

The enrollment period runs
October 15, 2018 - January 15, 2019



How to choose and use your health plan

Get the answers you need
with this helpful guide



California

2019 Plan Year

Individual and Family

Bronze, Silver, Gold, Platinum and Minimum Coverage EPO plans offered by
Anthem Blue Cross

Table of contents

What you need to know to choose a plan that's right for you 3

Your options for coverage 3

Answers to your questions 4

Why Anthem Blue Cross (Anthem)? 4

Why do I need coverage? 4

What coverage do I need? 5

Can I afford it? 5

How do I find a doctor or hospital? 6

What should I know about my network? 6

Anthem advantages 7

Built-in extras 7

LiveHealth Online 7

Travel coverage 8

Simplified payments 8

Plan benefit charts 9

Understanding insurance terms 13

Ready to enroll? 14

Important legal information 16

What you need to know to choose a plan that's right for you.

Your options for coverage



Medical plans: Our individual and family health insurance plans give you lots of options. You'll get preventive care, such as screenings and flu shots, for as low as \$0, with no copay from **in-network** doctors (doctors in your plan). Plus, you won't have to meet your deductible first. And you'll have the health insurance you need in case of an emergency or illness.



Dental/vision: With our health plans, you'll get pediatric essential health benefits for dental and vision. For extra coverage, Anthem offers stand-alone dental and vision insurance for you and your whole family, with great care from leading doctors. Whether it's dental or vision you're looking for, we've got a plan for you.



Term Life insurance: Anthem Life Insurance Company now offers low cost term life insurance coverage. Our Individual term life plans include two coverage options: \$25,000 and \$50,000. You can choose the coverage amount that fits your needs. Life insurance is an important decision, but it doesn't have to be a complicated one. Term Life Insurance underwritten by Anthem Life Insurance Company.



Pharmacy: Pharmacy is the most widely used benefit—4X more than medical—and often the first benefit members access.¹ Getting the most out of your pharmacy benefits can help keep you healthy and save you money.

- **Your covered medications:** To see if your drug is covered, go to anthem.com/ca/pharmacyinformation and choose the link, **Individual Select Drug List**.
- **Retail Pharmacies:** Your pharmacy benefit includes nearly 70,000 retail pharmacies nationwide. To see if your preferred pharmacy is in the plan's network, visit anthem.com/ca/pharmacyinformation/rxnetworks.html.
- **Home Delivery:** Get your medicine delivered right to your door. People who use home delivery pharmacy are more likely to follow their drug treatment plan and have better health outcomes.

To learn more, call your Authorized Agent.

To learn more, call your Anthem Authorized Agent. You can also view and compare plans online at anthem.com/ca.

If you'd like a paper copy of this information by fax or mail, call your Anthem Authorized Agent.

Our retail and home delivery networks are owned and operated by our pharmacy benefit manager, Express Scripts.

¹ Retail Prescription Drugs Filled at Pharmacies (Annual per Capita) (accessed 2/16/2017): [kff.org](https://www.kff.org); Ambulatory Care Use and Physician office visits, US Centers for Disease Control and Prevention (accessed 2/16/2017), <https://www.cdc.gov/nchs/fastats/physician-visits.htm>; <https://www.cdc.gov/nchs/fastats/drug-use-therapeutic.htm>; and <http://www.statista.com/chart/2689/americans-dont-like-visiting-the-doctor> (accessed June 17, 2015).

Answers to your questions

Why choose Anthem?

When you choose an individual or family insurance plan with Anthem, you'll have access to leading doctors and hospitals. It's important to us that you see the doctor you want and get the care you need.

You'll see the difference with Anthem. You can select great doctors, care centers and hospitals from our network of providers. You can also have a private video visit with a doctor or therapist on your smartphone, tablet or computer. It's one of the best ways for us to help support your health and the health of your family.

Access to preventive care

At Anthem, we believe that prevention is the best medicine. Preventive care is offered for as low as \$0 with no copay and no deductible to meet when received from doctors in your plan.

With us, you can also count on:

- Dedicated customer service.
- One source for all your benefits, including dental, vision and term life.
- A simple enrollment process.
- Resources to support your health care goals.

Why do I need coverage?

The short answer is ... life happens and it helps to be ready. No one plans to break an arm or catch pneumonia. That's why having a health care plan is so important. It helps you:

- Pay for those unexpected costs that come with a serious illness or injury.
- Get some important benefits like preventive care that can help you stay healthier and get more effective treatment.

Still not convinced? Here are three reasons why coverage is so important:

- 1 It's worth the price.** Have you ever thought about what the cost would be to have a major surgery without health insurance? Now picture adding that in with your mortgage/rent and monthly expenses. That's a case where monthly payments for coverage are small compared to footing the bill for a major unexpected cost.
- 2 It helps you stay on top of checkups.** When you have coverage, you'll be much more likely to use it to get your yearly checkups and tests that can catch issues early. Plans even include preventive care at no extra cost when you use doctors in your plan (in-network doctors).
- 3 It's an investment in you.** You insure your home and cars, so why would you put yourself at the bottom of the list? Think about how much it would cost to fix you if something serious were to happen.

Answers to your questions

What coverage do I need?

Choosing the right plan for you can be a challenge. We get that. So let's start with some questions to figure out what works best for you:

- **Does the plan meet your coverage needs?** How often do you see doctors and specialists? What prescription medications do you take regularly? Are you planning any procedures this year?
- **Is a Catastrophic plan an option?** If you're under age 30 (or are 30 or older with an approved hardship exemption from Covered California) you may qualify for a high-deductible, lower monthly payment, Catastrophic plan. Catastrophic plans can help protect you from worst-case scenarios like serious accidents or illnesses.

Plan choices

Metal Levels

- **Bronze:** You'll have lower monthly payments while being covered for check ups and preventive care. You could pay more out of pocket if you need more care, but if you don't expect to go to the doctor very much this year, Bronze may be a good bet. These health plans can be great for people who are younger with no dependents.
- **Silver:** You'll get health coverage that covers all the basics and more. Silver plans on Covered California offer the greatest assistance for both tax credits and cost sharing subsidies if you qualify.
- **Gold:** You'll have higher monthly payments but lower out of pocket costs depending on the services you use. In CA, Gold EPO has a \$0 deductible and you can save on visits to doctors or specialists when you need them.
- **Platinum:** On this plan, your monthly payments are higher, but you're covered for emergencies, regular doctor visits, and preventive care alike, with little or no deductible. It's broad coverage with out of pocket savings for individuals and families.

Can I afford it?

If you're thinking coverage might cost too much, you're not alone. But, what you might not know is that you may be able to get help paying for it. And a health insurance subsidy may be the answer. Don't know what a subsidy is? That's just a fancy word for getting financial help from the government to help you pay for your health care coverage.

You could be eligible for a subsidy, also called an advanced premium tax credit, to lower your monthly payment. You may also qualify for a plan where you'll pay less for your out-of-pocket costs.

Other ways to help save money:



Check if your favorite doctor, hospital or other health care provider is in your plan. That way you can make sure you get your care at the lower or negotiated network rate.



You can also save money by only using the emergency room (ER) for emergencies. Head straight to the ER or call 911 for serious health issues. Otherwise, save yourself money and time by visiting your primary care doctor, an urgent care center, or LiveHealth Online for minor medical issues.

Health savings account (HSA)



If you like the idea of lowering your health care costs and your taxes, a **health savings account (HSA)** could be a good option for you.

With a qualified high-deductible plan, you can set up the HSA through a bank and fund it with your post tax dollars. Before selecting an HSA plan, check with your tax advisor to see if an HSA plan is right for you.

Answers to your questions

How do I find a doctor or hospital?

You can find an in-network doctor, hospital, dentist, pharmacy and more by using our **Find a Doctor tool**. It's quick and easy. Plus, you'll get the most from your health care coverage (and save money), if you choose a doctor or hospital in your plan. Follow these simple steps:

- 1 Go to **anthem.com/ca**.
- 2 Choose **Individual & Family** at the top of your screen. Then under **Care** select **Find a Doctor**.
- 3 Scroll past Search as a Member to **Search as Guest**.
- 4 Choose **Search by Selecting a Plan or Network** and complete the form.

The difference between in-network doctors and out-of-network doctors

In-network Doctors:	Doctors and other health care providers who contract with us to provide care at discounted rates.
Out-of-network Doctors:	Doctors and other health care providers who are not contracted with the health plan.

What should I know about my network?

- **Exclusive provider organization (EPO):** With our EPO plans, you'll be able to see any in-network doctor. It's a good idea to have a primary care doctor to coordinate your care, so we'll pick one close to your home and let you know your assignment in the beginning of the year. You don't need to see this doctor for services or referrals, and you can change your assigned primary care doctor at any time. EPO plans don't offer out-of-network benefits, except for emergency and urgent care, ambulance services or when a service is preapproved. If you see a doctor not in your plan for any other reason, you'll have to pay 100% out of pocket.

Anthem advantages

Making informed health care decisions for you and your family is simple with our website, mobile app and helpful tools, like Estimate Your Cost.

No matter which plan you choose, you can register at anthem.com/ca or on the Anthem BC Anywhere mobile app to get personalized information about your health plan.



Use the self-service tools on our secure website to:

- See your claims and coverage details.
- Estimate your costs on common procedures, before you step into the doctor's office.
- Manage your prescription benefits and search the drug list that applies to your plan.
- Check the price of a drug or refill a prescription.
- Make your monthly payments online.



With our Anthem BC Anywhere mobile app, you can:

- Find a nearby doctor, specialist, urgent care center or hospital.
- Download a virtual member ID card.
- Manage your prescription drug benefits.

