

Choosing and using your plan

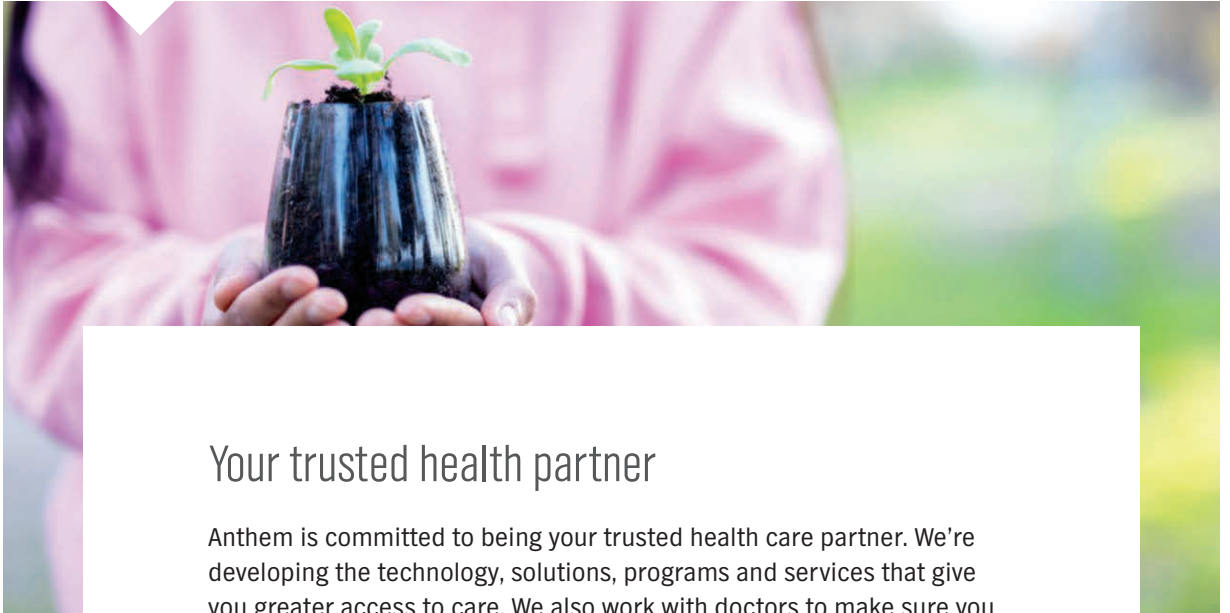
Your guide to open enrollment and
making the most of your benefits



Contra Costa Community College District - EPO Plan
Effective July 1, 2020



It's time to choose your plan



Your trusted health partner

Anthem is committed to being your trusted health care partner. We're developing the technology, solutions, programs and services that give you greater access to care. We also work with doctors to make sure you get affordable, quality health care.

Save this guide

You'll find tips on how to make the most of your benefits and save on health care costs throughout the year.





It's time to choose your plan

Let's get started

This is the perfect time to think about your health — where you are right now and where you want to be tomorrow. It's your opportunity to check out the benefits, programs and resources that can support your health and well-being all year long.

This guide will help you understand our plans. It's also full of tips, tools and resources that can help you reach your health and wellness goals when you become a member. So keep it handy to make the most of your benefits throughout the year.



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How to Enroll

Stay tuned, your Benefits Administrator or Human Resources Representative will contact you soon with specific enrollment instructions for your organization. Then just follow those steps to join one of our plans.



What's new this year

Your benefits can change from year to year, so it's a good idea to check out what's different. Here's a quick look:

- Introducing the **Sydney Health** mobile app. With **Sydney Health** you can find everything you need to know about your benefits – all in one place.



Anthem plans include:

- Access to one of the nation's largest networks of doctors and hospitals.
- Coverage for preventive care, like yearly checkups and flu shots, when you see a doctor in your plan.
- A prescription drug plan with convenient, money-saving home delivery.
- Benefits for urgent care and emergency care wherever you are.
- Health and wellness tools to help you stay healthy and reach your goals.

Pay less for health care

Before you select a plan, check to make sure your doctors, hospitals and medicine are all covered. You can see doctors outside your plan, but you'll pay more.



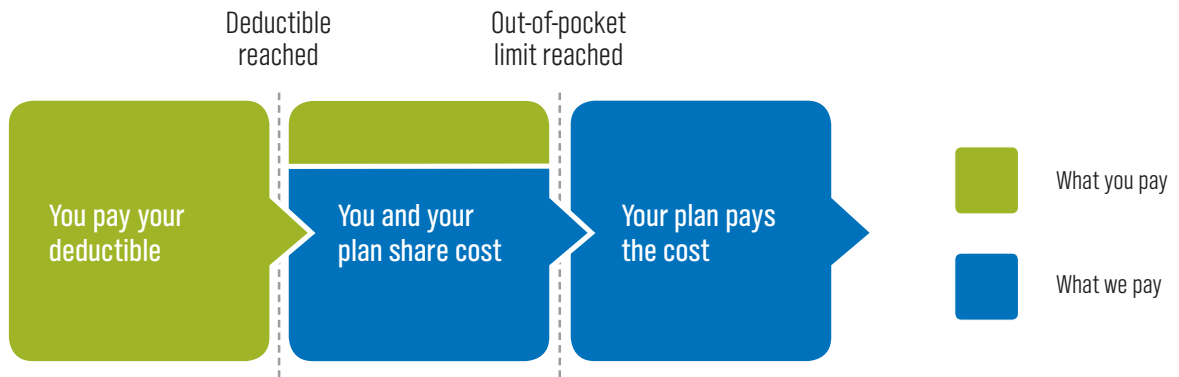


The basics explained

Before we dive into the plan details, it may be helpful to review some health benefit basics.



What you pay and what your plan pays



This chart is only an example. Your actual cost share will depend on your plan, the service you get and the doctor you choose. Check your plan details to see your actual share of the cost.



Words that are helpful to know

We can help you crack the code of health insurance lingo. Here are the meanings of some common terms:

<p>Deductible:</p> <p>A set amount you pay each year for covered services before your plan starts to pay for covered health care costs.</p>	<p>Copay:</p> <p>A flat fee you pay for covered services like doctor visits.</p>	<p>Coinsurance:</p> <p>Once you've met your deductible, you and your health plan share the cost of covered health care services. The coinsurance is your share of the costs, usually a percent of the cost of care. Your plan details show what portion of the cost you'll pay.</p>
<p>Out-of-pocket limit:</p> <p>This is the most you have to pay out of your own pocket each year for covered services. This amount may include your deductible and your percentage of the costs, depending on your plan. And some plans may still have you pay a copay at the time of service.</p>	<p>Premium:</p> <p>The premium, also called a monthly payment, is what you pay for the plan. It's the money that comes out of your paycheck. Think of it like a membership fee that's separate from what you pay when you get care.</p>	



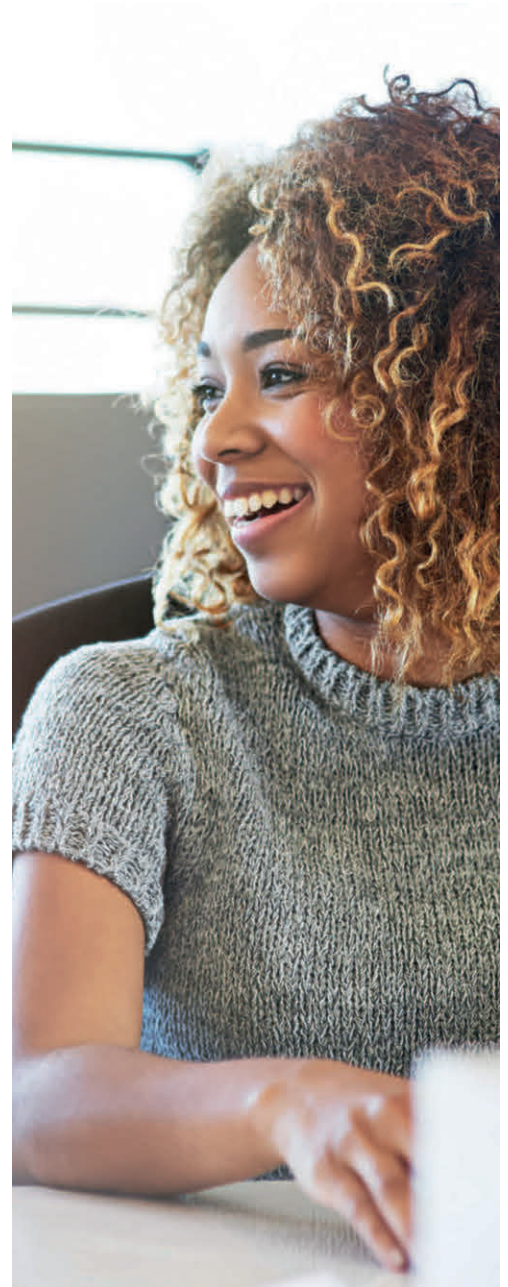
Explore your plan options

Let's take a look at the plan your employer is offering.

