



California

Effective May 1, 2020

# Small Group medical product guide



# Small Group product details – EmployeeElect for groups of 1 to 100 employees

The below overview represents in-network benefits. Our PPO plans include out-of-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [plan-summaries.anthem.com/sobdps/](https://plan-summaries.anthem.com/sobdps/).

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Plan type	Platinum plans						
	HMO						PPO
Plan name	Anthem Platinum HMO 20	Anthem Platinum Select HMO 20	Anthem Platinum Priority Select HMO 20	Anthem Platinum HMO 25	Anthem Platinum Select HMO 25	Anthem Platinum Priority Select HMO 25	Anthem Platinum Select PPO 15/10%
Network	California Care HMO	Select HMO	Priority Select HMO	California Care HMO	Select HMO	Priority Select HMO	Select PPO
Contract code	4HYZ	4HYV	4HZ2	4HTT	4HTX	4HU1	4HZE
Deductible (individual/family)	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0
Out-of-network deductible (individual/family)	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	\$2,000/\$4,000
Coinsurance	0%	0%	0%	0%	0%	0%	10%
Out-of-network coinsurance	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	50%
Out-of-pocket maximum (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,200/\$4,400	\$2,200/\$4,400	\$2,200/\$4,400	\$4,500/\$9,000
Out-of-network out-of-pocket maximum (individual/family)	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	\$9,000/\$18,000
Office visits: Primary care (PCP)/Specialist (SPC)	PCP: \$20 SPC: \$30	PCP: \$20 SPC: \$30	PCP: \$20 SPC: \$30	PCP: \$25 SPC: \$40	PCP: \$25 SPC: \$40	PCP: \$25 SPC: \$40	PCP: \$15 SPC: \$30
Online doctor visits: Preferred <sup>1</sup>	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5
Urgent care (facility)	\$20	\$20	\$20	\$25	\$25	\$25	\$15
Emergency room (facility)	\$250	\$250	\$250	\$250	\$250	\$250	\$150
Outpatient surgery (facility)	\$150	\$150	\$150	\$200	\$200	\$200	10% coinsurance
Hospital inpatient admission	\$250 copay per day up to 3 days per admission	\$250 copay per day up to 3 days per admission	\$250 copay per day up to 3 days per admission	\$400 copay per day up to 4 days per admission	\$400 copay per day up to 4 days per admission	\$400 copay per day up to 4 days per admission	10% coinsurance
Pharmacy deductible <sup>2</sup> (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$15/\$35/\$70/30% up to \$250 per script	\$15/\$35/\$70/30% up to \$250 per script	\$15/\$35/\$70/30% up to \$250 per script	\$15/\$35/\$70/30% up to \$250 per script	\$15/\$35/\$70/30% up to \$250 per script	\$15/\$35/\$70/30% up to \$250 per script	\$5/\$15/\$25/10% up to \$250 per script
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1/tier 2/tier 3/tier 4)	\$38/\$105/\$210/30% up to \$250 per script	\$38/\$105/\$210/30% up to \$250 per script	\$38/\$105/\$210/30% up to \$250 per script	\$38/\$105/\$210/30% up to \$250 per script	\$38/\$105/\$210/30% up to \$250 per script	\$38/\$105/\$210/30% up to \$250 per script	\$13/\$38/\$63/10% up to \$250 per script

Networks: CaliforniaCare HMO – our most comprehensive statewide HMO network; Select HMO – our high-performance narrow HMO network available in certain counties; Priority Select HMO – our most efficient network in select counties; Prudent Buyer PPO – our most comprehensive statewide PPO network; Select PPO – our high-performance narrow PPO network.