LiveHealth[®]
O N L I N E

You can also take advantage of resources like LiveHealth Online:

Talk to a doctor whenever, wherever with LiveHealth Online

Easy:

Connect to a doctor 24 hours a day, from a computer, tablet, or smartphone.

Face-to-face:

Chat by two-way video for common health issues.

Save:

On average members save up to \$201 for care, compared to ER, urgent care, or other health facilities.*

LiveHealth Online Psychology offers virtual counseling

Convenient:

Sessions go from 7 a.m. to 11 p.m., coast-to-coast.

Quick access:

Schedule a visit and be seen within four days, or on demand.

Same cost:

Cost-share is the same as it is for in-office Mental Health/Substance Use therapy benefits.

*Results based on internal LiveHealth Online study during 2014 and first quarter, 2015.

Anthem advantages

Plans include other features to help you and your family stay healthy at no additional cost.

- **24/7 Nurseline:** Our registered nurses can answer your health questions wherever you are – any time, day or night. All you have to do is call.
- **Care Support:** If you need extra care for ongoing or complex health issues, a case manager may call you. Your case manager can answer your questions, set up care with different doctors and help you use your health benefits.
- **MyHealth Advantage:** Avoid health issues, stay healthy and save money. This program tracks your health information to see if there's anything you can do to improve your health. If so, you'll get a personalized and confidential MyHealth Note in the mail.

Peace of mind when you travel.

Travel a lot? Don't worry. You're covered.



Whether you're traveling for work or on vacation, going to the ER or urgent care is the last thing you want to worry about. The good news is you don't have to! All of our plans cover medically necessary emergency and urgent care in all 50 states and internationally, even when you're not using your plan's doctors and hospitals.

Through the Blue Cross Global Core[®] Service Center, members get claims support, referrals to providers, translations services and medical monitoring 24/7, for services outside the United States, Puerto Rico and the U.S. Virgin Islands.

Simplified payments

We know life gets busy, so we're making it easier for you to pay your monthly payments.

- Set up electronic funds transfer (EFT) or bank draft.
- Enroll in WebPay to use with a Visa or MasterCard debit or credit card.
- Download our Anthem BC Anywhere app and pay with a credit card or your bank account. You can even set up autopay in the app.

You can set up automatic monthly payments with each option. Just make sure your card account information and expiration date stays up to date.

Plan benefit chart - EPO

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

EPO plans are available in Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Nevada, Plumas, San Joaquin, Santa Clara, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne and Yuba counties.

	Anthem Bronze Pathway EPO 5250 (36TM)	Anthem Bronze Pathway EPO 5850 (36TP)	Anthem Bronze 60 D HDHP EPO (36TJ)
Network name	Pathway – EPO	Pathway – EPO	Pathway – EPO
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$5,250	\$5,850	\$6,000
Individual out-of-pocket limit	\$7,900	\$7,900	\$6,650
Coinsurance (percentage may vary for some covered services)	25%	20%	40%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) ^{2,3} (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance	\$50 copay per visit for the first 2 visits, then deductible and 20% coinsurance	Deductible, then 40% coinsurance
Office visit: specialist ³ (Other office services may be subject to deductible and plan coinsurance)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 40% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 40% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Urgent care ³	Deductible, then \$50 copay and 25% coinsurance	Deductible, then \$50 copay and 20% coinsurance	Deductible, then 40% coinsurance
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then \$200 copay and 25% coinsurance	Deductible, then \$350 copay and 20% coinsurance	Deductible, then 40% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	Deductible, then 40% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 40% coinsurance
Pharmacy deductible ⁴ (for tiers with deductible, cost share applies after deductible)	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Level 1 / Level 2 Pharmacy Tiers 1, 2, 3, 4: Medical deductible applies	Tiers 1, 2, 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	25% coinsurance (up to \$500 per script) / 35% coinsurance (up to \$500 per script)	20% coinsurance (up to \$500 per script) / 30% coinsurance (up to \$500 per script)	40% coinsurance (up to \$500 per script)
Retail pharmacy tier 2: Level 1 / Level 2	25% coinsurance (up to \$500 per script) / 35% coinsurance (up to \$500 per script)	20% coinsurance (up to \$500 per script) / 30% coinsurance (up to \$500 per script)	40% coinsurance (up to \$500 per script)
Retail pharmacy tier 3: Level 1 / Level 2	40% coinsurance (up to \$500 per script) / 50% coinsurance (up to \$500 per script)	40% coinsurance (up to \$500 per script) / 50% coinsurance (up to \$500 per script)	40% coinsurance (up to \$500 per script)
Retail pharmacy tier 4: Level 1 / Level 2	40% coinsurance (up to \$500 per script) / 50% coinsurance (up to \$500 per script)	40% coinsurance (up to \$500 per script) / 50% coinsurance (up to \$500 per script)	40% coinsurance (up to \$500 per script)
Physical and occupational therapy	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 40% coinsurance
Speech therapy	Deductible, then 25% coinsurance	Deductible, then 20% coinsurance	Deductible, then 40% coinsurance

Please see Medical plans footnotes on page 12.

Plan benefit chart - EPO

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

EPO plans are available in Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Nevada, Plumas, San Joaquin, Santa Clara, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne and Yuba counties.

	Anthem Bronze 60 D EPO (36TF) ^o	Anthem Bronze Pathway EPO 6900 Online Plus (36TN)	Anthem Silver 70 Off Exchange EPO (36UE)
Network name	Pathway – EPO	Pathway – EPO	Pathway – EPO
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$6,300	\$6,900	\$2,500
Individual out-of-pocket limit	\$7,550	\$7,900	\$7,550
Coinsurance (percentage may vary for some covered services)	100%	20%	20%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) ^{2,3} (Other office services may be subject to deductible and plan coinsurance)	\$75 copay per visit for the first 3 visits, then deductible and \$75 copay	\$55 copay, deductible waived	\$40 copay, deductible waived
Office visit: specialist ³ (Other office services may be subject to deductible and plan coinsurance)	\$105 copay per visit for the first 3 visits, then deductible and \$105 copay	Deductible, then 20% coinsurance	\$80 copay, deductible waived
Outpatient diagnostic tests (Ex. X-ray, EKG)	Deductible, then 100% coinsurance until out-of-pocket limit is met	Deductible, then 20% coinsurance	\$75 copay, deductible waived
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	Deductible, then 100% coinsurance until out-of-pocket limit is met	Deductible, then 50% coinsurance	\$300 copay, deductible waived
Urgent care ³	\$75 copay per visit for the first 3 visits, then deductible and \$75 copay	Deductible, then \$50 copay and 20% coinsurance	\$40 copay, deductible waived
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	Deductible, then 100% coinsurance until out-of-pocket limit is met	Deductible, then \$200 copay and 20% coinsurance	\$350 copay, deductible waived
Hospital: inpatient admission (includes maternity, mental health / substance use)	Deductible, then 100% coinsurance until out-of-pocket limit is met	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	Deductible, then 100% coinsurance until out-of-pocket limit is met	Deductible, then 20% coinsurance	20% coinsurance, deductible waived
Pharmacy deductible ⁴ (for tiers with deductible, cost share applies after deductible)	Tiers 1, 2, 3, 4: \$500 Combined pharmacy deductible	Level 1 / Level 2 Pharmacy Tier 1: No deductible Tiers 2, 3, 4: Medical deductible applies	Tiers 1, 2, 3, 4: \$200 Combined pharmacy deductible
Retail pharmacy tier 1: Level 1 / Level 2	100% coinsurance (up to \$500 per script)	\$30 copay / \$40 copay	\$15 copay
Retail pharmacy tier 2: Level 1 / Level 2	100% coinsurance (up to \$500 per script)	20% coinsurance (up to \$500 per script) / 30% coinsurance (up to \$500 per script)	\$55 copay
Retail pharmacy tier 3: Level 1 / Level 2	100% coinsurance (up to \$500 per script)	40% coinsurance (up to \$500 per script) / 50% coinsurance (up to \$500 per script)	\$80 copay
Retail pharmacy tier 4: Level 1 / Level 2	100% coinsurance (up to \$500 per script)	40% coinsurance (up to \$500 per script) / 50% coinsurance (up to \$500 per script)	20% coinsurance (up to \$250 per script)
Physical and occupational therapy	\$75 copay, deductible waived	Deductible, then 20% coinsurance	\$40 copay, deductible waived
Speech therapy	\$75 copay, deductible waived	Deductible, then 20% coinsurance	\$40 copay, deductible waived

Please see Medical plans footnotes on page 12.

Plan benefit chart - EPO

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

EPO plans are available in Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Nevada, Plumas, San Joaquin, Santa Clara, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne and Yuba counties.

