



PREMIER PPO PLANS

Small Group EmployeeElect Premier PPO \$20 Copay

Helping you stay healthy all year long

Robust benefits plus comprehensive brand-name drug coverage

Premier PPO \$20 Copay: a high-end plan offering rich benefits, including comprehensive brand-name drug 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 choose either an annual physical exam or a HealthyCheckSM preventive screening each year; deductible waived
- You get emergency care covered while traveling across the U.S. and throughout the world, 24/7

Great Ways to Save!

Anthem Blue Cross is working hard to help you 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. Your medications are delivered right to your door, and with our lower mail-order pharmacy benefits, you can save as much as \$80 or more per year on prescription costs! And now, your plan offers generic medications at a \$10 copay, saving you even more.

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](https://www.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](https://www.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 Blue Cross, 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? We're here to help. Just call Small Group Customer Service at 800-627-8797.

Coverage you can trust. One of our most comprehensive PPO plans, featuring robust benefits and liberal brand-name prescription drug coverage makes our Premier PPO \$20 Copay one of our Superior Designs.

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 Blue Cross

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

1. Our in-network doctors and hospitals charge you lower, Anthem Blue Cross-negotiated fees
2. Our 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

EXPLANATION OF BENEFITS

Member Name: JAMES STEWART
 Service Dates: 07/06/2000 - 07/08/2000
 Total Billed: \$5,190.80
 Amount Not Allowed: \$0.00
 Patient Savings: \$2,840.80
 Applied to Deductible: \$0.00
 Coinsurance Copayment Amount: \$235.00
 Blue Cross Amount: \$2,115.00

| 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 | \$0.00 | \$2,840.80 | \$0.00 | \$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 Premier PPO \$20 Copay 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 percent 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, annual deductible applies toward annual out-of-pocket maximum | \$250 per member for all medical services except office visits, annual physical exam, HealthyCheck screenings and prescription drugs; 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 Maximum¹ In network and out of network maximums accumulate separately | \$3,000 per member, two-member maximum | \$6,000 per member, two-member maximum |
| Office Visits Not subject to annual deductible | \$20 copay | 40% of customary and reasonable charges plus 100% of excess charges |
| Other Professional Services Includes maternity, diagnostic lab and X-rays | 20% of negotiated fee after annual deductible | 40% of customary and reasonable charges plus 100% of excess charges after annual deductible |
| Hospital Inpatient Facility Services Pre-service review required | 20% of negotiated fee after annual deductible | 40% of customary and reasonable charges plus 100% of excess charges after annual deductible |
| Hospital Inpatient Professional Services (lab, physician, anesthesia) | 20% of negotiated fee after annual deductible | 40% of customary and reasonable charges plus 100% of excess charges after annual deductible |
| Outpatient Facility Services Pre-service review required for certain surgical services and diagnostic procedures | 20% of negotiated fee after annual deductible | 40% of customary and reasonable charges 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 \$540 per day after annual deductible |
| Prescription Drugs² Amounts shown are for a 30-day retail supply; mail-order service available | Generic: \$10 copay Brand: ³ \$25 copay for formulary; \$40 copay for non-formulary Self-injectable (except insulin): 30% of negotiated fee up to \$100 per fill | 40% of drug limited fee schedule plus 100% of excess charges if filled within California |
| Annual Preventive Care Options (not subject to deductible): Each family member, ages 7 - adult, may choose annually between physical exam or HealthyCheck screening. | | |
| Physical Exam Maximum Anthem Blue Cross payment \$500 for members covered more than six months/\$250 if less; in network and out of network combined | \$20 copay for office visit plus 20% of negotiated fee for all other covered services | 40% of customary and reasonable charges plus 100% of excess charges |
| HealthyCheckSM Screening Includes certain lab tests, immunizations and health education information | \$25 or \$75 copay screening options | Not available |

¹ Services that do not apply to the annual out-of-pocket maximum include, deductible and but are not limited to: copay paid under the pharmacy benefit; copay paid for acupuncture/ acupressure; copay for mental or nervous disorders and substance abuse (except for treatment of severe mental illness and serious emotional disturbances of a child), copay for not obtaining pre-service review; HealthyCheck payments; \$500 copay for infertility services; noncovered services.

² Infertility drug lifetime maximum Anthem Blue Cross payment is \$1,500 in network and out of network combined. Classified specialty drugs must be obtained through the Specialty Pharmacy Program and are subject to the terms of the program.

³ Copays listed apply when generic equivalent is not available. If member selects a brand-name drug when a generic-equivalent drug is available, and the physician does not write 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.

