

Our HMO plans include:

Our HMO network has nearly 315 hospitals and more than 37,000 HMO doctors throughout the state. Chances are, your doctor is one of ours. As a lower-priced option, we also offer an exclusive network with over 20,000 Select HMO doctors and nearly 315 hospitals in 23 counties.

With Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company, it's all about making your benefits program simpler. And most importantly, making it work well together. Whether it's health, dental, vision or life coverage, we're in it to help achieve healthier employees.

Maximize your savings opportunities!
1% health savings* — When you purchase \$25,000 or more of life coverage along with a health plan, you'll save 1% on your health premium* — making life insurance more affordable than ever.

6% life savings plus 6% dental savings — When you purchase both \$25,000 or more in life and any of our insured dental plans at the same time, you'll save 6% on your life premium and 6% on your dental premium. That's in addition to the 1% savings on your health premium!

Composite life rates — Enroll 11 or more employees in life coverage, and you'll automatically get the advantages of a single rate per \$1,000 of life.

Quite simply, you can save a lot of time and a lot of money when you purchase health, dental, vision and life coverage together from one convenient, trusted source.

Health Tools

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.

360° Health includes:

- 24/7 NurseLine
- Audio Health Library
- MyHealth Advantage
- MyHealth Assessment
- MyHealth Record
- MyHealth@Anthem
- Future Moms
- ConditionCare
- ComplexCare
- SpecialOffers@Anthem

Anthem Care Comparison allows for a side-by-side comparison of quality and cost for health procedures in your area. Time Well SpentSM offers tools to help create a culture of health in the workplace and raise the level of employee awareness.

Anthem's MyHealth Advantage provides timely and personalized alerts in the mail, called MyHealth Notes, which notify members of possible gaps in health care, medication alerts or possible ways to save money. Early detection of potential health issues may lead to decreased health care costs.

For more detail on these health tools and programs available please visit anthem.com/ca and click [Health & Wellness](#).

Summary of HMO Coverage

From Anthem Blue Cross

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

All of our HMO plans are available on our Select network

Choose the HMO plan that's right for you, and then choose the network that's right for you. You can access providers and services within either our Full HMO network or our Select HMO network — at a very affordable price.