	Anthem Gold 80 D EPO (36TL)	Anthem Platinum 90 D EPO (36TC)	Anthem Minimum Coverage D EPO (36T9)
Network name	Pathway – EPO	Pathway – EPO	Pathway – EPO
Plan includes out-of-network coverage?	No	No	No
Individual deductible	\$0	\$0	\$7,900
Individual out-of-pocket limit	\$7,200	\$3,350	\$7,900
Coinsurance (percentage may vary for some covered services)	20%	10%	0%
Preventive care ¹	No additional cost to you.	No additional cost to you.	No additional cost to you.
Office visit: primary care physician (PCP) ^{2,3} (Other office services may be subject to deductible and plan coinsurance)	\$30 copay	\$15 copay	0% coinsurance per visit for the first 3 visits, then deductible and 0% coinsurance
Office visit: specialist ³ (Other office services may be subject to deductible and plan coinsurance)	\$55 copay	\$30 copay	Deductible, then 0% coinsurance
Outpatient diagnostic tests (Ex. X-ray, EKG)	\$55 copay	\$30 copay	Deductible, then 0% coinsurance
Outpatient advanced diagnostic tests (Ex. MRI, CT scan)	20% coinsurance	10% coinsurance	Deductible, then 0% coinsurance
Urgent care ³	\$30 copay	\$15 copay	0% coinsurance per visit for the first 3 visits, then deductible and 0% coinsurance
Emergency room care (Copay, if applicable, waived if admitted into the hospital from the emergency room.)	\$325 copay	\$150 copay	Deductible, then 0% coinsurance
Hospital: inpatient admission (includes maternity, mental health / substance use)	20% coinsurance	10% coinsurance	Deductible, then 0% coinsurance
Hospital: outpatient surgery hospital facility (includes maternity, mental health / substance use)	20% coinsurance	10% coinsurance	Deductible, then 0% coinsurance
Pharmacy deductible ⁴ (for tiers with deductible, cost share applies after deductible)	Tiers 1, 2, 3, 4: No deductible	Tiers 1, 2, 3, 4: No deductible	Tiers 1, 2, 3, 4: Medical deductible applies
Retail pharmacy tier 1: Level 1 / Level 2	\$15 copay	\$5 copay	0% coinsurance
Retail pharmacy tier 2: Level 1 / Level 2	\$55 copay	\$15 copay	0% coinsurance
Retail pharmacy tier 3: Level 1 / Level 2	\$75 copay	\$25 copay	0% coinsurance
Retail pharmacy tier 4: Level 1 / Level 2	20% coinsurance (up to \$250 per script)	10% coinsurance (up to \$250 per script)	0% coinsurance
Physical and occupational therapy	\$30 copay	\$15 copay	Deductible, then 0% coinsurance
Speech therapy	\$30 copay	\$15 copay	Deductible, then 0% coinsurance

Please see Medical plans footnotes on page 12.

Medical plans benefit footnotes

◇ With our Anthem Bronze 60 D EPO (36TF) plans, you'll need to pay 100% of the cost for inpatient and outpatient services until you meet the plan's out-of-pocket limit. Once you meet the out-of-pocket limit, Anthem will pay 100% of the maximum allowed amount for covered services for the rest of that calendar year.

1 Nationally recommended **preventive care services** from in-network providers have no copay, no coinsurance and no deductible requirement. Preventive and wellness services consist of certain services, including well-child care, immunizations, prostate-specific antigen (PSA) screenings, Pap tests, mammograms and more, recommended by the United States Preventive Services Task Force.

2 **LiveHealth Online** web visits have the same PCP office visit cost share listed in the chart.









3 For plans with **PCP**, **Specialist** and **Urgent Care** office visit limits, the visit limits are combined, not separate.

4 For plans with a **Pharmacy deductible**, the pharmacy deductible is separate from the medical deductible. The family deductible is 2 times the individual amount.

Understanding insurance terms

Let's take a look at some common insurance terms you probably see a lot.

Here's what they mean:

-  **Coinsurance:** Your percentage of the costs. After you meet your deductible, this is your percentage of costs each time you get care and then your plan covers the rest up to the maximum allowed amount. In-network providers agree to accept Anthem's maximum allowed amount as their charge.
-  **Copay:** This is a set dollar amount you pay for covered services, such as doctor visits. The amount can vary based on covered service.
-  **Deductible:** This is the set dollar amount you pay before we begin paying for most covered health services you receive. **In-network** covered preventive services don't require a deductible. Your deductible applies to the calendar year (January 1 through December 31), even if your effective date (the date coverage begins) is later than January 1.
-  **Drug tiers:** Drugs on a drug list or formulary are typically arranged in tiers. Your cost depends on which drug tier your drug is in.
-  **In-network coverage:** This refers to doctors, hospitals, dentists, pharmacies and other care providers who are part of the plan's network or are in the plan. EPO plans only include coverage for in-network benefits, except for emergency and urgent care, ambulance services, or when a service is pre-approved.
-  **Out-of-network coverage:** This refers to doctors, hospitals, dentists, pharmacies and other care providers who don't participate in the plan or network. EPO plans don't offer out-of-network benefits, except for emergency and urgent care, ambulance services, or when a service is pre-approved.
-  **Out-of-pocket limit:** This is the maximum amount you can pay out of your pocket for covered services each year. Once you reach that limit, which varies by plan, we cover the rest up to the maximum allowed amount. In-network providers agree to accept Anthem's maximum allowed amount as their charge.
-  **Plan name:** Plan name and contract code are found on the first row of the medical plan charts. Look for this when you're applying for a plan. The contract code is in parentheses after the plan name.

Ready to enroll? Let's get started.

Help is close at hand:



Call your Anthem Authorized Agent to enroll or learn more about our health care plans. Take a look at the **application** included with this brochure.



Visit our website at anthem.com/ca and apply online.

You can buy health care plans once a year through a sign up period. This year, the sign up period runs from **October 15, 2018 - January 15, 2019**. Be sure to enroll by December 15, 2018, to start coverage effective January 1, 2019.




You may be able to change your health coverage outside of this sign up period if there are special qualifying events. Check with your Anthem Authorized Agent to see if you qualify or if you have other questions.

We want you to be satisfied

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

Summary of benefits and services

This document is only a brief summary of benefits and services. Our plans have exclusions, limitations and terms under which the *Agreement* may be continued in force or discontinued. For more complete details on what's covered and what isn't:

-  Review the Agreement.
-  Call your broker or Anthem Authorized Agent
-  Go to anthem.com/ca.

To access a **Summary of Benefits and Coverage (SBC)**, please visit **sbc.anthem.com** and select **NEXT** for Summaries in English or Spanish. Other languages can also be selected.

The health plans described in this document aren't eligible for a premium tax credit or subsidy/cost-sharing assistance. The Affordable Care Act (ACA) helps people with low or modest incomes pay for their health insurance with a premium tax credit or subsidy to help pay for their health insurance. You can only get financial help if you're eligible and you buy your individual health coverage through Covered California.

In compliance with the Affordable Care Act (ACA), the following plan changes may occur annually on January 1:

- Benefits
- Premiums (monthly payments)
- Deductibles, copays, coinsurance and out-of-pocket-limits

There may also be changes to our pharmacy and provider networks and prescription formulary/drug list during the year.

Important legal information

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

Eligibility for a catastrophic plan

You are eligible for this plan if you:

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

Open enrollment

An annual open enrollment period is provided for enrollees in compliance with state and federal requirements. Individuals may enroll in a Plan and members may change their Agreement at that time.

Effective dates for annual open enrollment period:

The earliest effective date is the first day of the following benefit year. The actual effective date is determined by the date Anthem receives a complete application with the applicable premium payment.

If payment is received between the 1st through 15th of the month, the effective date is the first of the next month. If payment is received between the 16th through end of the month, the effective date is the first of the month after the next month.

Special enrollment

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

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

Effective dates for special enrollment periods:

1. In the case of birth, adoption or placement for adoption, coverage is effective on the date of birth, adoption, or placement for adoption; and
2. In the case of marriage, domestic partnership or in the case where an individual loses minimum essential coverage, coverage is effective on the first day of the following month after your application is received.
3. For other qualifying events, when the application is received between the first day and the fifteenth day of the month, the effective date is the first day of the following month. When the application is received between the sixteenth day and last day of the month, the effective date is the first day of the second following month.

You must elect coverage and notify us within sixty (60) days.

Effective dates for special enrollment due to loss of minimum essential coverage apply when the loss of minimum essential coverage includes loss of eligibility for coverage as a result of:

1. Legal separation, dissolution of domestic partnership or divorce;
2. Cessation of dependent status, such as attaining the maximum age;
3. Death of an employee;
4. Termination of employment;
5. Reduction in the number of hours of employment; or
6. Any loss of eligibility for coverage after a period that is measured by reference to any of the following:
 - Individual who no longer resides, lives or works in the Plan's service area,
 - A situation in which the Plan no longer offers any benefits to the class of similarly situated individuals that includes the individual,
 - Termination of employer contributions, and
 - Exhaustion of COBRA benefits.

There is no special enrollment for loss of minimum essential coverage when the loss includes termination or loss due to:

1. Failure to pay premiums on a timely basis, including COBRA premiums prior to expiration of COBRA coverage, or
2. Situations allowing for a rescission such as fraud or intentional misrepresentation of material fact.

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

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

Utilization review

Utilization review is a program that is part of your health plan. It lets us make sure you're getting the right care at the right time. Our utilization review team, made up of licensed health care professionals such as nurses and doctors, does medical reviews. The team goes over the information your doctor has sent us to see if the requested surgery, treatment or other type of care is medically necessary. The utilization review team checks to make sure the treatment meets certain clinical guidelines set by your health plan. After reviewing the records and information, the team will approve (cover) or deny (not cover) the treatment.

Important legal information

The utilization review team will let you and your doctor know as soon as possible. Decisions not to approve are put in writing. The written notice will include information on how to appeal the decision and about your rights to an independent medical review.

Reviewing where services are provided

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

Examples include, but are not limited to:

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

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

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

We may do a pre-service review before a member goes to the hospital or has other types of services or treatment. Here are some types of medical treatments that might call for a pre-service review:

- An inpatient hospital visit;
- An outpatient procedure;
- Tests to find the cause of an illness, like magnetic resonance imaging (MRI) and computed tomography (CT) scans;
- Certain types of outpatient therapy
- Durable medical equipment (DME), like wheelchairs, walkers, crutches, hospital beds and more

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

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

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

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

Case management

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

Precertification

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

Here's how getting precertification can help you out:

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

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

What can you do? Choose an in-network doctor. Talk to your doctor about your conditions and treatment options. Ask your doctor which covered services need prior authorization or call us to ask. The doctor's office will ask for prior authorization for you. Plus, costs are usually lower with an in-network doctor. If you choose an out-of-network provider, be sure

Important legal information

to call us to get prior authorization. Out-of-network providers may not do that for you. Once you're a member, if you have a question about prior authorization, you can call the Member Service number on the back of your ID card.