◇ These plans have a different member deductible amount depending on whether the subscriber is enrolled as self only or has enrolled dependents within the plan: \$2,000/member for self-only coverage; \$2,800/member and \$4,000/family for family coverage. These plans comply with both AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

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Plan type	Platinum plans				Gold plans		
	PPO				HMO		
Plan name	Anthem Platinum PPO 20/10%	Anthem Platinum Select PPO 20/10%	Anthem Platinum PPO 15/250/10%	Anthem Platinum Select PPO 15/250/10%	Anthem Gold HMO 30	Anthem Gold Select HMO 30	Anthem Gold Priority Select HMO 30
Network	Prudent Buyer PPO	Select PPO	Prudent Buyer PPO	Select PPO	California Care HMO	Select HMO	Priority Select HMO
Contract code	4HVH	4HVD	4HWQ	4HWU	4HV5	4HV1	4HV8
Deductible (individual/family)	\$0/\$0	\$0/\$0	\$250/\$750	\$250/\$750	\$0/\$0	\$0/\$0	\$0/\$0
Out-of-network deductible (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	Not applicable	Not applicable	Not applicable
Coinsurance	10%	10%	10%	10%	0%	0%	0%
Out-of-network coinsurance	50%	50%	50%	50%	Not applicable	Not applicable	Not applicable
Out-of-pocket maximum (individual/family)	\$3,600/\$7,200	\$3,600/\$7,200	\$4,000/\$8,000	\$4,000/\$8,000	\$5,800/\$11,600	\$5,800/\$11,600	\$5,800/\$11,600
Out-of-network out-of-pocket maximum (individual/family)	\$7,200/\$14,400	\$7,200/\$14,400	\$8,000/\$16,000	\$8,000/\$16,000	Not applicable	Not applicable	Not applicable
Office visits: Primary care (PCP)/Specialist (SPC)	PCP: \$20 SPC: \$40	PCP: \$20 SPC: \$40	PCP: \$15 SPC: \$30	PCP: \$15 SPC: \$30	PCP: \$30 SPC: \$55	PCP: \$30 SPC: \$55	PCP: \$30 SPC: \$55
Online doctor visits: Preferred <sup>1</sup>	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5
Urgent care (facility)	\$40	\$40	\$30	\$30	\$30	\$30	\$30
Emergency room (facility)	\$150, then 10% coinsurance	\$150, then 10% coinsurance	Deductible, then \$200 and 10% coinsurance	Deductible, then \$200 and 10% coinsurance	\$250	\$250	\$250
Outpatient surgery (facility)	10% coinsurance	10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	\$300	\$300	\$300
Hospital inpatient admission	10% coinsurance	10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance	\$600 copay per day up to 4 days per admission	\$600 copay per day up to 4 days per admission	\$600 copay per day up to 4 days per admission
Pharmacy deductible <sup>2</sup> (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$10/\$35/\$70/30% up to \$250 per script	\$10/\$35/\$70/30% up to \$250 per script	\$10/\$35/\$70/30% up to \$250 per script	\$10/\$35/\$70/30% up to \$250 per script	\$15/\$35/\$70/30% up to \$250 per script	\$15/\$35/\$70/30% up to \$250 per script	\$15/\$35/\$70/30% up to \$250 per script
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1/tier 2/tier 3/tier 4)	\$25/\$105/\$210/30% up to \$250 per script	\$25/\$105/\$210/30% up to \$250 per script	\$25/\$105/\$210/30% up to \$250 per script	\$25/\$105/\$210/30% up to \$250 per script	\$38/\$105/\$210/30% up to \$250 per script	\$38/\$105/\$210/30% up to \$250 per script	\$38/\$105/\$210/30% up to \$250 per script

