

California  
Effective January 1, 2019

# Small Group medical products

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

Plan type	HMO		
	California Care HMO	Select HMO	Select PPO
Plan name	Anthem Platinum HMO 10	Anthem Platinum Select HMO 10	Anthem Platinum Select PPO 15/10% <sup>†</sup>
Network	California Care HMO	Select HMO	Select PPO
Contract code	3KDT	3KDP	3KED
Deductible (individual/family)	\$0/\$0	\$0/\$0	\$0/\$0
Out-of-network deductible (individual/family)	Not applicable	Not applicable	\$2,000/\$4,000
Coinsurance	0%	0%	10%
Out-of-network coinsurance	Not applicable	Not applicable	50%
Out-of-pocket maximum (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$3,350/\$6,700
Out-of-network out-of-pocket maximum (individual/family)	Not applicable	Not applicable	\$6,700/\$13,400
Office visits: Primary care/Specialist	\$10/\$30	\$10/\$30	\$15/\$30
Doctor visits: LiveHealth Online <sup>1</sup>	0% coinsurance	0% coinsurance	\$0 for first 3 visits, then \$10
Urgent care (facility)	\$10	\$10	\$15
Emergency room (facility)	\$200	\$200	\$150
Outpatient surgery (facility)	\$150	\$150	Deductible, then 10% coinsurance
Hospital inpatient admission	\$250 copay per day up to 3 days per admission	\$250 copay per day up to 3 days per admission	Deductible, then 10% coinsurance
Pharmacy deductible <sup>2</sup> (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$5/\$15/\$35/\$70/30% up to \$250 per script	\$5/\$15/\$35/\$70/30% up to \$250 per script	\$5/\$15/\$25/10% up to \$250 per script
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$13/\$38/\$105/\$210/30% up to \$250 per script	\$13/\$38/\$105/\$210/30% up to \$250 per script	\$13/\$38/\$63/10% up to \$250 per script

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.

<sup>†</sup> These plans include pharmacy tier 1, tier 2, tier 3, and tier 4. They do not include generic split tier 1a and 1b. See Summary of Benefits (SOB) for detail.

◇ 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 AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

The below overview represents in-network benefits. Our PPO plans 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/](http://plan-summaries.anthem.com/sobdps/).

**Plans offered by Anthem Blue Cross.**

**Platinum plans**

**PPO**

Anthem Platinum PPO 20/10%	Anthem Platinum Select PPO 20/10%	Anthem Platinum PPO 15/250/10%	Anthem Platinum Select PPO 15/250/10%
Prudent Buyer PPO	Select PPO	Prudent Buyer PPO	Select PPO
3KHP	3KHK	3KFX	3KG1
\$0/\$0	\$0/\$0	\$250/\$750	\$250/\$750
\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
10%	10%	10%	10%
50%	50%	50%	50%
\$3,300/\$6,600	\$3,300/\$6,600	\$3,800/\$7,600	\$3,800/\$7,600
\$6,600/\$13,200	\$6,600/\$13,200	\$7,600/\$15,200	\$7,600/\$15,200
\$20/\$40	\$20/\$40	\$15/\$30	\$15/\$30
\$0 for first 3 visits, then \$10	\$0 for first 3 visits, then \$10	\$0 for first 3 visits, then \$10	\$0 for first 3 visits, then \$10
\$40	\$40	\$30	\$30
\$150, then 10% coinsurance	\$150, then 10% coinsurance	Deductible, then \$200 and 10% coinsurance	Deductible, then \$200 and 10% coinsurance
10% coinsurance	10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
10% coinsurance	10% coinsurance	Deductible, then 10% coinsurance	Deductible, then 10% coinsurance
Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
\$5/\$15/\$35/\$70/30% up to \$250 per script	\$5/\$15/\$35/\$70/30% up to \$250 per script	\$5/\$15/\$35/\$70/30% up to \$250 per script	\$5/\$15/\$35/\$70/30% up to \$250 per script
\$13/\$38/\$105/\$210/30% up to \$250 per script	\$13/\$38/\$105/\$210/30% up to \$250 per script	\$13/\$38/\$105/\$210/30% up to \$250 per script	\$13/\$38/\$105/\$210/30% up to \$250 per script

1 Cost shares listed for Live Health Online visits are applicable to medical visits with medical doctors. They don't apply to behavioral health related visits with psychiatrists and therapists; and lactation consultant visits.

