

EmployeeElect



EmployeeElect Health Care Plans

Designed for businesses with 2-50 employees.
Customize your choices. Control your costs.

Helping your employees stay healthy all year long

Health care coverage.

You know what's in it for your employees. But do you know what's in it for you?

Health coverage works to your advantage. It's that simple.

You have employees working for you. Why not health coverage, too?

- More tax breaks
- Fewer sick days
- More reasons for valued employees to stay
- And lots more control over what you pay

These are just a few of the reasons why health coverage works to your advantage — especially when you work with Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company.

You can control every dollar...and choose what makes sense.

You need to do what makes sense for your company, so Anthem Blue Cross gives you lots of ways to control how much you'll spend. You choose which plans you want to offer and how much you want to contribute — and give your company priceless advantages. Why? Because we've customized plans and created cost-control options specifically for businesses just like yours.

Sit back and relax...and let our solutions work for you.

Be sure to rely on the expert advice of your Anthem Blue Cross agent so you can get started today!

EmployeeElect advantages at a glance:

- **A full choice** of PPO, HMO and HSA-compatible plans.
- **A sure thing** - If you're a qualifying California small business, you're guaranteed coverage...regardless of the health history of any employees. Also, you cannot be charged more than 10 percent over the standard rate — and you actually might pay up to 10 percent **under** the standard rate.
- **Offer just one plan, a combination of a few plans, or all plans** - designing your portfolio is up to you.
- **You control the cash flow** - simply choose the employer contribution option that works for you, and your employees will pay the rest through payroll deductions:
 - *Fixed Dollar* - you pay \$100 or more (in \$5 increments)
 - *Traditional* - you pay 50 percent or more
 - *Percentage & Plan* - you pay 50 percent or more, tied to a specific plan*
- **Guaranteed rates** and benefits for your first year of coverage.
- **Convenient online tool** for easy upkeep all year long.
- **Solutions that work** for you and your employees — based on our experience, strength and stability.

Rather not pick up the whole tab?

You don't have to pay the entire cost for health coverage. You choose the amount you pay and how much your employees will cover.

360° Health® — a valuable part of every plan, all year round.

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.

Great way to save!

In times like this, isn't it good to know Anthem Blue Cross is working hard to help your company and your employees save money on health care costs? One of the easiest and most convenient ways to save is by ordering maintenance medications through our mail-order pharmacy.

Employees can save over 66 percent using mail order!

Our mail-order service pharmacy is a proven money saver. Get a 90-day mail-order supply for the same cost as a 30-day retail supply for generics, or go with brand formulary or brand nonformulary medications and get a 90-day supply for the same cost as a 60-day retail supply.* Mail order slashes prescription costs by giving you and your employees greater supplies of maintenance medications for as little as one-third the cost.

And now, ALL EmployeeElect plans offer generics at a \$10 copay and we've added coverage for brand-name nonformulary drugs.**

* Costs may vary for brand name drugs if generic equivalent is available. Member pays full cost of drug at negotiated rates until deductible is met, if applicable.
** Brand nonformulary coverage not available on plans with generic only benefits. May not apply to all plans. See summary of features for specific plan benefits.

Don't like putting up the "help wanted" sign?

As a professional risk manager, imagine your balance sheet after offering health coverage. You'll retain happy and healthy employees — and spend your valuable time growing, instead of interviewing.



Dental, vision, life and workers' compensation. Complete your benefits package — simplify your benefits program and complete your savings!

We are your single solution.

With Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company, it's all about making your benefits program simpler. And most importantly, making it work well together. Whether it's health, dental, vision or life coverage, we're in it to help achieve healthier employees.

Maximize your savings opportunities!

- **1 percent health savings*** - When you purchase \$25,000 or more of life coverage along with health, you may qualify for a 1 percent savings on your health premiums*...making life insurance more affordable than ever.
- **6 percent dental savings and 6 percent life savings** - When you purchase any of our insured dental plans and \$25,000 or more of life coverage at the same time, receive a 6 percent savings on your dental premium and a 6 percent savings on your life premium.
- **Composite life rates** - Enroll 11 or more employees in life coverage, and you'll automatically get the advantages of a single rate per \$1,000 of life.

Workers' compensation...you need it; we've got it...with a discount built right in!

That's right - when you integrate workers' compensation coverage from Employers Compensation Insurance Company with any of our medical plans, you get an automatic 10 percent discount off the workers' compensation portion of your bill.

Quite simply, you can save a lot of time and a lot of money when you purchase health, dental, vision, life and workers' compensation coverage together from one convenient, trusted source.

*Lowest RAF possible is .90. RAF guaranteed for one year. Savings reflect administrative savings resulting from multi-line purchases.



Looking for some tax breaks?

Offering health coverage to your employees can be 100 percent tax deductible on both your state and federal income taxes. And you may get to deduct other coverage-related costs, such as contributions made to your employees' Health Savings Accounts (HSAs). Consult your tax professional for more information.

An easy way to manage your company's health benefits all year long.

With our online benefit administration tool, EmployerAccess, you can quickly and conveniently perform simple benefit functions in real time.

Here's what you can do:

- View your employees' coverage
- Enroll employees and add dependents
- Change or cancel coverage for employees and dependents
- Request ID cards
- View open invoices
- Pay bills online
- Schedule payments
- Manage your bank account used for payments
- View 12 months of past invoices

Gain more control and enjoy the benefits of managing your medical, dental, vision and life coverage in one seamless online experience. Visit [anthem.com/ca](https://www.anthem.com/ca) or ask your Anthem Blue Cross agent for more details.

Want to save even more?

Ask your Anthem Blue Cross agent about a Premium Only Plan (P.O.P.).

A P.O.P. allows you to use pre-tax salary dollars to pay your employees' share of benefit premiums. And employees reduce their taxable income, which lowers their taxes and increases their take-home pay. You cut your payroll taxes by decreasing your total taxable payroll. Everybody wins — and saves.

- With Ceridian Benefits Services, the cost of a Premium Only Plan is only \$125 per year.
- Your first year could be free if you have 10 or more medical and life enrolling employees.

Talk to your tax advisor for all the advantages.

What are your priorities?

The EmployeeElect portfolio gives you ultimate flexibility and a wide range of plans to choose from, including PPOs, HSAs (consumer-driven health plans) and HMOs. To help you better understand your options, we have separated our plans into 10 categories:

- Premier PPO Plans
- PPO Copay Plans
- PPO GenRx Plans
- Solution PPO Plans
- Lumenos® HIA+ Plans
- EPO Plan
- Lumenos HSA 100/70 Plans
- Lumenos HSA 80/50 Plans
- Elements Hospital Plans
- HMO Plans

First

Use the grids on the following pages to start building your company's medical benefits package. Consider your priorities and note which plans match those needs.

Next

Before making your final selections, be sure to review the exclusions and limitations at the end of this brochure and the *Summary of Features* brochures for your chosen plans.

| | | Annual Medical Deductible | Out-of-Pocket Maximum |
|----------------------------|--------------------------------------|---------------------------------|---------------------------------|
| Premier PPO Plans | Premier PPO \$10 Copay | \$250 per member ¹ | \$2,500 per member ¹ |
| | Premier PPO \$20 Copay | \$250 per member ¹ | \$3,000 per member ¹ |
| | Premier PPO \$30 Copay NEW | \$500 per member ¹ | \$3,500 per member ¹ |
| PPO Copay Plans | PPO \$20 Copay NEW | \$250 per member ¹ | \$3,500 per member ¹ |
| | PPO \$30 Copay | \$500 per member ¹ | \$4,000 per member ¹ |
| | PPO \$40 Copay | \$750 per member ¹ | \$4,500 per member ¹ |
| PPO GenRx Plans | PPO \$25 Copay GenRx NEW | \$250 per member ¹ | \$3,500 per member ¹ |
| | PPO \$35 Copay GenRx | \$500 per member ¹ | \$4,000 per member ¹ |
| | PPO \$45 Copay GenRx | \$750 per member ¹ | \$4,500 per member ¹ |
| Solution PPO Plans | Solution 2500 PPO | \$2,500 per member ¹ | \$5,000 per member ¹ |
| | Solution 3500 PPO | \$3,500 per member ¹ | \$5,000 per member ¹ |
| | Solution 5000 PPO | \$5,000 per member ¹ | \$7,500 per member ¹ |
| Lumenos HIA+ Plans | Lumenos HIA+ 750 NEW | \$1,500 per member ³ | \$5,000 per member ³ |
| | Lumenos HIA+ 500 NEW | \$2,000 per member ³ | \$5,000 per member ³ |
| Lumenos HSA (100/70) Plans | Lumenos HSA 2000 (100/70) | \$2,000 per member ³ | \$4,000 per member ³ |
| | Lumenos HSA 3000 (100/70) | \$3,000 per member ³ | \$5,000 per member ³ |
| | Lumenos HSA 5000 (100/70) NEW | \$5,000 per member ³ | \$5,800 per member ³ |

All benefit comparisons are for in-network providers unless indicated. All benefits subject to deductible(s) and/or copayment(s). This is a high-level overview only; refer to the *Combined Evidence of Coverage and Disclosure Form or Certificate* for a complete description of coverage, benefits, exclusions and limitations. **NEW** = plan effective July 1, 2009

| Office Visit | In-Network Coinsurance | Out-of-Network Coinsurance | Prescription Drug (generic/brand formulary/brand nonformulary) | Prescription Drug Brand-Name Deductible |
|-------------------------|------------------------|----------------------------|----------------------------------------------------------------|-----------------------------------------|
| \$10 copay ⁴ | 10% | 30% of C&R | \$10/\$25/\$40 | \$0 |
| \$20 copay ⁴ | 20% | 40% of C&R | \$10/\$25/\$40 | \$0 |
| \$30 copay ⁴ | 30% | 50% of C&R | \$10/\$25/\$40 | \$0 |
| \$20 copay ⁴ | 20% | 50% ² | \$10/\$30/\$45 | \$150 |
| \$30 copay ⁴ | 30% | 50% ² | \$10/\$30/\$45 | \$150 |
| \$40 copay ⁴ | 40% | 50% ² | \$10/\$30/\$45 | \$150 |
| \$25 copay ⁴ | 25% | 50% ² | \$10 generic only | n/a |
| \$35 copay ⁴ | 35% | 50% ² | \$10 generic only | n/a |
| \$45 copay ⁴ | 45% | 50% ² | \$10 generic only | n/a |
| \$25 copay ⁴ | 25% | 50% ² | \$10/\$25/\$50 | \$250 |
| \$35 copay ⁴ | 35% | 50% ² | \$10/\$35/\$50 | \$250 |
| \$40 copay ⁴ | 40% | 50% ² | \$10/\$35/\$50 | \$250 |
| 25% after deductible | 25% | 50% ² | \$10/\$30/\$50 after combined medical/pharmacy deductible | Combined with medical |
| 40% after deductible | 40% | 50% ² | \$10/\$30/\$50 after combined medical/pharmacy deductible | Combined with medical |
| 0% after deductible | 0% | 30% ² | \$10/\$30/\$50 after combined medical/pharmacy deductible | Combined with medical |
| 0% after deductible | 0% | 30% ² | \$10/\$30/\$50 after combined medical/pharmacy deductible | Combined with medical |
| 0% after deductible | 0% | 30% ² | \$10/\$30/\$50 after combined medical/pharmacy deductible | Combined with medical |

¹ Two-member maximum per family
² Based on negotiated fee

³ Family aggregate amount is two times the member amount
⁴ Deductible waived

Solutions growing right along with you...

