

CALIFORNIA | Effective July 1, 2016

# 2016 Small Group Guide

EmployeeElect for groups with  
1-100 employees

Small Group Guide revised to reflect mid-year benefit changes effective 7/1/16.

37046CABENABC Rev. 06/16



Health · Pharmacy · Dental · Vision · Life · Disability



# Access to the latest range of plans

## **Built from the ground up – with the strengths you’ve come to expect from the Anthem product portfolio**

It is one thing to provide a full range of health care plans – it’s quite another to create an atmosphere in which every person is able to understand and select the best plan for their individual needs.

Our goal at Anthem Blue Cross (Anthem) is to provide you with clear guidance so you can help others choose their best health care options. We trust that this guide will give you a good picture of what’s offered through EmployeeElect.

Our original 2016 Anthem product portfolio was well-positioned for the changing market. However, throughout the course of the year many of you asked for additional plans to be added to our already robust portfolio to meet the ever-changing needs of the marketplace. You asked, and we listened!

Effective July 1, 2016, we are pleased to have added 8 new plan offerings and 2 new full network enhancements to provide you with more options and solutions for your clients. You’ll find that the plans offer all the essential health benefits (EHBs) such as emergency care, hospital stays, maternity and newborn care, prescription drugs and preventive care, as well as other features needed to comply with the Affordable Care Act (ACA). They deliver on our longstanding portfolio strengths, including network value, plan variety, pharmacy coverage and comprehensive care.

This guide can answer many of your questions about:

- 2016 plans and features including medical, pharmacy, dental, vision, life and disability.
- The latest on our health and wellness offerings ... and much more.

This provides an overview of plans available. This is intended to be a brief overview of benefits and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions can be found in the *Combined Evidence of Coverage/Certificate*. In the event of a conflict between the *Combined Evidence of Coverage/Certificate* and this overview, the terms of the *Combined Evidence of Coverage/Certificate* will prevail.

# The Anthem product portfolio

Every plan in our portfolio is ACA-compliant, covering everything from emergencies to counseling services, preventive care and more, including:

- Preventive, wellness and chronic disease management services.
- Outpatient (ambulatory) care.
- Emergency services, including emergency room or urgent care.
- Inpatient care (hospital stays).
- Laboratory services.
- Prescription drugs.
- Mental health and substance abuse.
- Maternity (pregnancy) and newborn care.
- Pediatric services, including dental and vision care.
- Rehabilitative and habilitative services and devices (habilitative services help a person learn, keep or improve skills they may not be developing normally).
- Gender discrimination prevention.
- Oral chemotherapy.

Our plans all provide for in-network benefits. Some have additional out-of-network benefits as well. Different plans feature different degrees of in-network access, and some plans have larger networks than others. In-network (participating) doctors, hospitals and pharmacies have agreed to accept lower costs for their covered services. These agreed-upon rates can help lower the cost of covered health care services, including employers' and employees' share of the costs. Out-of-network (nonparticipating) doctors, hospitals and pharmacies do not provide services at a negotiated (agreed-upon) rate, which could result in higher out-of-pocket costs for employees.

**To find a network doctor, hospital or pharmacy, use our online Provider Directory at [anthem.com/ca](http://anthem.com/ca).**





# Changes to look for in 2016

## Plan and benefit changes

Modifications to the portfolio have been made to achieve the following:

**Compliance** – Necessary benefit adjustments made as needed to comply with 2016 AV metal ranges, and federal and state mandates.

**Maintain Cost of Care** – Certain medical and pharmacy copays adjusted to keep up with rising medical and pharmacy trends.

**Simplification** – Eliminated low-selling plans; added more network options to existing plans; and removed employer contributions from HSA plans.

**Increased Affordability** – Voluntary wellness programs with incentives, including gym reimbursements, have been removed.

**Competitive Alignment** – All plans will transition to one Anthem drug list to align with competitors in the market, and create plan consistency.

## Pediatric dental and vision are still embedded within all plans

The ACA is written so all children have access to affordable dental and vision care to keep their teeth, gums and eyes healthy. It's part of the essential health benefits (EHBs) included in all medical plans. Other required EHBs that are embedded in member medical plans include emergency care, hospital stays, maternity and newborn care, prescription drugs and preventive care.

### Embedded Adult Vision

In addition to pediatric vision EHBs coverage for children under age 19, all of our health plans include a routine vision exam benefit for adults age 19 and older.



# Products and features for 2016

On the following pages, you'll find product grids that give you a top-line description of the complete range of Anthem plans for 2016. The explanations below correspond to column headers found on those grids.

**Metal structure** – Actuarial Values (AV) can be used to compare different plan designs to determine how overall cost sharing differs across plans with different cost-sharing provisions.

	Minimum AV	Maximum AV
Platinum	88%	92%
Gold	78%	82%
Silver	68%	72%
Bronze	58%	62%

## Product type

**PPO** – Allows members to go directly to any in-network provider. There is no need to choose a primary care physician (PCP) or get a referral to see other doctors.

**HMO** – Requires members to choose a PCP; a referral is required to see other doctors.

**Health Savings Account (HSA)** – A savings account for certain plans that members can fund with pretax dollars and use to pay for qualified health care expenses, including prescriptions. This is often used with a Consumer-Driven Health Plan.

**Health Reimbursement Account (HRA)\*** – Employer-funded plan to help pay for covered costs. This is used with a CDHP and requires the deductible first. This means members must pay a certain part of the in-network deductible – the upfront deductible – before using their HRA account. HRA funds cannot be used for the upfront deductible. Once the yearly in-network deductible is met, coverage under this plan begins.

\*Note: While your small group health plan remains fully insured, the selection of any HRA-compatible plan requires the group to be set up as an administrative services only (ASO) client to pay for claims made against the associates' Anthem HRA plan. This arrangement is called a blended funding arrangement since there is both a fully insured and ASO arrangement. To set up the blended funding option, you need to fill out the Health Reimbursement Accounts Agreement (HRA Agreement) and Demand Debit forms. That allows us to debit the client's bank account for HRA medical and pharmacy claims. Notification of the debit for medical and pharmacy claims will be sent to you three days before taking money from the account. The annual HRA employer contribution is set to \$1,000. A group cannot opt-out of the Anthem ASO funding arrangement. Please note: Third party administrators (TPAs) are not allowed on the HRA plans.

## Network(s)

Note: At enrollment, the group can select only one PPO network option and/or only one HMO network option.

### PPO network options

**Prudent Buyer PPO Network** – Access to nearly 60,000 California doctors and specialists, and more than 330 hospitals.

**SELECT PPO Network** – Access to more than 40,000 California doctors and specialists, and more than 300 hospitals.

### HMO network options (Please refer to the rate guide for detailed network availability.)

**CaliforniaCare HMO Network** – Access to more than 42,000 California doctors and specialists, and more than 330 hospitals.

**SELECT HMO Network** – Access to more than 26,000 California doctors and specialists, and nearly 250 hospitals.

**Priority SELECT HMO Network** – Access to more than 8,000 California doctors and specialists, and nearly 325 hospitals.

## Pharmacy

The Anthem drug list contains the names of FDA-approved generic and brand-name medications. The list is divided into four tiers. Tier 1 drugs have the lowest cost share; Tiers 2 and 3 drugs have progressively higher cost shares. Tier 4 may have a coinsurance up to a maximum dollar amount per prescription. In evaluating a plan, it's important to look at the drug list to understand which drugs are covered.

### View our drug list online:

The Select Drug List: [anthem.com/ca/Selectdrugtier4](https://www.anthem.com/ca/Selectdrugtier4)

### Download our mobile app to access prescription information and pharmacy tools on the go.

This app helps you find a pharmacy, price a drug, switch from retail to home delivery, order a refill, check order status and more. To download the Anthem Blue Cross mobile app, visit Google Play™ (Android) or the Apple Store® (iOS). After logging in the first time and choosing **Prescription Benefits**, a prompt appears to download the Express Scripts app, which powers the Pharmacy tools. But you only need to visit the Anthem Blue Cross mobile app to manage your pharmacy benefits all in one place!

## Pediatric dental EHBs

\* Pediatric dental essential health benefits that are part of a PPO health plan include in- and out-of-network benefits. Pediatric dental essential health benefits that are part of an HMO health plan include in-network benefits only.

All of our Small Group health plans include pediatric dental EHBs, which provide important coverage for kids up to age 19. Benefits include preventive care, fillings and more extensive services like medically necessary orthodontia.

	In-network and out-of-network coinsurance*
Diagnostic and preventive services (cleanings, exams and X-rays) — not subject to deductible	100%
Basic services (fillings)	50%
Endodontic, periodontal, oral surgery and major services	50%
Medically necessary orthodontia	50%

Because these benefits are part of a health plan, they share a combined out-of-pocket maximum. Diagnostic and preventive services like cleanings, exams and X-rays are **not subject to the deductible** so members can take advantage of them right away. These benefits have no annual maximum.

