Summary of Features

Small Group EmployeeElect Basic PPO Plan

Helping you stay healthy all year long

MCASB2181CEN Rev. (7/09)

Solid protection, affordable prices

Basic PPO: One of our most affordable PPO plans offers peace of mind with valuable hospital coverage

It's all about you.

- You get up to $5,000,000 in covered benefits over your lifetime.
- You choose from over 53,000 doctors and specialists, and from over 400 hospitals.
- You save money because we've negotiated lower rates with our in-network doctors.
- You benefit from a HealthyCheck℠ preventive screening each year.
- You get emergency care covered while traveling across the U.S. and throughout the world, 24/7.

Anthem 360° Health®: Optimize Your Health

360° Health offers you valuable tools, resources and support to help you to live healthier, starting today. And it's all available through one centralized resource. Whether you are healthy and want to stay that way or you need help managing a chronic condition, 360° Health is here to help you reach your personal health goals.

Access Tools and Resources

At **anthem.com/ca**, 360° Health brings together:

- Online resources (like helpful decision-making tools and valuable health information).
- Interactive health programs.
- Personal guidance.
- Discounts on health-related products.
- *MyHealth@Anthem*, your personal online resource for member health and wellness information. Our trusted site has interactive tools that help you check your health status and learn what you can do to improve it.

Get Guidance

Sometimes you need expert information and support from a trusted source. We provide programs to address your concerns and give you the assistance you need in reaching your health goals.

Manage a Condition

Our ConditionCare programs can help you better manage chronic conditions including asthma, diabetes, heart failure, coronary artery disease and chronic obstructive pulmonary disease. Visit anthem.com/ca today to learn more about how 360° Health can help you live better today and in the future.

We're dedicated to improving your health.

With Anthem, you'll have peace of mind knowing that you're covered by one of the most trusted names in health care coverage, and that you're getting more value in so many ways. We still have the same commitment to you that we've had to all Californians over the last 70 years — to deliver high-quality, affordable health coverage and help you be as healthy as you can be. As the health care plan more Californians depend on, we look forward to serving your health care needs.

Have a question? Just call Small Group Customer Service at 800-627-8797 and we'll be happy to help.

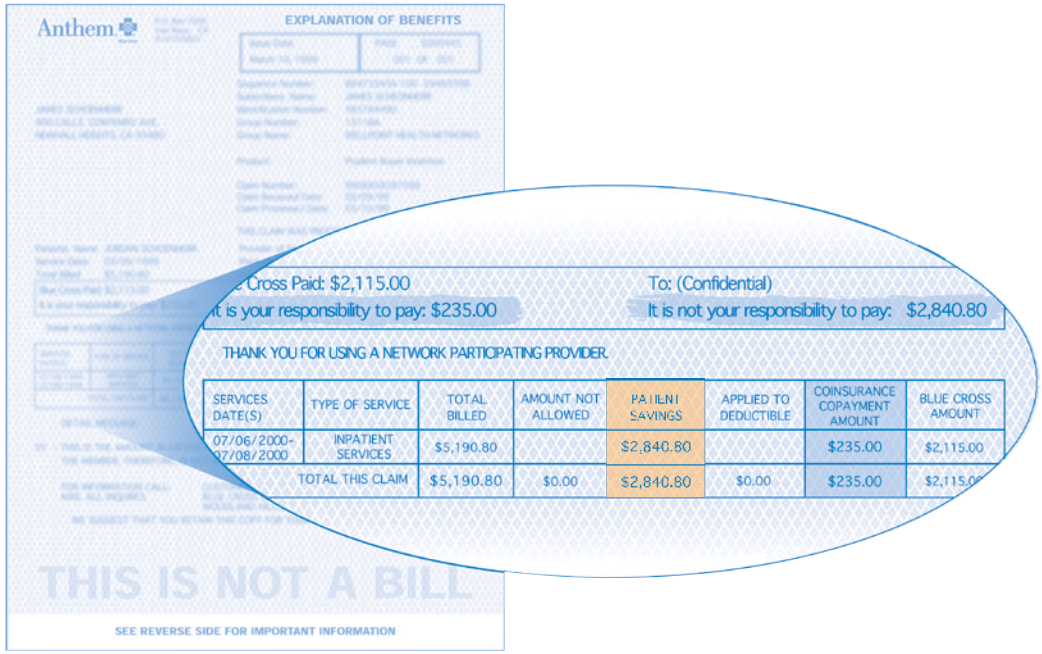
Coverage you can trust. Low premiums and peace of mind with valuable hospital coverage. That's what makes our Basic PPO Plan Affordable Protection.

