

BeneFits from Anthem Blue Cross... just the right fit for your business

Have you considered health coverage for your business, but run into roadblocks?

Consider them gone.

Our BeneFits portfolio keeps health coverage simple and affordable for small businesses just like yours. Whether you have two employees or 50, we invite you to try BeneFits on for size.

Ready to say “goodbye” to roadblocks and “hello” to simplicity and savings?

- You only need 60 percent of your employees to enroll in order to qualify for the many advantages of health coverage.
- Your contribution to each employee's monthly premium can be as low as 25 percent or — if you'd rather pay a flat dollar amount — as low as \$50.
- When you add life coverage or both life and dental, you can actually save money on your premiums — making valuable coverage more affordable than ever.

Check out our six BeneFits plans. And feel free to call your Anthem Blue Cross agent at any time for more details. Because everyone deserves a good fit.

And, since a good fit allows room to grow, it's easy - and can actually save you money when adding any combination of dental, life and workers' compensation coverage to your BeneFits package!

BeneFits



Ready to reap the benefits of this simple, affordable package designed just for you? Call your Anthem Blue Cross agent today!

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

Anthem Blue Cross offers the Select \$25 HMO plan, Anthem Blue Cross Life and Health Insurance Company offers: the three Hospital BeneFits plans, Lumenos HSA 3000 (100/70) plan and the PPO \$35 Copay GenRx plan; and Term Life and AD&D products. Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensees of the Blue Cross Association.

Workers' Compensation coverage is provided through Employers' Compensation Insurance Company, a separate company that does not offer blue branded products or services. Administrative services for the Premium Only Plan (P.O.P.) are provided by Ceridian Benefit Services, Inc., an independent company that is not affiliated with Anthem Blue Cross, its affiliates or parent organization.

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THIS BROCHURE IS AN OVERVIEW OF COVERAGE. A COMPREHENSIVE DESCRIPTION OF COVERAGE, BENEFITS, EXCLUSIONS AND LIMITATIONS IS CONTAINED IN THE CERTIFICATES AND/OR COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORMS.

BeneFits Health Care Plans: You Choose

Designed for businesses with 2-50 employees
Just the right fit for your business

Helping your employees stay healthy all year long

ECABR1208CEN (7/09)

BeneFits

Great ways to save!

With our lower mail-order pharmacy copays, you and your employees can save \$80 or more per year on prescription costs when you order maintenance medication through our NextRx pharmacy!*

* Member pays full cost of drug at negotiated rates until deductible is met, if applicable.

Health Tools

Anthem Blue Cross offers a wide range of tools to help members manage their health. Our 360° Health® is one of the industry's most comprehensive care management programs. With successful integration of health data and management tools, 360° Health offers effective engagement strategies for our members.

360° Health includes:

- Healthy Living Powered by WebMD
- Wellness Information
- AudioHealth Library
- Health Risk Assessments
- Staying Healthy Reminders
- Health Discounts
- 24/7 Nurseline
- Decision Support Tools
- MyHealth Record
- Condition Care

Our new Anthem Care Comparison allows for a side-by-side comparison of quality and cost for medical procedures in your area.

Time Well SpentSM offers tools to help create a culture of health in the workplace and raise the level of employee awareness.

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

² Annual Out-of-Pocket Maximum: Expenses that contribute to the annual out-of-pocket maximum vary from plan to plan and have restrictions and limitations. Refer to each plan's *Combined Evidence of Coverage and Disclosure Form or Certificate* for full details.

³ If a member selects a brand-name drug when a generic equivalent drug is available, even if the physician writes a "dispense as written" or "do not substitute" prescription, the member will be responsible for a generic copay plus the difference in cost between the brand-name drug and the generic-equivalent drug.

⁴ Amount shown applies to covered charges for doctor visits and related services (diagnostic lab, X-rays, etc.).

⁵ Maximum Anthem Blue Cross payment \$500 for members covered more than six months/\$250 if less; in network and out of network combined

All benefit comparisons are for in-network providers. All benefits are subject to applicable deductible(s) or copayment(s) unless otherwise noted. This is a high-level overview only; refer to the *Combined Evidence of Coverage and Disclosure Form or Certificate* for a comprehensive description of coverage, benefits, special circumstances and limitations. Please note that in-network providers accept Anthem Blue Cross negotiated fee rates as payment in full for covered services. In-network benefits are based on negotiated fee rate. Benefits for out-of-network may be based on negotiated fee or customary and reasonable charges. Out-of-network providers can charge more than the negotiated fee rate. When members use an out-of-network provider, they must pay the applicable copayment or coinsurance, plus any charges that exceed that allowable amount.

