

# Choosing and using your plan

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

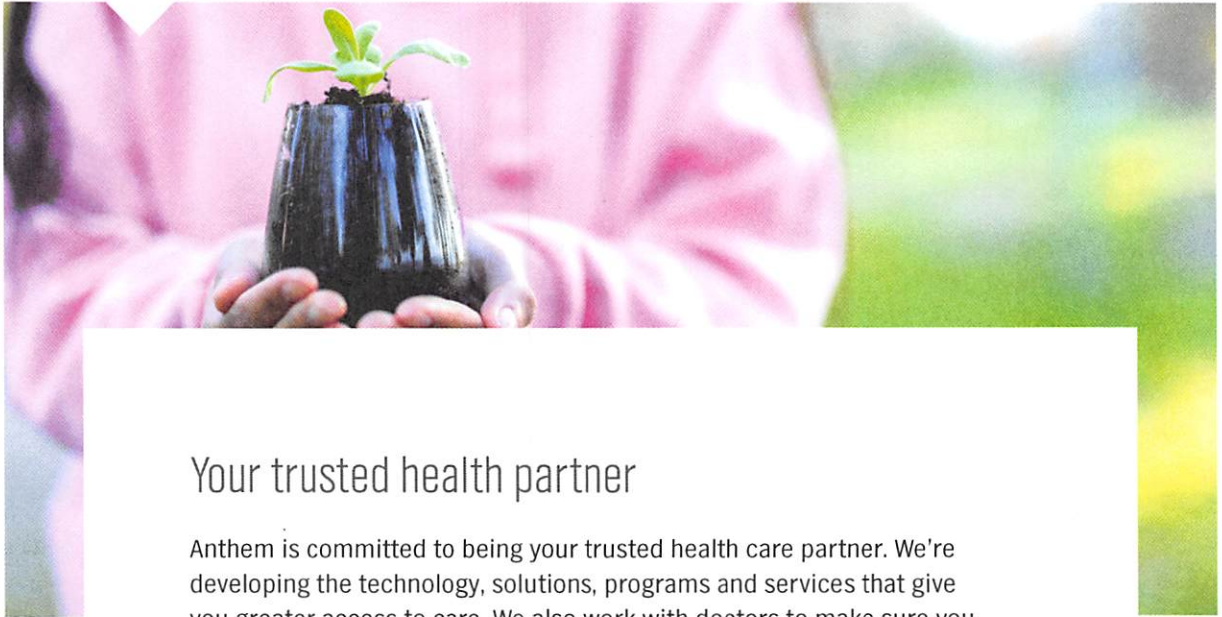


Anthem Blue Cross EPO  
Riverside Sheriff Association  
Effective January 1, 2020





## 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.



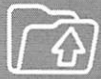
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## Using your plan



### 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. 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://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.
- 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 a Doctor** tool on the **Sydney Health** mobile app or at [anthem.com/ca](https://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://anthem.com/ca) to confirm what preventive care is covered.

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.

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. 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.**

<b>Calendar year deductible</b>	None /member
<b>Copay per service for emergency room services</b>	\$50 /visit ( <i>waived if admitted directly from ER</i> )
<b>Lifetime Maximum</b>	Unlimited
<b>Covered Services</b>	<b>PPO: Per Member Copay<sup>1</sup></b>
<b>Hospital Medical Services</b> ( <i>subject to utilization review for inpatient services; waived for emergency admissions</i> )	
➤ Semi-private room, meals & special diets, & ancillary services	No copay
➤ Outpatient medical care, surgical services & supplies ( <i>hospital care other than emergency room care</i> )	No copay
<b>Ambulatory Surgical Centers</b>	
➤ Outpatient surgery, services & supplies	No copay
<b>Hemodialysis</b>	
➤ Outpatient hemodialysis services & supplies	No copay
<b>Skilled Nursing Facility</b> ( <i>subject to utilization review</i> )	
➤ Semi-private room, services & supplies ( <i>limited to 100 days/calendar year, limit does not include mental health and substance abuse</i> )	No copay