You're free to go to health care providers outside of the Anthem Blue Cross network, but you'll save a substantial amount by choosing from our 53,000 doctors and 400 hospitals. Staying in the Anthem Blue Cross network will help you get maximum value from your health care benefits — and from your health care dollar.

Powerful savings from Anthem

With Anthem health coverage, you save in three significant ways:

1. Our in-network doctors and hospitals charge you lower, Anthem Blue Cross-negotiated fees.
2. The BlueCard® program gives you access to in-network providers at discounted rates all across the country.
3. You pay only a portion of the fees for your eligible covered expenses (see example below) and we pay the rest, after your deductible.


Anthem

EXPLANATION OF BENEFITS

Cross Paid: $2,115.00

t is your responsibility to pay: $235.00

To: (Confidential)

It is not your responsibility to pay: $2,840.80

THANK YOU FOR USING A NETWORK PARTICIPATING PROVIDER.

SERVICES DATE(S)	TYPE OF SERVICE	TOTAL BILLED	AMOUNT NOT ALLOWED	PATIENT SAVINGS	APPLIED TO DEDUCTIBLE	COINSURANCE COPAYMENT AMOUNT	BLUE CROSS AMOUNT
07/06/2000-07/08/2000	INPATIENT SERVICES	$5,190.80		$2,840.80		$235.00	$2,115.00
	TOTAL THIS CLAIM	$5,190.80	$0.00	$2,840.80	$0.00	$235.00	$2,115.00

THIS IS NOT A BILL

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

This is an example only. Your savings may vary based on your plan and services received.

Small Group Basic PPO Plan

All amounts listed are the member's responsibility to pay after deductible(s), unless otherwise noted.
In-network negotiated fees can result in 30 to 40% savings compared to providers' usual fees.

CORE FEATURES	IN NETWORK Receive Negotiated Savings	OUT OF NETWORK Pay Higher Costs
Annual Deductible In network and out of network combined	**$1,250** per member, two-member maximum	
Maximum Lifetime Covered Charges Paid by Anthem Blue Cross In network and out of network combined	$5,000,000	
Annual Out-of-Pocket Maximum[1] In network and out of network combined Certain payments do not apply	**$2,000** plus annual deductible per member, two-member maximum	
Office Visits	Not covered	Not covered
Hospital Inpatient Facility Services Pre-service Review required	**20%** of negotiated fee after annual deductible	All charges in excess of $650 per day after annual deductible
Hospital Inpatient Professional Services (lab, physician, anesthesia)	**20%** of negotiated fee after annual deductible	**50%** of negotiated fee, plus **100%** of excess charges after annual deductible
Outpatient Facility Services Limited to surgery, medical emergency, radiation therapy, hemodialysis treatment and infusion therapy Pre-service Review required for certain surgical services and diagnostic procedures	**20%** of negotiated fee after annual deductible	All charges in excess of $380 per day after annual deductible
Outpatient Professional Services Related to covered hospital charges *Limited professional services covered*	**20%** of negotiated fee after annual deductible	**50%** of negotiated fee, plus **100%** of excess charges after annual deductible
Ambulatory Surgical Centers Pre-service Review required	**20%** of negotiated fee after annual deductible	All charges in excess of $380 per day after annual deductible
Prescription Drugs[2] 30-day supply retail; up to a 60-day supply available through mail order (amounts shown apply to each 30-day supply) Maximum Anthem Blue Cross payment of $500 per member, in network and out of network combined Continued access to Anthem Blue Cross pharmacy discounts after maximum is reached	***Not subject to annual deductible*** Generic: **$10** copay Brand-name Drugs: If generic not available: **$25** copay If generic is available: **$10** copay, **plus** the difference in cost between brand-name drug and generic-equivalent Self-injectable (except insulin): **30%** of negotiated fee	***Not subject to annual deductible*** **50%** of drug limited fee schedule plus **100%** of excess charges if filled within California
HealthyCheck℠ Screenings, Ages 7 - Adult Includes certain lab tests, immunizations and health education information	***Not subject to annual deductible*** **$25** or **$75** copay health screening options	Not available

