

# California



## 2021 Plan Year Benefit Charts

Individual and Family

Bronze, Silver, Gold, Platinum and Minimum Coverage plans

EPO and HMO Offered by Anthem Blue Cross

Certified by Covered California

Open Enrollment Period runs  
November 1, 2020 - January 31, 2021

# HEALTH COVERAGE CREATED WITH YOU IN MIND

Experience the Anthem difference

# PLAN BENEFIT CHARTS

Network plans may not be available in all areas. To make sure your selected plan is available in your county, view our county network coverage map here. You can also find this information in the printed kit.

EPO plans only include out of network benefits for emergency care, urgent care and ambulance services. The benefit information shown here is for in network services.

EPO plans are available in Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Kern, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Nevada, Plumas, San Benito, San Joaquin, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura and Yuba counties.

Plan name	Anthem Bronze 60 EPO (5JMM)	Anthem Bronze 60 HDHP EPO (5JMZ)	Anthem Silver 70 EPO (5JMW)	Anthem Gold 80 EPO (5JMK)	Anthem Platinum 90 EPO (5JN6)	Anthem Minimum Coverage EPO (5JN1)
<b>Network name</b>	Pathway – EPO	Pathway – EPO	Pathway – EPO	Pathway – EPO	Pathway – EPO	Pathway – EPO
<b>Plan includes out of network coverage?</b>	No	No	No	No	No	No
<b>Individual deductible</b>	\$6,300	\$7,000	\$4,000	\$0	\$0	\$8,550
<b>Individual out-of-pocket maximum</b>	\$8,200	\$7,000	\$8,200	\$8,200	\$4,500	\$8,550
<b>Coinsurance</b> (percentage may vary for some covered services)	40%	0%	20%	20%	10%	0%
<b>Preventive care</b> <sup>1</sup>	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.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$65 copay per visit for the first 3 visits, then deductible and \$65 copay	Deductible, then 0% coinsurance	\$40 copay, deductible waived	\$35 copay	\$15 copay	0% coinsurance per visit for the first 3 visits, then deductible and 0% coinsurance
<b>Office and online visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$95 copay per visit for the first 3 visits, then deductible and \$95 copay	Deductible, then 0% coinsurance	\$80 copay, deductible waived	\$65 copay	\$30 copay	Deductible, then 0% coinsurance
<b>Online primary care doctor visit: LiveHealth Online</b>	0% coinsurance, deductible waived	Deductible, then 0% coinsurance	0% coinsurance, deductible waived	0% coinsurance	0% coinsurance	0% coinsurance per visit for the first 3 visits, then deductible and 0% coinsurance
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance	\$85 copay, deductible waived	\$75 copay	\$30 copay	Deductible, then 0% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance	\$325 copay, deductible waived	20% coinsurance	10% coinsurance	Deductible, then 0% coinsurance
<b>Urgent care</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$65 copay per visit for the first 3 visits, then deductible and \$65 copay	Deductible, then 0% coinsurance	\$40 copay, deductible waived	\$35 copay	\$15 copay	0% coinsurance per visit for the first 3 visits, then deductible and 0% coinsurance
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance	\$400 copay, deductible waived	\$350 copay	\$150 copay	Deductible, then 0% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	20% coinsurance	10% coinsurance	Deductible, then 0% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 0% coinsurance	20% coinsurance, deductible waived	20% coinsurance	10% coinsurance	Deductible, then 0% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (for tiers with deductible, cost share applies after deductible)	Tiers 1, 2, 3, 4: \$500 Combined pharmacy deductible	Tiers 1, 2, 3, 4: Medical deductible applies	Tiers 1, 2, 3, 4: \$300 Combined pharmacy deductible	Tiers 1, 2, 3, 4: No deductible	Tiers 1, 2, 3, 4: No deductible	Tiers 1, 2, 3, 4: Medical deductible applies
<b>Retail pharmacy tier 1</b>	\$18 copay	0% coinsurance	\$16 copay	\$15 copay	\$5 copay	0% coinsurance
<b>Retail pharmacy tier 2</b>	40% coinsurance (up to \$500 per script)	0% coinsurance	\$60 copay	\$55 copay	\$15 copay	0% coinsurance
<b>Retail pharmacy tier 3</b>	40% coinsurance (up to \$500 per script)	0% coinsurance	\$90 copay	\$80 copay	\$25 copay	0% coinsurance
<b>Retail pharmacy tier 4</b>	40% coinsurance (up to \$500 per script)	0% coinsurance	20% coinsurance (up to \$250 per script)	20% coinsurance (up to \$250 per script)	10% coinsurance (up to \$250 per script)	0% coinsurance
<b>Physical and occupational therapy</b>	\$65 copay, deductible waived	Deductible, then 0% coinsurance	\$40 copay, deductible waived	\$35 copay	\$15 copay	Deductible, then 0% coinsurance
<b>Speech therapy</b>	\$65 copay, deductible waived	Deductible, then 0% coinsurance	\$40 copay, deductible waived	\$35 copay	\$15 copay	Deductible, then 0% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 4.