Covered Services	PPO: Per Member Copay <sup>1</sup>
<b>Hospice Care</b>	
➤ Inpatient or outpatient services for members with up to one year life expectancy; family bereavement services	No copay <sup>2</sup>
<b>Home Health Care</b> (subject to utilization review)	
➤ Services & supplies from a home health agency (limited to 100 visits/calendar year, one visit by home health aide equals four hours or less; not covered while member receives hospice care)	No copay
<b>Home Infusion Therapy</b> (subject to utilization review)	
➤ Includes medication, ancillary services & supplies; caregiver training & visits by provider to monitor therapy; durable medical equipment; lab services	No copay
<b>Physician Medical Services</b>	
➤ Office & home visits	\$10/visit
➤ Preferred Online Visit (includes Mental/Behavioral Health and Substance Abuse)	\$10/visit
➤ Hospital & skilled nursing facility visits	No copay
➤ Surgeon & surgical assistant; anesthesiologist or anesthetist	No copay
<b>Diagnostic X-ray &amp; Lab</b>	
➤ MRI, CT scan, PET scan & nuclear cardiac scan (subject to utilization review)	No copay
➤ Other diagnostic x-ray & lab	No copay
<b>Preventive Care Services</b>	
Preventive Care Services including*, physical exams, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol blood pressure, hearing and vision, immunizations, health education, intervention services, HIV testing), and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration.	No copay
*This list is not exhaustive. This benefit includes all Preventive Care Services required by federal and state law	
<b>Physical Therapy, Physical Medicine &amp; Occupational Therapy</b>	No copay
<b>Chiropractic Services</b> (limited to 30 visits/calendar year) <sup>4</sup>	No copay
<b>Speech Therapy</b>	No copay
<b>Acupuncture</b>	
➤ Services for the treatment of disease, illness or injury (limited to 20 visits/calendar year)	No copay <sup>3</sup>
<b>Temporomandibular Joint Disorders</b>	
➤ Splint therapy & surgical treatment	No copay
<b>Pregnancy &amp; Maternity Care</b>	
➤ Physician office visits	\$10/visit
➤ Prescription drug for abortion (mifepristone)	No copay
Normal delivery, cesarean section, complications of pregnancy & abortion	
➤ Inpatient physician services	No copay
➤ Hospital & ancillary services	No copay
<b>Family Planning Services</b>	
➤ Female Sterilization (including tubal ligation and counseling/consultation)	No copay
➤ Male Sterilization	\$100 copay
<b>Organ &amp; Tissue Transplants</b> (subject to utilization review; specified organ transplants covered only when performed at Centers of Medical Excellence [CME] and Blue Distinction Centers for Specialty Care [BDCSC] for California; Blue Distinction Centers for Specialty Care [BDCSC] for out of California)	
➤ Inpatient services provided in connection with non-investigative organ or tissue transplants	No copay
➤ Transplant travel expense for an authorized, specified transplant at a COE (recipient & companion transportation limited to 6 trips/episode & \$250/person/trip for round-trip coach airfare, hotel limited to 1 room double occupancy & \$100/day for 21 days/trip, other expenses limited to \$25/day/person for 21 days/trip; donor transportation limited to 1 trip/episode & \$250 for round-trip coach airfare, hotel limited to \$100/day for 7 days, other expenses limited to \$25/day for 7 days)	No copay



Covered Services	PPO: Per Member Copay <sup>1</sup>
<b>Bariatric Surgery</b> (subject to utilization review; covered only when performed at a Blue Distinction Center for Specialty Care [BDCSC])	
➤ Inpatient services provided in connection with medically necessary surgery for weight loss, only for morbid obesity	No copay
➤ Bariatric travel expense when member's home is 50 miles or more from the nearest bariatric COE (member's transportation to & from COE limited to \$130/person/trip for 3 trips [pre-surgical visit, initial surgery & one follow-up visit]; one companion's transportation to & from COE limited to \$130/person/trip for 2 trips [initial surgery & one follow-up visit]; hotel for member & one companion limited to one room double occupancy & \$100/day for 2 days/trip, or as medically necessary, for pre-surgical & follow-up visit; hotel for one companion limited to one room double occupancy & \$100/day for duration of member's initial surgery stay for 4 days; other reasonable expenses limited to \$25/day/person for 4 days/trip)	No copay
<b>Diabetes Education Programs</b> (requires physician supervision)	
➤ Teach members & their families about the disease process, the daily management of diabetic therapy & self-management training	\$10/visit
<b>Prosthetic Devices</b>	
➤ 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)	No copay
<b>Durable Medical Equipment</b>	
➤ Rental or purchase of DME including hearing aids, dialysis equipment & supplies (hearing aids benefit available for one hearing aid per ear every three years; breast pump and supplies are covered under preventive care at no charge for in-network)	No copay
<b>Related Outpatient Medical Services &amp; Supplies</b>	
➤ Ground or air ambulance transportation, services & disposable supplies	No copay <sup>2</sup>
➤ Blood transfusions, blood processing & the cost of unreplaced blood & blood products	No copay <sup>2</sup>
➤ Autologous blood (self-donated blood collection, testing, processing & storage for planned surgery)	No copay <sup>2</sup>
<b>Emergency Care</b>	
➤ Emergency room services & supplies (\$50 copay per service waived if admitted)	No copay
➤ Inpatient hospital services & supplies	No copay
➤ Physician services	No copay
<b>Mental or Nervous Disorders and Substance Abuse</b>	
➤ Inpatient facility care (subject to utilization review; waived for emergency admissions)	No Copay
➤ Inpatient physician visits	No Copay
➤ Outpatient facility care	No Copay
➤ Physician office visits (Behavioral Health treatment for Autism or Pervasive Development disorders require pre-service review)	\$10/visit

<sup>1</sup> Non-emergency services from non-PPO providers are covered only with an authorized referral.

