Small Group product guide

For employer groups with 1-100 employees

California

Effective January 1, 2018
Health plans that fit your business.

Your employees take care of your business, so you take care of them. And part of that is being able to answer questions about the health plan you select for them and their families. At Anthem, we want you to feel confident in your choice which is why we are committed to offering you high value health plans that give your employees more choices – and help them solve their health care challenges. Health plans that can provide real answers to health care challenges – and, meaningful answers to help you manage costs.

Bottom line, guesswork doesn’t belong in health care and we’re here, by your side to make sure you and your employees get the answers you deserve.

Whole Health Connection

Plans that cover all of you.

Health care coverage should cover the whole person. From head to toe; from just-born to ready-to-retire. Anthem’s plans connect medical, pharmacy, dental and vision – important health information connected together that helps our members stay healthy. This helps doctors find health challenges sooner – and that leads to patients leading healthier lives.

<table>
<thead>
<tr>
<th>What we offer</th>
<th>What it means to you and your employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lower cost of care for you and your employees, built on the strength – and quality – of our network.</td>
<td>Save more when you use a doctor that’s covered by your plan.</td>
</tr>
<tr>
<td>ACA-compliant integrated medical and pharmacy plans.</td>
<td>More choices and greater value – that includes 100% in-network coverage for check-ups and flu shots. And convenient pharmacy benefits that save time and money thanks to our broad pharmacy network.</td>
</tr>
<tr>
<td>Integration of dental, vision, life and disability with our medical and pharmacy plans.</td>
<td>You’ll save time and money when you add dental, vision, life or disability to your Anthem medical and pharmacy plan and your employees will enjoy a level of networks, service, cost and benefit features that lead the industry.</td>
</tr>
<tr>
<td>Tools that help employees understand how to get the most from their benefits and hold down their out-of-pocket costs.</td>
<td>Fewer surprises when it comes to paying for their care – or filling a prescription when they use Anthem’s Care &amp; Cost Finder – an online solution that helps your employees find in-network care and lets them know how much they can expect to pay for the care they need.</td>
</tr>
</tbody>
</table>

Welcome to health insurance on your terms
There are a few things to consider

What’s new in 2018

Access to the latest range of plans

Built from the ground up — with the strengths you’ve come to expect from the Anthem product portfolio

It is one thing to provide a full range of health care plans — it’s quite another to create an atmosphere in which every person is able to understand and select the best plan for their individual needs.

Our goal at Anthem Blue Cross (Anthem) is to provide you with clear guidance so you can help others choose their best health care options. We trust that this guide will give you a good picture of what’s offered through EmployeeElect.

Our newest 2018 Anthem plans are well-positioned for the changing market. You’ll find they offer all the essential health benefits (EHBs) such as emergency care, hospital stays, maternity and newborn care, prescription drugs and preventive care, as well as other features needed to comply with the Affordable Care Act (ACA). They deliver on our longstanding portfolio strengths, including network value, plan variety, pharmacy coverage and comprehensive care.

What’s new in our 2018 product portfolio

HMO plans - now include a variety of lower out-of-pocket options and a new Gold HMO $1,000 deductible option

PPO plans – benefits (office visit copays, out of pocket maximum and pharmacy) have been updated to achieve more competitive price points

CDHP plans – a new Bronze HSA $4,500 option has been added to the portfolio

This guide can answer many of your questions about:

- 2018 plans and features including medical, pharmacy, dental, vision, life and disability.
- The latest on our health and wellness offerings ... and much more.

If you’d like to know more contact your broker or Anthem representative.
How to reach us

Enrollment and Billing
(855) 854-1429/small.group@anthem.com/
fax (855)750-2227

Claims and Benefits
(855) 383-7248/fax (877) 287-1262

Broker Sales Support
(800) 678-4466/casgbrokerservices@anthem.com/
fax (877) 255-4015

Underwriting
(855) 239-9251/
New business: newsguwca@anthem.com/
Existing business: sguwca@anthem.com

Connect Team
Specialty Product Inquiries and quote requests for existing
medical business clients
(877) 567-1802/connectca@anthemdentaladmin.com

Broker Sales Compensation
(877) 304-6470/isgfinancebroker@anthem.com

Please contact your broker for additional details.

Small Group eligibility

For plan years commencing on or after January 1, 2016 (new
and renewing), a small employer is defined as an employer
employing an average of at least one, but no more than 100
full-time, including full-time equivalent, employees during the
preceding calendar year and who employs at least one
employee on the first day of the plan year. For purposes of
determining employer eligibility in the small employer
market, California adopted the federal method for counting
full-time employees and full-time equivalent employees.¹

¹ California Senate Bill 125 (2015). For specific guidance
concerning the Affordable Care Act, the Internal Revenue
Code or California State laws or regulations, you should
consult with your attorney, certified public accountant or
other authorized consultant or advisor

For additional information, please see our Underwriting Guidelines.
Our medical plans

What makes sense for you and your employees?

