

EmployeeElect
For groups with 2-50 employees
Effective October 1, 2012



Health · Dental · Vision · Life

EmployeeElect Health Care Plans

Designed for businesses with 2-50 employees.
Customize your choices. Control your costs.

Helping your employees stay healthy all year long

Health care coverage.

You know what's in it for your employees. But do you know what's in it for you?

Health coverage works to your advantage. It's that simple.

You have employees working for you. Why not health coverage, too?

- More tax breaks
- Fewer sick days
- More reasons for valued employees to stay
- And lots more control over what you pay

These are just a few of the reasons why health coverage works to your advantage — especially when you work with Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company.

You can control every dollar ... and choose what makes sense.

You need to do what makes sense for your company, so Anthem Blue Cross gives you lots of ways to control how much you'll spend. You choose which plans you want to offer and how much you want to contribute — and give your company priceless advantages. Why? Because we've customized plans and created cost-control options specifically for businesses just like yours.

Sit back and relax ... and let our solutions work for you.

Be sure to rely on the expert advice of your Anthem Blue Cross agent so you can get started today!

EmployeeElect advantages at a glance:

- **A full choice** of PPO, HMO and consumer-driven health plans.
- **A sure thing** — If you're a qualifying California small business, you're guaranteed coverage ... regardless of the health history of any employees. Also, you cannot be charged more than 10% over the standard rate — and you actually might pay up to 10% **under** the standard rate.
- **Offer just one plan, a combination of a few plans, or all plans** — designing your portfolio is up to you.
- **You control the cash flow** — simply choose the employer contribution option that works for you, and your employees will pay the rest through payroll deductions:
 - - *Fixed Dollar* — you pay \$100 or more (in \$5 increments)
 - - *Traditional* — you pay 50% or more
 - - *Percentage & Plan* — you pay 50% or more, tied to a specific plan
- **Guaranteed rates** and benefits for your first year of coverage.
- **Convenient online tool** for easy upkeep all year long.
- **Solutions that work** for you and your employees — based on our experience, strength and stability.

Rather not pick up the whole tab?

You don't have to pay the entire cost for health coverage. You choose the amount you pay and how much your employees will cover.

Health and wellness programs and 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. For more detail on these wellness tools and programs, please visit [anthem.com/ca](https://www.anthem.com/ca).

- **24/7 NurseLineSM** – Members can call anytime, day or night, and speak to a registered nurse or listen to recorded messages on hundreds of health conditions.
- **MyHealth Advantage** – Members can get MyHealth Notes in the mail, which notify of possible gaps in health care, medication alerts or ways to save money.
- **MyHealth Assessment** – This confidential health quiz gives members an honest look at their health status and gives action steps to improve it.
- **Future Moms** – Moms-to-be can register for this program and speak to registered nurses about pregnancy issues.
- **ConditionCare** – Uses collaborative and holistic health management approach to help members better manage the following prevalent, high-cost conditions: asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease, heart failure.

- **ComplexCare** – Members dealing with multiple conditions receive personal attention to help them manage symptoms and avoid costly hospital readmissions.

Anthem also offers a suite of tools and resources for employers.

- **Time Well SpentSM** – Online wellness education center filled with promotion materials to help you educate employees about healthy lifestyle choices.
- **360° Health Wellness Calendar** – Each month features a different health topic with links to relevant 360° Health programs and tools, as well as related, respected resources.
- **Employer Guide to Wellness** – Develop a wellness plan and put it into action – with step-by-step instructions, including communicating to employees, healthy worksite ideas, evaluating success and more.



Looking for some tax breaks?

Offering health coverage to your employees can be 100% tax deductible on both your state and federal income taxes. And you may get to deduct other coverage-related costs, such as contributions made to your employees' Health Savings Accounts (HSAs). Consult your tax professional for more information.

Offering quality, affordable health benefits can help keep your workforce strong and healthy – and committed to your business.

A single solution that works smarter

You know us for our health plans, but did you know that we're also among the leading dental, vision and life organizations in the country?

- **Dental** — Anthem¹ is a leader in the dental benefits business, with more than 40 years of experience. Together with our sister companies, we handle more than 70,000 groups and manage plans for more than 8 million people.
- **Vision** — Blue View VisionSM membership has grown to more than 4 million people¹ in just a few years. This is a testament to our great plans and service.
- **Life** — We are the #1 group life insurance carrier in the under-100 employee market.² Anthem Blue Cross Life and Health Insurance Company is rated "A (Excellent)" for financial strength by A.M. Best Company. And we have "best in class life insurance claim payment turnaround." Our claim turnaround time is among the fastest in the industry - usually within two days.³

When you package Anthem's dental, vision and life benefits with your health plan, you get a comprehensive benefits program that works smarter. Our enhanced dental, vision and life benefits deliver more to improve the overall health of your business and employees.

Maximize your savings opportunities

- **1% health savings**⁴ — When you purchase \$25,000 or more of life coverage along with health, you may qualify for a 1% savings on your health coverage premiums ... making life insurance more affordable than ever.
- **Save 10% on workers' compensation** — When you integrate coverage from Employers[®] with any of our health plans, you get an automatic 10% discount on the workers' compensation portion of your bill.

Additional savings programs may be available. Contact your local agent for more information.

Find out more about our dental, vision and life products by visiting anthem.com/specialty.



1 Anthem and affiliated companies.

2 2010 JHA Life Survey of Inforce Cases.

3 LIMRA MarketScan 2011.

4 Lowest RAF possible is .90. Your savings reflect administrative savings resulting from multi-line purchases.

An easy way to manage your company's health benefits all year long.

With our online benefit administration tool, EmployerAccess, you can quickly and conveniently perform simple benefit functions in real time.

Here's what you can do:

- View your employees' coverage
- Enroll employees and add dependents
- Change or cancel coverage for employees and dependents
- Request ID cards
- View open invoices
- Pay bills online
- Schedule payments
- Manage your bank account used for payments
- View 12 months of past invoices

Gain more control and enjoy the benefits of managing your health, dental,[†] vision, life and workers' compensation coverage in one seamless online experience. Visit [anthem.com/ca](https://www.anthem.com/ca) or ask your Anthem Blue Cross agent for more details.

[†]Not available with Dental Prime and Dental Complete plans.

Employees can save over 66% by using our mail-order pharmacy for maintenance.

Our mail-order service pharmacy is a proven money saver. Get a 90-day mail-order supply for the same cost as a 30-day retail supply for tier 1 medications, or go with tier 2 or tier 3 medications and get a 90-day supply for the same cost as a 60-day retail supply. ALL EmployeeElect plans offer generics at a \$10 copay.*

*Costs may vary for brand name drugs if generic equivalent is available. Member pays full cost of drug at negotiated rates until deductible is met, if applicable. Brand nonformulary coverage not available on plans with generic only benefits. May not apply to all plans. See summary of benefits for specific plan benefits.

Want to save even more?

Ask your Anthem Blue Cross agent about a Premium Only Plan (P.O.P.).

A P.O.P. allows you to use pre-tax salary dollars to pay your employees' share of benefit premiums. And employees reduce their taxable income, which lowers their taxes and increases their take-home pay. You cut your payroll taxes by decreasing your total taxable payroll. Everybody wins — and saves.

With Ceridian Benefits Services, the cost of a Premium Only Plan is only \$125 per year.

Your first year could be free if you have 10 or more health and life enrolling employees.

Talk to your tax advisor for all the advantages.

Solutions growing right along with you...

The EmployeeElect portfolio gives you ultimate flexibility and a wide range of plans to choose from, including PPOs, consumer-driven health plans and HMOs. To help you better understand your options, we have separated our plans into nine categories:

- Premier PPO Plans
- PPO Copay Plans
- PPO GenRx Plans
- Solution PPO Plans
- Deductible PPO Plans
- Lumenos® HRA Plans
- Lumenos® HSA 80/50 Plans
- EPO Plan
- ACO Plans
- Elements Hospital Plans
- HMO Plans

First, use these grids to start building your company's health benefits package. Consider your priorities and note which plans match those needs.

Next, before making your final selections, be sure to review the exclusions and limitations at the end of this brochure and the Summary of Benefits brochures for your chosen plans.

	PREMIER PPO PLANS			PPO COP		
	Premier PPO \$10 Copay*	Premier PPO \$20 Copay*	Premier PPO \$30 Copay*	PPO \$20 Copay*	PPO \$30 Copay*	PPO \$40 Copay*
Maximum Lifetime Benefits	Unlimited in-network lifetime benefits per member			Unlimited in-network lifetime benefits per member		
Your Choices	<ul style="list-style-type: none"> • Low health deductible • Greater out-of-network reimbursement • No pharmacy deductible • Richest PPO plan design 			<ul style="list-style-type: none"> • Mid-range premiums • Moderate deductible and office visits copay • Low pharmacy deductible 		
Annual Deductible	\$250 per member; Two-member maximum	\$250 per member; Two-member maximum	\$500 per member; Two-member maximum	\$250 per member; Two-member maximum	\$500 per member; Two-member maximum	\$750 per member; Two-member maximum
Annual Out-of-Pocket Maximum⁹ Includes deductible	\$3,000 per member; Two-member maximum	\$3,500 per member; Two-member maximum	\$4,000 per member; Two-member maximum	\$4,000 per member; Two-member maximum	\$4,500 per member; Two-member maximum	\$5,000 per member; Two-member maximum
Office Visits	\$10 copay (not subject to deductible)	\$20 copay (not subject to deductible)	\$30 copay (not subject to deductible)	\$20 copay (not subject to deductible)	\$30 copay (not subject to deductible)	\$40 copay (not subject to deductible)
Professional Services Including maternity, diagnostic lab and X-rays	10% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible	40% after deductible
Hospital Inpatient	10% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible	40% after deductible
Prescription Drugs Amounts shown are for a 30-day retail supply. Home Delivery Program is available.	Tier 1 \$10 copay Tier 2 \$30 copay ⁴ Tier 3 \$50 copay ⁴ Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$150 copay per fill \$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member			Tier 1 \$10 copay Tier 2 \$30 copay ⁴ Tier 3 \$50 copay ⁴ Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$150 per fill \$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member \$150 annual pharmacy deductible per member (waived for Tier 1 drugs)		
Preventive Care Physical exams, preventive screenings, and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration	No charge (not subject to deductible)	No charge (not subject to deductible)	No charge (not subject to deductible)	No charge (not subject to deductible)	No charge (not subject to deductible)	No charge (not subject to deductible)
Physical Therapy, Occupational Therapy and Chiropractic Services (limited to 24 visits/calendar year)	10% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible	40% after deductible

* Offered by Anthem Blue Cross
 ** Offered by Anthem Blue Cross Life and Health Insurance Company

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 maximum allowed amount rates as payment in full for covered services. Benefits listed are based on the maximum allowed amount rate for in-network providers (out-of-network providers can charge more than the maximum allowed amount 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.