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Plan type	Gold plans						
	HMO			EPO		PPO	
Plan name	Anthem Gold HMO 35	Anthem Gold Select HMO 35	Anthem Gold Priority Select HMO 35	Anthem Gold EPO 35/500/20%	Anthem Gold EPO 35/1700/20%	Anthem Gold PPO 20/30%	Anthem Gold Select PPO 20/30%
Network	California Care HMO	Select HMO	Priority Select HMO	Prudent Buyer PPO	Prudent Buyer PPO	Prudent Buyer PPO	Select PPO
Contract code	4HUV	4HUP	4HUW	4HT2	4HT6	4HW6	4HWA
Deductible (individual/family)	\$0/\$0	\$0/\$0	\$0/\$0	\$500/\$1,500	\$1,700/\$3,400	\$0/\$0	\$0/\$0
Out-of-network deductible (individual/family)	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	0%	0%	0%	20%	20%	30%	30%
Out-of-network coinsurance	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	50%	50%
Out-of-pocket maximum (individual/family)	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$4,350/\$8,700	\$7,000/\$14,000	\$7,000/\$14,000
Out-of-network out-of-pocket maximum (individual/family)	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	\$14,000/\$28,000	\$14,000/\$28,000
Office visits: Primary care (PCP)/Specialist (SPC)	PCP: \$35 SPC: \$70	PCP: \$35 SPC: \$70	PCP: \$35 SPC: \$70	PCP: \$35 SPC: \$55	PCP: \$35 SPC: \$60	PCP: \$20 SPC: \$50	PCP: \$20 SPC: \$50
Online doctor visits: Preferred <sup>1</sup>	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5
Urgent care (facility)	\$35	\$35	\$35	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$50	\$50
Emergency room (facility)	\$300	\$300	\$300	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$250, then 30% coinsurance	\$250, then 30% coinsurance
Outpatient surgery (facility)	\$500	\$500	\$500	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	30% coinsurance	30% coinsurance
Hospital inpatient admission	\$750 copay per day up to 4 days per admission	\$750 copay per day up to 4 days per admission	\$750 copay per day up to 4 days per admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	30% coinsurance	30% coinsurance
Pharmacy deductible <sup>2</sup> (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$15/\$40/\$80/30% up to \$250 per script	\$15/\$40/\$80/30% up to \$250 per script	\$15/\$40/\$80/30% up to \$250 per script	\$20/\$40/25% up to \$250 per script/30% up to \$250 per script	\$20/\$40/25% up to \$250 per script/30% up to \$250 per script	\$15/\$40/\$80/30% up to \$250 per script	\$15/\$40/\$80/30% up to \$250 per script
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1/tier 2/tier 3/tier 4)	\$38/\$120/\$240/30% up to \$250 per script	\$38/\$120/\$240/30% up to \$250 per script	\$38/\$120/\$240/30% up to \$250 per script	\$50/\$120/25% up to \$750 per script/30% up to \$250 per script	\$50/\$120/25% up to \$750 per script/30% up to \$250 per script	\$38/\$120/\$240/30% up to \$250 per script	\$38/\$120/\$240/30% up to \$250 per script

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	Gold plans						
Plan type	PPO						
Plan name	Anthem Gold Select PPO 25/250/20%	Anthem Gold PPO 30/500/20%	Anthem Gold Select PPO 30/500/20%	Anthem Gold PPO 35/500/25% *NEW*	Anthem Gold Select PPO 35/500/25% *NEW*	Anthem Gold PPO 30/750/20%	Anthem Gold Select PPO 30/750/20%
Network	Select PPO	Prudent Buyer PPO	Select PPO	Prudent Buyer PPO	Select PPO	Prudent Buyer PPO	Select PPO
Contract code	4HZ9	4HWE	4HWJ	4HZS	4HZW	4HX6	4HXA
Deductible (individual/family)	\$250/\$500	\$500/\$1,500	\$500/\$1,500	\$500/\$1,500	\$500/\$1,500	\$750/\$2,250	\$750/\$2,250
Out-of-network deductible (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	20%	20%	20%	25%	25%	20%	20%
Out-of-network coinsurance	50%	50%	50%	50%	50%	50%	50%
Out-of-pocket maximum (individual/family)	\$7,800/\$15,600	\$7,250/\$14,500	\$7,250/\$14,500	\$7,250/\$14,500	\$7,250/\$14,500	\$7,400/\$14,800	\$7,400/\$14,800
Out-of-network out-of-pocket maximum (individual/family)	\$15,600/\$31,200	\$14,500/\$29,000	\$14,500/\$29,000	\$14,500/\$29,000	\$14,500/\$29,000	\$14,800/\$29,600	\$14,800/\$29,600
Office visits: Primary care (PCP)/Specialist (SPC)	PCP: \$25 SPC: \$50	PCP: \$30 SPC: \$60	PCP: \$30 SPC: \$60	PCP: \$35 SPC: \$65	PCP: \$35 SPC: \$65	PCP: \$30 SPC: \$55	PCP: \$30 SPC: \$55
Online doctor visits: Preferred <sup>1</sup>	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5
Urgent care (facility)	\$25	\$60	\$60	\$65	\$65	\$55	\$55
Emergency room (facility)	Deductible, then \$250	Deductible, then \$250 and 20% coinsurance	Deductible, then \$250 and 20% coinsurance	Deductible, then \$250 and 25% coinsurance	Deductible, then \$250 and 25% coinsurance	Deductible, then \$250 and 20% coinsurance	Deductible, then \$250 and 20% coinsurance
Outpatient surgery (facility)	20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible <sup>2</sup> (individual/family)	Tiers 1-4: No deductible	Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$15/\$50/\$80/20% up to \$250 per script	\$15/\$40/\$80/30% up to \$250 per script	\$15/\$40/\$80/30% up to \$250 per script	\$15/\$40/\$80/30% up to \$250 per script	\$15/\$40/\$80/30% up to \$250 per script	\$15/\$40/\$80/30% up to \$250 per script	\$15/\$40/\$80/30% up to \$250 per script
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1/tier 2/tier 3/tier 4)	\$38/\$125/\$200/20% up to \$250 per script	\$38/\$120/\$240/30% up to \$250 per script	\$38/\$120/\$240/30% up to \$250 per script	\$38/\$120/\$240/30% up to \$250 per script	\$38/\$120/\$240/30% up to \$250 per script	\$38/\$120/\$240/30% up to \$250 per script	\$38/\$120/\$240/30% up to \$250 per script

