



Health • Pharmacy • Dental • Vision • Life • Disability

A complete benefits package for your business
For groups with 2-100 employees



Dental, vision, life and disability products for California

Complement your health coverage with other valued benefits.

A photograph of a man with dark hair and a mustache, smiling broadly while carrying a young child with curly hair on his shoulders. They are outdoors in a park-like setting with trees in the background. The child is wearing a light pink shirt and is also smiling. The man is wearing a dark shirt. The image is used as a background for the advertisement.

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 ConnectionSM.

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.

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.

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)¹ 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%.¹ So you can be sure payments are prompt and correct.
- **International Emergency Dental Program.**² Members who travel or work outside the U.S. have access to emergency dental services. 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.
- **Our 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.
- **Our 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 Essential Health Benefits (EHB) 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 EHB 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.

¹ Internal Data, metrics as of year-end 2014.

² 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 more than 19,200 unique dentists (with nearly 51,400 access points) in California. This network has more than 122,400 unique providers nationwide (with more than 327,600 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.

California Small Group 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	

MAC = maximum allowable charge

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


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

Dental Net

Our Dental Net DHMOs have no annual maximums,¹ 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.



Visit anthem.com/specialty or contact your broker or Anthem sales representative for more information or a quote.

¹ 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 pre-approval 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*.

		Plan 2000A	Plan 2000B	Plan 2000C
CDT Code	Benefit	Member's copay		
Diagnostic services				
D0120	Periodic oral examinations	\$0	\$0	\$0
D0210	Intraoral X-rays – complete series (include bitewings)	\$0	\$0	\$0
Preventive services				
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
Restorative services, filling – permanent				
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
Oral surgery services				
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
Endodontic services				
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
Periodontic services				
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
Prosthodontic services				
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*
Orthodontic services				
	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
Other services				
	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

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 VisionSM members can visit a private practice doctor, call or go online at Glasses.com, ContactsDirect.com and 1-800 CONTACTS[®] or go to a retail optical store like: LensCrafters[®], Target Optical[®], Sears OpticalSM and JCPenney[®] 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[®] and polycarbonate lenses at no additional cost.
- *Negotiated rates for other upgrades.* Includes Transitions[®] lenses for adults at a fixed price of \$75, as well as tiered pricing for premium progressive lenses and premium anti-reflective 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, additional supplies of conventional contact lenses, lens treatments 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.

* American Optometric Association, aoanet.org.

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



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.

Non-elective contacts covered in full.

All of our Affordable Care Act-compliant Small Group health plans include pediatric vision Essential Health Benefits (EHB) 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.

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.

Anthem Vision Pediatric Blue View Vision network	In network	Out of network*
Routine eye exam (once every calendar year)	\$0 copay	\$0 copay up to plan's maximum allowed amount (MAA) (of \$30)
Lenses — single, bifocal, trifocal (once every calendar year)	\$0 copay	\$0 copay up to plan's MAA (of \$25, \$40, or \$55)
Lens options and treatments		
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)
Frames (once every calendar year)	\$0 copay, formulary	\$0 copay up to plan's MAA (of \$45)
Elective contact lenses (once every calendar year — in lieu of eyeglass lenses)	\$0 copay, formulary	\$0 copay up to plan's MAA (of \$60)
Nonelective contact lenses (once every calendar year — in lieu of eyeglass lenses)	Covered in full	\$0 copay up to plan's MAA (of \$210)
Low vision (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

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

* 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.

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 can use now, like emotional, financial and legal counseling your employees and their families can use today, 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. And we provide all these services plus grief counseling to beneficiaries to help them through a stressful time.
- Beneficiary Companion services give 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*, for kids affected by loss at no additional charge.