EPO

This plan covers services from doctors and hospitals that are part of the Exclusive Provider Organization (EPO) plan.

- Normally, you won't have to go through your main doctor, if you need to see a specialist like an orthopedic doctor or a cardiologist
- If you visit a doctor outside the plan, typically you'll have limited benefits and pay more for care.





Your pharmacy benefits

What your plan will cover

It's easy to get what you need, whether you take medicine every day or only once in a while.

Your pharmacy plan includes:

- One or more drugs lists. Be sure to check for your medications - the brand-name drugs and the generics that are included in your plan.
 - You can find out if the drug you take is included on the **National 4-tier** Drug List by visiting [anthem.com/ca/national4tier](https://www.anthem.com/ca/national4tier).
- Most specialty drugs if you have an ongoing health issue or serious illness. Look for "SP" or the Specialty Pharmacy icon when viewing your plan's drug list.

How your pharmacy benefits work

You pay your deductible

Before a plan starts to help pay for medicine, you may first pay a set amount out of your pocket. This is your deductible. You'll want to check the plan details to see if it has a:

- **Pharmacy deductible:** You first pay a set amount of drug costs out of your pocket and it's separate from a medical deductible. You have to pay your full pharmacy deductible before your plan starts to share the cost of your medicine.
- **Combined deductible:** You first pay a set amount for both covered medical care and drug costs out of your pocket.
- **No pharmacy deductible:** Your plan helps pay for medicine before you reach your deductible.

You and your plan share the costs

After you meet your deductible, your plan will share the cost of medicine. Your options include plans with different ways of sharing the cost:

- **Copays:** You pay a set amount, or copay, for medicine. Your copay will be based on which tier the drug is on. See [Save money with Tier 1 drugs](#) to learn more.
- **Coinsurance:** You pay a certain percentage of the drug's cost, which can be different based on the pharmacy you use.



Your pharmacy benefits

Save money with Tier 1 drugs

Prescription medicines or drugs are listed in groups called tiers. Your cost is based on which tier the drug is in. Tiers 1 and 2 usually include low-cost and generic drugs. You'll save the most money when you use Tier 1 drugs.

Once you're a member, you can check the price of a drug at different pharmacies at [anthem.com/ca](https://www.anthem.com/ca) and see if there are lower-cost drugs.

	Drug type	Cost
Tier 1	Preferred generic	\$
Tier 2	Preferred brand name and newer, more expensive generic drugs	\$\$
Tier 3	Nonpreferred brand name and generic drugs	\$\$\$
Tier 4	Preferred specialty drugs (brand name and generic)	\$\$\$\$

Simple ways to save money on medicine

- Use home delivery for drugs you take on a regular basis.
- Find a pharmacy in your plan.
- Talk to your doctor about generic medicines.
- See if an over-the-counter option is available.





How to use your plan

Once you've chosen a plan, explore how to make the most of your benefits. Here you'll learn simple ways to make using your plan easy. Plus, you'll discover tools and resources that can help you reach your health and wellness goals. With Anthem, supporting your healthiest self is all part of the plan!



How to use your plan

Use your ID card right from your phone

Introducing the **Sydney Health** mobile app. With **Sydney Health** you can find everything you need to know about your benefits – all in one place. You'll have a custom experience that's based on your plan, your specific health care needs and lots more. And you can quickly access your digital ID card to show it to your doctor or pharmacy. You can even use **Sydney Health** to track your health goals, find care, compare costs, and manage your claims.

Have a question? **Sydney Health** acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. **Sydney Health** makes it easier to get things done, so you can spend more time focusing on your health. Get started by downloading the **Sydney Health** mobile app.

Register for online tools and resources

Accessing your health plan on your mobile phone or computer makes life so much easier. Register on the **Sydney Health** mobile app and [anthem.com/ca](https://www.anthem.com/ca) to get personalized information about your health plan and more. You can:

- Quickly access your digital ID card.
- Find a doctor and estimate your costs before you go.
- Look at your prescription drug benefits, check the price of a drug and find a pharmacy near you that's in your plan.
- View your claims, see what's covered and what you may owe for care.
- Get support managing your health conditions and tracking your goals.
- Update your email and communication preferences.



How to use your plan

Find a doctor in your plan

The right doctor can make all the difference – and choosing one in your plan can save you money, too. So you'll be happy to know your plan includes lots of top-notch doctors. If you decide to get care from doctors outside the plan, it'll cost you more and your care might not be covered at all.

It's easy to find a doctor in your plan. Simply use the **Find Care** tool on the **Sydney Health** mobile app or at [anthem.com/ca](https://www.anthem.com/ca) to search for doctors, hospitals, labs and other health care professionals.

Schedule a checkup

Preventive care, like regular checkups and screenings, can help you avoid health problems down the road. Your plan covers these services at little or no extra cost when you see a doctor in your plan:

- Yearly physicals
- Well-child visits
- Flu shot
- Routine shots
- Screenings and tests

Check your plan details on the **Sydney Health** mobile app or [anthem.com/ca](https://www.anthem.com/ca) to confirm what preventive care is covered.



How to use your plan

Travel with peace of mind

Your health plan goes with you when you're away from home and need care immediately. The BlueCard® program gives you access to urgent care and emergency services across the country. This includes 93% of doctors and 96% of hospitals in the U.S.¹ If you're traveling out of the country, you can get care through the Blue Cross Blue Shield Global® Core program. It gives you access to doctors and hospitals in more than 190 countries and territories around the world.

If you're in the U.S., go to anthem.com/ca. When you're outside the U.S., visit bcbsglobalcore.com or download the BCBS Global Core mobile app. You also can call Blue Cross Blue Shield Global Core 24/7 at 011-800-810-BLUE (2583) or call collect. To call collect, dial 0170, then tell the operator you'd like to call 011-804-673-1177.

Questions about travel benefits? Call the Member Services number on your ID card before you leave home.

See a doctor from home

You can have a video visit with a doctor using your mobile phone, tablet or computer with a webcam, whether you're at home, at work or on the go. Doctors are available around the clock for advice, treatment and prescriptions.² Just go to livehealthonline.com or download the LiveHealth Online mobile app to get started.

Where to go for care when you need it now

When it's an emergency, call 911 or head to the nearest emergency room.

But when you need nonemergency care right away:

- Check to see if your primary care doctor can see you.
- Search for nearby urgent care – and avoid costly emergency room visits and long wait times.
- See a doctor anytime using LiveHealth Online. It works on your mobile phone, tablet or computer with a webcam.
- Call the 24/7 NurseLine and get helpful advice from a registered nurse.



¹ Internal data, 2019.

² Online prescribing only when appropriate based on physician judgment. LiveHealth Online is the trade name of Health Management Corporation.



Make the most of your pharmacy benefits

You can manage your prescriptions and costs at [anthem.com/ca](https://www.anthem.com/ca). Simply log in and explore the following ways to save:

- 1. Search the drug list.** Find out if your drugs are covered and which tier they're in. Lower-cost drugs and generics are usually in Tiers 1 and 2. You'll save the most money when you use Tier 1 drugs.
- 2. Price a medication.** See how much a medicine costs. You can compare retail drug costs at local pharmacies and see the price of generic options. Results will include the cost of up to a 90-day supply and home delivery pricing.
- 3. See if there are generic options.** If you're taking a brand-name drug, you can find a list of generic options that cost less, or ask your doctor.
- 4. Specialty drugs are covered if you need them.** Specialty drugs are for people with serious health issues. They come in different forms like pills or liquids. And some need to be injected, inhaled or infused. These drugs often need special storage and handling, and may be given to you by a doctor or nurse. If you have a complex health condition that requires specialty drugs for your treatment you can get them through IngenioRx Specialty Pharmacy.
- 5. Choose a pharmacy that's in your plan.** You have many retail pharmacies to choose from. Use a pharmacy that is in your plan to get the best price. To find a pharmacy in your plan, visit [anthem.com/ca/pharmacyinformation/networks](https://www.anthem.com/ca/pharmacyinformation/networks) and choose your network list. Your plan uses the National network list of pharmacies.
- 6. Sign up for home delivery.** If you take medicines regularly or need them on a long-term basis, you can save time with home delivery. You may also save money. You can get up to a 90-day supply of your maintenance medications delivered to your door. Once you're a member, visit [anthem.com/ca](https://www.anthem.com/ca) to sign up.