## Pediatric vision EHBs

All of our Small Group health plans include pediatric vision EHBs, which provide coverage for vision exams and glasses or contacts for kids up to age 19. Adult vision exam benefits are also embedded into our plans.

<b>Anthem Vision Pediatric Blue View Vision network</b>	<b>In network</b>	<b>Out of network*</b>
<b>Routine eye exam</b> (once every calendar year)	\$0 copay	\$0 copay up to plan's maximum allowed amount (MAA) (of \$30)
<b>Lenses — single, bifocal, trifocal</b> (once every calendar year)	\$0 copay	\$0 copay up to plan's MAA (of \$25, \$40, or \$55)
<b>Lens options and treatments</b>		
UV coating	Covered in full	N/A
Standard factory scratch coating	Covered in full	N/A
Standard polycarbonate	Covered in full	N/A
Standard Transitions®	Covered in full	N/A
Standard progressive lenses	Covered in full	\$0 copay up to plan's MAA (of \$40)
<b>Frames</b> (once every calendar year)	\$0 copay, formulary	\$0 copay up to plan's MAA (of \$45)
<b>Elective contact lenses</b> (once every calendar year — in lieu of eyeglass lenses)	\$0 copay, formulary	\$0 copay up to plan's MAA (of \$60)
<b>Nonelective contact lenses</b> (once every calendar year — in lieu of eyeglass lenses)	Covered in full	\$0 copay up to plan's MAA (of \$210)
<b>Low vision</b> (once every five calendar years)	Covered in full	N/A

Because these benefits are part of a health plan, they share a combined deductible and out-of-pocket maximum.

Covered children can choose from a selection of frames and contact lenses.

## Adult vision benefits

<b>Anthem Vision Adult, Blue View Vision network</b>	<b>In network</b>	<b>Out of network*</b>
<b>Routine eye exam</b> (once every calendar year)	\$20 copay	Up to \$30 allowance

We also offer family stand-alone vision plans. For more information, please see the "Vision" section.

\* Vision benefits that are part of a PPO health plan include in-network and out-of-network benefits. Vision benefits that are part of an HMO health plan include in-network benefits only.



A man and a woman are smiling and looking towards a third person whose back is to the camera. They are sitting at a white table. The man is wearing a light blue sweater over a dark blue collared shirt. The woman is wearing a pink top. On the table, there is a tablet computer and a blue card. The background shows a window with greenery outside and a white shelf with some items.

**Anthem plans  
for 2016**

**The naming structure includes these elements:**  
 Anthem + metal tier + network name + product type +  
 copay or deductible/coinsurance/out-of-pocket maximum

**In-network benefits** are represented below.  
**For out-of-network benefits**, please refer to the *Combined Evidence of Coverage/Certificate*.

Please note: all new plan or network offerings effective July 1, 2016 are listed in bold below.

Product type	HMO plan name	Deductible <sup>1*</sup>	Office visits (primary care physician)	Specialist office visits	Urgent care	Coinsurance
HMO	<b>Anthem Platinum HMO 25/20%/5000</b>	\$0	\$25	\$50	\$75	20%
	Anthem Platinum Select HMO 25/20%/5000					
	Anthem Platinum Priority Select HMO 25/20%/5000					
	Anthem Gold HMO 500/20%/5000	\$500 (3x fam)	\$30	\$60	\$100	20%
	Anthem Gold Select HMO 500/20%/5000					
	Anthem Gold Priority Select HMO 500/20%/5000					
	Anthem Gold HMO 50/30%/6850	\$0	\$50	\$100	\$100	30%
	Anthem Gold Select HMO 50/30%/6850					
	Anthem Gold Priority Select HMO 50/30%/6850					
	Anthem Silver HMO 1750/40%/6850	\$1,750	\$50	\$75	\$100	40%
	Anthem Silver Select HMO 1750/40%/6850					
	Anthem Silver Priority Select HMO 1750/40%/6850					

This provides an overview of plans available. This is intended to be a brief overview of benefits and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions can be found in the *Combined Evidence of Coverage/Certificate*. In the event of a conflict between the *Combined Evidence of Coverage/Certificate* and this overview, the terms of the *Combined Evidence of Coverage/Certificate* will prevail.

\* Family deductibles are two times the in-network single member amount, except as otherwise noted.

\*\* Family out-of-pocket maximums are two times the in-network single network amount, except as otherwise noted.

	Emergency room	Outpatient surgery	Hospital inpatient	Out-of-pocket maximum**	Pharmacy deductible (if any) Tier 1/Tier 2/Tier 3/Tier 4
	\$250	\$250	\$250 per day up to 5 days max	\$5,000 (medical and pharmacy combined)	Retail: \$15/\$40/\$80/30% (up to \$500)
	\$200 + 20%	20%	20%	\$5,000 (medical and pharmacy combined)	Retail: \$250 deductible (waived tier 1) \$15/\$40/\$80/25% (up to \$250)
	\$350	\$500	\$750 per day up to 4 days max	\$6,850 (medical and pharmacy combined)	Retail: \$250 deductible (waived tier 1) \$15/\$50/\$90/25% (up to \$250)
	\$300	40%	40%	\$6,850 (medical and pharmacy combined)	Retail: \$250 deductible (waived tier 1) \$15/\$50/\$90/25% (up to \$250)

1 The medical deductible applies to certain services such as: services in an inpatient/outpatient facility, emergency room, mental health/substance abuse facility/related professional services, hospice, other home care/supplies, home dialysis, home infusion therapy, ambulance, and DME. A separate pharmacy deductible applies to pharmacy benefits for applicable plans. Refer to the *Combined Evidence of Coverage* for complete details.

**The naming structure includes these elements:**  
 Anthem + metal tier + network name + product type +  
 copay or deductible/coinsurance/out-of-pocket maximum

**In-network benefits** are represented below.  
**For out-of-network benefits**, please refer to the *Combined Evidence of Coverage/Certificate*.

**Please note: all new plan or network offerings effective July 1, 2016 are listed in bold below.**

Product type	PPO plan name	Deductible <sup>*</sup>	Office visits (primary care physician) <sup>1</sup>	Specialist office visits <sup>1</sup>	Urgent care <sup>1</sup>	Coinsurance
PPO <sup>2</sup>	<b>Anthem Platinum PPO 20/10%/4000</b>	\$0	\$20	\$40	\$40	10%
	Anthem Platinum Select PPO 20/10%/4000					
	<b>Anthem Platinum PPO 200/10%/3000</b>	\$200 (3x fam)	\$10	\$30	\$100	10%
	Anthem Platinum Select PPO 200/10%/3000					
	<b>Anthem Gold PPO 20/30%/5500</b>	\$0	\$20	\$40	\$100	30%
	Anthem Gold Select PPO 20/30%/5500					
	<b>Anthem Gold Select PPO 35/20%/6200</b>	\$0	\$35	\$55	\$60	20%
	Anthem Gold PPO 500/20%/4500					
	<b>Anthem Gold PPO 500/20%/4500</b>	\$500 (3x fam)	\$30	\$60	\$100	20%
	Anthem Gold Select PPO 500/20%/4500					
	<b>Anthem Gold PPO 700/20%/6600</b>	\$700 (3x fam)	\$20	\$40	\$100	20%
	<b>Anthem Gold Select PPO 700/20%/6600</b>					
	<b>Anthem Gold PPO 1000/20%/4000</b>	\$1,000 (3x fam)	\$20	\$40	\$100	20%
	Anthem Gold Select PPO 1000/20%/4000					
	<b>Anthem Gold PPO 1000/20%/5900</b>	\$1,000 (3x fam)	\$20	\$40	\$50	20%
	<b>Anthem Gold Select PPO 1000/20%/5900</b>					
	<b>Anthem Gold PPO 2000/20%/4000</b>	\$2,000	\$25	\$50	\$100	20%
	Anthem Gold Select PPO 2000/20%/4000					
	<b>Anthem Silver PPO 1250/40%/6850</b>	\$1,250	\$30	\$50	\$100	40%
	<b>Anthem Silver Select PPO 1250/40%/6850</b>					
	<b>Anthem Silver Select PPO 1500/20%/6500</b>	\$1,500	\$45	\$70	\$90	20%
	<b>Anthem Silver PPO 1750/35%/6850</b>					
	<b>Anthem Silver Select PPO 1750/35%/6850</b>	\$1,750	\$25	\$45	\$100	35%
	Anthem Silver PPO 2000/35%/6850					
	<b>Anthem Silver PPO 2000/35%/6850</b>	\$2,000	\$25	\$45	\$100	35%
	Anthem Silver Select PPO 2000/35%/6850					
	<b>Anthem Bronze PPO 5000/30%/6850</b>	\$5,000	\$30, then deductible/30% (3 visits before deductible)	\$30, then deductible/30% (3 visits before deductible)	30%	30%
	<b>Anthem Bronze Select PPO 5000/30%/6850</b>					
<b>Anthem Bronze PPO 6000/35%/6600</b>	\$6,000	\$70, then ded/35% (3 visits before deductible)	\$70, then ded/35% (3 visits before deductible)	35%	35%	
<b>Anthem Bronze Select PPO 6000/35%/6600</b>						
<b>Anthem Bronze Select PPO 6000/100%/6500</b>	\$6,000	\$70 (3 visits before deductible)	\$90 (3 visits before deductible)	\$120 (3 visits before deductible)	N/A	

This provides an overview of plans available. This is intended to be a brief overview of benefits and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions can be found in the *Combined Evidence of Coverage/Certificate*. In the event of a conflict between the *Combined Evidence of Coverage/Certificate* and this overview, the terms of the *Combined Evidence of Coverage/Certificate* will prevail.

