

# You Choose HMO

Individual and family health coverage plans for California



**Anthem Blue Cross is more than a health benefits company. We're here to make your life easier — from giving you the resources to meet personal health goals to ensuring you have access to care for all of you, at every stage of life.**

## Simplified payments

You can set up a recurring payment using electronic funds transfer (EFT) or bank draft, which means your premium will automatically be paid from your bank account each month.

Once you're enrolled, you can use WebPay to pay your monthly premiums. This payment program allows you to enroll in automatic recurring payments with a Visa or MasterCard debit or credit card.

If you choose to make regular credit card payments, make sure your card's expiration date and other account information stays up-to-date.

## What does it mean to shop on or off the exchange?

- **Shop and choose an Anthem plan off the exchange.** We have lots of plans to choose from, and we can help you find one that suits your needs.
  - Contact your agent and ask about our plans.
- **Shop on the exchange** and choose any plan you qualify for that's offered on Covered California — our state's online health insurance marketplace or exchange. You can still buy a plan from us when you shop on the exchange.
  - Contact your agent to learn more.
  - You can compare plans, get quotes and find out if you qualify for a premium tax credit or lower out-of-pocket costs.

## Dental benefits

We offer a variety of Individual and Family dental plans to fit your health care needs and budget:

- Dental Prime (off the exchange)
- Dental Blue PPO — Basic (off the exchange)
- Dental Blue PPO — Enhanced (off the exchange)
- Dental Select HMO (off the exchange)
- Anthem Family Dental PPO (on the exchange)

Anthem Blue Cross can help you get the dental care you need for better overall health. Finding a dentist is easy. We have a robust network of dentists to choose from. Many of our dental plans include 100% coverage for exams, cleanings and X-rays when you see an in-network dentist.

## Vision benefits

We also offer a Blue View Vision<sup>SM</sup> plan, which you can add to any Anthem Blue Cross health and/or dental plan that's off the exchange.

Our large national vision network gives you:

- Over 33,000 eye doctors at more than 26,000 locations to choose from.
- Access to 1-800 CONTACTS online or by phone, private practice eye doctors, and in-store visits to major retailers.

Blue View Vision coverage includes:

- Eye exams once every 12 months.
- Standard lenses (single vision, bifocal and trifocal) once every 24 months.
- Contact lenses (conventional and disposable) once every 24 months.
- Frames once every 24 months and much more.

## Child dental and vision benefits

All of our medical plans include vision and dental benefits for children up to age 19.

## Take a look at all the extras that come with our HMO plans

### Health and wellness programs

Whether you're looking for one-on-one coaching or pregnancy support, we're here to give you the help you need, *when you need it* — at no extra cost. Here are some examples how:

- Day or night, you can talk to a registered nurse about your health concerns through our 24/7 NurseLine. Whether it's a question about allergies, the flu or choosing between the emergency room (ER) or urgent care, our nurses are always there for you.
- Your health is our top priority. If you have an ongoing or complex health problem, a case manager may call you to see how we can help you manage your condition and give you information and emotional support services.

And don't forget about those checkups! Your yearly exams, flu shots and other preventive care services are covered 100% with your health plan when you see a provider in our network.

Please keep in mind that only members who stay in the HMO network are eligible to retain certain benefits.

## Ready to enroll?

Call your Anthem Blue Cross agent today!

# Take advantage of network discounts for covered benefits – both before and after meeting the deductible.

This overview shows your share of the costs with network providers after any deductibles are met, unless otherwise noted.

