

# BeneFits



## BeneFits Health Care Plans

Designed for businesses with 2-50 employees  
Just the right fit for your business

Helping your employees stay healthy all year long

# BeneFits

And, since a good fit allows room to grow, it's easy – and can actually save you money – to add any combination of dental, life and workers' compensation\* coverage to your BeneFits package!

## 360° Health® – a valuable part of every plan, all year round.

Quite simply, 360° Health® gives you a way to help your employees be as healthy as they can be. A comprehensive suite of programs and services that work together to achieve optimal health outcomes, 360° Health offers access to:

- Online resources (including helpful decision-making tools)
- Discounts on health-related products

Your employees also will appreciate the personalized programs that help manage and coordinate care for over 40 chronic conditions. 360° Health can help your employees at all stages of their lives, and wherever they are along the health spectrum.

Note: For Lumenos® plans, 360° Health programs may vary.

\*Workers' Compensation coverage from Employers® Compensation Insurance Company, a separate company.

All benefit comparisons are for in-network providers. All benefits are subject to applicable deductible(s) or copayment(s) unless otherwise noted. This is a high-level overview only; refer to the Combined Evidence of Coverage and Disclosure Form or Certificate for a comprehensive description of coverage, benefits, special circumstances and limitations. Please note that in-network providers accept Anthem Blue Cross negotiated fee rates as payment in full for covered services. In-network benefits are based on negotiated fee rate. Benefits for out-of-network may be based on negotiated fee or customary and reasonable charges. Out-of-network providers can charge more than the negotiated fee rate. When members use an out-of-network provider, they must pay the applicable copayment or coinsurance, plus any charges that exceed that allowable amount.

Member is responsible for all amounts listed unless otherwise noted *Offered by Anthem Blue Cross **Offered by Anthem Blue Cross Life and Health Insurance Company	Hospital BeneFits**	Hospital BeneFits Plus**	Hospital BeneFits Preferred**	PPO \$35 Copay GenRx**	Lumenos® HSA 3000 (HSA-Compatible)**	Power SelectHMO*
<b>Maximum Lifetime Benefits</b>	\$5,000,000 in lifetime benefits per member.					Unlimited
<b>Your Choices</b>	Our most affordable BeneFits PPO plan offers hospital-only coverage with a reasonable deductible and access to generic-only prescription drugs...at budget-friendly prices	This affordable PPO plan provides hospital-only coverage, a lower deductible, enhanced benefits (including some doctor visits), and access to generic-only prescription drugs	This affordable PPO plan features hospital-only benefits, access to generic-only prescription drugs, even more benefits (including some doctor visits at an even lower deductible), plus basic dental and vision	An affordable PPO alternative with a safe and simple trade-off: generic-only drugs	This HSA-compatible health plan offers: 100% coverage for preventive care before the annual deductible is met and is compatible with a tax-advantaged HSA	A comprehensive HMO plan available in over 20 California counties with predictable costs and unlimited lifetime coverage
<b>Annual Deductible</b> First you pay for eligible covered charges up to this amount, and then plan benefits begin	\$1,250 per member; once 2-family-members meet their deductible, the deductible is met for the family	\$1,000 per member; once 2-family-members meet their deductible, the deductible is met for the family	\$750 per member; once 2-family-members meet their deductible, the deductible is met for the family	\$500 per member; once 2-family-members meet their deductible, the deductible is met for the family	\$3,000 per member \$6,000 per family aggregate <sup>1</sup> medical/pharmacy combined	\$500 per member Applies to non-emergency facility charges for inpatient/outpatient hospitals, ambulatory surgical centers and dialysis centers
<b>Hospital Inpatient</b>	After deductible, Facility fees: 30% Professional fees: 30%	After deductible, Facility fees: 30% Professional fees: 30%	After deductible, Facility fees: 30% Professional fees: 30%	After deductible, Facility fees: 35% Professional fees: 35%	0% after deductible	Facility fees: 10% after deductible Professional fees: no charge not subject to deductible
<b>Outpatient Facility Services</b>	30% after deductible	30% after deductible	30% after deductible	35% after deductible	0% after deductible	20% after deductible
<b>Annual Out-of-Pocket Maximum<sup>2</sup></b> The most a member pays in a year for qualified covered services before plan pays 100% for most in-network services. Certain member payments do not apply	Annual deductible plus \$2,500 per member; once 2-family-members meet their maximum, the maximum is met for the family	Annual deductible plus \$2,500 per member; once 2-family-members meet their maximum, the maximum is met for the family	Annual deductible plus \$2,500 per member; once 2-family-members meet their maximum, the maximum is met for the family	\$4,000 per member; once 2-family-members meet their maximum, the maximum is met for the family	\$3,000 per member \$6,000 per family aggregate <sup>1</sup> medical/pharmacy combined	\$2,250 per member \$4,500 per family aggregate <sup>1</sup>
<b>Prescription Drugs</b> The in-network amount shown is the copay for a 30-day retail supply. Mail order is available up to 60 days unless otherwise stated	\$15 copay Generic only no drug deductible	\$15 copay Generic only no drug deductible	\$15 copay Generic only no drug deductible	\$15 copay Generic only no drug deductible	0% after combined medical/pharmacy deductible 90-day supply is available through mail order	Generic: \$15 copay Brand-name: \$25 copay <sup>3</sup> (after \$150 annual brand-name deductible)
<b>Doctor Office Visits</b>	No benefits for routine doctor office visits	50% coinsurance for first \$1,000 of covered expenses and 100% after that (maximum Anthem Blue Cross Life and Health payment \$500 per year) <sup>4</sup> not subject to deductible	50% coinsurance for first \$1,500 of covered expenses and 100% after that (maximum Anthem Blue Cross Life and Health payment \$750 per year) <sup>4</sup> not subject to deductible	\$35 copay for first 12 visits 45% for additional visits not subject to deductible	0% after deductible (the deductible is waived for preventive care, which includes nationally recommended preventive care services)	\$25 copay for primary care physician visits \$35 copay for specialist or referral care visits (includes office visits for maternity) not subject to deductible
<b>Other Professional Services</b>	30% after deductible related to covered hospital charges only	30% after deductible related to covered hospital charges only	30% after deductible related to covered hospital charges only	35% after deductible (includes maternity, diagnostic lab and X-rays)	0% after deductible (the deductible is waived for preventive care, which includes nationally recommended preventive care services)	No charge (includes maternity, diagnostic lab and X-rays) not subject to deductible
<b>HealthyCheck™ Screenings</b> Two levels of health screenings including lab work and immunizations. Offered at HealthyCheck centers only. Not subject to deductible	Choose \$25 or \$75 screening option	Choose \$25 or \$75 screening option	Choose \$25 or \$75 screening option	Choose \$25 or \$75 screening option	Not available	Not available
<b>Emergency Room</b> You are also responsible for your \$100 copay, which is waived if you're admitted	30% after deductible	30% after deductible	30% after deductible	35% after deductible	0% after deductible (not subject to \$100 copayment)	\$100 copay, which is waived if you're admitted (ER not subject to deductible)