2 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.

3 Home delivery program typically covers up to a 90-day supply for tier 1a, tier 1b, tier 2, and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

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

Plan type	HMO		
Plan name	Anthem Gold HMO 25	Anthem Gold Select HMO 25	Anthem Gold HMO 35
Network	California Care HMO	Select HMO	California Care HMO
Contract code	3KHF	3KHB	306V
Deductible (individual/family)	\$0/\$0	\$0/\$0	\$0/\$0
Out-of-network deductible (individual/family)	Not applicable	Not applicable	Not applicable
Coinsurance	0%	0%	0%
Out-of-network coinsurance	Not applicable	Not applicable	Not applicable
Out-of-pocket maximum (individual/family)	\$5,500/\$11,000	\$5,500/\$11,000	\$5,500/\$11,000
Out-of-network out-of-pocket maximum (individual/family)	Not applicable	Not applicable	Not applicable
Office visits: Primary care/Specialist	\$25/\$50	\$25/\$50	\$35/\$70
Doctor visits: LiveHealth Online <sup>1</sup>	\$0 for first 3 visits, then \$10	\$0 for first 3 visits, then \$10	\$0 for first 3 visits, then \$15
Urgent care (facility)	\$25	\$25	\$35
Emergency room (facility)	\$250	\$250	\$250
Outpatient surgery (facility)	\$300	\$300	\$500
Hospital inpatient admission	\$500 copay per day up to 3 days per admission	\$500 copay per day up to 3 days per admission	\$750 copay per day up to 3 days per admission
Pharmacy deductible <sup>2</sup> (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$5/\$15/\$35/\$70/30% up to \$250 per script	\$5/\$15/\$35/\$70/30% up to \$250 per script	\$5/\$20/\$40/\$80/30% up to \$250 per script
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$13/\$38/\$105/\$210/30% up to \$250 per script	\$13/\$38/\$105/\$210/30% up to \$250 per script	\$13/\$50/\$120/\$240/30% up to \$250 per script

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 include pharmacy tier 1, tier 2, tier 3, and tier 4. They do not include generic split tier 1a and 1b. See Summary of Benefits (SOB) for detail.

◇ 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 AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

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**Plans offered by Anthem Blue Cross.**

Gold plans			
	EPO		PPO
Anthem Gold Select HMO 35	Anthem Gold EPO 35/500/20% *NEW*	Anthem Gold EPO 35/1700/20% *NEW*	Anthem Gold Select PPO 30/20% <sup>†</sup>
Select HMO	Prudent Buyer PPO	Prudent Buyer PPO	Select PPO
306R	306Z	3073	3KE5
\$0/\$0	\$500/\$1,500	\$1,700/\$3,400	\$0/\$0
Not applicable	Not applicable	Not applicable	\$2,000/\$4,000
0%	20%	20%	20%
Not applicable	Not applicable	Not applicable	50%
\$5,500/\$11,000	\$6,000/\$12,000	\$4,350/\$8,700	\$7,200/\$14,400
Not applicable	Not applicable	Not applicable	\$14,400/\$28,800
\$35/\$70	\$35/\$55	\$35/\$60	\$30/\$55
\$0 for first 3 visits, then \$15	\$0 for first 3 visits, then \$15	\$0 for first 3 visits, then \$15	\$0 for first 3 visits, then \$15
\$35	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$30
\$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$325
\$500	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
\$750 copay per day up to 3 days per admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Tiers 1-4: No deductible	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tiers 1-4: No deductible
\$5/\$20/\$40/\$80/30% up to \$250 per script	\$5/\$20/\$40/25% up to \$250 per script/30% up to \$250 per script	\$5/\$20/\$40/25% up to \$250 per script/30% up to \$250 per script	\$15/\$55/\$75/20% up to \$250 per script
\$13/\$50/\$120/\$240/30% up to \$250 per script	\$13/\$50/\$120/25% up to \$750 per script/30% up to \$250 per script	\$13/\$50/\$120/25% up to \$750 per script/30% up to \$250 per script	\$38/\$138/\$188/20% up to \$250 per script

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2 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.