1 Amounts that do not apply to the annual out-of pocket maximum include, but are not limited to: annual deductible; copay paid under the pharmacy benefit; copay for not obtaining pre-service review; non-covered services; charges exceeding Anthem Blue Cross' payment amount; charges that exceed annual or lifetime maximums.
2 If a member selects a brand-name drug when a generic-equivalent drug is available, even if the physician writes a "dispense as written" or "do not substitute" prescription, the member will be responsible for a generic copay plus the difference in cost between the brand-name drug and the generic-equivalent drug.

This is an overview of coverage. A comprehensive description of coverage, benefits and limitations is contained in the Certificate. Review the Exclusions and Limitations prior to applying for coverage.

ADDITIONAL FEATURES	IN NETWORK Receive Negotiated Savings	OUT OF NETWORK Pay Higher Costs
Well-Baby Immunizations and Adult Screening Tests **Children through age 6** Regular check-up and immunizations **Ages 7 - Adult** Includes annual Pap, breast exam and mammogram for women, and Prostate Specific Antigen study for men	**20%** of negotiated fee after annual deductible	**50%** of negotiated fee, plus **100%** of excess charges after annual deductible
Emergency Care **$100** Emergency Room copay for each visit - waived if admitted	**20%** of negotiated fee after annual deductible	**20%** of customary and reasonable charges, plus **100%** of excess charges for first 48 hours after annual deductible; after 48 hours, all charges in excess of $650 per day after annual deductible
Ambulance $750 per trip maximum Anthem Blue Cross payment	**20%** of negotiated fee, plus **100%** in excess of $750 per trip maximum up to the negotiated amount, after annual deductible	**50%** of customary and reasonable charges plus **100%** of excess charges after annual deductible
Skilled Nursing Facility 100 days per year, in network and out of network combined Pre-service Review required	**20%** of negotiated fee, plus **100%** in excess of $540 per day maximum up to the negotiated amount, after annual deductible ($540 per day maximum Anthem Blue Cross payment)	All charges in excess of $380 per day after annual deductible
Home Health Care 100 four-hour visits per year, $137.50 per visit maximum Anthem Blue Cross payment, in network and out of network combined Pre-service Review required	**20%** of negotiated fee, plus **100%** of charges in excess of $137.50 per visit maximum up to the negotiated amount, after annual deductible	**50%** of customary and reasonable charges plus **100%** of charges in excess of $137.50 per visit maximum after annual deductible
Physical/Occupational Therapy, Chiropractic Care	Not covered	Not covered
Acupuncture/Acupressure 24 visits per year, in network and out of network combined	All of the negotiated fee in excess of $25 per visit after annual deductible	All charges in excess of $25 per visit after annual deductible
Mental Health/Inpatient* Includes chemical dependency; 30 days per year, in network and out of network combined Pre-service Review required	All of the negotiated fee in excess of $175 per day after annual deductible	All charges in excess of $175 per day after annual deductible
Mental Health/Outpatient Professional Services*	Not covered	Not covered
Infusion Therapy Includes chemotherapy Pre-service Review required	**20%** of negotiated fee after annual deductible	**50%** of negotiated fee, plus **100%** of charges in excess of $50 per day for all infusion therapy expenses except drugs; all charges in excess of the average wholesale price for all infusion therapy drugs; all charges in excess of the combined maximum of $500 Anthem Blue Cross payment per day; after annual deductible
Infertility Services Maximum lifetime Anthem Blue Cross payment $2,000, in network and out of network combined	**20%** of negotiated fee after annual deductible	Inpatient facility services: Member pays all charges in excess of $650 per day after annual deductible Outpatient facility services: Member pays all charges in excess of $380 per day after annual deductible Professional services related to covered hospital charges: **50%** of negotiated fee, plus **100%** of excess charges after annual deductible

** Except for coverage of severe mental illness and serious emotional disturbances of a child.*

Exclusions and Limitations

Following is an abbreviated list of exclusions and limitations; please see the Certificate for comprehensive details.

