

## EmployeeElect Customize your choices. Control your costs.

**Our HMO plans include:**  
Access to nearly 315 hospitals and more than 38,000 HMO doctors and specialists throughout the state.  
Chances are, your doctor is one of ours.

### With EmployeeElect, you can:

- Choose from PPO, HMO and consumer-driven health plans
- Customize your package with a wide variety of plan designs
- Offer just one, a combination of a few, or all plans
- Control the cash flow — simply choose the contribution option that works for you, and your employees will pay the rest through payroll deductions:
  - **Fixed dollar contribution** — you pay \$100 or more (in \$5 increments)
  - **Traditional contribution** — you pay 50% or more
  - **Percentage and plan contribution** — you pay 50% or more, tied to a specific plan
- Save even more when you add life and workers' compensation with health
- Surround your employees with our 360° Health®, a valuable health and well-being program provided with every plan at no additional cost
- Rest assured your rates and benefits are guaranteed for at least one year
- Manage your coverage in one seamless online experience with EmployerAccess

### A single solution that works smarter

You know us for our health plans, but did you know that we're also among the leading dental, vision and life organizations in the country?

- Dental** — Anthem<sup>1</sup> is a leader in the dental benefits business, with 40 years of experience. Together with our sister companies, we handle more than 70,000 groups and about 8 million people.
- Vision** — Blue View Vision<sup>SM</sup> membership has grown to more than 3 million people<sup>1</sup> in just a few years — a testament to our plans and service.
- Life** — We are the #1 group life insurance carrier in the under-100 employee market.<sup>2</sup> Anthem Blue Cross Life and Health Insurance Company is rated "A (Excellent)" for financial strength by A.M. Best Company. And we have "best in class life insurance claim payment turnaround time," paying approved life insurance claims 3.2 days faster than other companies, per a recent consultant claim process audit.<sup>3</sup>

When you package Anthem's dental, vision and life benefits with your health plan, you get a comprehensive benefits program that works smarter. Our enhanced dental, vision and life benefits deliver more to improve the health of your business and employees.

### Maximize your savings opportunities

- 1% health savings<sup>4</sup>** — When you purchase \$25,000 or more of life coverage along with health coverage, you may qualify for a 1% savings on your health premiums... making life insurance more affordable than ever.
- Save 10% on workers' compensation** — When you integrate coverage from Employers<sup>®</sup> with any of our health plans, you get an automatic 10% discount on the workers' compensation portion of your bill.

Additional savings programs may be available. Contact your local broker for more information.

Find out more about our dental, vision and life products by visiting [anthem.com/specialty](http://anthem.com/specialty).

- Anthem and affiliated health plans.
- 2010 JHA Life Survey of Inforce Cases.
- Hewitt life claim audit, January 2010.
- Lowest RAF possible is .90. Your savings reflect administrative savings resulting from multi-line purchases.

## Health and wellness tools and programs

Anthem's 360° Health is a collection of programs, interactive support and extras that surround members with the help they need to better manage their health and live healthier lives.

### Programs include:

[24/7 NurseLine](#)  
[MyHealth Advantage](#)  
[MyHealth Assessment](#)  
[Future Moms](#)  
[ConditionCare](#)  
[ComplexCare](#)

For more detail on these wellness tools and programs, please visit [anthem.com/ca](http://anthem.com/ca).

### Anthem also offers a suite of tools and resources for employers.

#### Time Well Spent.

Online wellness education center filled with promotion materials to help you educate employees about healthy lifestyle choices.

#### 360° Health Wellness Calendar.

Each month features a different health topic with links to relevant 360° Health programs and tools, as well as related, respected resources.

### Employer Guide to Wellness.

Develop a wellness plan and put it into action — with step-by-step instructions, including communicating to employees, healthy worksite ideas, evaluating success and more.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits. This summary of benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).