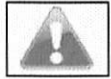
<sup>2</sup> These providers are not represented in the Anthem Blue Cross PPO network.

<sup>3</sup> 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.).

<sup>4</sup> Additional visits as authorized if medically necessary; pre-service review must be obtained prior to receiving the services

**This Summary of Benefits is a brief review of benefits. Once enrolled, members will receive a Combined Evidence of Coverage and Disclosure Form, which explains the exclusions and limitations, as well as the full range of covered services of the plan, in detail.**

**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\\_PPO](https://le.anthem.com/pdf?x=CA_LG_PPO)**



The Summary of Benefits and Coverage (SBC) document will help you choose a health **plan**. The SBC shows you how you and the **plan** would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/ca/fi>. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call (855) 333-5730 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0.	See the Common Medical Events chart below for your costs for services this <b>plan</b> covers.
Are there services covered before you meet your deductible?	No.	You will have to meet the <u>deductible</u> before the <b>plan</b> pays for any services.
Are there other deductibles for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	Not Applicable.	This <b>plan</b> does not have an <u>out-of-pocket limit</u> on your expenses.
What is not included in the out-of-pocket limit?	Not Applicable	This <b>plan</b> does not have an <u>out-of-pocket limit</u> on your expenses.
Will you pay less if you use a network provider?	Yes, EPO. See <a href="http://www.anthem.com/ca">www.anthem.com/ca</a> or call (855) 333-5730 for a list of <u>network providers</u> .	This <b>plan</b> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <b>plan's</b> <u>network</u> . You will pay the most if you use an out-of- <u>network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <b>plan</b> pays ( <u>balance billing</u> ). Be aware your <u>network provider</u> might use an out-of- <u>network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		PPO Provider (You will pay the least)	Non-PPO Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$10/visit	Not covered	-----none-----
	<u>Specialist</u> visit	\$10/visit	Not covered	-----none-----
	<u>Preventive care</u> / <u>screening</u> /immunization	No charge	Not covered	You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	Not covered	-----none-----
	Imaging (CT/PET scans, MRIs)	No charge	Not covered	-----none-----
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at <a href="http://www.anthem.com/ca/pharmacyinformation/">http://www.anthem.com/ca/pharmacyinformation/</a> National	Generic Drugs	\$5/prescription (retail) and \$10/prescription (home delivery)	50% <u>coinsurance</u> of the <u>prescription drug</u> covered expense and costs in excess of the maximum amount allowed up to a \$250 maximum /prescription	Most home delivery is 90-day supply. *See Prescription Drug section of the <u>plan</u> or policy document (e.g. evidence of coverage or certificate).
	Brand Name Formulary Drugs	\$10/prescription (retail) and \$20/prescription (home delivery)	50% <u>coinsurance</u> of the <u>prescription drug</u> covered expense and costs in excess of the maximum amount allowed up to a \$250 maximum /prescription	
	Brand Name Non-Formulary Drugs	\$40/prescription (retail) and \$80/prescription (home delivery)	50% <u>coinsurance</u> of the <u>prescription drug</u> covered expense and costs in excess of the maximum amount allowed up to a \$250 maximum /prescription	
	<u>Specialty Pharmacy</u> Drugs	20% <u>coinsurance</u> of <u>prescription drug</u> covered expense up to \$100/	Not Applicable	

\* For more information about limitations and exceptions, see plan or policy document at <https://eoc.anthem.com/eocdps/ca/fi>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		PPO Provider (You will pay the least)	Non-PPO Provider (You will pay the most)	
		prescription		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	Not covered	-----none-----
	Physician/surgeon fees	No charge	Not covered	-----none-----
If you need immediate medical attention	<u>Emergency room care</u>	\$50/visit	Covered as In- <u>Network</u>	If admitted directly, ER copay is waived. No charge for Emergency Room Physician Fee.
	<u>Emergency medical transportation</u>	No charge	Covered as In- <u>Network</u>	-----none-----
	<u>Urgent care</u>	\$10/visit	Covered as In- <u>Network</u>	There may be other levels of <u>cost share</u> that are contingent on how services are provided.
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	Not covered	-----none-----
	Physician/surgeon fees	No charge	Not covered	-----none-----
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit \$10/visit	Office Visit Not covered	Office Visit -----none-----
		Other Outpatient No charge	Other Outpatient Not covered	Other Outpatient -----none-----
	Inpatient services	No charge	Not covered	No charge for Inpatient Physician Fee PPO <u>Providers</u> . No coverage for Inpatient Physician Fee Non-PPO <u>Providers</u> .
If you are pregnant	Office visits	\$10/visit	Not covered	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	No charge	Not covered	
	Childbirth/delivery facility services	No charge	Not covered	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	Not covered	100 visits/benefit period for PPO <u>Providers</u> . One visit by home health aide equals four hours or less; not covered while member receives hospice care.
	<u>Rehabilitation services</u>	No charge	Not covered	*See Therapy Services section
	<u>Habilitation services</u>	No charge	Not covered	
	<u>Skilled nursing care</u>	No charge	Not covered	100 days limit/benefit period for PPO <u>Providers</u> .