At Anthem Blue Cross, we are committed to helping your business get covered and stay covered.

We've been serving California's small businesses for nearly seven decades, so we understand some of the unique challenges you face. We know that you've worked hard to get where you are – and that you have important goals for the future.

We have the strength, stability and experience to create solutions that work for you...now and as your business needs change. And, since we're constantly seeking new ways to support small businesses, our solutions will be growing right along with you.

| | | Annual Medical Deductible | Out-of-Pocket Maximum |
|---------------------------|----------------------------------------|---------------------------------|-------------------------------------------------|
| Lumenos HSA (80/50) Plans | Lumenos HSA 1500 (80/50) NEW | \$1,500 per member ³ | \$3,000 per member ³ |
| | Lumenos HSA 2500 (80/50) NEW | \$2,500 per member ³ | \$5,000 per member ³ |
| | Lumenos HSA 3500 (80/50) NEW | \$3,500 per member ³ | \$5,000 per member ³ |
| Elements Hospital Plans | Elements Hospital Preferred NEW | \$750 per member ¹ | \$2,500 per member plus deductible ¹ |
| | Elements Hospital Plus NEW | \$1,000 per member ¹ | \$2,500 per member plus deductible ¹ |
| | Elements Hospital NEW | \$1,250 per member ¹ | \$2,500 per member plus deductible ¹ |
| EPO Plan | High Deductible EPO | \$2,000 per member ³ | \$3,100 per member/ \$5,700 per family |
| HMO Plans | HMO \$10 100% | None | \$1,750 per member ³ |
| | HMO \$25 100% | None | \$1,750 per member ³ |
| | Classic \$20 HMO | None | \$1,750 per member ³ |
| | Classic \$30 HMO | None | \$2,500 per member ³ |
| | Classic \$40 HMO NEW | None | \$3,500 per member ³ |
| | Saver \$20 HMO | \$1,500 per member | \$2,250 per member ³ |
| | Saver \$30 HMO | \$2,500 per member | \$3,000 per member ³ |
| | Saver \$40 HMO NEW | \$3,500 per member | \$4,000 per member ³ |
| | Select \$25 HMO | \$500 per member | \$2,250 per member ³ |
| | Select \$35 HMO | \$1,000 per member | \$3,000 per member ³ |

All benefit comparisons are for in-network providers unless indicated. All benefits subject to deductibles(s) and/or copayment(s). This is a high-level overview only; refer to the *Combined Evidence of Coverage and Disclosure Form or Certificate* for complete description of coverage, benefits, exclusions and limitations. **NEW** = plan effective July 1, 2009

| Office Visit | In-Network Coinsurance | Out-of-Network Coinsurance | Prescription Drug (generic/brand formulary/ brand nonformulary) | Prescription Drug Brand-Name Deductible |
|---------------------------------------------------------------------------|--------------------------------------------------------|----------------------------|-----------------------------------------------------------------------|--------------------------------------------|
| 20% after deductible | 20% | 50% ² | \$10/\$30/\$50 after combined medical/pharmacy deductible | Combined with medical |
| 20% after deductible | 20% | 50% ² | \$10/\$30/\$50 after combined medical/pharmacy deductible | Combined with medical |
| 20% after deductible | 20% | 50% ² | \$10/\$30/\$50 after combined medical/pharmacy deductible | Combined with medical |
| 50% up to maximum \$750 Anthem payment ⁴ | 20% | 50% ² | \$10/\$35/\$50 | \$250 |
| 50% up to maximum \$500 Anthem payment ⁴ | 30% | 50% ² | \$10 generic only | n/a |
| No benefits | 30% | 50% ² | \$10 generic only | n/a |
| 20% after deductible | 20% | n/a | \$10/\$25 after combined medical/pharmacy deductible | Combined with medical |
| \$10 copay | 0% | n/a | \$10/\$25/\$40 | \$150 |
| \$25 copay | 0% | n/a | \$10/\$25/\$40 | \$150 |
| \$20 copay | \$250 copay/inpatient admit; 20% outpatient copay | n/a | \$10/\$25/\$40 | \$150 |
| \$30 copay - primary \$40 copay - specialist | \$500 copay/inpatient admit; 20% outpatient copay | n/a | \$10/\$25/\$40 | \$150 |
| \$40 copay - primary \$50 copay - specialist | \$1,000 copay/inpatient admit; 30% outpatient copay | n/a | \$10/\$25/\$40 | \$250 |
| \$20 copay ⁴ | 0% | n/a | \$10/\$25/\$40 | \$150 |
| \$30 copay ⁴ - primary \$40 copay ⁴ - specialist | 0% | n/a | \$10/\$25/\$40 | \$150 |
| \$40 copay ⁴ - primary \$50 copay ⁴ - specialist | 0% | n/a | \$10/\$25/\$40 | \$250 |
| \$25 copay ⁴ - primary \$35 copay ⁴ - specialist | 10% inpatient copay; 20% outpatient copay | n/a | \$10/\$25/\$40 | \$150 |
| \$35 copay ⁴ - primary \$50 copay ⁴ - specialist | 20% inpatient copay; 30% outpatient copay | n/a | \$10/\$25/\$40 | \$150 |

¹ Two-member maximum per family
² Based on negotiated fee

³ Family aggregate amount is two times the member amount
⁴ Deductible waived

Our PPO plans feature:

- Access to over 53,000 California PPO network doctors and specialists and nearly 400 hospitals - so chances are your employees' doctors are in our network.
- Money stays in your employees' pockets - because we've negotiated lower fees with the doctors and hospitals in our network, your employees save.
- Out-of-state coverage - our health coverage goes with your employees when they travel.

Premier PPO Plans

Premier PPO \$10, \$20, \$30 Copay Plans - These plans represent our superior PPO plan design. They include low annual medical deductibles, comprehensive prescription drug coverage with no separate brand-drug deductible, and richer customary and reasonable (C&R) reimbursement for out-of-network benefits.

* Offered by Anthem Blue Cross
 **Offered by Anthem Blue Cross Life and Health Insurance Company

Premier PPO \$10 Copay*

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Maximum Lifetime Benefits | |
| Your Choices | |
| Annual Deductible | \$250 per member Two-member maximum |
| Annual Out-of-Pocket Maximum* Includes deductible unless noted | \$2,500 per member Two-member maximum |
| Office Visits | \$10 copay (not subject to deductible) |
| Professional Services Including maternity, diagnostic lab and X-rays | 10% after deductible |
| Hospital Inpatient | 10% after deductible |
| Prescription Drugs Amounts shown are for a 30-day retail supply; mail-order service is available | |
| Preventive Care For Well-Baby and Well-Child exams (for children through age 6) and adult screenings, such as Pap smear, mammogram, prostate specific antigen, and colorectal cancer screenings | \$10 office visit copay (not subject to deductible) plus 10% after deductible for all other covered services beyond that related office visit |
| HealthyCheckSM Two levels of annual medical screenings, including lab work and immunizations; must be done at a HealthyCheck Center | \$25 or \$75 copay options (not subject to deductible) |
| Annual Physical Exam Ages 7 to adult | Not subject to deductible. \$10 office visit copay plus 10% for all other covered services beyond that related office visit. ⁷ |

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

²Maternity services are subject to an office visit copay.

³Anthem Blue Cross Life and Health will pay in-network and out-of-network covered services (including prescription drugs) at 100% of covered expense up to the Health Incentive Allocation (HIA). After HIA has been exhausted, the deductible must be satisfied before Anthem Blue Cross Life and Health will pay for subsequent covered services (note: in-network preventive care is not subject to the deductible). HIA will be applied toward the annual deductible. If your effective date starts in a month other than January, the amount of your HIA will be prorated based on the month of the effective date. If you do not use the full amount of your allocation by the end of the year, the unused portion, up to a specified maximum, will be carried over for use in the next year.

⁴Expenses 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* (EOC) or *Certificate* for full details.

⁵Copays listed apply when a generic equivalent is not available. 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 the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.

⁶Members may select a brand-name drug when a generic drug is available if the physician writes a "dispense as written" or "do not substitute" prescription.

⁷Maximum annual Anthem Blue Cross payment of \$500 for members covered more than six months and \$250 for members covered six months or less, in network and out of network combined. Each family member ages 7 to adult may choose annually between a physical exam and a HealthyCheck screening.

⁸Elements Hospital Preferred, Elements Hospital Plus and Elements Hospital plans are basic hospital and limited professional benefits plans. Some covered services are limited.

PREMIER PPO PLANS

| Premier PPO \$20 Copay* | Premier PPO \$30 Copay* NEW! |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| \$5,000,000 in lifetime benefits per member | |
| <ul style="list-style-type: none"> · Low medical deductible · Customary and reasonable nonpar benefits · No brand-name drug deductible · Richest PPO plan design | |
| \$250 per member Two-member maximum | \$500 per member Two-member maximum |
| \$3,000 per member Two-member maximum | \$3,500 per member Two-member maximum |
| \$20 copay (not subject to deductible) | \$30 copay (not subject to deductible) |
| 20% after deductible | 30% after deductible |
| 20% after deductible | 30% after deductible |
| \$10 generic \$25 formulary brand ⁶ \$40 nonformulary brand ⁶ Self-injectable: 30% up to maximum \$100 member copay | |
| \$20 office visit copay (not subject to deductible) plus 20% after deductible for all other covered services beyond that related office visit | \$30 office visit copay (not subject to deductible) plus 30% after deductible for all other covered services beyond that related office visit |
| \$25 or \$75 copay options (not subject to deductible) | \$25 or \$75 copay options (not subject to deductible) |
| Not subject to deductible. \$20 office visit copay plus 20% for all other covered services beyond that related office visit. ⁷ | Not subject to deductible. \$30 office visit copay plus 30% for all other covered services beyond that related office visit. ⁷ |

All benefit comparisons are for in-network providers. All benefits are subject to applicable deductible(s) or copayment(s). 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. Benefits listed are based on the negotiated fee rate for in-network providers (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.