\* Family deductibles are two times the in-network single member amount, except as otherwise noted.

\*\* Family out-of-pocket maximums are two times the in-network single network amount, except as otherwise noted.

	Emergency room <sup>1</sup>	Outpatient surgery <sup>1</sup>	Hospital inpatient <sup>1</sup>	Out-of-pocket maximum**	Pharmacy deductible (if any) Tier 1/Tier 2/Tier 3/Tier 4
	\$150	10%	10%	\$4,000 (medical and pharmacy combined)	Retail: \$5/\$15/\$25/10% (up to \$250)
	\$200 + 10%	10%	10%	\$3,000 (medical and pharmacy combined)	Retail: \$10/\$35/\$70/25% (up to \$250)
	\$200 + 30%	30%	30%	\$5,500 (medical and pharmacy combined)	Retail: \$250 deductible (waived tier 1) \$15/\$40/\$80/25% (up to \$250)
	\$250	20%	20%	\$6,200 (medical and pharmacy combined)	Retail: \$15/\$50/\$70/20% (up to \$250)
	\$200 + 20%	20%	20%	\$4,500 (medical and pharmacy combined)	Retail: \$250 deductible (waived tier 1) \$15/\$40/\$80/25% (up to \$250)
	\$100+20%	20%	20%	\$6,600 (medical and pharmacy combined)	Retail: \$250 deductible (waived tier 1) \$15/\$40/\$80/25% (up to \$250)
	\$200 + 20%	20%	20%	\$4,000 (medical and pharmacy combined)	Retail: \$250 deductible (waived tier 1) \$15/\$40/\$80/25% (up to \$250)
	\$100+20%	20%	20%	\$5,900 (medical and pharmacy combined)	\$15/\$40/\$80/25% (up to \$250)
	\$200 + 20%	20%	20%	\$4,000 (medical and pharmacy combined)	Retail: \$10/\$35/\$70/25% (up to \$250)
	\$200+40%	40%	40%	\$6,850 (medical and pharmacy combined)	\$15/\$40/\$80/25% (up to \$250)
	\$250	20%	20%	\$6,500 (medical and pharmacy combined)	Retail: \$250 deductible (waived tier 1) \$15/\$55/\$75/20% (up to \$250)
	\$300+35%	35%	35%	\$6,850 (medical and pharmacy combined)	\$250 deductible (waived tier 1) \$15/\$40/\$80/25% (up to \$250)
	\$300 + 35%	35%	35%	\$6,850 (medical and pharmacy combined)	Retail: \$15/\$40/\$80/25% (up to \$250)
	\$300	\$300	\$500 copay per admit, then 0% coinsurance	\$6,850 (medical and pharmacy combined)	Retail: \$500 deductible (waived tier 1) \$15/\$40/\$80/30% (up to \$500)
	35%	35%	35%	\$6,600 (medical and pharmacy combined)	Retail: \$250 deductible (waived tier 1) \$15/\$50/\$90/25% (up to \$250)
	Member pays 100% after deductible <sup>3</sup>	Member pays 100% after deductible <sup>3</sup>	Member pays 100% after deductible <sup>3</sup>	\$6,500 (medical and pharmacy combined)	Retail:\$500 deductible applies to all tiers, then member pays 100% up to a maximum \$500 copay per script <sup>3</sup>

1 Copays listed are for the visit itself; additional cost shares will apply for other services received during the visit.

2 PPO plans include an embedded family deductible and out-of-pocket maximum meaning the cost shares of one family member will be applied to the individual deductible and out-of-pocket maximum; in addition, amounts for all family members apply to a shared family deductible and out-of-pocket maximum. One family member will pay no more than the individual amount.

3 For certain services, such as emergency room, outpatient facility, inpatient facility, skilled nursing facility, X-rays, imaging, home health, DME and prescription drugs – the member pays the applicable deductible then there is no coverage for these services until the out-of-pocket maximum is met. Once the out-of-pocket maximum is met, these services are covered at 100%.



**The naming structure includes these elements:**  
 Anthem + metal tier + network name + product type +  
 copay or deductible/coinsurance/out-of-pocket maximum

**In-network benefits** are represented below.  
**For out-of-network benefits**, please refer to the *Combined Evidence of Coverage/Certificate*.

Product type	CDHP plan name	Employer contribution	Deductible*	Office visits (primary care physician)	Specialist office visits	Urgent care	Coinsurance
CDHP	Anthem Gold PPO 2000/20%/4000 w/ HRA	\$1,000	\$2,000 (medical and pharmacy combined) <sup>1</sup>	20%	20%	20%	20%
	Anthem Gold Select PPO 2000/20%/4000 w/ HRA						
	Anthem Gold PPO 2000/0%/3000 w/ HSA	\$0	\$2,000 (medical and pharmacy combined) <sup>2</sup>	0%	0%	0%	0%
	Anthem Gold Select PPO 2000/0%/3000 w/ HSA						
	Anthem Gold PPO 2000/0%/2500 w/ HSA - RxC <sup>‡</sup>	\$0	\$2,000 (medical and pharmacy combined) <sup>2</sup>	0%	0%	0%	0%
	Anthem Gold Select PPO 2000/0%/2500 w/ HSA - RxC <sup>‡</sup>						
	Anthem Silver PPO 2000/20%/4850 w/ HSA	\$0	\$2,000 (medical and pharmacy combined) <sup>2</sup>	20%	20%	20%	20%
	Anthem Silver Select PPO 2000/20%/4850 w/ HSA						
	Anthem Silver PPO 2000/20%/4600 w/ HSA - RxC <sup>‡</sup>	\$0	\$2,000 (medical and pharmacy combined) <sup>2</sup>	20%	20%	20%	20%
	Anthem Silver Select PPO 2000/20%/4600 w/ HSA - RxC <sup>‡</sup>						
	Anthem Bronze PPO 4500/30%/6350 w/ HSA	\$0	\$4,500 (medical and pharmacy combined) <sup>1</sup>	30%	30%	30%	30%
	Anthem Bronze Select PPO 4500/30%/6350 w/ HSA						
	Anthem Bronze PPO 6000/0%/6000 w/ HSA	\$0	\$6,000 (medical and pharmacy combined) <sup>1</sup>	0%	0%	0%	0%
	Anthem Bronze Select PPO 6000/0%/6000 w/ HSA						

‡ RxC = Rx Copay. This plan features a combined Medical/Rx deductible, but once the deductible is met, member must pay a copay for Rx.

This provides an overview of plans available. This is intended to be a brief overview of benefits and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions can be found in the *Combined Evidence of Coverage/Certificate*. In the event of a conflict between the *Combined Evidence of Coverage/Certificate* and this overview, the terms of the *Combined Evidence of Coverage/Certificate* will prevail.

\* Family deductibles are two times the in-network single member amount, except as otherwise noted.

\*\* Family out-of-pocket maximums are two times the in-network single network amount, except as otherwise noted.

	Emergency room	Outpatient surgery	Hospital inpatient	Out-of-pocket maximum**	Pharmacy Tier 1/Tier 2/Tier 3/Tier 4
	20%	20%	20%	\$4,000 (medical and pharmacy combined) <sup>1</sup>	Retail: Deductible/20%
	0%	0%	0%	\$3,000 (medical and pharmacy combined) <sup>2</sup>	Retail: Deductible/20%
	0%	0%	0%	\$2,500 (medical and pharmacy combined) <sup>2</sup>	Retail: Deductible/\$15/\$40/\$80/25%
	20%	20%	20%	\$4,850 single/\$6,850 family (medical and pharmacy combined) <sup>2</sup>	Retail: Deductible/20%
	20%	20%	20%	\$4,600 single/\$6,850 family (medical and pharmacy combined) <sup>2</sup>	Retail: Deductible/\$15/\$40/\$80/25%
	30%	30%	30%	\$6,350 (medical and pharmacy combined) <sup>1</sup>	Retail: Deductible/30%
	0%	0%	0%	\$6,000 (medical and pharmacy combined) <sup>1</sup>	Retail Deductible/0%

1 Embedded: The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to the individual deductible and out-of-pocket maximum; in addition, amounts for all family members apply to a shared family deductible and out-of-pocket maximum. One family member will contribute no more than the individual amount.