\* For more information about limitations and exceptions, see **plan** or policy document at <https://eoc.anthem.com/eocdps/ca/fi>.



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		PPO Provider (You will pay the least)	Non-PPO Provider (You will pay the most)	
	Durable medical equipment	No charge	Not covered	-----none-----
	Hospice services	No charge	Not covered	-----none-----
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	*See Vision Services section
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	*See Dental Services section

#### Excluded Services & Other Covered Services:

##### Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- |  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Cosmetic surgery</li> <li>• Eye exams for a child</li> <li>• Long- term care</li> <li>• Routine eye care (adult)</li> </ul> | <ul style="list-style-type: none"> <li>• Dental care (adult)</li> <li>• Glasses for a child</li> <li>• Non-emergency care when traveling outside the U.S.</li> <li>• Routine foot care unless you have been diagnosed with diabetes.</li> </ul> | <ul style="list-style-type: none"> <li>• Dental Check-up</li> <li>• Infertility treatment</li> <li>• Private-duty nursing</li> <li>• Weight loss programs</li> </ul> |
|--|---|--|

##### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>• Abortion</li> <li>• Chiropractic care 30 visits/benefit period.</li> </ul> | <ul style="list-style-type: none"> <li>• Acupuncture 20 visits/benefit period.</li> <li>• Hearing aids one hearing aid/ear every three years.</li> </ul> | <ul style="list-style-type: none"> <li>• Bariatric surgery</li> </ul> |
|---|--|---|

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Managed Health Care, California Help Center, 980 9th Street, Suite 500, Sacramento, CA 95814-2725, (888) HMO-2219. Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

\* For more information about limitations and exceptions, see plan or policy document at <https://eoc.anthem.com/eocdps/ca/fi>.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact:

ATTN: Grievances and Appeals, P.O. Box 4310, Woodland Hills, CA 91365-4310

Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)

Department of Managed Health Care, California Help Center, 980 9th Street, Suite 500, Sacramento, CA 95814-2725, (888) HMO-2219

California Department of Managed Health Care Help Center, 980 9th Street, Suite 500, Sacramento, CA 95814, (888) 466-2219, [www.healthhelp.ca.gov](http://www.healthhelp.ca.gov), [helpline@dmhc.ca.gov](mailto:helpline@dmhc.ca.gov)

**Does this plan provide Minimum Essential Coverage? Yes**

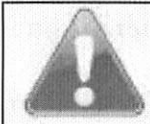
If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? Yes**

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*—————

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby (9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall <u>deductible</u>	\$0
■ <u>Specialist copayment</u>	\$10
■ Hospital (facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$40
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$100

### Managing Joe's type 2 Diabetes (a year of routine in-network care of a well-controlled condition)

■ The plan's overall <u>deductible</u>	\$0
■ <u>Specialist copayment</u>	\$10
■ Hospital (facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$700
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$760

### Mia's Simple Fracture (in-network emergency room visit and follow up care)

■ The plan's overall <u>deductible</u>	\$0
■ <u>Specialist copayment</u>	\$10
■ Hospital (facility) <u>coinsurance</u>	0%
■ Other <u>coinsurance</u>	0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<u>Cost Sharing</u>	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$200

The plan would be responsible for the other costs of these EXAMPLE covered services.

# Language Access Services:

(TTY/TDD: 711)

**Albanian (Shqip):** Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merrni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontaktuar me një përkthyes, telefononi (855) 333-5730

**Amharic (አማርኛ):-** ስለዚህ ሰነድ ማንኛውም ጥያቄ ካለዎት በራስዎ ቋንቋ እርዳታ እና ይህን መረጃ በገጽ የማግኘት መብት አለዎት። አስተርጓሚ ለማናገር (855) 333-5730 ይደውሉ።

(855) 333-5730 على مترجم، اتصل على للتحدث إلى مترجم، المساعد والمعلومات بلغة دون مقابل. إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغة دون مقابل. (العربية) Arabic

**Armenian (հայերեն).** Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար գանգառաքեք հետևյալ հեռախոսահամարով՝ (855) 333-5730:

**Bassa (Bàsɔ̀ wùdù):** M̐ dyi dyi-diè-dè b̐ é b̐ é b̐ é b̐ á céé-dè nià ke dyi ní, ɔ̀ mò ni dyí-b̐ é d̐ é in-d̐ é b̐ é m̐ ké gbo-kpá-kpá kè b̐ b̐ kpɔ̀ dé m̐ b̐ í d̐ í-wù d̐ ù n̐ b̐ ó pí d̐ yí. B̐ é m̐ ké wu d̐ u-zì in-nyò d̐ ò gbo wù d̐ ù ke, d̐ á (855) 333-5730.