Questions?

Call the Pharmacy Member Services phone number on your member ID Card - we're available 24/7.





Plan extras that support your health

Learn more by registering on the **Sydney Health** app or at [anthem.com/ca](https://www.anthem.com/ca).

Your plan comes with great tools and programs to help you reach your health goals and save money on health products and services. Plus, most of them come at no extra cost. Learn more by registering on the **Sydney Health** app or at [anthem.com/ca](https://www.anthem.com/ca).

Apps

Introducing the **Sydney Health** mobile app. With **Sydney Health** you can find everything you need to know about your benefits – all in one place. You'll have a custom experience that's based on your plan, your specific health care needs and lots more. And you can quickly access your digital ID card to show it to your doctor or pharmacy. You can even use **Sydney Health** to track your health goals, find care, compare costs, and manage your claims.

Have a question? **Sydney Health** acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. **Sydney Health** makes it easier to get things done, so you can spend more time focusing on your health. Get started by downloading the **Sydney Health** mobile app.

Where to get care

24/7 NurseLine – You can connect with a registered nurse who'll answer your health questions wherever you are – anytime, day or night. They can help you

decide where to go for care and find providers in your area. All you have to do is call **1-800-337-4770**.

Anthem Health Guides – Highly trained Anthem associates are like personal support guides who can help you with all your health care needs. They can help you connect with the right resources, stay on top of the screenings and tests you need, find doctors, and more. Reach a health guide by calling the number on your member ID card. You also can go to [anthem.com/ca](https://www.anthem.com/ca) to send a secure email or chat with them online.

Behavioral Health Resource – When dealing with behavioral health issues like depression, anxiety, substance abuse or eating disorders, extra support can make a big difference. Our caring professionals will work with you to arrange counseling and support services that meet your individual and family needs. Just call **1-866-785-2789**.

Case Management – If you're coming home after surgery or have a serious health condition, a nurse care manager can help answer your questions about your follow-up care, medicines and treatment options, coordinate benefits for home therapy or medical supplies, and find community resources to help you. Your nurse care manager will probably call you, but

Want healthy advice?

Follow our **Better Care Blog** for helpful information about health benefits, living healthy and the latest member news.





Plan extras that support your health

Learn more by registering on the [Sydney Health app](#) or at [anthem.com/ca](#).

you also can call the Member Services number on your ID card.

on products and services that help promote better health and well-being.

ConditionCare — Get support from a dedicated nurse team to manage ongoing conditions like asthma, chronic obstructive pulmonary disorder (COPD), diabetes, heart disease or heart failure. Work with dietitians, health educators and pharmacists who can help you learn about your condition and manage your health.

Future Moms — This program can help you take care of yourself and your baby before, during and after pregnancy. You can talk to registered nurses 24/7 about your pregnancy, newborn care and more. Plus, you'll have access to dietitians and social workers, as needed. The program also includes breastfeeding support on LiveHealth Online.

LiveHealth Online — At home, at work or on the go, you can have a video visit with a doctor using your smartphone, tablet or computer with a webcam. Doctors are available 24/7 for advice, treatment and prescriptions if needed.* The cost is usually \$59 or less, depending on your health plan. Register at [livehealthonline.com](#).

* Online prescribing only when appropriate based on physician judgment. LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross.

Healthy living

SpecialOffers — Saving money is good. Saving money on things that are good for you — even better. With SpecialOffers, you can get discounts

Your Summary of Benefits

Contra Costa Community College District



Custom EPO 5 (0/20/0)

This Summary of Benefits is a brief overview of your plan's benefits only. For more detailed information about the benefits in your plan, please refer to your Certificate of Insurance or Evidence of Coverage (EOC), which explains the full range of covered services, as well as any exclusions and limitations for your plan.

Anthem Blue Cross EPO members must receive health care services from Anthem Blue Cross PPO (Prudent Buyer) network providers, unless they receive authorized referrals or need emergency and/or out-of-area urgent care. Emergency services received from a Non-PPO hospital and without an authorized referral are covered only for the first 48 hours. Coverage will continue beyond 48 hours if the member can't be moved safely. In addition to dollar and percentage copays, members are responsible for deductibles, as described below. Please review the deductible information to know if a deductible applies to a specific covered service. Certain Covered Services have maximum visit and/or day limits per year. The number of visits and/or days allowed for these services will begin accumulating on the first visit and/or day, regardless of whether your Deductible has been met. Members are also responsible for all costs over the plan maximums. Plan maximums and other important information appear in italics. Benefits are subject to all terms, conditions, limitations, and exclusions of the Policy.

Subject to Utilization Review

Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.

Explanation of Maximum Allowed Amount

Maximum Allowed Amount is the total reimbursement payable under the plan for covered services received from Participating and Non-Participating Providers. It is the payment towards the services billed by a provider combined with any applicable deductible, copayment or coinsurance.

PPO Providers—The rate the provider has agreed to accept as reimbursement for covered services. Members are not responsible for the difference between the provider's usual charges & the maximum allowed amount.

Non-PPO Providers—(*services covered only with an authorized referral includes those not represented in the PPO provider network; and medical emergencies*). For non-emergency care, reimbursement amount is based on: an Anthem Blue Cross rate or fee schedule, a rate negotiated with the provider, information from a third party vendor, or billed charges. Members are responsible for the difference between the provider's usual charges & the maximum allowed amount.

For Medical Emergency care rendered by a Non-Participating Provider or Non-Contracting Hospital, reimbursement is based on the reasonable and customary value. Members may be responsible for any amount in excess of the reasonable and customary value.

When using Non-PPO and Other Health Care Providers, members are responsible for any difference between the covered expense & actual charges, as well as any deductible & percentage copay.

Calendar year deductible	None
Deductible for emergency room services	\$50/visit (<i>waived if admitted directly from ER</i>)
Annual Out-of-Pocket Maximums	
PPO Providers	\$1,500/member; \$4,500/family

The following do not apply to out-of-pocket maximums: non-covered expenses. After an annual out-of-pocket maximum is met for medical and prescription drugs during a calendar year, the individual member or family will no longer be required to pay a copay or coinsurance for medical and prescription drug covered expenses for the remainder of that year. The member remains responsible for non-covered expenses.

Lifetime Maximum	16 Unlimited
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Covered Services	PPO: Per Member Copay ^f
<p>Preventive Care Services</p> <p>Preventive Care Services including*, physical exams, preventive screenings (<i>including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunizations, health education, intervention services, HIV testing</i>), and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration.</p> <p>*This list is not exhaustive. This benefit includes all Preventive Care Services required by federal and state law.</p>	No copay
<p>Physician Medical Services</p> <ul style="list-style-type: none"> • Office & home visits • Retail Health Clinic visit • Preferred Online Visit (<i>includes Mental/Behavioral Health and Substance Abuse</i>) • Hospital & skilled nursing facility visits • Surgeon & surgical assistant; anesthesiologist or anesthesiologist • Drugs administered by a medical provider (<i>certain drugs are subject to utilization review</i>) 	<p>\$20/visit[†]</p> <p>\$20/visit[†]</p> <p>\$10/visit[†]</p> <p>No copay</p> <p>No copay</p> <p>No copay</p>
<p>Diabetes Education Programs (<i>requires physician supervision</i>)[†]</p> <ul style="list-style-type: none"> • Teach members & their families about the disease process, the daily management of diabetic therapy & self-management training 	\$20/visit
<p>Physical Therapy, Physical Medicine & Occupational Therapy (<i>limited to 24 visits/calendar year</i>)</p>	No copay
<p>Chiropractic Services (<i>limited to 24 visits/calendar year; additional visits may be authorized</i>)</p>	No copay
<p>Speech Therapy</p>	No copay
<p>Acupuncture</p> <ul style="list-style-type: none"> • Services for the treatment of disease, illness or injury (<i>limited 30 visits/calendar year</i>) 	No copay [‡]
<p>Diagnostic X-ray & Lab (<i>facility & non-facility based</i>)</p> <ul style="list-style-type: none"> • Other diagnostic x-ray & lab 	No copay
<p>Advanced Imaging (<i>subject to utilization review</i>)</p>	No copay
<p>Urgent Care (<i>physician services</i>)[†]</p>	\$20/visit
<p>Emergency Care</p> <ul style="list-style-type: none"> • Emergency room services & supplies (<i>\$50 deductible waived if admitted inpatient</i>) • Physician services 	<p>No copay</p> <p>No copay</p>
<p>Hospital Medical Services (<i>subject to utilization review for inpatient and certain outpatient services; waived for emergency admissions</i>)</p> <ul style="list-style-type: none"> • Semi-private or private room, medically necessary services & supplies • Outpatient surgery (<i>including services & supplies</i>) 	<p>No copay</p> <p>No copay</p>
<p>Skilled Nursing Facility (<i>subject to utilization review</i>)</p> <ul style="list-style-type: none"> • Semi-private room, services & supplies (<i>limited to 100 days/calendar year</i>) 	No copay