## Summary of HMO Coverage From Anthem Blue Cross

This chart describes benefits in general terms and all comparisons are for in-network providers only. This is not a contract or solicitation of an application; an application for coverage is solicited only by a formal quote.

| HMO PLANS  |   |   |  |  |   |  |   |  |
|--|---|---|--|--|---|--|---|--|
| All plans are also available on the Select Network   |   |   |  |  |   |  |   |  |
| Offered by Anthem Blue Cross   | HMO \$10 100%   | HMO \$25 100%   | Classic \$20 HMO   | Classic \$30 HMO   | Classic \$40 HMO  | Saver \$20 HMO   | Saver \$30 HMO  | Saver \$40 HMO   |
| <b>Maximum Lifetime In-Network Benefits</b>  | 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  | Unlimited lifetime benefits per member   |
| <b>Your Choices</b>  | <ul style="list-style-type: none"> <li>No health deductible</li> <li>Low, predictable office visit copays</li> <li>100% coverage for inpatient hospital services</li> <li>Richest HMO plan design</li> </ul>  |   | <ul style="list-style-type: none"> <li>No health deductible</li> <li>Moderate office visit copays</li> <li>Predictable copays for inpatient admissions</li> <li>Coinsurance for outpatient services</li> </ul> |  |   | <ul style="list-style-type: none"> <li>No health deductible</li> <li>Moderate office visit copays</li> <li>Predictable copays for inpatient admissions and outpatient services</li> </ul>  |   |  |
| <b>Annual Deductible</b>   | None  | None  | None   | None   | None  | None   | None  | None   |
| <b>Annual Out-of-Pocket Maximum<sup>1</sup></b>  | \$1,750 per single member;<br>\$3,500 family aggregate <sup>1</sup>   | \$2,000 per single member;<br>\$4,000 family aggregate <sup>1</sup>                                 | \$2,000 per single member;<br>\$4,000 family aggregate <sup>1</sup>  | \$3,000 per single member;<br>\$6,000 family aggregate <sup>1</sup>  | \$3,500 per member;<br>\$7,000 family aggregate <sup>2</sup>  | \$2,500 per single member;<br>\$5,000 family aggregate <sup>2</sup>  | \$3,500 per single member;<br>\$7,000 family aggregate <sup>2</sup>                                 | \$4,000 per single member;<br>\$8,000 family aggregate <sup>2</sup>  |
| <b>Office Visits</b>   | \$10 copay for primary care physician visits;<br>\$20 copay for specialist and referral care visits   | \$25 copay for primary care physician visits;<br>\$35 copay for specialist and referral care visits | \$20 copay for primary care physician visits;<br>\$30 copay for specialist and referral care visits  | \$30 copay for primary care physician visits;<br>\$40 copay for specialist and referral care visits  | \$40 copay for primary care physician visits;<br>\$50 copay for specialist and referral care visits | \$20 copay for primary care physician visits;<br>\$30 copay for specialist and referral care visits  | \$30 copay for primary care physician visits;<br>\$40 copay for specialist and referral care visits | \$40 copay for primary care physician visits;<br>\$50 copay for specialist and referral care visits  |
| <b>Professional Services</b><br>Including maternity, diagnostic lab and X-rays   | No charge <sup>3</sup><br>(except \$100 copay for advanced imaging services)  |   | No charge <sup>3</sup><br>(except \$100 copay for advanced imaging services obtained in a nonhospital-based facility)  |  |   | No charge <sup>3</sup><br>(except \$100 copay for advanced imaging services)   |   |  |
| <b>Hospital Inpatient and Outpatient Facility Services</b>   | No charge per inpatient admission<br>No outpatient copay per surgical admission   | No charge per inpatient admission<br>No outpatient copay per surgical admission                     | \$250 copay per inpatient admission<br>20% outpatient coinsurance  | \$500 copay per inpatient admission<br>20% outpatient coinsurance  | \$1,000 copay per inpatient admission<br>30% outpatient coinsurance                                 | \$400 inpatient copay per day up to 3 days maximum<br>\$300 outpatient copay per surgical admission  | \$600 inpatient copay per day up to 3 days maximum<br>\$500 outpatient copay per surgical admission | \$1,000 inpatient copay per day up to 3 days maximum<br>\$500 outpatient copay per surgical admission  |
| <b>Prescription Drugs<sup>4</sup></b><br>Amounts shown are for a 30-day retail supply. Mail order service available.   | Tier 1 \$10 copay<br>Tier 2 \$30 copay<br>Tier 3 \$50 copay<br>Tier 4 30% up to maximum of \$150 member copay<br>\$3,500 tier 4 prescription drug annual out-of-pocket maximum per member<br>\$150 annual pharmacy deductible per member (waived for Tier 1 drugs)                                    |   |  | Tier 1 \$10 copay<br>Tier 2 \$30 copay<br>Tier 3 \$50 copay<br>Tier 4 30% up to maximum of \$150 member copay<br>\$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member<br>\$250 annual pharmacy deductible per member (waived for Tier 1 drugs) |   | Tier 1 \$10 copay<br>Tier 2 \$30 copay<br>Tier 3 \$50 copay<br>Tier 4 30% up to maximum of \$150 member copay<br>\$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member<br>\$150 annual pharmacy deductible per member (waived for Tier 1 drugs) |   | Tier 1 \$10 copay<br>Tier 2 \$30 copay<br>Tier 3 \$50 copay<br>Tier 4 30% up to maximum of \$150 member copay<br>\$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member<br>\$250 annual pharmacy deductible per member (waived for Tier 1 drugs) |
| <b>Preventive Care</b><br>For Well-Baby and Well-Child exams (for children through age 18) and annual adult physical exams including adult screenings, such as Pap smear, mammogram, prostate specific antigen, and colorectal cancer screenings | No copay  |   |  |  |   |  |   |  |
| <b>Network Service</b>   | Served by the Anthem Blue Cross HMO (California Care Network and Select HMO Network). Employers that offer HMO coverage must choose plans from either the CaliforniaCare Network or the Select HMO Network (not available in all counties); plans from both networks may not be offered side by side. |   |  |  |   |  |   |  |

