

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.

You're covered when you travel

Whether you're traveling for work or on vacation, going to the ER or urgent care is probably the last thing you want to worry about. The good news is you don't have to!

With the Blue Cross and Blue Shield Association's BlueCard® program, you can get care anywhere in the U.S. or worldwide!

When you're traveling outside of your home state, it's good to know our PPO plans cover emergency and urgent care in all 50 states through BlueCard — as well as non-emergency care when you visit participating BlueCard providers in the U.S. or abroad. You can see any provider you wish, but you'll pay less out of pocket when you use BlueCard providers and hospitals.

Outside the U.S.

BlueCard Worldwide® is a medical assistance program that connects our members traveling or living outside the United States, Puerto Rico and the U.S. Virgin Islands to a network of more than 9,000 hospitals and 21,000 health care professionals and outpatient care centers around the world.

Through the BlueCard Worldwide Service Center, members get claims support, referrals to providers, translation services and medical monitoring, 24/7. In addition, the BlueCard Worldwide Service Center may also provide medical evacuation coordination and other services, depending on the member's benefits and home plan.

The difference between network providers and non-network providers

Network providers
Doctors and other health care providers who contract with us to provide care at discounted rates.

Non-network providers
Doctors and other health care providers who are not contracted with the health plan.

NOTE: A provider may not have a contract, but may still be participating in your plan.

Health and wellness programs

Whether you're looking for one-on-one coaching, pregnancy support or financial counseling, we're here to give you the help you need, when you need it — at no extra cost. Here are just a couple of the many ways we can help:

- Day or night, you can talk to a registered nurse about your health concerns through our 24/7 NurseLine.
- 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.

Plus, 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.

Virtual doctor visits

When you or a family member are under the weather with the flu, allergies, fever or other common health problems, the LiveHealth Online tool is a convenient way for you to talk face-to-face with a board certified doctor when your own doctor isn't available.¹ Just use your computer or mobile device to access medical care when you need it, 24/7. No appointments, no driving and no waiting at an urgent care center. All you have to do is sign up at livehealthonline.com or download the app.

Using LiveHealth Online, you can:

- See a doctor via video chat in minutes.
- Get medical advice, diagnoses, proper treatment and even preprescriptionions, as needed.
- Quickly address common health problems, like allergies, colds, rashes, fever and more.

¹ LiveHealth Online is the trade name of the Health Management Corporation. It's offered in most states and expected to expand into more areas in the near future. Visit the home page at livehealthonline.com to see the latest map showing where service is available. LiveHealth Online is legally permitted only in certain states and currently only available in English. LiveHealth Online visits will have the same PCP office visit cost share listed in the chart.

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 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.

Anthem Blue Cross is more than a health benefits company. We're here to make your life easier — from giving you the resources to get and stay healthy to ensuring you have access to care no matter where you are.

Take a look at all the extras that come with our Tiered PPO plans

You get the flexibility of a PPO with the lower prices of a two-tier hospital network. Plus, all of our Tiered PPO plans include out-of-network benefits. You'll pay less when you stay in our network, but you'll have the flexibility to go out of the network if you need to.

The in-network hospitals in the two-tier network are Preferred In-Network (Tier 1) Hospitals and In-Network (Tier 2) Hospitals

- **Tier 1 — Preferred In-Network:** Your financial responsibility for covered services will be less with a Tier 1 hospital, compared to a Tier 2 hospital. We've negotiated the lowest out-of-pocket costs for covered services with Tier 1 hospitals. Also, you'd be responsible for lower coinsurance on most plans.²
- **Tier 2 — In-Network:** These hospitals have higher out-of-pocket costs. They've agreed to be part our network, but without the deep discounts offered by Tier 1 hospitals. With Tier 2 facilities, you'd be responsible for a higher coinsurance on most plans.³

^{2, 3} Keep in mind that with some Bronze plans, you'll need to pay 100% of the cost for inpatient and outpatient services until you meet the plan's out-of-pocket limit. Once you meet the out-of-pocket limit, we'll pay 100%. You'll still end up paying less through our negotiated rates with these providers.

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.

Ready to enroll?

Call your Anthem Blue Cross agent today!



This brochure gives you an overview of available Tiered PPO plans, tools and programs. Before enrolling, be sure to ask your agent for plan-specific benefit details, exclusions and limitations.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.



You Choose Tiered PPO plans

Individual and family health coverage plans for California



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For more information, ask 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. Non-network providers' costs are generally higher. Be sure to ask your agent for plan-specific brochures with detailed benefits, exclusions and limitations for you to review before enrolling.