**Bengali (বাংলা):** যদি এই নথিপত্রের বিষয়ে আপনার কোনো প্রশ্ন থাকে, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য পাওয়ার অধিকার আপনার আছে। একজন দোভাষীর সাথে কথা বলার জন্য (855) 333-5730 - (ভ কল করুন।)

**Burmese (မြန်မာ):** ဤစာရွက်စာတမ်းနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အချက်အလက်များနှင့် အကူအညီကို အခကြေးငွေ မေးခရမလိမ့်။ သင့်ဘာသာစကားဖြင့် ရယူနိုင်ခွင့်သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်ဦးနှင့် စကားပြောနိုင်ရန် ဖုန် (855) 333-5730 သို့ ခေါ်ဆိုပါ။

**Chinese (中文):** 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電 (855) 333-5730。

**Dinka (Dinka):** Na naŋ thiëc në ke de ya thorë, ke yin naŋ loŋ bë yi kuony ku wër alëu bë geër yic yin ne thoŋ du ke cin wëu tääwë ke piny. Te kor yin ba jam wënë ran ye thok geryic, ke yin col (855) 333-5730.

**Dutch (Nederlands):** Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (855) 333-5730.

**Farsi (فارسی):** در صورتی که سوالی بپرسید، این حق را دارید، این سند را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفا می، با شماره (855) 333-5730 تماس بگیرید.

**French (Français):** Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (855) 333-5730.



## Language Access Services:

**German (Deutsch):** Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (855) 333-5730.

**Greek (Ελληνικά):** Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (855) 333-5730.

**Gujarati (ગુજરાતી):** જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કોલ કરો (855) 333-5730.

**Haitian Creole (Kreyòl Ayisyen):** Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (855) 333-5730.

**Hindi (हिंदी):** अगर आपके पास इस दस्तावेज़ के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कॉल करें (855) 333-5730 ।

**Hmong (White Hmong):** Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (855) 333-5730.

**Igbo (Igbo):** Ọ bụr ụ na ị nwere ajujụ ọ bụla gbasara akwụkwọ a, ị nwere ikike ịnweta enyemaka na ozi n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ka gị na ọkọwa okwu kwuo okwu, kpọọ (855) 333-5730.

**Ilokano (Ilokano):** Nu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda karbengam a makaala ti tulong ken impormasyon babaen ti lenguahem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (855) 333-5730.

**Indonesian (Bahasa Indonesia):** Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (855) 333-5730.

**Italian (Italiano):** In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (855) 333-5730

**Japanese (日本語):** この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(855) 333-5730 にお電話ください。

## Language Access Services:

**Khmer (ខ្មែរ):** បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មានជាភាសាសំអ្នកដោយឥតគិតថ្លៃ។  
ដើម្បីជ្រកជាមួយអ្នកបកប្រែ សូមហៅ (855) 333-5730 ។

**Kirundi (Kirundi):** Ugize ikibazo icyo arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rurimi rwawe ata giciro. Kugira uvugishe umusemuzi, akura (855) 333-5730.

**Korean (한국어):** 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (855) 333-5730 로 문의하십시오.

**Lao (ພາສາລາວ):** ຖ້າທ່ານມີຄໍາຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຄຸ່ອນເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ.  
ເພື່ອໄດ້ຮັບກັບວ່າມແປພາສາ, ໃຫ້ໃບຫາ (855) 333-5730.

**Navajo (Diné):** Dii naaltsoos bika'ígíí łahgo bina'ídiłkíidgo ná bohónéedzǫ́ dóó bee ahóót'í' t'áá ni nizaad k'ehǫ́ bee nìí hodoonih t'áadoo bááh ílínígóó. Ał' balne'ígíí łá' bich'í' hadeesdzih nínízingo kojì' hodíłłnih (855) 333-5730.

**Nepali (नेपाली):** यदि यो कागजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ।  
दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (855) 333-5730

**Oromo (Oromifaa):** Sanadi kanaa wajjin walqabaate gaffi kamiyyu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana dubaachuuf, (855) 333-5730 bilbilla.