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Plan type	Gold plans		Silver plans				
	PPO		HMO				
Plan name	Anthem Gold PPO 35/1000/20%	Anthem Gold Select PPO 35/1000/20%	Anthem Silver HMO 55	Anthem Silver Select HMO 55	Anthem Silver Priority Select HMO 55	Anthem Silver HMO 55/2250/45%	Anthem Silver Select HMO 55/2250/45%
Network	Prudent Buyer PPO	Select PPO	California Care HMO	Select HMO	Priority Select HMO	California Care HMO	Select HMO
Contract code	4HXE	4HXJ	4HTA	4HTE	4HTF	4HYF	4HYC
Deductible (individual/family)	\$1,000/\$3,000	\$1,000/\$3,000	\$0/\$0	\$0/\$0	\$0/\$0	\$2,250/\$4,500	\$2,250/\$4,500
Out-of-network deductible (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Coinsurance	20%	20%	0%	0%	0%	45%	45%
Out-of-network coinsurance	50%	50%	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Out-of-pocket maximum (individual/family)	\$7,400/\$14,800	\$7,400/\$14,800	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300
Out-of-network out-of-pocket maximum (individual/family)	\$14,800/\$29,600	\$14,800/\$29,600	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Office visits: Primary care (PCP)/Specialist (SPC)	PCP: \$35 SPC: \$60	PCP: \$35 SPC: \$60	PCP: \$55 SPC: \$110	PCP: \$55 SPC: \$110	PCP: \$55 SPC: \$110	PCP: \$55 SPC: \$110	PCP: \$55 SPC: \$110
Online doctor visits: Preferred <sup>1</sup>	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5
Urgent care (facility)	\$60	\$60	\$55	\$55	\$55	\$55	\$55
Emergency room (facility)	Deductible, then \$250 and 20% coinsurance	Deductible, then \$250 and 20% coinsurance	\$450	\$450	\$450	Deductible, then \$350 and 45% coinsurance	Deductible, then \$350 and 45% coinsurance
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$600	\$600	\$600	Deductible, then 45% coinsurance	Deductible, then 45% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$600 copay per day up to 5 days per admission	\$600 copay per day up to 5 days per admission	\$600 copay per day up to 5 days per admission	Deductible, then 45% coinsurance	Deductible, then 45% coinsurance
Pharmacy deductible <sup>2</sup> (individual/family)	Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$600/\$1,200 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$600/\$1,200 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$600/\$1,200 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$15/\$40/\$80/30% up to \$250 per script	\$15/\$40/\$80/30% up to \$250 per script	\$20/\$80/\$110/30% up to \$250 per script	\$20/\$80/\$110/30% up to \$250 per script	\$20/\$80/\$110/30% up to \$250 per script	\$20/\$80/\$110/30% up to \$250 per script	\$20/\$80/\$110/30% up to \$250 per script
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1/tier 2/tier 3/tier 4)	\$38/\$120/\$240/30% up to \$250 per script	\$38/\$120/\$240/30% up to \$250 per script	\$50/\$240/\$330/30% up to \$250 per script	\$50/\$240/\$330/30% up to \$250 per script	\$50/\$240/\$330/30% up to \$250 per script	\$50/\$240/\$330/30% up to \$250 per script	\$50/\$240/\$330/30% up to \$250 per script