Exclusive provider organization

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

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

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

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

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

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

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

Laws and rights that protect you

As a member, you have rights and responsibilities. You have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. You also have certain rights and responsibilities when receiving your health care. Visit this link to find more information on our website:

<http://www.anthem.com/ca/health-insurance/customer-care/faq>.

Exclusions

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

- Benefits covered by Medicare or a governmental program, unless otherwise required by law or regulation
- Care provided by a member of your family
- Care received in an emergency room that is not emergency care, except as specified in the Agreement
- Charges incurred prior to the effective date of coverage or after the termination date of coverage
- Charges greater than the maximum allowable amount (charges exceeding the amount Anthem permits for services)
- Comfort and/or convenience items
- Compound drugs except as described in the Agreement
- Cosmetic surgery
- Custodial care
- Health club memberships and fitness services
- In-vitro (IVF) as described in the Agreement's exclusions
- Nutritional and dietary supplements, except as mandated
- Services that aren't medically necessary
- Vision, except as described in the Agreement
- Workers' compensation

Medical loss ratio

Law requires us to tell you that Anthem Blue Cross' medical loss ratio (MLR) for 2017 was 88.5%. This ratio was calculated after provider discounts were applied, and is based on state and federal regulatory rules and regulations, including the federal MLR regulations.

The following EPO plans are issued by Anthem Blue Cross – Anthem Bronze Pathway EPO 5250; Anthem Bronze Pathway EPO 5850; Anthem Bronze Pathway EPO 6900 Online Plus; Anthem Bronze 60 D EPO; Anthem Bronze 60 D HDHP EPO; Anthem Silver 70 Off Exchange EPO; Anthem Gold 80 D EPO; Anthem Platinum 90 D EPO; and Anthem Minimum Coverage D EPO.

Important legal information

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

It'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>.

California required Notice of Non-discrimination

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

Get help in your language

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

If you need assistance to understand this document in an alternate language, you may request it at no additional cost by calling the Member Services number (1-855-383-7247). (TTY/TDD: 711)

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

Spanish

Si necesita ayuda para entender este documento en otro idioma, puede solicitarla sin costo adicional llamando al número de Servicios para Miembros (1-855-383-7247). (TTY/TDD: 711)

Arabic

إذا احتجت إلى المساعدة لفهم هذا المستند بلغة أخرى، فيمكنك طلب المساعدة. (1-855-383-7247) دون تكلفة إضافية من خلال الاتصال برقم خدمات الأعضاء (TTY/TDD: 711)

Armenian

Եթե այս փաստաթուղթը անհրաժեշտ լինի Ձեզ այլ լեզվով, կարող եք խնդրել այն Անդամների սպասարկման կենտրոնից՝ զանգահարելով (1-855-383-7247) հեռախոսահամարով: Այն Ձեզ անվճար կտրամադրվի: (TTY/TDD: 711)

Chinese

如果您需要協助以便以另一種語言理解本文件，您可以撥打成員服務號碼(1-855-383-7247)請求免費協助。(TTY/TDD: 711)

Farsi

در صورتی که برای درک این سند به زبانی دیگر نیازمند کمک هستید، می‌توانید بدون هیچ هزینه اضافی این را درخواست کنید. برای این کار با مرکز خدمات اعضاء به شماره 1-855-383-7247 تماس بگیرید، (TTY/TDD: 711)

Hindi

अगर आपको यह दस्तावेज़ वैकल्पिक भाषा में समझने के लिए सहायता की ज़रूरत है, तो आप सदस्य सेवाएँ नंबर (1-855-383-7247) पर कॉल करके अतिरिक्त लागत के बिना इसके लिए अनुरोध कर सकते हैं। (TTY/TDD: 711)

Hmong

Yog hais tias koj xav tau kev pab txhawm rau kom nkag siab txog daim ntawv no hais ua lwm hom lus, tej zaum koj kuj yuav thov tau yam tsis xam tus nqi dab tsi ntxiv hlo li uas yog hu rau tus nab npawb xov tooj lis Cov Kev Pab Cuam Rau Tswv Cuab (1-855-383-7247). (TTY/TDD: 711)

Japanese

この書面を他の言語で理解するための支援が必要な場合には、メンバーサービス番号（1-855-383-7247）に電話して支援を求めることができます。追加費用はかかりません。(TTY/TDD: 711)

Khmer

បើអ្នកត្រូវការជំនួយក្នុងការយល់ពីឯកសារនេះជាភាសាផ្សេង អ្នកអាចស្នើសុំជាយុត្តិធម៌តាមលេខស្នើសុំដោយហៅទូរស័ព្ទទៅលេខសេវាមាជិក (1-855-383-7247)។ (TTY/TDD: 711)

Korean

다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(1-855-383-7247)로 전화를 걸어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਕਿਸੇ ਬਦਲਵੀਂ ਭਾਸ਼ਾ ਵਿੱਚ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਸਮਝਣ ਲਈ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ (1-855-383-7247) 'ਤੇ ਕਾਲ ਕਰਕੇ ਕਿਸੇ ਵਾਧੂ ਲਾਗਤ ਦੇ ਬਿਨਾਂ ਇਸ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। (TTY/TDD: 711)

Russian

Если вам нужна помощь, чтобы понять содержание настоящего документа на другом языке, вы можете бесплатно запросить ее, позвонив в отдел обслуживания участников (1-855-383-7247). (TTY/TDD: 711)

Get help in your language

Tagalog

Kung kailangan ninyo ng tulong upang maunawaan ang dokumentong ito sa ibang wika, maaari ninyo itong hilingin nang walang karagdagang bayad sa pamamagitan ng pagtawag sa Member Services sa numerong (1-855-383-7247). (TTY/TDD: 711)

Thai

หากท่านต้องการความช่วยเหลือเพื่อทำความเข้าใจเกี่ยวกับเอกสารนี้ในภาษาอื่น ท่านอาจขอรับบริการได้โดยไม่เสียค่าใช้จ่ายเพิ่มเติมใดๆ โดยโทรไปที่หมายเลขฝ่ายบริการสมาชิก (1-855-383-7247) (TTY/TDD: 711)

Vietnamese

Nếu quý vị cần hỗ trợ để hiểu được tài liệu này bằng một ngôn ngữ thay thế, quý vị có thể yêu cầu mà không tốn thêm chi phí bằng cách gọi số của Dịch Vụ Thành Viên (1-855-383-7247). (TTY/TDD: 711)



So that's how it all works.

Still have questions? Just ask. We're here to help.

To learn more, call your Authorized Agent. You can also view and compare plans online at anthem.com/ca.

If you'd like a paper copy of this information by fax or mail, call your Authorized Agent.

Your HSA:

*Enjoy the advantages of opening
a Health Savings Account (HSA)
from BenefitWallet®*

A Health Savings Account can help you pay for health care expenses including prescriptions. Plus, you can claim your HSA contributions as tax deductions, earn interest on your money and roll over the year-end balance.

To realize your plan's full power, consider selecting a qualified high-deductible health plan with an HSA. Our partner, BenefitWallet, administers our HSA solution with The Bank of New York Mellon as the custodian. Setting up your account with BenefitWallet is easy and it comes with built-in advantages and conveniences like:

- A single Customer Service contact for the health plan and your HSA
- A single online health site to access your plan benefit information and account details
- Several payment and deposit options, including debit cards, checks and automatic fund transfers
- Ability to save your receipt images online
- Competitive interest rates and investment opportunities for the funds in your account
- iPhone®, iPad® and Android™ apps for access anywhere
- Health Topics encyclopedia of more than 1,500 ailments
- Medication Advisor for drugs and pharmacy identifier
- Treatment Cost Advisor for common medical conditions
- FDIC-insured checking account with the custodian, The Bank of New York Mellon (BNY Mellon)

Note: You also have the option of using a different financial institution to set up your Health Savings Account.

Set up is easy

Simply make the selection on your application form and we'll send you welcome materials to get you started. Account registration instructions are included. It's that simple.

Anthem 

A closer look at your BenefitWallet HSA

BenefitWallet Welcome Materials

If you make the selection on your application form, your HSA will automatically be set up - no set-up fee required. You'll soon receive HSA welcome materials with all of the instructions for opening and using your account. A separate application for your account is only required if you choose an HSA administrator other than BenefitWallet.

Interest and investments

You'll earn interest on your HSA funds and have the chance to invest your funds as long as you keep a minimum \$1,000 HSA balance. Investment options include a number of mutual fund families. Once you're ready to invest, log in to your account and select "Investments" from the Quick Links menu or contact the BenefitWallet Service Center at **1-866-686-4798** or **1-855-545-4168** (for TDD callers) Mon - Fri 8 a.m. to 11 p.m. (ET); Sat - Sun 9 a.m. to 6 p.m. (ET).

Debit cards, checkbooks and online bill pay

Use your VISA debit card, your HSA checkbook or online bill pay (provided by BenefitWallet) to pay your doctor or pharmacy directly for eligible medical expenses — or to reimburse yourself for qualified medical expenses paid out of pocket.