2 Non-Embedded: The family deductible and out-of-pocket maximum are non-embedded meaning the cost shares of all family members apply to one shared family deductible and out-of-pocket maximum. The individual deductible and out-of-pocket maximum only applies to individuals enrolled under single coverage.

# Small Group eligibility

For plan years commencing on or after January 1, 2016 (new and renewing), a small employer is defined as an employer employing an average of at least one, but no more than 100 full time, including full-time equivalent, employees during the preceding calendar year and who employs at least one employee on the first day of the plan year. For purposes of determining employer eligibility in the small employer market, California recently adopted the federal method for counting full-time employees and full-time equivalent employees.<sup>1</sup>

Anthem will require new groups to submit an *Attestation* form, which requires groups to determine and attest to their size. The information reflected in the Attestation form is intended only as general guidance to assist you in determining your group's size under the Affordable Care Act and California Senate Bill 125, starting in 2016. It is not intended as legal or financial advice or opinion. For specific guidance concerning the Affordable Care Act, the Internal Revenue Code or California State laws or regulations, you should consult with your attorney, Certified Public Accountant or other authorized consultant or advisor. The contents of this document should not be construed as or relied upon for legal or tax advice.

**Note: Attestation form will also be used for existing groups that are selected as part of our random audit process.**

## Participation requirements

The participation requirements for an Anthem Blue Cross Small Group EmployeeElect health plan are:

- 70% for groups with 1-14 eligible employees.
- 50% for groups with 15 or more eligible employees.

The minimum participation is 100%, if noncontributory.

Anthem Blue Cross may conduct periodic audits to confirm participation levels.

**Note:** During the annual open enrollment period of **November 15 to December 15**, participation requirements will not be enforced. The effective date will be January 1 of the following year.

## Waiting periods

Pursuant to SB 1034 (2014), Anthem will not impose a waiting period. Groups are responsible for providing Anthem with accurate member eligibility dates, taking into account any group-imposed waiting period.

<sup>1</sup> California Senate Bill 125 (2015). For specific guidance concerning the Affordable Care Act, the Internal Revenue Code or California State laws or regulations, you should consult with your attorney, Certified Public Accountant or other authorized consultant or advisor.

In accordance with SB 1034, groups are responsible for ensuring that any group-imposed waiting period is consistent with Section 2708 of the federal Public Health Service Act (42 U.S.C. Sec. 300gg-7).

These are the waiting period options:

- First of the month following date of hire (Ex. 1).
- First of the month following one month from date of hire (Ex. 2).
- First of the month following two months from the date of hire, not to exceed 90 days (Ex. 3).\*

	Example 1	Example 2	Example 3
Hire date	4/1/16	4/10/16	4/10/16
Eligibility date	5/1/16	6/1/16	7/1/16

\* If it exceeds 90 days, the effective date will be the first of the month following one month from the date of hire.

The employer has the option to waive the waiting period for all new hires at the initial group enrollment only.

The group's waiting period is applied to all employees in the group with no exceptions for any eligible employee.

Note: Dual waiting periods are not allowed.

## Clarification on self-funded arrangements

Anthem Blue Cross Small Group plans cannot be sold or utilized in conjunction with any product, whether insured or self-funded, that funds any annual deductible, copay, coinsurance, or out-of-pocket expense of the health benefit plan (i.e., "wrapping").

## Rating rules:

- Rates will adjust for age at contract anniversary.
- New hires will be rated based on their age on the effective date of their contract, not their age on the group's effective or anniversary date.

## How medical rates are calculated — member-level rating

### 2016 ACA-compliant rate structure

Based on employee and dependent age, employer's ZIP code, and whether the contract covers an individual or family.



**A full offering of  
health and wellness  
programs to help keep  
members healthier.**

# Health and wellness

At Anthem Blue Cross, we understand that the health of your employees has a great impact on the health of your business. That's why we provide a unique blend of health and wellness programs to help keep all of your employees living their best, no matter how healthy they are or need to be.

- **LiveHealth Online** — LiveHealth Online is faster than a visit to the urgent care center. It's a tool that lets members interact with doctors through their computers or mobile devices. No sitting in traffic, no waiting in a crowded waiting room, and no appointments needed. Members just need the LiveHealth Online app or a computer with a webcam. To get started, go to [livehealthonline.com](https://livehealthonline.com).

LiveHealth Online is part of your health plan. This means your visit may cost the same as a regular office visit copay, or it may cost \$49, depending on your health plan benefits.\*

\* Integrated into health plan benefits as a regular office visit copay with all PPO and CDHP (HSA) plans. HMO and CDHP (HRA) plans are not included. Please note that online visits are part of the office visit limit that your health plan may have.

- **24/7 NurseLine** — Members can call anytime to speak to a registered nurse who's trained to answer general health questions, help them understand symptoms and help them determine the right care at the right time.
- **Employee Assistance Program (EAP)** — Provides employees and household members with up to three counseling sessions with a licensed social worker, counselor or psychologist to help with issues ranging from stress management to family- and work-related concerns. Other services include limited financial and legal consultations at no cost. Members can simply call 1-855-871-5646 or visit [anthemEAP.com](https://anthemEAP.com), a specialized website for program information and personal assistance resources such as an online child care/elder care locator. Employers can also easily download promotional material on the website.
- **Utilization Management** — Includes precertification of medical procedures, imaging services and hospitalization to authorize care and align medical services with the member's benefits.
- **Imaging Shopper** — A member outreach program designed to lower the costs of expensive imaging procedures. If the member qualifies, they are notified about equal-quality, lower-cost imaging alternatives in their area. At that point, members can choose the lower-cost option or stick with their original appointment.
- **Case Management** — Offers telephonic and video chat nursing support following a major hospitalization or procedure due to illness or injury. Cancer, NICU and transplant services included. Case Management also provides members with multiple health issues or those who may require more frequent medical care with a personal nurse care manager to receive individualized care. Case Management helps members maximize health benefits, arrange post-discharge care, find community health services and improve self-management of conditions.
- **ConditionCare** — For members with chronic conditions like asthma, diabetes or heart disease, the ConditionCare disease management program provides targeted information, guidance and support. With 24/7 access to health professionals, members are equipped to better understand and manage their conditions, and make healthier choices for optimal wellness.
- **Future Moms** — Provides mothers-to-be with personalized support and guidance, helping them achieve healthier pregnancies and deliveries. With their own team of obstetric specialists, expectant members get access to expert information and direction throughout their pregnancy and postpartum period.





- **MyHealth Advantage** — Communicates gaps in care and health savings opportunities to targeted members (via mailed MyHealth Notes) and gaps in care to their treating providers (via mailed notices). MyHealth Advantage analyzes comprehensive health information and suggests ways members can be healthier and reduce out-of-pocket expenses. The program aims to reduce health care costs by increasing member compliance with medical best practices and improving health care quality.
- **Behavioral Health Utilization Management/Case Management/Disease Management** — Offers immediate and longer-term mental health management and information to eligible members.
- **Infertility buy-up option** — Offers infertility benefits for an additional charge that will be added to the member's premium.
- **Healthy Lifestyles online** — If members are ready to improve their health, Healthy Lifestyles can be the guide to their success. Healthy Lifestyles creates a well-being plan, helps track success, and connects members to wellness resources and other people going through similar experiences.

# Provide your employees with a well-rounded benefits package from Anthem



## **Anthem Whole Health Connection**

For all your health care needs, Anthem is your **total health solution**.

See how our **health, dental, vision, life and disability plans work together** for your employees' health and your bottom line.

Meet your one carrier, one solution:  
**Anthem Whole Health Connection<sup>SM</sup>**.

## **One bill, one payment, one ID card\***

For us, "one is the only number." For you, that means **one enrollment, one bill and one premium payment for our health, dental, vision, life and disability plans. For your employees, that means only one ID card for all their Anthem plans.**

\* Applicable to new sales.

We believe health care should serve the whole person — head to toe, at each stage of life. It should also be easy to administer, so you don't get bogged down in paperwork.

Let us tell you how you can have one solution for all your health benefits needs.

Through electronic health records, we get claims and clinical data from network dentists, eye doctors, primary care physicians and care coordinators, which allows us to create more complete health profiles for our members.

The advantages can't be matched by even the best stand-alone carriers.