Our PPO plans feature:

- Access to over 53,000 California PPO network doctors and specialists and nearly 400 hospitals - so chances are your employees' doctors are in our network.
- Money stays in your employees' pockets - because we've negotiated lower fees with the doctors and hospitals in our network, your employees save.
- Out-of-state coverage - our health coverage goes with your employees when they travel.

PPO Copay Plans

\$20, \$30, \$40 PPO Copay Plans - These plans represent an ideal balance in PPO plan design. They offer comprehensive medical and pharmacy coverage, moderate deductibles and predictable copays for office visits - all for modest premiums.

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

²Maternity services are subject to an office visit copay.

³Anthem Blue Cross Life and Health will pay in-network and out-of-network covered services (including prescription drugs) at 100% of covered expense up to the Health Incentive Allocation (HIA). After HIA has been exhausted, the deductible must be satisfied before Anthem Blue Cross Life and Health will pay for subsequent covered services (note: in-network preventive care is not subject to the deductible). HIA will be applied toward the annual deductible. If your effective date starts in a month other than January, the amount of your HIA will be prorated based on the month of the effective date. If you do not use the full amount of your allocation by the end of the year, the unused portion, up to a specified maximum, will be carried over for use in the next year.

⁴Expenses 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** (EOC) or **Certificate** for full details.

⁵Copays listed apply when a generic equivalent is not available. 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 the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.

⁶Members may select a brand-name drug when a generic drug is available if the physician writes a "dispense as written" or "do not substitute" prescription.

⁷Maximum annual Anthem Blue Cross payment of \$500 for members covered more than six months and \$250 for members covered six months or less, in network and out of network combined. Each family member ages 7 to adult may choose annually between a physical exam and a HealthyCheck screening.

⁸Elements Hospital Preferred, Elements Hospital Plus and Elements Hospital plans are basic hospital and limited professional benefits plans. Some covered services are limited.

PPO COPAY

* Offered by Anthem Blue Cross
 ** Offered by Anthem Blue Cross Life and Health Insurance Company

| | PPO \$20 Copay** NEW! | PPO \$30 Copay* |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maximum Lifetime Benefits | \$5,000,000 in lifetime benefits per member | \$5,000,000 in lifetime benefits per member |
| Your Choices | <ul style="list-style-type: none"> • Mid-range premiums • Moderate deductible and office visits copay • Low brand-name drug deductible • Preventive care coverage | <ul style="list-style-type: none"> • Mid-range premiums • Moderate deductible and office visits copay • Low brand-name drug deductible • Preventive care coverage |
| Annual Deductible | \$250 per member Two-member maximum | \$500 per member Two-member maximum |
| Annual Out-of-Pocket Maximum* Includes deductible unless noted | \$3,500 per member Two-member maximum | \$4,000 per member Two-member maximum |
| Office Visits | \$20 copay (not subject to deductible) | \$30 copay (not subject to deductible) |
| Professional Services Including maternity, diagnostic lab and X-rays | 20% after deductible | 30% after deductible |
| Hospital Inpatient | 20% after deductible | 30% after deductible |
| Prescription Drugs Amounts shown are for a 30-day retail supply; mail-order service is available | \$10 generic \$30 formulary brand ⁶ \$45 nonformulary brand; ⁵ Self-injectable: 30% up to maximum \$100 member copay; \$150 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs | \$10 generic \$30 formulary brand ⁶ \$45 nonformulary brand; ⁵ Self-injectable: 30% up to maximum \$100 member copay; \$150 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs |
| Preventive Care For Well-Baby and Well-Child exams (for children through age 6) and adult screenings, such as Pap smear, mammogram, prostate specific antigen, and colorectal cancer screenings | \$20 office visit copay (not subject to deductible) plus 20% after deductible for all other covered services beyond that related office visit | \$30 office visit copay (not subject to deductible) plus 30% after deductible for all other covered services beyond that related office visit |
| HealthyCheckSM Two levels of annual medical screenings, including lab work and immunizations; must be done at a HealthyCheck Center | \$25 or \$75 copay options (not subject to deductible) | \$25 or \$75 copay options (not subject to deductible) |
| Annual Physical Exam Ages 7 to adult | Not subject to deductible. \$20 office visit copay plus 20% for all other covered services beyond that related office visit. ⁷ | Not subject to deductible. \$30 office visit copay plus 30% for all other covered services beyond that related office visit. ⁷ |

All benefit comparisons are for in-network providers. All benefits are subject to applicable deductible(s) or copayment(s). 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.

PLANS

| | PPO \$40 Copay* |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | \$5,000,000 in lifetime benefits per member |
| | <ul style="list-style-type: none"> Mid-range premiums Moderate deductible and office visits copay Low brand-name drug deductible Preventive care coverage |
| | \$750 per member Two-member maximum |
| | \$4,500 per member Two-member maximum |
| | \$40 copay (not subject to deductible) |
| | 40% after deductible |
| | 40% after deductible |
| | \$10 generic \$30 formulary brand ^f \$45 nonformulary brand ^g Self-injectable: 30% up to maximum \$100 member copay; \$150 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs |
| | \$40 office visit copay (not subject to deductible) plus 40% after deductible for all other covered services beyond that related office visit |
| | \$25 or \$75 copay options (not subject to deductible) |
| | Not subject to deductible. \$40 office visit copay plus 40% for all other covered services beyond that related office visit. ⁷ |

Please note that in-network providers accept Anthem Blue Cross negotiated fee rates as payment in full for covered services. Benefits listed are based on the negotiated fee rate for in-network providers (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.

Our PPO plans feature:

- Access to over 53,000 California PPO network doctors and specialists and nearly 400 hospitals - so chances are your employees' doctors are in our network.
- Money stays in your employees' pockets - because we've negotiated lower fees with the doctors and hospitals in our network, your employees save.
- Out-of-state coverage - our health coverage goes with your employees when they travel.

PPO GenRx Plans

PPO \$25, \$35, \$45 Copay GenRx Plans -

These plans offer affordable protection with a PPO plan design. They provide comprehensive medical coverage, moderate deductibles and predictable copays for office visits alongside a generic-only prescription drug benefit.

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

²Maternity services are subject to an office visit copay.

³Anthem Blue Cross Life and Health will pay in-network and out-of-network covered services (including prescription drugs) at 100% of covered expense up to the Health Incentive Allocation (HIA). After HIA has been exhausted, the deductible must be satisfied before Anthem Blue Cross Life and Health will pay for subsequent covered services (note: in-network preventive care is not subject to the deductible). HIA will be applied toward the annual deductible. If your effective date starts in a month other than January, the amount of your HIA will be prorated based on the month of the effective date. If you do not use the full amount of your allocation by the end of the year, the unused portion, up to a specified maximum, will be carried over for use in the next year.

⁴Expenses 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* (EOC) or *Certificate* for full details.

⁵Copays listed apply when a generic equivalent is not available. 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 the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.

⁶Members may select a brand-name drug when a generic drug is available if the physician writes a "dispense as written" or "do not substitute" prescription.

⁷Maximum annual Anthem Blue Cross payment of \$500 for members covered more than six months and \$250 for members covered six months or less, in network and out of network combined. Each family member ages 7 to adult may choose annually between a physical exam and a HealthyCheck screening.

⁸Elements Hospital Preferred, Elements Hospital Plus and Elements Hospital plans are basic hospital and limited professional benefits plans. Some covered services are limited.

PPO GENRX

* Offered by Anthem Blue Cross
 ** Offered by Anthem Blue Cross Life and Health Insurance Company

| | PPO \$25 Copay GenRx** | PPO \$35 Copay GenRx** |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maximum Lifetime Benefits | \$5,000,000 in lifetime benefits per member | \$5,000,000 in lifetime benefits per member |
| Your Choices | <ul style="list-style-type: none"> • Affordable premiums • Comprehensive medical benefits • Generic-only drug benefit • Preventive care coverage | <ul style="list-style-type: none"> • Affordable premiums • Comprehensive medical benefits • Generic-only drug benefit • Preventive care coverage |
| Annual Deductible | \$250 per member Two-member maximum | \$500 per member Two-member maximum |
| Annual Out-of-Pocket Maximum⁴ Includes deductible unless noted | \$3,500 per member Two-member maximum | \$4,000 per member Two-member maximum |
| Office Visits | \$25 copay (not subject to deductible) | \$35 copay (not subject to deductible) |
| Professional Services Including maternity, diagnostic lab and X-rays | 25% after deductible | 35% after deductible |
| Hospital Inpatient | 25% after deductible | 35% after deductible |
| Prescription Drugs Amounts shown are for a 30-day retail supply; mail-order service is available | \$10 generic Self-injectable: 30% up to maximum \$100 member copay (GenRx Prescription Drug Formulary only) | \$10 generic Self-injectable: 30% up to maximum \$100 member copay (GenRx Prescription Drug Formulary only) |
| Preventive Care For Well-Baby and Well-Child exams (for children through age 6) and adult screenings, such as Pap smear, mammogram, prostate specific antigen, and colorectal cancer screenings | \$25 office visit copay (not subject to deductible) plus 25% after deductible for all other covered services beyond that related office visit | \$35 office visit copay (not subject to deductible) plus 35% after deductible for all other covered services beyond that related office visit |
| HealthyCheck^{5M} Two levels of annual medical screenings, including lab work and immunizations; must be done at a HealthyCheck Center | \$25 or \$75 copay options (not subject to deductible) | \$25 or \$75 copay options (not subject to deductible) |
| Annual Physical Exam Ages 7 to adult | Not subject to deductible. \$25 office visit copay plus 25% for all other covered services beyond that related office visit. ⁷ | Not subject to deductible. \$35 office visit copay plus 35% for all other covered services beyond that related office visit. ⁷ |

All benefit comparisons are for in-network providers. All benefits are subject to applicable deductible(s) or copayment(s). 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. Benefits listed are based on the negotiated fee rate for in-network providers (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.

PLANS

| | PPO \$45 Copay GenRx** |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | \$5,000,000 in lifetime benefits per member |
| | <ul style="list-style-type: none"> Affordable premiums Comprehensive medical benefits Generic-only drug benefit Preventive care coverage |
| | \$750 per member Two-member maximum |
| | \$4,500 per member Two-member maximum |
| | \$45 copay (not subject to deductible) |
| | 45% after deductible |
| | 45% after deductible |
| | \$10 generic Self-injectable: 30% up to maximum \$100 member copay (GenRx Prescription Drug Formulary only) |
| | \$45 office visit copay (not subject to deductible) plus 45% after deductible for all other covered services beyond that related office visit |
| | \$25 or \$75 copay options (not subject to deductible) |
| | Not subject to deductible. \$45 office visit copay plus 45% for all other covered services beyond that related office visit.† |



Solution PPO Plans

Solution 2500, 3500 and 5000 PPO Plans -

We've developed the ideal solution for your employees who:

- Plan to see a doctor only a few times a year
- Want to save on prescription medications
- Want coverage for unexpected hospital stays

Our Solution PPO plans are high-deductible health plans with a twist. They feature predictable copays for office visits and prescription drugs, preventive care benefits and hospital coverage if the unexpected happens. All for a low premium.