Health maintenance organization (HMO):
- Only covers services from providers in the HMO plan network
- Requires employees to choose primary care physicians (PCPs)
- Referrals come from PCPs

Preferred provider organization (PPO):
- Allows employees to see in- and out-of-network providers
- No referrals needed for specialists

Consumer-driven health plan (CDHP):
- Has a higher deductible than traditional plans
- Can pair with a health savings account (HSA) to pay for qualified out-of-pocket medical expenses
  - HSA
    - Employee-owned savings account funded with pretax dollars
    - Employers and employees can contribute

Talk to your broker for more information about our offerings.

Vision and dental benefits for whole-person health

See the Anthem vision care savings
With Anthem Blue View Vision, your employees get access to one of the largest networks in the nation — along with significant savings.

36,000 doctors and 27,000 locations
40% off an additional pair of glasses from providers in the plan¹
63% average savings for Blue View Vision members versus those who do not have a vision plan²

Retail and online partners

Dental benefits that go the extra mile
Easy access to a large number of dentists. Employees get discounts and services to keep up their dental health and prevent long-term problems.

124,900 dentists and 371,900 places to get care
34% average discount on covered dental services when using a dentist in the plan
Extra cleaning or periodontal maintenance for those in one of our medical care management programs for certain conditions³

1 Except when discounting of non-covered services is prohibited by state law.
2 Based on the Blue View Vision plan with $10 lens copay and $130 frame allowance for glasses, or $130 contact lens allowance.
3 Applies to Anthem Dental Blue, Dental Prime or Dental Complete members who are actively engaged in an Anthem Care Management program for the following conditions: cancer, pregnancy, diabetes, certain heart conditions and organ or bone marrow transplant.
Protect your employees

Offer them life and disability benefits
Here’s what they get with an Anthem plan:

- **Dedicated team** of disability case managers, nurses and health coaches.

- **Newborn Parenting Resources** offers eight weeks of personal life coaching to help new mothers transition back to work.¹

- **Personalized claim support** and stay-at-work programs help those with disability claims get back to work quickly and safely.

- **Resource Advisor** gives them counseling on emotional, financial and legal concerns, and identity theft recovery.

- **Travel assistance with emergency medical assistance** covers them when traveling more than 100 miles from home.²

- Disability claims processing time is 7.3 days or less with 99.8% accuracy.

You can make it voluntary
To save on premium costs, you can offer your employees 100% employee-paid voluntary dental, vision, life and disability plans. You pick the plan design and your employees pay premiums — at affordable group rates.³

Pharmacy options for more savings

- Generic drug tiers: Tier 1a drugs (lowest cost share) and Tier 1b drugs (low cost share) are typically generic drugs that offer the greatest value compared to others that treat the same conditions.

- Home Delivery Choice: Employees choose how prescriptions are filled for maintenance drugs: at their local pharmacy or through home delivery.

- Retail90 (R90): Employees can get up to a 90-day supply of drugs from participating local pharmacies.

- Specialty drug tiers: Tier 4 specialty drugs have the highest cost share and typically consist of specialty (brand and generic) drugs.

You can view the Select Drug List at anthem.com/ca.

Please contact your broker for additional details.

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1. Available to short-term disability clients.
2. Travel assistance available to clients with life benefits.
Help your employees be their healthy best

These resources help your employees get support for every life stage.

24/7 NurseLine
- Round-the-clock answers to health questions
- Help deciding where to go for care

Future Moms
- Education and support during pregnancy
- Assessments to help find risks
- Follow-up from OB/GYN nurses and specialists
- Support for following a doctor’s plan of care
- Nurses on call for questions

MyHealth Advantage
- Claims reviewed for gaps in care and health risks
- Confidential MyHealth Note mailed to employee with suggested actions to improve health
- Employees can get suggested health actions on their smartphone when they download our Anthem Anywhere app or visit anthem.com

Online Wellness Toolkit
- Digital tool that can positively affect employees’ physical, social, emotional and financial well-being. It can support lifestyle changes when and where employees get care

88% of employees said 24/7 NurseLine was there when they needed it.

90% of participants said Future Moms information and tools helped them manage a healthy pregnancy.

EmployerAccess
Save time while managing benefits

EmployerAccess is a simple and secure website on anthem.com. From one convenient place, employers have everything they need to administer plans efficiently.

- Enroll and cancel employees and dependents.
- Check eligibility.
- Request ID cards.
- Change employee personal information.
- View Summary of Benefits.
- View, pay and download bills.
- View transaction history.

To get started today, sign up in the Employer section of anthem.com.