# Dental plan choices to fit 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 choices with Anthem dental. We'll help you find the right mix of benefits that can have the best impact on your employees' health. And no matter which dental plans you choose, you can count on:

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

You and your employees will enjoy these standard services:

- **Expert customer service.** We're committed to giving our members the best service. Calls are answered quickly (typically within 40 seconds)<sup>1</sup> by reps with dental expertise.
- **Swift claims payments and data-based benefits.** On average, we pay claims in three days or less. We also track data from the millions of claims we process each year. And we've got financial accuracy rates of more than 99%.<sup>1</sup> So you can be sure payments are prompt and correct.
- **International Emergency Dental Program.**<sup>2</sup> Members who travel or work outside the U.S. have access to emergency dental services in more than 100 countries. With one call, we'll help them find a credentialed, English-speaking dentist for urgent dental care. We can even help them with translation services when they call the dentist's office. Services members receive through this program don't count toward their annual maximum, if their plan has one.
- **Ask a Hygienist.** Members can get personalized advice on dental health care with our "Ask a Hygienist" email service.
- **Dental Care Cost Estimator** tool provides estimates for common dental procedures and treatments, giving our Dental Complete members even more opportunities to understand their dental care costs prior to receiving their care.
- **Dental Health Assessment** tool helps Dental Complete members better understand their oral health and predict their risk of developing tooth decay, gum disease, tooth wear and oral cancer.

## Preventive dental services

Preventive dental services are used more than any other dental services. They can help find dental and other health problems early on. That's why all of our Dental Complete and Dental Net® plans cover routine cleanings, exams and X-rays at 100% when visiting a network dentist.

Other preventive services include:

- **Special treatments for kids.** We cover sealants for children up to age 15 and fluoride treatments up to age 18 — to protect teeth from decay and promote better dental health.
- **Brush biopsy benefits.** A brush biopsy may help diagnose oral cancer when combined with a lab analysis.
- **Extra services for members with certain health conditions.** We offer an extra cleaning or periodontal maintenance procedure each year for members who are pregnant or living with diabetes. Additionally, those actively engaged in a care management program are auto-enrolled for an extra cleaning. That includes health conditions such as:
  - Heart conditions - heart disease, an enlarged heart and mitral or aortic valve prolapse
  - Organ or bone marrow transplant
  - Cancer (any type) treated with chemotherapy
  - Head or neck cancer treated with chemotherapy and/or radiation therapy

## Dental EHBs and stand-alone dental plans complement each other

All of our Small Group health plans include pediatric dental EHBs, which provide important coverage for kids up to age 19. Benefits include preventive care, fillings and more extensive services like medically necessary orthodontia. You can choose to exclude kids from your Small Group dental plan — or include them to provide coverage that complements the EHBs benefits in their health plan.

Here's how dental EHBs and stand-alone dental plans complement each other:

- Coverage received under the embedded pediatric dental EHBs can be credited toward the member's health plan deductible and out-of-pocket maximum.
- Having a stand-alone dental plan allows the member to get coverage for services (under their stand-alone dental policy) even if they have not yet met their health plan deductible.
- Dental EHBs have no annual maximum.
- Stand-alone dental plans can provide additional coverage that EHBs don't provide such as adult coverage, coverage for nonpediatric-age kids and cosmetic orthodontia.

<sup>1</sup> Internal Data, metrics as of year-end 2014.

<sup>2</sup> 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 Complete

For groups of 2-100, we offer a choice of dental plans that fall into our Classic, Enhanced and Voluntary levels. So you can choose the level that fits your needs and budget.

- Classic dental plans cover basic dental services, as well as most major services, all with high annual maximums.
- Enhanced dental plans have the most coverage, with choices for even higher annual maximums and lower coinsurance for members.
- Voluntary plans offer coverage 100% paid by employees.

Our national network is one of the largest PPO networks in the country and includes dentists in all 50 states — so your employees can find a dentist wherever they live, work or visit.

- Dental Complete members have access to our national network, a broad network (for the most access) with nearly 16,700 unique dentists (with over 42,400 access points) in California. This network has over 100,600 unique providers nationwide (with over 265,800 access points).
- Several levels of out-of-network reimbursement, including:
  - FAIR Health 80th, which offers a level of reimbursement based on data from an industry-standard third-party vendor, FAIR Health. At the 80th percentile, the amount we pay for a service received from an out-of-network provider is equal to 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, which works the same as FAIR Health 80th, except at the 90th percentile.
- MAC (Maximum Allowable Charge).
- Plans with more coverage choices, including:
  - Dental implants.
  - Composite (tooth-colored) fillings on *any* tooth, not just the front teeth.
  - Annual maximum carry-over, which is a **yearly opportunity** to earn a \$250 reward if your annual dental claims are less than \$500. You can earn up to a maximum of \$1,000 for each person covered on your Anthem dental plan. (The maximum of \$1,000 is the total of any carry-in dollars and earned carry-over rewards).
  - One- or two-year contracts available along with multiple out-of-network reimbursement options.

## Dental Complete plans

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

	Classic		Enhanced		Voluntary	
	Passive	Active	Passive	Active	Passive	Active
Diagnostic and preventive services (in network/out of network)	100%/100%	100%/80%	100%/100%	100%/100%	100%/100%	100%/80%
Basic services (in network/out of network)	80%/80%	80%/60%	90%/90%	90%/80%	80%/80%	80%/60%
Major services (in network/out of network)	50%/50%	50%/50%	60%/60%	60%/50%	50%/50%	50%/50%
Endodontic, periodontal and oral surgery services	Basic or Major		Basic		Basic or Major	
Orthodontia	Not covered, 50% children only, 50% adults and children		Not covered, 50% children only, 50% adults and children		Not covered, 50% children only	
Dental implants	Not covered or covered		Not covered or covered		Not covered or covered	
Posterior composites	Not covered or covered		Not covered or covered		Not covered or covered	
Annual deductible (per person/family)	\$50/\$150		\$50/\$150		\$50/\$150	
Annual benefit maximum and orthodontia maximum	\$1,000, \$1,500 or \$2,000		\$1,500, \$2,000 or \$2,500		\$1,000 or \$1,500	
Waiting periods (major and orthodontia)	No waiting period		No waiting period		12-month waiting period	
Annual maximum carryover	Optional		Optional		Not included	
Out-of-network reimbursement	MAC/80th/90th		80th/90th		MAC/80th	
Dental network	Dental Complete		Dental Complete		Dental Complete	

Participation levels (number of employees)			
2-4	5-14	15-50	51-100
100%	70%	50%	50%

MAC = maximum allowable charge

Note: Not all options are available in each dental plan design.




## Dental Net

Our Dental Net DHMOs have no annual maximums,<sup>1</sup> no deductibles and no benefit waiting periods, unlike many dental plans that limit the amount of services members can receive in a year. Also, members can get a good idea of their costs because Dental Net plans have set member copays for nearly 300 different procedures, including fillings, crowns and night guards. Dental Net even covers things like composite (tooth-colored) fillings on *any* tooth and general anesthesia for oral surgery.

Plus, members will really like Dental Net's orthodontic coverage. The costs are lower than you might expect – just \$1,695 for children up to age 18 and \$1,895 for adults, plus \$200 for retention/retainers. Without insurance, these services would cost a lot more.

The Dental Net network has more than 10,800 general dentist and specialist access points in California. Services must be received from Dental Net providers. Members choose a primary care dentist who coordinates any specialty care or orthodontic services that are needed.

A photograph of a young woman with dark hair, smiling broadly while sitting in a blue dental chair. A dentist, wearing a white mask and blue protective eyewear, is leaning over her, holding a dental mirror and examining her teeth. The scene is brightly lit, suggesting a clean and professional dental office environment.

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

<sup>1</sup> There is no maximum or age limitation for pediatric dentistry performed by your participating dental office. If in the professional judgment of your participating dentist or in professional review by plan it is determined that the participating dentist is unable to render care to a child, referral to a pediatric dentist would be a benefit under the age of 5 with a \$750 maximum. Exceptions are made on a preapproval basis only.