PO PLAN

PPO GENRX PLANS

SOLUTION PPO PLANS

PO PLAN			PPO GENRX PLANS			SOLUTION PPO PLANS		
PPO 1000/\$25*	PPO 1500/\$35*	PPO 2000/\$45*	PPO \$25 Copay GenRx**	PPO \$35 Copay GenRx**	PPO \$45 Copay GenRx**	Solution 2500 PPO**	Solution 3500 PPO**	Solution 5000 PPO**
Unlimited in-network lifetime benefits per member			Unlimited in-network lifetime benefits per member			Unlimited in-network lifetime benefits per member		
<ul style="list-style-type: none"> Mid-range premiums Affordable deductibles and office visit copays Moderate pharmacy deductible 			<ul style="list-style-type: none"> Affordable premiums Comprehensive health benefits Generic-only drug benefit 			<ul style="list-style-type: none"> Lower premiums Predictable office visits and prescription drug copays 		
\$1,000 per member Two-member maximum	\$1,500 per member Two-member maximum	\$2,000 per member Two-member maximum	\$250 per member; Two-member maximum	\$500 per member; Two-member maximum	\$750 per member; Two-member maximum	\$2,500 per member; Two-member maximum	\$3,500 per member; Two-member maximum	\$5,000 per member; Two-member maximum
\$5,000 per member Two-member maximum	\$5,000 per member Two-member maximum	\$5,000 per member Two-member maximum	\$4,000 per member; Two-member maximum	\$4,500 per member; Two-member maximum	\$5,000 per member; Two-member maximum	\$6,000 per member; Two-member maximum	\$6,500 per member; Two-member maximum	\$8,000 per member; Two-member maximum
\$25 copay (not subject to deductible)	\$35 copay (not subject to deductible)	\$45 copay (not subject to deductible)	\$25 copay (not subject to deductible)	\$35 copay (not subject to deductible)	\$45 copay (not subject to deductible)	\$30 copay (not subject to deductible)	\$40 copay (not subject to deductible)	\$45 copay (not subject to deductible)
30% after deductible	40% after deductible	40% after deductible	25% after deductible	35% after deductible	45% after deductible	30% after deductible	40% after deductible	45% after deductible
30% after deductible	40% of deductible	40% of deductible	25% after deductible	35% after deductible	45% after deductible	30% after deductible	40% after deductible	45% after deductible
Tier 1 \$10 copay Tier 2 \$30 copay ⁴ Tier 3 \$50 copay ⁴ Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$150 per fill \$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member \$250 annual pharmacy deductible per member (waived for Tier 1 drugs)			GenRx Prescription Drug Formulary Only Generic \$10 copay per prescription Generic self-injectables 30% of prescription drug maximum allowed amount up to a maximum \$150 per fill			Tier 1 \$10 copay Tier 2 \$45 copay ⁴ Tier 3 \$65 copay ⁴ Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$200 per fill \$500 annual pharmacy deductible per member (waived for Tier 1 drugs)		
No charge (not subject to deductible)	No charge (not subject to deductible)	No charge (not subject to deductible)	No charge (not subject to deductible)	No charge (not subject to deductible)	No charge (not subject to deductible)	No charge (not subject to deductible)	No charge (not subject to deductible)	No charge (not subject to deductible)
30% after deductible	40% after deductible	40% after deductible	25% after deductible	35% after deductible	45% after deductible	30% after deductible	40% after deductible	45% after deductible

The following footnotes do not apply to all plans. You only need to look at the footnotes that are referenced in the plan you're reviewing.

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

2 The family deductible or out-of-pocket maximum is met for the entire family when two or more family members' eligible covered expenses (combined) meet this amount, except one member cannot meet more than the individual amount.

3 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 (EOC)* or *Certificate* for full details.

4 Copays listed apply when a generic equivalent is not available. 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 pharmacy deductible.

5 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.

6 Elements Hospital Preferred and Elements Hospital Plus plans exclude coverage for services such as, but not limited to: physical therapy, occupational therapy, chiropractic care, speech therapy, durable medical equipment (except diabetes equipment and supplies, equipment related to infusion therapy, special footwear, prosthetics, orthotics are covered), outpatient professional services, laboratory work or X-rays for the treatment of infertility. There are certain limitations for benefits, such as, but not limited to: ambulance has a limited benefit per trip. Request a copy of the Certificate for comprehensive details on covered services, limitations and exclusions.

7 Copay varies by service.

8 Generic Premium is a unique formulary that includes most prescription generic medications, plus typically one or two brand-name prescription drugs in a therapeutic class. Please note that certain therapeutic classes may have no brand-name drugs on the Generic Premium Formulary if several generic alternatives are available in those therapeutic classes.

At Anthem Blue Cross, we are committed to helping your business get covered and stay covered.

We've been serving California's small businesses for nearly seven decades, so we understand some of the unique challenges you face. We know that you've worked hard to get where you are — and that you have important goals for the future.

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- 5 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.
- 6 Elements Hospital Preferred and Elements Hospital Plus plans exclude coverage for services such as, but not limited to: physical therapy, occupational therapy, chiropractic care, speech therapy, durable medical equipment (except diabetes equipment and supplies, equipment related to infusion therapy, special footwear, prosthetics, orthotics are covered), outpatient professional services, laboratory work or X-rays for the treatment of infertility. There are certain limitations for benefits, such as, but not limited to: ambulance has a limited benefit per trip. Request a copy of the Certificate for comprehensive details on covered services, limitations and exclusions.
- 7 Copay varies by service.
- 8 Generic Premium is a unique formulary that includes most prescription generic medications, plus typically one or two brand-name prescription drugs in a therapeutic class. Please note that certain therapeutic classes may have no brand-name drugs on the Generic Premium Formulary if several generic alternatives are available in those therapeutic classes.

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DEDUCTIBLE PPO PLANS

LUMENOS®

* Offered by Anthem Blue Cross
 ** Offered by Anthem Blue Cross Life and Health Insurance Company

	NEW Deductible 3000 PPO*	NEW Deductible 4000 PPO*	Lumenos HRA 3000D**	Lumenos HRA 3000C**
Maximum Lifetime In-Network Benefits	Unlimited lifetime benefits per member		Unlimited lifetime benefits per member	
Your Choices	<ul style="list-style-type: none"> Affordable office visit copay Comprehensive health benefits Generic Premium drug benefit 		<ul style="list-style-type: none"> Health Reimbursement Account (HRA) funds for first dollar coverage Health incentive programs to promote well being 	
Annual Deductible	\$3,000 per member; Two-member maximum	\$4,000 per member; Two-member maximum	\$3,000 per single member; \$6,000 family aggregate ¹ Health/pharmacy combined deductible	
Annual Out-of-Pocket Maximum² Includes deductible	\$6,500 per member; Two-member maximum	\$7,000 per member; Two-member maximum	\$5,000 per single member; \$10,000 family aggregate ¹ Health/pharmacy combined	
Office Visits	\$30 copay (not subject to deductible)	\$40 copay (not subject to deductible)	20% after deductible	\$20 copay (not subject to deductible)
Professional Services Including maternity, diagnostic lab and X-rays	30% after deductible	40% after deductible	20% after deductible	
Hospital Inpatient	30% after deductible	40% after deductible	20% after deductible	
Prescription Drugs Amounts shown are for a 30-day retail supply. Home Delivery Program is available.	Generic Premium Prescription Drug Formulary⁸ Tier 1 \$10 copay ⁴ Tier 2 \$35 copay ⁴ Tier 3 30% of prescription drug maximum allowed amount up to a maximum \$200 per fill \$3,500 Tier 3 prescription drug annual out-of-pocket maximum per member \$500 annual pharmacy deductible per member (waived for Tier 1 drugs)		After deductible: Tier 1 \$10 copay Tier 2 \$30 copay ⁴ Tier 3 \$50 copay ⁴ Tier 4 30% of prescription drug maximum allowed amount	
Preventive Care Physical exams, preventive screenings, and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration	No copay (not subject to deductible)	No copay (not subject to deductible)	No charge (not subject to deductible)	
Physical Therapy, Occupational Therapy and Chiropractic Services (limited to 24 visits/calendar year)	30% after deductible	40% after deductible	20% after deductible	

All of our PPO plans feature:

- Access to more than 59,000 California PPO network doctors and specialists and more than 300 acute care hospitals – so chances are your employees’ doctors are in our network.
- Money stays in your employees’ pockets – because we’ve negotiated lower fees with the doctors and hospitals in our network, your employees save.
- Out-of-state coverage – our health coverage goes with your employees when they travel.

Premier PPO Plans

Premier PPO \$10, \$20, \$30 Copay Plans – These plans represent our superior PPO plan design. They include low annual health deductibles, comprehensive prescription drug coverage with no separate brand-drug deductible, and richer maximum allowable amount reimbursement for out-of-network benefits.

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	Premier PPO \$10 Copay*
Maximum Lifetime In-Network Benefits	
Your Choices	
Annual Deductible	\$250 per member; Two-member maximum
Annual Out-of-Pocket Maximum² Includes deductible	\$3,000 per member; Two-member maximum
Office Visits	\$10 copay (not subject to deductible)
Professional Services Including maternity, diagnostic lab and X-rays	10% after deductible
Hospital Inpatient	10% after deductible
Prescription Drugs Amounts shown are for a 30-day retail supply. Home Delivery Program is available.	
Preventive Care Physical exams, preventive screenings, and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration	
Physical Therapy, Occupational Therapy and Chiropractic Services (limited to 24 visits/calendar year)	10% after deductible

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PREMIER PPO PLANS

	Premier PPO \$20 Copay*	Premier PPO \$30 Copay*
	Unlimited in-network lifetime benefits per member	
	<ul style="list-style-type: none"> • Low health deductible • Greater out-of-network reimbursement • No pharmacy deductible • Richest PPO plan design 	
	\$250 per member; Two-member maximum	\$500 per member; Two-member maximum
	\$3,500 per member; Two-member maximum	\$4,000 per member; Two-member maximum
	\$20 copay (not subject to deductible)	\$30 copay (not subject to deductible)
	20% after deductible	30% after deductible
	20% after deductible	30% after deductible
	Tier 1 \$10 copay Tier 2 \$30 copay ⁵ Tier 3 \$50 copay ⁵ Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$150 copay per fill \$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member	
	No charge (not subject to deductible)	
	20% after deductible	30% after deductible

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3 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 (EOC) or Certificate* for full details.

4 Copays listed apply when a generic equivalent is not available. 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 pharmacy deductible.

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7 Copay varies by service.

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PPO Copay Plans

PPO 1000/\$25, PPO 1500/\$35, PPO 2000/\$45 and \$20, \$30, \$40 PPO Copay Plans — These plans represent an ideal balance in PPO plan design. They offer comprehensive health and pharmacy coverage, moderate deductibles and predictable copays for office visits — all for modest premiums.



* Offered by Anthem Blue Cross
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	PPO \$20 Copay*	PPO \$30 Copay*
Maximum Lifetime In-Network Benefits	Unlimited in-network lifetime benefits per member	
Your Choices	<ul style="list-style-type: none"> • Mid-range premiums • Moderate deductible and office visits copay • Low pharmacy deductible 	
Annual Deductible	\$250 per member; Two-member maximum	\$500 per member; Two-member maximum
Annual Out-of-Pocket Maximum³ Includes deductible	\$4,000 per member; Two-member maximum	\$4,500 per member; Two-member maximum
Office Visits	\$20 copay (not subject to deductible)	\$30 copay (not subject to deductible)
Professional Services Including maternity, diagnostic lab and X-rays	20% after deductible	30% after deductible
Hospital Inpatient	20% after deductible	30% after deductible
Prescription Drugs Amounts shown are for a 30-day retail supply. Home Delivery Program is available.	<p>Tier 1 \$10 copay Tier 2 \$30 copay⁴ Tier 3 \$50 copay⁴ Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$150 copay per fill \$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member \$150 annual pharmacy deductible per member (waived for Tier 1 drugs)</p>	
Preventive Care Physical exams, preventive screenings, and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration		
Physical Therapy, Occupational Therapy and Chiropractic Services (limited to 24 visits/calendar year)	20% after deductible	30% after deductible

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PPO COPAY PLANS

PPO \$40 Copay*	PPO 1000/\$25*	PPO 1500/\$35*	PPO 2000/\$45*
Unlimited in-network lifetime benefits per member			
<ul style="list-style-type: none"> • Mid-range premiums • Affordable deductibles and office visit copays • Moderate pharmacy deductible 			
\$750 per member; Two-member maximum	\$1,000 per member Two-member maximum	\$1,500 per member Two-member maximum	\$2,000 per member Two-member maximum
\$5,000 per member; Two-member maximum	\$5,000 per member Two-member maximum	\$5,000 per member Two-member maximum	\$5,000 per member Two-member maximum
\$40 copay (not subject to deductible)	\$25 copay (not subject to deductible)	\$35 copay (not subject to deductible)	\$45 copay (not subject to deductible)
40% after deductible	30% after deductible	40% after deductible	40% after deductible
40% after deductible	30% after deductible	40% after deductible	40% after deductible
Tier 1 \$10 copay Tier 2 \$30 copay ⁴ Tier 3 \$50 copay ⁴ Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$150 copay per fill \$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member \$150 annual pharmacy deductible per member (waived for Tier 1 drugs)	Tier 1 \$10 copay Tier 2 \$30 copay ⁴ Tier 3 \$50 copay ⁴ Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$150 copay per fill \$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member \$250 annual pharmacy deductible per member (waived for Tier 1 drugs)		
No charge (not subject to deductible)			
40% after deductible	30% after deductible	40% after deductible	40% after deductible

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- 1 Per family amount is aggregate, i.e., when the eligible covered expenses (combined) for one or more family members meet this amount, the requirement is satisfied for all covered family members.
- 2 The family deductible or out-of-pocket maximum is met for the entire family when two or more family members' eligible covered expenses (combined) meet this amount, except one member cannot meet more than the individual amount.
- 3 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 (EDC)* or *Certificate* for full details.
- 4 Copays listed apply when a generic equivalent is not available. 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 pharmacy deductible.
- 5 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.
- 6 Elements Hospital Preferred and Elements Hospital Plus plans exclude coverage for services such as, but not limited to: physical therapy, occupational therapy, chiropractic care, speech therapy, durable medical equipment (except diabetes equipment and supplies, equipment related to infusion therapy, special footwear, prosthetics, orthotics are covered), outpatient professional services, laboratory work or X-rays for the treatment of infertility. There are certain limitations for benefits, such as, but not limited to: ambulance has a limited benefit per trip. Request a copy of the Certificate for comprehensive details on covered services, limitations and exclusions.
- 7 Copay varies by service.
- 8 Generic Premium is a unique formulary that includes most prescription generic medications, plus typically one or two brand-name prescription drugs in a therapeutic class. Please note that certain therapeutic classes may have no brand-name drugs on the Generic Premium Formulary if several generic alternatives are available in those therapeutic classes.