HMO PLANS										
All plans are also available on the Select Network										
Offered by Anthem Blue Cross	HMO \$10 100%	HMO \$25 100%	Classic \$20 HMO	Classic \$30 HMO	Classic \$40 HMO	Saver \$20 HMO	Saver \$30 HMO	Saver \$40 HMO	Select \$25 HMO	Select \$35 HMO
Maximum Lifetime In-Network Benefits	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member
Your Choices	<ul style="list-style-type: none"> No health deductible Low, predictable office visit copays 100% coverage for inpatient and outpatient hospital services Richest HMO plan design 		<ul style="list-style-type: none"> No health deductible Moderate office visit copays Predictable copays for inpatient admissions Coinsurance for outpatient services 			<ul style="list-style-type: none"> Health deductible Moderate office visit copays No charge for inpatient and outpatient hospital services after deductible 		<ul style="list-style-type: none"> Serviced by Select HMO Network (not available in all counties) Separate copays for primary care physicians and specialists Inpatient and outpatient coinsurance after health deductible Lowest HMO premiums 		
Annual Deductible	None	None	None	None	None	\$1,500 per member (Applies to inpatient and outpatient facility services, ambulatory surgical centers and dialysis centers, except health emergencies)	\$2,500 per member (Applies to inpatient and outpatient facility services, ambulatory surgical centers and dialysis centers, except health emergencies)	\$3,500 per member (Applies to inpatient and outpatient facility services, ambulatory surgical centers and dialysis centers, except health emergencies)	\$500 per member (Applies to inpatient and outpatient facility services, ambulatory surgical centers and dialysis centers, except health emergencies)	\$1,000 per member (Applies to inpatient and outpatient facility services, ambulatory surgical centers and dialysis centers, except health emergencies)
Annual Out-of-Pocket Maximum¹	\$1,750 per single member; \$3,500 family aggregate ¹	\$1,750 per single member; \$3,500 family aggregate ¹	\$1,750 per single member; \$3,500 family aggregate ¹	\$2,500 per single member; \$5,000 family aggregate ¹	\$3,500 per member; \$7,000 family aggregate ¹	\$2,250 per single member; \$4,500 family aggregate ¹ deductible applies to annual out-of-pocket maximum	\$3,000 per single member; \$6,000 family aggregate ¹ deductible applies to annual out-of-pocket maximum	\$4,000 per single member; \$8,000 family aggregate ¹ deductible applies to annual out-of-pocket maximum	\$2,250 per single member; \$4,500 family aggregate ¹ deductible applies to annual out-of-pocket maximum	\$3,000 per single member; \$6,000 family aggregate ¹ deductible applies to annual out-of-pocket maximum
Office Visits	\$10 copay	\$25 copay	\$20 copay	\$30 copay for primary care physician visits; \$40 copay for specialist and referral care visits	\$40 copay for primary care physician visits; \$50 copay for specialist and referral care visits	\$20 copay (not subject to deductible)	\$30 copay for primary care physician visits; \$40 copay for specialist and referral care visits (not subject to deductible)	\$40 copay for primary care physician visits; \$50 copay for specialist and referral care visits (not subject to deductible)	\$25 copay for primary care physician visits; \$35 copay for specialist and referral care visits (not subject to deductible)	\$35 copay for primary care physician visits; \$50 copay for specialist and referral care visits (not subject to deductible)
Professional Services Including maternity, diagnostic lab and X-rays	No charge ² (except \$100 copay for complex radiology services obtained in a nonhospital-based facility)		No charge ² (except \$100 copay for complex radiology services obtained in a nonhospital-based facility)			No charge ² (except \$100 copay for complex radiology services obtained in a nonhospital-based facility)		No charge ² (except \$100 copay for complex radiology services obtained in a nonhospital-based facility)		No charge ² (except \$100 copay for complex radiology services obtained in a nonhospital-based facility)
Hospital Inpatient and Outpatient Facility Services	No charge	No charge	\$250 copay per inpatient admission 20% outpatient copay	\$500 copay per inpatient admission 20% outpatient coinsurance	\$1,000 copay per inpatient admission 30% outpatient coinsurance	No charge after deductible		10% inpatient copay after deductible 20% outpatient copay after deductible	20% inpatient copay after deductible 30% outpatient copay after deductible	
Prescription Drugs³ Amounts shown are for a 30-day retail supply; Mail-order service is available	\$10 generic; \$25 formulary brand; \$40 nonformulary brand; Self-injectable: 30% up to maximum \$100 member copay \$150 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs				\$10 generic; \$25 formulary brand; \$40 nonformulary brand; Self-injectable: 30% up to maximum \$100 member copay \$150 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs	\$10 generic; \$25 formulary brand; \$40 nonformulary brand; Self-injectable: 30% up to maximum \$100 member copay \$150 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs		\$10 generic; \$25 formulary brand; \$40 nonformulary brand; Self-injectable: 30% up to maximum \$100 member copay \$150 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs	\$10 generic; \$25 formulary brand; \$40 nonformulary brand; Self-injectable: 30% up to maximum \$100 member copay \$150 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs	
Preventive Care⁴ For Well-Baby and Well-Child exams (for children through age 18) and annual adult physical exams including adult screenings, such as Pap smear, mammogram, prostate specific antigen, and colorectal cancer screenings	No copay (not subject to deductible)									
Network Service	Served by the Anthem Blue Cross HMO (California Care Network), which is available in most counties. Employers that offer HMO coverage must choose plans from either the CaliforniaCare Network or the Select HMO Network (not available in all counties); plans from both networks may not be offered side by side.								Served by Select HMO Network (not available in all counties)	

¹Includes Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits. 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).

Notes:

- Per family amount is aggregate, i.e., when one or more family member's eligible covered expenses (combined) meet this amount, the requirement is satisfied for all covered family members.
- Maternity services are subject to an office visit copay.
- Anthem Blue Cross Life and Health will pay in-network and out-of-network covered services (including prescription drugs) at 100% of covered expense up to the Health Incentive Allocation (HIA). After HIA has been exhausted, the deductible must be satisfied before Anthem Blue Cross Life and Health will pay for subsequent covered services (note: in-network preventive care is not subject to the deductible). HIA will be applied toward the annual deductible. If your effective date starts in a month other than January, the amount of your HIA will be prorated based on the month of the effective date. If you do not use the full amount of your allocation by the end of the year, the unused portion, up to a specified maximum, will be carried over for use in the next year.
- Expenses that contribute to the annual out-of-pocket maximum vary from plan to plan and have restrictions and limitations. Refer to each plan's **Combined Evidence of Coverage and Disclosure Form (EDC)** or **Certificate** for full details.
- Copays listed apply when a generic equivalent is not available. If a member selects a brand-name drug when a generic equivalent drug is available, even if the physician writes a "dispense as written" or "do not substitute" prescription, the member will be responsible for the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.
- Members may select a brand-name drug when a generic drug is available if the physician writes, "dispense as written" or "do not substitute" prescription.
- Elements Hospital Preferred, Elements Hospital Plus and Elements Hospital plans are basic hospital and limited professional benefits plans. Some covered services are limited.