* Offered by Anthem Blue Cross

**Offered by Anthem Blue Cross Life and Health Insurance Company

Solution 2500 PPO**

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maximum Lifetime Benefits | |
| Your Choices | |
| Annual Deductible | \$2,500 per member Two-member maximum |
| Annual Out-of-Pocket Maximum⁴ Includes deductible unless noted | \$5,000 per member Two-member maximum |
| Office Visits | \$25 copay (not subject to deductible) |
| Professional Services Including maternity, diagnostic lab and X-rays | 25% after deductible |
| Hospital Inpatient | 25% after deductible |
| Prescription Drugs Amounts shown are for a 30-day retail supply; Mail-order service is available | \$10 generic \$25 formulary brand ⁵ \$50 nonformulary brand ⁵ Self-injectable: 30% up to maximum \$100 member copay \$250 brand-name prescription drug deductible per member applies to all covered brand-name drugs |
| Preventive Care For Well-Baby and Well-Child exams (for children through age 6) and adult screenings, such as Pap smear, mammogram, prostate specific antigen, and colorectal cancer screenings | \$25 office visit copay (not subject to deductible) plus 25% after deductible for all other covered services beyond that related office visit |
| HealthyCheck^{6M} Two levels of annual medical screenings, including lab work and immunizations; must be done at a HealthyCheck Center | |
| Annual Physical Exam Ages 7 to adult | Not subject to deductible; \$25 copay for office visit plus 25% for all other services beyond that related office visit. ⁷ |

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

²Maternity services are subject to an office visit copay.

³Anthem Blue Cross Life and Health will pay in-network and out-of-network covered services (including prescription drugs) at 100% of covered expense up to the Health Incentive Allocation (HIA). After HIA has been exhausted, the deductible must be satisfied before Anthem Blue Cross Life and Health will pay for subsequent covered services (note: in-network preventive care is not subject to the deductible). HIA will be applied toward the annual deductible. If your effective date starts in a month other than January, the amount of your HIA will be prorated based on the month of the effective date. If you do not use the full amount of your allocation by the end of the year, the unused portion, up to a specified maximum, will be carried over for use in the next year.

⁴Expenses 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* (EOC) or *Certificate* for full details.

⁵Copays listed apply when a generic equivalent is not available. 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 the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.

⁶Members may select a brand-name drug when a generic drug is available if the physician writes a "dispense as written" or "do not substitute" prescription.

⁷Maximum annual Anthem Blue Cross payment of \$500 for members covered more than six months and \$250 for members covered six months or less, in network and out of network combined. Each family member ages 7 to adult may choose annually between a physical exam and a HealthyCheck screening.

⁸Elements Hospital Preferred, Elements Hospital Plus and Elements Hospital plans are basic hospital and limited professional benefits plans. Some covered services are limited.

SOLUTION PPO PLANS

| Solution 3500 PPO** | Solution 5000 PPO** |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| \$5,000,000 in lifetime benefits per member | |
| <ul style="list-style-type: none"> · Lower premiums · Predictable office visits and prescription drug copays · Preventive care coverage | |
| \$3,500 per member; Two-member maximum | \$5,000 per member; Two-member maximum |
| \$5,000 per member; Two-member maximum | \$7,500 per member; Two-member maximum |
| \$35 copay (not subject to deductible) | \$40 copay (not subject to deductible) |
| 35% after deductible | 40% after deductible |
| 35% after deductible | 40% after deductible |
| \$10 generic \$35 formulary brand ⁶ \$50 nonformulary brand ⁵ Self injectable: 30% up to maximum \$100 member copay \$250 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs | |
| \$35 office visit copay (not subject to deductible) plus 35% after deductible for all other covered services beyond that related office visit | \$40 office visit copay (not subject to deductible) plus 40% after deductible for all other covered services beyond that related office visit |
| Not applicable (covered under preventive care) | |
| Not subject to deductible; \$35 copay for office visit plus 35% for all other services beyond that related office visit. ⁷ | Not subject to deductible; \$40 copay for office visit plus 40% for all other services beyond that related office visit. ⁷ |

All benefit comparisons are for in-network providers. All benefits are subject to applicable deductible(s) or copayment(s). 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. Benefits listed are based on the negotiated fee rate for in-network providers (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.

Lumenos HIA+ Plans and EPO Plan

Lumenos HIA+ 500 and 750 Plans - Want a plan that works with your employees? Our Lumenos HIA+ plans are traditional high-deductible health plans with a few twists!

This consumer-driven plan includes an account, called a Health Incentive Account (HIA). The health plan makes an annual allocation to the member's HIA to help the member pay for medical care and prescriptions – while still having the protection of a typical health plan, plus much more.

The plus is that the plan actually adds credits to the health account when an employee participates in one or more of the plan's rewards programs (giving employees even more money to pay for medical care expenses and prescriptions).

These plans focus on helping your employees maintain and improve their health...making "an ounce of prevention" more meaningful – and more attainable – than ever!

High Deductible EPO Plan - This plan features comprehensive medical and pharmacy benefits that are available only through in-network providers. This in-network-only approach allows premiums to remain low while still allowing full access to Anthem Blue Cross' PPO Network. Our Exclusive Provider Organization (EPO) plan is HSA compatible and may offer tax advantages to both you and your employees.

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

²Maternity services are subject to an office visit copay.

³Anthem Blue Cross Life and Health will pay in-network and out-of-network covered services (including prescription drugs) at 100% of covered expense up to the Health Incentive Allocation (HIA). After HIA has been exhausted, the deductible must be satisfied before Anthem Blue Cross Life and Health will pay for subsequent covered services (note: in-network preventive care is not subject to the deductible). HIA will be applied toward the annual deductible. If your effective date starts in a month other than January, the amount of your HIA will be prorated based on the month of the effective date. If you do not use the full amount of your allocation by the end of the year, the unused portion, up to a specified maximum, will be carried over for use in the next year.

⁴Expenses 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 (EOC) or Certificate* for full details.

⁵Copays listed apply when a generic equivalent is not available. 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 the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.

⁶Members may select a brand-name drug when a generic drug is available if the physician writes a "dispense as written" or "do not substitute" prescription.

⁷Maximum annual Anthem Blue Cross payment of \$500 for members covered more than six months and \$250 for members covered six months or less, in network and out of network combined. Each family member ages 7 to adult may choose annually between a physical exam and a HealthyCheck screening.

⁸Elements Hospital Preferred, Elements Hospital Plus and Elements Hospital plans are basic hospital and limited professional benefits plans. Some covered services are limited.

LUMENOS® HIA+ PLANS

* Offered by Anthem Blue Cross
 ** Offered by Anthem Blue Cross Life and Health Insurance Company

| | Lumenos HIA+ 500** | Lumenos HIA+ 750** |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maximum Lifetime Benefits | \$5,000,000 in lifetime benefits per member | |
| Your Choices | <ul style="list-style-type: none"> Funds for first dollar coverage Health incentive programs to promote well-being 100 percent preventive care coverage | |
| Annual Deductible | Health Incentive Plan Allocation:³ \$500 per single member \$1,000 family aggregate ¹ Annual deductible accrues after HIA funds exhausted: \$2,000 per single member \$4,000 family aggregate ¹ Medical/pharmacy combined | Health Incentive Plan Allocation:³ \$750 per single member \$1,500 family aggregate ¹ Annual deductible accrues after HIA funds exhausted: \$1,500 per single member \$3,000 family aggregate ¹ Medical/pharmacy combined |
| Annual Out-of-Pocket Maximum⁴ Includes deductible unless noted | \$5,000 per single member \$10,000 family aggregate ¹ Medical/pharmacy combined | \$5,000 per single member \$10,000 family aggregate ¹ Medical/pharmacy combined |
| Office Visits | 40% after HIA and deductible | 25% after HIA and deductible |
| Professional Services Including maternity, diagnostic lab and X-rays | 40% after deductible | 25% after deductible |
| Hospital Inpatient | 40% after deductible | 25% after deductible |
| Prescription Drugs Amounts shown are for a 30-day retail supply; Mail-order service is available | After HIA and deductible: \$10 generic \$30 formulary brand ⁵ \$50 nonformulary brand ⁶ Self-injectable: 30% (no maximum) | |
| Preventive Care For Well-Baby and Well-Child exams (for children through age 6) and adult screenings, such as Pap smear, mammogram, prostate specific antigen, and colorectal cancer screenings | 0% Includes nationally recommended preventive care services (not subject to deductible) | |
| HealthyCheckSM Two levels of annual medical screenings, including lab work and immunizations; must be done at a HealthyCheck Center | Not applicable (covered under preventive care) | |
| Annual Physical Exam Ages 7 to adult | 0% Includes nationally recommended preventive care services (not subject to deductible) | |

All benefit comparisons are for in-network providers. All benefits are subject to applicable deductible(s) or copayment(s). 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. Benefits listed are based on the negotiated fee rate for in-network providers (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.

EPO PLAN

| | |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NEW! | High Deductible Exclusive Provider Organization (EPO)* |
| | \$5,000,000 in lifetime benefits per member |
| | <ul style="list-style-type: none"> · In-network PPO benefits only · Combined medical and pharmacy deductible · HSA-compatible plan design |
| | \$2,000 per single member \$4,000 family aggregate ¹ Medical/pharmacy combined |
| | \$3,100 per single member \$5,700 family aggregate ¹ Medical/pharmacy combined |
| | 20% after deductible |
| | 20% after deductible |
| | 20% after deductible |
| | After deductible: \$10 generic \$25 brand name ⁶ Self-injectable: 30% (no maximum) |
| | 20% after deductible |
| | \$25 or \$75 copay options (not subject to deductible) |
| | Not covered |

Lumenos HSA (100/70) Plans

Lumenos HSA 2000 (100/70), 3000 (100/70) and 5000 (100/70) Plans

These plans offer affordable protection with a high-deductible PPO plan design. They feature in-network preventive services that are not subject to plan's deductible, 100% coverage for most in-network medical services after the deductible is met, and predictable pharmacy copays after the deductible is met. These plans are also Health Savings Account (HSA) compatible and may be used in conjunction with qualifying financial accounts.

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

²Maternity services are subject to an office visit copay.