**Pennsylvania Dutch (Deutsch):** Wann du Frooge iwwer selle Document hoscht, du hoscht die Recht um Hefte un Information zu griege in dei Schprooch mitaus Koscht. Um mit en Iwwersetze zu schwetze, ruff (855) 333-5730 aa.

**Polish (polski):** W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (855) 333-5730.

**Portuguese (Português):** Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (855) 333-5730.

**Punjabi (ਪੰਜਾਬੀ):** ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫ਼ਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਆਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (855) 333-5730 'ਤੇ ਕਾਲ ਕਰੋ।

## Language Access Services:

**Romanian (Română):** Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonic (855) 333-5730.

**Russian (Русский):** если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (855) 333-5730.

**Samoan (Samoa):** Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou 'aia e maua se fesoasoani ma faamatalaga i lou lava gagana e aunoa ma se totogi. Ina ia talanoa i se tagata faaliliu, vili (855) 333-5730.

**Serbian (Srpski):** Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (855) 333-5730.

**Spanish (Español):** Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (855) 333-5730.

**Tagalog (Tagalog):** Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wilka nang walang bayad. Makipag-usap sa isang tagapagpalivanag, tawagan ang (855) 333-5730.

**Thai (ไทย):** หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่ค่าใช้จ่าย โดยโทร (855) 333-5730 เพื่อพูดคุยกับล่าม

**Ukrainian (Українська):** якщо у вас виникають запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладача, зателефонуйте за номером: (855) 333-5730.

**Urdu (اردو):** اگر اس دستاویز کے بارے میں آپ کا کوئی سوال ہے، تو آپ کو اور اپنی زبان میں مفت معلومات حاصل کرنے کا حق حاصل ہے۔ کسی مترجم سے بات کرنے کے لئے، (855) 333-5730 پر کال کریں۔

**Vietnamese (Tiếng Việt):** Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (855) 333-5730.

**Yiddish (אידיש):** אויב איר האט שאלות וועגן דעם דאקומענט, האט איר ד' ארעכט צו באקומען דעם אינפארמאציע אין אייער שפראך און קיין פארן צו ארעבן אן איבערזעצער, (855) 333-5730.

**Yoruba (Yorùbá):** Tí o bá ní èyíkéyí ibèrè nípà àkọsílẹ̀ yí, o ní ètọ́ láti gba àrànwó àti iwífún mí èdè rẹ lọfẹ́fẹ́. Bá wa ògbùfọ̀ kan sọrọ̀, pẹ (855) 333-5730.

## Language Access Services:

### 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>.



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.

**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.*

*At Anthem Blue Cross, we know that prescription drugs are the fastest-rising item of your total health care benefits cost. Reasons for the spiraling costs of prescription drugs are varied: a general increase of prescription medication use, an aging population, research and development of new medications and the expense of direct to consumer advertising. With prescription drug costs increasing at twice the rate of medical care, we developed ways to contain costs so your copays remain affordable, while maintaining your access to safe, effective prescription drugs. Our Prescription Drug Program provides you with choice, flexibility, affordability and access to an extensive network of retail pharmacies.*

#### 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 member ID card. The amount you pay for a covered prescription – your copay – will be determined by whether the drug is a brand-name or generic medication and whether it is a formulary or non-formulary medication.

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.

The formulary is a list of approximately 600 recommended brand and generic medications. These medications have undergone extensive review for therapeutic value for a particular medical condition, safety and cost. Copies of our formulary are furnished to your providers and are available online at [anthem.com/ca/](http://anthem.com/ca/) under the Pharmacy section. You or your provider may also contact our Pharmacy Customer Service at (800) 700-2541.

The following chart illustrates the relation between drug type and your copay amount at a participating pharmacy:

Drug Type	Copay Amount
Generic	\$5.00
Brand name formulary	\$10.00
Brand name non-formulary	\$40.00

#### 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 going to our website at [anthem.com/ca/](http://anthem.com/ca/).

#### An Extensive Network

Besides saving you money, our extensive network of pharmacies offers you easy accessibility.

- In California there are over 5,100 retail pharmacies. This accounts for nearly 95% of retail pharmacies in the state, including all major chains.
- Nationwide there are more than 61,000 chain and independent pharmacies.

#### Using a Participating Pharmacy

You can substantially control the cost of your prescription drugs by using our extensive network of participating pharmacies. Participating pharmacies have agreed to charge a discounted price or "negotiated rate" and pass along this savings to you.

#### Using a Non-Participating Pharmacy

If you choose to fill your prescription at a non-participating pharmacy, your costs will increase. You will likely need to pay for the entire amount of the prescription and then submit a prescription drug claim form for reimbursement. The pharmacist must sign and complete the appropriate section of the claim form to ensure proper processing of the claim for reimbursement.

Members that submit claims from non-participating pharmacies are reimbursed based on a **limited fee schedule**. The fee schedule may be considerably less than the cost of the medication. You are responsible for paying any difference.