1 Anthem member satisfaction survey. 01 2015.
2 Anthem health and wellness solutions member satisfaction study. 2014.
LiveHealth Online: access to care anytime, anywhere

Employees can use LiveHealth Online to see a doctor from their computer or mobile device. They can have video visits with board-certified doctors in minutes to address common health issues such as colds, allergies and headaches. Spanish-speaking doctors are available by appointment from 7 a.m. to 11 p.m., 7 days a week using Cuidado Médico on LiveHealth Online from their smartphone or tablet.

Employees can also see a licensed therapist, available by appointment in four days or less.¹

**Why LiveHealth Online?**

- **Convenience.** Access to care right from the home or office.
- **Choice.** Employees can select the doctor or therapist they want to see.
- **Cost.** Depending on the health plan, employees pay $49 or less per visit² to see a doctor, and visits with a therapist cost about the same as an office therapy visit.

Register at livehealthonline.com or download the free mobile app.

¹ Appointments subject to availability of a therapist.
² Doctors using LiveHealth Online charge an average fee of $49.

Mobile — Anthem Anywhere App

The Anthem Anywhere app is better and faster than ever, making it easy for employees to manage their care and coverage right from their smartphone.

With the touch of a finger, employees can:

- Enjoy streamlined navigation and responsive design.
- Access at-a-glance account information through My Summary³.
- Log in with their fingerprint via touch authentication².
- Quickly find providers or urgent care centers.
- Share, fax or email their member ID card directly to their provider.
- Confidentially chat with our Member Services team.

³ Not available on all plans.
² Available for iPhone 5S and above, not available for Android devices.
Are your employees ready to earn cash back when they shop?

Then, it’s time for PayForward.

How does it work?
They can:
- Buy stuff from 12,000 participating stores.
- Get up to 15% cash back with each qualified purchase.
- Shop online, swipe their card or use mobile pay.

Is it free to join?
Yes! Employees in California just need to have an Anthem Small or Large Group medical plan.

How do employees sign up?
They can register at anthem.payforward.com, or download the PayForward app from the iTunes® store or Google Play™.

Whatever they earn, they can use to:
- Spend.
- Save to an Anthem Health Wallet, PayForward account or bank account.
- Share with friends, family and charities.

For more details:
- Check out anthem.payforward.com.
- Call 1-844-944-9273 toll free.
- Email support@payforward.com.

With SpecialOffers, employees get discounts on products and services that promote better health and well-being. Here’s a peek at the perks:

- **Vision and hearing**
  - 1-800 CONTACTS®
  - Premier LASIK

- **Fitness and health**
  - Jenny Craig®
  - GlobalFit™
  - FitBit
  - SelfHelp Works

- **Family and home**
  - WINFertility®
  - Safe Beginnings®
  - ASPCA Pet Health Insurance

- **Medicine and treatment**
  - Puritan’s Pride
  - Allergy Control products

For more details:
Employees can log in to anthem.com and select Discounts.

*All discounts are subject to change without notice.*
It’s time to meet your match

In the pocket folder of this guide you’ll find Anthem’s products for 2018.

We recognize that each small business owner has a unique mix of employees and needs. So we designed a comprehensive portfolio that allows you to create the ultimate benefits package that’s perfect for your business. It’s a simple but strong strategy that gets right to the heart of your business.

Welcome to health insurance on your terms.
The benefits are connected, too.

A big picture view of member health that drives earlier detection of health issues

Medical and pharmacy benefits that work together to better ensure your employees are taking their medications and getting the care they need — when they need it

Increased communication between your employees and their doctors

Health plans that fit your business.

Whole Health Connection

Plans that cover all of you.

Do you like your current plan, but need to lower costs?

Check.

Want a variety of plan options and networks that offer more ways to save?

Done.

Are you a big fan of lots of tools and resources?

Got them.

We're ready to give you that special something you won't find anywhere else. And like any great relationship, when you're happy, we're happy.

Dental Vision Life Disability Medical + Pharmacy

What we offer What it means to you and your employees

A lower cost of care for you and your employees, built on the strength – and quality – of our network.

Save more when you use a doctor that's covered by your plan.

More choices and greater value – that includes 100% in-network coverage for check-ups and flu shots. And convenient pharmacy benefits that save time and money thanks to our broad pharmacy network.

Integration of dental, vision, life and disability with our medical and pharmacy plans.

What matters to you is what matters most to us

Real answers to every day challenges are important. This is truer than ever before with health care.

How can you cut through all the guess work to find a health plan that is affordable, flexible and a value to your employees?

Welcome to health insurance on your terms
This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent, Anthem or visit us on the web.

This is not a contract or policy. This guide is not a contract with an Anthem Blue Cross. If there is any difference between this guide and the Evidence of Coverage, Member Booklet, Summaries of Benefits, and related amendments, the provisions of the Evidence of Coverage, Member Booklet, Summaries of Benefits and related amendments will govern. For more information, please call your broker or Anthem representative.