³Anthem Blue Cross Life and Health will pay in-network and out-of-network covered services (including prescription drugs) at 100% of covered expense up to the Health Incentive Allocation (HIA). After HIA has been exhausted, the deductible must be satisfied before Anthem Blue Cross Life and Health will pay for subsequent covered services (note: in-network preventive care is not subject to the deductible). HIA will be applied toward the annual deductible. If your effective date starts in a month other than January, the amount of your HIA will be prorated based on the month of the effective date. If you do not use the full amount of your allocation by the end of the year, the unused portion, up to a specified maximum, will be carried over for use in the next year.

⁴Expenses 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 (EOC) or Certificate* for full details.

⁵Copays listed apply when a generic equivalent is not available. 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 the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.

⁶Members may select a brand-name drug when a generic drug is available if the physician writes a "dispense as written" or "do not substitute" prescription.

⁷Maximum annual Anthem Blue Cross payment of \$500 for members covered more than six months and \$250 for members covered six months or less, in network and out of network combined. Each family member ages 7 to adult may choose annually between a physical exam and a HealthyCheck screening.

⁸Elements Hospital Preferred, Elements Hospital Plus and Elements Hospital plans are basic hospital and limited professional benefits plans. Some covered services are limited.

LUMENOS® HSA

* Offered by Anthem Blue Cross
** Offered by Anthem Blue Cross Life and Health Insurance Company

| | Lumenos HSA 2000 (100/70)** | Lumenos HSA 3000 (100/70)** |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Maximum Lifetime Benefits | \$5,000,000 in lifetime benefits per member | \$5,000,000 in lifetime benefits per member |
| Your Choices | <ul style="list-style-type: none"> 100 percent medical coverage after deductible Predictable prescription copays after the deductible is met HSA-compatible plan design 100 percent preventive care coverage | <ul style="list-style-type: none"> 100 percent medical coverage after deductible Predictable prescription copays after the deductible is met HSA-compatible plan design 100 percent preventive care coverage |
| Annual Deductible | \$2,000 per single member \$4,000 family aggregate ¹ Medical/pharmacy combined | \$3,000 per single member \$6,000 family aggregate ¹ Medical/pharmacy combined |
| Annual Out-of-Pocket Maximum² Includes deductible unless noted | \$4,000 per single member \$8,000 family aggregate ¹ Medical/pharmacy combined | \$5,000 per single member \$10,000 family aggregate ¹ Medical/pharmacy combined |
| Office Visits | 0% after deductible | 0% after deductible |
| Professional Services Including maternity, diagnostic lab and X-rays | 0% after deductible | 0% after deductible |
| Hospital Inpatient | 0% after deductible | 0% after deductible |
| Prescription Drugs Amounts shown are for a 30-day retail supply; Mail-order service is available | After deductible: \$10 generic \$30 formulary brand ⁵ \$50 nonformulary brand ⁵ Self-injectable: 30% (no maximum) | After deductible: \$10 generic \$30 formulary brand ⁵ \$50 nonformulary brand ⁵ Self-injectable: 30% (no maximum) |
| Preventive Care For Well-Baby and Well-Child exams (for children through age 6) and adult screenings, such as Pap smear, mammogram, prostate specific antigen, and colorectal cancer screenings | 0% Includes nationally recommended preventive care services (not subject to deductible) | 0% Includes nationally recommended preventive care services (not subject to deductible) |
| HealthyCheckSM Two levels of annual medical screenings, including lab work and immunizations; must be done at a HealthyCheck Center | Not applicable (covered under preventive care) | Not applicable (covered under preventive care) |
| Annual Physical Exam Ages 7 to adult | 0% Includes nationally recommended preventive care services (not subject to deductible) | 0% Includes nationally recommended preventive care services (not subject to deductible) |

All benefit comparisons are for in-network providers. All benefits are subject to applicable deductible(s) or copayment(s). 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. Benefits listed are based on the negotiated fee rate for in-network providers (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.

A (100/70) PLANS

| NEW! | Lumenos HSA 5000 (100/70)** |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | \$5,000,000 in lifetime benefits per member |
| | <ul style="list-style-type: none"> · 100 percent medical coverage after deductible · Predictable prescription copays after the deductible is met · HSA-compatible plan design · 100 percent preventive care coverage |
| | \$5,000 single member; \$10,000 family aggregate ¹ Medical/pharmacy combined |
| | \$5,800 per single member \$11,600 family aggregate ¹ Medical/pharmacy combined |
| | 0% after deductible |
| | 0% after deductible |
| | 0% after deductible |
| | After deductible: \$10 generic \$30 formulary brand ⁵ \$50 nonformulary brand ⁵ Self-injectable: 30% (no maximum) |
| | 0% Includes nationally recommended preventive care services (not subject to deductible) |
| | Not applicable (covered under preventive care) |
| | 0% Includes nationally recommended preventive care services (not subject to deductible) |

Lumenos HSA 80/50 Plans

Lumenos HSA 1500 (80/50), 2500 (80/50) and 3500 (80/50) Plans - These plans offer affordable protection with a high-deductible PPO plan design. They feature in-network preventive services at 100% coverage that are not subject to plan's deductible, 80% coverage for most in-network medical services after the deductible is met, and predictable pharmacy copays after the deductible is met. These plans are also Health Savings Account (HSA) compatible and may be used in conjunction with qualifying financial accounts.

* Offered by Anthem Blue Cross
 **Offered by Anthem Blue Cross Life and Health Insurance Company

| | NEW! |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Lumenos HSA 1500 (80/50)** |
| Maximum Lifetime Benefits | |
| Your Choices | <ul style="list-style-type: none"> · 80 percent medical coverage after deductible · Predictable prescription copays after the deductible is met · HSA-compatible plan design · 100 percent preventive care coverage |
| Annual Deductible | \$1,500 per single member \$3,000 family aggregate ¹ Medical/pharmacy combined |
| Annual Out-of-Pocket Maximum⁴ Includes deductible unless noted | \$3,000 per single member \$6,000 family aggregate ¹ Medical/pharmacy combined |
| Office Visits | 20% after deductible |
| Professional Services Including maternity, diagnostic lab and X-rays | 20% after deductible |
| Hospital Inpatient | 20% after deductible |
| Prescription Drugs Amounts shown are for a 30-day retail supply; Mail-order service is available | After deductible: \$10 generic \$30 formulary brand ⁵ \$50 nonformulary brand ⁵ Self-injectable: 30% (no maximum) |
| Preventive Care For Well-Baby and Well-Child exams (for children through age 6) and adult screenings, such as Pap smear, mammogram, prostate specific antigen, and colorectal cancer screenings | 0% Includes nationally recommended preventive care services (not subject to deductible) |
| HealthyCheckSM Two levels of annual medical screenings, including lab work and immunizations; must be done at a HealthyCheck Center | Not applicable (covered under preventive care benefit) |
| Annual Physical Exam Ages 7 to adult | 0% Includes nationally recommended preventive care services. (not subject to deductible) |

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

²Maternity services are subject to an office visit copay.

³Anthem Blue Cross Life and Health will pay in-network and out-of-network covered services (including prescription drugs) at 100% of covered expense up to the Health Incentive Allocation (HIA). After HIA has been exhausted, the deductible must be satisfied before Anthem Blue Cross Life and Health will pay for subsequent covered services (note: in-network preventive care is not subject to the deductible). HIA will be applied toward the annual deductible. If your effective date starts in a month other than January, the amount of your HIA will be prorated based on the month of the effective date. If you do not use the full amount of your allocation by the end of the year, the unused portion, up to a specified maximum, will be carried over for use in the next year.

⁴Expenses 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 (EOC) or Certificate* for full details.

⁵Copays listed apply when a generic equivalent is not available. 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 the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.

⁶Members may select a brand-name drug when a generic drug is available if the physician writes a "dispense as written" or "do not substitute" prescription.

⁷Maximum annual Anthem Blue Cross payment of \$500 for members covered more than six months and \$250 for members covered six months or less, in network and out of network combined. Each family member ages 7 to adult may choose annually between a physical exam and a HealthyCheck screening.

⁸Elements Hospital Preferred, Elements Hospital Plus and Elements Hospital plans are basic hospital and limited professional benefits plans. Some covered services are limited.

LUMENOS® HSA (80/50) PLANS

| Lumenos HSA 2500 (80/50)** NEW! | Lumenos HSA 3500 (80/50)** NEW! |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| \$5,000,000 in lifetime benefits per member | |
| <ul style="list-style-type: none"> · 80 percent medical coverage after deductible · Predictable prescription copays after the deductible is met · HSA-compatible plan design · 100 percent preventive care coverage | <ul style="list-style-type: none"> · 80 percent medical coverage after deductible · Predictable prescription copays after the deductible is met · HSA-compatible plan design · 100 percent preventive care coverage |
| \$2,500 per single member \$5,000 family aggregate ¹ Medical/pharmacy combined | \$3,500 per single member \$7,000 family aggregate ¹ Medical/pharmacy combined |
| \$5,000 per single member \$10,000 family aggregate ¹ Medical/pharmacy combined | \$5,000 per single member \$10,000 family aggregate ¹ Medical/pharmacy combined |
| 20% after deductible | 20% after deductible |
| 20% after deductible | 20% after deductible |
| 20% after deductible | 20% after deductible |
| After deductible: \$10 generic \$30 formulary brand ⁵ \$50 nonformulary brand ⁵ Self-injectable: 30% (no maximum) | After deductible: \$10 generic \$30 formulary brand ⁵ \$50 nonformulary brand ⁵ Self-injectable: 30% (no maximum) |
| 0% Includes nationally recommended preventive care services (not subject to deductible) | 0% Includes nationally recommended preventive care services (not subject to deductible) |
| Not applicable (covered under preventive care benefit) | Not applicable (covered under preventive care benefit) |
| 0% Includes nationally recommended preventive care services. (not subject to deductible) | 0% Includes nationally recommended preventive care services. (not subject to deductible) |

All benefit comparisons are for in-network providers. All benefits are subject to applicable deductible(s) or copayment(s). 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. Benefits listed are based on the negotiated fee rate for in-network providers (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.

Elements Hospital Plans

Elements Hospital Preferred, Elements Hospital Plus, Elements Hospital - These plans offer your employees simple, affordable hospital-only coverage. All plans offer a physical exam benefit and generic-only pharmacy coverage (the Preferred plan offers comprehensive drug coverage). The Plus and Preferred plans also feature limited office visit coverage.