Covered Services	PPO: Per Member Copay ^f
Related Outpatient Medical Services & Supplies <ul style="list-style-type: none"> Ground or air ambulance transportation, services & disposable supplies (<i>air ambulance in a non-medical emergency is subject to utilization review</i>) Blood transfusions, blood processing & the cost of unreplaced blood & blood products Autologous blood (<i>self-donated blood collection, testing, processing & storage for planned surgery</i>) 	No copay [§] No copay [§] No copay [§]
Ambulatory Surgical Centers (<i>certain surgeries are subject to utilization review</i>) <ul style="list-style-type: none"> Outpatient surgery, services & supplies 	No copay
Pregnancy & Maternity Care <ul style="list-style-type: none"> Physician office visits Elective Abortions (including prescription drug for abortion, mifepristone) Normal delivery, cesarean section, complications of pregnancy & abortion. Refer to the Physician & Hospital Medical Services benefits for both inpatient and outpatient hospital coverage.	\$20/visit [†] No copay
Mental or Nervous Disorders and Substance Abuse <ul style="list-style-type: none"> Inpatient facility care (<i>subject to utilization review; waived for emergency admissions</i>) Inpatient physician visits Outpatient facility care Physician office visits (<i>Behavioral Health treatment for Autism or Pervasive Development disorders requires pre-service review</i>) 	No copay No copay No copay \$20/visit [†]
Durable Medical Equipment (<i>may be subject to utilization review</i>) <ul style="list-style-type: none"> Rental or purchase of DME (<i>breast pump and supplies are covered under preventive care at no charge for in-network</i>) 	20%
Home Health Care (<i>subject to utilization review</i>) <ul style="list-style-type: none"> Services & supplies from a home health agency (<i>limited to 100 visits/calendar year, one visit by a home health aide equals four hours or less</i>) 	No copay
Home Infusion Therapy (<i>subject to utilization review</i>) <ul style="list-style-type: none"> Includes medication, ancillary services & supplies; caregiver training & visits by provider to monitor therapy; durable medical equipment; lab services 	No copay
Hemodialysis, Radiation and Chemotherapy (<i>facility & non facility based</i>)	No copay
Hospice Care <ul style="list-style-type: none"> Inpatient or outpatient services; family bereavement services 	No copay
Bariatric Surgery (<i>subject to utilization review; covered only when performed at a Centers of Medical Excellence [CME]</i>) <ul style="list-style-type: none"> Inpatient services provided in connection with medically necessary surgery for weight loss, only for morbid obesity Travel expenses for an authorized, specified surgery (<i>recipient & companion transportation limited to \$3,000 per surgery</i>) 	No copay No copay

Covered Services	PPO: Per Member Copay ^f
<p>Organ & Tissue Transplants <i>(subject to utilization review; specified organ transplants covered only when performed at Centers of Medical Excellence [CME])</i></p> <ul style="list-style-type: none"> • Inpatient services provided in connection with non-investigative organ or tissue transplants • Transplant travel expense for an authorized, specified transplant <i>(recipient & companion transportation limited to \$10,000 per transplant)</i> • Unrelated donor search, limited to \$30,000 per transplant 	<p>No copay</p> <p>No copay</p>
<p>Prosthetic Devices</p> <ul style="list-style-type: none"> • Coverage for breast prostheses; prosthetic devices to restore a method of speaking; surgical implants; artificial limbs or eyes; the first pair of contact lenses or eyeglasses when required as a result of eye surgery; & therapeutic shoes & inserts for members with diabetes 	<p>No copay</p>

Certain types of physicians may not be represented in the PPO network in the state where the member receives services. If such physician is not available in the service area, the member's copay is the same as for PPO (with and without pre-notification, if applicable). Member is responsible for applicable copays, deductibles and charges which exceed covered expense.

This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits. This proposed benefit summary is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care.

- † The dollar copay applies only to the visit itself. An additional copay applies for any services performed in office (i.e., X-ray, lab, surgery), after any applicable deductible.
- ‡ Acupuncture services can be performed by a certified acupuncturist (C.A.), a doctor of medicine (M.D.), a doctor of osteopathy (D.O.), a podiatrist (D.P.M.), or a dentist (D.D.S.).
- § These providers are not represented in the PPO network.
- f Non-emergency services from non-PPO providers are covered only with an authorized referral.

For additional information on limitations and exclusions and other disclosure items that apply to this plan, go to:

https://le.anthem.com/pdf?x=CA_LG_EPO

Modified \$10/\$20

PLEASE NOTE: *This is only a summary of your benefits. Please refer to your Combined Evidence of Coverage and Disclosure Form ("EOC")/Certificate of Insurance ("Certificate") which explains your plan's Exclusions and Limitations as well as the full range of your covered services in detail.*

Getting a Prescription Filled at a Participating Pharmacy

To get a prescription filled, you need only take your prescription to a participating pharmacy and present your ID card. The amount you pay for a covered prescription - your copay - will be determined by which formulary tier the drug falls into (a description of the drug tiers is listed below).

A generic drug contains the same effective ingredients, meets the same standards of purity as its brand-name counterpart and typically costs less. In many situations, you have a choice of filling your prescription with a generic medication or a brand-name medication. You may have to pay an additional charge that represents the cost difference between the brand-name medication and the generic equivalent.

The formulary is a list of recommended brand and generic medications. Drugs on the formulary are grouped by 'tiers.' A number of factors are considered when classifying drugs into tiers, including, but not limited to: the absolute cost of the drug; the cost of the drug relative to other drugs in the same therapeutic class; the availability of over-the-counter alternatives; and other clinical and cost-effectiveness factors.

Tier 1 - Lowest copayment - Drugs offering the greatest value within a therapeutic class. Some of these are generic equivalents of brand name drugs.

Tier 2 - Medium copayment - Drugs on this tier are generally the more affordable brand-name drugs. Other drugs are on this tier because they are "preferred" within their therapeutic classes, based on clinical effectiveness and value.

Tier 3 - Highest copayment - These are higher cost brand-name drugs. Some Tier 3 drugs may have generics or equivalents in Tier 1. In addition, some drugs on this tier may have been evaluated to be less cost-effective than equivalent drugs on lower tiers.

Tier 4 - Many drugs on this tier are "specialty" drugs used to treat complex, chronic conditions and may require special handling and/or management.

Copies of our tiered drug formulary list are furnished to your providers. They are updated quarterly and are available online at www.anthem.com/ca, click on Customer Care, Download Forms and then choose Anthem Blue Cross Drug List (tiered). You or your provider may also contact our Pharmacy Customer Service at 800-700-2541.

Our Preferred Drug Program (PDP) encourages the usage of certain, lower-cost, but equally effective, prescription medications (preferred drugs) in place of higher-cost medications (non-preferred drugs). The non-preferred list contains medications that require your physician's approval before they can be substituted for a preferred medication. By allowing this substitution, the PDP helps you better manage the increasing cost of prescription drugs while still maintaining your access to safe and effective medications.

Finding a Participating Pharmacy

Because our huge pharmacy network includes major drugstore chains plus a wide variety of independent pharmacies, it is easy for you to find a participating pharmacy. You can also find a participating pharmacy by calling Pharmacy Customer Service at 800-700-2541 or by going to our Web site at anthem.com/ca.

Using a Participating Pharmacy

You can control the cost of your prescription drugs by using our network of participating pharmacies. Participating pharmacies have agreed to charge you not more than the prescription drug maximum allowed amount.

Using a Non-Participating Pharmacy

If you choose to fill your prescription at a non-participating pharmacy, your costs may increase. You will likely need to pay for the entire amount of the prescription and then submit a prescription drug claim form for reimbursement to us.

Members that submit claims from non-participating pharmacies are reimbursed based on the lesser of the billed charge or on a prescription drug maximum allowed amount. The prescription drug maximum allowed amount may be considerably less than you paid for your medication. You are responsible for paying any difference in cost between the prescription drug maximum allowed amount and what you paid for your medication.