# PLAN BENEFIT CHARTS

Network plans may not be available in all areas. To make sure your selected plan is available in your county, view our county network coverage map here. You can also find this information in the printed kit.

HMO plans only include out of network benefits for emergency care, urgent care and ambulance services. The benefit information shown here is for in network services.

HMO plans are available in Fresno, Kings, Los Angeles (North), Los Angeles (South), Madera, Orange, Riverside and San Bernardino counties.

Plan name	Anthem Bronze 60 HMO (5JN7)	Anthem Silver 70 HMO (5JMF)	Anthem Gold 80 HMO (5JM9)	Anthem Platinum 90 HMO (5JN2)	Anthem Minimum Coverage HMO (5JMN)
<b>Network name</b>	Pathway - HMO	Pathway - HMO	Pathway - HMO	Pathway - HMO	Pathway - HMO
<b>Plan includes out of network coverage?</b>	No	No	No	No	No
<b>Individual deductible</b>	\$6,300	\$4,000	\$0	\$0	\$8,550
<b>Individual out-of-pocket maximum</b>	\$8,200	\$8,200	\$8,200	\$4,500	\$8,550
<b>Coinsurance</b> (percentage may vary for some covered services)	40%	20%	20%	10%	0%
<b>Preventive care</b> <sup>1</sup>	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.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$65 copay per visit for the first 3 visits, then deductible and \$65 copay	\$40 copay, deductible waived	\$35 copay	\$15 copay	0% coinsurance per visit for the first 3 visits, then deductible and 0% coinsurance
<b>Office and online visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$95 copay per visit for the first 3 visits, then deductible and \$95 copay	\$80 copay, deductible waived	\$65 copay	\$30 copay	Deductible, then 0% coinsurance
<b>Online primary care doctor visit: LiveHealth Online</b>	0% coinsurance, deductible waived	0% coinsurance, deductible waived	0% coinsurance	0% coinsurance	0% coinsurance per visit for the first 3 visits, then deductible and 0% coinsurance
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	Deductible, then 40% coinsurance	\$85 copay, deductible waived	\$75 copay	\$30 copay	Deductible, then 0% coinsurance
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	Deductible, then 40% coinsurance	\$325 copay, deductible waived	\$150 copay	\$75 copay	Deductible, then 0% coinsurance
<b>Urgent care</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$65 copay per visit for the first 3 visits, then deductible and \$65 copay	\$40 copay, deductible waived	\$35 copay	\$15 copay	0% coinsurance per visit for the first 3 visits, then deductible and 0% coinsurance
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 40% coinsurance	\$400 copay, deductible waived	\$350 copay	\$150 copay	Deductible, then 0% coinsurance
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	Deductible, then 20% coinsurance	\$600 copay per day up to 5 days per admission	\$250 copay per day up to 5 days per admission	Deductible, then 0% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	Deductible, then 40% coinsurance	20% coinsurance, deductible waived	\$300 copay	\$100 copay	Deductible, then 0% coinsurance
<b>Pharmacy deductible</b> <sup>4</sup> (for tiers with deductible, cost share applies after deductible)	Tiers 1, 2, 3, 4: \$500 Combined pharmacy deductible	Tiers 1, 2, 3, 4: \$300 Combined pharmacy deductible	Tiers 1, 2, 3, 4: No deductible	Tiers 1, 2, 3, 4: No deductible	Tiers 1, 2, 3, 4: Medical deductible applies
<b>Retail pharmacy tier 1</b>	\$18 copay	\$16 copay	\$15 copay	\$5 copay	0% coinsurance
<b>Retail pharmacy tier 2</b>	40% coinsurance (up to \$500 per script)	\$60 copay	\$55 copay	\$15 copay	0% coinsurance
<b>Retail pharmacy tier 3</b>	40% coinsurance (up to \$500 per script)	\$90 copay	\$80 copay	\$25 copay	0% coinsurance
<b>Retail pharmacy tier 4</b>	40% coinsurance (up to \$500 per script)	20% coinsurance (up to \$250 per script)	20% coinsurance (up to \$250 per script)	10% coinsurance (up to \$250 per script)	0% coinsurance
<b>Physical and occupational therapy</b>	\$65 copay, deductible waived	\$40 copay, deductible waived	\$35 copay	\$15 copay	Deductible, then 0% coinsurance
<b>Speech therapy</b>	\$65 copay, deductible waived	\$40 copay, deductible waived	\$35 copay	\$15 copay	Deductible, then 0% coinsurance