3 Home delivery program typically covers up to a 90-day supply for tier 1a, tier 1b, tier 2, and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

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

Plan type			
Plan name	Anthem Gold PPO 20/30%	Anthem Gold Select PPO 20/30%	Anthem Gold PPO 30/500/20%
Network	Prudent Buyer PPO	Select PPO	Prudent Buyer PPO
Contract code	3KF7	3KFB	3KFF
Deductible (individual/family)	\$0/\$0	\$0/\$0	\$500/\$1,500
Out-of-network deductible (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	30%	30%	20%
Out-of-network coinsurance	50%	50%	50%
Out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$6,500/\$13,000	\$6,800/\$13,600
Out-of-network out-of-pocket maximum (individual/family)	\$13,000/\$26,000	\$13,000/\$26,000	\$13,600/\$27,200
Office visits: Primary care/Specialist	\$20/\$50	\$20/\$50	\$30/\$60
Doctor visits: LiveHealth Online <sup>1</sup>	\$0 for first 3 visits, then \$10	\$0 for first 3 visits, then \$10	\$0 for first 3 visits, then \$15
Urgent care (facility)	\$50	\$50	\$60
Emergency room (facility)	\$250, then 30% coinsurance	\$250, then 30% coinsurance	Deductible, then \$250 and 20% coinsurance
Outpatient surgery (facility)	30% coinsurance	30% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	30% coinsurance	30% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible <sup>2</sup> (individual/family)	Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible
Retail pharmacy: 30-day supply (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$5/\$20/\$40/\$80/30% up to \$250 per script	\$5/\$20/\$40/\$80/30% up to \$250 per script	\$5/\$20/\$40/\$80/30% up to \$250 per script
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$13/\$50/\$120/\$240/30% up to \$250 per script	\$13/\$50/\$120/\$240/30% up to \$250 per script	\$13/\$50/\$120/\$240/30% up to \$250 per script

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.

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**Plans offered by Anthem Blue Cross.**

**Gold plans**

**PPO**

Anthem Gold Select PPO 30/500/20%	Anthem Gold PPO 30/750/20%	Anthem Gold Select PPO 30/750/20%	Anthem Gold PPO 35/1000/20%
Select PPO	Prudent Buyer PPO	Select PPO	Prudent Buyer PPO
3KFK	3KGD	3KGH	3KGM
\$500/\$1,500	\$750/\$2,250	\$750/\$2,250	\$1,000/\$3,000
\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
20%	20%	20%	20%
50%	50%	50%	50%
\$6,800/\$13,600	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
\$13,600/\$27,200	\$14,000/\$28,000	\$14,000/\$28,000	\$14,000/\$28,000
\$30/\$60	\$30/\$55	\$30/\$55	\$35/\$60
\$0 for first 3 visits, then \$15	\$0 for first 3 visits, then \$15	\$0 for first 3 visits, then \$15	\$0 for first 3 visits, then \$15
\$60	\$55	\$55	\$60
Deductible, then \$250 and 20% coinsurance	Deductible, then \$250 and 20% coinsurance	Deductible, then \$250 and 20% coinsurance	Deductible, then \$250 and 20% coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$250/\$500 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible
\$5/\$20/\$40/\$80/30% up to \$250 per script	\$5/\$20/\$40/\$80/30% up to \$250 per script	\$5/\$20/\$40/\$80/30% up to \$250 per script	\$5/\$20/\$40/\$80/30% up to \$250 per script
\$13/\$50/\$120/\$240/30% up to \$250 per script	\$13/\$50/\$120/\$240/30% up to \$250 per script	\$13/\$50/\$120/\$240/30% up to \$250 per script	\$13/\$50/\$120/\$240/30% up to \$250 per script