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.*

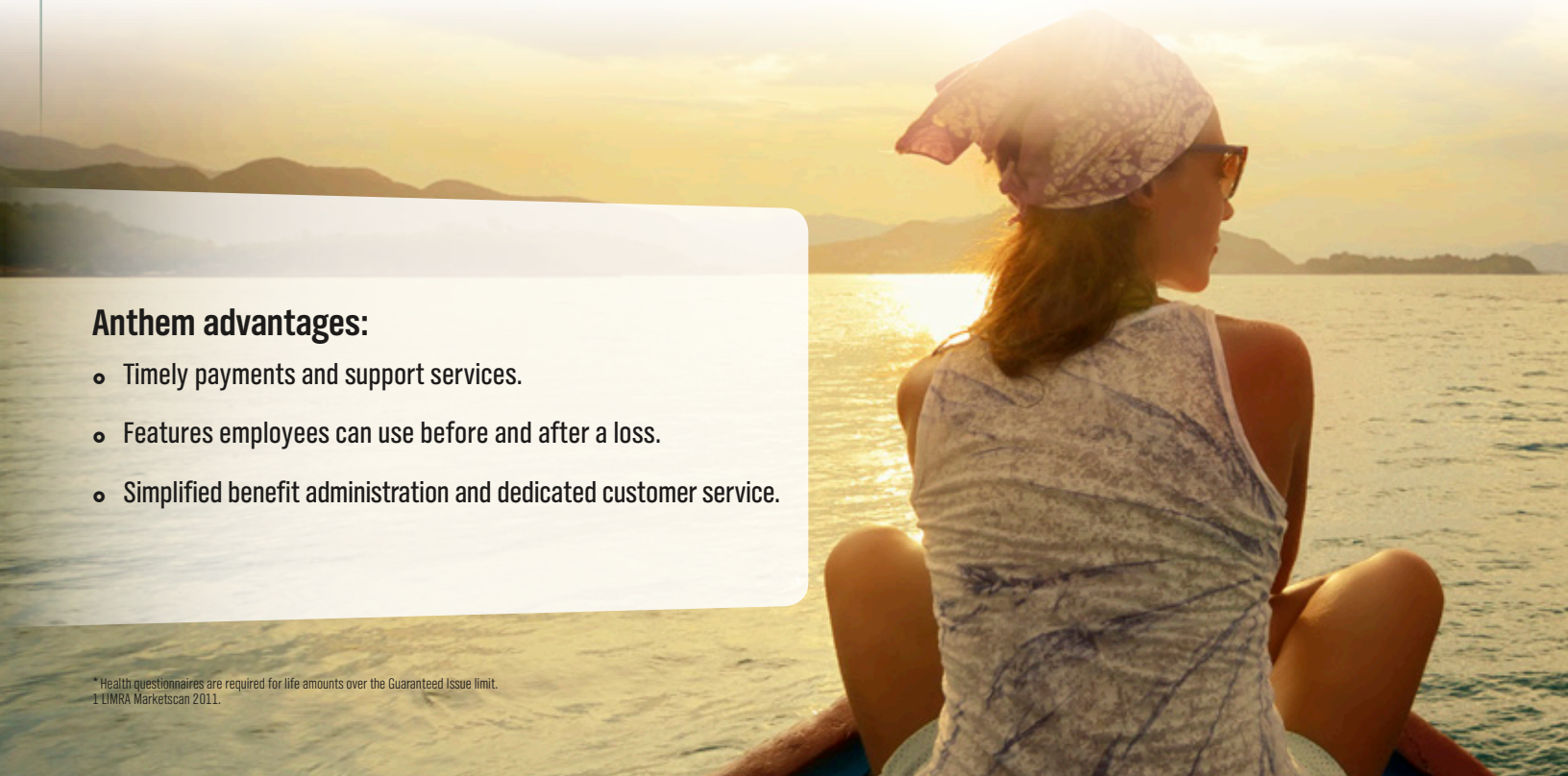
Why life insurance from Anthem?

- 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.¹

Anthem advantages:

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

* Health questionnaires are required for life amounts over the Guaranteed Issue limit.
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
Basic Term Life and AD&D	2-Years Rate Guarantee	2-Years Rate Guarantee
Benefit Offering	Flat amounts or salary-based	Flat amounts, class-based or salary-based (up to 5 classes)
Benefits Options	Benefit options of: \$25,000 \$30,000 \$50,000	Chose a benefit amount from \$25,000 to \$350,000 (based on underwriting approval)
Salary-based benefits	1X salary	1X, 2X or 3X salary
Guaranteed Issue Amount	\$30,000	Varies by group.
Participation Requirements	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.	
Contribution Amounts	Minimum employer contribution (not including dependent coverage) is 25% for contributory plans and 100% for non-contributory plans.	
General employee eligibility	Employees must work at least 30 hours per week. Employees must be actively at work. Retiree coverage is not available.	
Dependent Life	2-Years Rate Guarantee	2-Years Rate Guarantee
Benefit Options	<ul style="list-style-type: none"> \$10,000 spouse/\$5,000 ea. child \$5,000 spouse/\$2,500 ea. child *Dependent coverage can't exceed 50% of employee life amt	<ul style="list-style-type: none"> \$20,000 spouse/\$10,000 ea. child \$10,000 spouse/\$5,000 ea. child \$5,000 spouse/\$2,500 ea. child *Dependent coverage can't exceed 50% of employee life amt
Guaranteed Issue	All amounts are guaranteed issue.	All amounts are guaranteed issue.
Optional Supplemental Life	Not Available	2-Years Rate Guarantee
Benefit Offering	N/A	Flat amounts in increments, flat amounts, or salary-based
Benefit Options	N/A	From \$25,000 to \$300,000 (in increments of \$5,000)
Salary-based benefits	N/A	1X, 2X or 3X salary
Guaranteed Issue Amount	N/A	Variable by group.
Participation Requirements	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.
Contribution Amounts	N/A	100% employee-paid.
General employee eligibility	N/A	Employees must be enrolled in Basic Term Life coverage. Employees must be actively at work. Retiree coverage is not available.
Optional Supplemental Dependent Life	Not Available	2-Years Rate Guarantee
Benefit Options	N/A	<ul style="list-style-type: none"> Spouse, \$10,000 to \$50,000, in \$5,000 increments Child, \$5,000, \$10,000 or \$15,000 *Dependent coverage can't exceed 50% of employee life amount. Optional supplemental dependent life Guaranteed Issue amount is \$30,000.
Optional Voluntary Life	Not Available	2-Years Rate Guarantee
Benefit Offering	N/A	Flat amounts in increments, flat amounts, or salary-based
Benefit Options	N/A	From \$25,000 to \$300,000 (in increments of \$5,000)
Salary-based benefits	N/A	1X, 2X or 3X salary
Guaranteed Issue Amount	N/A	Variable by group.
Contribution Amounts	N/A	100% employee-paid.
General employee eligibility	N/A	Employees must work at least 30 hours per week. Employees must be actively at work. Retiree coverage is not available.
Participation Requirements	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.
Contribution Amounts	N/A	100% employee-paid.
General employee eligibility	N/A	Employees must work at least 20 hours per week. Employees must be actively at work. Retiree coverage is not available.
Optional Voluntary Dependent Life	Not Available	2-Years Rate Guarantee
Benefit Options	N/A	<ul style="list-style-type: none"> Spouse, \$10,000 to \$50,000, in \$5,000 increments Child, \$5,000, \$10,000 or \$15,000 *Dependent coverage can't exceed 50% of employee life amount.
Guaranteed Issue	N/A	\$30,000

