



About our plans

Making sense of Anthem Blue Cross' new Affordable Care Act-compliant products

The Affordable Care Act (ACA) is transforming the health care marketplace.

We're here to help you and your clients successfully transform with it. On January 1, 2014, Anthem Blue Cross — along with every other carrier — made updates to our plan offerings to meet ACA requirements. The scope of these changes is so great that we replaced our entire existing portfolio with a new range of plans.

Click on each icon to see the breakdown of what's different:



Health · Dental · Vision · Life

Life products underwritten by Anthem Blue Cross Life and Health Insurance Company, Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ©ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

\$ Coverage

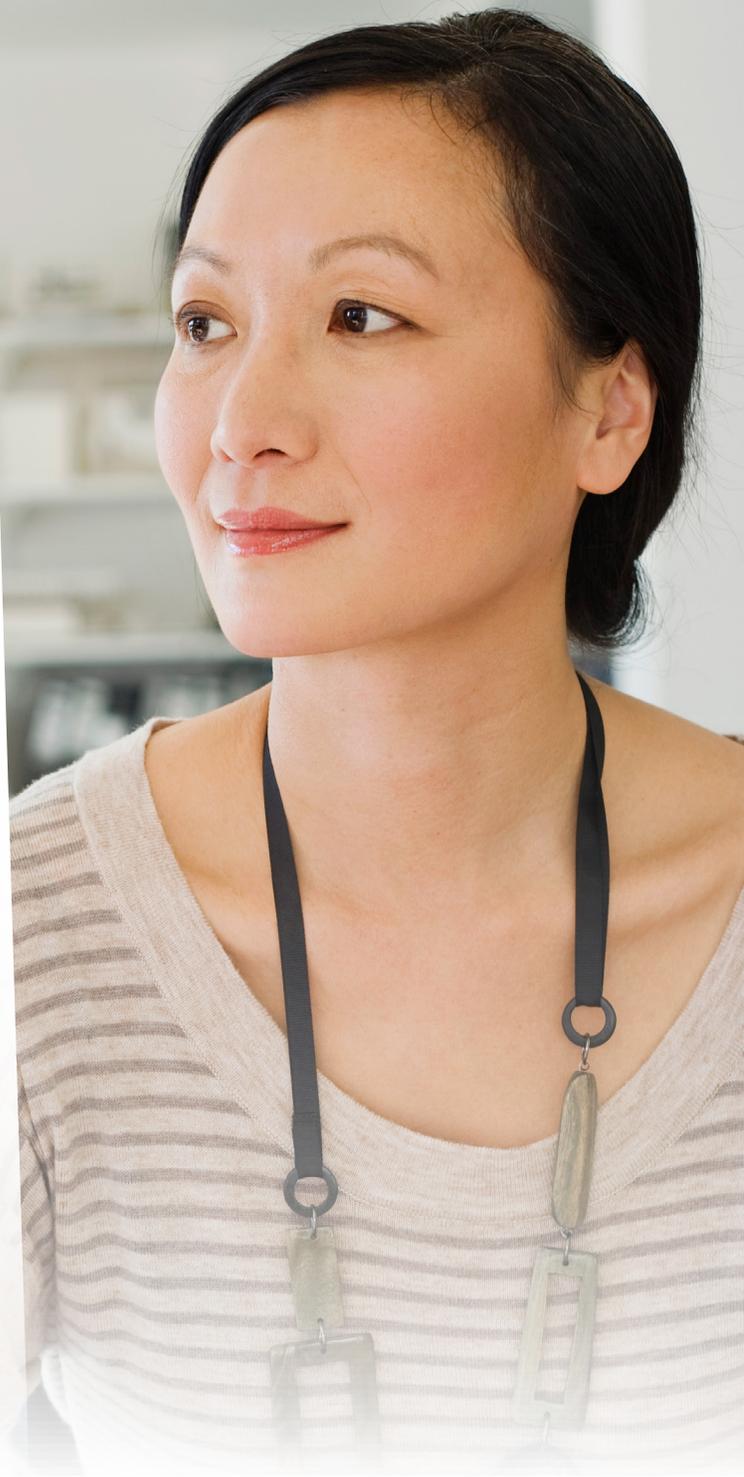
There are now four levels of coverage available: Premier, Preferred, Essential and Core.

1. The plans with the highest level of benefits are the **Premier** plans. They have the highest monthly premiums – but members pay less when they get care.
2. The next level down is **Preferred**, which provides richer benefits than the Essential and Core plans – and members pay less when they get care.
3. The third level is **Essential**, which offers low-cost monthly premiums – and members pay less when they get care compared to the Core plans.
4. The plans with the lowest value are the **Core** plans, which have broad benefits and the lowest premiums – but members pay more when they get care.

