Benefit Sheet

	Anthem Blue Cross Platinum PPO 15/250/10% 5SYC (Broad Network)	
Benefit	**In Network**	**Out of Network**
Individual Ded	$250	$2,000
Family Ded	$750 (embedded)	$4,000 (embedded)
Individual OOP Max	$4,000 (incl ded)	$8,000 (incl ded)
Family OOP Max	$8,000 (incl ded)	$16,000 (incl ded)
Co-insurance	10%	50%
Lifetime Max	Unlimited	Unlimited
PC/Specialist	$15/$30 ded waived	50% after ded
Adult Preventive Care	No charge	50% after ded
Child Preventive Care	No charge	50% after ded
Pre/Postnatal Care	No charge/$15 ded waived	50% after ded
Physical Therapy	$15 ded waived	50% after ded
Chiropractic Care	50% ded waived	Not covered
Inpatient Hospital	10% after ded	50% after ded; $650 benefit max/day
Inpatient Surgery	10% after ded	50% after ded
Maternity Delivery/IP	10% after ded	50% after ded; $650 benefit max/day
Mental Health IP	10% after ded	50% after ded; $650 benefit max/day
Substance Abuse IP	10% after ded	50% after ded; $650 benefit max/day
Outpatient Facility	10% after ded/$200 + 10% after ded (ASC/Hospital)	50% after ded; $380 benefit max/admit
Outpatient Surgery	10% after ded	50% after ded
Lab/X-Ray	Lab-No charge (FS)/$10 ded waived (Office)/10% after ded (OP Hosp); X-ray-10% after ded (FS & OP Hosp)/$10 ded waived (Office)	50% after ded
Advanced Radiology	10% after ded (FS & Office)/$100 + 10% after ded (OP Hosp)	50% after ded; $380 (FS & OP Hosp)/$800 (Office) benefit max/procedure
Mental Health OP	$15 ded waived	50% after ded
Substance Abuse OP	$15 ded waived	50% after ded
Emergency Room	$200 + 10% after ded	Paid as in-network
Ambulance	10% after ded	Paid as in-network
Urgent Care	$30 ded waived	50% after ded
Rx Generic	$10/$20 ded waived	Not covered
Rx Preferred	$35/$50 ded waived	Not covered
Rx Non-Preferred	$70/$85 ded waived	Not covered
Rx Specialty	30%/40% ded waived; $250 max/script	Not covered
Rx Mail Order	2.5x/3x/3x/1x retail copay	Not covered
Home Health Care	10% after ded; 100 visits/yr	50% after ded; 100 visits/yr
Skilled Nursing	10% after ded; 100 days/benefit period	50% after ded; $150 benefit max/day; 100 days/benefit period
Infertility Treatment	Refer to carrier	Refer to carrier
DME	50% after ded	50% after ded
Hospice Services	0% after ded	50% after ded
Pediatric Vision	Covered; 1 exam & pair/benefit period	Covered; 1 exam & pair/benefit period
Pediatric Dental	Covered; 1 visit/6 months	Covered; 1 visit/6 months