This is an overview of coverage. A comprehensive description of coverage, benefits and limitations is contained in the Combined Evidence of Coverage and Disclosure Form. 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 Tests¹ Children through age 6 Regular check-ups and immunizations Ages 7-Adult Includes annual Pap, breast exam and mammogram for women, Prostate Specific Antigen study for men, and colorectal cancer screenings | \$20 office visit copay (not subject to deductible) plus 20% of negotiated fee for all other covered services after annual deductible | 40% of customary and reasonable charges 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 after annual deductible |
| Ambulance | 20% of negotiated fee after annual deductible | 40% 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 after annual deductible | All charges in excess of \$150 per day after annual deductible |
| Home Health Care 100 four-hour visits per year, in network and out of network combined; Pre-service Review required | 20% of negotiated fee after annual deductible | All charges in excess of \$75 per visit after annual deductible |
| Physical/Occupational Therapy, Chiropractic Care 24 visits per year, in network and out of network combined | 20% of negotiated fee after annual deductible | All charges in excess of \$25 per visit after annual deductible |
| Acupuncture/Acupressure 24 visits per year, in network and out of network combined | 20% of negotiated fee after annual deductible | All charges in excess of \$30 per visit after annual deductible |
| Mental Health/Inpatient² Includes chemical dependency; 30 days per year, in network and out of network combined; Pre-service review required | All of 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 Services² Includes chemical dependency One visit per day, 20 visits per year, in network and out of network combined; Pre-service review required after the 12th visit | All of negotiated fee in excess of \$25 per visit after annual deductible | All charges in excess of \$25 per visit after annual deductible |
| Infusion Therapy³ Includes chemotherapy Pre-service review required | 20% of negotiated fee after annual deductible | All 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 Anthem Blue Cross payment of \$500 per day after annual deductible |
| Infertility Services³ Maximum lifetime Anthem Blue Cross payment \$2,000, in network and out of network combined | \$500 copay plus 20% of the balance of negotiated fee after annual deductible | \$500 copay plus 40% of the balance of customary and reasonable charges plus 100% of excess charges after annual deductible |

¹ Age and frequency limitations apply.

² Does not apply to coverage of severe mental illness and serious emotional disturbances of a child, except pre-service review.

³ Classified specialty drugs must be obtained through the Specialty Pharmacy Program and are subject to the terms of the program. Limited to a 30-day supply.

Exclusions and Limitations

Following is an abbreviated list of exclusions and limitations; please see the Combined Evidence of Coverage and Disclosure Form for comprehensive details.

- Any amounts in excess of maximums stated in the Combined Evidence of Coverage and Disclosure Form
- 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
- Services from relatives
- Vision care except as specifically stated in the Combined Evidence of Coverage and Disclosure Form
- 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
- Sex changes
- Dental and orthodontic services except as specifically stated in the Combined Evidence of Coverage and Disclosure Form
- Cosmetic surgery
- Routine physical examinations except as specifically stated in the Combined Evidence of Coverage and Disclosure Form
- 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
- Custodial care
- Experimental or investigational services
- Commercial weight loss programs
- Medical supplies and equipment/durable medical equipment, except as specifically stated in the *Combined Evidence of Coverage and Disclosure Form*
- Specialty drugs, except as specifically stated in the *Combined Evidence of Coverage and Disclosure Form*
- 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 as specifically stated in the Combined Evidence of Coverage and Disclosure Form or as required by law
- Genetic testing for nonmedical 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
- 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
- Care or treatment provided in a noncontracting hospital
- Private duty nursing except as specifically stated in the Combined Evidence of Coverage and Disclosure Form
- 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

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' 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 that cannot be resolved by phone (when appropriate) to the mutual

satisfaction of the member and Anthem Blue Cross will be acknowledged in writing, together with a description of how Anthem Blue Cross 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' 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, Anthem Blue Cross 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 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.

Department of Managed Health Care

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 Internet website, hmohelp.ca.gov, has complaint forms, IMR application forms and instructions online.

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 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 nonduplication 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 nonduplicate 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.

Specialty Pharmacy Program

Specialty medications are usually dispensed as an injectable drug, but may be available in other forms, such as a pill or inhalant. They are used to treat complex conditions. Prescriptions for a specialty pharmacy drug are covered only when ordered through the specialty pharmacy program, unless you are given an exception from the specialty drug program (see your EOC for details). The specialty pharmacy program will deliver your medication to you by mail or common carrier (you cannot pick up your medication).

You may have to pay the full cost of a specialty pharmacy drug, if it is not obtained from the specialty pharmacy program.

Specialty drugs are limited to a 30-day supply for each fill.

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.

Language Assistance Services

English

Can you read the attached document? If not, we can have somebody help you read it. You may also be able to get this written in your language. For free help, please call right away at 800-627-8797.

Spanish

Puede usted leer este documento anexo? Si no, podemos asignarle alguien que le ayude. También puede recibir esto escrito en su idioma. Para obtener ayuda gratuita, llame ahora mismo al 800-627-8797.

Chinese (Traditional)

您能讀懂所附文件嗎?如果無法閱讀，我們將為您提供專員協助服務。我們也能將此信翻譯成您所使用的語言。欲洽詢免費服務，請立即致電 800-627-8797。

Korean

첨부 서류를 읽으실 수 있습니까? 만일 어려움이 있다면 이 서신을 잘 읽을 수 있도록 도움을 드릴 수 있습니다. 또한 여러분은 이 서신의 한국어 번역본을 제공받으실 수 있습니다. 이 무료 서비스를 원하시는 분은 지금바로 800-627-8797로 전화하십시오.

Vietnamese

Quý vị đọc được tài liệu đính kèm không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận thư này bằng tiếng Việt. Để được giúp đỡ miễn phí, xin gọi ngay số 800-627-8797.

Tagalog

Kaya mo bang basahin ang nakakabit na dokumento? Kung hindi, makakakuha kami ng taong makakatulong sa inyo na basahin ito. Maaari ninyo ring makuha ang liham na ito sa inyong wika. Para sa lib्रेng tulong, mangyaring tumawag kaagad sa 800-627-8797.

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.





Anthem Blue Cross is an NCQA Accredited health plan.

Goods and services available through discount programs are not benefits of coverage. Anthem Blue Cross does not endorse or recommend any goods or services provided at a discount by these vendors or practitioners. These programs may be changed or withdrawn at any time without notice by the offering vendor or practitioner.

Premier PPO \$20 Copay Plan is offered by Anthem Blue Cross.

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