Deposits to your account

You can make your deposits online or with a mobile app. You can also send a check and deposit slip to the address printed on your deposit slip. Deposit slips can be found at the back of the checkbook, online through the Help Center or through the BenefitWallet Service Center. In addition, you can set up an electronic funds transfer between your bank and BenefitWallet for one-time or recurring account contributions.

Account activity statement

Regularly, you'll receive an electronic statement from BenefitWallet that shows all your account activity. Your monthly statement is free if you open your account electronically. You can receive a paper statement for an additional fee of \$1.25 per month. Visit anthem.com/ca or call your dedicated Customer Service line to learn how to elect this option. You'll also receive *IRS 1099* and *IRS 5498* forms from BNY Mellon near tax time to help with tax preparation.

BenefitWallet HSA fee and rate schedule

A *Deposit Agreement* and *Disclosure Statement*, along with a *Rate and Fee Sheet* will be made available to you by BenefitWallet. Please refer to those documents for the complete terms and conditions related to your account.

As appealing as these options may sound, you should still talk to your tax advisor when trying to maximize financial benefits for your personal situation.

Banking fees	
Monthly account fee	\$2.95
First two debit cards, debit card transactions, first checkbook, check writing, online bill pay, electronic transfers	no charge
ATM transactions	\$2
Card replacement Duplicate check	\$5
Check reorder	\$10
Nonsufficient funds	\$25
Stop-check service	\$25
Periodic paper statement	\$1.25

This is what the IRS requires if you want to open a Health Savings Account:

- You must be covered by an HSA-compatible, high-deductible health plan.
- You must be a U.S. resident, and not a resident of Puerto Rico or American Samoa.
- You cannot be covered by any other medical plan that is not an HSA-compatible, high-deductible health plan.
- You cannot be enrolled in Medicare.
- You cannot be claimed as a dependent on another individual's tax return.
- If you are a veteran, you may not have received veteran's benefits within the last three months.
- You cannot be active military.
- Your spouse cannot be enrolled in an FSA plan.



California Individual

Medical: County list

Medical plans are **ONLY** available in the counties shown on this page.

Anthem cannot provide coverage in other counties.

EPO

Medical applicants must reside in one of these counties to enroll in an EPO medical plan:

Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Nevada, Plumas, San Joaquin, Santa Clara, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, and Yuba.



Primary applicant name: _____

Welcome

California Individual Application

Thanks for choosing us. We're glad you're here.

If you have any questions while filling out this form, give us a call at 1 (877) 212-1796. But if you've worked with an agent or broker, contact them first.

Did you know?

Anthem Life Insurance Company now offers low cost term life insurance coverage. Apply online at anthem.com/ca or call us for additional information at 1 (877) 212-1796. Term Life Insurance underwritten by Anthem Life Insurance Company.

About this form

Use this form to apply for **new** medical coverage or to **change** existing coverage with Anthem Blue Cross (Anthem).

You can apply or change coverage:

1. During the annual Open Enrollment period

Your coverage will start based on when we receive your complete application; however, the earliest your coverage can start is January 1st.

If we get your application:

- Between the 1st and 15th day of the month, coverage is effective the 1st day of the following month.
- Between the 16th and last day of the month, coverage is effective the 1st day of the second following month.

2. Due to a qualifying event

When you're done with this form, fill out **Appendix A: Special Enrollment**, which includes information about when coverage starts.

Tips when filling out this form

1. Answer all questions. Please print clearly using blue or black ink only.
2. Please submit all pages.
3. You can also apply online at anthem.com/ca.
4. Refer to your Health Plan Guide for plan and enrollment details. Don't have a copy? Ask your agent or contact us.
5. If you're enrolling in a medical plan, you must choose a Primary Care Physician (PCP). View a list of doctors for your plan on anthem.com/ca or call us. If you don't choose a PCP, we'll pick one located close to you.

Some frequently asked questions

1. Do I need to include a payment?

Yes. We can't complete your application without your first month's premium payment. Without it, your enrollment will be delayed. Don't worry though – we won't charge your card or cash your check or money order until you've been enrolled.

2. Why do you need my Social Security Number?

The IRS requires us to collect it. It won't be shared unless required by law. If you enroll in a health savings account (HSA) compatible plan with us, we may give it to our HSA banking partner.

- ☐ Open Enrollment
☐ Special Enrollment Period – must also complete Appendix A

Step 1: Who is applying?

Primary Applicant

Last name (legal name)		First name (legal name)		M.I.	Social Security Number - -
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (mm/dd/yyyy) / /		County (for home address)
Home address (not a P.O. Box)			City	State	ZIP
Billing address (optional - if different than your home)			City	State	ZIP
Mailing address (optional - if different than your home)			City	State	ZIP
Primary phone	Secondary phone	Email address			
Preferred written language		<input type="checkbox"/> English (ENG) <input type="checkbox"/> Spanish (SPA) <input type="checkbox"/> Chinese (ZHO) (C/M) <input type="checkbox"/> Korean (KOR) <input type="checkbox"/> Tagalog (TGL) <input type="checkbox"/> Vietnamese (VIE) <input type="checkbox"/> Other (write-in) _____			
Preferred spoken language		<input type="checkbox"/> English (ENG) <input type="checkbox"/> Spanish (SPA) <input type="checkbox"/> Chinese (ZHO)(C/M) <input type="checkbox"/> Korean (KOR) <input type="checkbox"/> Tagalog (TGL) <input type="checkbox"/> Vietnamese (VIE) <input type="checkbox"/> Other (write-in) _____			
<input type="checkbox"/> Applicant DOES speak, read and/or write English. If applicant does not speak, read or write English, the interpreter must sign and submit a "Statement of Accountability" (Appendix B).					
PCP		PCP ID		Current patient <input type="checkbox"/> Yes <input type="checkbox"/> No	

Spouse or Domestic Partner

Last name (legal name)		First name (legal name)		M.I.	Social Security Number - -
Relationship to applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Date of birth (mm/dd/yyyy) / /	
PCP		PCP ID		Current patient <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child dependent

Children must be under age 26.

Last name (legal name)		First name (legal name)		M.I.	Social Security Number - -
Relationship to applicant <input type="checkbox"/> Child <input type="checkbox"/> Other _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Date of birth (mm/dd/yyyy) / /	
PCP		PCP ID		Current patient <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child dependent

Last name (legal name)	First name (legal name)	M.I.	Social Security Number - - -
Relationship to applicant <input type="checkbox"/> Child <input type="checkbox"/> Other _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (mm/dd/yyyy) / /
PCP	PCP ID	Current patient <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child dependent☐ **Check here if you have more dependents.** Print an extra copy of this page and attach to your application.

Last name (legal name)	First name (legal name)	M.I.	Social Security Number - - -
Relationship to applicant <input type="checkbox"/> Child <input type="checkbox"/> Other _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (mm/dd/yyyy) / /
PCP	PCP ID	Current patient <input type="checkbox"/> Yes <input type="checkbox"/> No	

Eligibility

The answers to these questions are needed to determine your eligibility.

Are any applicants enrolled in Medicare?

☐ No ☐ Yes **If yes, who?**

Are any applicants currently incarcerated (with more than 60 days left to serve before release) as a result of a conviction? (not just pending disposition of charges)

☐ No ☐ Yes **If yes, who?**

Do you have a child age 26 or over who is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness or condition for whom coverage is being requested under this contract?

☐ No ☐ Yes **If yes,** you must submit a separate disabled dependent form to determine eligibility.
☐ Check this box and we'll send you the form.

Step 2: What coverage would you like?

Medical Plans

Choose only one medical plan.

If you selected an EPO product, be sure to select a Primary Care Physician (PCP) in Step 1.

Medical plans are only available in certain counties and zip codes. See the attached page for details.

Anthem cannot provide coverage in other counties or zip codes.

Anthem Bronze	Anthem Silver	Anthem Gold	Anthem Platinum
<input type="checkbox"/> 60 D EPO (36TF) <input type="checkbox"/> 60 D HDHP EPO (36TJ) <input type="checkbox"/> Pathway EPO 5250 (36TM) <input type="checkbox"/> Pathway EPO 5850 (36TP) <input type="checkbox"/> Pathway EPO 6900 Online Plus (36TN)	<input type="checkbox"/> 70 Off Exchange EPO (36UE)	<input type="checkbox"/> 80 D EPO (36TL)	<input type="checkbox"/> 90 D EPO (36TC)
Anthem Catastrophic	Only available to applicants under age 30, unless otherwise qualified.		
<input type="checkbox"/> Minimum Coverage D EPO (36T9)			
Health Savings Account (HSA) Enrollment	If you choose an HSA compatible plan, you have the option to set up a health savings account.		
<input type="checkbox"/> Yes, I'd like to establish an HSA with Anthem's banking partner. (Please make sure you entered Social Security Numbers in Step 1)			

Current (existing) medical coverage		
<input type="checkbox"/> One or more of the applicants currently have health care coverage (Please fill out the info below)		
People with coverage (Write ALL if everyone)		Existing health care coverage company
Type of coverage <input type="checkbox"/> Group <input type="checkbox"/> Individual	ID number(s)	Effective date (When coverage started)
Will this coverage be terminated or has it already been terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If already terminated, please give us the termination date.		Termination date

Step 3: Please read and sign

Important legal information

All Applicants

I, the undersigned, understand that under the (Anthem) plan/policy in which I am enrolling, I will have considerably higher personal financial costs if I use an out-of-network hospital or physician than if I use a network hospital or physician. Contact customer service at 1 (855) 383-7247 with any questions about the use of network providers and the financial impact of using out-of-network providers.

HIV Testing PROHIBITED:

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.