HMO plans	Off the exchange (Off): Anthem Silver 70 D HMO (1G02)	Off: Anthem Gold 80 D HMO (1G0B)	Off: Anthem Platinum 90 D HMO (1G0H)	
	On the exchange (On): Anthem Silver 70 HMO (1G01)	On: Anthem Gold 80 HMO (1G0A)	On: Anthem Platinum 90 HMO (1G0G)	
<b>Individual deductible</b> Family = 2 X Individual amount	\$2,250	\$0	\$0	<b>Individual deductible</b> Family = 2 X Individual amount
<b>Individual out-of-pocket limit</b> (includes deductible, copays, coinsurance and pharmacy; Family = 2 X Individual amount)	\$6,250	\$6,200	\$4,000	<b>Individual out-of-pocket limit</b> (includes deductible, copays, coinsurance and pharmacy; Family = 2 X Individual amount)
<b>Coinsurance</b>	20% coinsurance	20% coinsurance	10% coinsurance	<b>Coinsurance</b>
<b>Office visit: primary care physician (PCP)</b> (includes postnatal visits) <b>Note:</b> Other office services may be subject to a deductible and plan coinsurance.	\$45 copay, unlimited	\$35 copay, unlimited	\$20 copay, unlimited	<b>Office visit: primary care physician (PCP)</b> (includes postnatal visits) <b>Note:</b> Other office services may be subject to a deductible and plan coinsurance.
<b>Office visit: specialist</b>	\$70 copay, unlimited	\$55 copay, unlimited	\$40 copay, unlimited	<b>Office visit: specialist</b>
<b>Laboratory</b>	\$35 copay	\$35 copay	\$20 copay	<b>Laboratory</b>
<b>Outpatient diagnostic tests</b> (examples: X-ray, EKG)	\$65 copay	\$50 copay	\$40 copay	<b>Outpatient diagnostic tests</b> (examples: X-ray, EKG)
<b>Preventive care</b>	No additional cost to you	No additional cost to you	No additional cost to you	<b>Preventive care</b>
<b>Urgent care</b>	\$90 copay, not subject to deductible	\$60 copay	\$40 copay	<b>Urgent care</b>
<b>Emergency room (ER) care</b> The copay is waived if the patient is admitted into the hospital from the ER.	Deductible, then \$250 copay	\$250 copay	\$150 copay	<b>Emergency room (ER) care</b> The copay is waived if the patient is admitted into the hospital from the ER.
<b>Hospital: inpatient admission</b> (includes in-hospital maternity, mental health and substance abuse services)	Deductible, then 20% coinsurance	\$600 copay per day up to 5 days	\$250 copay per day up to 5 days	<b>Hospital: inpatient admission</b> (includes in-hospital maternity, mental health and substance abuse services)
<b>Hospital: outpatient surgery hospital facility</b> (includes outpatient maternity, mental health and substance abuse services)	20% coinsurance	\$600 copay	\$250 copay	<b>Hospital: outpatient surgery hospital facility</b> (includes outpatient maternity, mental health and substance abuse services)
<b>Maternity</b> (includes delivery and all inpatient hospital services)	Deductible, then 20% coinsurance	\$600 copay per day up to 5 days	\$250 copay per day up to 5 days	<b>Maternity</b> (includes delivery and all inpatient hospital services)
<b>Retail pharmacy deductible</b>	Tier 1: no deductible Tiers 2, 3 and 4: \$250 pharmacy deductible	No deductible	No deductible	<b>Retail pharmacy deductible</b>
<b>Retail pharmacy Tier 1</b>	\$15 copay	\$15 copay	\$5 copay	<b>Retail pharmacy Tier 1</b>
<b>Retail pharmacy Tier 2</b>	\$50 copay	\$50 copay	\$15 copay	<b>Retail pharmacy Tier 2</b>
<b>Retail pharmacy Tier 3</b>	\$70 copay	\$70 copay	\$25 copay	<b>Retail pharmacy Tier 3</b>
<b>Retail pharmacy Tier 4</b>	20% coinsurance up to \$250 max per prescription	20% coinsurance up to \$250 max per prescription	10% coinsurance up to \$250 max per prescription	<b>Retail pharmacy Tier 4</b>

This is intended to be a brief overview of benefits, not a legal contract. The entire provisions of benefits, limitations and exclusions can be found in the policy. In the event of a conflict between the policy and this overview, the terms of the policy should be followed. The above plans and benefits are subject regulatory review and approval.

## ZIP code exclusions

While we sell HMO plans throughout California, the products are not available in some areas. Below is a list of excluded ZIP codes:

County	Exclusions
Los Angeles	<b>HMO not offered in these ZIP codes:</b> 90313, 90397, 90398, 90612, 90623, 90630, 90631, 90659, 90704, 90822, 90845, 90888, 91131, 91191, 91310, 91354, 91363, 91383, 91384, 91390, 91399, 91497, 91709, 91797, 91799, 91841, 93243, 93532, 93544
Orange	No excluded ZIP codes for HMO
San Diego	<b>HMO not offered in these ZIP codes:</b> 91905, 91906, 91916, 91934, 91948, 91962, 91963, 91980, 91987, 91990, 92004, 92066, 92070, 92086, 92090, 92133, 92194
El Dorado, Placer, Sacramento and Yolo	<b>HMO not offered in these ZIP codes:</b> <b>El Dorado:</b> 95613, 95619, 95623, 95633, 95636, 95656, 95667, 95684, 95709, 95720, 95721, 95726, 95735, 96142, 96150, 96151, 96152, 96154, 96155, 96156, 96157, 96158 <b>Placer:</b> 95701, 95714, 95715, 95717, 96140, 96141, 96143, 96145, 96146, 96148 <b>Sacramento:</b> 95641 <b>Yolo:</b> 95606, 95607, 95627, 95637, 95645, 95679, 95698, 95937
Santa Clara	<b>HMO not offered in these ZIP codes:</b> 95020, 95021, 95038, 95046
Fresno, Kings and Madera	No excluded ZIP codes for HMO
Riverside and San Bernardino	<b>HMO not offered in these ZIP codes:</b> <b>Riverside:</b> 91720, 92201, 92202, 92203, 92210, 92211, 92225, 92226, 92234, 92235, 92236, 92239, 92240, 92241, 92247, 92248, 92253, 92254, 92255, 92258, 92260, 92261, 92262, 92263, 92264, 92270, 92274, 92276, 92282, 92292, 92330, 92343, 92561 <b>San Bernardino:</b> 91798, 92242, 92252, 92256, 92267, 92268, 92277, 92278, 92280, 92284, 92285, 92286, 92301, 92304, 92309, 92310, 92314, 92315, 92323, 92332, 92333, 92338, 92342, 92347, 92356, 92363, 92364, 92365, 92366, 92386, 92414, 92424, 93555, 93558, 93562, 93592

For more information, ask your Anthem Blue Cross agent today!