You may obtain a prescription drug claim form by calling Pharmacy Customer Service at the toll-free number printed on your member ID card or by going to our Web site at anthem.com/ca.

Home Delivery Program

If you take a prescription drug on a regular basis, you may want to take advantage of our mail service program. To fill a prescription through the mail, simply complete the Home Delivery form. You may obtain the form by calling Customer Service, at the toll-free number listed on your ID card or by going to our Web site at anthem.com/ca.

Please note that not all medications are available through the Home Delivery Program. Certain specialty pharmacy drugs are not available through the home delivery program, see Specialty Pharmacy Program below.

Specialty Pharmacy Program

Specialty medications are usually dispensed as an injectable drug, but may be available in other forms, such as a pill or inhalant. They are used to treat complex conditions. Prescriptions for specified specialty pharmacy drugs are covered only when ordered through the specialty pharmacy program unless you are given an exception from the specialty drug program (*see EOC/Certificate for details*). The specialty pharmacy program will deliver your medication to you by mail or common carrier (*you cannot pick up your medication*). You may have to pay the full cost of a specialty pharmacy drug if it is not obtained from the specialty pharmacy program. Specialty drugs that must be obtained through the specialty pharmacy program are limited to a 30-day supply for each fill.

The Prescription Drug Benefit covers the following:

- All eligible immunizations administered by a participating retail pharmacy.
- Outpatient prescription drugs and medications which the law restricts to sale by prescription.
- Formulas prescribed by a physician for the treatment of phenylketonuria.
- Folic acid supplementation prescribed by a physician for women planning to become pregnant (folic acid supplement or a multivitamin) prescribed by a physician.
- Aspirin prescribed by a physician for the reduction of heart attack or stroke prescribed by a physician.
- Smoking cessation products and over-the-counter nicotine replacement products (limited to nicotine patches and gum) as prescribed by physician.
- Prescription drugs prescribed by a physician to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products.
- Insulin.
- Syringes when dispensed for use with insulin and other self-injectable drugs or medications.
- All FDA-approved contraceptives for women, including oral contraceptives; contraceptive diaphragms and over-the-counter contraceptives prescribed by a doctor.
- Injectable drugs which are self-administered by the subcutaneous route (under the skin).
- Drugs that have Food and Drug Administration (FDA) labeling for self-administration.
- All compound prescription drugs that contain at least one covered prescription ingredient.
- Diabetic supplies (i.e., test strips and lancets).
- Prescription drugs for treatment of impotence and/or sexual dysfunction are limited to organic (non-psychological) causes.
- Inhaler spacers and peak flow meters for the treatment of pediatric asthma. These items are subject to the copay for tier 2 or tier 3 copay.
- Certain over-the-counter drugs approved by the Pharmacy and Therapeutics Process to be included in the prescription drug formulary.

Prescription drug cost shares are included in the medical out-of-pocket maximum. See medical plan summary of benefits for details.

- † Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program.
- ‡ Preferred Generic Program. If a member requests a brand name drug when a generic drug version exists, the member pays the generic drug copay plus the difference in cost between the prescription drug maximum allowed amount for the generic drug and the brand name drug dispensed, but not more than 50% of our average cost of that type of prescription drug. The Preferred Generic Program does not apply when the physician has specified "dispense as written" (DAW) or when it has been determined that the brand name drug is medically necessary for the member. In such case, the applicable copay for the dispensed drug will apply.
- § Supply limits for certain drugs may be different. Please refer to the EOC/Certificate for complete information.
- f Drugs indicated as non-preferred on the Preferred Drug Program list may be dispensed when the physician has specified 'dispense as written' (DAW) or when it has been determined that the brand name drug is medically necessary for the member.
- †† Compound drugs are not covered through home delivery; only covered through certain retail participating pharmacies.

Prescription Drug Exclusions and Limitations

- Hypodermic syringes &/or needles, except when dispensed for use with insulin & other self-injectable drugs or medications.
- Drugs & medications used to induce spontaneous & non-spontaneous abortions.
- Drugs & medications dispensed or administered in an outpatient setting, including outpatient hospital facilities and physicians' offices.
- Professional charges in connection with administering, injecting or dispensing drugs.
- Drugs & medications that may be obtained without a physician's written prescription, except insulin or niacin for cholesterol lowering and certain over-the-counter drugs approved by the Pharmacy and Therapeutics Process to be included in the prescription drug formulary.
- Drugs & medications dispensed by or while confined in a hospital, skilled nursing facility, rest home, sanatorium, convalescent hospital or similar facility.
- Durable medical equipment, devices, appliances & supplies, even if prescribed by a physician, except contraceptive diaphragms, as specified as covered in the EOC/Certificate.
- Services or supplies for which the member is not charged.
- Oxygen.
- Cosmetics & health or beauty aids. However, health aids that are medically necessary and meet the requirements as specified as covered in the EOC/Certificate.
- Drugs labeled "Caution, Limited by Federal Law to Investigational Use," or experimental drugs.
- Drugs or medications prescribed for experimental indications.
- Any expense for a drug or medication incurred in excess of the prescription drug maximum allowed amount.
- Drugs which have not been approved for general use by the Food and Drug Administration. This does not apply to drugs that are medically necessary for a covered condition.
- Drugs to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products. This does not apply to medically necessary drugs that the member can only get with a prescription under federal law.
- Drugs used primarily for cosmetic purposes (e.g., Retin-A for wrinkles). However, this will not apply to the use of this type of drug for medically necessary treatment of a medical condition other than one that is cosmetic.
- Anorexiants and drugs used for weight loss, except when used to treat morbid obesity (e.g., diet pills & appetite suppressants).
- Drugs obtained outside the U.S., unless they are furnished in connection with urgent care or an emergency.
- Allergy desensitization products or allergy serum.
- Infusion drugs, except drugs that are self-administered subcutaneously.
- Herbal supplements, nutritional and dietary supplements.
- Formulas and special foods for the treatment of phenylketonuria (PKU).
- Prescription drugs with a non-prescription (over-the-counter) chemical and dose equivalent except insulin. This does not apply if an over-the-counter equivalent was tried and was ineffective.
- Onychomycosis (toenail fungus) drugs except to treat members who are immuno-compromised or diabetic.
- Prescription drugs that introduce or is related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material, thus treating a disease or abnormal medical condition.
- Compound medications: unless all the ingredients are FDA-approved and require a prescription to dispense, and the compound medication is not essentially the same as an FDA-approved product from a drug manufacturer. Exceptions to non-FDA approved compound ingredients may include multi-source, non-proprietary vehicles and/or pharmaceutical adjuvants. Compound medications must be obtained from a participating pharmacy. You will have to pay the full cost of the compound medications you get from a non-participating pharmacy.
- Specialty pharmacy drugs that must be obtained from the specialty pharmacy program, but which are obtained from a retail pharmacy are not covered by this plan. Member will have to pay the full cost of the specialty pharmacy drugs obtained from a retail pharmacy that member should have obtained from the specialty pharmacy program.
- Prescription drugs that are considered multi-source brand drugs. This exclusion only applies to the Essential Drug Formulary plans.

- Off label prescription drugs
- Third Party Liability Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.
- Any service, drug, drug regimen, treatment, or supply furnished, ordered or prescribed by a provider identified as an excluded individual or entity on the U.S. Department of Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (OIG List), the General Services Administration System for Award Management (GSA List), State Medicaid exclusion lists or other exclusion/sanctioned lists as published by Federal or State regulatory agencies. This exclusion does not apply to an emergency medical condition.
- **Hyperhidrosis Treatment.** Prescription Drugs related to the medical and surgical treatment of excessive sweating (hyperhidrosis).
- **Clinical Trial Non-Covered Services.** Any Investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be a Covered Service under this Plan for non-Investigational treatments.
- **Growth Hormone Treatment.** Any treatment, device, drug, service or supply (including surgical procedures, devices to stimulate growth and growth hormones), solely to increase or decrease height or alter the rate of growth.
- **Clinically-Equivalent Alternatives.** Certain Prescription Drugs may not be covered if you could use a clinically equivalent Drug, unless required by law. "Clinically equivalent" means Drugs that for most Members, will give you similar results for a disease or condition. If you have questions about whether a certain Drug is covered and which Drugs fall into this group, please call the number on the back of your Identification Card, or visit our website at www.anthem.com. If you or your Doctor believes you need to use a different Prescription Drug, please have your Doctor or pharmacist get in touch with us. We will cover the other Prescription Drug only if we agree that it is Medically Necessary and appropriate over the clinically equivalent Drug. We will review benefits for the Prescription Drug from time to time to make sure the Drug is still Medically Necessary.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent Licensee of the Blue Cross Association. ® ANTHEM is a registered trademark. ® The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Please refer to the Certificate or EOC for details and complete list of exclusions and limitations. Exclusion does not apply to the medically necessary treatment as specifically stated as covered in the EOC/Certificate.

anthem.com/ca Anthem Blue Cross/Anthem Blue Cross Life and Health Insurance Company (P-NP) Effective 01-2020 CCCC Mod Rx -D



Say hi to Sydney

Anthem's new app is simple, smart — and all about you

With Sydney, you can find everything you need to know about your Anthem benefits – personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

Get started with Sydney
Download the app today!