* Offered by Anthem Blue Cross
 ** Offered by Anthem Blue Cross Life and Health Insurance Company

| Elements Hospital** | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Maximum Lifetime Benefits | |
| Your Choices | |
| Annual Deductible | \$1,250 per member Two-member maximum |
| Annual Out-of-Pocket Maximum⁴ Includes deductible unless noted | \$2,500 plus deductible, per member; Two-member maximum |
| Office Visits | Not covered |
| Professional Services Including maternity, diagnostic lab and X-rays | Not covered |
| Hospital Inpatient | 30% after deductible |
| Prescription Drugs Amounts shown are for a 30-day retail supply; Mail-order service is available | \$10 generic Self-injectable: 30% up to maximum \$100 member copay (GenRx Prescription Drug Formulary only) |
| Preventive Care For Well-Baby and Well-Child exams (for children through age 6) and adult screenings, such as Pap smear, mammogram, prostate specific antigen, and colorectal cancer screenings | 30% after deductible |
| HealthyCheckSM Two levels of annual medical screenings, including lab work and immunizations; must be done at a HealthyCheck Center | \$25 or \$75 copay options (not subject to deductible) |
| Annual Physical Exam Ages 7 to adult | Not subject to deductible. 30% for office visit and covered services ⁷ |

NEW!

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

²Maternity services are subject to an office visit copay.

³Anthem Blue Cross Life and Health will pay in-network and out-of-network covered services (including prescription drugs) at 100% of covered expense up to the Health Incentive Allocation (HIA). After HIA has been exhausted, the deductible must be satisfied before Anthem Blue Cross Life and Health will pay for subsequent covered services (note: in-network preventive care is not subject to the deductible). HIA will be applied toward the annual deductible. If your effective date starts in a month other than January, the amount of your HIA will be prorated based on the month of the effective date. If you do not use the full amount of your allocation by the end of the year, the unused portion, up to a specified maximum, will be carried over for use in the next year.

⁴Expenses 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* (EOC) or *Certificate* for full details.

⁵Copays listed apply when a generic equivalent is not available. 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 the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.

⁶Members may select a brand-name drug when a generic drug is available if the physician writes a "dispense as written" or "do not substitute" prescription.

⁷Maximum annual Anthem Blue Cross payment of \$500 for members covered more than six months and \$250 for members covered six months or less, in network and out of network combined. Each family member ages 7 to adult may choose annually between a physical exam and a HealthyCheck screening.

⁸Elements Hospital Preferred, Elements Hospital Plus and Elements Hospital plans are basic hospital and limited professional benefits plans. Some covered services are limited.

ELEMENTS HOSPITAL PLANS⁸

| Elements Hospital Plus** | Elements Hospital Preferred** |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| \$5,000,000 in lifetime benefits per member | |
| <ul style="list-style-type: none"> · Basic hospital coverage · Limited office visit and professional services coverage on Plus and Preferred plans · Generic-only drug benefit (except Preferred plan) · Preventive care coverage | |
| \$1,000 per member Two-member maximum | \$750 per member Two-member maximum |
| \$2,500 plus deductible, per member; Two-member maximum | \$2,500 plus deductible, per member; Two-member maximum |
| 50% plus excess charges, for first \$1,000 of covered expenses; maximum Anthem payment of \$500 per year (not subject to deductible) | 50% plus excess charges, for first \$1,500 of covered expenses; maximum Anthem payment of \$750 per year (not subject to deductible) |
| 50% plus excess charges for first \$1,000 of covered expense, maximum Anthem payment of \$500 per year (not subject to deductible) | 50% plus excess charges, for first \$1,500 of covered expenses; maximum Anthem payment of \$750 per year (not subject to deductible) |
| 30% after deductible | 20% after deductible |
| \$10 generic Self-injectable: 30% up to maximum \$100 member copay (GenRx Prescription Drug Formulary only) | \$10 generic \$35 formulary brand ⁵ \$50 nonformulary brand ⁵ Self-injectable: 30% up to maximum \$100 member copay \$250 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs |
| 30% after deductible | 20% after deductible |
| \$25 or \$75 copay options (not subject to deductible) | \$25 or \$75 copay options (not subject to deductible) |
| Not subject to deductible. 30% for office visit and covered services ⁷ | Not subject to deductible. 20% for office visit and covered services ⁷ |

All benefit comparisons are for in-network providers. All benefits are subject to applicable deductible(s) or copayment(s). 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. Benefits listed are based on the negotiated fee rate for in-network providers (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.

Our HMO plans include:

- Opportunity to choose a primary care physician from over 32,000 California HMO network doctors – so chances are your employees can easily find one close to where they live or work – as well as the option to go with our Select Network, which is unique to our Select HMO plans.
- Out-of-state coverage for emergency services – so peace of mind goes with your employees when they travel.

HMO Plans

These plans offer your employees the convenience of predictable costs and no (or limited) claims paperwork to keep track of. With over 32,000 primary care physicians in Anthem Blue Cross' HMO network, your employees can easily find one close to where they live and work.

Our product portfolio offers four types of HMO plan designs. Each offers a slightly different benefit package to meet your health care and cost needs. The different plan designs include:

HMO 100% Plans - These are our richest HMO plan designs. They feature no medical deductible, low office visit copays and 100% coverage for hospital inpatient and outpatient services.

Classic HMO Plans - These plans feature no medical deductible and moderate office visit copays. For hospital services, employees pay a per-admission copay for inpatient services and coinsurance for outpatient services.

Saver HMO Plans - These plans feature moderate office visit copays and an annual medical deductible for hospital services. Once your deductible is met, there are no further charges for covered in-network hospital services.

Select HMO Plans - Our lowest cost HMO plans, these products feature our limited Select HMO network of providers (not available in all counties). These plans offer moderate office visit copays and an annual medical deductible for hospital services. Once the deductible is met, employees are responsible for coinsurance on all hospital services.

| Offered by Anthem Blue Cross | HMO \$10 100% | HMO \$25 100% | Classic \$20 HMO |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Maximum Lifetime In-Network Benefits | Unlimited lifetime benefits per member | Unlimited lifetime benefits per member | Unlimited lifetime benefits per member |
| Your Choices | <ul style="list-style-type: none"> • No medical deductible • Low, predictable office visit copays • 100 percent coverage for inpatient and outpatient hospital services • Richest HMO plan design | | |
| Annual Deductible | None | None | |
| Annual Out-of-Pocket Maximum⁴ | \$1,750 per single member \$3,500 family aggregate ¹ | \$1,750 per single member \$3,500 family aggregate ¹ | \$1,750 per single member \$3,500 family aggregate ¹ |
| Office Visits | \$10 copay | \$25 copay | \$20 copay |
| Professional Services Including maternity, diagnostic lab and X-rays | No charge ² (except \$100 copay for complex radiology services obtained in a nonhospital-based facility) | | No charge ² (except \$100 copay for complex radiology services obtained in a nonhospital-based facility) |
| Hospital Inpatient and Outpatient Facility Services | No charge | No charge | \$250 copay per inpatient admission 20% outpatient copay |
| Prescription Drugs⁵ Amounts shown are for a 30-day retail supply; Mail-order service is available | \$10 generic; \$25 formulary brand; \$40 nonformulary brand; Self-injectable: 30% up to maximum \$100 member copay \$150 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs | | |
| Network Service | Served by the Anthem Blue Cross HMO (California Care Network), which is available in most counties. Employers that offer HMO coverage must choose | | |

All benefit comparisons are for in-network providers. All benefits are subject to applicable deductible(s) or copayment(s). 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.

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

²Maternity services are subject to an office visit copay.

³Anthem Blue Cross Life and Health will pay in-network and out-of-network covered services (including prescription drugs) at 100% of covered expense up to the Health Incentive Allocation (HIA). After HIA has been exhausted, the deductible must be satisfied before Anthem Blue Cross Life and Health will pay for subsequent covered services (note: in-network preventive care is not subject to the deductible). HIA will be applied toward the annual deductible. If your effective date starts in a month other than January, the amount of your HIA will be prorated based on the month of the effective date. If you do not use the full amount of your allocation by the end of the year, the unused portion, up to a specified maximum, will be carried over for use in the next year.

⁴Expenses 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** (EOC) or **Certificate** for full details.

⁵Copays listed apply when a generic equivalent is not available. 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 the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.

HMO PLANS

| Classic \$30 HMO | Classic \$40 HMO NEW! | Saver \$20 HMO | Saver \$30 HMO | Saver \$40 HMO NEW! | Select \$25 HMO | Select \$35 HMO |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Unlimited lifetime benefits per member | Unlimited lifetime benefits per member | Unlimited lifetime benefits per member | Unlimited lifetime benefits per member | Unlimited lifetime benefits per member | Unlimited lifetime benefits per member | Unlimited lifetime benefits per member |
| <ul style="list-style-type: none"> No medical deductible Moderate office visit copays Predictable copays for inpatient admissions Coinsurance for outpatient services | | <ul style="list-style-type: none"> Medical deductible Moderate office visit copays No charge for inpatient and outpatient hospital services after deductible | | | <ul style="list-style-type: none"> Serviced by Select HMO Network Separate copays for primary care physicians and specialists Inpatient and outpatient coinsurance after medical deductible Lowest HMO premiums | |
| None | | \$1,500 per member (Applies to inpatient and outpatient facility services, ambulatory surgical centers and dialysis centers, except medical emergencies) | \$2,500 per member (Applies to inpatient and outpatient facility services, ambulatory surgical centers and dialysis centers, except medical emergencies) | \$3,500 per member (Applies to inpatient and outpatient facility services, ambulatory surgical centers and dialysis centers, except medical emergencies) | \$500 per member (Applies to inpatient and outpatient facility services, ambulatory surgical centers and dialysis centers, except medical emergencies) | \$1,000 per member (Applies to inpatient and outpatient facility services, ambulatory surgical centers and dialysis centers, except medical emergencies) |
| \$2,500 per single member \$5,000 family aggregate ⁶ | \$3,500 per single member \$7,000 family aggregate ⁶ | \$2,250 per single member \$4,500 family aggregate ⁶ deductible applies to annual out-of-pocket maximum | \$3,000 per single member \$6,000 family aggregate ⁶ deductible applies to annual out-of-pocket maximum | \$4,000 per single member \$8,000 family aggregate ⁶ deductible applies to annual out-of-pocket maximum | \$2,250 per single member \$4,500 family aggregate ⁶ deductible applies to annual out-of-pocket maximum | \$3,000 per single member \$6,000 family aggregate ⁶ deductible applies to annual out-of-pocket maximum |
| \$30 copay for primary care physician visits; \$40 copay for specialist and referral care visits | \$40 copay for primary care physician visits; \$50 copay for specialist and referral care visits | \$20 copay (not subject to deductible) | \$30 copay for primary care physician visits; \$40 copay for specialist and referral care visits (not subject to deductible) | \$40 copay for primary care physician visits; \$50 copay for specialist and referral care visits (not subject to deductible) | \$25 copay for primary care physician visits; \$35 copay for specialist and referral care visits (not subject to deductible) | \$35 copay for primary care physician visits; \$50 copay for specialist and referral care visits (not subject to deductible) |
| No charge ⁷ (except \$100 copay for complex radiology services obtained in a nonhospital-based facility) | No charge ⁷ (except \$100 copay for complex radiology services obtained in a nonhospital-based facility) | No charge ⁷ (except \$100 copay for complex radiology services obtained in a nonhospital-based facility) | | | No charge ⁷ (except \$100 copay for complex radiology services obtained in a nonhospital-based facility) | |
| \$500 copay per inpatient admission 20% outpatient coinsurance | \$1,000 copay per inpatient admission 30% outpatient coinsurance | No charge after deductible | | | 10% inpatient copay after deductible 20% outpatient copay after deductible | 20% inpatient copay after deductible 30% outpatient copay after deductible |
| | \$10 generic; \$25 formulary brand; \$40 nonformulary brand; Self-injectable: 30% up to maximum \$100 member copay \$250 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs | \$10 generic; \$25 formulary brand; \$40 nonformulary brand; Self-injectable: 30% up to maximum \$100 member copay \$150 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs | | \$10 generic; \$25 formulary brand; \$40 nonformulary brand; Self-injectable: 30% up to maximum \$100 member copay \$250 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs | \$10 generic; \$25 formulary brand; \$40 nonformulary brand; Self-injectable: 30% up to maximum \$100 member copay \$150 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs | |
| plans from either the California Care Network or the Select HMO Network; plans from both networks may not be offered side by side. | | | | | Served by Select HMO Network (not available in all counties) | |