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# Small Group product details – EmployeeElect for groups of 1 to 100 employees

The below overview represents in-network benefits. Our PPO plans also include out-of-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit plansummaries.anthem.com/sobdps/

All product offerings are subject to regulatory review and approval and are subject to change. Plans offered by Anthem Blue Cross.

## Platinum plans

<table>
<thead>
<tr>
<th>Plan type</th>
<th>Plan name</th>
<th>Network</th>
<th>Contract code</th>
<th>Deductible (individual/family)</th>
<th>Coinsurance</th>
<th>Out-of-pocket maximum (individual/family)</th>
<th>Office visits: Primary care/Specialist</th>
<th>Urgent care (facility)</th>
<th>Emergency room (facility)</th>
<th>Outpatient surgery</th>
<th>Hospital inpatient admission</th>
<th>Retail pharmacy: 30-day supply(^1) (tier 1/tier 1b/tier 2/tier 3/tier 4)</th>
<th>Home delivery pharmacy: 90-day supply(^1) (tier 1/tier 1b/tier 2/tier 3/tier 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO</td>
<td>Anthem Platinum HMO 10/10/2000</td>
<td>California Care HMO</td>
<td>300D</td>
<td>$0/$0</td>
<td>10%</td>
<td>$0/$200/$4,000</td>
<td>$10/$30</td>
<td>$10</td>
<td>$100</td>
<td>$100</td>
<td>$250 copay per day up to 3 days per admission</td>
<td>$5/$15/$25/$70/$300 up to $250 per script</td>
<td>$13/20/30/100/210/300 up to $250 per script</td>
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<tr>
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<td>$3,350/$6,700</td>
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## Gold plans

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<th>Plan type</th>
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<tr>
<td>HMO</td>
<td>Anthem Gold HMO 25/20/5500</td>
<td>California Care HMO</td>
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<td>$4,500/$9,000</td>
<td>$40/$80</td>
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**Note:** CaliforniaCare HMO – our most comprehensive statewide HMO network; Select HMO – our high-performance narrow HMO network available in select counties; Prudent Buyer PPO – our most comprehensive statewide PPO network; Select PPO – our high-performance narrow PPO network.

\(^1\)For plans with a plan or pharmacy deductible, the cost share applies after deductible for the tiers listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery. The deductible is waived for tier 1.1 and 1.2 prescription drugs. Pharmacy deductible expressed as individual/family.

This provides an overview of plan available. This is intended to be a brief overview of benefits and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions can be found in the Combined Evidence of Coverage/Certificate. In the event of a conflict between the Combined Evidence of Coverage/Certificate and this overview, the terms of the Combined Evidence of Coverage/Certificate will prevail.

[1]11/31/2020|E306N5|Rev. 9/17
The below overview represents in-network benefits. Our PPO plans also include out-of-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobpdfs/.

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### Gold plans

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<td>HMO</td>
<td>Anthem Gold Select HMO 500/200/4000</td>
<td>Select HMO</td>
<td>270Q</td>
<td>$500/$1,500</td>
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<td>PPO</td>
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Networks:
- CaliforniaCare HMO – our most comprehensive statewide HMO network
- Select HMO – our high-performance narrow HMO network available in certain counties
- Prudent Buyer PPO – our most comprehensive statewide PPO network
- Select PPO – our high-performance narrow PPO network

1. These plans have a different member deductible amount depending on whether the subscriber is enrolled as self only or has both AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

2. The below overview represents in-network benefits. Our PPO plans also include out-of-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobpdfs/.

All product offerings are subject to regulatory review and approval and are subject to change. Plans offered by Anthem Blue Cross.
### Gold plans

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<tr>
<th>Plan type</th>
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<th>Network</th>
<th>Contract code</th>
<th>Deductible (individual/family)</th>
<th>Coinsurance</th>
<th>Out-of-pocket maximum (individual/family)</th>
<th>Office visits: Primary care/Specialist</th>
<th>Urgent care (facility)</th>
<th>Emergency room (facility)</th>
<th>Outpatient surgery</th>
<th>Hospital inpatient admission</th>
<th>Retail pharmacy: 30-day supply* (tier 1a/tier 1b/tier 2/tier 3/tier 4)</th>
<th>Home delivery pharmacy: 90-day supply* (tier 1a/tier 1b/tier 2/tier 3/tier 4)</th>
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### Silver plans

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<th>Urgent care (facility)</th>
<th>Emergency room (facility)</th>
<th>Outpatient surgery</th>
<th>Hospital inpatient admission</th>
<th>Retail pharmacy: 30-day supply* (tier 1a/tier 1b/tier 2/tier 3/tier 4)</th>
<th>Home delivery pharmacy: 90-day supply* (tier 1a/tier 1b/tier 2/tier 3/tier 4)</th>
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<td>$55</td>
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<td>$500/$1,000 Pharmacy deductible: Tiers 2-4</td>
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<tr>
<td>HMO</td>
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<td>$500/$1,000 Pharmacy deductible: Tiers 2-4</td>
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</tbody>
</table>

Notes: California Care HMO – our most comprehensive statewide HMO network; Select HMO – our high-performance narrow HMO network available in certain counties; Prudent Buyer PPO – our most comprehensive statewide PPO network; Select PPO – our high-performance narrow PPO network.