Networks: CaliforniaCare HMO – our most comprehensive statewide HMO network; Select HMO – our high-performance narrow HMO network available in certain counties; Priority Select HMO – our most efficient network in select counties; Prudent Buyer PPO – our most comprehensive statewide PPO network; Select PPO – our high-performance narrow PPO network.

◇ These plans have a different member deductible amount depending on whether the subscriber is enrolled as self only or has enrolled dependents within the plan: \$2,000/member for self-only coverage; \$2,800/member and \$4,000/family for family coverage. These plans comply with both AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

<sup>1</sup> Cost shares listed for LiveHealth Online (LHO) visits are for medical visits with medical doctors and behavioral health visits (face to face and chat therapy) with psychiatrists and therapists. In addition, free visits for Future Moms Breastfeeding Support and EAP counseling visits on LHO are included with all Anthem medical plans.

<sup>2</sup> For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.

<sup>3</sup> Home delivery program typically covers up to a 90-day supply for tier 1, tier 2 and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

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# Small Group product details – EmployeeElect for groups of 1 to 100 employees

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Plan type	Silver plans						
	HMO	PPO					
Plan name	Anthem Silver Priority Select HMO 55/2250/45%	Anthem Silver PPO 45/1750/40%	Anthem Silver Select PPO 45/1750/40%	Anthem Silver PPO 55/1850/35%	Anthem Silver Select PPO 55/1850/35%	Anthem Silver PPO 50/2000/40%	Anthem Silver Select PPO 50/2000/40%
Network	Priority Select HMO	Prudent Buyer PPO	Select PPO	Prudent Buyer PPO	Select PPO	Prudent Buyer PPO	Select PPO
Contract code	4HYK	4HXN	4HXS	4HYO	4HXW	4HWY	4HX2
Deductible (individual/family)	\$2,250/\$4,500	\$1,750/\$3,500	\$1,750/\$3,500	\$1,850/\$3,700	\$1,850/\$3,700	\$2,000/\$4,000	\$2,000/\$4,000
Out-of-network deductible (individual/family)	Not applicable	\$3,500/\$7,000	\$3,500/\$7,000	\$3,700/\$7,400	\$3,700/\$7,400	\$4,000/\$8,000	\$4,000/\$8,000
Coinsurance	45%	40%	40%	35%	35%	40%	40%
Out-of-network coinsurance	Not applicable	50%	50%	50%	50%	50%	50%
Out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800
Out-of-network out-of-pocket maximum (individual/family)	Not applicable	\$15,800/\$31,600	\$15,800/\$31,600	\$15,800/\$31,600	\$15,800/\$31,600	\$15,800/\$31,600	\$15,800/\$31,600
Office visits: Primary care (PCP)/Specialist (SPC)	PCP: \$55 SPC: \$110	PCP: \$45 SPC: \$95	PCP: \$45 SPC: \$95	PCP: \$55 SPC: \$85	PCP: \$55 SPC: \$85	PCP: \$50 SPC: \$85	PCP: \$50 SPC: \$85
Online doctor visits: Preferred <sup>1</sup>	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5
Urgent care (facility)	\$55	\$95	\$95	\$85	\$85	\$85	\$85
Emergency room (facility)	Deductible, then \$350 and 45% coinsurance	Deductible, then \$300 and 40% coinsurance	Deductible, then \$300 and 40% coinsurance	Deductible, then \$350 and 35% coinsurance	Deductible, then \$350 and 35% coinsurance	Deductible, then \$350 and 40% coinsurance	Deductible, then \$350 and 40% coinsurance
Outpatient surgery (facility)	Deductible, then 45% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Hospital inpatient admission	Deductible, then 45% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Pharmacy deductible <sup>2</sup> (individual/family)	Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$300/\$600 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$300/\$600 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$300/\$600 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$300/\$600 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$20/\$80/\$110/30% up to \$250 per script	\$20/\$50/\$90/30% up to \$250 per script	\$20/\$50/\$90/30% up to \$250 per script	\$20/\$50/\$90/30% up to \$250 per script	\$20/\$50/\$90/30% up to \$250 per script	\$20/\$55/\$95/30% up to \$250 per script	\$20/\$55/\$95/30% up to \$250 per script
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1/tier 2/tier 3/tier 4)	\$50/\$240/\$330/30% up to \$250 per script	\$50/\$150/\$270/30% up to \$250 per script	\$50/\$150/\$270/30% up to \$250 per script	\$50/\$150/\$270/30% up to \$250 per script	\$50/\$150/\$270/30% up to \$250 per script	\$50/\$165/\$285/30% up to \$250 per script	\$50/\$165/\$285/30% up to \$250 per script