Please note that in-network providers accept Anthem Blue Cross negotiated fee rates as payment in full for covered services. Benefits listed are based on the negotiated fee rate for in-network providers (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.

⁶Members may select a brand-name drug when a generic drug is available if the physician writes a "dispense as written" or "do not substitute" prescription.

⁷Maximum annual Anthem Blue Cross payment of \$500 for members covered more than six months and \$250 for members covered six months or less, in network and out of network combined. Each family member ages 7 to adult may choose annually between a physical exam and a HealthyCheck screening.

⁸Elements Hospital Preferred, Elements Hospital Plus and Elements Hospital plans are basic hospital and limited professional benefits plans. Some covered services are limited.

Dental plans and benefits you and your employees can smile about.

Whether you want a basic plan, comprehensive coverage or something in between, you'll find it among our wide range of 12 dental PPO and dental HMO plans.

Dental Blue® offers more coverage with less hassle

- Diagnostic and preventive services like exams, cleanings and X-rays — at no cost when using an in-network provider
- Fillings at 80 percent (or even 90 percent) when using an in-network provider
- More extensive services like oral surgery, crowns and root canals
- Orthodontic services covered on most plans
- Discounts on services that aren't covered, like porcelain veneers, dental implants and treatment for TMJ
- Discounts on services after members reach their annual maximum
 - Ability to see any dentist, including one of the more than 17,000 participating provider locations in California. Out-of-pocket costs are typically lower when services are rendered by an in-network provider.
 - Reimbursement at the 80th percentile for services received from providers who are not in the Dental Blue network

Basic, Standard and High Option Dental PPO Plans

These three dental PPO plans feature:

- The freedom to choose any dentist or specialist (no referrals needed)
- More than 18,000 participating provider locations to choose from in California
- Access to quality care at discounted fees
- Coverage for both routine visits and more extensive procedures



Get life insurance...and share the benefits of your employees' security.

Your employees depend on you, and their families depend on them. Life insurance is an easy, inexpensive way to help your employees improve their families' financial security. Your employees will appreciate that you took the time to include their families' future in your company's benefits package – a package that is backed by the strength and stability of the nation's #1 group life insurance carrier in the Small Group market.* What's more, Anthem Blue Cross Life and Health Insurance Company is rated "A (Excellent)" for financial strength by A.M. Best Company and "A+ (Superior)" for claims-paying ability by Standard & Poor's – which says a lot, especially during these rough economic times.

Basic term life coverage

When you offer basic term life coverage, your employees and their families will gain extra peace of mind and financial support in the event of untimely death or serious physical loss. You can select a level of basic term life coverage from \$15,000 to \$250,000. With any level of coverage, Accidental Death & Dismemberment (AD&D) benefits are included automatically.

The life benefit is payable in the event of death at any time, with the automatic AD&D feature providing employees with an additional benefit – equal to the amount of the life benefit – in case of an accidental death or a serious qualifying accident. The living benefit allows employees diagnosed with a 12-month life expectancy due to a terminal illness to request up to 50 percent of their life benefit.

Extras included with AD&D coverage:

- An annual college education benefit for eligible dependents of the lesser of 25 percent of the AD&D coverage amount or \$12,000 if your employee should pass away while their children are still in school
- A seat belt provision that adds the lesser of 10 percent of the coverage amount or \$25,000 to the AD&D benefit
- A \$5,000 maximum repatriation benefit for preparation and transportation services should death occur more than 75 miles from home

Dependent and Supplemental Life

As the employer, you may choose to offer one of two Dependent Life plans, which pay a benefit to the employee if their insured dependent dies. You can also offer supplemental life insurance, which allows employees who are enrolled in their group's basic term life coverage to purchase additional life coverage for themselves. You can make these options available to your employees at no additional cost to the company.

Save with composite life rates

Enroll 11 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 regardless of the age or gender of those enrolling. 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

All of our Anthem Blue Cross health benefits groups with two or more enrolled employees can get life coverage without going through health underwriting – and there are no health questionnaires to fill out:

- \$30,000 maximum for two to nine enrolled employees
- \$50,000 maximum for 10 to 24 enrolled employees
- \$100,000 maximum for 25 to 50 enrolled employees

Coverage is not guaranteed for late enrollees and those enrolling in coverage that exceeds the Guaranteed Issue amount. Completed health questionnaires are required for those enrollees.

Improve member productivity and well-being with the LifeConnections member assistance program

Life demands a lot, and asking for help can be difficult. That is why Anthem Blue Cross Life and Health Insurance Company offers LifeConnections, a member assistance program for employees and their families. LifeConnections provides easy access to confidential support and resources that employees and their families may need to improve their well-being and manage problems before they become an emotional or financial burden.

*The #1 is based on the combination of Gen Re's 2004 U.S. Group Life Inforce Cases Study and internal company data. Each affiliated life company is a separate, independent legal entity for financial purposes and is solely responsible for its own contractual obligations and liabilities.

With Blue View Vision, The advantages are clear.

When you offer your employees Blue View Vision as part of a complete benefits package, you're giving them one of the most dependable vision programs in sight. Our cost-effective vision plans include comprehensive eye exams, fast delivery of eyewear and an attractive retail frame allowance.

Blue View and Blue View Plus feature:

- A broad, convenient network - Employees have access to an extensive network of participating providers and provider locations (more than 44,000 across the U.S. and more than 4,000 in California alone), including independent ophthalmologists and optometrists as well as LensCrafters®, Target Optical®, Sears OpticalSM, JCPenney® Optical and Pearle Vision®. Many locations are conveniently open in the evenings and on weekends, allowing your employees to schedule appointments outside their normal workday.
- Value-added savings - Employees enjoy additional savings of up to 40 percent on unlimited purchases of most extra pairs of eyewear, contact lenses, lens treatments, specialized lenses and various accessories – even after they've exhausted their covered benefits.
- Easy-to-use benefits - Employees simply choose a provider in the network, make an appointment, present their ID card, and pay any applicable copayments and any balance for noncovered services and/or materials. The provider verifies eligibility and takes care of any necessary paperwork.





EmployeeElect Exclusions and Limitations

Medical Plans Exclusions & Limitations

Exclusions and Limitations Common to All Medical Plans

- Any amounts in excess of maximums stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Services or supplies that are not medically necessary.
- Services received before your effective date.
- Services received after your coverage ends.
- Any conditions for which benefits can be recovered under any workers' compensation law or similar law.
- Services you receive for which you are not legally obligated to pay.
- Services for which no charge is made to you in the absence of insurance coverage.
- Services not listed as covered in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Services from relatives.
- Vision care except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Eye surgery performed solely for the purpose of correcting refractive defects.
- Hearing aids. Routine hearing tests except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Sex changes.
- Dental and orthodontic services except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Cosmetic surgery.
- Routine physical examinations except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Treatment of mental or nervous disorders and substance abuse (including nicotine use) or psychological testing, except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Custodial care.
- Experimental or investigational services.
- Services provided by a local, state or federal government agency, unless you have to pay for them.
- Diagnostic admissions.
- Telephone or facsimile machine consultations.
- Personal comfort items.
- Nutritional counseling (PPD plans only).
- Health club memberships.
- Any services to the extent you are entitled to receive Medicare benefits for those services without payment of additional premium for Medicare coverage.
- Commercial Weight loss programs
- Food or dietary supplements, except as provided in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Genetic testing for non-medical reasons or when there is no medical indication or no family history of genetic abnormality.
- Outdoor treatment programs.
- Replacement of prosthetics and durable medical equipment when lost or stolen.
- Any services or supplies provided to any person not covered under the Agreement in connection with a surrogate pregnancy.
- Immunizations solely for travel outside the United States.
- Services or supplies related to a pre-existing condition (PPD plans only).
- Educational Services except as specifically provided or arranged by Anthem Blue Cross.
- Infertility services (including sterilization reversal) except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Care or treatment provided in a non-contracting hospital except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Private duty nursing except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Services primarily for weight reduction except medically necessary treatment of morbid obesity.
- Outpatient drugs, medications or other substances dispensed or administered in any outpatient setting except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Contraceptive devices unless your physician determines that oral contraceptive drugs are not medically appropriate.
- Specialty drugs except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.
- Medical supplies and equipment/durable medical equipment except as specifically stated in the Combined Evidence of Coverage and Disclosure Form/Certificate.

Additional Exclusions and Limitations

Applicable Only to HMO plans

- Care not authorized by your PMG or IPA.
- Amounts in excess of customary and reasonable charges for care rendered by a nonparticipating provider without an authorized referral from your PMG or IPA.
- Rehabilitative care, such as physical therapy, occupational therapy and speech therapy, except as specifically stated in the Combined Evidence of Coverage and Disclosure Form.
- Treatment of the jaw or teeth secondary to malocclusion or orthognathic conditions.
- Growth hormone treatment.
- Acupuncture/acupressure.

Additional Exclusions and Limitations

Applicable Only to the Elements Hospital Plans

- Physical and/or occupational therapy/medicine or chiropractic services except as specifically stated in the Certificate.
- Outpatient speech therapy.
- Footwear except as specifically stated in the Certificate.