	Hospital BeneFits**	Hospital BeneFits Plus**	Hospital BeneFits Preferred**	PPO \$35 Copay GenRx**	Lumenos® HSA 3000 (100/70)**	Select \$25 HMO*
Member is responsible for all amounts listed unless otherwise noted *Offered by Anthem Blue Cross **Offered by Anthem Blue Cross Life and Health Insurance Company						
Maximum Lifetime Benefits	\$5,000,000 in lifetime benefits per member.					Unlimited
Your Choices	Our most affordable BeneFits PPO plan offers hospital-only coverage with a reasonable deductible and access to generic-only prescription drugs...at budget-friendly prices	This affordable PPO plan provides hospital-only coverage, a lower deductible, enhanced benefits (including some doctor visits), and access to generic-only prescription drugs	This affordable PPO plan features hospital-only benefits, access to generic-only prescription drugs, even more benefits (including some doctor visits at an even lower deductible), plus basic dental and vision	Innovative generic-only drug benefit design keeps premiums low and benefits high.	This HSA-compatible health plan offers: 100% coverage for preventive care before the annual deductible is met and is compatible with a tax-advantaged HSA	A comprehensive HMO plan available in over 20 California counties with predictable costs and unlimited lifetime coverage
Annual Deductible First you pay for eligible covered charges up to this amount, and then plan benefits begin	\$1,250 per member; once 2-family-members meet their deductible, the deductible is met for the family	\$1,000 per member; once 2-family-members meet their deductible, the deductible is met for the family	\$750 per member; once 2-family-members meet their deductible, the deductible is met for the family	\$500 per member; once 2-family-members meet their deductible, the deductible is met for the family	\$3,000 per member \$6,000 per family aggregate ¹ medical/pharmacy combined	\$500 per member Applies to non-emergency facility charges for inpatient/outpatient hospitals, ambulatory surgical centers and dialysis centers
Hospital Inpatient	After deductible, Facility fees: 30% Professional fees: 30%	After deductible, Facility fees: 30% Professional fees: 30%	After deductible, Facility fees: 30% Professional fees: 30%	After deductible, Facility fees: 35% Professional fees: 35%	0% after deductible	Facility fees: 10% after deductible Professional fees: no charge not subject to deductible
Outpatient Facility Services	30% after deductible	30% after deductible	30% after deductible	35% after deductible	0% after deductible	20% after deductible
Annual Out-of-Pocket Maximum² The most a member pays in a year for qualified covered services before plan pays 100% for most in-network services. Certain member payments do not apply	Annual deductible plus \$2,500 per member; once 2-family-members meet their maximum, the maximum is met for the family	Annual deductible plus \$2,500 per member; once 2-family-members meet their maximum, the maximum is met for the family	Annual deductible plus \$2,500 per member; once 2-family-members meet their maximum, the maximum is met for the family	\$4,000 per member; once 2-family-members meet their maximum, the maximum is met for the family	\$5,000 per member \$10,000 per family aggregate ¹ medical/pharmacy combined	\$2,250 per member \$4,500 per family aggregate ¹
Prescription Drugs The in-network amount shown is the copay for a 30-day retail supply.	Generic only \$15 copay 30% generic self-injectables (except insulin; up to \$100 per fill) no drug deductible (GenRx Prescription Drug Formulary only)	Generic only \$15 copay 30% generic self-injectables (except insulin; up to \$100 per fill) no drug deductible (GenRx Prescription Drug Formulary only)	Generic only \$15 copay 30% generic self-injectables (except insulin; up to \$100 per fill) no drug deductible (GenRx Prescription Drug Formulary only)	Generic only \$10 copay 30% generic self-injectables (except insulin; up to \$100 per fill) no drug deductible (GenRx Prescription Drug Formulary only)	After combined medical/pharmacy deductible: \$10 generic \$30 brand formulary ³ \$50 brand nonformulary ³ 30% self-injectables (except insulin)	\$10 generic After \$150 brand-name drug deductible: \$25 brand formulary ³ \$40 brand nonformulary ³ 30% self-injectables (except insulin) up to \$100 per fill
Doctor Office Visits	No benefits for routine doctor office visits	50% coinsurance for first \$1,000 of covered expenses and 100% after that (maximum Anthem Blue Cross Life and Health payment \$500 per year) ⁴ not subject to deductible	50% coinsurance for first \$1,500 of covered expenses and 100% after that (maximum Anthem Blue Cross Life and Health payment \$750 per year) ⁴ not subject to deductible	\$35 copay (not subject to deductible)	0% after deductible (the deductible is waived for preventive care, which includes nationally recommended preventive care services)	\$25 copay for primary care physician visits \$35 copay for specialist or referral care visits (includes office visits for maternity) not subject to deductible
Other Professional Services	30% after deductible related to covered hospital charges only	30% after deductible related to covered hospital charges only	30% after deductible related to covered hospital charges only	35% after deductible (includes maternity, diagnostic lab and X-rays)	0% after deductible (the deductible is waived for preventive care, which includes nationally recommended preventive care services)	No charge, except \$100 copay for complex radiology services (MRI/CT/CAT/PET/nuclear cardiac) obtained in a nonhospital-based facility (includes maternity, diagnostic lab and X-rays) not subject to deductible
HealthyCheckSM Screenings Two levels of health screenings including lab work and immunizations. Offered at HealthyCheck centers only. Not subject to deductible	Choose \$25 or \$75 screening option	Choose \$25 or \$75 screening option	Choose \$25 or \$75 screening option	Choose \$25 or \$75 screening option	Not available	Not available
Annual Physical Exam Ages 7 to adult	Not covered	Not covered	Not covered	Not subject to deductible; \$35 copay for office visit plus 35% for all other covered services ⁵	0% Includes nationally recommended preventive care services. (not subject to deductible)	Not subject to deductible; \$25 copay per office visit
Emergency Room You are also responsible for your \$100 copay, which is waived if you're admitted	30% after deductible	30% after deductible	30% after deductible	35% of negotiated fee after deductible	0% after deductible (not subject to \$100 copayment)	No charge (emergency room not subject to deductible)

OR