Please see Medical and Silver cost-share reduction plans footnotes on page 4.

# SILVER COST-SHARE REDUCTION (CSR) PLANS - EPO

73% Silver CSR, 87% Silver CSR and 94% Silver CSR plans are available if you qualify for a tax credit subsidy or cost share reduction on Silver plans you buy through Covered California. Have questions? Call your Anthem Authorized Agent.

Plan name	Anthem Silver 70 EPO (5JMW)			Anthem Silver 70 HMO (5JMF)		
	Anthem Silver 73 EPO (5JMA)	Anthem Silver 87 EPO (5JN3)	Anthem Silver 94 EPO (5JML)	Anthem Silver 73 HMO (5JMB)	Anthem Silver 87 HMO (5JM8)	Anthem Silver 94 HMO (5JMQ)
<b>Network name</b>	Pathway – EPO	Pathway – EPO	Pathway – EPO	Pathway - HMO	Pathway - HMO	Pathway - HMO
<b>Plan includes out of network coverage?</b>	No	No	No	No	No	No
<b>Individual deductible</b>	\$3,700	\$1,400	\$75	\$3,700	\$1,400	\$75
<b>Individual out-of-pocket maximum</b>	\$6,500	\$2,850	\$1,000	\$6,500	\$2,850	\$1,000
<b>Coinsurance</b> (percentage may vary for some covered services)	20%	15%	10%	20%	15%	10%
<b>Preventive care</b> <sup>1</sup>	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.
<b>Office visit: primary care physician (PCP)</b> <sup>2,3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$35 copay, deductible waived	\$15 copay, deductible waived	\$5 copay, deductible waived	\$35 copay, deductible waived	\$15 copay, deductible waived	\$5 copay, deductible waived
<b>Office and online visit: specialist</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$75 copay, deductible waived	\$25 copay, deductible waived	\$8 copay, deductible waived	\$75 copay, deductible waived	\$25 copay, deductible waived	\$8 copay, deductible waived
<b>Online primary care doctor visit: LiveHealth Online</b>	0% coinsurance, deductible waived	0% coinsurance, deductible waived	0% coinsurance, deductible waived	0% coinsurance, deductible waived	0% coinsurance, deductible waived	0% coinsurance, deductible waived
<b>Outpatient diagnostic tests</b> (Ex. X-ray, EKG)	\$85 copay, deductible waived	\$40 copay, deductible waived	\$8 copay, deductible waived	\$85 copay, deductible waived	\$40 copay, deductible waived	\$8 copay, deductible waived
<b>Outpatient advanced diagnostic tests</b> (Ex. MRI, CT scan)	\$325 copay, deductible waived	\$100 copay, deductible waived	\$50 copay, deductible waived	\$325 copay, deductible waived	\$100 copay, deductible waived	\$50 copay, deductible waived
<b>Urgent care</b> <sup>3</sup> (Other office services may be subject to deductible and plan coinsurance)	\$35 copay, deductible waived	\$15 copay, deductible waived	\$5 copay, deductible waived	\$35 copay, deductible waived	\$15 copay, deductible waived	\$5 copay, deductible waived
<b>Emergency room care</b> (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	\$400 copay, deductible waived	\$150 copay, deductible waived	\$50 copay, deductible waived	\$400 copay, deductible waived	\$150 copay, deductible waived	\$50 copay, deductible waived
<b>Hospital: inpatient admission</b> (includes maternity, mental health / substance use)	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 15% coinsurance	Deductible, then 10% coinsurance