PPO GenRx Plans

PPO \$25, \$35, \$45 Copay GenRx Plans — These plans offer affordable protection with a PPO plan design. They provide comprehensive health coverage, moderate deductibles and predictable copays for office visits alongside a generic-only prescription drug benefit.

* Offered by Anthem Blue Cross
 ** Offered by Anthem Blue Cross Life and Health Insurance Company

	PPO \$25 Copay GenRx**
Maximum Lifetime In-Network Benefits	
Your Choices	
Annual Deductible	\$250 per member; Two-member maximum
Annual Out-of-Pocket Maximum³ Includes deductible	\$4,000 per member; Two-member maximum
Office Visits	\$25 copay (not subject to deductible)
Professional Services Including maternity, diagnostic lab and X-rays	25% after deductible
Hospital Inpatient	25% after deductible
Prescription Drugs Amounts shown are for a 30-day retail supply. Home Delivery Program is available.	
Preventive Care Physical exams, preventive screenings, and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration	
Physical Therapy, Occupational Therapy and Chiropractic Services (limited to 24 visits/calendar year)	25% after deductible

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 maximum allowed amount rates as payment in full for covered services. Benefits listed are based on the maximum allowed amount rate for in-network providers (out-of-network providers can charge more than the maximum allowed amount 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.

PPO GENRX PLANS

PPO \$35 Copay GenRx**	PPO \$45 Copay GenRx**
Unlimited in lifetime benefits per member	
<ul style="list-style-type: none"> Affordable premiums Comprehensive health benefits Generic-only drug benefit 	
\$500 per member; Two-member maximum	\$750 per member; Two-member maximum
\$4,500 per member; Two-member maximum	\$5,000 per member; Two-member maximum
\$35 copay (not subject to deductible)	\$45 copay (not subject to deductible)
35% after deductible	45% after deductible
35% after deductible	45% after deductible
Generic \$10 copay per prescription Generic self-injectables 30% up to maximum of \$150 member copay (GenRx Prescription Drug Formulary only)	
No charge (not subject to deductible)	
35% after deductible	45% after deductible

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- 2 The family deductible or out-of-pocket maximum is met for the entire family when two or more family members' eligible covered expenses (combined) meet this amount, except one member cannot meet more than the individual amount.
- 3 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 (EOC) or Certificate* for full details.
- 4 Copays listed apply when a generic equivalent is not available. 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 pharmacy deductible.
- 5 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.
- 6 Elements Hospital Preferred and Elements Hospital Plus plans exclude coverage for services such as, but not limited to: physical therapy, occupational therapy, chiropractic care, speech therapy, durable medical equipment (except diabetes equipment and supplies, equipment related to infusion therapy, special footwear, prosthetics, orthotics are covered), outpatient professional services, laboratory work or X-rays for the treatment of infertility. There are certain limitations for benefits, such as, but not limited to: ambulance has a limited benefit per trip. Request a copy of the Certificate for comprehensive details on covered services, limitations and exclusions.
- 7 Copay varies by service.
- 8 Generic Premium is a unique formulary that includes most prescription generic medications, plus typically one or two brand-name prescription drugs in a therapeutic class. Please note that certain therapeutic classes may have no brand-name drugs on the Generic Premium Formulary if several generic alternatives are available in those therapeutic classes.



Solution PPO Plans

Solution 2500, 3500 and 5000 PPO Plans —

We've developed the ideal solution for your employees who:

- Plan to see a doctor only a few times a year
- Want to save on prescription medications
- Want coverage for unexpected hospital stays

Our Solution PPO plans are high-deductible health plans with a twist. They feature predictable copays for office visits and prescription drugs, preventive care benefits and hospital coverage if the unexpected happens. All for a low premium.

* Offered by Anthem Blue Cross
 ** Offered by Anthem Blue Cross Life and Health Insurance Company

	Solution 2500 PPO**
Maximum Lifetime In-Network Benefits	
Your Choices	
Annual Deductible	\$2,500 per member; Two-member maximum
Annual Out-of-Pocket Maximum³ Includes deductible	\$6,000 per member; Two-member maximum
Office Visits	\$30 copay (not subject to deductible)
Professional Services Including maternity, diagnostic lab and X-rays	30% after deductible
Hospital Inpatient	30% after deductible
Prescription Drugs Amounts shown are for a 30-day retail supply. Home Delivery Program is available.	Tier 1 \$10 copay Tier 2 \$45 copay ⁴ Tier 3 \$65 copay ⁴ Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$200 per fill \$500 annual pharmacy deductible per member (waived for Tier 1 drugs)
Preventive Care Physical exams, preventive screenings, and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration	No charge (not subject to deductible)
Physical Therapy, Occupational Therapy and Chiropractic Services (limited to 24 visits/calendar year)	30% after deductible

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SOLUTION PPO PLANS

Solution 3500 PPO**	Solution 5000 PPO**
Unlimited in-network lifetime benefits per member	
<ul style="list-style-type: none"> • Lower premiums • Predictable office visits and prescription drug copays 	
\$3,500 per member; Two-member maximum	\$5,000 per member; Two-member maximum
\$6,500 per member; Two-member maximum	\$8,000 per member; Two-member maximum
\$40 copay (not subject to deductible)	\$45 copay (not subject to deductible)
40% after deductible	45% after deductible
40% after deductible	45% after deductible
<p>Tier 1 \$10 copay Tier 2 \$45 copay⁴ Tier 3 \$65 copay⁴ Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$200 per fill \$500 annual pharmacy deductible per member (waived for Tier 1 drugs)</p>	
No charge (not subject to deductible)	No charge (not subject to deductible)
40% after deductible	45% after deductible

The following footnotes do not apply to all plans. You only need to look at the footnotes that are referenced in the plan you're reviewing.

- 1 Per family amount is aggregate, i.e., when the eligible covered expenses (combined) for one or more family members meet this amount, the requirement is satisfied for all covered family members.
- 2 The family deductible or out-of-pocket maximum is met for the entire family when two or more family members' eligible covered expenses (combined) meet this amount, except one member cannot meet more than the individual amount.
- 3 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 (EOC)* or *Certificate* for full details.
- 4 Copays listed apply when a generic equivalent is not available. 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 pharmacy deductible.
- 5 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.
- 6 Elements Hospital Preferred and Elements Hospital Plus plans exclude coverage for services such as, but not limited to: physical therapy, occupational therapy, chiropractic care, speech therapy, durable medical equipment (except diabetes equipment and supplies, equipment related to infusion therapy, special footwear, prosthetics, or orthotics are covered), outpatient professional services, laboratory work or X-rays for the treatment of infertility. There are certain limitations for benefits, such as, but not limited to: ambulance has a limited benefit per trip. Request a copy of the Certificate for comprehensive details on covered services, limitations and exclusions.
- 7 Copay varies by service.
- 8 Generic Premium is a unique formulary that includes most prescription generic medications, plus typically one or two brand-name prescription drugs in a therapeutic class. Please note that certain therapeutic classes may have no brand-name drugs on the Generic Premium Formulary if several generic alternatives are available in those therapeutic classes.



Deductible 3000 and Deductible 4000 PPO Plans

Introducing the Deductible 3000 and the Deductible 4000 PPO plans for small groups

The new Deductible 3000 and Deductible 4000 PPO plans have all the advantages of the Solution PPO plans — but at a lower price point and with Generic Premium Rx.

Lower price point

Deductible 3000 and 4000 go farther than the Solution 2500, 3500 and 5000 plans in keeping premium low. These are low-premium, high-deductible options that include predictable copays for office visits and prescription drugs, preventive care benefits and hospital coverage for the unexpected.

Generic Premium Rx

Generic Premium Rx covers mostly generics, but also some brand-name drugs.



* Offered by Anthem Blue Cross
** Offered by Anthem Blue Cross Life and Health Insurance Company

Maximum Lifetime In-Network Benefits

Your Choices

Annual Deductible

Annual Out-of-Pocket Maximum³

Includes deductible

Office Visits

Professional Services

Including maternity, diagnostic lab and X-rays

Hospital Inpatient

Prescription Drugs

Amounts shown are for a 30-day retail supply. Home Delivery Program is available.

Preventive Care

Physical exams, preventive screenings, and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration

Physical Therapy, Occupational Therapy and Chiropractic Services

(limited to 24 visits/calendar year)

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 maximum allowed amount rates as payment in full for covered services. Benefits listed are based on the maximum allowed amount rate for in-network providers (out-of-network providers can charge more than the maximum allowed amount 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.

DEDUCTIBLE PPO PLANS

NEW Deductible 3000 PPO*	NEW Deductible 4000 PPO*
Unlimited in-network lifetime benefits per member	
<ul style="list-style-type: none"> • Affordable office visit copay • Comprehensive health benefits • Generic Premium drug benefit 	
\$3,000 per member; Two-member maximum	\$4,000 per member; Two-member maximum
\$6,500 per member; Two-member maximum	\$7,000 per member; Two-member maximum
\$30 copay (not subject to deductible)	\$40 copay (not subject to deductible)
30% after deductible	40% after deductible
30% after deductible	40% after deductible
Generic Premium Prescription Drug Formulary⁸ Tier 1 \$10 copay ⁴ Tier 2 \$35 copay ⁴ Tier 3 30% of prescription drug maximum allowed amount up to a maximum \$200 per fill \$3,500 Tier 3 prescription drug annual out-of-pocket maximum per member \$500 annual pharmacy deductible per member (waived for Tier 1 drugs)	
No copay (not subject to deductible)	
30% after deductible	40% after deductible

The following footnotes do not apply to all plans. You only need to look at the footnotes that are referenced in the plan you're reviewing.

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

2 The family deductible or out-of-pocket maximum is met for the entire family when two or more family members' eligible covered expenses (combined) meet this amount, except one member cannot meet more than the individual amount.

3 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 (EOC)* or *Certificate* for full details.

4 Copays listed apply when a generic equivalent is not available. 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 pharmacy deductible.

5 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.

6 Elements Hospital Preferred and Elements Hospital Plus plans exclude coverage for services such as, but not limited to: physical therapy, occupational therapy, chiropractic care, speech therapy, durable medical equipment (except diabetes equipment and supplies, equipment related to infusion therapy, special footwear, prosthetics, orthotics are covered), outpatient professional services, laboratory work or X-rays for the treatment of infertility. There are certain limitations for benefits, such as, but not limited to: ambulance has a limited benefit per trip. Request a copy of the Certificate for comprehensive details on covered services, limitations and exclusions.

7 Copay varies by service.

8 Generic Premium is a unique formulary that includes most prescription generic medications, plus typically one or two brand-name prescription drugs in a therapeutic class. Please note that certain therapeutic classes may have no brand-name drugs on the Generic Premium Formulary if several generic alternatives are available in those therapeutic classes.