# Dental Net plans

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

CDT Code	Benefit	Plan 2000A	Plan 2000B	Plan 2000C
		Member's copay		
<b>Diagnostic services</b>				
D0120	Periodic oral examinations	\$0	\$0	\$0
D0210	Intraoral X-rays – complete series (include bitewings)	\$0	\$0	\$0
<b>Preventive services</b>				
D1110 or D1120	Teeth cleaning (prophylaxis) – adult or child – two per year	\$0	\$0	\$0
D1208	Topical fluoride, covered to age 18	\$0	\$0	\$0
D1351	Sealants, per tooth, through age 15	\$7	\$5	\$0
<b>Restorative services, filling – permanent</b>				
D2140	Amalgam (silver-colored) one-surface fillings	\$0	\$0	\$0
D2330	Resin-based composite (tooth-colored) fillings on anterior (front) tooth, one surface	\$0	\$0	\$0
D2391	Resin-based composite (tooth-colored) fillings on posterior (back) tooth, one surface	\$30	\$20	\$10
D2393	Resin-based composite (tooth-colored) fillings on posterior (back) tooth, three surfaces	\$55	\$45	\$30
<b>Oral surgery services</b>				
D7140	Simple extraction of erupted tooth or exposed root	\$15	\$5	\$5
D7210	Surgical extraction of erupted tooth	\$30	\$25	\$20
D7220	Removal of impacted tooth – soft tissue	\$50	\$45	\$40
D7230	Removal of impacted tooth – partial bony	\$70	\$60	\$50
D7240	Removal of impacted tooth – completely bony	\$100	\$70	\$60
<b>Endodontic services</b>				
D3220	Therapeutic pulpotomy (excluding final restoration)	\$20	\$15	\$10
D3310	Root canal: anterior (front tooth) (excluding final restoration)	\$90	\$70	\$65
D3320	Root canal: bicuspid (excluding final restoration)	\$125	\$80	\$75
D3330	Root canal: molar (excluding final restoration)	\$160	\$140	\$130
<b>Periodontic services</b>				
D4210	Gingivectomy: four or more contiguous teeth, per quadrant	\$95	\$70	\$55
D4211	Gingivectomy: one to three teeth touching each other (contiguous), per quadrant	\$48	\$20	\$15
D4261	Osseous surgery, one to three contiguous teeth, per quadrant	\$150	\$115	\$90
D4342	Periodontal scaling and root planning, per quadrant, one to three teeth	\$23	\$15	\$10
D4910	Periodontal maintenance	\$25	\$13	\$13
<b>Prosthetic services</b>				
D2750	Crown: porcelain fused to high noble metal (Example: gold)	\$175*	\$170*	\$90*
D5110 or D5120	Complete upper or lower denture	\$175	\$150	\$125
D5211 or D5212	Partial upper or lower denture, resin base (including conventional clasps, rests and teeth)	\$150	\$125	\$100
D5730, D5731, D5740 or D5741	Denture reline: chairside	\$40	\$20	\$0
D6240	Pontic (bridge), porcelain fused to high noble metal (Example: gold)	\$175*	\$150*	\$125*
<b>Orthodontic services</b>				
	24 months of standard orthodontic coverage, exclusive of records/retention fees			
D8080	Child (through age 17)	\$1,695	\$1,695	\$1,695
D8090	Adult	\$1,895	\$1,895	\$1,895
D8680	Retention (placement of retainers)	\$200	\$200	\$200
<b>Other services</b>				
	Out-of-area emergency care maximum payment \$100	All charges over \$100	All charges over \$100	All charges over \$100
D9215	Local anesthesia	\$0	\$0	\$0
D9220	General anesthesia – first 30 minutes	\$160	\$145	\$130
D9440	Office visit: after hours	\$25	\$25	\$25
D9940	Occlusal guards (mouth guards)	\$100	\$75	\$50

\* Plus costs for noble or high noble metal, not to exceed \$125, and/or costs for porcelain, not to exceed \$100.

Dental Net is available in these counties: Alameda, Contra Costa, Fresno, Los Angeles, Orange, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Barbara, Santa Clara, Solano, Sonoma, Stanislaus, Tulare and Ventura.

Dental Net has limited availability in these counties: Butte, El Dorado, Imperial, Kern, Kings, Madera, Marin, Merced, Monterey, Napa, Placer, San Mateo, Santa Cruz, Shasta, Sutter and Yolo.

# Get vision coverage and see increased productivity

All of our Affordable Care Act-compliant Small Group health plans include pediatric vision Essential Health Benefits (EHBs) and eye exam coverage for adults. We also offer stand-alone vision plans, as well as plans with coverage for eyewear materials to complement the adult eye exam benefit included in our health plans.

Having regular eye exams and wearing corrective eyewear when needed can help decrease the risk of serious long-term eye diseases, can lead to early detection of some other health conditions,\* and can even increase your employees' productivity and performance. You get the picture, and so do we.

## Blue View Vision plans feature:

- *One of the nation's largest vision networks.* Blue View Vision<sup>SM</sup> members can visit a private practice doctor, call or go online at Glasses.com, ContactsDirect.com and 1-800 CONTACTS<sup>®</sup> or go to a retail optical store like: LensCrafters<sup>®</sup>, Target Optical<sup>®</sup>, Sears Optical<sup>SM</sup> and JCPenney<sup>®</sup> Optical.

- *Powerful, two-way communication between eye care and health care providers — only from Anthem.* When members have both our health and Blue View Vision plans, network eye care providers can access data relevant to members' eye health, including patient summaries, diagnoses, lab results and prescription medications. And they, in turn, can share member eye health information with other network providers. So when any network doctor, eye doctor or nurse care manager pulls up the health history, each one understands the member's whole health better, which helps the provider give better, more holistic care.
- *Extras at no extra charge.* Members with plans that cover eyewear can add factory scratch coating on eyeglass lenses at no additional cost, and kids under age 19 can add Transitions<sup>®</sup> and polycarbonate lenses at no additional cost.
- *Negotiated rates for other upgrades.* Includes Transitions<sup>®</sup> lenses for adults at a fixed price of \$75, as well as tiered pricing for premium progressive lenses and premium antireflective coatings, which limits members' out-of-pocket costs.
- *Value-added savings.* Employees can 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.

## Contribution/participation guidelines:

- *Employer-paid:* Minimum 50% employer contribution of individual tier premium rate and at least 50% employee participation.
- *Voluntary:* Less than 50% employer contribution of individual tier premium rate with minimum five enrolled employees participation.

**Members can use their in-network benefits at these online retailers: Glasses.com, ContactsDirect.com and 1-800 CONTACTS.**

\* American Optometric Association, aoanet.org.

## Vision plans

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

Plan	Copay for eye exam/ eyeglass lenses	Frames/Contact lenses allowance	Eye exam (frequency)	Eyeglass lenses (frequency)	Frames (frequency)	Contact lenses (frequency)
Full Service Plan A1	\$10/\$0	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
Full Service Plan A2	\$15/\$0	\$120/\$115	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
Full Service Plan A3	\$10/\$10	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
Full Service Plan A4	\$10/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
Full Service Plan A5	\$20/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
Full Service Plan A6	\$10/\$25	\$130/\$130	Once per calendar year	Once per calendar year	Once per calendar year	Once per calendar year
Full Service Plan B1	\$10/\$0	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
Full Service Plan B2	\$10/\$20	\$100/\$100	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
Full Service Plan B3	\$10/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
Full Service Plan B4	\$20/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
Full Service Plan B5	\$10/\$10	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
Full Service Plan B6	\$10/\$25	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
Full Service Plan C1	\$10/\$0	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C2	\$10/\$20	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C3	\$20/\$20	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C4	\$25/\$0	\$120/\$115	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C5	\$10/\$20	\$100/\$100	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C6	\$20/\$20	\$100/\$100	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C7	\$20/\$20	\$130/\$80	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C8	\$10/\$25	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Full Service Plan C9	\$30/\$30	\$100/\$100	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
Materials Only Plan M01	Not covered/\$10	\$130/\$130	Not covered	Once per calendar year	Once per calendar year	Once per calendar year
Materials Only Plan M02	Not covered/\$10	\$130/\$130	Not covered	Once per calendar year	Once every other calendar year	Once per calendar year
Materials Only Plan M03	Not covered/\$0	\$130/\$130	Not covered	Once per calendar year	Once per calendar year	Once per calendar year
Materials Only Plan M04	Not covered/\$20	\$130/\$130	Not covered	Once per calendar year	Once every other calendar year	Once per calendar year
Materials Only Plan M05	Not covered/\$20	\$130/\$130	Not covered	Once per calendar year	Once per calendar year	Once per calendar year
Materials Only Plan M06	Not covered/\$0	\$130/\$130	Not covered	Once per calendar year	Once every other calendar year	Once per calendar year

Above amounts reflect in-network copays and allowances.  
Benefits include coverage for member's choice of eyeglass lenses or contact lenses, not both.  
Nonelective contacts covered in full.



# Get life insurance — and help your employees feel secure

## A new philosophy on life

Anthem's Group Life plans offer more than just a benefit check. We provide services your employees and their families can use now, like emotional, financial and legal counseling, as well as when they're dealing with a loss. Features include:

- Resource Advisor support services, providing face-to-face and telephone counseling, legal help and financial advice and a robust website with tools to help employees prepare a will, download more than 100 legal forms, plan for the future and live for today. We provide all these services plus grief counseling to beneficiaries to help them through a stressful time.
- Beneficiary Companion services provide over-the-phone, one-on-one help to beneficiaries in settling their loved ones' estate.
- Travel assistance for emergencies while away from home.
- Living benefits, so members diagnosed with terminal illnesses can get part of their life insurance benefit early.
- Beneficiaries can order copies of *The Healing Book: Facing the Death — and Celebrating the Life — of Someone You Love*, a book for kids affected by loss at no additional charge.