The following chart illustrates potential increased out-of-pocket expenses for going to a non-participating pharmacy:

	Out-of-pocket costs using a participating pharmacy	Out-of-pocket costs using a non-participating pharmacy
Pharmacy's normal charge for brand-name formulary drug	\$50.00	\$50.00
You are responsible for:	\$10.00 copay	50% of the limited fee schedule plus any amounts exceeding the fee schedule up to \$250
<b>Total out-of-pocket expenses</b>	<b>\$10.00</b>	<b>Expense varies based on the cost of the medication</b>

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

### **Home Delivery Prescription Drug Program**

If you take a prescription drug on a regular basis, you may want to take advantage of our home delivery program. Ordering your medications by mail is convenient, saves time and depending on your plan design, may even save you money. Besides enjoying the convenience of home delivery, you will also receive a greater supply of medications. To fill a prescription through the mail, simply complete the Home Delivery Prescription 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 website at [anthem.com/ca/](http://anthem.com/ca/). Once you complete the form, simply mail it with your copay and prescription in the envelope attached to the Home Delivery brochure. Please note that not all medications are available through the Home Delivery Program. Specialty pharmacy drugs are not available through the home delivery program, see Specialty Pharmacy Program below.

### **Out-Of-State Prescription Benefits**

Our national network of participating pharmacies is available to members when outside California. To find a participating pharmacy, a member can check our Web site or call the toll-free number printed on the ID card. When using a non-participating pharmacy outside of California, the member will follow the same procedures for using a non-participating pharmacy in California as outlined above.

### **Additional Features That are Part of your Plan**

**Prior authorization** as the term implies, is similar to prior authorization for medical services. Prior authorization applies to a select pool of medications that are often a second line of therapy. To require prior authorization, a drug must meet specific criteria. This criteria is based, among other things, on FDA-approved drug indications, targeted populations and the current availability of effective drug therapies. Prior authorization drugs are not covered unless you receive an approval from Anthem Blue Cross.

We distribute instructions on how to obtain prior authorization to physicians and pharmacies so that you may obtain prior authorization for required medications. You may call Pharmacy Customer Service, at the toll-free number printed on your member ID card, to receive a prior authorization form and/or list of medications requiring prior authorization.

**Supply limits** are the proper FDA recommendations for prescription medication dosage coupled with our determination of specific quantity supply limits to prescription medications. Although our standard pharmacy plans offer a 30-day supply for medications at a retail pharmacy, the supply limit can vary based on the medication, dosage and usage prescribed by your physician. For example, the supply limit for antibiotics used to treat an infection (e.g., 14 pills to be taken twice a day for one week) is different than blood pressure medication taken on a routine basis (e.g., 120 pills to be taken twice a day for 60 days). By adhering to specified supply limits, members are assured of receiving the appropriate amount of medication.

### **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 a specialty pharmacy drug are covered only when ordered through the specialty pharmacy program unless you are given an exception from the specialty drug program (see your EOC 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 are limited to a 30-day supply for each fill.

### **Programs for Member's Special Health Needs**

We recognize that some of our members have unique health care needs requiring special attention. That's why we developed programs exclusively for them. Our additional medical management programs work in synergy with our pharmacy drug program to help members better manage their health care on an ongoing basis.

**Diabetic members** can receive **free glucometers** so that they can effectively and conveniently monitor their glucose levels.

**Seniors** can better monitor their chronic diseases and multiple medications through our **seniors-at-risk program**. This program reduces the possibility of toxic drug interactions, and curtails distribution of medications that may adversely affect the senior's chronic condition.

**Asthmatic members** and their families can take advantage of our program to better control the frequency and severity of the disease.

**Members who take multiple prescription medications** can take advantage of our pharmacy utilization management programs that encourage the safe, effective distribution of prescription medications. We have a program that protects the welfare of members with multiple prescription medications by carefully monitoring their prescription therapy to help reduce the danger of toxic drug interaction. For additional information regarding your prescription drug benefits, please call Pharmacy Customer Service at the toll-free number printed on your member ID card. Please refer to your Combined Evidence of Coverage and Disclosure Form which explains your plan's Exclusions and Limitations as well as the full range of your covered services in detail.