Tiered PPO plans	Off the exchange (Off): Anthem Minimum Coverage D PPO (a Tiered PPO plan) (1X5N)*	Off: Anthem Bronze Pathway PPO 5000/25% (a Tiered PPO plan) (1X5H)	Off: Anthem Bronze Pathway PPO 5750/20% (a Tiered PPO plan) (1X5J)	Off: Anthem Bronze Pathway PPO 6600/20% (a Tiered PPO plan) (1X5K)	Off: Anthem Bronze 60 D PPO (a Tiered PPO plan) (1X5E)	Off: Anthem Bronze 60 D Health Savings Account PPO (a Tiered PPO plan) (1X5D)	Off: Anthem Silver Pathway PPO 1750/30% (a Tiered PPO plan) (1X5Y)	Off: Anthem Silver Pathway PPO 2000/25% (a Tiered PPO plan) (1X5X)	Off: Anthem Silver 70 D PPO (a Tiered PPO plan) (1X5S)	Off: Anthem Gold 80 D PPO (a Tiered PPO plan) (1X5L)	Off: Anthem Platinum 90 D PPO (a Tiered PPO plan) (1X5Q)	
	On the exchange (On): Anthem Minimum Coverage PPO (a Tiered PPO plan) (1X5P)*				On: Anthem Bronze 60 PPO (a Tiered PPO plan) (1X5G)	On: Anthem Bronze 60 Health Savings Account PPO (a Tiered PPO plan) (1X5F)			On: Anthem Silver 70 PPO, a Multi-State Plan (a Tiered PPO plan) (1X5T)	On: Anthem Gold 80 PPO, a Multi-State Plan (a Tiered PPO plan) (1X5M)	On: Anthem Platinum 90 PPO (a Tiered PPO plan) (1X5R)	
Individual deductible Family = 2 X Individual amount	\$6,850	\$5,000	\$5,750	\$6,600	\$6,000	\$4,500	\$1,750	\$2,000	\$2,250	\$0	\$0	Individual deductible Family = 2 X Individual amount
Individual out-of-pocket limit (includes deductible, copays, coinsurance and pharmacy; Family = 2 X Individual amount)	\$6,850	\$6,450	\$6,600	\$6,850	\$6,500	\$6,500	\$6,350	\$6,350	\$6,250	\$6,200	\$4,000	Individual out-of-pocket limit (includes deductible, copays, coinsurance and pharmacy; Family = 2 X Individual amount)
Coinsurance	0% coinsurance	25% coinsurance	20% coinsurance	20% coinsurance	NA	40% coinsurance	30% coinsurance	25% coinsurance	20% coinsurance	20% coinsurance	10% coinsurance	Coinsurance
Office visit: primary care physician (PCP) (includes postnatal visits) Note: Other office services may be subject to a deductible and plan coinsurance.	First 3 office visits: \$0 copay, deductible waived 4+ office visits: deductible, then 0% coinsurance	Deductible, then 25% coinsurance	First 2 office visits: \$50 copay, deductible waived 3+ office visits: deductible, then 20% coinsurance	\$50 copay, unlimited	First 3 office visits: \$70 copay, deductible waived 4+ office visits: deductible, then \$70 copay	Deductible, then 40% coinsurance	First 2 office visits: \$35 copay, deductible waived 3+ office visits: deductible, then 30% coinsurance	First 3 office visits: \$35 copay, deductible waived 4+ office visits: deductible, then 25% coinsurance	\$45 copay, unlimited	\$35 copay, unlimited	\$20 copay, unlimited	Office visit: primary care physician (PCP) (includes postnatal visits) Note: Other office services may be subject to a deductible and plan coinsurance.
Office visit: specialist	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	First 3 office visits: \$90 copay, deductible waived 4+ office visits: deductible, then \$90 copay	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	\$70 copay, unlimited	\$55 copay, unlimited	\$40 copay, unlimited	Office visit: specialist
Laboratory	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$40 copay	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	Deductible, then \$35 copay and 0% coinsurance	Deductible, then \$35 copay and 0% coinsurance	\$20 copay	Laboratory
Outpatient diagnostic tests (examples: X-ray, EKG)	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 100% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	\$65 copay, not subject to deductible	\$50 copay	\$40 copay	Outpatient diagnostic tests (examples: X-ray, EKG)
Preventive care	No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you	No additional cost to you	Preventive care
Urgent care	First 3 office visits: \$120 copay, deductible waived 4+ office visits: deductible, then \$120 copay	Deductible, then \$50 copay and 25% coinsurance	Deductible, then \$50 copay and 20% coinsurance	Deductible, then \$50 copay and 20% coinsurance	First 3 office visits: \$120 copay, deductible waived 4+ office visits: deductible, then \$120 copay	Deductible, then 40% coinsurance	Deductible, then \$50 copay and 30% coinsurance	Deductible, then \$50 copay and 25% coinsurance	\$90 copay, not subject to deductible	\$60 copay	\$40 copay	Urgent care