<b>Hospital: outpatient surgery hospital facility</b> (includes maternity, mental health / substance use)	20% coinsurance, deductible waived	15% coinsurance, deductible waived	10% coinsurance, deductible waived	20% coinsurance, deductible waived	15% coinsurance, deductible waived	10% coinsurance, deductible waived
<b>Pharmacy deductible</b> <sup>4</sup> (for tiers with deductible, cost share applies after deductible)	Tiers 1, 2, 3, 4: \$275 Combined pharmacy deductible	Tier 1: No deductible Tiers 2, 3, 4: \$100 Combined pharmacy deductible	Tiers 1, 2, 3, 4: No deductible	Tiers 1, 2, 3, 4: \$275 Combined pharmacy deductible	Tier 1: No deductible Tiers 2, 3, 4: \$100 Combined pharmacy deductible	Tiers 1, 2, 3, 4: No deductible
<b>Retail pharmacy tier 1</b>	\$16 copay	\$5 copay	\$3 copay	\$16 copay	\$5 copay	\$3 copay
<b>Retail pharmacy tier 2</b>	\$55 copay	\$25 copay	\$10 copay	\$55 copay	\$25 copay	\$10 copay
<b>Retail pharmacy tier 3</b>	\$85 copay	\$45 copay	\$15 copay	\$85 copay	\$45 copay	\$15 copay
<b>Retail pharmacy tier 4</b>	20% coinsurance (up to \$250 per script)	15% coinsurance (up to \$150 per script)	10% coinsurance (up to \$150 per script)	20% coinsurance (up to \$250 per script)	15% coinsurance (up to \$150 per script)	10% coinsurance (up to \$150 per script)
<b>Physical and occupational therapy</b>	\$35 copay, deductible waived	\$15 copay, deductible waived	\$5 copay, deductible waived	\$35 copay, deductible waived	\$15 copay, deductible waived	\$5 copay, deductible waived
<b>Speech therapy</b>	\$35 copay, deductible waived	\$15 copay, deductible waived	\$5 copay, deductible waived	\$35 copay, deductible waived	\$15 copay, deductible waived	\$5 copay, deductible waived

Please see Medical and Silver cost-share reduction plans footnotes on page 4.

# MEDICAL AND SILVER COST-SHARE REDUCTION PLANS FOOTNOTES

- 1 Nationally recommended **preventive care services** from in network providers have no copay, no coinsurance and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms and more, recommended by the United States Preventive Services Task Force.
- 2 **LiveHealth Online** primary care visits are at no cost when enrolled in one of the following plans: Bronze (non-HDHP), Silver, Gold, and Platinum plans.
- 3 For plans with **PCP, Specialist** and **Urgent Care** office visit limits, the visit limits are combined, not separate.
- 4 For plans with a **Pharmacy deductible**, the pharmacy deductible is separate from the medical deductible. The family deductible is 2 times the individual amount.

# IMPORTANT LEGAL INFORMATION

**Before choosing a health benefit plan, please review the following information along with the other materials enclosed.**

## **Eligibility for a minimum coverage plan only**

You are eligible for this plan if you also:

- are under age 30 before the plan's effective date; or
- have received certification from Covered California that you are exempt from the individual mandate because you qualify for a hardship exemption or do not have an affordable coverage option

## **Open enrollment**

As established by the rules of Covered California, Qualified Individuals are only permitted to enroll in a Qualified Health Plan (QHP) or to change QHPs during the annual open enrollment period or a special enrollment period for which the Qualified Individual has experienced a qualifying event.