Simple

Ready for you to use quickly, easily, seamlessly — with one-click access to benefits info, Member Services, wellness resources and more.

With just one click, you can:

- “ Find care and check costs
- “ Check all benefits
- “ See claims

Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly.

- “ Get answers even faster with our chatbot
- “ View and use digital ID cards

Personal

Get alerts, reminders and tips directly from Sydney. Get doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

Already using one of our apps?

It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.



Save time and money on prescriptions with home delivery

Getting your prescription drugs doesn't have to be a drag. We help make it easier and more convenient for you to get the medicines you need.



Home delivery: Skip the drugstore line

If you take prescription medicines on a regular basis, you can get up to a 90-day supply delivered to your home.¹ And depending on your plan, you may save on copays. That's because a 90-day supply of many drugs usually costs less than three 30-day refills.

Missing even one dose of a medicine that treats long-term conditions like high blood pressure or diabetes may lead to serious health problems and higher health care costs. That's why home delivery is a great way to make sure you get your prescription refills when you need them.

Standard shipping is free, and you can set up automatic renewals to get your next three-month supply sent to you before the refill date.

How to get started with home delivery

Getting set up for home delivery is easy. Just call the **Pharmacy Member Services** phone number on the back of your health plan ID card. You can also mail in your order with our order form found on [anthem.com/ca](https://www.anthem.com/ca). Choose **Individual & Family**, then **Forms**.

If you have mandatory or opt-out home delivery, you can also use our mobile app, Sydney Health, or go to the [anthem.com/ca](https://www.anthem.com/ca) website.

The steps are the same on the app or the website:²

1. Log in.
2. Choose **Pharmacy** in the main menu.
3. On the *Pharmacy* page, choose **View Your Prescriptions** and follow the instructions to switch prescriptions from your retail pharmacy to home delivery.
4. You can also update things like your shipping address and payment options.

Need help?

Call the home delivery pharmacy at 1-833-203-1739 or call the Pharmacy Member Services phone number on the back of your health plan ID card.

You may want to ask your doctor for a 30-day prescription, which you can get filled at your regular pharmacy, to make sure you have enough medicine to last until you get your first home delivery prescription.

Here are a few more important things to know

- “Using our mobile app, Sydney Health, or [anthem.com/ca](https://www.anthem.com/ca) to switch to home delivery is only available if your Anthem pharmacy plan benefits include mandatory home delivery, opt-out home delivery or Rx Maintenance 90. If you have optional home delivery, call the **Pharmacy Member Services** phone number on the back of your health plan ID card, or complete and mail the *Home Delivery Order Form* to transfer your prescriptions from your retail pharmacy to home-delivery.
- “If your doctor prescribes a brand-name drug, your pharmacy plan may require the home delivery pharmacy to send a generic version instead.
- “All prescriptions and refills, including those sent by your doctor, will be filled as soon as the home delivery pharmacy gets them. In most cases, your first order will arrive within two weeks. After that, orders will arrive within one week.
- “If you need your medicine sooner, you can call the home delivery pharmacy and ask for overnight delivery. You'll be charged extra for the faster shipping.
- “With some drugs, you may need to sign to accept delivery.³



90-day supply: Pick up a 3-month supply at CVS and save!⁴

If you have mandatory home delivery, opt-out home delivery or Rx Maintenance 90, another way to save time and money is by going to any CVS pharmacy to get a 90-day supply of the prescription medicines you take regularly. This will save you the trouble of having to pick up your medicines every month. And you'll pay the same copays as home delivery!

How to get started with a 90-day supply

If you're enrolled in Anthem home delivery,⁴ call the home delivery pharmacy at 1-833-203-1739 to switch to picking up a 90-day supply at CVS. If you're not currently enrolled, simply visit any CVS pharmacy. They'll ask your doctor to write a new 90-day prescription to get you started.



¹ Supplies vary based on your pharmacy plan design.

² You can use web or mobile tools to switch to home delivery from your retail pharmacy after your last courtesy retail fill under mandatory home delivery and Rx Maintenance 90. You can use web or mobile tools to switch to home delivery from your retail pharmacy after your first courtesy retail fill under opt-out home delivery. Members with optional home delivery cannot use the web at this time to transfer prescriptions from their retail pharmacy to home delivery.

³ Drugs that are defined as controlled substances are highly regulated, which requires the home delivery pharmacy to follow special rules for filling these prescriptions.

⁴ The CVS 90-day supply option is only available if your Anthem pharmacy plan includes one of the following benefits: mandatory home delivery, opt-out home delivery or Rx Maintenance 90.

Take care of yourself

Use your preventive care benefits



Getting regular checkups and exams can help you stay healthy and catch problems early — when they're easier to treat.

That's why our health plans offer all the preventive care services and immunizations below — at no cost to you.¹ As long as you see a doctor in the plan, you won't have to pay anything for these services and immunizations. If you want to visit a doctor outside the plan, you may have to pay out of pocket.

Not sure which services make sense for you? Talk to your doctor. He or she can help you figure out what you need.

Preventive vs. diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you have services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to determine what's causing those symptoms.

Adult preventive care

Preventive physical exams

Screening tests:

- “Alcohol misuse: related screening and behavioral counseling
- “Aortic aneurysm screening (men who have smoked)
- “Behavioral counseling to promote a healthy diet
- “Blood pressure
- “Bone density test to screen for osteoporosis
- “Cholesterol and lipid (fat) level
- “Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)
- “Depression screening
- “Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- “Type 2 diabetes screening*
- “Eye chart test for vision²
- “Hearing screening
- “Height, weight and body mass index (BMI)
- “HIV screening and counseling
- “Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years³
- “Obesity: related screening and counseling
- “Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- “Sexually transmitted infections: related screening and counseling
- “Tobacco use: related screening and behavioral counseling
- “Tuberculosis screening
- “Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- “Diphtheria, tetanus and pertussis (whooping cough)
- “Hepatitis A and hepatitis B
- “Human papillomavirus (HPV)
- “Influenza (flu)
- “Measles, mumps and rubella (MMR)
- “Meningococcal (meningitis)
- “Pneumococcal (pneumonia)
- “Varicella (chickenpox)
- “Zoster (shingles)

Women's preventive care:

- “Well-woman visits
- “Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁴
- “Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling^{5,6,7}
- “Contraceptive (birth control) counseling
- “Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- “Counseling related to chemoprevention for those with a high risk of breast cancer
- “Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- “HPV screening⁶
- “Screening and counseling for interpersonal and domestic violence
- “Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression⁶
- “Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

* CDC-recognized Diabetes Prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

Child preventive care

Preventive physical exams

Screening tests:

- “ Behavioral counseling to promote a healthy diet
- “ Blood pressure
- “ Cervical dysplasia screening
- “ Cholesterol and lipid level
- “ Depression screening
- “ Development and behavior screening
- “ Type 2 diabetes screening
- “ Hearing screening
- “ Height, weight and BMI
- “ Hemoglobin or hematocrit (blood count)
- “ Lead testing
- “ Newborn screening
- “ Screening and counseling for obesity
- “ Counseling for those ages 10–24 with fair skin about lowering their risk for skin cancer
- “ Oral (dental health) assessment when done as part of a preventive care visit
- “ Screening and counseling for sexually transmitted infections
- “ Tobacco use: related screening and behavioral counseling
- “ Vision screening when done as part of a preventive care visit²

Immunizations:

- “ Chickenpox
- “ Flu
- “ Haemophilus influenzae type b (Hib)
- “ Hepatitis A and hepatitis B
- “ HPV
- “ Meningitis
- “ MMR
- “ Pneumonia
- “ Polio
- “ Rotavirus
- “ Whooping cough

¹ The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your *Certificate of Coverage* or call the Member Services number on your ID card.