Benefit Sheet

	Anthem Blue Cross Platinum PPO 20/10% 5SVU (Broad Network)	
Benefit	**In Network**	**Out of Network**
Individual Ded	$0	$2,000
Family Ded	$0	$4,000 (embedded)
Individual OOP Max	$4,000	$8,000 (incl ded)
Family OOP Max	$8,000	$16,000 (incl ded)
Co-insurance	10%	50%
Lifetime Max	Unlimited	Unlimited
PC/Specialist	$20/$40	50% after ded
Adult Preventive Care	No charge	50% after ded
Child Preventive Care	No charge	50% after ded
Pre/Postnatal Care	No charge/$20	50% after ded
Physical Therapy	$20	50% after ded
Chiropractic Care	50%	Not covered
Inpatient Hospital	10%	50% after ded; $650 benefit max/day
Inpatient Surgery	10%	50% after ded
Maternity Delivery/IP	10%	50% after ded; $650 benefit max/day
Mental Health IP	10%	50% after ded; $650 benefit max/day
Substance Abuse IP	10%	50% after ded; $650 benefit max/day
Outpatient Facility	10%/$150 + 10% (ASC/Hospital)	50% after ded; $380 benefit max/admit
Outpatient Surgery	10%	50% after ded
Lab/X-Ray	Lab-No charge (FS)/$10 (Offfice)/10% (OP Hosp); X-ray-10% (FS & OP Hosp)/$10 (Office)	50% after ded
Advanced Radiology	10% (FS & OP Hosp)/$10 (Office)	50% after ded; $380 (FS & OP Hosp)/$800 (Office) benefit max/procedure
Mental Health OP	$20	50% after ded
Substance Abuse OP	$20	50% after ded
Emergency Room	$200 + 10%	Paid as in-network
Ambulance	10%	Paid as in-network
Urgent Care	$40	50% after ded
Rx Generic	$10/$20	Not covered
Rx Preferred	$35/$50	Not covered
Rx Non-Preferred	$70/$85	Not covered
Rx Specialty	30%/40%; $250 max/script	Not covered
Rx Mail Order	2.5x/3x/3x/1x retail copay	Not covered
Home Health Care	10%; 100 visits/yr	50% after ded; 100 visits/yr
Skilled Nursing	10%; 100 days/benefit period	50% after ded; $150 benefit max/day; 100 days/benefit period
Infertility Treatment	Refer to carrier	Refer to carrier
DME	50%	50% after ded
Hospice Services	No charge	50% after ded
Pediatric Vision	Covered; 1 exam & pair/benefit period	Covered; 1 exam & pair/benefit period
Pediatric Dental	Covered; 1 visit/6 months	Covered; 1 visit/6 months

Benefit Sheet

	Anthem Blue Cross Platinum PPO 5/250/15% 5SRH (Broad Network)	
Benefit	**In Network**	**Out of Network**
Individual Ded	$250	$2,000
Family Ded	$750 (embedded)	$4,000 (embedded)
Individual OOP Max	$4,000 (incl ded)	$8,000 (incl ded)
Family OOP Max	$8,000 (incl ded)	$16,000 (incl ded)
Co-insurance	15%	50%
Lifetime Max	Unlimited	Unlimited
PC/Specialist	$5/$45 ded waived	50% after ded
Adult Preventive Care	No charge	50% after ded
Child Preventive Care	No charge	50% after ded
Pre/Postnatal Care	No charge/$5 ded waived	50% after ded
Physical Therapy	$5 ded waived	50% after ded
Chiropractic Care	50% ded waived	Not covered
Inpatient Hospital	15% after ded	50% after ded; $650 benefit max/day
Inpatient Surgery	15% after ded	50% after ded
Maternity Delivery/IP	15% after ded	50% after ded; $650 benefit max/day
Mental Health IP	15% after ded	50% after ded; $650 benefit max/day
Substance Abuse IP	15% after ded	50% after ded; $650 benefit max/day
Outpatient Facility	15% after ded/$200 + 15% after ded (ASC/Hospital)	50% after ded; $380 benefit max/admit
Outpatient Surgery	15% after ded	50% after ded
Lab/X-Ray	Lab-No charge (FS)/$10 ded waived (Office)/15% after ded (OP Hosp); X-ray-15% after ded (FS & OP Hosp)/$10 ded waived (Office)	50% after ded
Advanced Radiology	15% after ded (FS & Office)/$100 + 15% after ded (OP Hosp)	50% after ded; $380 (FS & OP Hosp)/$800 (Office) benefit max/procedure
Mental Health OP	$5 ded waived	50% after ded
Substance Abuse OP	$5 ded waived	50% after ded
Emergency Room	$250 + 15% after ded	Paid as in-network
Ambulance	15% after ded	Paid as in-network
Urgent Care	$45 ded waived	50% after ded
Rx Generic	$5/$15 ded waived	Not covered
Rx Preferred	$35/$50 ded waived	Not covered
Rx Non-Preferred	$70/$85 ded waived	Not covered
Rx Specialty	30%/40% ded waived; $250 max/script	Not covered
Rx Mail Order	2.5x/3x/3x/1x retail copay	Not covered
Home Health Care	15% after ded; 100 visits/yr	50% after ded; 100 visits/yr
Skilled Nursing	15% after ded; 100 days/benefit period	50% after ded; $150 benefit max/day; 100 days/benefit period
Infertility Treatment	Refer to carrier	Refer to carrier
DME	50% after ded	50% after ded
Hospice Services	0% after ded	50% after ded
Pediatric Vision	Covered; 1 exam & pair/benefit period	Covered; 1 exam & pair/benefit period
Pediatric Dental	Covered; 1 visit/6 months	Covered; 1 visit/6 months