An annual open enrollment period is provided for Qualified Individuals. Qualified Individuals may enroll in a QHP, and enrollees may change QHPs at that time according to rules established by Covered California.

American Indians are authorized to move from one QHP to another QHP once per month.

## **Effective date of coverage**

The earliest effective date for the annual open enrollment period is the first day of the following benefit period for a Qualified Individual who has made a QHP selection during the annual open enrollment period. An applicant's effective date is determined by Covered California based on the receipt of the completed enrollment form.

## **Special enrollment**

In addition to open enrollment, an individual can enroll during the special enrollment period. This is a period of time in which eligible individuals or their dependents can enroll after the open enrollment, typically due to an event such as marriage, birth, adoption, or other qualifying events as defined by law.

Depending on the nature of the qualifying event, coverage may be effective as of the date of the qualifying event.

## **Managing your care if you need to go to a hospital or get certain medical treatment**

If you or a family member need certain types of medical care (for example: surgery, treatment in a doctor's office, physical therapy, etc.), you may want to know more about these programs and terms. They may help you better understand your benefits and how your health plan manages these types of care.

## **Utilization review**

Utilization review (UR) is a program that is part of your health plan. It lets us make sure you are getting the right care at the right time. Our utilization review team, made up of licensed health care professionals such as nurses and doctors, does medical reviews. The team goes over the information your doctor has sent us to see if the requested surgery, treatment or other type of care is medically necessary. The utilization review team checks to make sure the treatment meets certain clinical guidelines set by us. After reviewing the records and information, the team will approve (cover) or deny (not cover) the treatment. The utilization review team will let you and your doctor know as soon as possible. Decisions not to approve are put in writing. The written notice will include information on how to appeal the decision and about your rights to an independent medical review.

## **Reviewing where services are provided**

A service must be medically necessary to be a covered service. The utilization review may include a review of the level of care, type of setting or place of service where services can be safely given to you. If services are given in a higher level of care or cost setting when they could be safely given in a lower level place of care or cost setting, they will not be determined to be medically necessary. The service(s), in that case, are being denied based on the review of where they are provided. When this happens the service(s) can be requested again in another setting or place of care and will be reviewed again for medical necessity. At times, a different type of provider or facility may need to be used in order for the service to be considered medically necessary.

## **Examples include, but are not limited to:**

- A service may be denied on an inpatient basis at a hospital but may be approved if provided on an outpatient basis in a hospital setting.

# IMPORTANT LEGAL INFORMATION

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- A service may be denied on an outpatient basis if taking place in a hospital setting but may be approved at a free-standing imaging center, infusion center, ambulatory surgical center/facility, or in a physician's office.
- A service may be denied at a skilled nursing facility but may be approved in a home setting.

We can do medical reviews like this before, during and after a member's treatment. Here is an explanation of each type of review:

## **The pre-service review (done before you get medical care)**

We may do a pre-service review before a member goes to the hospital or has other types of services or treatment.

## **The continued stay review (done during medical care and recovery)**

We do a continued stay review when you are in the hospital or are released and need more care related to the hospital stay. This could mean services or treatment, such as physical therapy or durable medical equipment. The utilization review team looks at the member's medical information at the time of the review to see if the treatment is medically necessary.

## **The post-service review (done after you get medical care)**

We do a post-service review when you have already had surgery or another type of medical care. When the utilization review team learns about the treatment, they look at the medical information the doctor or provider had about you at the time the medical care was given. The team then can see if the treatment was medically necessary.

## **Case management**

Case management is conducted by a licensed health care professional who works with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

## **Precertification**

Precertification is the process of getting approval from your health plan before you get services. This process lets you know if we will cover a service, supply, therapy or drug. We approve services that meet our standards for needed and appropriate treatment. The guidelines we use to approve treatment are based on standards of care in medical policies, clinical guidelines and the terms of your plan. As these may change, we review our precertification guidelines regularly. Precertification is a type of pre-service review.