\*Health questionnaires are required for life amounts over the Guaranteed Issue limit.

## Anthem advantages:

- Timely payments and support services.
- Features employees can use before and after a loss.
- Simplified benefit administration and dedicated customer service.

## Save with composite life rates

Enroll 10 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. What's in it for you? Easier administration and yet another way to get potentially lower rates.

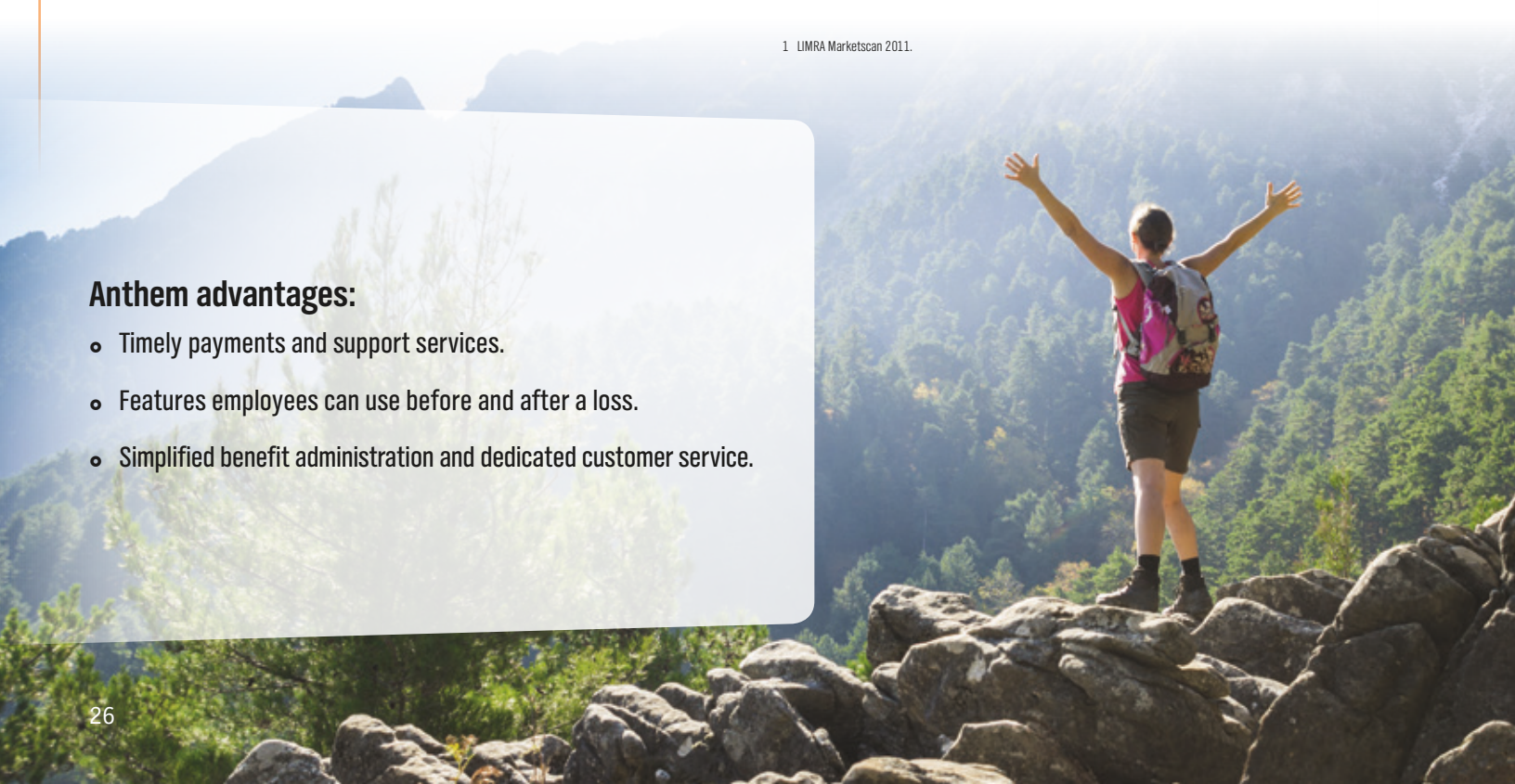
## Life coverage is easy with Guaranteed Issue amounts

Anthem's Guaranteed Issue limits allow your employees to get a generous amount of group life coverage without answering health questionnaires.\*

## Why life insurance from Anthem?

- Rated "A" (Excellent) for financial strength by A.M. Best Company.
- Life claims turnaround time is among the fastest in the industry — usually within two days.<sup>1</sup>

1 LIMRA MarketScan 2011.





## Life 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*. Talk to your Anthem representative for other options that may be available for groups of 10+.

	Small Group 2-9	Small Group 10-100
<b>Basic Term Life and AD&amp;D</b>	<b>Two-year rate guarantee</b>	<b>Two-year rate guarantee</b>
<b>Benefit offering</b>	Flat amounts or salary-based	Flat amounts, class-based or salary-based (up to five classes)
<b>Benefits options</b>	Benefit options of: \$25,000 \$30,000 \$50,000	Chose a benefit amount from \$25,000 to \$350,000 (based on underwriting approval)
<b>Salary-based benefits</b>	1x salary	1x, 2x or 3x salary
<b>Guaranteed issue amount</b>	\$30,000	Varies by group.
<b>Participation requirements</b>	All eligible employees must participate when coverage is entirely employer-paid. Seventy-five percent participation is necessary when employee contribution is required. These participation requirements are the same for term life sold with or without medical and for term life sold with or without other life and disability products.	
<b>Contribution amounts</b>	Minimum employer contribution (not including dependent coverage) is 25% for contributory plans and 100% for noncontributory plans.	
<b>General employee eligibility</b>	Employees must work at least 30 hours per week. Employees must be actively at work. Retiree coverage is not available.	
<b>Dependent Life</b>	<b>Two-year rate guarantee</b>	<b>Two-year rate guarantee</b>
<b>Benefit options</b>	<ul style="list-style-type: none"> <li>\$10,000 spouse/\$5,000 ea. child</li> <li>5,000 spouse/\$2,500 ea. child</li> </ul> Dependent coverage can't exceed 50% of employee life amount	<ul style="list-style-type: none"> <li>\$20,000 spouse/\$10,000 ea. child</li> <li>\$10,000 spouse/\$5,000 ea. child</li> <li>\$5,000 spouse/\$2,500 ea. child</li> </ul> Dependent coverage can't exceed 50% of employee life amount
<b>Guaranteed issue</b>	All amounts are guaranteed issue.	
<b>Optional Supplemental Life</b>	<b>Not available</b>	<b>Two-year rate guarantee</b>
<b>Benefit offering</b>	N/A	Flat amounts in increments, flat amounts, or salary-based
<b>Benefit options</b>	N/A	From \$25,000 to \$300,000 (in increments of \$5,000)
<b>Salary based benefits</b>	N/A	1x, 2x or 3x salary
<b>Guaranteed issue amount</b>	N/A	Variable by group.
<b>Participation requirements</b>	N/A	Greater of 20% of eligible employees or 10 employees must enroll. If the Enrollment Participation Program (EPP) is selected, participation percentage is waived, and a minimum of 10 enrolled employees is required.
<b>Contribution amounts</b>	N/A	100% employee-paid.
<b>General employee eligibility</b>	N/A	Employees must be enrolled in Basic Term Life coverage. Employees must be actively at work. Retiree coverage is not available.
<b>Optional Supplemental Dependent Life</b>	<b>Not available</b>	<b>Two-year rate guarantee</b>
<b>Benefit options</b>	N/A	<ul style="list-style-type: none"> <li>Spouse, \$10,000 to \$50,000, in \$5,000 increments</li> <li>Child, \$5,000, \$10,000 or \$15,000</li> </ul> Dependent coverage can't exceed 50% of employee life amount. Optional supplemental dependent life Guaranteed Issue amount is \$30,000.
<b>Optional Voluntary Life</b>	<b>Not available</b>	<b>Two-year rate guarantee</b>
<b>Benefit offering</b>	N/A	Flat amounts in increments, flat amounts, or salary-based
<b>Benefit options</b>	N/A	From \$25,000 to \$300,000 (in increments of \$5,000)
<b>Salary-based benefits</b>	N/A	1x, 2x or 3x salary
<b>Guaranteed issue amount</b>	N/A	Variable by group.
<b>Contribution amounts</b>	N/A	100% employee-paid.
<b>General employee eligibility</b>	N/A	Employees must work at least 30 hours per week. Employees must be actively at work. Retiree coverage is not available.
<b>Participation requirements</b>	N/A	Greater of 20% of eligible employees or 10 employees must enroll. If the Enrollment Participation Program (EPP) is selected, participation percentage is waived, and a minimum of 10 enrolled employees is required.
<b>Contribution amounts</b>	N/A	100% employee-paid.
<b>General employee eligibility</b>	N/A	Employees must work at least 20 hours per week. Employees must be actively at work. Retiree coverage is not available.
<b>Optional Voluntary Dependent Life</b>	<b>Not available</b>	<b>Two-year rate guarantee</b>
<b>Benefit options</b>	N/A	<ul style="list-style-type: none"> <li>Spouse, \$10,000 to \$50,000, in \$5,000 increments</li> <li>Child, \$5,000, \$10,000 or \$15,000</li> </ul> Dependent coverage can't exceed 50% of employee life amount.
<b>Guaranteed issue</b>	N/A	\$30,000

\* Internal company metrics, January 2016.