Each of these coverage levels has actuarial values (AVs) designated by different metals:

- Premier = Platinum
- Preferred = Gold
- Essential = Silver
- Core = Bronze

AVs can be used to compare plan designs and cost sharing across different plans.



Health · Dental · Vision · Life



Plan names

Our new plans also have new names to show what each includes. Here's a quick look at how our naming system works:

1. The plan name always begins with **"Anthem."**
2. Next, the name reflects the plan's level of coverage: **"Premier," "Preferred," "Essential" or "Core."**
3. The third part of the plan's name tells you the type of access to doctors and specialists it offers: **"DirectAccess"** (PPO) or **"Guided Access"** (HMO).
 - a. DirectAccess: This type allows members to go to in-network doctors and specialists without a referral.
 - b. Guided Access: This type means the plan has a gatekeeper, a primary care physician (PCP) who provides or manages a patient's care.
4. For Small Group plans that have one of the optional Plus packages — Healthy Support Package A or Healthy Support Package C — **"Plus"** is added to the name.
 - a. The Healthy Support program rewards members who live a healthy lifestyle. Both packages provide a \$400 gym reimbursement and a chance to earn \$200 more a year in health incentives.
 - b. Healthy Support Package C offers everything in Package A, plus a FitOrbit online trainer, a nutrition plan (with a member cost share of \$99 a year), vision and dental.
5. To distinguish plans with the same name, a **four-digit market product code** is included at the end of each plan name.

Understanding plan names: Let's practice

In this example, your client is looking for an Anthem product that:

1. Is a Preferred plan: **Anthem Preferred**
2. Is a PPO: **Anthem Preferred DirectAccess**
3. Includes Healthy Support Package A: **Anthem Preferred DirectAccess Plus**
4. Includes an HRA: **Anthem Preferred DirectAccess Plus w/HRA**
5. Is for a group: **Preferred DirectAccess Plus w/HRA gXXX***

*Market product codes shown are for example only. They are not real codes.

If you have any questions about our product portfolio, please call your sales representative.



Benefits

To comply with the ACA, every plan in our portfolio must include the following 10 essential benefits:

- Preventive, wellness and chronic disease management services
- Outpatient (ambulatory) care
- Emergency services, including emergency room or urgent care
- Inpatient care (hospital stays)
- Laboratory services
- Prescription drugs
- Mental health and substance abuse services
- Maternity (pregnancy) and newborn care
- Pediatric services, including dental and vision care*
- Rehabilitative and habilitative services and devices (habilitative services help people learn, keep or improve skills that they may not be developing normally)

These are just the basics. Many of our new plans also cover family dental care and much more.

***Please note:** DirectAccess Plus w/Dental gsdf and Guided Access Plus w/Dental gboa are the only plans that currently include dental pediatric essential health benefits (EHBs). For all other plans, you'll be automatically enrolled in Anthem Dental Pediatric, a separate dental plan providing the required EHB pediatric benefits. The additional cost of this dental pediatric coverage will be added to your bill.



Networks

Preferred provider organization (PPO) network options:

- **Statewide PPO (Prudent Buyer):** This network provides access to nearly 60,000 California doctors and specialists, and more than 330 hospitals.
- **Select PPO:** This network gives access to more than 40,000 California doctors and specialists, and more than 300 hospitals.

Health maintenance organization (HMO) network options:

- **Traditional HMO Network (CaliforniaCare):** This network provides access to more than 40,000 California doctors and specialists, and more than 330 hospitals.
- **SELECT HMO Network:** This network offers access to more than 23,000 California doctors and specialists, and nearly 250 hospitals.
- **Priority SELECT HMO Network:** This network offers access to more than 7,500 California doctors and specialists, and more than 150 hospitals.

Note: At enrollment, the group will be required to choose only one PPO or HMO network option.



Pharmacy

Our drug list is a list of Food and Drug Administration-approved generic and brand-name medications. The list is divided into four tiers:

- Tier 1 drugs have the lowest cost share.
- Tiers 2 and 3 drugs have a progressively higher cost share.
- Tier 4 may have a coinsurance up to a maximum dollar amount per prescription.

In evaluating a plan, it's important to look at the drug list to understand which drugs are covered. Each of our products includes one of two different drug lists: the Anthem National Drug List (N), a broad list of our covered drugs; or the Anthem Select Drug List (S), a narrower list that includes a select number of medications in all therapeutic categories and classes.