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

Plan type	Gold plans		
	PPO	HMO	
Plan name	Anthem Gold Select PPO 35/1000/20%	Anthem Silver HMO 55 *NEW*	Anthem Silver Select HMO 55 *NEW*
Network	Select PPO	California Care HMO	Select HMO
Contract code	3KGR	3KJR	3KJV
Deductible (individual/family)	\$1,000/\$3,000	\$0/\$0	\$0/\$0
Out-of-network deductible (individual/family)	\$2,000/\$4,000	Not applicable	Not applicable
Coinsurance	20%	0%	0%
Out-of-network coinsurance	50%	Not applicable	Not applicable
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,900/\$15,800	\$7,900/\$15,800
Out-of-network out-of-pocket maximum (individual/family)	\$14,000/\$28,000	Not applicable	Not applicable
Office visits: Primary care/Specialist	\$35/\$60	\$55/\$85	\$55/\$85
Doctor visits: LiveHealth Online <sup>1</sup>	\$0 for first 3 visits, then \$15	\$0 for first 3 visits, then \$20	\$0 for first 3 visits, then \$20
Urgent care (facility)	\$60	\$55	\$55
Emergency room (facility)	Deductible, then \$250 and 20% coinsurance	\$350	\$350
Outpatient surgery (facility)	Deductible, then 20% coinsurance	\$500	\$500
Hospital inpatient admission	Deductible, then 20% coinsurance	\$500 copay per day up to 4 days per admission	\$500 copay per day up to 4 days per admission
Pharmacy deductible <sup>2</sup> (individual/family)	Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$500/\$1,000 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$500/\$1,000 Pharmacy deductible
Retail pharmacy: 30-day supply (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$5/\$20/\$40/\$80/30% up to \$250 per script	\$5/\$20/\$80/\$110/30% up to \$250 per script	\$5/\$20/\$80/\$110/30% up to \$250 per script
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$13/\$50/\$120/\$240/30% up to \$250 per script	\$13/\$50/\$240/\$330/30% up to \$250 per script	\$13/\$50/\$240/\$330/30% up to \$250 per script

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**Plans offered by Anthem Blue Cross.**

Silver plans			
		PPO	
Anthem Silver HMO 55/2250/40%	Anthem Silver Select HMO 55/2250/40%	Anthem Silver PPO 40/1500/40%	Anthem Silver Select PPO 40/1500/40%
California Care HMO	Select HMO	Prudent Buyer PPO	Select PPO
3KL7	3KKH	3KGV	3KGZ
\$2,250/\$4,500	\$2,250/\$4,500	\$1,500/\$3,000	\$1,500/\$3,000
Not applicable	Not applicable	\$3,000/\$6,000	\$3,000/\$6,000
40%	40%	40%	40%
Not applicable	Not applicable	50%	50%
\$7,900/\$15,800	\$7,900/\$15,800	\$7,600/\$15,200	\$7,600/\$15,200
Not applicable	Not applicable	\$15,200/\$30,400	\$15,200/\$30,400
\$55/\$100	\$55/\$100	\$40/\$70	\$40/\$70
\$0 for first 3 visits, then \$20	\$0 for first 3 visits, then \$20	\$0 for first 3 visits, then \$15	\$0 for first 3 visits, then \$15
\$55	\$55	\$70	\$70
Deductible, then \$325 and 40% coinsurance	Deductible, then \$325 and 40% coinsurance	Deductible, then \$250 and 40% coinsurance	Deductible, then \$250 and 40% coinsurance
Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$400/\$800 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$400/\$800 Pharmacy deductible
\$5/\$20/\$70/\$110/30% up to \$250 per script	\$5/\$20/\$70/\$110/30% up to \$250 per script	\$5/\$20/\$50/\$90/30% up to \$250 per script	\$5/\$20/\$50/\$90/30% up to \$250 per script
\$13/\$50/\$210/\$330/30% up to \$250 per script	\$13/\$50/\$210/\$330/30% up to \$250 per script	\$13/\$50/\$150/\$270/30% up to \$250 per script	\$13/\$50/\$150/\$270/30% up to \$250 per script