HEALTH | DENTAL | VISION | LIFE



HEALTH | DENTAL | VISION | LIFE

Benefit changes:

The following benefit changes have gone into effect based on the new federal health care reform law beginning on or after September 23, 2010. This is regardless of whether the plan is or is not "grandfathered."

- Dependents are eligible to retain or enroll in coverage under their parent's plan until they turn 26.
- We removed some yearly limits on certain plans:
 - Durable medical equipment
 - Smoking cessation program
 - Removed annual maximum on physical exam benefit
 - Removed limitations on office visits, diagnostic X-rays and labs on Elements Hospital Plus and Elements Hospital Preferred plans.
- We removed \$5 million lifetime maximum from PPO plans.
- We removed pre-existing exclusions for members younger than 19 from plans in which such exclusions existed.
- In-network preventive care is covered at 100% on all plans.

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

anthem.com/ca

EmployeeElect Health Care Plans: You Choose

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

Helping your employees stay healthy all year long

All Small Group HMO Health & Dental plans, Premier Copay plans, PPO Copay plans, Lumenos (80/50) plans, and the High Deductible EPO plan are offered by Anthem Blue Cross. All other Small Group Health, Dental, Vision, Group Term Life and AD&D products are offered by Anthem Blue Cross Life and Health Insurance Company. Anthem Blue Cross is the trade name of Blue Cross of California, Independent licensees of the Blue Cross Association.

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

SM ANTHEM, LUMENOS and 360° Health are registered trademarks. Dental Blue and the Blue Cross name and symbol are registered service marks of the Blue Cross Association.

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

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Our PPO plans feature:

Access to more than 80,000 California PPO network doctors and specialists and more than 315 hospitals – so chances are your employees' doctors are in our network.

EmployeeElect

Customize your choices. Control your costs.