I understand that:

- I must send my first (initial) premium with this application, but it does not mean coverage has been approved. I'm applying for the coverage I chose on this form. To the extent permitted by law, Anthem has the right to accept or decline this application, and that there are no guarantees of any kind just because I filled out this form. If my application is denied, my bank account or credit card will not be charged, and if I paid with a money order, it will be returned to me.
- I'm responsible to let Anthem know, in a timely manner, of any change that would make me or any dependent ineligible for coverage.
- Anthem may change check payments to electronic Automated Clearinghouse (ACH) debit transactions. If this happens, my original check will be destroyed. This charge will appear on my bank statement but my check won't be given to my financial institution or sent back to me. This charge will not enroll me in any Anthem automatic debit process and will only occur each time I send a check to Anthem. Any resubmissions due to insufficient funds may also occur electronically. All checking transactions will remain secure, and my payment by check means I agree to these terms.
- I agree and consent to the recording and/or monitoring of any telephone conversation between Anthem and myself.
- I'm applying for individual health coverage which is not part of any employer sponsored plan and I'm responsible for all of the premium payments and making sure that all premiums are paid.
- I certify that each Social Security Number listed on this application is correct.
- My Domestic Partner, if applicable, is eligible for coverage only if he or she has established a domestic partnership with me pursuant to California law.
- For myself and any dependents, I'm signing here because I want to get information about my benefits by email or electronically. This may include my certificate or evidence of coverage, billing, explanation of benefits statements, required notices and helpful or personalized information to get the most out of my plan, so I will make sure Anthem has my most up to date email. These electronic communications may include specific details about me and my plan. I also understand that by signing, information about my dependents may also be sent by email or electronically. I know I can change my mind at any time and request a free copy of specific materials by mail. To do either, I (or my enrolled dependents) will update our communication preferences by going to anthem.com/ca or calling Member Services.
- I acknowledge that I have read the Important Legal Information section, and I agree to the coverage conditions. I state that the answers given to all questions on this application are true and accurate to the best of my knowledge and belief, and I understand they are being relied on by Anthem in accepting this application. Any act or practice that constitutes fraud or intentional misrepresentation of material fact found in this application may result in denial of benefits, rescission or cancellation of my coverage(s).

I give this authorization for and on behalf of any eligible dependents and myself if covered by Anthem. I am acting as their agent and representative. This application cannot be altered by the applicant after submission to Anthem absent the acknowledgement and consent of Anthem.

Rescission of Membership

Every applicant age 18 or older acknowledges the following: I have provided true and complete answers to all questions in the application to the best of my knowledge and understand that all answers are important and will be considered in the acceptance or denial of this application. I understand that all information I know, that is responsive to a question on this application, must be provided in my answers consistent with California law.

The primary applicant additionally acknowledges the following: All of my dependents listed on this application who are 18 years of age or older have read this application and have provided complete and accurate information for this application to the best of my knowledge and have signed the application below. Also, to the best of my knowledge and belief, I have done everything necessary to be able to assure you that all information about all applicants, including my children under the age of 18, listed on this application is true and complete.

I understand that if my plan/policy is rescinded, I will be sent written notice that will explain the basis for the decision and my appeal rights. I have the option to submit a new application in the future to be considered for benefits. I also understand that, consistent with California law, I will be required to pay for any services Anthem Blue Cross paid on my behalf and that Anthem Blue Cross will refund any premium paid by me, less my medical expenses that Anthem Blue Cross paid.

REQUIREMENT FOR BINDING ARBITRATION

YOU AND ANTHEM BLUE CROSS AGREE TO BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY AND/OR ANY OTHER ISSUES RELATED TO THE PLAN /POLICY AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT AND THE DISPUTE CAN BE SUBMITTED TO BINDING ARBITRATION UNDER APPLICABLE FEDERAL AND STATE LAW, INCLUDING BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. IT IS UNDERSTOOD THAT ANY DISPUTE INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICES UNDER THE PLAN/POLICY AND/OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY, INCLUDING ANY DISPUTE AS TO MEDICAL MALPRACTICE, THAT IS AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THIS CONTRACT WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENTLY OR INCOMPETENTLY RENDERED, WILL BE DETERMINED BY SUBMISSION TO ARBITRATION AS PERMITTED AND PROVIDED BY FEDERAL AND CALIFORNIA LAW, INCLUDING BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND NOT BY A LAWSUIT OR RESORT TO COURT PROCESS EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. BOTH PARTIES TO THIS CONTRACT, BY ENTERING INTO IT, ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY, AND INSTEAD ARE ACCEPTING THE USE OF ARBITRATION. YOU, ANTHEM BLUE CROSS AGREE THAT EACH MAY BRING CLAIMS AGAINST THE OTHER ONLY IN YOUR OR ITS INDIVIDUAL CAPACITY, AND NOT AS A PLAINTIFF OR CLASS MEMBER IN ANY PURPORTED CLASS OR REPRESENTATIVE PROCEEDING. THIS MEANS THAT YOU AND ANTHEM BLUE CROSS ARE WAIVING THE RIGHT TO A JURY TRIAL AND/OR TO PARTICIPATE IN A CLASS ACTION FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY.

By signing this application, I certify that the premium for my coverage will not be paid by a provider of health care services, hospital, non-profit organizations (including religious organizations) that have or whose primary donors have a financial interest in the benefits of the contract/evidence of coverage/policy, commercial entity with a direct or indirect financial interest in the benefits of the contract/evidence of coverage/policy or an employer that offers coverage under an employer health plan. I understand that if a third party is paying my premium, Anthem may decline to accept such premium payment if it is made by a person or entity from which it is not required by law to accept.

Please sign below

Primary Applicant (or legal representative)	Date
Spouse/Domestic Partner (or legal representative)	Date
Dependent Child (age 18 or over)	Date
Dependent Child (age 18 or over)	Date
Dependent Child (age 18 or over)	Date

Did an agent help you? ☐ Yes ☐ No If yes, make sure they fill out this section.

Agent (or broker) Certification

All fields required.

I certify to the best of my knowledge, the responses herein are accurate.

- ☐ I have not had any interactions whatsoever with this applicant either by phone, e-mail or in person and did not provide any information, advise or assist the applicant in any manner in providing answers or responses to any questions in the application.
- ☐ I assisted the applicant in submitting this application. To the best of my knowledge, the information on this application is complete and accurate. I explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information and the applicant understood the explanation.

NOTICE: If you state any material fact that you know to be false, you are subject to a civil penalty of up to ten thousand dollars (\$10,000), as authorized under California Health and Safety Code Section 1389.8(c)/Insurance Code Section 10119.3

Agent/Broker signature		Date	
Agent name (please print clearly)			
(A) Writing Agent TIN/SSN (encrypted TIN is ok)		*(B) Writing Agent/Agency TIN (encrypted TIN is ok)	
Agent address		City	State ZIP
Agent phone no.	Agent fax no.	Agent email	

***Field (A)** - If you are a Direct Agent, provide your Writing Agent TIN/SSN. **Field (B)** - If this policy is sold through an Agency without a Writing Agent, enter the selling Agency TIN in Field (A) and Field (B); If you are a Writing Agent and this policy is sold through an Agency, enter the Writing Agent TIN/SSN in Field (A) and the selling Agency TIN in Field (B).

Here's what's next.

- 1) Can you check a few items? When incorrect, they're the most frequent reasons for delays in enrollment.
 - Your name and address information should be clear and readable
 - You've included your first month's premium payment
 - Everyone 18 and older signed this form
 - Please make sure you submit all the pages of the application
 - If enrolling due to a qualifying event, you've completed Appendix A: Special Enrollment
- 2) All good? Send this to us by mail to Anthem Blue Cross, P.O. Box 659960, San Antonio, TX 78265-9146 or by fax to 1 (800) 848-2512.
- 3) We'll be in touch in the next few weeks. If you have questions before then, call us at 1 (855) 383-7247.

Thank you!

Appendix A: Special Enrollment

If you're applying for coverage due to a qualifying event, please fill out this section along with your application.

Qualifying event date	
Date of qualifying event / /	For Loss of Coverage, this is the last date of existing or prior coverage. For all other events, please enter the date based on the qualifying event.

You must apply for coverage within 60 days after your qualifying event for the following events.

Qualifying events	Coverage effective date
<input type="checkbox"/> 1. Marriage or Domestic Partnership Got married or in a domestic partnership that becomes eligible for coverage (see step 3 for description of eligibility)	First day of the month after we receive your complete application
<input type="checkbox"/> 2. Birth or adoption Had a baby, adoption of a child or placement of a child with you for adoption	<input type="checkbox"/> Same as the event date <input type="checkbox"/> First day of the month after we receive your complete application <input type="checkbox"/> Based on when we receive your complete application* <input type="checkbox"/> First day of month after the event date
<input type="checkbox"/> 3. Court order or guardianship Required by a court order to provide an eligible child(ren) coverage, including a child support order, filed an application for appointment of guardianship of a child or appointment of guardianship of a child	<input type="checkbox"/> Same as the event date <input type="checkbox"/> Based on when we receive your complete application*
<input type="checkbox"/> 4. Death Death of a family member enrolled under current coverage	<input type="checkbox"/> First day of the month after we receive your complete application <input type="checkbox"/> Based on when we receive your complete application*
<input type="checkbox"/> 5. Problem with previous health coverage issuer Health coverage issuer substantially violated material provision of health coverage contract <input type="checkbox"/> 6. Lost service from contracted provider Loss of services from contracting provider under another health benefit plan, as defined in Sections 10965 of the Insurance Code or 1399.845 of the Health and Safety Code, for a condition described in Health and Safety Code § 1373.96(c) (an acute condition, serious chronic condition, pregnancy, terminal illness, care of newborn between birth and 36 months of age, or performance of a surgery or other procedure that has been recommended and documented by the provider) and that provider is no longer participating in the health benefit plan <input type="checkbox"/> 7. Returning from active duty Member of the Reserve Forces of the U.S. military returning from active duty or member of the California National Guard returning from active duty under Title 32 of the U.S. Code <input type="checkbox"/> 8. Other qualifying event If you can't find your situation, contact your agent/broker or call us. We can only enroll based on events defined by state and/or federal law. Comments _____	Based on when we receive your complete application*

* If the coverage date is based on when we receive your complete application, then if we receive it:

- Between the 1st and 15th day of the month, coverage is effective the 1st day of the following month.
- Between the 16th and the last day of the month, coverage is effective the 1st day of the second following month.