Lumenos HRA Plans

Lumenos HRA Plans — These health reimbursement account (HRA) plans are funded by an annual allocation by the group and are used for first-dollar coverage. Members pay a copay for their office visits (if applicable), but other covered health services are paid with no out-of-pocket costs until the allocation is spent. Unused funds can roll over from year to year to help fund future out-of-pocket expenses.

Members can earn additional funds as rewards for healthy behaviors, like taking a Health Risk Assessment, participating in a smoking cessation program or losing weight.

This Lumenos plan gives members access to our large network of providers. These HRAs offer 100% coverage for nationally recommended preventive care — with no deduction from the HRA and no out-of-pocket costs when using network providers.

Anthem Blue Cross HRAs:

- Helps groups and members control costs — money is saved when group's claims are lower
- Groups get to choose the features that meet their unique needs — deductible, allocation, contribution, rollover and copay options
- Offer first-dollar coverage and alternative care benefits
- Gives members the tools to take control of their health while offering access to Anthem's extensive network

**Offered by Anthem Blue Cross Life and Health Insurance Company

	Lumenos HRA 30000**
Maximum Lifetime In-Network Benefits	
Your Choices	
Annual Deductible	\$3,000 per single member; \$6,000 family aggregate ¹ Health/pharmacy combined deductible
Annual Out-of-Pocket Maximum² Includes deductible	\$5,000 per single member; \$10,000 family aggregate ¹ Health/pharmacy combined
Office Visits	20% after deductible
Professional Services Including maternity, diagnostic lab and X-rays	
Hospital Inpatient	
Prescription Drugs Amounts shown are for a 30-day retail supply. Home Delivery Program is available.	After deductible: Tier 1 \$10 copay Tier 2 \$30 copay ⁴ Tier 3 \$50 copay ⁴ Tier 4 30% of prescription drug maximum allowed amount
Preventive Care Physical exams, preventive screenings, and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration	No charge (not subject to deductible)
Physical Therapy, Occupational Therapy and Chiropractic Services (limited to 24 visits/calendar year)	20% after deductible

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LUMENOS® HRA PLANS

Lumenos HRA 3000C**	Lumenos HRA 5000D**	Lumenos HRA 5000C**
Unlimited in lifetime benefits per member		
<ul style="list-style-type: none"> Health Reimbursement Account (HRA) funds for first dollar coverage Health incentive programs to promote well being 		
\$3,000 per single member; \$6,000 family aggregate ¹ Health/pharmacy combined deductible	\$5,000 per single member; \$10,000 family aggregate ¹ Health/pharmacy combined deductible	\$5,000 per single member; \$10,000 family aggregate ¹ Health/pharmacy combined deductible
\$5,000 per single member; \$10,000 family aggregate ¹ Health/pharmacy combined	\$7,000 per single member; \$14,000 family aggregate ¹ Health/pharmacy combined	\$7,000 per single member; \$14,000 family aggregate ¹ Health/pharmacy combined
\$20 copay (not subject to deductible)	20% after deductible	\$30 copay (not subject to deductible)
20% after deductible		
20% after deductible		
After deductible: Tier 1 \$10 copay Tier 2 \$30 copay ⁴ Tier 3 \$50 copay ⁴ Tier 4 30% of prescription drug maximum allowed amount		
No charge (not subject to deductible)		
20% after deductible		

The following footnotes do not apply to all plans. You only need to look at the footnotes that are referenced in the plan you're reviewing.

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- The family deductible or out-of-pocket maximum is met for the entire family when two or more family members' eligible covered expenses (combined) meet this amount, except one member cannot meet more than the individual amount.
- 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 (EOC)* or *Certificate* for full details.
- Copays listed apply when a generic equivalent is not available. 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 pharmacy deductible.
- 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.
- Elements Hospital Preferred and Elements Hospital Plus plans exclude coverage for services such as, but not limited to: physical therapy, occupational therapy, chiropractic care, speech therapy, durable medical equipment (except diabetes equipment and supplies, equipment related to infusion therapy, special footwear, prosthetics, orthotics are covered), outpatient professional services, laboratory work or X-rays for the treatment of infertility. There are certain limitations for benefits, such as, but not limited to: ambulance has a limited benefit per trip. Request a copy of the Certificate for comprehensive details on covered services, limitations and exclusions.
- Copay varies by service.
- Generic Premium is a unique formulary that includes most prescription generic medications, plus typically one or two brand-name prescription drugs in a therapeutic class. Please note that certain therapeutic classes may have no brand-name drugs on the Generic Premium Formulary if several generic alternatives are available in those therapeutic classes.

Lumenos HSA 80/50 Plans

Lumenos HSA 1500 (80/50), 2500 (80/50) and 3500 (80/50) Plans — These plans offer affordable protection with a high-deductible PPO plan design. They feature 100% coverage for in-network preventive services, 80% coverage for most in-network health services after the deductible is met and predictable pharmacy copays after the deductible is met. These plans are also Health Savings Account (HSA) compatible and may be used in conjunction with qualifying financial accounts.

* Offered by Anthem Blue Cross
** Offered by Anthem Blue Cross Life and Health Insurance Company

	Lumenos HSA 1500 (80/50)*
Maximum Lifetime In-Network Benefits	
Your Choices	
Annual Deductible	\$1,500 per single member; \$3,000 family aggregate ¹ Health/pharmacy combined
Annual Out-of-Pocket Maximum² Includes deductible	\$3,000 per single member; \$6,000 family aggregate ¹ Health/pharmacy combined
Office Visits	
Professional Services Including maternity, diagnostic lab and X-rays	
Hospital Inpatient	
Prescription Drugs Amounts shown are for a 30-day retail supply. Home Delivery Program is available.	
Preventive Care Physical exams, preventive screenings, and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration	
Physical Therapy, Occupational Therapy and Chiropractic Services (limited to 24 visits/calendar year)	

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 maximum allowed amount rates as payment in full for covered services. Benefits listed are based on the maximum allowed amount rate for in-network providers (out-of-network providers can charge more than the maximum allowed amount 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.

LUMENOS® HSA (80/50) PLANS

Lumenos HSA 2500 (80/50)*	Lumenos HSA 3500 (80/50)*
Unlimited in-network lifetime benefits per member	
<ul style="list-style-type: none"> • 80% health coverage after deductible • Predictable prescription copays after the deductible is met <ul style="list-style-type: none"> • HSA-compatible plan design 	
\$2,500 per single member; \$5,000 family aggregate ¹ Health/pharmacy combined	\$3,500 per single member; \$7,000 family aggregate ¹ Health/pharmacy combined
\$5,000 per single member; \$10,000 family aggregate ¹ Health/pharmacy combined	
20% after deductible	
20% after deductible	
20% after deductible	
After deductible: Tier 1 \$10 copay Tier 2 \$30 copay ⁴ Tier 3 \$50 copay ⁴ Tier 4 30% of prescription drug maximum allowed amount	
No charge (not subject to deductible)	
20% after deductible	

The following footnotes do not apply to all plans. You only need to look at the footnotes that are referenced in the plan you're reviewing.

- 1 Per family amount is aggregate, i.e., when the eligible covered expenses (combined) for one or more family members meet this amount, the requirement is satisfied for all covered family members.
- 2 The family deductible or out-of-pocket maximum is met for the entire family when two or more family members' eligible covered expenses (combined) meet this amount, except one member cannot meet more than the individual amount.
- 3 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 (EDC)* or *Certificate* for full details.
- 4 Copays listed apply when a generic equivalent is not available. 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 pharmacy deductible.
- 5 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.
- 6 Elements Hospital Preferred and Elements Hospital Plus plans exclude coverage for services such as, but not limited to: physical therapy, occupational therapy, chiropractic care, speech therapy, durable medical equipment (except diabetes equipment and supplies, equipment related to infusion therapy, special footwear, prosthetics, orthotics are covered), outpatient professional services, laboratory work or X-rays for the treatment of infertility. There are certain limitations for benefits, such as, but not limited to: ambulance has a limited benefit per trip. Request a copy of the Certificate for comprehensive details on covered services, limitations and exclusions.
- 7 Copay varies by service.
- 8 Generic Premium is a unique formulary that includes most prescription generic medications, plus typically one or two brand-name prescription drugs in a therapeutic class. Please note that certain therapeutic classes may have no brand-name drugs on the Generic Premium Formulary if several generic alternatives are available in those therapeutic classes.



EPO and ACO 20 and ACO 30 Plans

High Deductible EPO Plan — This plan features comprehensive health and pharmacy benefits that are available only through in-network providers. This in-network-only approach allows premiums to remain low while still allowing full access to Anthem Blue Cross' PPO Network. Our Exclusive Provider Organization (EPO) plan is HSA compatible and may offer tax advantages to both you and your employees.

ACO 20 and ACO 30 products give members savings and flexibility.

Our Accountable Care Organization products (ACO), ACO 20 and ACO 30, deliver more savings, more flexibility and better-coordinated care. Within each plan, members have three network tiers to choose from. They have the ability to save maximum dollars by staying in ACO network, as well as the flexibility to choose PPO and non-PPO benefits. This is the only plan like it in California.

ACO plans just fit.

Tier 1: All the health care most members need is right here, where their health care dollars can go farther. It's a specialized ACO network of doctors, specialists, labs and hospitals. Being a tight-knit group makes it easier for doctors to coordinate and collaborate on care. There are ACO networks in Los Angeles, Santa Clara and San Diego, and we're looking to expand throughout the state.

Tier 2: This is our Anthem PPO network. Members pay a little bit more for care here, but still save money by staying in the broader network. Our PPO plans feature access to more than 57,000 California PPO network doctors and specialists and more than 300 hospitals. Chances are, members will find their doctors are in our network.

Tier 3: These are out-of-network doctors and hospitals. Members have some coverage here, but they'll share more of the costs — usually 20% - 50% of the bill, depending on the plan.

Employers will like:

- Having affordable alternative PPO plans.
- Giving employees more flexibility — and more control over their health care spending.
- Saving a bundle with our savings programs for multi-line purchases, like dental and life. Contact your Anthem sales representative for details.

Members will love:

- Having three network tiers to choose from.
- Lower premiums and more control over their health care.
- No annual deductible when using ACO providers.
- Manageable copays.

Doctors will appreciate:

- Coordinating and collaborating on care quickly and easily within a select network.
- Knowing their ACO 20 and ACO 30 patients are encouraged to get timely preventive care.

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 maximum allowed amount rates as payment in full for covered services. Benefits listed are based on the maximum allowed amount rate for in-network providers (out-of-network providers can charge more than the maximum allowed amount 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.