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Plan type	Silver plans				Bronze plans		
	PPO		PPO HSA		PPO		
Plan name	Anthem Silver Select PPO 50/2250/20%	Anthem Silver PPO 55/2500/45% *NEW*	Anthem Silver Select PPO 55/2500/45% *NEW*	Anthem Silver PPO 2000/30% w/HSA - RxC <sup>o</sup>	Anthem Silver Select PPO 2000/30% w/HSA - RxC <sup>o</sup>	Anthem Bronze PPO 3950/50% *NEW*	Anthem Bronze Select PPO 3950/50% *NEW*
Network	Select PPO	Prudent Buyer PPO	Select PPO	Prudent Buyer PPO	Select PPO	Prudent Buyer PPO	Select PPO
Contract code	4HZP	4J00	4J04	4HVU/4HW2	4HVQ/4HVY	4J08	4J0C
Deductible (individual/family)	\$2,250/\$4,500	\$2,500/\$5,000	\$2,500/\$5,000	\$2,000/\$2,800/\$4,000	\$2,000/\$2,800/\$4,000	\$3,950/\$7,900	\$3,950/\$7,900
Out-of-network deductible (individual/family)	\$4,500/\$9,000	\$5,000/\$10,000	\$5,000/\$10,000	\$4,000/\$5,600/\$8,000	\$4,000/\$5,600/\$8,000	\$7,900/\$15,800	\$7,900/\$15,800
Coinsurance	20%	45%	45%	30%	30%	50%	50%
Out-of-network coinsurance	50%	50%	50%	50%	50%	50%	50%
Out-of-pocket maximum (individual/family)	\$7,800/\$15,600	\$8,150/\$16,300	\$8,150/\$16,300	\$6,500/\$13,000	\$6,500/\$13,000	\$8,100/\$16,200	\$8,100/\$16,200
Out-of-network out-of-pocket maximum (individual/family)	\$15,600/\$31,200	\$16,300/\$32,600	\$16,300/\$32,600	\$13,000/\$26,000	\$13,000/\$26,000	\$16,200/\$32,400	\$16,200/\$32,400
Office visits: Primary care (PCP)/Specialist (SPC)	PCP: \$50 SPC: \$85	PCP: \$55 SPC: \$85	PCP: \$55 SPC: \$85	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Online doctor visits: Preferred <sup>1</sup>	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Urgent care (facility)	\$50	\$85	\$85	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Emergency room (facility)	Deductible, then \$400	Deductible, then \$350 and 45% coinsurance	Deductible, then \$350 and 45% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Outpatient surgery (facility)	20% coinsurance	Deductible, then 45% coinsurance	Deductible, then 45% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 45% coinsurance	Deductible, then 45% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance
Pharmacy deductible <sup>2</sup> (individual/family)	Tiers 1-4: \$300/\$600 Pharmacy deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$17/\$65/\$90/20% up to \$250 per script	\$20/\$60/\$100/30% up to \$250 per script	\$20/\$60/\$100/30% up to \$250 per script	\$20/\$55/\$80/30% up to \$250 per script	\$20/\$55/\$80/30% up to \$250 per script	50% up to \$500 per script	50% up to \$500 per script
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1/tier 2/tier 3/tier 4)	\$43/\$163/\$225/20% up to \$250 per script	\$50/\$180/\$300/30% up to \$250 per script	\$50/\$180/\$300/30% up to \$250 per script	\$50/\$165/\$240/30% up to \$250 per script	\$50/\$165/\$240/30% up to \$250 per script	50% up to \$1,500 per script/50% up to \$1,500 per script/50% up to \$1,500 per script/50% up to \$500 per script	50% up to \$1,500 per script/50% up to \$1,500 per script/50% up to \$1,500 per script/50% up to \$500 per script