You must apply for coverage within 60 days before or after your qualifying event for the following events.

Qualifying events	Coverage effective date
<input type="checkbox"/> 9. Loss of coverage: Lost or will lose Minimum Essential Coverage: Involuntary loss of coverage (loss of minimum essential coverage includes loss of eligibility of coverage as a result of legal separation, divorce, cessation of dependent status (such as attaining the maximum age to be eligible as a dependent child under the plan), death of an employee, termination of employment, reduction in the number of hours of employment, permanent move, etc. Loss of eligibility for coverage does not include a loss due to the failure of the employee or dependent to pay premiums on a timely basis or termination of coverage for cause (such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan).	First day of the month after we receive your complete application
<input type="checkbox"/> 10. Permanent move <input type="checkbox"/> Moved to U.S. from a foreign country or a U.S. territory <input type="checkbox"/> Permanent move to a new service area (within the U.S.). <input type="checkbox"/> 11. Non-calendar renewal Current policy does not renew on a calendar year basis (renews on a date other than January 1) <input type="checkbox"/> 12. Jail or prison Released from jail or prison (incarceration)	Based on when we receive your complete application*

* If the coverage date is based on when we receive your complete application, then if we receive it:

- Between the 1st and 15th day of the month, coverage is effective the 1st day of the following month.
- Between the 16th and the last day of the month, coverage is effective the 1st day of the second following month.

Almost there! We need a bit more info.

We need supporting documentation for your qualifying event, such as a letter or official form from the source (employer, state or federal agency, for example) confirming the qualifying event occurred, the date the event happened, and the names of all applicants affected. If you're applying because you've lost your coverage, we need to know the reason why coverage was lost, and it must be included in the supporting documentation. In all instances, we might need additional documentation to confirm eligibility.

Give us or your agent a call if you have any questions.

Appendix B: Statement of Accountability

Statement of Accountability

Fill out when applicant cannot complete application.

Note: Interpreter must be 18 years or older to translate the application on behalf of the applicant.

I, _____, personally read and completed this Individual Application for the applicant named below because:

- ☐ Applicant does not read English
- ☐ Applicant does not speak English
- ☐ Applicant does not write English
- ☐ Applicant is Limited English Proficient
- ☐ Other (explain) _____

I interpreted the contents of this form and to the best of my knowledge obtained and listed all the requested personal and medical history disclosed by the

☐ Applicant or by: _____

Language interpreted

☐ Spanish ☐ Chinese ☐ Korean ☐ Tagalog ☐ Vietnamese ☐ Other _____

I also interpreted and fully explained the "Important legal information" and the "Payment Method".

Signature of interpreter (required)

Date (mm/dd/yyyy) (required)

I confirm that the application was interpreted on my behalf

Signature of applicant (required)

Date (mm/dd/yyyy) (required)

Applicant/Member name	Primary applicant's Social Security number
-----------------------	--

The applicant/member is responsible for monthly payments to Anthem. Anthem does not accept payment of monthly payments from any person or entity other than the applicant/member, his or her relatives or legal guardian, or third party payors except to the extent required by state or federal law. Upon discovery that monthly payments were paid directly by a person or entity other than those listed above, Anthem may reject the payment and inform the applicant/member that the payment was not accepted and the monthly payment remains due.

I authorize Anthem to debit the bank account listed or charge the credit/debit card listed for my first monthly payment on or after the day that my coverage is approved. By signing this form, I understand that the amount of the first payment may change from what I was told because my coverage has not been approved yet. In addition if I select Option 1 or Option 2 below, I understand that my future payments may vary as a result of changes(s) I make once enrolled, including but not limited to, adding and deleting dependents, moving my residence, changing coverage and/or changes made by Anthem of which I am notified according to my plan/policy. In addition, I understand if changes I make are close to the auto withdrawal date, Anthem may not be able to notify me before the withdrawal is made. **I agree to pay any service charge that Anthem may bill me because the debit/charge was not honored.** I understand if my monthly payment increases based on a certain percentage, Anthem will stop my automatic payments and send notification to me. I will have the option to reset the automatic monthly payments.

Please choose how you want to pay your monthly payments for all of your plans. Put a check in the box for either Option 1, Option 2 or Option 3.

☐ **Option 1 Bank Account Authorization: Have your first and future monthly payments automatically deducted from your bank account.**

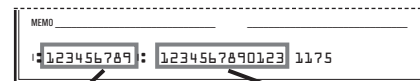
All of your monthly payments will be taken out of the **bank account** you check below.

Checking account: ☐ Business ☐ Personal

Savings account: ☐ Business ☐ Personal

Enter the requested debit date from your bank account (1st to 6th of each month). If no date is requested your monthly payments will be debited on the first of each month.

Write the routing and account numbers that are on your check here: →



9-digit bank routing number	Bank account number
-----------------------------	---------------------

I authorize Anthem to automatically debit the **bank account** listed above each month to make my monthly payments. I agree that **Anthem's rights with each debit are the same as if the debit was a check that I signed.** I understand monthly payments will be made on the day I've indicated or within 3 business days thereafter. I authorize Anthem to automatically debit my account (and to make corrections to previous debits). This authority stays in effect until I let Anthem know that I no longer want them to debit my account by giving them a 30-day advance written notice. I understand that if my bank does not allow Anthem to debit my account for any reason, I will automatically be removed from automatic monthly payments and will be billed by mail. I understand if my monthly payment increases based on a certain percentage, Anthem will stop my automatic payments and send notification to me. I will have the option to reset the automatic monthly payments.

Authorized signature (as it appears on bank's records) X	Printed bank account holder's name (as it appears on account)	Date (MM/DD/YY)
--	---	-----------------

☐ **Option 2 Credit/Debit Card Authorization: Have your first and future monthly payments automatically charged to your credit/debit card.**

Complete the information below

Enter the requested charge date for your credit/debit card (1st to 6th of each month).

I authorize Anthem to automatically charge my **credit/debit card** listed below each month to make my monthly payments. I understand monthly payments will be made on the day I've indicated or within 3 business days thereafter. I authorize Anthem to charge my credit/debit card until I let them know that I no longer want them to charge my credit/debit card by giving them a 30-day advance written notice. I agree that Anthem, in honoring the monthly payments charged to my credit/debit card, is not responsible for any fees charged by my bank. I understand if that if any Anthem credit/debit transaction is not honored, I will automatically be removed from automatic monthly payments and will be billed by mail. I understand if my monthly payment increases based on a certain percentage, Anthem will stop my automatic payments and send notification to me. I will have the option to reset the automatic monthly payments.

Anthem accepts ☐ Visa or ☐ Mastercard (Note to applicant: Please check one.)

Card number	Expiration date (MM/YY)	
Billing address for this credit/debit card	City	Zip code
Authorized signature (as it appears on card) X	Printed card holder's name (as it appears on card)	Date (MM/DD/YY)

See page two for Option 3 First Monthly Payment Only: Send us your first monthly payment now and receive a bill each month for your future monthly payments.

Applicant/Member name	Primary applicant's Social Security number <div style="border-bottom: 1px solid black; width: 100px;"></div>
-----------------------	---

☐ **Option 3 First Monthly Payment Only: Send us your first monthly payment now and receive a bill each month for your future monthly payments.**

Choose one of the ways below that you would like to pay only your first monthly payment.

☐ Check (enclose your paper check with application) ☐ Electronic check (fill out section A below) ☐ Credit/Debit card (fill out section B below)

A. **Electronic check:** Instead of sending us a paper check, you can use an electronic check that allows Anthem to take the money right from your bank account to make your first payment on the day that your coverage is approved. You will not get the check back from your bank. (We will not keep this information on file or use it for any future payments.) Please fill out this information.

Printed account holder name	Routing number	Account Number	Amount of first payment \$
-----------------------------	----------------	----------------	-------------------------------

B. **Credit/Debit card:** I allow Anthem to charge the credit or debit card I listed below one time for my first monthly payment. This payment will cover the first monthly payment for all of the plans I have with Anthem.

Anthem accepts ☐ Visa or ☐ Mastercard (Note to applicant: Please check one.)

Card number	Expiration date <div style="border-bottom: 1px solid black; width: 40px;"></div> / <div style="border-bottom: 1px solid black; width: 40px;"></div> (MM/YY)
Billing address for this credit/debit card	City
	Zip code

I authorize Anthem to debit/charge the bank account or credit/debit card listed above **to make my first monthly payment only.**

I agree that Anthem will not have to pay any fees that my bank may charge because my electronic check or credit/debit card was rejected even if I can no longer continue coverage. I understand that **this is a one-time payment and that I am responsible for making sure Anthem receives my future monthly payments after this first payment.**

Authorized signature (as it appears on bank account/card) X	Printed bank account/card holder's name (as it appears on account/card)	Date (MM/DD/YY) <div style="border-bottom: 1px solid black; width: 100px;"></div>
---	---	--

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

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 1-866-249-4844. (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 Member Services 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 1-866-249-4844. (TTY/TDD: 711)

Arabic

مهم: هل يمكنك قراءة هذه الرسالة؟ إذا لم تستطع، فيمكننا الاستعانة بشخص ما لمساعدتك على قراءتها. كما يمكنك أيضًا الحصول على هذا الخطاب مكتوبًا بلغتك. للحصول على المساعدة المجانية، يُرجى الاتصال فورًا بالرقم 1-866-249-4844 (TTY/TDD: 711).