*These plans have a different member deductible amount depending on whether the subscriber is enrolled as self only or has enrolled dependents within the plan. $2,000/member for self-only coverage; $2,100/member and $4,000/family for family coverage. These plans comply with both AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

1 For plans with a plan or pharmacy deductible, the cost share applies after deductible for the tiers listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery. The deductible is waived for tier 1a and 1b prescription drugs. Pharmacy deductible expressed as individual/family.

This provides an overview of plans available. This is intended to be a brief overview of benefits and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions can be found in the Combined Evidence of Coverage/Certificate. In the event of a conflict between the Combined Evidence of Coverage/Certificate and this overview, the terms of the Combined Evidence of Coverage/Certificate will prevail.
The below overview represents in-network benefits. Our PPO plans also include out-of-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/. All product offerings are subject to regulatory review and approval and are subject to change. Plans offered by Anthem Blue Cross.

### Silver plans

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*These plans have a different member deductible amount depending on whether the subscriber is enrolled as self-only or has enrolled dependents within the plan: $2,000/member for self-only coverage; $2,700/member and $4,000/family for family coverage. These plans comply with both HB335 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

1. For plans with a plan or pharmacy deductible, the cost share applies after deductible for the tiers listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery. The deductible is waived for tier 1a and 1b prescription drugs. Pharmacy deductible expressed as individual/family.

2. Network: CaliforniaCare HMO — our most comprehensive statewide HMO network. Select HMO — our high-performance narrow HMO network. Prudent Buyer PPO — our most comprehensive statewide PPO network. Select PPO — our high-performance narrow PPO network.

Bronze plans

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<th>Plan type</th>
<th>Plan name</th>
<th>Network</th>
<th>Contract code</th>
<th>Deductible (individual/family)</th>
<th>Coinsurance</th>
<th>Out-of-pocket maximum (individual/family)</th>
<th>Office visits: Primary care/Specialist</th>
<th>Urgent care (facility)</th>
<th>Emergency room (facility)</th>
<th>Outpatient surgery</th>
<th>Hospital inpatient admission</th>
<th>Retail pharmacy: 30-day supply1 (tier 1a/tier 1b/tier 2/tier 3/tier 4)</th>
<th>Home delivery pharmacy: 90-day supply2 (tier 1a/tier 1b/tier 2/tier 3/tier 4)</th>
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<td>$7,350/$14,700</td>
<td>Deductible, then 35% coinsurance</td>
<td>Deductible, then 35% coinsurance</td>
<td>Deductible, then 35% coinsurance</td>
<td>Deductible, then 35% coinsurance</td>
<td>$5/80/$80/$100/30% up to $250 per script</td>
<td>$750/$1,500 Pharmacy deductible: Tiers 2-4</td>
<td>$13/30/$130/$300/30% up to $250 per script</td>
</tr>
<tr>
<td>PPO PPO</td>
<td>Anthem Bronze PPO 4500/35%/6550 w/HSA</td>
<td>Prudent Buyer PPO</td>
<td>306S</td>
<td>$4,500/$9,000</td>
<td>35%</td>
<td>$6,550/$13,100</td>
<td>Deductible, then 35% coinsurance</td>
<td>Deductible, then 35% coinsurance</td>
<td>Deductible, then 35% coinsurance</td>
<td>Deductible, then 35% coinsurance</td>
<td>35% up to $250 per script</td>
<td>Plan deductible: Tiers 1-4</td>
<td>35% up to $750 per script</td>
</tr>
<tr>
<td>PPO PPO</td>
<td>Anthem Bronze Select PPO 4500/35%/6550 w/HSA</td>
<td>Select PPO</td>
<td>306B</td>
<td>$4,500/$9,000</td>
<td>35%</td>
<td>$6,550/$13,100</td>
<td>Deductible, then 35% coinsurance</td>
<td>Deductible, then 35% coinsurance</td>
<td>Deductible, then 35% coinsurance</td>
<td>Deductible, then 35% coinsurance</td>
<td>35% up to $250 per script</td>
<td>Plan deductible: Tiers 1-4</td>
<td>35% up to $750 per script</td>
</tr>
<tr>
<td>PPO PPO</td>
<td>Anthem Bronze Select PPO 4800/40%/6550 w/HSA</td>
<td>Select PPO</td>
<td>3013</td>
<td>$4,800/$9,600</td>
<td>40%</td>
<td>$8,550/$13,100</td>
<td>Deductible, then 40% coinsurance</td>
<td>Deductible, then 40% coinsurance</td>
<td>Deductible, then 40% coinsurance</td>
<td>Deductible, then 40% coinsurance</td>
<td>40% up to $500 per script</td>
<td>Plan deductible: Tiers 1-4</td>
<td>40% up to $1500 per script</td>
</tr>
</tbody>
</table>

Notes: CaliforniaCare HMO – our most comprehensive statewide HMO network; Select HMO – our high-performance narrow HMO network available in certain counties; Prudent Buyer PPO – our most comprehensive statewide PPO network; Select PPO – our high-performance narrow PPO network.

