

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

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

Consider them gone.

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

Say “goodbye” to roadblocks and “hello” to simplicity and savings.

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

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



BeneFits



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

anthem.com/ca
anthem.com/specialty

Anthem Blue Cross offers the Select \$25 HMO plan and the Lumenos 2500 (80/50) plan. Anthem Blue Cross Life and Health Insurance Company offers: the three Hospital BeneFits plans and the PPO \$35 Copay GenRx plan; and Term Life and AD&D products. Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensees of the Blue Cross Association.

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

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

BeneFits Health Care Plans: You Choose

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

Helping your employees stay healthy all year long

BeneFits

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

	Hospital BeneFits**	Hospital BeneFits Plus**	Hospital BeneFits Preferred**	PPO \$35 Copay GenRx**	Lumenos® HSA 2500 (80/50)*	Select \$25 HMO*
	*Offered by Anthem Blue Cross **Offered by Anthem Blue Cross Life and Health Insurance Company					
Maximum Lifetime Benefits	Unlimited lifetime benefits per member					Unlimited
Your Choices	Our most affordable Benefits PPO plan offers hospital-only coverage with a reasonable deductible and access to generic-only prescription drugs and budget-friendly prices	This affordable PPO plan provides hospital-only coverage, a lower deductible, enhanced benefits (including doctor visits), and access to generic-only prescription drugs	This affordable PPO plan features hospital-only benefits, access to generic-only prescription drugs, benefits (at an even lower deductible), plus basic dental and vision	Innovative generic-only drug benefit design keeps premiums low and benefits high	This HSA-compatible health plan offers 100% coverage for preventive care and is compatible with a tax-advantaged HSA	A comprehensive HMO plan available in over 23 California counties with predictable costs and unlimited lifetime coverage
Annual Deductible First you pay for eligible covered charges up to this amount, and then plan benefits begin	\$2,000 per member; \$4,000 per family ¹	\$1,500 per member; \$3,000 per family ¹	\$1,250 per member; \$2,500 per family ¹	\$500 per member; once 2 family members meet their deductible, the deductible is met for the family	\$2,500 per member; \$5,000 per family aggregate ¹ health/pharmacy combined	\$500 per member; Applies to non-emergency facility charges for inpatient/outpatient hospitals, ambulatory surgical centers and dialysis centers
Hospital Inpatient	30% after deductible	30% after deductible	30% after deductible	35% after deductible	20% after deductible	10% after deductible
Outpatient Facility Services	30% after deductible	30% after deductible	30% after deductible	35% after deductible	20% after deductible	20% after deductible
Annual Out-of-Pocket Maximum² The most a member pays in a year for qualified covered services before plan pays 100% for most in-network services. Certain member payments do not apply.	\$5,000 per member \$10,000 per family ¹	\$5,000 per member \$10,000 per family ¹	\$5,000 per member \$10,000 per family ¹	\$4,500 per member; once 2 family members meet their maximum, the maximum is met for the family	\$5,000 per member; \$10,000 per family aggregate ¹ health/pharmacy combined	\$2,250 per member; \$4,500 per family aggregate ¹
Prescription Drugs The in-network amount shown is the copay for a 30-day retail supply.	\$15 copay 30% generic self-injectables (except insulin; up to \$150 per fill) (GenRX Prescription Drug Formulary only)	\$15 copay 30% generic self-injectables (except insulin; up to \$150 per fill) (GenRX Prescription Drug Formulary only)	\$15 copay 30% generic self-injectables (except insulin; up to \$150 per fill) (GenRX Prescription Drug Formulary only)	\$10 copay 30% generic self-injectables (except insulin; up to \$150 per fill) (GenRX Prescription Drug Formulary only)	After combined health/pharmacy deductible: Tier 1 \$10 Tier 2 \$30 ³ Tier 3 \$50 ³ Tier 4 30% of prescription drug maximum allowed amount	\$10 generic After \$150 brand-name drug deductible: \$25 brand formulary ³ \$40 brand nonformulary ³ 30% self-injectables (except insulin up to \$100 per fill)
Doctor Office Visits	No benefits for routine doctor office visits	50% (not subject to deductible)	50% (not subject to deductible)	\$35 copay (not subject to deductible)	20% after deductible	\$25 copay for primary care physician visits \$35 copay for specialist or referral care visits (includes office visits for maternity) not subject to deductible
Other Professional Services	30% after deductible related to covered hospital charges only	30% after deductible related to covered hospital charges only	30% after deductible related to covered hospital charges only	35% after deductible (includes maternity, diagnostic lab and X-rays)	20% after deductible	No charge, except \$100 copay for complex radiology services (MRI/CT/CAT/PET/nuclear cardiac) not subject to deductible
Preventive Care⁴	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)
HealthyCheck™ Screenings 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)	Covered under preventive care benefits	Covered under preventive care benefits
Annual Physical Exam 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)	0% (not subject to deductible)	No copay (not subject to deductible)
Emergency Room You are also responsible for your \$150 copay, which is waived if you're admitted	30% after deductible	30% after deductible	30% after deductible	35% after deductible	20% after deductible (not subject to \$150 copay)	\$150 copay (not subject to deductible)
Dental Coverage	Standalone coverage is available	Standalone coverage is available	2 free cleanings and up to \$500 benefit [†] after \$25 deductible	Standalone coverage is available	Standalone coverage is available	Standalone coverage is available
Vision Coverage	Standalone coverage is available	Standalone coverage is available	Eye exam every 12 months	Standalone coverage is available	Standalone coverage is available	Standalone coverage is available

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.

24/7 NurseLineSM

MyHealth Advantage

MyHealth Assessment

Future Moms

ConditionCare

ComplexCare

For more detail on available wellness tools and programs please visit 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).

† Dental and Vision benefit amounts cover Anthem Blue Cross payments for eligible expenses only as outlined in the *Certificate*.

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

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

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

4 Includes Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.