

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](http://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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## Comprehensive PPO Benefits PPO \$35 Copay GenRx

With this PPO plan, you have comprehensive coverage for both hospitalization and doctor office visits, too.

The member is responsible for all amounts listed, unless otherwise noted.	<b>Always use in-network providers and save with Anthem Blue Cross negotiated prices</b>	
<b>Benefits for eligible covered services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Annual Deductible</b> First you pay for eligible covered charges up to this amount, and then plan benefits begin.	\$500 per member Once 2 family members meet their deductible, the deductible is met for the family.	
<b>Hospital</b> After meeting your annual deductible, you pay this amount of the covered inpatient hospital charges.	Facility fees: 35% Professional fees: 35%	Facility fees: All charges except \$650 per day Professional fees: 50% plus excess charges
<b>Annual Out-of-Pocket Maximum</b> Certain member copayments do not apply.	\$4,000 per member 2-family-member maximum	Maximum Anthem Blue Cross Life and Health Insurance Company payment(s) of \$10,000
<b>Lifetime Covered Charges</b> Paid by Anthem Blue Cross Life and Health Insurance Company	\$5,000,000	
<b>Generic Prescription Drugs</b> 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
<b>Doctor Office Visits</b> In-network office visits not subject to the deductible.	\$35 copay for first 12 visits; 45% for additional visits	50% plus excess charges
<b>Other Professional Services</b> After meeting your annual deductible; includes maternity, diagnostic lab and X-rays	35%	50% plus excess charges
<b>HealthyCheck<sup>SM</sup> Screenings</b> 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
<b>Emergency Room</b> 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.	35%	35% plus excess charges
<b>Dental Coverage</b>	No benefits	
<b>Vision Coverage</b>	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 PPO \$35 Copay GenRx plan is offered by Anthem Blue Cross Life and Health Insurance Company.

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