Networks: CaliforniaCare HMO – our most comprehensive statewide HMO network; Select HMO – our high-performance narrow HMO network available in certain counties; Priority Select HMO – our most efficient network in select counties; Prudent Buyer PPO – our most comprehensive statewide PPO network; Select PPO – our high-performance narrow PPO network.

◊ These plans have a different member deductible amount depending on whether the subscriber is enrolled as self only or has enrolled dependents within the plan: \$2,000/member for self-only coverage; \$2,800/member and \$4,000/family for family coverage. These plans comply with both AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

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Plan type	Bronze plans						
	PPO						PPO HSA
Plan name	Anthem Bronze PPO 40/5600/40%	Anthem Bronze Select PPO 40/5600/40%	Anthem Bronze PPO 70/6300/35%	Anthem Bronze Select PPO 70/6300/35%	Anthem Bronze PPO 60/6350/40%	Anthem Bronze Select PPO 60/6350/40%	Anthem Bronze PPO 5000/45% w/HSA
Network	Prudent Buyer PPO	Select PPO	Prudent Buyer PPO	Select PPO	Prudent Buyer PPO	Select PPO	Prudent Buyer PPO
Contract code	4HUE	4HUI	4HY6	4HY7	4HU5	4HU9	52SH
Deductible (individual/family)	\$5,600/\$11,200	\$5,600/\$11,200	\$6,300/\$12,600	\$6,300/\$12,600	\$6,350/\$12,700	\$6,350/\$12,700	\$5,000/\$10,000
Out-of-network deductible (individual/family)	\$11,200/\$22,400	\$11,200/\$22,400	\$12,600/\$25,200	\$12,600/\$25,200	\$12,700/\$25,400	\$12,700/\$25,400	\$10,000/\$20,000
Coinsurance	40%	40%	35%	35%	40%	40%	45%
Out-of-network coinsurance	50%	50%	50%	50%	50%	50%	50%
Out-of-pocket maximum (individual/family)	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$8,150/\$16,300	\$6,750/\$13,500
Out-of-network out-of-pocket maximum (individual/family)	\$16,300/\$32,600	\$16,300/\$32,600	\$16,300/\$32,600	\$16,300/\$32,600	\$16,300/\$32,600	\$16,300/\$32,600	\$13,500/\$27,000
Office visits: Primary care (PCP)/Specialist (SPC)	PCP: Deductible, then \$40 SPC: Deductible, then \$80	PCP: Deductible, then \$40 SPC: Deductible, then \$80	PCP: Deductible, then \$70 SPC: Deductible, then \$85	PCP: Deductible, then \$70 SPC: Deductible, then \$85	PCP: Deductible, then \$60 SPC: Deductible, then \$80	PCP: Deductible, then \$60 SPC: Deductible, then \$80	Deductible, then 45% coinsurance
Online doctor visits: Preferred <sup>1</sup>	\$0 for first 12 visits, then \$5	\$0 for first 12 visits, then \$5	\$0 for first 12 visits, then \$5	\$0 for first 12 visits, then \$5	\$0 for first 12 visits, then \$5	\$0 for first 12 visits, then \$5	Deductible, then 45% coinsurance
Urgent care (facility)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 45% coinsurance
Emergency room (facility)	Deductible, then \$200 and 40% coinsurance	Deductible, then \$200 and 40% coinsurance	Deductible, then \$200 and 35% coinsurance	Deductible, then \$200 and 35% coinsurance	Deductible, then \$350 and 40% coinsurance	Deductible, then \$350 and 40% coinsurance	Deductible, then 45% coinsurance
Outpatient surgery (facility)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 45% coinsurance
Hospital inpatient admission	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 45% coinsurance
Pharmacy deductible <sup>2</sup> (individual/family)	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: \$625/\$1,250 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$625/\$1,250 Pharmacy deductible	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	\$20/\$60/\$100/30% up to \$500 per script	\$20/\$60/\$100/30% up to \$500 per script	\$20/\$60/\$100/30% up to \$500 per script	\$20/\$60/\$100/30% up to \$500 per script	\$20/\$60/\$100/30% up to \$500 per script	\$20/\$60/\$100/30% up to \$500 per script	35% up to \$500 per script
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1/tier 2/tier 3/tier 4)	\$50/\$180/\$300/30% up to \$500 per script	\$50/\$180/\$300/30% up to \$500 per script	\$50/\$180/\$300/30% up to \$500 per script	\$50/\$180/\$300/30% up to \$500 per script	\$50/\$180/\$300/30% up to \$500 per script	\$50/\$180/\$300/30% up to \$500 per script	35% up to \$1,500 per script/35% up to \$1,500 per script/35% up to \$1,500 per script/35% up to \$500 per script