# Get disability insurance and get employees back to health, back to work and back to life

At Anthem, we do more than just pay benefit checks. We help employees get the care they need to stay at work or get back to work as quickly and safely as possible. That's great for employees, as well as the top line.

## The right care at the right time

Our disability team helps members address physical, emotional and financial needs. Members who have our short-term disability coverage and Anthem health care coverage get the extra support they need to help them cope with chronic conditions and complicated pregnancies. We provide information and assistance in reaching health goals and offer guidance to achieve the best possible outcome so that members can get back to health, life and work sooner.

We work hard to provide your employees with the support services and tools they need. These include:

- Resource Advisor services that assist with everything from legal advice to finding a child care provider to face-to-face counseling
- Referrals to your employee assistance or behavioral health programs for substance abuse
- SpecialOffers discounts on gym memberships, coaching programs, eyewear and more that can help employees manage a disability

- Newborn and Parenting Resources to help your employees adjust to a new baby and return to work after a leave
- Anthem initiates the transition from short- to long-term disability claims for employees when you place both your short- and long-term plans with us
- Help filing for Social Security disability benefits
- Adjusting work spaces or equipment
- Vocational rehabilitation assistance

We pay disability claims quickly — on average, within 7.3 days after we receive them. Plus, our claim system has built-in reviews so our payment accuracy rate is 99.8%.\*

## Personal attention for your employees

When employees file claims, they're assigned a case manager. This person is their single point of contact for the whole process. The employee gets the case manager's direct phone number — not a generic "800" number. In fact, we feel so strongly about personal service that all our phones are answered in person and we provide support in multiple languages.

## Disability plans

This chart provides details about short term disability, voluntary short term disability, long term disability and voluntary long term disability 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*. Disability coverage is not available to groups of 2-9. Talk to your Anthem representative for other options that may be available for groups of 10+.

	Small Group 10-100
<b>Short Term Disability</b>	<b>Two-year rate guarantee</b>
<b>Plans available</b>	Employer chooses — benefits can begin on the first, 8th, or 15th day of disability. Maximum benefit period choices of 13 or 26 weeks, or to coordinate with your LTD elimination period: 11, 12, 24 or 25 weeks.
<b>Salary-based benefit options</b>	50%, 60% or 67% of weekly earnings up to \$200-\$2,500, subject to the average of top three salaries of the group
<b>Flat benefit options</b>	\$200 or \$250 per week
<b>Guaranteed issue amount</b>	All amounts guaranteed issue
<b>Partial disability benefits</b>	Yes
<b>Participation requirements</b>	All eligible employees must participate when coverage is noncontributory (entirely employer-paid). Seventy-five percent participation is necessary when employee contribution is required.
<b>Contribution amounts</b>	Minimum employer contribution is 25% for contributory plans and 100% for noncontributory plans.
<b>General employee eligibility</b>	Employees must work at least 30 hours per week. Employees must be actively at work. Retiree coverage is not available.
<b>Integration with health plan</b>	Standard integration with Anthem Condition Care and Future Moms included for members with Anthem health care plan and Anthem STD coverage through the same employer.

<b>Small Group 10-100</b>	
<b>Voluntary Short Term Disability</b>	<b>Two-year rate guarantee</b>
<b>Plans available</b>	Employer chooses –benefits can begin on the first, 8th, or 15th day of disability. Maximum benefit period choices of 13 or 26 weeks, or to coordinate with your LTD elimination period: 11, 12, 24 or 25 weeks.
<b>Salary-based benefit options</b>	50% or 60% of weekly earnings up to \$200-\$1,500, subject to the average of top three salaries of the group
<b>Flat benefit options</b>	\$200 or \$250 per week
<b>Guaranteed issue amount</b>	\$1,500 per week
<b>Pre-existing condition limitation</b>	3/12 or 12/12
<b>Participation requirements</b>	Greater of 20% of eligible employees or 10 employees must enroll. If the Enrollment Participation Program (EPP) is selected, participation percentage is waived, and a minimum of 10 enrolled employees is required.
<b>Contribution amounts</b>	100% employee-paid.
<b>General employee eligibility</b>	Employees must work at least 20 hours per week. Employees must be actively at work. Retiree coverage is not available.
<b>Integration with health plan</b>	Standard integration with Anthem Condition Care and Future Moms included for members with Anthem health care plan and Anthem STD coverage through the same employer.
<b>Long Term Disability</b>	<b>Two-year rate guarantee</b>
<b>Benefit % of salary</b>	50%, 60%, or 67%
<b>Maximum monthly benefit</b>	\$1,000 to \$15,000 subject to the average of top three salaries of the group.
<b>Maximum benefit duration</b>	SSNRA
<b>Guaranteed issue</b>	All amounts guaranteed issue
<b>Elimination period</b>	90 or 180 days
<b>Definition of disability</b>	Two-year own occupation period, or Three-year own occupation period, or Own occupation period to SSNRA
<b>Pre-existing condition limitation</b>	3/6/12, 3/12, 12/6/24 or 12/24
<b>Participation requirements</b>	All eligible employees must participate when coverage is noncontributory (entirely employer-paid). Seventy-five percent participation is necessary when employee contribution is required.
<b>Contribution amounts</b>	Minimum employer contribution is 25% for contributory plans and 100% for noncontributory plans.
<b>General employee eligibility</b>	Employees must work at least 30 hours per week. Employees must be actively at work. Retiree coverage is not available.
<b>Voluntary Long Term Disability</b>	<b>Two-year rate guarantee</b>
<b>Benefit % of salary</b>	50% or 60%
<b>Maximum monthly benefit</b>	\$1,000 to \$10,000 subject to the average of top three salaries of the group.
<b>Maximum benefit duration</b>	SSNRA
<b>Guaranteed issue</b>	All amounts guaranteed issue
<b>Elimination period</b>	90 or 180 days
<b>Definition of disability</b>	Two-year own occupation period, or Three-year own occupation period, or Own occupation period to SSNRA
<b>Pre-existing condition limitation</b>	3/6/12, 3/12, 12/6/24 or 12/24
<b>Participation requirements</b>	Greater of 20% of eligible employees or 10 employees must enroll. If the Enrollment Participation Program (EPP) is selected, participation percentage is waived, and a minimum of 10 enrolled employees is required.
<b>Contribution amounts</b>	100% employee-paid.
<b>General employee eligibility</b>	Employees must work at least 20 hours per week. Employees must be actively at work. Retiree coverage is not available.

\* Internal company metrics, January 2016.

# Anthem voluntary benefits — help improve employee satisfaction without impacting your bottom line

If you're on a budget, we offer dental and vision products on a voluntary basis. And we offer supplemental life insurance that employees can add to their employer-paid basic life. You simply pick the plans you want to offer your employees, and they pay the premiums through payroll deductions.

## **It's great for employees:**

- Employees choose the benefits they want and only pay for the benefits they choose.
- They pay the entire premium, but they get the benefit of group rates rather than a higher-cost Individual plan.
- Rich benefits at affordable prices help give employees the peace of mind and financial security they want and need.

## **It's great for employers:**

- You can offer a full benefit portfolio without paying any more — there are no additional premiums on your end.
- Employers get to have a competitive edge in today's workplace.
- It enables you to help employees stay healthy, which in turn, can help reduce sick days and time off — and even save you money.



**Budget-savvy voluntary benefits let you pick the plan and employees choose only the benefits they want to pay for.**



## NOTES

## NOTES



Health · Pharmacy · Dental · Vision · Life · Disability

**See what's available so you can  
make the choices that best fit  
you and your employees.**

Contact your Anthem representative for  
more information about our plans.

[anthem.com/ca](https://www.anthem.com/ca)  
[anthem.com/specialty](https://www.anthem.com/specialty)

This provides an overview of plans available. This is intended to be a brief overview of benefits and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions can be found in the *Combined Evidence of Coverage/Certificate*. In the event of a conflict between the *Combined Evidence of Coverage/Certificate* and this overview, the terms of the *Combined Evidence of Coverage/Certificate* will prevail.

Life and Disability products underwritten by Anthem Blue Cross Life and Health Insurance Company. Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.