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

Plan type	PPO		
Plan name	Anthem Silver PPO 55/1750/35%	Anthem Silver Select PPO 55/1750/35%	Anthem Silver Select PPO 45/2000/20% <sup>†</sup>
Network	Prudent Buyer PPO	Select PPO	Select PPO
Contract code	3KH7	3KH3	3KEM
Deductible (individual/family)	\$1,750/\$3,500	\$1,750/\$3,500	\$2,000/\$4,000
Out-of-network deductible (individual/family)	\$3,500/\$7,000	\$3,500/\$7,000	\$4,000/\$8,000
Coinsurance	35%	35%	20%
Out-of-network coinsurance	50%	50%	50%
Out-of-pocket maximum (individual/family)	\$7,700/\$15,400	\$7,700/\$15,400	\$7,550/\$15,100
Out-of-network out-of-pocket maximum (individual/family)	\$15,400/\$30,800	\$15,400/\$30,800	\$15,100/\$30,200
Office visits: Primary care/Specialist	\$55/\$80	\$55/\$80	\$45/\$80
Doctor visits: LiveHealth Online <sup>1</sup>	\$0 for first 3 visits, then \$20	\$0 for first 3 visits, then \$20	\$0 for first 3 visits, then \$15
Urgent care (facility)	\$80	\$80	\$45
Emergency room (facility)	Deductible, then \$300 and 35% coinsurance	Deductible, then \$300 and 35% coinsurance	\$350
Outpatient surgery (facility)	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	20% coinsurance
Hospital inpatient admission	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible <sup>2</sup> (individual/family)	Tier 1: No deductible Tiers 2-4: \$300/\$600 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$300/\$600 Pharmacy deductible	Tiers 1-4: \$200/\$400 Pharmacy deductible
Retail pharmacy: 30-day supply (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$5/\$20/\$50/\$90/30% up to \$250 per script	\$5/\$20/\$50/\$90/30% up to \$250 per script	\$15/\$55/\$85/20% up to \$250 per script
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$13/\$50/\$150/\$270/30% up to \$250 per script	\$13/\$50/\$150/\$270/30% up to \$250 per script	\$38/\$138/\$213/20% up to \$250 per script

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.

<sup>†</sup> These plans include pharmacy tier 1, tier 2, tier 3, and tier 4. They do not include generic split tier 1a and 1b. See Summary of Benefits (SOB) for detail.

◇ 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 AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

The below overview represents in-network benefits. Our PPO plans 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/](http://plan-summaries.anthem.com/sobdps/).

**Plans offered by Anthem Blue Cross.**

Silver plans			
		PPO HSA	
Anthem Silver PPO 50/2000/40%	Anthem Silver Select PPO 50/2000/40%	Anthem Silver PPO 2000/25% w/HSA - RxC <sup>1</sup>	Anthem Silver Select PPO 2000/25% w/HSA - RxC <sup>1</sup>
Prudent Buyer PPO	Select PPO	Prudent Buyer PPO	Select PPO
3KG5	3KG9	3KJ5/3KF3	3KJ1/3KEZ
\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$2,700/\$4,000	\$2,000/\$2,700/\$4,000
\$4,000/\$8,000	\$4,000/\$8,000	\$4,000/\$5,400/\$10,800	\$4,000/\$5,400/\$10,800
40%	40%	25%	25%
50%	50%	50%	50%
\$7,900/\$15,800	\$7,900/\$15,800	\$6,000/\$12,000	\$6,000/\$12,000
\$15,800/\$31,600	\$15,800/\$31,600	\$12,000/\$24,000	\$12,000/\$24,000
\$50/\$85	\$50/\$85	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
\$0 for first 3 visits, then \$15	\$0 for first 3 visits, then \$15	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
\$85	\$85	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Deductible, then \$350 and 40% coinsurance	Deductible, then \$350 and 40% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 25% coinsurance	Deductible, then 25% coinsurance
Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
\$10/\$20/\$55/\$95/30% up to \$250 per script	\$10/\$20/\$55/\$95/30% up to \$250 per script	\$5/\$20/\$50/\$80/30% up to \$250 per script	\$5/\$20/\$50/\$80/30% up to \$250 per script
\$25/\$50/\$165/\$285/30% up to \$250 per script	\$25/\$50/\$165/\$285/30% up to \$250 per script	\$13/\$50/\$150/\$240/30% up to \$250 per script	\$13/\$50/\$150/\$240/30% up to \$250 per script

1 Cost shares listed for Live Health Online visits are applicable to medical visits with medical doctors. They don't apply to behavioral health related visits with psychiatrists and therapists; and lactation consultant visits.

2 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.