1. These plans have a different member deductible amount depending on whether the subscriber is enrolled as self only or has enrolled dependents within the plan: $2,000/member for self-only coverage; $2,000/member and $4,000/family for family coverage. These plans comply with both AR1305 and AR1 minimum deductible and out-of-pocket maximum requirements for embedded high deductible health plans.

2. For plans with a plan or pharmacy deductible, the cost share applies after deductible for the tiers listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery. The deductible is waived for tier 1a and 1b prescription drugs. Pharmacy deductible expressed as individual/family.

This provides an overview of plans available. This is intended to be a brief overview of benefits and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions can be found in the Combined Evidence of Coverage Certificate. In the event of a conflict between the Combined Evidence of Coverage Certificate and this overview, the terms of the Combined Evidence of Coverage Certificate will prevail.
## Bronze plans

<table>
<thead>
<tr>
<th>Plan type</th>
<th>Plan name</th>
<th>Network</th>
<th>Contract code</th>
<th>Deductible (individual/family)</th>
<th>Coinsurance</th>
<th>Out-of-pocket maximum (individual/family)</th>
<th>Office visits: Primary care/Specialist</th>
<th>Urgent care (facility)</th>
<th>Emergency room (facility)</th>
<th>Outpatient surgery</th>
<th>Hospital inpatient admission</th>
<th>Retail pharmacy: 30-day supply</th>
<th>Home delivery pharmacy: 90-day supply</th>
<th>Plan deductible: Tiers 1-4</th>
<th>Plan deductible: Tiers 1-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO HSA</td>
<td>Anthem Bronze PPO 5000/35%/6550 w/HSA</td>
<td>Prudent Buyer PPO</td>
<td>22ZN</td>
<td>$5,000/$10,000</td>
<td>35%</td>
<td>$6,550/$13,100</td>
<td>Deductible, then 35% coinsurance</td>
<td>Deductible, then 35% coinsurance</td>
<td>Deductible, then 35% coinsurance</td>
<td>Deductible, then 35% coinsurance</td>
<td>35% up to $750 per script/35% up to $750 per script/35% up to $750 per script/35% up to $250 per script</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anthem Bronze Select PPO 5000/35%/6550 w/HSA</td>
<td>Select PPO</td>
<td>22Zi</td>
<td>$5,000/$10,000</td>
<td>35%</td>
<td>$6,550/$13,100</td>
<td>Deductible, then 35% coinsurance</td>
<td>Deductible, then 35% coinsurance</td>
<td>Deductible, then 35% coinsurance</td>
<td>Deductible, then 35% coinsurance</td>
<td>35% up to $750 per script/35% up to $750 per script/35% up to $750 per script/35% up to $250 per script</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anthem Bronze PPO 6500/0%/6500 w/HSA</td>
<td>Prudent Buyer PPO</td>
<td>22ZW</td>
<td>$6,500/$13,000</td>
<td>0%</td>
<td>$6,500/$13,000</td>
<td>Deductible, then 0% coinsurance</td>
<td>Deductible, then 0% coinsurance</td>
<td>Deductible, then 0% coinsurance</td>
<td>Deductible, then 0% coinsurance</td>
<td>0% Plan deductible: Tiers 1-4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Anthem Bronze Select PPO 6500/0%/6500 w/HSA</td>
<td>Select PPO</td>
<td>3000</td>
<td>$6,500/$13,000</td>
<td>0%</td>
<td>$6,500/$13,000</td>
<td>Deductible, then 0% coinsurance</td>
<td>Deductible, then 0% coinsurance</td>
<td>Deductible, then 0% coinsurance</td>
<td>Deductible, then 0% coinsurance</td>