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

Summary of PPO Coverage

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

	PREMIER PPO PLANS			PPO COPAY PLANS			PPO GENRX PLANS			SOLUTION PPO PLANS			LUMENOS [®] HIA PLUS PLANS		LUMENOS [®] HSA (80/50) PLANS			EPO PLAN	ELEMENTS HOSPITAL PLANS ¹							
	Premier PPO \$10 Copay*	Premier PPO \$20 Copay*	Premier PPO \$30 Copay*	PPO \$20 Copay*	PPO \$30 Copay*	PPO \$40 Copay*	PPO 1000/\$25*	PPO 1500/\$35*	PPO 2000/\$45*	PPO \$25 Copay GenRx**	PPO \$35 Copay GenRx**	PPO \$45 Copay GenRx**	Solution 2500 PPO**	Solution 3500 PPO**	Solution 5000 PPO**	Lumenos HIA Plus 500**	Lumenos HIA Plus 750**	Lumenos HSA 1500 (80/50)*	Lumenos HSA 2500 (80/50)*	Lumenos HSA 3500 (80/50)*	High Deductible Exclusive Provider Organization (EPO)*	Elements Hospital**	Elements Hospital Plus**	Elements Hospital Preferred**		
Maximum Lifetime Benefits	Unlimited in lifetime benefits per member			Unlimited in lifetime benefits per member			Unlimited in lifetime benefits per member			Unlimited in lifetime benefits per member			Unlimited in lifetime benefits per member			Unlimited in lifetime benefits per member			Unlimited in lifetime benefits per member			Unlimited in lifetime benefits per member				
Your Choices	Low health deductible Greater out-of-pocket reimbursement No brand-name drug deductible Richest PPO plan design 100% preventive care coverage			Mid-range premiums Moderate deductible and office visits copay Low deductible on brand-name drugs 100% preventive care coverage			Mid-range premiums Affordable deductibles and office visit copays Moderate deductible on brand-name drugs 100% preventive care coverage			Affordable premiums Comprehensive health benefits Generic-only drug benefit 100% preventive care coverage			Lower premiums Predictable office visits and prescription drug copays 100% preventive care coverage			Funds for first dollar coverage Health incentive programs to promote well being 100% preventive care coverage		80% health coverage after deductible Predictable prescription copays after the deductible is met HSA-compatible plan design 100% preventive care coverage			In-network PPO benefits only Combined health and pharmacy deductible HSA-compatible plan design 100% preventive care coverage			Limited office visit and professional services coverage on Plus and Preferred plans Generic-only drug benefit (except Preferred plan) 100% preventive care coverage		
Annual Deductible	\$250 per member; Two-member maximum	\$250 per member; Two-member maximum	\$500 per member; Two-member maximum	\$250 per member; Two-member maximum	\$500 per member; Two-member maximum	\$750 per member; Two-member maximum	\$1,000 per member; Two-member maximum	\$1,500 per member; Two-member maximum	\$2,000 per member; Two-member maximum	\$250 per member; Two-member maximum	\$500 per member; Two-member maximum	\$750 per member; Two-member maximum	\$2,500 per member; Two-member maximum	\$3,500 per member; Two-member maximum	\$5,000 per member; Two-member maximum	Health Incentive Plan Allocation: ³ \$500 per single member; \$1,000 family aggregate ²	Health Incentive Plan Allocation: ³ \$750 per single member; \$1,500 family aggregate ²	\$1,500 per single member; \$3,000 family aggregate ¹ Health/pharmacy combined	\$2,500 per single member; \$5,000 family aggregate ¹ Health/pharmacy combined	\$3,500 per single member; \$7,000 family aggregate ¹ Health/pharmacy combined	\$2,000 per single member; \$4,000 family aggregate ¹ Health/pharmacy combined	\$1,250 per member; Two-member maximum	\$1,000 per member; Two-member maximum	\$750 per member; Two-member maximum		
Annual Out-of-Pocket Maximum⁴ Includes deductible unless noted	\$2,500 per member; Two-member maximum	\$3,000 per member; Two-member maximum	\$3,500 per member; Two-member maximum	\$3,500 per member; Two-member maximum	\$4,000 per member; Two-member maximum	\$4,500 per member; Two-member maximum	\$5,000 per member; Two-member maximum	\$5,000 per member; Two-member maximum	\$5,000 per member; Two-member maximum	\$3,500 per member; Two-member maximum	\$4,000 per member; Two-member maximum	\$4,500 per member; Two-member maximum	\$5,000 per member; Two-member maximum	\$5,000 per member; Two-member maximum	\$7,500 per member; Two-member maximum	\$5,000 per single member; \$10,000 family aggregate ¹ Health/pharmacy combined	\$5,000 per single member; \$10,000 family aggregate ¹ Health/pharmacy combined	\$3,000 per single member; \$6,000 family aggregate ¹ Health/pharmacy combined	\$5,000 per single member; \$10,000 family aggregate ¹ Health/pharmacy combined	\$5,000 per single member; \$10,000 family aggregate ¹ Health/pharmacy combined	\$3,100 per single member; \$6,200 family aggregate ¹ Health/pharmacy combined	\$2,500 plus deductible, per member; Two-member maximum	\$2,500 plus deductible, per member; Two-member maximum	\$2,500 plus deductible, per member; Two-member maximum		
Office Visits	\$10 copay (not subject to deductible)	\$20 copay (not subject to deductible)	\$30 copay (not subject to deductible)	\$20 copay (not subject to deductible)	\$30 copay (not subject to deductible)	\$40 copay (not subject to deductible)	\$25 copay (not subject to deductible)	\$35 copay (not subject to deductible)	\$45 copay (not subject to deductible)	\$25 copay (not subject to deductible)	\$35 copay (not subject to deductible)	\$45 copay (not subject to deductible)	\$25 copay (not subject to deductible)	\$35 copay (not subject to deductible)	\$40 copay (not subject to deductible)	40% after HIA and deductible	25% after HIA and deductible	20% after deductible			20% after deductible	Not covered	50% (not subject to deductible)	50% (not subject to deductible)		
Professional Services Including maternity, diagnostic lab and X-rays	10% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible	40% after deductible	30% after deductible	40% after deductible	40% after deductible	25% after deductible	35% after deductible	45% after deductible	25% after deductible	35% after deductible	40% after deductible	40% after deductible	25% after deductible	20% after deductible			20% after deductible	Not covered	50% (not subject to deductible)	50% (not subject to deductible)		
Hospital Inpatient	10% after deductible	20% after deductible	30% after deductible	20% after deductible	30% after deductible	40% after deductible	30% of negotiated fee after annual deductible	40% of negotiated fee after annual deductible	40% of negotiated fee after annual deductible	25% after deductible	35% after deductible	45% after deductible	25% after deductible	35% after deductible	40% after deductible	40% after deductible	25% after deductible	20% after deductible			20% after deductible	30% after deductible	30% after deductible	20% after deductible		
Prescription Drugs Amounts shown are for a 30-day retail supply; Mail-order service is available	\$10 generic \$25 formulary brand ⁵ \$40 nonformulary brand ⁵ Self-injectable: 30% up to maximum \$100 member copay per refill			\$10 generic \$30 formulary brand ⁵ \$45 nonformulary brand ⁵ Self-injectable: 30% up to maximum \$100 member copay per refill; \$150 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs			\$10 generic \$30 formulary brand ⁵ \$50 nonformulary brand ⁵ Self-injectable: 30% up to maximum \$100 member copay per refill (GenRx Prescription Drug Formulary only); \$250 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs			\$10 generic Self-injectable: 30% up to maximum \$100 member copay per refill (GenRx Prescription Drug Formulary only)			\$10 generic \$25 formulary brand ⁵ \$50 nonformulary brand ⁵ Self-injectable: 30% up to maximum \$100 member copay per refill \$250 brand-name prescription drug deductible per member	\$10 generic \$35 formulary brand ⁵ \$50 nonformulary brand ⁵ Self-injectable: 30% up to maximum \$100 member copay per refill \$250 annual brand-name prescription drug deductible per member applies to all covered brand-name drugs		After HIA and deductible: \$10 generic \$30 formulary brand ⁵ \$50 nonformulary brand ⁵ Self-injectable: 30% (no maximum)			After deductible: \$10 generic \$30 formulary brand ⁵ \$50 nonformulary brand ⁵ Self-injectable: 30% (no maximum)			After deductible: \$10 generic Self-injectable: 30% (no maximum)	\$10 generic Self-injectable: 30% up to maximum \$100 member copay per refill (GenRx Prescription Drug Formulary only)	\$10 generic Self-injectable: 30% up to maximum \$100 member copay per refill (GenRx Prescription Drug Formulary only)	\$10 generic Self-injectable: 30% up to maximum \$100 member copay per refill (GenRx Prescription Drug Formulary only)	\$10 generic Self-injectable: 30% up to maximum \$100 member copay per refill (GenRx Prescription Drug Formulary only)
Preventive Care⁶ For Well-Baby and Well-Child exams (for children through age 18) and adult screenings, such as Pap smear, mammogram, prostate specific antigen, and colorectal cancer screenings	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	0% (not subject to deductible)		0% (not subject to deductible)			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 including lab work and immunizations; must be done at a HealthyCheck Center	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	Not applicable (covered under preventive care)			Not applicable (covered under preventive care)			Not applicable (covered under preventive care benefit)			No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	
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)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	0% (not subject to deductible)		0% (not subject to deductible)			No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)	No copay (not subject to deductible)		