	EPO PLAN	ACCOUNTABLE CARE ORGANIZATION PLANS	
	High Deductible Exclusive Provider Organization (EPO)*	ACO 20*	ACO 30*
Maximum Lifetime In-Network Benefits	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	
Your Choices	<ul style="list-style-type: none"> • In-network PPO benefits only • Combined health and pharmacy deductible • HSA-compatible plan design 	<ul style="list-style-type: none"> • Affordable alternative PPO plans • Competitive premiums • More flexibility and more control over health care spending • No annual deductible when using ACO providers 	
Annual Deductible	\$2,500 per single member; \$5,000 family aggregate ¹ Health/pharmacy combined	ACO \$0 PPO \$750/\$2,250 family Non-PPO \$1,500/\$4,500 family	ACO \$0 PPO \$1,500/\$4,500 family Non-PPO \$3,000/\$9,000 family
Annual Out-of-Pocket Maximum³ Includes deductible	\$4,000 per single member; \$8,000 family aggregate ¹ Health/pharmacy combined	ACO \$4,000/\$8,000 PPO \$5,750/\$12,250 family Non-PPO \$9,500/\$20,500 family	ACO \$5,000/\$10,000 PPO \$7,500/\$16,500 family Non-PPO \$13,000/\$29,000 family
Office Visits	20% after deductible	ACO \$20 PPO \$55 Non-PPO 40% after deductible	ACO \$30 PPO \$55 Non-PPO 50% after deductible
Professional Services Including maternity, diagnostic lab and X-rays	20% after deductible	ACO Flat dollar copay⁷ PPO 20% after deductible Non-PPO 40% after deductible	ACO Flat dollar copay⁷ PPO 30% after deductible Non-PPO 50% after deductible
Hospital Inpatient	20% after deductible	ACO \$1,000 per admit PPO 20% after deductible Non-PPO (\$650 max coverage per day) 40% after deductible	ACO \$1,500 per admit PPO 30% after deductible Non-PPO (\$650 max coverage per day) 50% after deductible
Prescription Drugs Amounts shown are for a 30-day retail supply. Home Delivery Program is available.	After deductible: Tier 1 \$10 copay Tier 2 \$30 copay ⁴ Tier 3 \$50 copay ⁴ Tier 4 30% of prescription drug maximum allowed amount	Tier 1 \$10 Tier 2 \$30 Tier 3 \$50 Tier 4 30% of prescription drug maximum allowed amount up to a maximum of \$150 per fill \$150 annual pharmacy deductible per member (waived for Tier 1 drugs)	
Preventive Care Physical exams, preventive screenings, and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration	No charge (not subject to deductible)	ACO No charge (not subject to deductible) PPO 20% after deductible Non-PPO 40% after deductible	ACO No charge (not subject to deductible) PPO 30% after deductible Non-PPO 50% after deductible
Physical Therapy, Occupational Therapy and Chiropractic Services (limited to 24 visits/calendar year)	20% after deductible	ACO \$35 copay (not subject to deductible) PPO 20% after deductible Non-PPO 40% after deductible	ACO \$45 copay (not subject to deductible) PPO 30% after deductible Non-PPO 50% after deductible

The following footnotes do not apply to all plans. You only need to look at the footnotes that are referenced in the plan you're reviewing.

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

2 The family deductible or out-of-pocket maximum is met for the entire family when two or more family members' eligible covered expenses (combined) meet this amount, except one member cannot meet more than the individual amount.

3 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 (EOC)* or *Certificate* for full details.

4 Copays listed apply when a generic equivalent is not available. 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 pharmacy deductible.

5 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.

6 Elements Hospital Preferred and Elements Hospital Plus plans exclude coverage for services such as, but not limited to: physical therapy, occupational therapy, chiropractic care, speech therapy, durable medical equipment (except diabetes equipment and supplies, equipment related to infusion therapy, special footwear, prosthetics, orthotics are covered), outpatient professional services, laboratory work or X-rays for the treatment of infertility. There are certain limitations for benefits, such as, but not limited to: ambulance has a limited benefit per trip. Request a copy of the Certificate for comprehensive details on covered services, limitations and exclusions.

7 Copay varies by service.

8 Generic Premium is a unique formulary that includes most prescription generic medications, plus typically one or two brand-name prescription drugs in a therapeutic class. Please note that certain therapeutic classes may have no brand-name drugs on the Generic Premium Formulary if several generic alternatives are available in those therapeutic classes.

Elements Hospital Plans

Elements Hospital Preferred and Elements Hospital Plus — These plans offer your employees simple, affordable coverage. Both plans offer a physical exam benefit and generic-only pharmacy coverage (the Preferred plan offers comprehensive drug coverage). We removed limitations on office visits, diagnostic X-rays and labs.



* Offered by Anthem Blue Cross
** Offered by Anthem Blue Cross Life and Health Insurance Company

Maximum Lifetime In-Network Benefits

Your Choices

Annual Deductible

Annual Out-of-Pocket Maximum³

Includes deductible

Office Visits

Professional Services

Including maternity, diagnostic lab and X-rays

Hospital Inpatient

Prescription Drugs

Amounts shown are for a 30-day retail supply. Home Delivery Program is available.

Preventive Care

Physical exams, preventive screenings, and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration

Physical Therapy, Occupational Therapy and Chiropractic Services

(limited to 24 visits/calendar year)

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 maximum allowed amount rates as payment in full for covered services. Benefits listed are based on the maximum allowed amount rate for in-network providers (out-of-network providers can charge more than the maximum allowed amount 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.

ELEMENTS HOSPITAL PLANS

Elements Hospital Plus**6	Elements Hospital Preferred**6
Unlimited in-network lifetime benefits per member	
<ul style="list-style-type: none"> • Hospital catastrophic coverage • Limited professional services coverage • Generic-only drug benefit (except Preferred plan) 	
\$1,500 per single member; \$3,000 per family ²	\$1,250 per single member; \$2,500 per family ²
\$5,000 per single member; \$10,000 per family ²	\$5,000 per single member; \$10,000 per family ²
50% (not subject to deductible)	50% (not subject to deductible)
50% after deductible	50% after deductible
30% after deductible	20% after deductible
GenRx Prescription Drug Formulary Only Generic \$10 copay Generic self-injectables 30% of prescription drug maximum allowed amount up to a maximum \$150 per fill	Tier 1 \$10 copay Tier 2 \$35 copay ⁴ Tier 3 \$50 copay ⁴ Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$150 per fill \$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member \$250 annual pharmacy deductible per member (waived for Tier 1 drugs)
No charge (not subject to deductible)	
Not covered	

The following footnotes do not apply to all plans. You only need to look at the footnotes that are referenced in the plan you're reviewing.

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

2 The family deductible or out-of-pocket maximum is met for the entire family when two or more family members' eligible covered expenses (combined) meet this amount, except one member cannot meet more than the individual amount.

3 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 (EOC)* or *Certificate* for full details.

4 Copays listed apply when a generic equivalent is not available. 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 pharmacy deductible.

5 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.

6 Elements Hospital Preferred and Elements Hospital Plus plans exclude coverage for services such as, but not limited to: physical therapy, occupational therapy, chiropractic care, speech therapy, durable medical equipment (except diabetes equipment and supplies, equipment related to infusion therapy, special footwear, prosthetics, orthotics are covered), outpatient professional services, laboratory work or X-rays for the treatment of infertility. There are certain limitations for benefits, such as, but not limited to: ambulance has a limited benefit per trip. Request a copy of the Certificate for comprehensive details on covered services, limitations and exclusions.

7 Copay varies by service.

8 Generic Premium is a unique formulary that includes most prescription generic medications, plus typically one or two brand-name prescription drugs in a therapeutic class. Please note that certain therapeutic classes may have no brand-name drugs on the Generic Premium Formulary if several generic alternatives are available in those therapeutic classes.

ALL of our HMO plans are available on ANY of our three HMO networks.

You can access providers and services within our Full HMO network, our Select HMO network or Priority Select HMO network – all at a very affordable price. Choose the HMO plan that’s right for you, and then choose the network that’s right for you.

Our HMO plans include:

Access to over 300 acute care hospitals and more than 39,000 HMO doctors and specialists throughout the state. Chances are, your doctor is one of ours.

Out-of-state coverage for emergency services – so peace of mind goes with your employees when they travel.

HMO Plans

These plans offer your employees the convenience of predictable costs and no (or limited) claims paperwork to keep track of.

Our product portfolio offers three types of HMO plan designs. Each offers a slightly different benefit package to meet your health care and cost needs. The different plan designs include:

HMO 100% Plans — These are our richest HMO plan designs. They feature no health deductible, low office visit copays and 100% coverage for hospital inpatient services.

Classic HMO Plans — These plans feature no health deductible and moderate office visit copays. For hospital services, employees pay a per-admission copay for inpatient services and coinsurance for outpatient services.

Saver HMO Plans — These plans feature moderate office visit copays and an annual health deductible for hospital services. Once your deductible is met, there are no further charges for covered in-network hospital services.

Offered by Anthem Blue Cross	HMO \$10 100%	HMO \$25 100%	Classic \$20 HMO
Maximum Lifetime In-Network Benefits	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member
Your Choices	<ul style="list-style-type: none"> • No health deductible • Low, predictable office visit copays • 100% coverage for inpatient hospital services • Richest HMO plan design 		
Annual Deductible	None	None	
Annual Out-of-Pocket Maximum³	\$1,750 per single member; \$3,500 family aggregate ¹	\$2,000 per single member; \$4,000 family aggregate ¹	\$2,000 per single member; \$4,000 family aggregate ¹
Office Visits	\$10 copay for primary care physician visits \$20 copay for specialist and referral care visits;	\$25 copay for primary care physician visits; \$35 copay for specialist and referral care visits	\$20 copay for primary care physician visits; \$30 copay for specialist and referral care visits
Professional Services Including maternity, diagnostic lab and X-rays	No charge ² (except \$100 copay for advanced imaging services)	No charge ² (except \$100 copay for advanced imaging services)	No charge ³ (except \$100 copay for advanced imaging services obtained in a nonhospital-based facility)
Hospital Inpatient and Outpatient Facility Services	No charge per inpatient admission No outpatient copay per surgical admission	No charge per inpatient admission No outpatient copay per surgical admission	\$250 copay per inpatient admission 20% outpatient coinsurance
Prescription Drugs⁴ Amounts shown are for a 30-day retail supply. Home Delivery Program available.	Tier 1 \$10 copay Tier 2 \$30 copay Tier 3 \$50 copay Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$150 per fill \$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member		Tier 1 \$10 copay Tier 2 \$30 copay Tier 3 \$50 copay Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$150 per fill \$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member \$150 annual pharmacy deductible per member (waived for Tier 1 drugs)
Preventive Care Physical exams, preventive screenings, and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration			
Physical Therapy, Occupational Therapy and Chiropractic Services⁵ (limited to 60 visits/calendar year)	\$10 copay	\$25 copay	\$20 copay
Network Service	Served by the Anthem Blue Cross HMO (CaliforniaCare Network, Select HMO Network and Priority Select HMO Network).		

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 copay or coinsurance, plus any charges that exceed that allowable amount.

HMO PLANS

All plans are also available on the Select Network and the Priority Select HMO Network

Classic \$30 HMO	Classic \$40 HMO	Saver \$20 HMO	Saver \$30 HMO	Saver \$40 HMO
Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member
<ul style="list-style-type: none"> No health deductible Moderate office visit copays Predictable copays for inpatient admissions Coinsurance for outpatient services 			<ul style="list-style-type: none"> No Health deductible Moderate office visit copays Predictable copays for inpatient admissions and outpatient services 	
None			None	
\$3,000 per single member; \$6,000 family aggregate ¹	\$3,500 per member; \$7,000 family aggregate ¹	\$2,500 per single member; \$5,000 family aggregate ¹	\$3,500 per single member; \$7,000 family aggregate ¹	\$4,000 per single member; \$8,000 family aggregate ¹
\$30 copay for primary care physician visits; \$40 copay for specialist and referral care visits	\$40 copay for primary care physician visits \$50 copay for specialist and referral care visits	\$20 copay for primary care physician visits; \$30 copay for specialist and referral care visits	\$30 copay for primary care physician visits; \$40 copay for specialist and referral care visits	\$40 copay for primary care physician visits; \$50 copay for specialist and referral care visits
No charge ³ (except \$100 copay for advanced imaging services obtained in a nonhospital-based facility)	No charge ³ (except \$100 copay for advanced imaging services obtained in a nonhospital-based facility)	No charge ² (except \$100 copay for advanced imaging services)	No charge ² (except \$100 copay for advanced imaging services)	No charge ² (except \$100 copay for advanced imaging services)
\$500 copay per inpatient admission 20% outpatient coinsurance	\$1,000 copay per inpatient admission 30% outpatient coinsurance	\$400 inpatient copay per day up to 3 days maximum \$300 outpatient copay per surgical admission	\$600 inpatient copay per day up to 3 days maximum \$500 outpatient copay per surgical admission	\$1,000 inpatient copay per day up to 3 days maximum \$500 outpatient copay per surgical admission
Tier 1 \$10 copay Tier 2 \$30 copay Tier 3 \$50 copay Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$150 per fill \$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member \$150 annual pharmacy deductible per member (waived for Tier 1 drugs)	Tier 1 \$10 copay Tier 2 \$30 copay Tier 3 \$50 copay Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$150 per fill \$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member \$250 annual pharmacy deductible per member (waived for Tier 1 drugs)	Tier 1 \$10 copay Tier 2 \$30 copay Tier 3 \$50 copay Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$150 per fill \$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member \$150 annual pharmacy deductible per member (waived for Tier 1 drugs)	Tier 1 \$10 copay Tier 2 \$30 copay Tier 3 \$50 copay Tier 4 30% of prescription drug maximum allowed amount up to a maximum \$150 per fill \$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member \$250 annual pharmacy deductible per member (waived for Tier 1 drugs)	
No copay				
\$30 copay	\$40 copay	\$20 copay	\$30 copay	\$40 copay

Employers that offer HMO coverage must choose plans from either the CaliforniaCare Network, the Select HMO Network or the Priority Select HMO network (not available in all counties); plans from each network may not be offered side by side.