<td>0% Plan deductible: Tiers 1-4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| Networks: CaliforniaCare HMO — our most comprehensive statewide HMO network. Select HMO — our high-performance narrow HMO network available in certain counties. Prudent Buyer PPO — our most comprehensive statewide PPO network. Select PPO — our high-performance narrow PPO network. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| These plans have a different member deductible amount depending on whether the subscriber is enrolled as self only or has enrolled dependents within the plan. $2,100/member for self-only coverage; $2,700/member and $4,300/family for family coverage. These plans comply with both AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high deductible health plans. |
| For plans with a plan or pharmacy deductible, the cost share applies after deductible for the tiers listed. | Deductible, then 0% coinsurance | Deductible, then 0% coinsurance | Deductible, then 0% coinsurance | Deductible, then 0% coinsurance | 0% Plan deductible: Tiers 1-4 |
| This provides an overview of plans available. This is intended to be a brief overview of benefits and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions can be found in the Combined Evidence of Coverage/Certificate. In the event of a conflict between the Combined Evidence of Coverage/Certificate and this overview, the terms of the Combined Evidence of Coverage/Certificate will prevail. |
| Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. |</p>
<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Classic</th>
<th></th>
<th>Enhanced</th>
<th></th>
<th>Voluntary</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and preventive services</td>
<td>100%/100%</td>
<td>100%/80%</td>
<td>100%/100%</td>
<td>100%/100%</td>
<td>100%/100%</td>
<td>100%/80%</td>
</tr>
<tr>
<td>Basic services</td>
<td>80%/80%</td>
<td>80%/60%</td>
<td>90%/90%</td>
<td>90%/80%</td>
<td>80%/80%</td>
<td>80%/60%</td>
</tr>
<tr>
<td>Major services</td>
<td>50%/50%</td>
<td>50%/50%</td>
<td>60%/60%</td>
<td>60%/50%</td>
<td>50%/50%</td>
<td>50%/50%</td>
</tr>
<tr>
<td>Endodontic, periodontal and oral surgery</td>
<td>Basic or major</td>
<td></td>
<td>Basic</td>
<td></td>
<td>Basic or major</td>
<td></td>
</tr>
<tr>
<td>Dental implants</td>
<td>Optional</td>
<td></td>
<td>Optional</td>
<td></td>
<td>Optional</td>
<td></td>
</tr>
<tr>
<td>Posterior composites</td>
<td>Optional</td>
<td></td>
<td>Optional</td>
<td></td>
<td>Optional</td>
<td></td>
</tr>
<tr>
<td>Orthodontia</td>
<td>Not covered, 50%</td>
<td></td>
<td>Not covered, 50%</td>
<td></td>
<td>Not covered or 50%</td>
<td></td>
</tr>
<tr>
<td>Annual deductible (per person/family)</td>
<td>$50/$150</td>
<td></td>
<td>$50/$150</td>
<td></td>
<td>$50/$150</td>
<td></td>
</tr>
<tr>
<td>Annual benefit maximum and orthodontia</td>
<td>$1,000, $1,500 or</td>
<td></td>
<td>$1,500, $2,000 or</td>
<td></td>
<td>$1,000 or $1,500</td>
<td></td>
</tr>
<tr>
<td>Waiting periods (major and orthodontia)</td>
<td>No waiting period</td>
<td></td>
<td>No waiting period</td>
<td></td>
<td>12-month waiting period</td>
<td></td>
</tr>
<tr>
<td>Annual maximum carryover</td>
<td>Optional</td>
<td></td>
<td>Optional</td>
<td></td>
<td>Not included</td>
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</tr>
<tr>
<td>Out-of-network reimbursement</td>
<td>MAC, 80th or 90th percentile</td>
<td></td>
<td>80th or 90th percentile</td>
<td></td>
<td>MAC or 80th percentile</td>
<td></td>
</tr>
<tr>
<td>Dental network</td>
<td>Complete</td>
<td></td>
<td>Complete</td>
<td></td>
<td>Complete</td>
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</tr>
</tbody>
</table>