## **Here is how requesting precertification can help you:**

**Saving time.** Preauthorizing services is a process of verifying, in advance, whether a proposed treatment, service or supply is medically necessary and/or medically appropriate. The doctors in our network ask for prior authorization for our members.

**Saving money.** Paying only for medically necessary services helps everyone save. Choosing a doctor who is in our network can help you get the most for your health care dollar.

**What can you do?** Choose an in network doctor. Talk to your doctor about your conditions and treatment options. Ask your doctor which covered services need prior authorization or call us to ask. The doctor's office will ask for prior authorization for you. Plus, costs are usually lower with an in network doctor. If you choose an out of network provider, be sure to call us to get prior authorization. Out of network providers may not do that for you. Once you are a member, if you have a question about prior authorization, you can call the Member Service number on the back of your ID card.

## **Exclusive provider organization**

An exclusive provider organization (EPO) plan provides access to a network of hospitals and providers who contract with Anthem to facilitate services to our members and who provide services at pre-negotiated discounted rates. Benefits for in network providers are based on a maximum allowed amount.

In network providers have an agreement in effect with Anthem and have agreed to accept the maximum allowed amount as payment in full. Out of network providers do not have an agreement with Anthem. Your personal financial costs when using out of network providers may be considerably higher than when you use in network hospitals or in network providers. For most services, there may be no benefit provided when using an out of network provider. **You will be responsible for any amount not paid by Anthem when using the services of an out of network provider. Please refer to the Summary of Benefits carefully to determine these differences.**

# IMPORTANT LEGAL INFORMATION

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## Health Maintenance Organization

A health maintenance organization (HMO) plan provides access to a network of hospitals and providers who contract with Anthem to facilitate services to our members and who provide services at pre-negotiated, discounted rates. Benefits for in network providers are based that negotiated rate (negotiated fee rate).

In network providers have an agreement in effect with Anthem and have agreed to accept a set and agreed to dollar amount per member, per month. Out of network providers do not have an agreement with Anthem. Your personal financial costs when using out of network providers may be considerably higher than when you use in network hospitals or in network providers. For most services, there may be no benefit provided when using an out of network provider. You will be responsible for any amount not paid by Anthem when using the services of an out of network provider. **For most services, there may be no benefit provided when using an out of network provider. Please refer to the Summary of Benefits carefully to determine these differences.**

## Choosing a provider

You have the right to choose an in network provider or out of network provider as stated above. Choosing an out of network provider may impact your personal financial costs. Please refer to the Summary of Benefits to review copayment and coinsurance differences between these types of providers since your responsibility is often significantly higher when you use an out of network provider.

Some hospitals and other providers do not offer one or more of the following services that may be covered under your Agreement and that you or your family member might need:

- Family planning;
- Contraceptive services, including emergency contraception;
- Sterilization, including tubal ligation at the time of labor and delivery;
- Infertility treatments; or
- Abortion

You should obtain more information before you become a member or select an in network provider. Call your prospective doctor or clinic, or call Anthem at **855-383-7247** to ensure that you can obtain the health care services that you need.

In network providers include primary care doctors / providers (PCPs), specialists (specialty care physicians / providers (SCPs)), other professional providers, hospitals, and other facilities that contract with us to care for you. Referrals are never needed to visit an in network specialist including behavioral health providers.

## Laws and rights that protect you

As a member, you have rights and responsibilities. You have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. You also have certain rights and responsibilities when receiving your health care. Visit this link to find more information on our website: <http://www.anthem.com/ca/health-insurance/customer-care/faq>.