<sup>1</sup> Per-family amount is aggregate, i.e., once one or more family members' eligible covered expenses (combined) meet this amount, the requirement is satisfied for all covered family members.

<sup>2</sup> Annual Out-of-Pocket Maximum: Expenses that contribute to the annual out-of-pocket maximum vary from plan to plan and have restrictions and limitations. Refer to each plan's Combined Evidence of Coverage and Disclosure Form or Certificate for full details.

<sup>3</sup> If a member selects a brand-name drug when a generic equivalent drug is available, even if the physician writes a "dispense as written" or "do not substitute" prescription, the member will be responsible for a generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug.

<sup>4</sup> Amount shown applies to covered charges for doctor visits and related services (diagnostic lab, X-rays etc.).

# BeneFits from Anthem Blue Cross... just the right fit for your business

**Have you considered health coverage for your business but run into roadblocks?**

**Consider them gone.**

Our BeneFits portfolio keeps health coverage simple and affordable for small businesses just like yours. Whether you have two employees or 50, we invite you to try BeneFits on for size.

Ready to say “goodbye” to roadblocks and “hello” to simplicity and savings?

- You only need 60% of your employees to enroll in order to qualify for the many advantages of health coverage.
- Your contribution to each employee's monthly premium can be as low as 25% or — if you'd rather pay a flat dollar amount — as low as \$50.
- When you add life coverage or both life and dental, you can actually save money on your premiums — making valuable coverage more affordable than ever.

Check out our six BeneFits plans. And feel free to call your Anthem Blue Cross agent at any time for more details. Because everyone deserves a good fit.

**One Package.  
Six Plans.  
You Choose.**



Ready to reap the benefits of this simple, affordable package designed just for you? Call your Anthem Blue Cross agent today!

[anthem.com/ca](http://anthem.com/ca)

Anthem Blue Cross offers the Power SelectHMO plan. Anthem Blue Cross Life and Health Insurance Company offers: the three Hospital BeneFits plans, Lumenos HSA 3000 and the PPO \$35 Copay GenRx plan; and Term Life and AD&D products. Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensees of the Blue Cross Association.

Workers' Compensation coverage is provided through Employers' Compensation Insurance Company, a separate company that does not offer blue branded products or services. Administrative services for the Premium Only Plan (P.O.P.) are provided by Ceridian Benefit Services, Inc., an independent company that is not affiliated with Anthem Blue Cross, its affiliates or parent organization.

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