This is an overview of coverage. A comprehensive description of coverage, benefits, exclusions and limitations can be found in the Combined Evidence of Coverage and Disclosure Form.

All product offerings are subject to regulatory review and approval and are subject to change.
### 2018 Blue View Vision plans

(2-100 employees) - standalone, off-exchange

<table>
<thead>
<tr>
<th>Plan</th>
<th>Copay1 for eye exam/eyeglass lenses</th>
<th>Allowance for frames/contact lenses(^1,2)</th>
<th>Eye exam (frequency)</th>
<th>Eyeglass lenses (frequency)</th>
<th>Frames (frequency)</th>
<th>Contact lenses (frequency)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full service plan A1</td>
<td>$10/$0</td>
<td>$130/$130</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Full service plan A2</td>
<td>$15/$0</td>
<td>$120/$115</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Full service plan A3</td>
<td>$10/$10</td>
<td>$130/$130</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Full service plan A4</td>
<td>$10/$20</td>
<td>$130/$130</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Full service plan A5</td>
<td>$20/$20</td>
<td>$130/$130</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Full service plan A6</td>
<td>$10/$25</td>
<td>$130/$130</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Full service plan B1</td>
<td>$10/$0</td>
<td>$130/$130</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Full service plan B2</td>
<td>$10/$20</td>
<td>$100/$100</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Full service plan B3</td>
<td>$10/$20</td>
<td>$130/$130</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Full service plan B4</td>
<td>$20/$20</td>
<td>$130/$130</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Full service plan B5</td>
<td>$10/$10</td>
<td>$130/$130</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Full service plan B6</td>
<td>$10/$25</td>
<td>$130/$130</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Full service plan C1</td>
<td>$10/$0</td>
<td>$130/$130</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
</tr>
<tr>
<td>Full service plan C2</td>
<td>$10/$20</td>
<td>$130/$130</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
</tr>
<tr>
<td>Full service plan C3</td>
<td>$20/$20</td>
<td>$130/$130</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
</tr>
<tr>
<td>Full service plan C4</td>
<td>$25/$10</td>
<td>$120/$115</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
</tr>
<tr>
<td>Full service plan C5</td>
<td>$10/$20</td>
<td>$100/$100</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
</tr>
<tr>
<td>Full service plan C6</td>
<td>$20/$20</td>
<td>$100/$100</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
</tr>
<tr>
<td>Full service plan C7</td>
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<td>$130/$80</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
</tr>
<tr>
<td>Full service plan C8</td>
<td>$10/$25</td>
<td>$130/$130</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
</tr>
<tr>
<td>Full service plan C9</td>
<td>$30/$30</td>
<td>$100/$100</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per every other calendar year</td>
</tr>
<tr>
<td>Materials only plan MO1</td>
<td>Not covered/$10</td>
<td>$130/$130</td>
<td>Not covered</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Materials only plan MO2</td>
<td>Not covered/$10</td>
<td>$130/$130</td>
<td>Not covered</td>
<td>Once per calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Materials only plan MO3</td>
<td>Not covered/$0</td>
<td>$130/$130</td>
<td>Not covered</td>
<td>Once per calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Materials only plan MO4</td>
<td>Not covered/$20</td>
<td>$130/$130</td>
<td>Not covered</td>
<td>Once per calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Materials only plan MO5</td>
<td>Not covered/$20</td>
<td>$130/$130</td>
<td>Not covered</td>
<td>Once per calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per calendar year</td>
</tr>
<tr>
<td>Materials only plan MO6</td>
<td>Not covered/$0</td>
<td>$130/$130</td>
<td>Not covered</td>
<td>Once per calendar year</td>
<td>Once per every other calendar year</td>
<td>Once per calendar year</td>
</tr>
</tbody>
</table>

1. Above amounts reflect in-network copays and allowances.
2. Non-elective contacts covered in full.

Benefits include coverage for member’s choice of eyeglass lenses or contact lenses, but not both.

---

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## California

### 2018 Life and Disability Plans (2-100 employees)

For extra support, our life and disability plans offer Resources Advisor, which includes behavioral, financial and legal counseling, as well as helpful online services and tools for the whole family.

<table>
<thead>
<tr>
<th>Life and AD&amp;D</th>
<th>Benefit amounts</th>
<th>Salary based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Groups with 2-9</td>
<td>$15,000/$25,000/$30,000/$50,000</td>
<td>1x salary ($25,000 minimum, $100,000 maximum)</td>
</tr>
</tbody>
</table>
| Groups with 10-100 | Minimum: $15,000  
Maximum: $350,000 | 1x, 2x or 3x salary ($25,000 minimum, $350,000 maximum) |
| Dependent Life included at employer’s option | $5,000 spouse/$2,500 child  
$10,000 spouse/$5,000 child  
$20,000 spouse/$10,000 child¹ | N/A |

<table>
<thead>
<tr>
<th>Optional and Voluntary Life</th>
<th>Benefit amounts</th>
<th>Salary based</th>
</tr>
</thead>
</table>
| Groups with 10-100 | Minimum: $25,000  
Maximum: $300,000 | 1x, 2x or 3x salary ($25,000 minimum, $300,000 maximum) |
| Dependent Life included at employer’s option | Spouse coverage $10,000 to $50,000 in increments of $5,000  
Child coverage: $5,000, $10,000 or $15,000 for each child | N/A |

AD&D included at employer’s discretion.

### Short-term Disability (STD)

- Groups with 2-9: Salary based plans of 60% or 67%.¹  
Flat benefit plan of $250/week.
- Groups with 10-100: Salary based plans of 50%, 55%, 60% or 67%.¹  
Flat benefit plan of $200 or $250/week.²

¹ 67% plans must be non-contributory. 40% or 70% available at UW discretion for groups of 10-100.
² $100 or $150/week available at UW discretion.

### Voluntary Short-term Disability (VSTD)

- Groups with 10-100: Salary based plans of 50%, 55% or 60%. Flat benefit plan of $200 or $250/week.

### Long-term Disability (LTD)

- Groups with 2-9: Salary based plans of 60%
- Groups with 10-100: Salary based plans of 50%, 60% or 67%.¹

¹ 67% plans must be non-contributory. 40% available at UW discretion.

### Voluntary Long-term Disability (VLTD)

- Groups with 10-100: Salary based plans of 50% or 60%

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