## Exclusions

The specific exclusions are spelled out in the terms of the particular plan, but some of the more common services not covered by these plans are:

- Benefits covered by Medicare or a governmental program, unless otherwise required by law or regulation
- Care provided by a member of your family
- Care received in an emergency room that is not emergency care, except as specified in the Agreement
- Charges incurred prior to the effective date of coverage or after the termination date of coverage
- Charges greater than the negotiated fee rate
- Comfort and/or convenience items
- Compound drugs except as described in the Agreement
- Consumer wearable/personal mobile devices (such as a smart phone, smart watch, or other personal tracking devices), including any software or applications
- Cosmetic surgery



# IMPORTANT LEGAL INFORMATION

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- Custodial care
- Health club memberships and fitness services
- In-vitro fertilization (IVF) as described in the Agreement's exclusions
- Nutritional and dietary supplements, except as mandated
- Services that are not medically necessary
- Vision, except as described in the Agreement
- Workers' compensation

## Medical loss ratio

Law requires us to tell you that Anthem Blue Cross' medical loss ratio (MLR) for 2019 was 85.9%. This ratio was calculated after provider discounts were applied, and is based on state and federal regulatory rules and regulations, including the federal MLR regulations.

The following EPO and HMO plans are issued by Anthem Blue Cross – Anthem Bronze 60 EPO; Anthem Bronze 60 HDHP EPO; Anthem Silver 70 EPO; Anthem Silver 73 EPO; Anthem Silver 87 EPO; Anthem Silver 94 EPO; Anthem Gold 80 EPO; Anthem Platinum 90 EPO; Anthem Minimum Coverage EPO; Anthem Bronze 60 HMO; Anthem Silver 70 HMO; Anthem Silver 73 HMO; Anthem Silver 87 HMO; Anthem Silver 94 HMO; Anthem Gold 80 HMO; Anthem Platinum 90 HMO and Anthem Minimum Coverage HMO.

A high-deductible health plan is not a health savings account (HSA). An HSA is a separate arrangement between an individual and a qualified financial institution. To take advantage of tax benefits, an HSA needs to be established. This brochure provides general information only and is not intended to be a substitute for the advice of a qualified tax professional.

## It is important we treat you fairly

That is why we follow federal civil rights laws in our health programs and activities. We do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language is not English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## California required Notice of Non-discrimination

Anthem does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender identity, sexual orientation, age or disability. For people with disabilities, we offer free aids and services, and information in alternate formats, free of charge and in a timely manner, when necessary to ensure an equal opportunity to participate.

# GET HELP IN YOUR LANGUAGE

Curious to know what all this says? We would be too. Here is the English version:

If you need assistance to understand this document in an alternate language, you may request it at no additional cost by calling the Member Services number (1-855-634-3381). (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number at 1-800-627-8797.

## Spanish

Si necesita ayuda para entender este documento en otro idioma, puede solicitarla sin costo adicional llamando al número de Servicios para Miembros (1-855-634-3381). (TTY/TDD: 711)

## Arabic

إذا احتجت إلى المساعدة لفهم هذا المستند بلغة أخرى، فيمكنك طلب المساعدة دون تكلفة إضافية من خلال الاتصال برقم خدمات الأعضاء. (1-855-634-3381) (TTY/TDD: 711)

## Armenian

Եթե այս փաստաթուղթը անհրաժեշտ լինի Ձեզ այլ լեզվով, կարող եք խնդրել այն Անդամների սպասարկման կենտրոնից՝ զանգահարելով (1-855-634-3381) հեռախոսահամարով: Այն Ձեզ անվճար կտրամադրվի: (TTY/TDD: 711)

## Chinese

如果您需要協助以便以另一種語言理解本文件，您可以撥打成員服務號碼(1-855-634-3381)請求免費協助。(TTY/TDD: 711)

## Farsi

در صورتی که برای درک این سند به زبانی دیگر نیازمند کمک هستید، می‌توانید بدون هیچ هزینه اضافی این را درخواست کنید. برای این کار با مرکز خدمات اعضاء به شماره 1-855-634-3381 تماس بگیرید. (TTY/TDD: 711)

## Hindi

अगर आपको यह दस्तावेज़ वैकल्पिक भाषा में समझने के लिए सहायता की ज़रूरत है, तो आप सदस्य सेवाएँ नंबर (1-855-634-3381) पर कॉल करके अतिरिक्त लागत के बिना इसके लिए अनुरोध कर सकते हैं। (TTY/TDD: 711)