### Notes:

- Per family amount is aggregate. I.e., when one or more family member's eligible covered expenses (combined) meet this amount, the requirement is satisfied for all covered family members.
- Maternity services are subject to an office visit copay.
- Expenses that contribute to the annual out-of-pocket maximum vary from plan to plan and have restrictions and limitations. Refer to each plan's *Combined Evidence of Coverage and Disclosure Form* (EOC) or *Certificate* for full details.
- Copays 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 pharmacy deductible.

All of our HMO plans are available on our Select HMO network

Choose the HMO plan that's right for you, and then choose the network that's right for you.

You can access providers and services within either our Full HMO network or our Select HMO network — at a very affordable price.

**Anthem**  
Health. Join In.  
Blue Cross

HEALTH | DENTAL | VISION | LIFE

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With Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company, your employees get the dependable, high-quality benefits they want, while you get the pricing flexibility you need. Sit back and relax ... and let EmployeeElect work for you.

[anthem.com/ca](http://anthem.com/ca)  
[anthem.com/specialty](http://anthem.com/specialty)

All Small Group HMO Health & Dental plans, Premier Copay plans, PPO Copay plans, Lumenos (80/50) plans, and the High Deductible EPO plan are offered by Anthem Blue Cross. All other Small Group Health, 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 Coridian Benefit Services, Inc., an independent company that is not affiliated with Anthem Blue Cross, its affiliates or parent organization.

<sup>®</sup>ANTHEM, LUMENOS and 360° Health are registered trademarks. The Blue Cross name and symbol are registered service marks of the Blue Cross Association.

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.

## EmployeeElect Health Care Plans: You Choose

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

Helping your employees stay healthy all year long

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# Summary of PPO Coverage

From Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company

**Our PPO plans feature:**  
Access to more than 58,000 California PPO network doctors and specialists and more than 315 hospitals – so chances are your employees' doctors are in our network.