3 Home delivery program typically covers up to a 90-day supply for tier 1a, tier 1b, tier 2, and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

*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.*

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

Plan type	PPO		
Plan name	Anthem Bronze PPO 65/4600/40%	Anthem Bronze Select PPO 65/4600/40%	Anthem Bronze PPO 40/5600/40%
Network	Prudent Buyer PPO	Select PPO	Prudent Buyer PPO
Contract code	3KJ9	3KJD	306D
Deductible (individual/family)	\$4,600/\$9,200	\$4,600/\$9,200	\$5,600/\$11,200
Out-of-network deductible (individual/family)	\$9,200/\$18,400	\$9,200/\$18,400	\$11,200/\$22,400
Coinsurance	40%	40%	40%
Out-of-network coinsurance	50%	50%	50%
Out-of-pocket maximum (individual/family)	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800
Out-of-network out-of-pocket maximum (individual/family)	\$15,800/\$31,600	\$15,800/\$31,600	\$15,800/\$31,600
Office visits: Primary care/Specialist	\$65/\$85 for first 3 visits, then deductible and \$65/\$85	\$65/\$85 for first 3 visits, then deductible and \$65/\$85	\$40/\$80 for first 3 visits, then deductible and \$40/\$80
Doctor visits: LiveHealth Online <sup>1</sup>	\$0 for first 3 visits, then \$20	\$0 for first 3 visits, then \$20	\$0 for first 3 visits, then \$15
Urgent care (facility)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Emergency room (facility)	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then \$200 and 40% coinsurance
Outpatient surgery (facility)	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Hospital inpatient admission	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance	Deductible, then 40% coinsurance
Pharmacy deductible <sup>2</sup> (individual/family)	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies
Retail pharmacy: 30-day supply (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$10/\$20/\$60/\$90/30% up to \$500 per script	\$10/\$20/\$60/\$90/30% up to \$500 per script	\$10/\$20/\$60/\$100/30% up to \$500 per script
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1a/tier 1b/tier 2/tier 3/tier 4)	\$25/\$50/\$180/\$270/30% up to \$500 per script	\$25/\$50/\$180/\$270/30% up to \$500 per script	\$25/\$50/\$180/\$300/30% up to \$500 per script

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 include pharmacy tier 1, tier 2, tier 3, and tier 4. They do not include generic split tier 1a and 1b. See Summary of Benefits (SOB) for detail.

◇ 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 AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

The below overview represents in-network benefits. Our PPO plans 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/](http://plan-summaries.anthem.com/sobdps/).

**Plans offered by Anthem Blue Cross.**

Bronze plans			PPO HSA
Anthem Bronze Select PPO 40/5600/40%	Anthem Bronze PPO 70/6300/35%	Anthem Bronze Select PPO 70/6300/35%	Anthem Bronze PPO 5000/45% w/HSA <sup>†</sup>
Select PPO	Prudent Buyer PPO	Select PPO	Prudent Buyer PPO
306H	3KER	3KEV	3KD3
\$5,600/\$11,200	\$6,300/\$12,600	\$6,300/\$12,600	\$5,000/\$10,000
\$11,200/\$22,400	\$12,600/\$25,200	\$12,600/\$25,200	\$10,000/\$20,000
40%	35%	35%	45%
50%	50%	50%	50%
\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800	\$6,750/\$13,500
\$15,800/\$31,600	\$15,800/\$31,600	\$15,800/\$31,600	\$13,500/\$27,000
\$40/\$80 for first 3 visits, then deductible and \$40/\$80	\$70/\$85 for first 3 visits, then deductible and \$70/\$85	\$70/\$85 for first 3 visits, then deductible and \$70/\$85	Deductible, then 45% coinsurance
\$0 for first 3 visits, then \$15	\$0 for first 3 visits, then \$20	\$0 for first 3 visits, then \$20	Deductible, then 45% coinsurance
Deductible, then 40% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 45% coinsurance
Deductible, then \$200 and 40% coinsurance	Deductible, then \$200 and 35% coinsurance	Deductible, then \$200 and 35% coinsurance	Deductible, then 45% coinsurance
Deductible, then 40% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 45% coinsurance
Deductible, then 40% coinsurance	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then 45% coinsurance
Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
\$10/\$20/\$60/\$100/30% up to \$500 per script	\$10/\$20/\$60/\$100/30% up to \$500 per script	\$10/\$20/\$60/\$100/30% up to \$500 per script	35% up to \$500 per script
\$25/\$50/\$180/\$300/30% up to \$500 per script	\$25/\$50/\$180/\$300/30% up to \$500 per script	\$25/\$50/\$180/\$300/30% up to \$500 per script	35% up to \$1500 per script/35% up to \$1500 per script/35% up to \$1500 per script/35% up to \$500 per script

1 Cost shares listed for Live Health Online visits are applicable to medical visits with medical doctors. They don't apply to behavioral health related visits with psychiatrists and therapists; and lactation consultant visits.