## Hmong

Yog hais tias koj xav tau kev pab txhawm rau kom nkag siab txog daim ntawv no hais ua lwm hom lus, tej zaum koj kuj yuav thov tau yam tsis xam tus nqi dab tsi ntxiv hlo li uas yog hu rau tus nab npawb xov tooj lis Cov Kev Pab Cuam Rau Tswv Cuab (1-855-634-3381). (TTY/TDD: 711)

## Japanese

この書面を他の言語で理解するための支援が必要な場合には、メンバーサービス番号 ( 1-855-634-3381 ) に電話して支援を求めることができます。追加費用はかかりません。(TTY/TDD: 711)

## Khmer

បើអ្នកត្រូវការជំនួយក្នុងការយល់ពីឯកសារនេះជាភាសាផ្សេងទៀត អ្នកអាចសុំនីវាជាយថាភិក្ខុប៉ុលប៉ែនប៉ុលប៉ែនជាយហៅទូរស័ព្ទទៅលេខសេវាសមាជិក (1-855-634-3381)។(TTY/TDD: 711)

## Korean

다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(1-855-634-3381)로 전화를 걸어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

## Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਕਿਸੇ ਬਦਲਵੀਂ ਭਾਸ਼ਾ ਵਿੱਚ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਸਮਝਣ ਲਈ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ (1-855-634-3381) ਤੇ ਕਾਲ ਕਰਕੇ ਕਿਸੇ ਵਾਧੂ ਲਾਗਤ ਦੇ ਬਿਨਾਂ ਇਸ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। (TTY/TDD: 711)

## GET HELP IN YOUR LANGUAGE

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### Russian

Если вам нужна помощь, чтобы понять содержание настоящего документа на другом языке, вы можете бесплатно запросить ее, позвонив в отдел обслуживания участников (1-855-634-3381). (TTY/TDD: 711)

### Tagalog

Kung kailangan ninyo ng tulong upang maunawaan ang dokumentong ito sa ibang wika, maaari ninyo itong hilingin nang walang karagdagang bayad sa pamamagitan ng pagtawag sa Member Services sa numerong (1-855-634-3381). (TTY/TDD: 711)

### Thai

หากท่านต้องการความช่วยเหลือเพื่อทำความเข้าใจเกี่ยวกับเอกสารนี้ในภาษาอื่น ท่านอาจขอรับบริการได้โดยไม่เสียค่าใช้จ่ายเพิ่มเติมใดๆ โดยโทรไปที่หมายเลขฝ่ายบริการสมาชิก (1-855-634-3381) (TTY/TDD: 711)

### Vietnamese

Nếu quý vị cần hỗ trợ để hiểu được tài liệu này bằng một ngôn ngữ thay thế, quý vị có thể yêu cầu mà không tốn thêm chi phí bằng cách gọi số của Dịch Vụ Thành Viên (1-855-634-3381). (TTY/TDD: 711)

## EXPERIENCE THE ANTHEM DIFFERENCE

Start by:

- Calling your Authorized Agent or call us at **1-888-811-2101**, 8:30 am to 8:00 pm EST
- Visiting [anthem.com/ca](https://www.anthem.com/ca), select **Individual and Family**, and applying online
- Finding our plans at [coveredca.com](https://www.coveredca.com)

You can buy health care plans once a year during open enrollment. For 2021, this period runs from **November 1, 2020 - January 31, 2021**. Dates may change and vary by state. Be sure to enroll by December 15, 2020, to start coverage effective January 1, 2021.

We know that sometimes big life events happen and you may need to make plan changes outside the open enrollment period. To see if your life event qualifies for a plan change, contact your Authorized Agent or call us at the number above.

When you enroll in one of our plans, you will have access to your Agreement that explains the terms and conditions of coverage, including exclusions and limitations. You will have 30 days to examine your Agreement's features. If you are not fully satisfied during that time, you may cancel your coverage and your premium will be refunded, minus any claims that were already paid.



### HERE EVERY STEP OF THE WAY.

Let us help you find a plan that meets your needs.

Contact your Authorized Agent or call us at

**1-888-811-2101**, 8:30 am to 8:00 pm EST. You can also visit [anthem.com/ca](https://www.anthem.com/ca) and select Individual and Family.