* Internal company metrics, January 2016.

Disability — Getting 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 they 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 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	
Short Term Disability	2-Years Rate Guarantee
Plans Available	Employer chooses—benefits can begin on the 1st, 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.
Salary-Based Benefit Options	50%, 60% or 67% of weekly earnings up to \$200-\$2,500, subject to the average of top three salaries of the group
Flat Benefit Options	\$200 or \$250 per week
Guaranteed Issue Amount	All amounts guaranteed issue
Partial Disability Benefits	Yes
Participation Requirements	All eligible employees must participate when coverage is non-contributory (entirely employer-paid). Seventy-five percent participation is necessary when employee contribution is required.
Contribution Amounts	Minimum employer contribution is 25% for contributory plans and 100% for non-contributory plans.
General employee eligibility	Employees must work at least 30 hours per week. Employees must be actively at work. Retiree coverage is not available.
Integration with health	Standard integration with Anthem Condition Care and Future Moms included for members with Anthem health care plan and Anthem Life STD coverage through the same employer.

	Small Group 10-100
Voluntary Short Term Disability	2-Years Rate Guarantee
Plans Available	Employer chooses -benefits can begin on the 1st, 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.
Salary-based Benefit Options	50% or 60% of weekly earnings up to \$200-\$1,500, subject to the average of top three salaries of the group
Flat Benefit Options	\$200 or \$250 per week
Guaranteed Issue Amount	\$1,500 per week
Pre-existing Condition Limitation	3/12 or 12/12
Participation Requirements	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.
Contribution Amounts	100% employee-paid.
General employee eligibility	Employees must work at least 20 hours per week. Employees must be actively at work. Retiree coverage is not available.
Integration with health	Standard integration with Anthem Condition Care and Future Moms included for members with Anthem health care plan and Anthem Life STD coverage through the same employer.
Long Term Disability	2-Years Rate Guarantee
Benefit % of Salary	50%, 60%, or 67%
Maximum Monthly Benefit	\$1,000 to \$15,000 subject to the average of top three salaries of the group
Maximum Benefit Duration	SSNRA
Guaranteed Issue	All amounts guaranteed issue
Elimination Period	90 or 180 days
Definition of Disability	2-year own occupation period, or 3-year own occupation period, or Own occupation period to SSNRA
Pre-existing Condition Limitation	3/6/12, 3/12, 12/6/24 or 12/24
Participation Requirements	All eligible employees must participate when coverage is non-contributory (entirely employer-paid). Seventy-five percent participation is necessary when employee contribution is required.
Contribution Amounts	Minimum employer contribution is 25% for contributory plans and 100% for non-contributory plans.
General employee eligibility	Employees must work at least 30 hours per week. Employees must be actively at work. Retiree coverage is not available.
Voluntary Long Term Disability	2-Years Rate Guarantee
Benefit % of Salary	50% or 60%
Maximum Monthly Benefit	\$1,000 to \$10,000 subject to the average of top three salaries of the group
Maximum Benefit Duration	SSNRA
Guaranteed Issue	All amounts guaranteed issue
Elimination Period	90 or 180 days
Definition of Disability	2-year own occupation period, or 3-year own occupation period, or Own occupation period to SSNRA
Pre-existing Condition Limitation	3/6/12, 3/12, 12/6/24 or 12/24
Participation Requirements	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.
Contribution Amounts	100% employee-paid.
General employee eligibility	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.



Health · Pharmacy · Dental · Vision · Life · Disability

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