|   | PREMIER PPO PLANS   |  |  | PPO COPAY PLANS  |  |  |  |  | PPO GENRX PLANS  |  |  | SOLUTION PPO PLANS  |  |  | LUMENOS® HIA PLUS PLANS   |   |  |  | LUMENOS® HRA PLANS   |  |  | LUMENOS® HSA (80/50) PLANS  |   |  | EPO PLAN  | ELEMENTS HOSPITAL PLANS  |  |  |   |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|---|--|--|---|---|--|--|--|--|--|---|---|--|---|--|--|--|---|--|--|--|--|--|--|--|--|--|
|   | Premier PPO \$10 Copay*   | Premier PPO \$20 Copay*                | Premier PPO \$30 Copay*                | PPO \$20 Copay*  | PPO \$30 Copay*                        | PPO \$40 Copay*                        | PPO 1000/\$25*                         | PPO 1500/\$35*                         | PPO 2000/\$45*   | PPO \$25 Copay GenRx**                 | PPO \$35 Copay GenRx**                 | PPO \$45 Copay GenRx**  | Solution 2500 PPO**                            | Solution 3500 PPO**                    | Solution 5000 PPO**   | Lumenos HIA Plus 500**  | Lumenos HIA Plus 750**   | NEW Lumenos HRA 3000D**  | NEW Lumenos HRA 3000C**  | NEW Lumenos HRA 5000D**                        | NEW Lumenos HRA 5000C**  | Lumenos HSA 1500 (80/50)*   | Lumenos HSA 2500 (80/50)*   | Lumenos HSA 3500 (80/50)*  | High Deductible Exclusive Provider Organization (EPO)*  | Elements Hospital**†   | Elements Hospital Plus**   | Elements Hospital Preferred**  |   |  |  |  |  |  |  |  |  |  |
| <b>Maximum Lifetime In-Network Benefits</b>   | 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  |   |  | Unlimited lifetime benefits per member  | Unlimited lifetime benefits per member   |  |  |   |  |  |  |  |  |  |  |  |  |
| <b>Your Choices</b>   | <ul style="list-style-type: none"> <li>Low health deductible</li> <li>Greater out-of-network reimbursement</li> <li>No pharmacy deductible</li> <li>Richest PPO plan design</li> </ul>                              |  |  | <ul style="list-style-type: none"> <li>Mid-range premiums</li> <li>Moderate deductible and office visits copay</li> <li>Low pharmacy deductible</li> </ul>   |  |  |  |  | <ul style="list-style-type: none"> <li>Mid-range premiums</li> <li>Affordable deductibles and office visit copays</li> <li>Moderate pharmacy deductible</li> </ul>   |  |  | <ul style="list-style-type: none"> <li>Affordable premiums</li> <li>Comprehensive health benefits</li> <li>Generic only drug benefit</li> </ul> |  |  | <ul style="list-style-type: none"> <li>Lower premiums</li> <li>Predictable office visits and prescription drug copays</li> </ul>  |   |  | <ul style="list-style-type: none"> <li>Funds for first dollar coverage</li> <li>Health incentive programs to promote well being</li> </ul> |  |  |  | <ul style="list-style-type: none"> <li>Health Reimbursement Account (HRA) funds for first dollar coverage</li> <li>Health incentive programs to promote well being</li> </ul> |   |  | <ul style="list-style-type: none"> <li>80% health coverage after deductible</li> <li>Predictable prescription copays after the deductible is met</li> <li>HSA-compatible plan design</li> </ul> |  |  | <ul style="list-style-type: none"> <li>In-network PPO benefits only</li> <li>Combined health and pharmacy deductible</li> <li>HSA-compatible plan design</li> </ul>  | <ul style="list-style-type: none"> <li>Hospital catastrophic coverage</li> <li>Limited professional services coverage</li> <li>Generic-only drug benefit (except Preferred plan)</li> </ul> |  |  |  |  |  |  |  |  |  |
| <b>Annual Deductible</b>  | \$250 per member; Two-member maximum  | \$250 per member; Two-member maximum   | \$500 per member; Two-member maximum   | \$250 per member; Two-member maximum   | \$500 per member; Two-member maximum   | \$750 per member; Two-member maximum   | \$1,000 per member; Two-member maximum | \$1,500 per member; Two-member maximum | \$2,000 per member; Two-member maximum   | \$250 per member; Two-member maximum   | \$500 per member; Two-member maximum   | \$750 per member; Two-member maximum  | \$2,500 per member; Two-member maximum         | \$3,500 per member; Two-member maximum | \$5,000 per member; Two-member maximum  | Health Incentive Plan Allocation: <sup>1</sup> \$500 per single member; \$1,000 family aggregate <sup>2</sup>   | Health Incentive Plan Allocation: <sup>1</sup> \$750 per single member; \$1,500 family aggregate <sup>2</sup>  | \$3,000 per single member; \$6,000 family aggregate <sup>1</sup> Health/pharmacy combined deductible                                       |  |  | \$5,000 per single member; \$10,000 family aggregate <sup>1</sup> Health/pharmacy combined deductible  |   | \$1,500 per single member; \$3,000 family aggregate <sup>1</sup> Health/pharmacy combined | \$2,500 per single member; \$5,000 family aggregate <sup>1</sup> Health/pharmacy combined  | \$3,500 per single member; \$7,000 family aggregate <sup>1</sup> Health/pharmacy combined   | \$2,500 per single member; \$5,000 family aggregate <sup>1</sup> Health/pharmacy combined  | \$2,000 per single member; \$4,000 per family <sup>2</sup>   | \$1,500 per single member; \$3,000 per family <sup>2</sup>   | \$1,250 per single member; \$2,500 per family <sup>2</sup>  |  |  |  |  |  |  |  |  |  |