Covered Services (outpatient prescriptions only)	Per Member Cost Share for Each Prescription or Refill
<b>Prescription Drug Coverage</b>	
This plan uses a National Drug List. Drugs not on the list are not covered.	
<b>Retail Pharmacy</b>	
➤ Preventive immunizations administered by a retail pharmacy	No copay
➤ Female oral contraceptives generic and single source brand	No copay
➤ Generic drugs	\$5
➤ Brand name formulary drugs	\$10
➤ Brand name non-formulary drugs <sup>1</sup>	\$40
➤ Compound drugs	\$10
➤ Self-administered injectable drugs, except insulin	20% of prescription drug covered expenses (maximum \$100 copay per fill)
<b>Home Delivery</b>	
➤ Female oral contraceptives generic and single source brand	No copay
➤ Generic drugs	\$10
➤ Brand name formulary drugs	\$20
➤ Brand name non-formulary drugs <sup>1</sup>	\$80
➤ Self-administered injectable drugs, except insulin	20% of prescription drug covered expenses (maximum \$100 copay)
<b>Specialty Pharmacy Drugs</b> (obtained through specialty pharmacy program)	
➤ Generic drugs	\$5
➤ Brand name drugs	\$10
➤ Brand name non-formulary drugs <sup>1</sup>	\$40
➤ Self-administered injectable drugs, except insulin	20% of prescription drug covered expenses (maximum \$ 100 copay per fill)
<b>Non-participating Pharmacies</b> (compound drugs & specialty pharmacy drugs not covered)	
	Member pays: 50% of the remaining prescription drug covered expense & costs in excess of the maximum amount allowed up to \$250 per prescription
<b>Supply Limits<sup>2</sup></b>	
➤ Retail Pharmacy (participating and non-participating)	30-day supply; 60-day supply for federally classified Schedule II attention deficit disorder drugs that require a triplicate prescription form, but require a double copay; 6 tablets or units/30-day period for impotence and/or sexual dysfunction drugs (available only at retail pharmacies); 90-day supply for eligible prescriptions obtained through a retail pharmacy, but will require a triple copay.
➤ Home Delivery	90-day supply
➤ Specialty Pharmacy	30-day supply

<sup>1</sup> When the member's physician has specified "dispense as written" (DAW) for non-formulary drugs, the copay for brand name formulary drugs will apply. When the member's physician has not specified DAW for non-formulary drugs, the higher copay will apply.

<sup>2</sup> Supply limits for certain drugs may be different. Please refer to the Evidence of Coverage and Disclosure form (EOC) for complete information.

- 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. These formulas are subject to the copay for brand name drugs.
  - 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 a 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 brand name drugs.
  - Certain over-the-counter drugs approved by the Pharmacy and Therapeutics Committee 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.**

## Prescription Drug Exclusions & 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

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 insulin for cholesterol lowering and certain over-the-counter drugs approved by the Pharmacy and Therapeutics Committee 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

Services or supplies for which the member is not charged

Oxygen

Cosmetics & health or beauty aids.

Drugs labeled "Caution, Limited by Federal Law to Investigational Use," or Non-FDA approved investigational drugs. Any drugs or medications prescribed for experimental indications

Any expense for a drug or medication incurred in excess of (a) the drug limited fee schedule for drugs dispensed by non-participating pharmacies; or (b) the prescription drug negotiated rate for drugs dispensed by participating pharmacies or through the mail service program

Services or the Food and Drug Administration. This does not apply to drugs that are medically necessary for a covered condition.

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.

Over-the-counter smoking cessation drugs. This does not apply to medically necessary drugs that the member can only get with a prescription under state and federal law.

Drugs used primarily for cosmetic purposes (e.g., Botox 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.

Drugs used primarily to treat infertility (including, but not limited to, Clomid, Pergonal and Metrodin), unless medically necessary for another covered condition.

Anorexants 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, except for formulas for the treatment of phenylketonuria.

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.

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.

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# 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 nyceem 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 tceeg cia nyob rau ntawm koj daim ID los sis 1-888-254-2721. Txog rau kev pab ntiv, 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

សេវាភាសាភក្តិភីតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែម្នាក់។  
អ្នកអាចឲ្យគេអានឯកសារផ្សេងៗជូនអ្នក  
និងធ្វើឯកសារជូនអ្នកជាភាសារបស់អ្នក។  
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 ਦੁਬਾਜ਼ੀਆ 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 ਆਫ ਇਨਸੂਰੈਂਸ ਨੂੰ  
1-800-927-4357 ਤੇ ਕਾਲ ਕਰੋ।

### Russian

Бесплатные языковые услуги. Вы можете  
получить услуги устного переводчика. Вам могут  
прочитать 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

ไม่มีค่าบริการเกี่ยวกับภาษาท่านสามารถขอใช้บริการสามได้  
ท่านสามารถขอให้เจ้าหน้าที่อ่านเอกสารได้ท่านฟังและเอกสาร  
บางอย่างจะส่งถึงท่านโดยใช้ภาษาของท่านหากต้องการ  
ความช่วยเหลือโปรดโทรหาเราตามหมายเลขที่ระบุอยู่บนบัตร  
ระจำตัวของท่านหรือที่หมายเลข 1-888-254-2721  
หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรติดต่อตามแผนก  
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>.