) Offered at HealthyCheck centers only	Choose the \$25 or \$75 screening option	Not available
Emergency Room After meeting your annual deductible you pay this amount for emergency room services. You are also responsible for a \$100 copay, which is waived if you're admitted.	30%	30% plus excess charges
Dental Coverage	No benefits	
Vision Coverage	No benefits	

Your plan is packed with valuable programs and services...all at no additional cost!

Tired of running in circles when it comes to diet, exercise and reaching your health goals? Then it's time to surround yourself with easy, practical ways to improve and manage your health!

Quite simply, our 360° Health[®] programs and services help you be as healthy as you can be. 360° Health offers you access to:

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

You'll also appreciate the personalized programs that help manage and coordinate care for over 40 chronic conditions. 360° Health is here to help you at all stages of your life, and wherever you are along the health spectrum. Surround yourself with a healthy lifestyle now!

Remind doctors that your plan covers generic medications listed on the generic formulary only

Generics must meet the same Food and Drug Administration standards for safety and effectiveness as brand-name drugs, and cost much less. If your doctor believes a brand-name drug is necessary, you will receive Anthem Blue Cross negotiated savings if you use an in-network pharmacy, but you will pay more.

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). Benefits listed are based on customary and reasonable charges (in cases of medical emergencies) for out-of-network providers. When members use an out-of-network provider, they must pay the applicable copayment or coinsurance, plus any charges that exceed that allowable amount.

The Hospital Benefits plan is offered by Anthem Blue Cross Life and Health Insurance Company.

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