General Provisions

Member Privacy

Our complete **Notice of Privacy Practices** provides a comprehensive overview of the policies and practices we enforce to preserve our members' privacy rights and control use of their health care information, including: the right to authorize release of information; the right to limit access to medical information; protection of oral, written and electronic information; use of data; and information shared with employers. This notice can be downloaded from our website at anthem.com/ca or obtained by calling Small Group Customer Service at 800-627-8797.

Utilization Review

The Anthem Blue Cross Utilization Review Program helps members receive coverage for appropriate treatment in the appropriate setting. Four review processes are included: 1) Preservice Review assesses medical necessity before services are provided; 2) Admission Review determines at the time of admission if the stay or surgery is Medically Necessary in the event Preservice Review is not conducted; 3) Continued Stay Review determines if a continued stay is Medically Necessary; 4) Retrospective Review determines if the stay or surgery was Medically Necessary after care has been provided if none of the first three reviews were performed. Utilization Review is not the practice of medicine or the provision of medical care to you. Only your doctor can provide you with medical advice and medical care.

Grievances

All complaints and disputes relating to a member's coverage with Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company must be resolved in accordance with the companies' grievance procedure. You can report your grievance by phone or in writing; see your Anthem Blue Cross ID card for the appropriate contact information. All grievances received by Anthem Blue Cross /Anthem Blue Cross Life and Health Insurance Company that cannot be resolved by phone (when appropriate) to the mutual satisfaction of the member and Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company will be acknowledged in writing, together with a description of how Anthem Blue Cross or Anthem Blue Cross Life and Health Insurance Company proposes to resolve the grievance. Grievances that cannot be resolved by these procedures shall be resolved as indicated through binding arbitration, or if the plan you are covered under is subject to the Employee Retirement Income Security Act of 1974 (ERISA), in compliance with ERISA rules.

If the group is subject to ERISA, and a member disagrees with the proposed resolution of a grievance, the member may submit an appeal by phone or in writing, by contacting the phone number or address printed on the letterhead of the Anthem Blue Cross response letter.

For the purposes of ERISA, there is one level of appeal. For urgent care requests for benefits, we will respond within 72 hours from the date the appeal is received. For pre-service requests for benefits, the member will receive a response within 30 calendar days from the date the appeal is received. For post-service claims, we will respond within 60 calendar days from the date the appeal is received.

If the member disagrees with Anthem Blue Cross' decision on the appeal, the member may elect to have the dispute settled through alternative resolution options, such as voluntary binding arbitration.

For Anthem Blue Cross Members

The California Department of Managed Health Care (DMHC) is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **800-627-8797** and use your health plan's grievance process before contacting the DMHC. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the DMHC for assistance. Your case may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature, and payment disputes for emergency or urgent medical services. The DMHC also has a toll-free telephone number (**888-HMO-2219**), and TDD line (**877-688-9891**) for the hearing and speech impaired. The department's website, hmohelp.ca.gov, has complaint forms, IMR application forms and instructions online.

For Anthem Blue Cross Life and Health Insurance Company Members

Overseeing the industry and protecting the state's insurance consumers is the responsibility of the California Department of Insurance (CDI). The CDI regulates, investigates and audits insurance business to ensure that companies remain solvent and meet their obligations to insurance policyholders. If you have a problem regarding your coverage, please contact Anthem Blue Cross Life and Health Insurance Company first to resolve the issue. If contacts between you (the complainant) and Anthem Blue Cross Life and Health Insurance Company (the Insurer) have failed to produce a satisfactory solution to the problem, you may wish to contact the CDI. They can be reached by writing to the California Department of Insurance, Consumer Affairs Bureau, 300 South Spring St. - South Tower, Los Angeles, CA 90013. The CDI also has a toll-free phone number (**800-927-HELP [43571]**) that you may call for assistance.

Binding Arbitration

If the plan is subject to ERISA, any dispute involving an adverse benefit decision must be resolved under ERISA claims procedure rules, and is not subject to mandatory binding arbitration. Members may pursue voluntary binding arbitration after they have completed an appeal under ERISA rules. If the member has another dispute that does not involve an adverse benefit decision, or if the group does not provide a plan that is subject to ERISA, then the member and Anthem Blue Cross agree to be bound by the arbitration provisions contained in the enrollment form and Evidence of Coverage.

Medicare

Under TEFRA/DEFRA, Medicare is the primary coverage for groups with fewer than 20 employees. Anthem Blue Cross coverage is considered primary coverage for groups of 20 or more employees. This Anthem Blue Cross coverage is not a supplement to Medicare, but provides benefits according to the non-duplication of Medicare clause.

If Medicare is a member's primary health plan, Anthem Blue Cross will not provide benefits that duplicate any benefits that member is entitled to receive under Medicare. This means that when Medicare is the primary health coverage, benefits are provided in accordance with the benefits of the plan, less any amount paid by Medicare. If you are entitled to Part A or B of Medicare, you will be eligible for non-duplicate Medicare coverage, with supplemental coordination of benefits. However, if you are required to pay the Social Security Administration an additional premium for any part of Medicare, then the above policy will only apply if you are enrolled in that part of Medicare. Note: Medicare-eligible employees/dependents enrolled in plans where Medicare is primary may obtain an Individual Anthem Blue Cross Medicare Supplement plan with the pre-existing condition exclusion waived.

Coordination of Benefits

The benefits of a member's plan may be reduced if the member has other group health, dental, drug or vision coverage, so that benefits and services the member receives from all group coverages do not exceed 100 percent of the covered expense.

Third-Party Liability

If a member is injured, the responsible party may be legally obligated to pay for medical expenses related to that injury. Anthem Blue Cross may recover benefits paid for medical expenses if the member recovers damages from a legally liable third party. Examples of third-party liability situations include car accidents and work-related injuries.

Voiding Coverage for False and Misleading Information

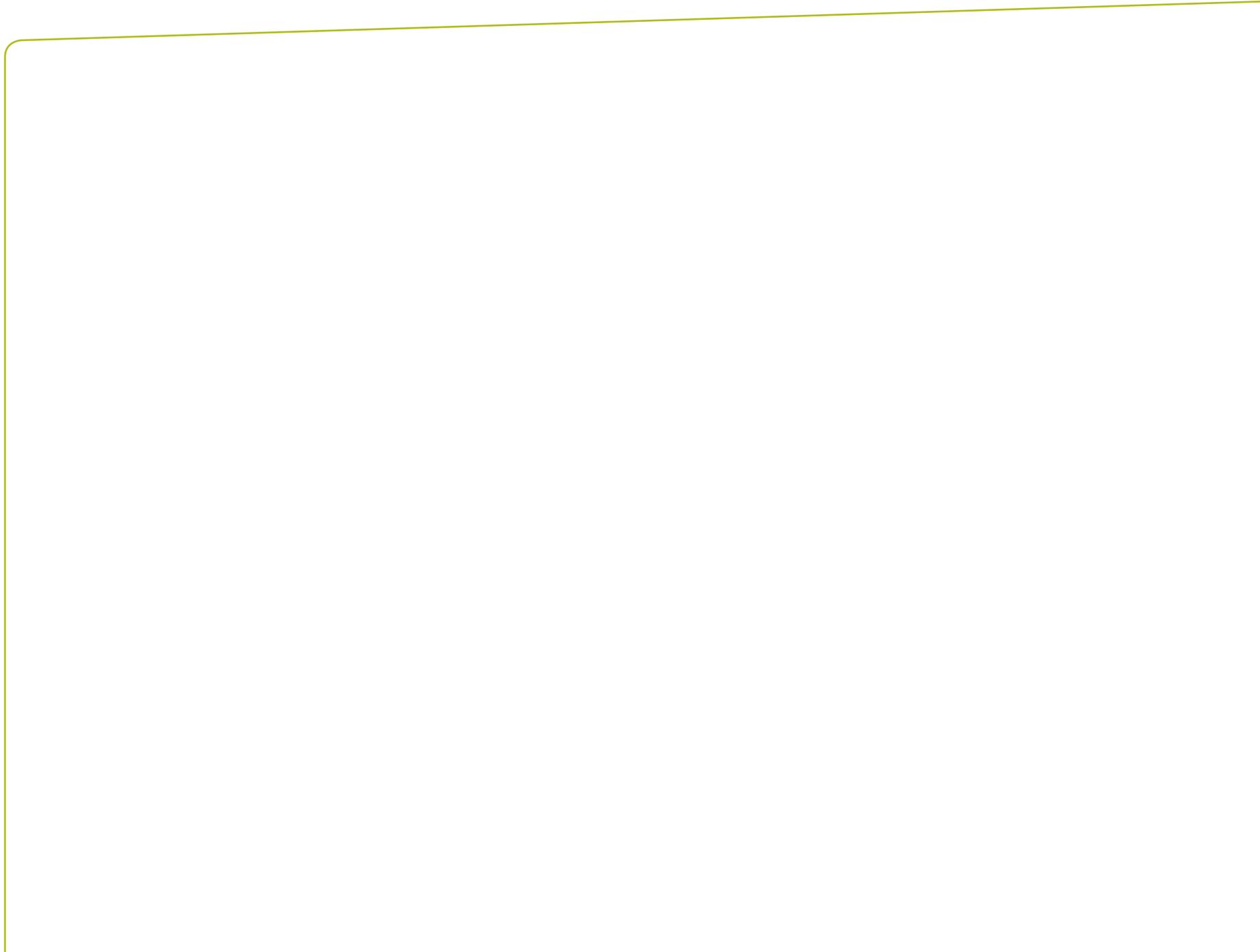
False or misleading information or failure to submit any required enrollment materials may form the basis for voiding coverage from the date a plan was issued or retroactively adjusting the premium to what it would have been if the correct information had been furnished. No benefits will be paid for any claim submitted if coverage is made void. Premiums already paid for the time period for which coverage was rescinded will be refunded, minus any claims paid.

Incurred Medical Care Ratio

As required by law, we are advising you that Anthem Blue Cross and its affiliated companies' incurred medical care ratio for 2008 was 83.4 percent. This ratio was calculated after provider discounts were applied.

This brochure provides abbreviated information about benefits, exclusions and limitations. Please refer to the Combined Evidence of Coverage and Disclosure Forms and/or Certificates for comprehensive descriptions of coverage, benefits, special circumstances and limitations.

Call your Anthem Blue Cross agent today to find out if EmployeeElect is the right choice for you!







All Small Group HMO Medical & Dental HMO plans, Premier \$10/\$20/\$30 Copay plans, PPO \$30/\$40 Copay and High Deductible EPO plans are offered by Anthem Blue Cross. All other Small Group Medical, Dental, Vision, Group Term Life and AD&D products are offered by Anthem Blue Cross Life and Health Insurance Company. 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.

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