² Some plans cover additional vision services. Please see your contract or *Certificate of Coverage* for details.

³ You may be required to get preapproval for these services.

⁴ Check your medical policy for details.

⁵ Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

⁶ This benefit also applies to those younger than age 19.

⁷ Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, obstetrician/gynecologist or family medicine doctor, and hospitals with no member cost share (deductible, copay, coinsurance). Contact the provider to see if such services are available.

Get help in your language

Notice of Language Assistance



Curious to know what all this says? We would be too. Here's the English version: No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-888-254-2721. For more help call the CA Dept. of Insurance at 1-800-927-4357. (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 on the back of your ID card.

Spanish

Servicios lingüísticos sin costo. Puede tener un intérprete. Puede solicitar que le lean los documentos y algunos puede recibirlos en su idioma. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-888-254-2721. Para obtener ayuda adicional, llame al Departamento de Seguros de California al 1-800-927-4357.

Arabic

يتم تقديم خدمات اللغة دون مقابل. يمكنك الاستعانة بمترجم. ويمكنك المطالبة بأن تُقرأ لك بعض المستندات وأن يُرسل بعضها بلغتك. للحصول على المساعدة، اتصل بنا على الرقم الموجود على بطاقة التعريف الخاصة بك أو على الرقم 1-888-254-2721 للحصول على مزيد من المساعدة، يُرجى الاتصال بإدارة كاليفورنيا للتأمين على الرقم 1-800-927-4357.

Armenian

Թարգմանչական անվճար ծառայություններ: Մենք կարող ենք Ձեզ թարգմանչի ծառայություններ առաջարկել Կարող ենք տրամադրել ինչ-որ մեկին, ով փաստաթղթերը կկարդա Ձեզ համար և կուղարկի դրանք Ձեր լեզվով: Օգնություն ստանալու համար զանգահարեք մեզ Ձեզ ID քարտի վրա նշված հեռախոսահամարով կամ 1-888-254-2721 համարով: Լրացուցիչ օգնության համար զանգահարեք Կալիֆոռնիայի ապահովագրության նախարարություն հետևյալ հեռախոսահամարով՝ 1-800-927-4357:

Chinese

免費語言服務。您能獲得免費的譯員。您能聽到以您的語言讀出的文件內容，也能獲得以您的語言而寫的部分文件。如需協助，請撥打您的 ID 卡上的號碼或者 1-888-254-2721 聯絡我們。如需更多協助，請撥打 1-800-927-4357 聯絡 CA Dept. of Insurance。

Farsi

خدمات رایگان زبانی. می‌توانید یک مترجم شفاهی بگیرید. می‌توانید بخواهید اسناد را برای شما بخوانند و برخی اسناد نیز به زبان خودتان برایتان ارسال شود. برای دریافت کمک، از طریق شماره فهرست شده در کارت شناسایی‌تان و یا از طریق 1-888-254-2721 با ما تماس بگیرید. برای دریافت کمکهای بیشتر با اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تماس بگیرید.

Hindi

बिना लागत की भाषा सेवाएँ। आप दुभाषिया प्राप्त कर सकते हैं। आप दस्तावेज़ पढ़वा सकते हैं और कुछ दस्तावेज़ आपको आपकी भाषा में भेजे जा सकते हैं। मदद के लिए, हमें अपने ID कार्ड पर सूचीबद्ध नंबर पर या 1-888-254-2721 पर कॉल करें। अधिक मदद के लिए 1-800-927-4357 पर CA बीमा विभाग कोकॉल करें।

Hmong

Tsis Xam Tus Nqi Cov Kev Pab Cuam Ntsig Txog Hom Lus. Koj muaj peev xwm tau txais ib tus neeg txhais lus. Koj muaj peev xwm tau txais cov ntaub ntawv nyeem ua koj hom lus rau koj mloog thiab yuav xa ib co ntaub ntawv sau ua koj hom lus tuaj rau koj. Txog rau kev pab, hu rau peb tus nab npawb xov tooj teev tseg cia nyob rau ntawm koj daim ID los sis 1-888-254-2721. Txog rau kev pab ntxiv, hu xov tooj rau Pab Kas Phais Lub Chaw Ua Hauj Lwm CA tus xov tooj 1-800-927-4357.

Japanese

無料言語サービス。通訳サービスを受けられます。希望する言語で文書を読み上げたり、文書を送るサービスも可能です。支援を受けるには、IDカードに記載された番号、または 1-888-254-2721 にお電話ください。支援の詳細は、カリフォルニア州保険局 (1-800-927-4357) にお電話ください。

Khmer

សេវាភាសាភាគតិចផ្លែ។ អ្នកអាចទទួលបានអ្នកបកប្រែម្នាក់។ អ្នកអាចឱ្យគេអានឯកសារផ្សេងៗដូចជា អ្នក និងផ្ញើឯកសារដូចជាភាសារបស់អ្នក។ ដើម្បីទទួលបានជំនួយ សូមហៅ ទូរស័ព្ទមកយើងតាមលេខដែលបានរាយនៅលើប័ណ្ណ ID របស់អ្នក ឬក៏លេខ 1-888-254-2721។ ដើម្បីទទួលបានជំនួយបន្ថែម សូមហៅទូរស័ព្ទទៅ CA Dept. of Insurance តាមលេខ 1-800-927-4357។

Korean

무료 언어 서비스. 번역사를 이용하실 수 있습니다. 귀하의 언어로 녹음되어 작성된 문서를 받아보실 수 있습니다. 도움을 받으시려면 ID 카드에 기재된 번호 또는 1-888-254-2721로 전화하십시오. 다른 도움이 필요하시면 1-800-927-4357로 보험 CA 부서에 문의 주십시오.

Punjabi

ਬਿਨਾਂ ਕਿਸੇ ਲਾਗਤ ਦੇ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ। ਤੁਸੀਂ ਇੱਕ ਦੁਬਾਸ਼ੀਆ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਕੋਈ ਤੁਹਾਨੂੰ ਦਸਤਾਵੇਜ਼ ਪੜ੍ਹ ਕੇ ਸੁਣਾ ਸਕਦਾ ਹੈ ਅਤੇ ਕੁਝ ਤੁਹਾਡੀ ਭਾਸ਼ਾ ਵਿੱਚ ਤੁਹਾਨੂੰ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਸਾਨੂੰ ਤੁਹਾਡੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਸੂਚੀਬੱਧ ਨੰਬਰ ਜਾਂ 1-888-254-2721 ਤੇ ਕਾਲ ਕਰੋ। ਜ਼ਿਆਦਾ ਮਦਦ ਲਈ, ਸੀਏ ਡਿਪਾਰਟਮੈਂਟ ਔਫ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 ਤੇ ਕਾਲ ਕਰੋ।

Russian

Бесплатные языковые услуги. Вы можете получить услуги устного переводчика. Вам могут прочесть документы или направить некоторые из них на вашем языке. Для получения помощи звоните нам по телефону, указанному на вашей идентификационной карте, или по номеру 1-888-254-2721. Для получения дополнительной помощи звоните в Департамент страхования штата Калифорния по номеру 1-800-927-4357.

Tagalog

Mga Libreng Serbisyo para sa Wika. Maaari kayong kumuha ng interpreter. Maaari ninyong ipabasa ang mga dokumento at ipadala ang ilan sa mga ito sa inyo sa wikang ginagamit ninyo. Para sa tulong, tawagan kami sa numerong nakalista sa inyong ID card o sa 1-888-254-2721. Para sa higit pang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357.

Thai

ไม่มีค่าบริการเกี่ยวกับภาษาท่านสามารถขอใช้บริการล่ามได้ ท่านสามารถขอให้เจ้าหน้าที่อ่านเอกสารได้ท่านฟังและเอกสารบางอย่างจะส่งถึงท่านโดยใช้ภาษาของท่านหากต้องการความช่วยเหลือโปรดโทรหาเราตามหมายเลขที่ระบุอยู่บนบัตรประชาชนของท่านหรือที่หมายเลข 1-888-254-2721 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรติดตามแผนก CA Dept. of Insurance ที่หมายเลข 1-800-927-4357

Vietnamese

Các Dịch Vụ Ngôn Ngữ Miễn Phí. Quý vị có thể có thông dịch viên. Quý vị có thể yêu cầu đọc tài liệu cho quý vị nghe và yêu cầu gửi một số tài liệu bằng ngôn ngữ của quý vị cho quý vị. Để được trợ giúp, hãy gọi cho số được ghi trên thẻ ID của quý vị hoặc số 1-888-254-2721. Để được giúp đỡ thêm, hãy gọi cho Sở Bảo Hiểm California (California Department of Insurance) theo số 1-800-927-4357.