- Any amounts in excess of maximums stated in the 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 Certificate
- Services from relatives
- Vision care except as specifically stated in the Certificate
- Eye surgery performed solely for the purpose of correcting refractive defects
- Hearing aids and routine hearing tests except as specifically stated in the Certificate
- Sex changes
- Dental and orthodontic services except as specifically stated in the Certificate
- Cosmetic surgery
- Routine physical examinations except as specifically stated in the Certificate
- Treatment of mental or nervous disorders and substance abuse (including nicotine use) or psychological testing, except as specifically stated in the 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
- 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
- Food or dietary supplements, except for formulas and special food products to prevent complications of phenylketonuria (PKU)
- 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 for travel outside the United States
- Services or supplies related to a pre-existing condition
- Educational services except as specifically provided or arranged by Anthem Blue Cross
- Infertility services (including sterilization reversal) except as specifically stated in the Certificate
- Care or treatment provided in a non-contracting hospital
- Private duty nursing except as specifically stated in the 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
- Contraceptive devices unless your physician determines that oral contraceptive drugs are not medically appropriate
- 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) Pre-service 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 Pre-service 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 must be resolved in accordance with Anthem Blue Cross Life and Health Insurance Company's grievance procedure. You can report your grievance by phone or in writing; see your Anthem Blue Cross Life and Health Insurance Company ID card for the appropriate contact information. All grievances received by 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 Life and Health Insurance Company will be acknowledged in writing, together with a description of how 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 Anthem Blue Cross Life and Health Insurance Company's 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 Life and Health Insurance Company response letter.

For the purposes of ERISA, there is one level of appeal. For urgent care requests for benefits, Anthem Blue Cross Life and Health Insurance Company 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, Anthem Blue Cross Life and Health Insurance Company will respond within 60 calendar days from the date the appeal is received.

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

Department of Insurance

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 first to resolve the issue. If contacts between you (the complainant) and Anthem Blue Cross (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 CDI 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 (4357) 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 Certificate.

Medicare

Under TEFRA/DEFRA, Medicare is the primary coverage for groups of less 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 you are 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 and 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.

In our efforts to better serve you, Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company now offer a Language Assistance Program to our members. Our language assistance program provides free oral interpretations in many languages, and free written translation assistance is available in Spanish, Chinese, Tagalog, Korean and Vietnamese for this and other health-related documents. If you need written translation assistance for health-related documents, call Customer Service toll free at 800-627-8797, and a language representative will assist you.

This information will not be used in determining eligibility or insurability.

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-723-0515. For more help, call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-866-723-0515. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打1-866-723-0515 與我們聯絡。欲取得其他協助，請致電1-800-927-4357 與加州保險部聯絡。Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-866-723-0515 Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin. Maaari mong ipabasa sa iyo ang mga dokumento at maaari mong hingin na ipadala ang ilang mga dokumento sa iyo sa Tagalog. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-723-0515. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357. Tagalog

무료 통역 서비스. 귀하는 통역 서비스를 받으실 수 있습니다. 한국어로 서류를 낭독해주는 서비스 받으실 수 있으며 한국어로 번역된 서류를 받아보실 수도 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-723-0515번으로 문의해 주십시오. 보다 자세한 문의 사항은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Անվճար Լեզվական Ծառայություններ: Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-723-0515 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-723-0515. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-866-723-0515までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357 までご連絡ください。Japanese

خدمات مجانی مربوط به زبان. میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و یا این شماره 1-866-723-0515 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-627-8797 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੋਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នក ជាភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទ មកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-866-723-0515 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងការងារជាតិរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

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Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-723-0515. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357. Hmong

If you have any questions regarding our language assistance program or need more information, contact **800-627-8797** or visit anthem.com/ca.

We hope this program will assist you in providing the language services you need.

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