| <b>Annual Out-of-Pocket Maximum<sup>4</sup> Includes deductible</b>   | \$3,000 per member; Two-member maximum  | \$3,500 per member; Two-member maximum | \$4,000 per member; Two-member maximum | \$4,000 per member; Two-member maximum   | \$4,500 per member; Two-member maximum | \$5,000 per member; Two-member maximum | \$5,000 per member; Two-member maximum | \$5,000 per member; Two-member maximum | \$5,000 per member; Two-member maximum   | \$4,000 per member; Two-member maximum | \$4,500 per member; Two-member maximum | \$5,000 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  | \$5,000 per single member; \$10,000 family aggregate <sup>2</sup> Health/pharmacy combined  | \$5,000 per single member; \$10,000 family aggregate <sup>2</sup> Health/pharmacy combined   | \$5,000 per single member; \$10,000 family aggregate <sup>1</sup> Health/pharmacy combined   |  |  | \$7,000 per single member; \$14,000 family aggregate <sup>1</sup> Health/pharmacy combined   |   | \$3,000 per single member; \$6,000 family aggregate <sup>1</sup> Health/pharmacy combined | \$5,000 per single member; \$10,000 family aggregate <sup>1</sup> Health/pharmacy combined   | \$5,000 per single member; \$10,000 family aggregate <sup>1</sup> Health/pharmacy combined  | \$4,000 per single member; \$8,000 family aggregate <sup>1</sup> Health/pharmacy combined  | \$5,000 per single member; \$10,000 per family <sup>2</sup>  | \$5,000 per single member; \$10,000 per family <sup>2</sup>  | \$5,000 per single member; \$10,000 per family <sup>2</sup>   |  |  |  |  |  |  |  |  |  |
| <b>Office Visits</b>  | \$10 copay (not subject to deductible)  | \$20 copay (not subject to deductible) | \$30 copay (not subject to deductible) | \$20 copay (not subject to deductible)   | \$30 copay (not subject to deductible) | \$40 copay (not subject to deductible) | \$25 copay (not subject to deductible) | \$35 copay (not subject to deductible) | \$45 copay (not subject to deductible)   | \$25 copay (not subject to deductible) | \$35 copay (not subject to deductible) | \$45 copay (not subject to deductible)  | \$25 copay (not subject to deductible)         | \$35 copay (not subject to deductible) | \$40 copay (not subject to deductible)  | 40% after HIA and deductible  | 25% after HIA and deductible   | 20% after deductible   | \$20 copay (not subject to deductible)   | 20% after deductible                           | \$30 copay (not subject to deductible)   | 20% after deductible  |   |  | 20% after deductible  | Not covered  | 50% (not subject to deductible)  | 50% (not subject to deductible)  |   |  |  |  |  |  |  |  |  |  |
| <b>Professional Services</b> Including maternity, diagnostic lab and X-rays   | 10% after deductible  | 20% after deductible                   | 30% after deductible                   | 20% after deductible   | 30% after deductible                   | 40% after deductible                   | 30% after deductible                   | 40% after deductible                   | 40% after deductible   | 25% after deductible                   | 35% after deductible                   | 45% after deductible  | 25% after deductible                           | 35% after deductible                   | 40% after deductible  | 40% after HIA and deductible  | 25% after HIA and deductible   | 20% after deductible   | 20% after deductible   | 20% after deductible                           | 20% after deductible   | 20% after deductible  |   |  | 20% after deductible  | Not covered  | 50% after deductible   | 50% after deductible   |   |  |  |  |  |  |  |  |  |  |
| <b>Hospital Inpatient</b>   | 10% after deductible  | 20% after deductible                   | 30% after deductible                   | 20% after deductible   | 30% after deductible                   | 40% after deductible                   | 30% after deductible                   | 40% after deductible                   | 40% after deductible   | 25% after deductible                   | 35% after deductible                   | 45% after deductible  | 25% after deductible                           | 35% after deductible                   | 40% after deductible  | 40% after HIA and deductible  | 25% after HIA and deductible   | 20% after deductible   | 20% after deductible   | 20% after deductible                           | 20% after deductible   | 20% after deductible  |   |  | 20% after deductible  | 30% after deductible   | 30% after deductible   | 20% after deductible   |   |  |  |  |  |  |  |  |  |  |