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

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 negotiated fee rate for in-network providers (out-of-network providers can charge more than the negotiated fee rate). When members use an out-of-network provider, they must pay the applicable copay or coinsurance, plus any charges that exceed that allowable amount.

Notes:
 1 Per family amount is aggregate, i.e., when one or more family member's eligible covered expenses (combined) meet this amount, the requirement is satisfied for all covered family members.
 2 Maternity services are subject to an office visit copay.
 3 Anthem Blue Cross Life and Health will pay in-network and out-of-network covered services (including prescription drugs) at 100% of covered expense up to the Health Incentive Allocation (HIA). After HIA has been exhausted, the deductible must be satisfied before Anthem Blue Cross Life and Health will pay for subsequent covered services (note: in-network preventive care is not subject to the deductible). HIA will be applied toward the annual deductible. If your effective date starts in a month other than January, the amount of your HIA will be prorated based on the month of the effective date. If you do not use the full amount of your allocation by the end of the year, the unused portion, up to a specified maximum, will be carried over for use in the next year.
 4 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 (EODC) or Certificate for full details.
 5 Copays listed apply when a generic equivalent is not available. If a member selects a brand-name drug when a generic equivalent drug is available, even if the physician writes a "dispense as written" or "do not substitute" prescription, the member will be responsible for the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.
 6 Members may select a brand-name drug when a generic drug is available if the physician writes, "dispense as written" or "do not substitute" prescription.
 7 Elements Hospital Preferred, Elements Hospital Plus and Elements Hospital plans are basic hospital and limited professional benefits plans. Some covered services are limited.