Emergency room (ER) care The copay is waived if the patient is admitted into the hospital from the ER.	Deductible, then 0% coinsurance	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$350 copay and 20% coinsurance	Deductible, then \$200 copay and 20% coinsurance	Deductible, then 100% coinsurance	Deductible, then 40% coinsurance	Deductible, then \$200 copay and 30% coinsurance	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$250 copay	\$250 copay	\$150 copay	Emergency room (ER) care The copay is waived if the patient is admitted into the hospital from the ER.
Hospital: inpatient admission (includes in-hospital maternity, mental health and substance abuse services)	Deductible, then 0% coinsurance	Tier 1: deductible, then 25% coinsurance Tier 2: deductible, then 50% coinsurance	Tier 1: deductible, then 20% coinsurance Tier 2: deductible, then 40% coinsurance	Tier 1: deductible, then 20% coinsurance Tier 2: 50% coinsurance	Tier 1: deductible, then 100% coinsurance ² Tier 2: deductible, then 100% coinsurance ³	Tier 1: deductible, then 40% coinsurance Tier 2: 50% coinsurance	Tier 1: deductible, then 30% coinsurance Tier 2: deductible, then 50% coinsurance	Tier 1: deductible, then 25% coinsurance Tier 2: deductible, then 50% coinsurance	Tier 1: deductible, then 20% coinsurance Tier 2: deductible, then 50% coinsurance	Tier 1: 20% coinsurance Tier 2: 50% coinsurance	Tier 1: 10% coinsurance Tier 2: 40% coinsurance	Hospital: inpatient admission (includes in-hospital maternity, mental health and substance abuse services)
Hospital: outpatient surgery hospital facility (includes outpatient maternity, mental health and substance abuse services)	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 100% coinsurance	Deductible, then 40% coinsurance	Deductible, then 30% coinsurance	Deductible, then 25% coinsurance	20% coinsurance, not subject to deductible	20% coinsurance	10% coinsurance	Hospital: outpatient surgery hospital facility (includes outpatient maternity, mental health and substance abuse services)
Maternity (includes delivery and all inpatient hospital services)	Deductible, then 0% coinsurance	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Tier 1: deductible, then 100% coinsurance Tier 2: deductible, then 100% coinsurance	Deductible, then 40% coinsurance	Tier 1: deductible, then 30% coinsurance Tier 2: deductible, then 50% coinsurance	Tier 1: deductible, then 25% coinsurance Tier 2: deductible, then 50% coinsurance	Tier 1: deductible, then 20% coinsurance Tier 2: deductible, then 50% coinsurance	Tier 1: 20% coinsurance Tier 2: 50% coinsurance	Tier 1: 10% coinsurance Tier 2: 40% coinsurance	Maternity (includes delivery and all inpatient hospital services)
Retail pharmacy deductible	Combined with medical deductible	Combined with medical deductible	Combined with medical deductible	Tiers 1 and 2: no deductible Tiers 3 and 4: medical deductible applies	Tiers 1, 2, 3 and 4: \$500 pharmacy deductible	Combined with medical deductible	Tiers 1 and 2: no deductible Tiers 3 and 4: combined with medical deductible	Combined with medical deductible	No deductible	No deductible	No deductible	Retail pharmacy deductible
Retail pharmacy Tier 1	0% coinsurance	25% coinsurance	20% coinsurance	\$35 copay	Deductible, then 100% coinsurance up to \$500 per prescription	Deductible, then 40% coinsurance	\$19 copay	25% coinsurance	\$15 copay	\$15 copay	\$5 copay	Retail pharmacy Tier 1
Retail pharmacy Tier 2	0% coinsurance	25% coinsurance	20% coinsurance	\$65 copay	Deductible, then 100% coinsurance up to \$500 per prescription	Deductible, then 40% coinsurance	\$40 copay	25% coinsurance	\$50 copay, prescription deductible applies	\$50 copay	\$15 copay	Retail pharmacy Tier 2
Retail pharmacy Tier 3	0% coinsurance	25% coinsurance	20% coinsurance	20% coinsurance	Deductible, then 100% coinsurance up to \$500 per prescription	Deductible, then 40% coinsurance	30% coinsurance	25% coinsurance	\$70 copay, prescription deductible applies	\$70 copay	\$25 copay	Retail pharmacy Tier 3
Retail pharmacy Tier 4	0% coinsurance	25% coinsurance	20% coinsurance	20% coinsurance	Deductible, then 100% coinsurance up to \$500 per prescription	Deductible, then 40% coinsurance	30% coinsurance	25% coinsurance	20% coinsurance up to \$250 per prescription	20% coinsurance up to \$250 per prescription	10% coinsurance up to \$250 per prescription	Retail pharmacy Tier 4

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.

*Our Minimum Coverage plans are available on and off the exchange to applicants under age 30, or to applicants 30 years of age or older with a hardship exemption. All applicants must meet basic eligibility requirements for these plans.