TTY/TTD:711

It’s important we treat you fairly

That’s why we follow federal civil rights laws in our health programs and activities. We don’t 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 isn’t 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>.

Get help in your language

Language Assistance Services



Curious to know what all this says? We would be too. Here's the English version: IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-888-254-2721. (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 on the back of your ID card.

Spanish

IMPORTANTE: ¿Puede leer esta carta? De lo contrario, podemos hacer que alguien lo ayude a leerla. También puede recibir esta carta escrita en su idioma. Para obtener ayuda gratuita, llame de inmediato al 1-888-254-2721.

Arabic

مهم: هل يمكنك قراءة هذه الرسالة؟ إذا لم تستطع، فيمكننا الاستعانة بشخص ما ليساعدك على قراءتها. كما يمكنك أيضًا الحصول على هذا الخطاب مكتوبًا بلغتك. للحصول على المساعدة المجانية، يُرجى الاتصال فورًا بالرقم 1-888-254-2721

Armenian

ՈՒՇԱՂԴՈՒԹՅՈՒՆ. Կարողանո՞ւմ եք ընթերցել այս նամակը: Եթե ոչ, մենք կարող ենք տրամադրել ինչ-որ մեկին, ով կօգնի Ձեզ՝ կարդալ այն: Կարող ենք նաև այս նամակը Ձեզ գրավոր տարբերակով տրամադրել: Անվճար օգնություն ստանալու համար կարող եք անհապաղ զանգահարել 1-888-254-2721 հեռախոսահամարով:

Chinese

重要事項：您能看懂這封信函嗎？如果您看不懂，我們能夠找人協助您。您可能可以獲得以您的語言而寫的本信函。如需免費協助，請立即撥打 1-888-254-2721。

Farsi

مهم: آیا می‌توانید این نامه را بخوانید؟ اگر نمی‌توانید، می‌توانیم شخصی را به شما معرفی کنیم تا در خواندن این نامه شما را کمک کند. همچنین می‌توانید این نامه را به صورت مکتوب به زبان خودتان دریافت کنید. برای دریافت کمک رایگان، همین حالا با شما 1-888-254-2721 تماس بگیرید

Hindi

महत्वपूर्ण: क्या आप यह पत्र पढ़ सकते हैं? अगर नहीं, तो हम आपको इसे पढ़ने में मदद करने के लिए किसी को उपलब्ध करा सकते हैं। आप यह पत्र अपनी भाषा में लिखवाने में भी सक्षम हो सकते हैं। निःशुल्क मदद के लिए, कृपया 1-888-254-2721 पर तुरंत कॉल करें।

Hmong

TSEEM CEEB: Koj puas muaj peev xwm nyeem tau daim ntawv no? Yog hais tias koj nyeem tsis tau, peb muaj peev xwm ciaw tus pab nyeem rau koj mloog. Tsis tas li ntawd tej zaum koj kuj tseem yuav tau txais daim ntawv no sau ua koj hom lus thiab. Txog rau kev pab dawb, thov hu tam sim no rau tus xov tooj 1-888-254-2721.

Japanese

重要: この書簡を読めますか？もし読めない場合には、内容を理解するための支援を受けることができます。また、この書簡を希望する言語で書いたもの入手することもできます。次の番号にいますぐ電話して、無料支援を受けてください。 1-888-254-2721

Khmer

សំខាន់៖ តើអ្នកអាចអានលិខិតនេះទេ? បើមិនអាចទេ យើងអាចឱ្យនរណាម្នាក់អានវាជូនអ្នក។ អ្នកក៏អាចទទួលលិខិតនេះដោយសរសេរជាភាសារបស់អ្នកផងដែរ។ ដើម្បីទទួលជំនួយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទភ្លាមៗទៅលេខ 1-888-254-2721។

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.

Korean

중요: 이 서신을 읽으실 수 있으십니까? 읽으실 수 없을 경우 도움을 드릴 사람이 있습니다. 귀하가 사용하는 언어로 쓰여진 서신을 받으실 수도 있습니다. 무료 도움을 받으시려면 즉시 1-888-254-2721로 전화하십시오.

Punjabi

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ, ਤਾਂ ਅਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਨੂੰ ਬੁਲਾ ਸਕਦਾ ਹਾਂ ਤੁਸੀਂ ਸ਼ਾਇਦ ਪੱਤਰ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਲਿਖਿਆ ਹੋਇਆ ਵੱਧੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਮਦਦ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਫੋਨ 1-888-254-2721 ਤੇ ਕਾਲ ਕਰੋ।

Russian

ВАЖНО. Можете ли вы прочитать данное письмо? Если нет, наш специалист поможет вам в этом. Вы также можете получить данное письмо на вашем языке. Для получения бесплатной помощи звоните по номеру 1-888-254-2721.

Tagalog

MAHALAGA: Nababasa ba ninyo ang liham na ito? Kung hindi, may taong maaaring tumulong sa inyo sa pagbasa nito. Maaari ninyo ring makuha ang liham na ito nang nakasulat sa ginagamit ninyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa 1-888-254-2721.

Thai

หมายเหตุสำคัญ: ท่านสามารถอ่านจดหมายฉบับนี้หรือไม่ หากท่านไม่สามารถอ่านจดหมายฉบับนี้ เราสามารถจัดหาเจ้าหน้าที่มาอ่านให้ท่านฟังได้ ท่านยังอาจให้เจ้าหน้าที่ช่วยเขียนจดหมายในภาษาของท่านอีกด้วย หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย โปรดโทรติดต่อที่หมายเลข 1-888-254-2721

Vietnamese

QUAN TRỌNG: Quý vị có thể đọc thư này hay không? Nếu không, chúng tôi có thể bố trí người giúp quý vị đọc thư này. Quý vị cũng có thể nhận thư này bằng ngôn ngữ của quý vị. Để được giúp đỡ miễn phí, vui lòng gọi ngay số 1-888-254-2721

TTY/TTD:711

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't 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 isn't 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>.



The legal stuff we're required to tell you

How we keep your information safe and secure

As a member, you have the right to expect us to protect your personal health information. We take this responsibility very seriously, following all state and federal laws, as well as our own policies.

You also have certain rights and responsibilities when receiving your health care. To learn more about how we protect your privacy, your rights and responsibilities when receiving health care, and your rights under the Women's Health and Cancer Rights Act, go to [anthem.com/ca/privacy](https://www.anthem.com/ca/privacy). For a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To see if your health benefits will cover a treatment, procedure, hospital stay or medicine, we use a process called utilization management (UM). Our UM team is made up of doctors and pharmacists who want to be sure you get the best treatments for certain health conditions. They review the information your doctor sends us before, during or after your treatment. We also use case managers. They're licensed health care professionals who work with you and your doctor to help you manage your health conditions. They also help you better understand your health benefits.

To learn more about how we help manage your care, go to [anthem.com/ca/memberrights](https://www.anthem.com/ca/memberrights). To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special enrollment rights

Open enrollment usually happens once a year. That's the time you can choose a plan, enroll in it or make changes to it. If you choose not to enroll, there are special cases when you're allowed to enroll during other times of the year.

Get the full details

Read your **Certificate of Coverage**, which spells out all the details about your plan. You can find one [anthem.com/ca](https://www.anthem.com/ca).

- **If you had another health plan that was canceled.** If you, your dependents or your spouse are no longer eligible for benefits with another health plan (or if the employer stops contributing to that health plan), you may be able to enroll with us. You must enroll within 31 days after the other health plan ends (or after the employer stops paying for the plan). For example: You and your family are enrolled through your spouse's health plan at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in one of our plans.
- **If you have a new dependent.** You gain new dependents from a life event like marriage, birth, adoption or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you got married, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
 - You (or your eligible dependents) lose Medicaid or the State Children's Health Insurance Program (SCHIP) benefits because you're no longer eligible.
 - You (or eligible dependents) become eligible to get help from Medicaid or SCHIP for paying part of the cost of a health plan with us.



Ready to choose your plan?

Stay tuned, your Benefits Administrator or Human Resources Representative will contact you soon with specific enrollment instructions for your organization. Then just follow those steps to join one of our plans.

Ready to use your plan?

Get some extra help

Anthem Health Guides are here to help you get the most out of your medical plan. These highly trained Anthem associates will help you with all your health care needs.

Reach a health guide by calling the number on your member ID card. You also can go to **[anthem.com/ca](https://www.anthem.com/ca)** to send a secure email or chat with them online.