The following footnotes do not apply to all plans. You only need to look at the footnotes that are referenced in the plan you're reviewing.

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

2 Maternity services are subject to an office visit copay.

3 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 (EOC) or Certificate** for full details.

4 Copays listed apply when a generic equivalent is not available. 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 pharmacy deductible.

5 Copays listed for physical therapy, occupational therapy and chiropractic services apply in nonhospital-based facilities only.



Benefits that speak to employees' total health — conveniently packaged with your health plan.

Our health, dental, vision, life and workers' compensation products are all designed with your employees' health in mind. And we even offer tools to help share that vision with your employees, like the Eye Health Resource Center on [anthem.com/ca](https://www.anthem.com/ca), as well as employee wellness flyers. From A to Z, we make it easier to manage your benefits, add value to your benefits package and possibly even save money.

Integrated products — that work smarter

Your employees don't see their teeth and eyes separate from their overall health, so why should your insurance coverage treat them that way? We offer a portfolio of products that actually helps your employees reach for better health.

- *Integrated health, dental and vision coverage* that offers extra preventive benefits and support programs to help manage specific employee conditions, like pregnancy and diabetes.
- *Life insurance services* that go beyond just providing a benefit check, like identity theft victim recovery services and Beneficiary Companion services.
- *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® with any of our health plans, you get an automatic 10% discount off the workers' compensation portion of your bill.

When you package Anthem's dental, vision and life benefits with your health plan, you get a comprehensive benefits program that works smarter. Our enhanced dental, vision and life benefits deliver more to improve the overall health of your business and employees.

Dental coverage

We have the right dental plans for your unique needs.

Choosing a dental plan for your employees is all about balance. Cost matters. But so does your employees' health. That's why you have options with Anthem dental. We'll help you find the right mix of benefits that can have the best impact on employees' health. And no matter which dental plan you choose, you can count on:

- Solid coverage at a good price.
- Benefits that make sense for dental health — and overall health.
- Strong network access.
- Service you can rely on.

Dental plans that work hard for you

Our dental plans include: Dental Prime, Dental Complete and Dental Net[®] DHMO. With all dental plans, you and your employees will enjoy these standard services:

- **Easy-to-access information** — Your employees have 24/7 online access to their claims and dental plan details. Plus, they'll find helpful materials that promote dental health.
- **International Emergency Dental Program¹** — With this program, members have access to emergency dental services through our list of credentialed, English-speaking dentists while traveling or working nearly anywhere in the world.

1. The International Emergency Dental Program is managed by DeCare Dental. DeCare Dental is an independent company offering dental management services to Anthem Blue Cross.

Dental Prime and Dental Complete plans — designed for better health

When we designed our new Dental Prime and Dental Complete dental plans, we kept overall health in mind. Most of our dental plans offer:

- Coverage for dental implants and composite (tooth-colored) fillings on *any* tooth.
- Brush biopsy benefits. A brush biopsy may help diagnose oral cancer when combined with lab analysis and a surgical biopsy with lab analysis.
- An extra cleaning or periodontal maintenance procedure each year for members who are pregnant or living with diabetes.
- Optional orthodontic benefits for kids and adults.
- Diagnostic and preventive care services like cleanings, exams and X-rays covered at 100% when employees see a network dentist. These services can be key to long-term dental health.

Dental networks that work hard for you

We have two great dental networks for you to choose from:

- The **Dental Prime contracted network** has more than 12,500 unique dentists with more than 26,000 access points in California and nearly 100,000 access points nationwide.
- The **Dental Complete contracted network** is our larger network. It has 14,641 unique dentists with nearly 29,500 access points in California and more than 111,000 access points nationwide.

More ways to tailor your dental plan

On many Dental Prime and Dental Complete plans, you choose the annual deductible and benefit maximum. Covering orthodontia is up to you.

You also get to decide the following:

Active or passive dental plan designs

- Active dental plans provide a higher level of benefits when members use network providers.
- Passive dental plans have the same level of benefits in and out of network.

Out-of-network reimbursement

- FAIR Health 80th offers a level of reimbursement based on data from a vendor called FAIR Health. At the 80th percentile, the amount we pay for a service is equal to or greater than 80% of the charges for that service in a given ZIP code. In other words, 80% of dentists in the ZIP code charge that amount or less for the service.
- FAIR Health 90th works the same as FAIR Health 80th, except at the 90th percentile.
- The MAC fee schedule offers a cost-effective level of reimbursement for out-of-network claims.

Annual maximum carryover

When this feature is included in a Dental Prime or Dental Complete plan, members may carry over unused benefit dollars to the next plan year.

To qualify, a few simple rules must be met:

- Members must be enrolled in the dental plan for the full benefit (calendar) year.
- They must submit at least one claim for a covered service during that year.
- The total benefit amount paid for services received under this plan in that same year can't be more than \$500.

When these guidelines are met, members can carry over \$250 each year until they reach \$1,000. They can use these funds in a future year, giving them a higher maximum for all covered services.

Affordability is critical, too

For employer groups of 2-50, Anthem dental offers flexible dental plan designs that fit into our **Value**, **Classic** and **Enhanced** categories – so you can choose the level of benefits that fit your needs and budget.

This is an overview of coverage. A comprehensive description of coverage, benefits, exclusions and limitations is contained in the Combined Evidence of Coverage and Disclosure Form.

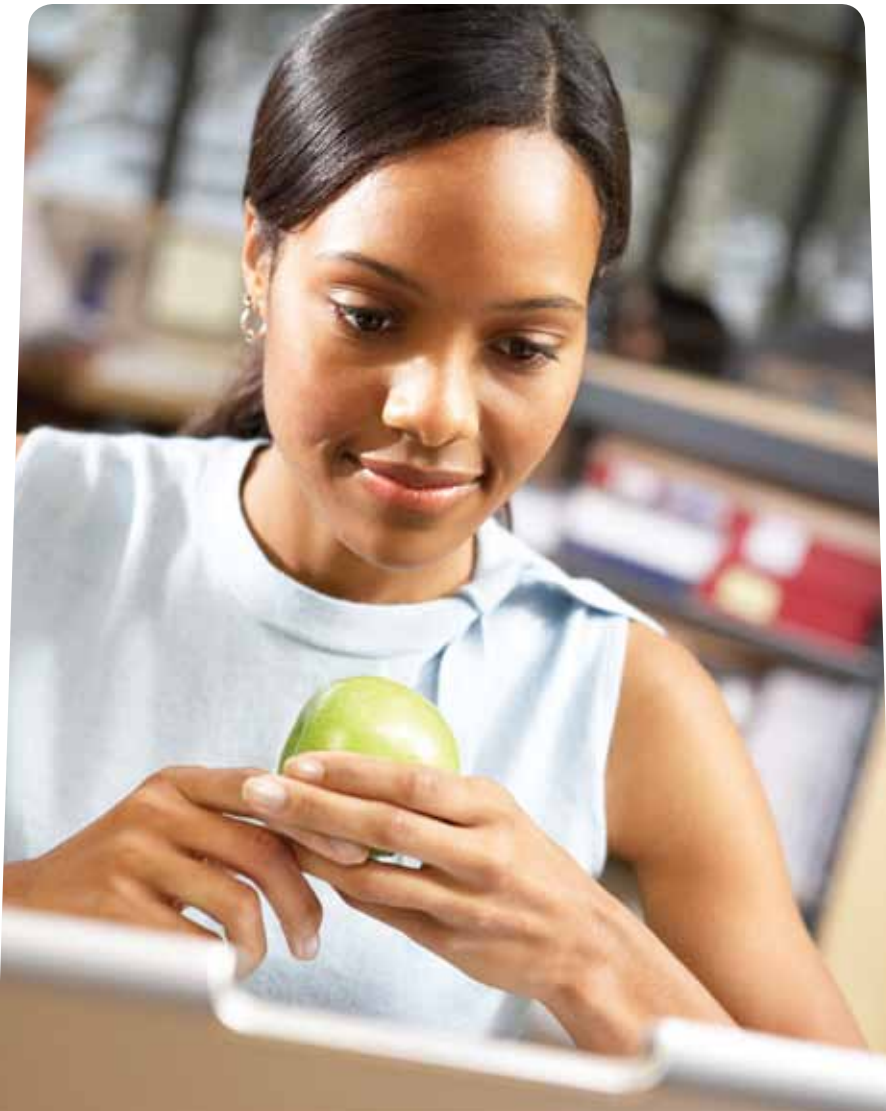
	Value				Classic				Enhanced			
	Passive		Active		Passive		Active		Passive		Active	
In-/out-of-network coverage	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out
Diagnostic and preventive services (cleanings, exams and X-rays)	100%	100%	100%	80%	100%	100%	100%	80%	100%	100%	100%	100%
Basic services (fillings)	80%	80%	80%	60%	80%	80%	80%	60%	90%	90%	90%	80%
Major services (crowns, bridges, dentures, etc.)	Not covered		Not covered		50%	50%	50%	50%	60%	60%	60%	50%
Annual deductible (waived for diagnostic and preventive services)	\$50 per person (\$150 per family)				\$25 per person (\$75 per family) or \$50 per person (\$150 per family)				\$25 per person (\$75 per family) or \$50 per person (\$150 per family)			
Annual benefit maximum (per member)	\$500 or \$1,000				\$1,000 or \$1,500				\$2,000 or \$2,500			
Endodontic, periodontal and oral surgery services	Basic		Not Covered		Basic or Major				Basic			
Orthodontic coverage (lifetime maximum to match annual maximum)	Not covered				No coverage, 50% children only, 50% adults and children or no coverage				No coverage, 50% children only, 50% adults and children or no coverage			
Waiting periods (major and orthodontia)	Not available				No waiting period				No waiting period			
Annual maximum carryover	Not included				Optional				Optional			
Network	Dental Prime contracted or Dental Complete contracted				Dental Prime contracted or Dental Complete contracted				Dental Prime contracted or Dental Complete contracted			
Out-of-network reimbursement	FAIR Health 80th or 90th percentile or MAC fee schedule				FAIR Health 80th or 90th percentile or MAC fee schedule				FAIR Health 80th or 90th percentile or MAC fee schedule			

Participation guidelines:

- **Groups of 2 – 4:** 100% of eligible employees not covered under another dental plan must enroll.
- **Groups of 5 or more:** Minimum 60% participation, premium discounts at each 10% increase of participation – 60%, 70%, 80%, 90%, 100%.
- **Orthodontia:** Minimum of 10 enrolled employees.

Voluntary Dental Plans

We also offer **voluntary** dental plans, which allow you to offer dental coverage to your employees without adding to your expenses. And, our voluntary dental plans are available when you maintain at least five enrolled employees.



This is an overview of coverage. A comprehensive description of coverage, benefits, exclusions and limitations is contained in the Combined Evidence of Coverage and Disclosure Form.

	Voluntary			
	Passive		Active	
In-/out-of-network coverage	In	Out	In	Out
Diagnostic and preventive services (cleanings, exams and X-rays)	100%	100%	100%	80%
Basic services (fillings)	80%	80%	80%	60%
Major services (crowns, bridges, dentures, etc.)	50%	50%	50%	50%
Annual deductible (waived for diagnostic and preventive services)	\$25 per person (\$75 per family) or \$50 per person (\$150 per family)			
Annual benefit maximum (per member)	\$1,000 or \$1,500			
Endodontic, periodontal and oral surgery services	Major			
Orthodontic coverage (lifetime maximum to match annual maximum)	50% children only or no coverage			
Waiting periods (major and ortho)	12 months*			
Annual maximum carryover	Optional			
Network	Dental Prime contracted or Dental Complete contracted			
Out-of-network reimbursement	FAIR Health 80th or 90th percentile or MAC fee schedule			

* Waived if group shows prior comparable coverage with enrollment paperwork.