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Plan type	Bronze plans			
	PPO HSA			
Plan name	Anthem Bronze Select PPO 5000/45% w/HSA	Anthem Bronze PPO 6600/0% w/HSA	Anthem Bronze Select PPO 6600/0% w/HSA	Anthem Bronze Select PPO 6900/0% w/HSA
Network	Select PPO	Prudent Buyer PPO	Select PPO	Select PPO
Contract code	52H9	52SM	52HD	4HZJ
Deductible (individual/family)	\$5,000/\$10,000	\$6,600/\$13,200	\$6,600/\$13,200	\$6,900/\$13,800
Out-of-network deductible (individual/family)	\$10,000/\$20,000	\$16,500/\$33,000	\$16,500/\$33,000	\$13,800/\$27,600
Coinsurance	45%	0%	0%	0%
Out-of-network coinsurance	50%	50%	50%	50%
Out-of-pocket maximum (individual/family)	\$6,750/\$13,500	\$6,600/\$13,200	\$6,600/\$13,200	\$6,900/\$13,800
Out-of-network out-of-pocket maximum (individual/family)	\$13,500/\$27,000	\$19,800/\$39,600	\$19,800/\$39,600	\$17,250/\$34,500
Office visits: Primary care (PCP)/Specialist (SPC)	Deductible, then 45% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Online doctor visits: Preferred <sup>1</sup>	Deductible, then 45% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Urgent care (facility)	Deductible, then 45% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Emergency room (facility)	Deductible, then 45% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Outpatient surgery (facility)	Deductible, then 45% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 45% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Pharmacy deductible <sup>2</sup> (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	35% up to \$500 per script	0%	0%	0%
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1/tier 2/tier 3/tier 4)	35% up to \$1,500 per script/35% up to \$1,500 per script/35% up to \$1,500 per script/35% up to \$500 per script	0%	0%	0%

Networks: CaliforniaCare HMO – our most comprehensive statewide HMO network; Select HMO – our high-performance narrow HMO network available in certain counties; Priority Select HMO – our most efficient network in select counties; Prudent Buyer PPO – our most comprehensive statewide PPO network; Select PPO – our high-performance narrow PPO network.

◇ These plans have a different member deductible amount depending on whether the subscriber is enrolled as self only or has enrolled dependents within the plan: \$2,000/member for self-only coverage; \$2,800/member and \$4,000/family for family coverage. These plans comply with both AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

<sup>1</sup> Cost shares listed for LiveHealth Online (LHO) visits are for medical visits with medical doctors and behavioral health visits (face to face and chat therapy) with psychiatrists and therapists. In addition, free visits for Future Moms Breastfeeding Support and EAP counseling visits on LHO are included with all Anthem medical plans.

<sup>2</sup> For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.

<sup>3</sup> Home delivery program typically covers up to a 90-day supply for tier 1, tier 2 and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

***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.***

# We're in this together

## Let us help you save more time

Thank you for letting us partner with you. We understand that providing health benefits is an important decision for small businesses. That's why we're doing everything we can to offer the highest-quality coverage while keeping costs down. And we're right by your side to help make things simpler for you through the process.

### Easier than ever

Our plans were put together with small businesses in mind – they're simple to understand, administer and use!

**Questions?** We're here to help. Call your Anthem representative.