| <b>Prescription Drugs</b> Amounts shown are for a 30-day retail supply. Mail order service is available.  | Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% up to maximum of \$150 member copay<br>\$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member |  |  | Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% up to maximum of \$150 member copay<br>\$3,500 Tier 4 prescription drug annual out-of-pocket maximum per member<br>\$150 annual pharmacy deductible per member (waived for Tier 1 drugs) |  |  |  |  | Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% up to maximum of \$150 member copay<br>\$3,500 tier 4 prescription drug annual out-of-pocket maximum per member<br>\$250 annual pharmacy deductible per member (waived for Tier 1 drugs) |  |  | Generic self-injectables 30% up to maximum of \$150 member copay (GenRx Prescription Drug/Formulary only)                                       |  |  | Tier 1 \$10 copay<br>Tier 2 \$35 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% per prescription up to maximum of \$150 member copay<br>\$3,500 tier 4 prescription drug annual out-of-pocket maximum per member<br>\$250 annual pharmacy deductible per member (waived for Tier 1 drugs) | Tier 1 \$10 copay<br>Tier 2 \$35 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% per prescription up to maximum of \$150 member copay<br>\$3,500 tier 4 prescription drug annual out-of-pocket maximum per member<br>\$250 annual pharmacy deductible per member (waived for Tier 1 drugs) | After HIA and deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount |  | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount |  | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount |   |   | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount                            | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount                        | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount | After deductible:<br>Tier 1 \$10 copay<br>Tier 2 \$30 copay <sup>1</sup><br>Tier 3 \$50 copay <sup>1</sup><br>Tier 4 30% of prescription drug maximum allowed amount |
| <b>Preventive Care</b> For Well-Baby and Well-Child exams (for children through age 18) and adult screenings, such as Pap smear, mammogram, prostate specific antigen, and colorectal cancer screenings | No copay (not subject to deductible)  | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)  | No copay (not subject to deductible)           | No copay (not subject to deductible)   | No copay (not subject to deductible)  | 0% (not subject to deductible)  | 0% (not subject to deductible)   | 0% (not subject to deductible)   | 0% (not subject to deductible)   | 0% (not subject to deductible)                 | 0% (not subject to deductible)   |   |   | 0% (not subject to deductible)   | No copay (not subject to deductible)  | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   |   |  |  |  |  |  |  |  |  |  |
| <b>HealthyCheck™ Screenings</b> Ages 7 to adult including lab work and immunizations; must be done at a HealthyCheck Center   | No copay (not subject to deductible)  | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)  | Not applicable (covered under preventive care) |  |   | Not applicable (covered under preventive care)  |  |  |  | Not applicable (covered under preventive care) |  |   | Not applicable (covered under preventive care)  |  |   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)  |  |  |  |  |  |  |  |  |  |
| <b>Annual Physical Exam</b> Ages 7 to adult   | No copay (not subject to deductible)  | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)  | No copay (not subject to deductible)           | No copay (not subject to deductible)   | No copay (not subject to deductible)  | 0% (not subject to deductible)  | 0% (not subject to deductible)   | 0% (not subject to deductible)   | 0% (not subject to deductible)   | 0% (not subject to deductible)                 | 0% (not subject to deductible)   |   |   | 0% (not subject to deductible)   |   |  | No copay (not subject to deductible)   | No copay (not subject to deductible)   | No copay (not subject to deductible)  | No copay (not subject to deductible)   |  |  |  |  |  |  |  |  |

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 maximum allowed amount rates as payment in full for covered services. Benefits listed are based on the maximum allowed amount rate for in-network providers (out-of-network providers can charge more than the maximum allowed amount rate). When members use an out-of-network provider, they must pay the applicable copay or coinsurance, plus any charges that exceed that allowable amount.

- Notes:**
- Per family amount is aggregate, i.e., when one or more family member's eligible covered expenses (combined) meet this amount, the requirement is satisfied for all covered family members.
  - Family deductible or out-of-pocket is met for entire family when two or more family member's eligible covered expenses (combined) meet this amount except one member cannot meet more than the individual amount.
  - Anthem 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.
  - Expenses that contribute to the annual out-of-pocket maximum vary from plan to plan and have restrictions and limitations. Refer to each plan's Combined Evidence of Coverage and Disclosure Form (EDC) or Certificate for full details.
  - Copays 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 pharmacy deductible.
  - Members may select a brand-name drug when a generic drug is available if the physician writes, "dispense as written" or "do not substitute" prescription.
  - The Elements Hospital plan is basic hospital and has limited professional benefits. Some covered services are limited.