Dental DHMO plan

Dental Net DHMO plan

Our Dental Net DHMO plan offers:

- More than 7,000 access points
- Easy-to-use coverage
- No annual deductibles or maximums
- No waiting periods
- Orthodontic services for kids and adults

Note: Only services received from a participating dental office are covered by our Dental Net DHMO plan.

All listed amounts are the member's responsibility to pay.

Dental Net is offered by Anthem Blue Cross, a health care service plan regulated by the Department of Managed Health Care (DMHC).

This is an overview of coverage. A comprehensive description of coverage, benefits, exclusions and limitations is contained in the Combined Evidence of Coverage and Disclosure Form.

Benefits	Dental Net
	Member's Copay ¹
Diagnostic services	
Periodic oral examinations	No charge
X-rays	No charge
Preventive services	
Teeth cleaning (prophylaxis): adult or child care	No charge
Topical fluoride: child	No charge
Restorative services: filling – permanent	
Fillings: amalgams and 1-3 surface anterior composites	No charge
Stainless steel crowns: primary teeth	\$30
Oral surgery services	
Simple extraction of erupted tooth or exposed root	No charge
Surgical extraction of erupted tooth	\$35
Impaction: soft tissue	\$50
Impaction: partial bony	\$80
Impaction: full bony	\$95
Endodontic services	
Pulp cap: direct or indirect	No charge
Root canal: anterior	\$110
Root canal: bicuspid	\$145
Root canal: molar	\$240
Therapeutic pulpotomy	\$10
Periodontic services	
Gingivectomy: one to three teeth per quadrant	\$22
Gingivectomy: four or more contiguous teeth per quadrant	\$85
Scaling/root planing: per quadrant	\$50
Osseous surgery: per quadrant	\$225
Prosthetic services	
Crown: porcelain fused to high noble metal	\$230 ²
Post/core prefabrication	\$50
Complete denture (including routine post-delivery care)	\$250 ³
Partial denture (including routine post-delivery care)	\$300
Denture relines: chairside	\$35
Denture: broken tooth repair	\$25
Orthodontic services	
24 months of standard orthodontic care, exclusive of records/retention fees	Services rendered at participating orthodontists
Child (through age 17) or adult (age 18 and up)	\$1,850
Other services	
Out-of-area emergency care maximum payment: \$50	All charges over \$50 including applicable copay(s)
Office visit: after hours	\$45
Local anesthesia	No charge

¹ These copays apply only when services are rendered by a participating dentist. Specialty services provided by a specialty dentist are included on a separate schedule in the member's contract or Evidence of Coverage.

² Plus actual costs for noble/high (precious) metal not to exceed \$100.

³ Either type of denture is an acceptable restoration, however, Dental Net benefits the first one placed, not both.

In addition to Dental Prime, Dental Complete and Dental Net, other dental plans may be available in your area.

Visit [anthem.com/specialty](https://www.anthem.com/specialty) or contact your broker or Anthem sales representative for more information or a quote.

Vision coverage

Get vision coverage and see increased productivity.

Comprehensive, inexpensive vision plans can play a role in managing the overall health and well-being of your employees. It's been shown that regular eye exams and wearing corrective eyewear can greatly decrease the risk of more serious, long-term eye diseases and can even result in early detection of other health conditions* – increasing your employees' productivity and performance. You get the picture, and so do we. That's why we've created our Blue View Vision plans.

Blue View Vision and Blue View Vision Plus feature:

- **A broad, convenient, national network** — Employees have access to an extensive network of more than 50,000 providers and provider locations, including many independent optometrists and ophthalmologists, as well as national retail locations such as LensCrafters®, Sears OpticalSM, Target Optical® and JCPenney® Optical. These retail locations offer convenient evening and weekend hours, allowing your employees to schedule appointments outside their normal work day. Although they only comprise 6% of our network, they adjudicate 30% of our claims. Plus, 25% of eyewear is purchased on the weekends.

- **Value-added savings** — Employees enjoy additional savings of 15% to 40% on unlimited purchases of most extra pairs of eyewear, conventional contact lenses, lens treatments, specialized lenses and various accessories — even after they've exhausted their covered benefits.

They also enjoy:

- Factory scratch coating on eyeglass lenses included at no additional cost
- Transitions® and polycarbonate lenses for kids under 19 years old at no additional cost
- Transitions lenses for adults at a fixed price of \$75
- Tiered pricing for premium progressive lenses and premium anti-reflective coatings, limiting members' out-of-pocket costs

Plus, members who have our vision coverage and our 360° Health® program included in their health plan may now be enrolled in our ConditionCare: Diabetes program if their vision claims include a diabetic-related diagnosis.

*American Optometric Association, aoanet.org.

Blue View Vision plans are available on an employer-paid or voluntary basis. With voluntary benefits, you can give your employees access to the additional coverage they need – and at no extra cost to you.



Vision plans

This is an overview of coverage. A comprehensive description of coverage, benefits, exclusions and limitations is contained in the Combined Evidence of Coverage and Disclosure Form.

Benefits	Blue View Vision*	Blue View Vision Plus*
Eye Examination	Every 12 months	Every 12 months
Lenses	Every 24 months	Every 12 months
Contact Lenses	Every 24 months	Every 12 months
Frames	Every 24 months	Every 12 months
In-network copay		
EYE EXAMINATION COPAY	\$25	\$15
In-network benefits		
EYE EXAMINATION	Covered up to a comprehensive level exam with dilation as necessary after exam copay	
LENSES	Standard plastic lenses in single vision, bifocal or trifocal including factory scratch coating, polycarbonate lenses for kids under 19 and Transitions lenses for kids under 19; additional charge for progressive lenses	
Single vision or Bifocal lenses	No copay	
Trifocal lenses	No copay	
Progressive lenses		
Standard		\$65
Premium Tier 1		\$91
Premium Tier 2		\$97
Premium Tier 3		\$103
Transitions® lenses	\$75 for adults; no charge for children under age 19	
FRAME	Covered up to \$120 retail value. 20% off any balance over the allowance	
CONTACT LENSES	Benefit allowance applies to materials; discount available on fit and follow-up	
Elective		
Conventional	Covered up to \$115 allowance, 15% off balance over allowance	
Disposable	Covered up to \$115 allowance	
Non-elective**	No copay	
ADDITIONAL SAVINGS	Savings available from participating providers	
Out-of-network reimbursement		
EYE EXAMINATION	Reimbursed up to \$49	
LENSES		
Single vision	Reimbursed up to \$35	
Bifocal lenses	Reimbursed up to \$49	
Trifocal lenses	Reimbursed up to \$74	
Standard progressive lenses	Reimbursed up to \$49	
FRAME	Reimbursed up to \$50	
CONTACT LENSES		
Elective		
Conventional	Reimbursed up to \$92	
Disposable	Reimbursed up to \$92	
Non-elective**	Reimbursed up to \$250	

*Coverage for these vision PPO plans include choice of eyeglass lenses OR contact lenses, not both.

**Non-elective contact lenses are those prescribed for extreme visual acuity or other functional problems not treatable by eyeglass lenses.

Life coverage

Get life insurance ... and share the benefits of your employees' security.

Your employees depend on you, and their families depend on them. Life insurance is an easy, inexpensive way to help your employees improve their families' financial security. Your employees will appreciate that you took the time to include their families' future in your company's benefits package. What's more, Anthem Blue Cross Life and Health Insurance Company is rated "A (Excellent)" for financial strength by A.M. Best Company. And we have "best in class life insurance claim payment turnaround time." Our claim turnaround time is among the fastest in the industry – usually within two days.¹

Basic term life coverage

When you offer basic term life coverage, your employees and their families will gain extra peace of mind and financial support in the event of untimely death or serious physical loss. You can select a level of basic term life coverage from \$25,000 to \$250,000. With any level of coverage, Accidental Death & Dismemberment (AD&D) benefits are included automatically.

The life benefit is payable in the event of death at any time, with the automatic AD&D feature providing employees with an additional benefit – equal to the amount of the life benefit – in case of an accidental death or a serious qualifying accident. The living benefit allows employees diagnosed with a 12-month life expectancy due to a terminal illness to request up to 50% of their life benefit.

Extras included with AD&D coverage:

- An annual college education benefit for eligible dependents of the lesser of 25% of the AD&D coverage amount or \$12,000 if your employee should pass away while their kids are still in school
- A seat belt provision that adds the lesser of 10% of the coverage amount or \$25,000 to the AD&D benefit
- A \$5,000 maximum repatriation benefit for preparation and transportation services should death occur more than 75 miles from home

Improve member productivity and well-being with our member assistance programs

Life demands a lot, and asking for help can be difficult. That's why we automatically include Resource Advisor, a member assistance program for employees and their families. Resource Advisor provides easy access to confidential support and resources that employees and their families may need to improve their well-being and manage problems before they become an emotional or financial burden. Resource Advisor also includes identity theft victim recovery services and, through our Beneficiary Companion services, beneficiaries (executors of estate) receive assistance with important tasks required at time of death, allowing them to focus on healing.

Travel assistance – included with your group term life and accidental death and dismemberment (AD&D) insurance – gives employees and their families the comfort of knowing they are secure while traveling. When employees and their families are traveling for personal or business reasons more than 100 miles from home, they have access to emergency medical assistance, travel services and pre-departure information. All active employees with life and AD&D coverage, as well as their dependents, are eligible.

Dependent and supplemental life coverage

As the employer, you may choose to offer one of two dependent life plans, which pay a benefit to the

employee if their insured dependent dies. You can also offer supplemental life insurance, which allows employees who are enrolled in their group's basic term life coverage to purchase additional life coverage for themselves. You can make these options available to your employees at no additional cost to the company.

Save with composite life rates

Enroll 11 or more employees, and you'll automatically receive our composite life rates. Composite rates mean your group will receive a single rate per 1,000 of life coverage regardless of the age or gender of those enrolling. What's in it for you? Easier administration and yet another way to get potentially lower rates.

Life coverage is easy with Guaranteed Issue amounts

All of our Anthem Blue Cross health benefits groups with two or more enrolled employees can get life coverage without going through health underwriting – and there are no health questionnaires to fill out:²

- \$30,000 maximum for two to nine enrolled employees
- \$50,000 maximum for 10 to 24 enrolled employees
- \$100,000 maximum for 25 to 50 enrolled employees

**Workers' compensation – you need it.
We've got it. With a discount built
right in!**

¹ LUMRA MarketScan 2011.

² Coverage is not guaranteed for late enrollees and those enrolling in coverage that exceeds the Guaranteed Issue amount. Completed health questionnaires are required for those enrollees.

Life plans

This chart provides details about basic term life and adding dependent and/or supplemental life benefits so your employees get the whole picture. This is an overview of coverage. A comprehensive description of coverage, benefits, exclusions and limitations is contained in the Combined Evidence of Coverage and Disclosure Form.