Benefit Sheet

	Anthem Blue Cross Platinum PPO 5/250/15% WH 5SZF (Broad Network)	
Benefit	**In Network**	**Out of Network**
Individual Ded	$250	$2,000
Family Ded	$750 (embedded)	$4,000 (embedded)
Individual OOP Max	$4,000 (incl ded)	$8,000 (incl ded)
Family OOP Max	$8,000 (incl ded)	$16,000 (incl ded)
Co-insurance	15%	50%
Lifetime Max	Unlimited	Unlimited
PC/Specialist	$5/$45 ded waived	50% after ded
Adult Preventive Care	No charge	50% after ded
Child Preventive Care	No charge	50% after ded
Pre/Postnatal Care	No charge/$5 ded waived	50% after ded
Physical Therapy	$5 ded waived	50% after ded
Chiropractic Care	50% ded waived	Not covered
Inpatient Hospital	15% after ded	50% after ded; $650 benefit max/day
Inpatient Surgery	15% after ded	50% after ded
Maternity Delivery/IP	15% after ded	50% after ded; $650 benefit max/day
Mental Health IP	15% after ded	50% after ded; $650 benefit max/day
Substance Abuse IP	15% after ded	50% after ded; $650 benefit max/day
Outpatient Facility	15% after ded/$200 + 15% after ded (ASC/Hospital)	50% after ded; $380 benefit max/admit
Outpatient Surgery	15% after ded	50% after ded
Lab/X-Ray	Lab-No charge (FS)/$10 ded waived (Office)/15% after ded (OP Hosp); X-ray-15% after ded (FS & OP Hosp)/$10 ded waived (Office)	50% after ded
Advanced Radiology	15% after ded (FS & Office)/$100 + 15% after ded (OP Hosp)	50% after ded; $380 (FS & OP Hosp)/$800 (Office) benefit max/procedure
Mental Health OP	$5 ded waived	50% after ded
Substance Abuse OP	$5 ded waived	50% after ded
Emergency Room	$250 + 15% after ded	Paid as in-network
Ambulance	15% after ded	Paid as in-network
Urgent Care	$45 ded waived	50% after ded
Rx Generic	$5/$15 ded waived	Not covered
Rx Preferred	$35/$50 ded waived	Not covered
Rx Non-Preferred	$70/$85 ded waived	Not covered
Rx Specialty	30%/40% ded waived; $250 max/script	Not covered
Rx Mail Order	2.5x/3x/3x/1x retail copay	Not covered
Home Health Care	15% after ded; 100 visits/yr	50% after ded; 100 visits/yr
Skilled Nursing	15% after ded; 100 days/benefit period	50% after ded; $150 benefit max/day; 100 days/benefit period
Infertility Treatment	Refer to carrier	Refer to carrier
DME	50% after ded	50% after ded
Hospice Services	0% after ded	50% after ded
Pediatric Vision	Covered; Enhanced pediatric and adult	Covered; Enhanced pediatric and adult
Pediatric Dental	Covered; Enhanced pediatric and adult	Covered; Enhanced pediatric and adult

Footnotes

Anthem Blue Cross

*All Medical and Dental Plans and Rates are subject to Regulatory Review and/or Approval.

*Employers are responsible for sending an electronic or printed copy of the summary of benefits and coverage (also called an “SBC”) to plan participants and beneficiaries. To access your groups SBC’s, go to https://sbc.anthem.com/.

*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).

*The Anthem Blue Cross medical and dental premiums displayed in this proposal are based on the census information provided and the zip code rating region designations in Health Connects’ system. Some zip codes may have a dual county rating region. Health Connect has defaulted these zip codes to the most populous county. However, once Anthem Blue Cross receives the enrollment the county may be updated based on the physical address. To improve the accuracy of this proposal, insure the correct rating region designation is noted for the Employer. Rating regions can be referenced in the rate guide Final rates are set by Anthem Blue Cross.

*New Hire rates are based on the employee's age as of his/her coverage effective date. If this is a "New Hire" quote, please make the necessary changes in your census to reflect the true age of the new employee.