2 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.

3 Home delivery program typically covers up to a 90-day supply for tier 1a, tier 1b, tier 2, and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

*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.*



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

Plan type	Bronze plans		
	PPO HSA		
Plan name	Anthem Bronze Select PPO 5000/45% w/HSA <sup>†</sup>	Anthem Bronze Select PPO 6000/40% w/HSA <sup>†</sup>	Anthem Bronze PPO 6600/0% w/HSA <sup>†</sup>
Network	Select PPO	Select PPO	Prudent Buyer PPO
Contract code	3KD7	3KEH	3KDB
Deductible (individual/family)	\$5,000/\$10,000	\$6,000/\$12,000	\$6,600/\$13,200
Out-of-network deductible (individual/family)	\$10,000/\$20,000	\$12,000/\$24,000	\$16,500/\$33,000
Coinsurance	45%	40%	0%
Out-of-network coinsurance	50%	50%	50%
Out-of-pocket maximum (individual/family)	\$6,750/\$13,500	\$6,650/\$13,300	\$6,600/\$13,200
Out-of-network out-of-pocket maximum (individual/family)	\$13,500/\$27,000	\$13,300/\$26,600	\$16,500/\$33,000
Office visits: Primary care/Specialist	Deductible, then 45% coinsurance	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance
Doctor visits: LiveHealth Online <sup>1</sup>	Deductible, then 45% coinsurance	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance
Urgent care (facility)	Deductible, then 45% coinsurance	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance
Emergency room (facility)	Deductible, then 45% coinsurance	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance
Outpatient surgery (facility)	Deductible, then 45% coinsurance	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 45% coinsurance	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance
Pharmacy deductible <sup>2</sup> (individual/family)	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies	Tiers 1-4: Medical deductible applies
Retail pharmacy: 30-day supply (tier 1a/tier 1b/tier 2/tier 3/tier 4)	35% up to \$500 per script	40% up to \$500 per script	0%
Home delivery pharmacy: 90-day supply <sup>3</sup> (tier 1a/tier 1b/tier 2/tier 3/tier 4)	35% up to \$1500 per script/35% up to \$1500 per script/35% up to \$1500 per script/35% up to \$500 per script	40% up to \$1500 per script/40% up to \$1500 per script/40% up to \$1500 per script/40% up to \$500 per script	0%

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.

<sup>†</sup> These plans include pharmacy tier 1, tier 2, tier 3, and tier 4. They do not include generic split tier 1a and 1b. See Summary of Benefits (SOB) for detail.

<sup>◇</sup> 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 AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.

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**Plans offered by Anthem Blue Cross.**

Anthem Bronze Select PPO 6600/0% w/HSA <sup>†</sup>
Select PPO
3KDF
\$6,600/\$13,200
\$16,500/\$33,000
0%
50%
\$6,600/\$13,200
\$16,500/\$33,000
Deductible, then 0% coinsurance
Deductible, then 0% coinsurance
Deductible, then 0% coinsurance
Deductible, then 0% coinsurance
Deductible, then 0% coinsurance
Deductible, then 0% coinsurance
Tiers 1-4: Medical deductible applies
0%
0%

1 Cost shares listed for Live Health Online visits are applicable to medical visits with medical doctors. They don't apply to behavioral health related visits with psychiatrists and therapists; and lactation consultant visits.

2 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.

3 Home delivery program typically covers up to a 90-day supply for tier 1a, tier 1b, tier 2, and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

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## Together, we make a real difference!

We want to thank you, again, for trusting us with the health of your employees. We know that offering health coverage is a big and very important decision for your business. This valuable coverage is one we're committed to in every way - from helping your employees get and stay healthy to helping you, and them, save as much as possible through lower cost plan and care options. If you ever have any questions, please feel free to call your Anthem representative.

Our purpose is to transform health care with trusted and caring solutions.

And it's great that we can do this together!



[anthem.com/ca](https://www.anthem.com/ca)