	Benefit Amounts Available	Employer Contributions and Participation Requirements	Guaranteed Issue Guidelines
Basic Term Life – choose one of three options:			
<p>Schedule A: Flat dollar amounts for all employees You select one flat dollar amount for all employees</p> <p>Schedule B: Life benefits graded by job title* You select one amount in \$1,000 increments for Class I employees (officers, managers, supervisors) and another amount for Class II employees (all others)</p> <p>Schedule C: Salary based Life insurance You select either 1 or 2 times the employee's annual salary. All employees must have the same salary schedule.</p> <p>– Minimum/Maximum benefit: \$25,000/\$250,000</p> <p><small>* Job title descriptions shown are examples. You may use them as a guideline or provide your own; there must be at least one person in each class (job description). Only one benefit schedule may be offered. The benefit amount for Class I cannot exceed \$250,000 per employee and cannot exceed 2.5 times the benefit amount for Class II.</small></p>	\$25,000 to \$250,000	<p>If employer pays between 25% and 99%, then 75% employee participation is required.</p> <p>If employer pays 100%, then 100% employee participation is required.</p>	<p>Three levels of Guaranteed Issue are available, depending on number of enrolling employees.</p> <p>2-9 employees: \$30,000</p> <p>10-24 employees: \$50,000</p> <p>25-50 employees: \$100,000</p>
Dependent Life – two levels of optional dependent life coverage are available:			
<p>\$10,000 / \$1,000 Option: \$10,000 for spouse, \$10,000 for children 6 months to 26 years of age and \$1,000 for children under 6 months of age. Available only if employee life benefit is \$20,000 or more. Employee monthly rate is \$4 per family.</p> <p>\$5,000 / \$500 Option: \$5,000 for spouse, \$5,000 for children 6 months to 26 years of age and \$500 for children under 6 months of age. Employee monthly rate is \$2 per family.</p> <p>AD&D benefits are not available with dependent life coverage.</p>	\$10,000 / \$1,000 or \$5,000 / \$500	<p>Employer is not required to contribute toward the cost of dependent life coverage.</p> <p>If employees are paying part of the premium, at least 75% of all eligible employees with dependents must participate in dependent life coverage.</p>	All amounts are Guaranteed Issue.
Supplemental Life			
<p>100% employee paid.</p> <p>Available in four benefit amounts: \$15,000, \$25,000, \$50,000 or \$100,000</p> <p>(\$100,000 level only available to groups with 11 or more eligible employees)</p>	\$15,000 \$25,000 \$50,000 or \$100,000	<p>Premiums are 100% employee paid. Required participation depends on group size:</p> <ul style="list-style-type: none"> • 2-3 employees: 100% participation • 4-10 employees: 25% participation (min. three) • 11-50 employees: 25% participation (min. three) 	\$15,000 is available for groups with 11-50 eligible employees and at least 25% participation.

That's right – when you integrate workers' compensation coverage from Employers Compensation Insurance Company with any of our health plans, you get an automatic 10% discount off the workers' compensation portion of your bill. And you can potentially save even more on the health portion of your bill. Be sure to ask your Anthem Blue Cross agent about this incredible opportunity!

EmployeeElect Exclusions and Limitations

Health Plans Exclusions & Limitations

Request a copy of the Combined Evidence of Coverage/Certificate for comprehensive details on covered services, limitations and exclusions.

Exclusions and Limitations Common to All Health Plans

- Any amounts in excess of maximums stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Services or supplies that are not medically necessary.
- Services received before your effective date.
- Services received after your coverage ends.
- Any conditions for which benefits can be recovered under any workers' compensation law or similar law.
- Services you receive for which you are not legally obligated to pay.
- Services for which no charge is made to you in the absence of insurance coverage.
- Services not listed as covered in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Services from relatives.
- Vision care except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Eye surgery performed solely for the purpose of correcting refractive defects.
- Hearing aids. Routine hearing tests except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Sex changes.
- Dental services except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Orthodontic Services: Braces, other orthodontic services, except for orthodontic services related to Reconstructive Surgery for cleft palate as specifically stated for dental-related benefits under the benefit sections of the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Cosmetic surgery.
- Treatment of mental or nervous disorders and substance abuse (including nicotine use) or psychological testing, except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Custodial care.
- Experimental or investigational services.
- Services provided by a local, state or federal government agency or by a public school system or district, unless specifically provided or arranged by us.
- Diagnostic admissions.
- Telephone, email or facsimile machine consultations.
- Personal comfort items.
- Nutritional counseling (PPO plans only).
- Health club memberships.
- Any services to the extent you are entitled to receive Medicare benefits for those services without payment of additional premium for Medicare coverage.
-

- Commercial Weight loss programs
- Food or dietary supplements, except as provided in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Genetic testing for non-health reasons or when there is no health indication or no family history of genetic abnormality.
- Outdoor treatment programs.
- Replacement of prosthetics and durable medical equipment when lost or stolen.
- Any services or supplies provided to any person not covered under the Agreement in connection with a surrogate pregnancy.
- Immunizations solely for travel outside the United States.
- Services or supplies related to a pre-existing condition (PPO plans only). Pre-existing condition exclusion does not apply to covered persons under 19 years old.
- Educational Treatment or Services that are educational, vocational, or training in nature except as stated in the Combined Evidence of Coverage and Disclosure Form/Certificate and/or specifically provided by Anthem Blue Cross.
- Infertility services (including sterilization reversal) except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Private duty nursing except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Services primarily for weight reduction except medically necessary treatment of morbid obesity.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Medical supplies and equipment/durable medical equipment except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Non-Licensed Providers except as stated in the Combined Evidence of Coverage and Disclosure Form/Certificate and/or provided or arranged by us.
- Vein Treatment: Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) when services are rendered for cosmetic purposes.
- Online Visits, except as specifically stated under the benefit sections of this Combined Evidence of Coverage and Disclosure Form. Note: Not covered for HMO.

Additional Exclusions and Limitations Applicable Only to HMO plans

- Care not authorized by your PMG or IPA.
- Amounts in excess of maximum allowed amount for care rendered by a nonparticipating provider without an authorized referral from your PMG or IPA.
- Rehabilitative care, such as physical therapy, occupational therapy, speech therapy and chiropractic services, unless provided by a Home Health Agency or a Visiting Nurse Association except as specifically stated in the Combined Evidence of Coverage and Disclosure Form.
- Treatment of the jaw or teeth secondary to malocclusion or orthognathic conditions.
- Growth hormone treatment.
- Acupuncture/acupressure.

Additional Exclusions and Limitations Applicable Only to the Elements Hospital Plus and Elements Hospital Preferred Plans

All Elements Hospital plans exclude coverage for services such as, but not limited to: physical therapy, occupational therapy, chiropractic care, speech therapy, durable medical equipment (except diabetes equipment and supplies, equipment related to infusion therapy, special footwear, prosthetics, orthotics are covered), outpatient professional services, laboratory work, or x-rays for the treatment of infertility. There are certain limitations for benefits such as, but not limited to: ambulance has a limited benefit per trip. Request a copy of the Certificate for comprehensive details on covered services, limitations and exclusions.

General Provisions

Member Privacy

Our complete **Notice of Privacy Practices** provides a comprehensive overview of the policies and practices we enforce to preserve our members' privacy rights and control use of their health care information, including: the right to authorize release of information; the right to limit access to health information; protection of oral, written and electronic information; use of data; and information shared with employers. This notice can be downloaded from our website at anthem.com/ca or obtained by calling Small Group Customer Service at 800-627-8797.

Utilization Review

The Anthem Blue Cross Utilization Review Program helps members receive coverage for appropriate treatment in the appropriate setting. Four review processes are included: 1) Preservice Review assesses medical necessity before services are provided; 2) Admission Review determines at the time of admission if the stay or surgery is Medically Necessary in the event Preservice Review is not conducted; 3) Continued Stay Review determines if a continued stay is Medically Necessary; 4) Retrospective Review determines if the stay or surgery was Medically Necessary after care has been provided if none of the first three reviews were performed. Utilization Review is not the practice of medicine or the provision of health care to you. Only your doctor can provide you with health advice and health care.

Grievances

All complaints and disputes relating to a member's coverage with Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company must be resolved in accordance with the companies' grievance procedure. You can report your grievance by phone or in writing; see your Anthem Blue Cross ID card for the appropriate contact information. All grievances received by Anthem Blue Cross /Anthem Blue Cross Life and Health Insurance Company that cannot be resolved by phone (when appropriate) to the mutual satisfaction of the member and Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company will be acknowledged in writing, together with a description of how Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company proposes to resolve the grievance. Grievances that cannot be resolved by these procedures shall be resolved as indicated through binding arbitration, or if the plan you are covered under is subject to the Employee Retirement Income Security Act of 1974 (ERISA), in compliance with ERISA rules.

If the group is subject to ERISA, and a member disagrees with the proposed resolution of a grievance, the member may submit an appeal by phone or in writing, by contacting the phone number or address printed on the letterhead of the Anthem Blue Cross response letter.

For the purposes of ERISA, there is one level of appeal. For urgent care requests for benefits, we will respond within 72 hours from the date the appeal is received. For pre-service requests for benefits, the member will receive a response within 30 calendar days from the date the appeal is received. For post-service claims, we will respond within 60 calendar days from the date the appeal is received.

If the member disagrees with Anthem Blue Cross' decision on the appeal, the member may elect to have the dispute settled through alternative resolution options, such as voluntary binding arbitration.

For Anthem Blue Cross Members

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **800-627-8797** and use your health plan's grievance process before contacting the DMHC. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the DMHC for assistance. Your case may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of health decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent health services. The DMHC also has a toll-free telephone number (**888-HMO-2219**), and TDD line (**877-688-9891**) for the hearing and speech impaired. The department's website, hmohelp.ca.gov, has complaint forms, IMR application forms and instructions online.

For Anthem Blue Cross Life and Health Insurance Company Members

Oversseeing the industry and protecting the state's insurance consumers is the responsibility of the California Department of Insurance (CDI). The CDI regulates, investigates and audits insurance business to ensure that companies remain solvent and meet their obligations to insurance policyholders. If you have a problem regarding your coverage, please contact Anthem Blue Cross Life and Health Insurance Company first to resolve the issue. If contacts between you (the complainant) and Anthem Blue Cross Life and Health Insurance Company (the Insurer) have failed to produce a satisfactory solution to the problem, you may wish to contact the CDI. They can be reached by writing to the California Department of Insurance, Consumer Affairs Bureau, 300 South Spring St. - South Tower, Los Angeles, CA 90013. The CDI also has a toll-free phone number (**800-927-HELP [43571]**) that you may call for assistance.

Binding Arbitration

If the plan is subject to ERISA, any dispute involving an adverse benefit decision must be resolved under ERISA claims procedure rules, and is not subject to mandatory binding arbitration. Members may pursue voluntary binding arbitration after they have completed an appeal under ERISA rules. If the member has another dispute that does not involve an adverse benefit decision, or if the group does not provide a plan that is subject to ERISA, then the member and Anthem Blue Cross agree to be bound by the arbitration provisions contained in the enrollment form and Evidence of Coverage.

Medicare

Federal TEFRA, DEFRA and COBRA legislation has been enacted to regulate employee health care coverage. Based on this legislation and the limitations of the Anthem Blue Cross agreement, if a business employs, on average, fewer than 20 employees in a year and any employee becomes age 65, the employee's primary carrier must be Medicare. For these employees that are 65 and chose to retain their Anthem Blue Cross Small group coverage, Anthem Blue Cross will apply Medicare as the primary coverage, and the employer's group health plan is secondary for employees with Medicare Parts A and B, this can qualify a group for a reduced premium rate from their health plan for medical benefits for these Medicare-eligible employees. The employer will be required to supply Anthem Blue Cross with validation of small group status at each renewal to continue to qualify for the reduced rates. If an employer has any employee who becomes 65 years of age, that employee's primary health carrier must be Medicare. For these employees who are 65 years old and choose to retain their Anthem Blue Cross Small Group coverage, Anthem Blue Cross will apply contract benefits as a secondary carrier for Medicare benefits paid or payable.

Coordination of Benefits

The benefits of a member's plan may be reduced if the member has other group health, dental, drug or vision coverage, so that benefits and services the member receives from all group coverages do not exceed 100% of the covered expense.

Third-Party Liability

If a member is injured, the responsible party may be legally obligated to pay for health expenses related to that injury. Anthem Blue Cross may recover benefits paid for health expenses if the member recovers damages from a legally liable third party. Examples of third-party liability situations include car accidents and work-related injuries.

Voiding Coverage for False and Misleading Information

False or misleading information or failure to submit any required enrollment materials may form the basis for voiding coverage from the date a plan was issued or retroactively adjusting the premium to what it would have been if the correct information had been furnished. No benefits will be paid for any claim submitted if coverage is made void. Premiums already paid for the time period for which coverage was rescinded will be refunded, minus any claims paid.

Incurred Health Care Ratio

As required by law, we are advising you that Anthem Blue Cross and its affiliated companies' incurred health care ratio for 2008 was 83.4%. This ratio was calculated after provider discounts were applied.

This brochure provides abbreviated information about benefits, exclusions and limitations. Please refer to the Combined Evidence of Coverage and Disclosure Forms and/or Certificates for comprehensive descriptions of coverage, benefits, special circumstances and limitations.

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



Health · Dental · Vision · Life

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.

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).

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