Armenian

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. 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 1-866-249-4844 հեռախոսահամարով: (TTY/TDD: 711)

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。您有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1-866-249-4844。(TTY/TDD: 711)

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 شماره 1-866-249-4844 تماس بگیرید. (TTY/TDD: 711)

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 1-866-249-4844 पर तुरंत कॉल करें। (TTY/TDD: 711)

Hmong

TSEEM CEEB: Koj puas muaj peev xwm nyeem tau daim ntawv no? Yog hais tias koj nyeem tsis tau, peb muaj peev xwm cia lwm 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 1-866-249-4844. (TTY/TDD: 711)

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を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。1-866-249-4844 (TTY/TDD: 711)

Khmer

សំខាន់៖ តើអ្នកអាចអានលិខិតនេះទេ? បើមិនអាចទេ យើងអាចឱ្យមនុស្សណាម្នាក់អានជូនអ្នក។ អ្នកក៏អាចទទួលលិខិតនេះដោយសេរីសេរីជាភាសាប្រសំអ្នកផងដែរ។ ដើម្បីទទួលបានជំនួយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទភ្លាមៗទៅលេខ 1-866-249-4844។ (TTY/TDD: 711)

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 1-866-249-4844로 전화하십시오. (TTY/TDD: 711)

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 ਵੱਖੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਮਦਦ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਫੌਰਨ 1-866-249-4844 ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

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 1-866-249-4844. (TTY/TDD: 711)

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 1-866-249-4844. (TTY/TDD: 711)

Thai

หมายเหตุสำคัญ: ท่านสามารถอ่านจดหมายฉบับนี้หรือไม่ หากท่านไม่สามารถอ่านจดหมายฉบับนี้ เราสามารถจัดหาเจ้าหน้าที่มาอ่านให้ท่านฟังได้ ท่านยังอาจให้เจ้าหน้าที่ช่วยเขียนจดหมายในภาษาของท่านอีกด้วย หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย โปรดโทรติดต่อที่หมายเลข 1-866-249-4844 (TTY/TDD: 711)

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 1-866-249-4844. (TTY/TDD: 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](tel: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>.

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. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Information for Applicants Requesting a Special Enrollment Period



When applying to enroll for coverage during a Special Enrollment Period (SEP), an applicant must be eligible to enroll and provide supporting documentation of a qualifying event. Without this documentation the applicant may not be able to enroll.

Please review the list below which outlines examples of what may be used as supporting documentation. Be sure to send in a copy of the documentation supporting the qualifying event when the completed application is submitted or upload a copy of the documentation when submitting an online application.

For paper applications, please submit legible copies of everything and keep all original documents for your personal records, because no original documentation will be returned. Please write the applicant's name on the top of each page of the supporting documentation.

After reviewing the information provided, we may request additional documentation to confirm eligibility. Please note that loss of health coverage due to fraud, intentional misrepresentation of a material fact or failure to pay a premium do not constitute qualifying events.

If you have further questions about qualifying events or the supporting documentation that is required, please call your agent or customer service at 1-855-383-7247.

Supporting documentation by type of qualifying event OFF Exchange for all SEP applicants for Anthem Blue Cross plans

Qualifying event	Description and examples of supporting documentation
Involuntary loss of Minimum Essential Coverage for any reason other than fraud, intentional misrepresentation of a material fact or failure to pay a premium	<p>Loss of Minimum Essential Coverage due to change in employment status:</p> <ul style="list-style-type: none"> Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card) confirming loss of coverage (date and individuals) and reason for loss of Minimum Essential Coverage (i.e., reduction in employment hours, etc.), or Letter that provides notice of offer of COBRA or state continuation benefits <p>Loss of Minimum Essential Coverage due to loss of dependent eligibility status:</p> <p>Due to death:</p> <ul style="list-style-type: none"> Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card) confirming loss of coverage (date and individuals) and Copy of death certificate or obituary <p>Due to Medicare eligibility:</p> <ul style="list-style-type: none"> Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card) confirming loss of coverage (date and individuals) and Copy of Medicare card or approval letter from Social Security <p>Due to an over-age dependent:</p> <ul style="list-style-type: none"> Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card) confirming loss of coverage (date and individuals) <p>Due to legal separation, divorce, dissolution of domestic partnership:</p> <ul style="list-style-type: none"> Letter from employer on business letterhead or information from previous carrier (recent billing statement, ID card) confirming loss of coverage (date and individuals) and Divorce Decree, legal separation agreement, or notarized/legal termination of domestic partnership <p>Loss of Minimum Essential Coverage due to exhaustion of COBRA or state continuation benefits:</p> <ul style="list-style-type: none"> Letter that provides notice of termination of COBRA or state continuation benefits

Qualifying event	Description and examples of supporting documentation
Involuntary loss of Minimum Essential Coverage for any reason other than fraud, intentional misrepresentation of a material fact or failure to pay a premium	<p>Loss of Minimum Essential Coverage due to (permanent) move to new service area:</p> <ul style="list-style-type: none"> • Documentation of applicant's old address and new address (if not present on employer letter or previous carrier documentation) which may be validated by any of the following: <ul style="list-style-type: none"> – Recent utility bill (electric, water, phone, internet, cable) – Signed residential lease, rental agreement/contract, mortgage or nursing home/assisted living facility residency documentation – A deed showing applicant ownership of property in the new service area – New driver's license with new address in the service area – Receipt of property tax paid – Insurance documents, such as homeowner's, renter's, or life insurance policy or statement – Mail from the Department of Motor Vehicles, such as a driver's license, vehicle registration, or change of address card – State ID – Official school documents, including school enrollment, report cards, or housing documentation – Mail from a government agency to your address, such as a Social Security statement, or a notice from TANF or SNAP agency – Mail from a financial institution, such as a bank statement – U.S. Postal Service change of address confirmation letter – Pay stub showing address – Voter registration card showing name and address – Moving company contract or receipt showing address – Document from the Department of Corrections, jail, or prison indicating recent release or parole, including an order of parole, order of release, or an address certification – If you are homeless or in transitional housing, you may submit a letter or statement from another resident of the same state, stating that they know where you live and can verify your residency. This person must prove their own residency by including one of the documents listed above. – If you are living in the home of another person, like a family member, friend, or roommate, a letter/statement from that person stating you are living with them. This person must prove their own residency by including one of the documents listed above. – Letter from a local non-profit social services provider, certified application counselor, navigator or federally qualified health center that can verify your address. If you are homeless, you can provide a letter from a government entity or not-for-profit organization, including shelters, verifying your address. – Consumers living in rural areas may provide a rural route mail delivery address. <p>The supporting documentation needs to include the name of the applicant along with the residential address listed on the application (the new address), and documentation of the previous address, which should include the applicant's name and the residential address before the move.</p> <p>For child only applications, the name of the parent/guardian in the signature section of the application must match the name on the supporting documentation.</p>

Qualifying event	Description and examples of supporting documentation
Legal guardianship or court order	Legal documentation of guardianship that indicates the subscriber or the subscriber's spouse is a guardian of the applicant or court order that indicates the subscriber is required to cover the applicant. Contact us if you are applying for a child only policy.
Gain or become a dependent through birth or adoption/ placement for adoption	Birth: Birth certificate or medical records from hospital or pediatrician which indicate the names of the parents, the name of the baby, and date of birth. <i>NOTE: For current Anthem members, a mother's delivery claim may be considered as supporting documentation.</i> Adoption/placement for adoption: Adoption certificate or document establishing placement of a child with applicant for adoption.
Gain a dependent through marriage or domestic partnership	Certificate of marriage, domestic partnership
Applicants moving to the U.S. from a foreign country or U.S. territory	<ul style="list-style-type: none"> • Documentation of the move (including date of move) which may be validated by a passport, VISA, or plane ticket, and • Documentation of the new address which may be validated by any of the following: <ul style="list-style-type: none"> – Signed residential lease, rental agreement/contract, mortgage – A deed showing applicant ownership of property in the new service area – If you are homeless or in transitional housing, you may submit a letter or statement from another resident of the same state, stating that they know where you live and can verify your residency. This person must prove their own residency by including one of the documents listed above. – If you are living in the home of another person, like a family member, friend or roommate, a letter/statement from that person stating you are living with them. This person must prove their own residency by including one of the documents listed above. – Letter from a local non-profit social services provider, certified application counselor, navigator, or federally qualified health center that can verify your address. If you are homeless, you can provide a letter from a government entity or not-for-profit organization, including shelters, verifying your address. • And one additional supporting document of new address which may be validated by one of the following in the applicant's name: <ul style="list-style-type: none"> – Recent utility bill (electric, water, phone, internet, cable) – New driver's license with new address in the service area – Receipt of property tax paid – Insurance documents, such as homeowner's, renter's, or life insurance policy or statement – Mail from the Department of Motor Vehicles, such as a driver's license or vehicle registration – State ID – Official school documents, including school enrollment, report cards, or housing documentation – Mail from a government agency to your address, such as a Social Security statement, or notice from TANF or SNAP agency – Mail from a financial institution, such as a bank statement – Pay stub showing address or letter/employment contract from employer – Voter registration card showing name and address – Moving company contract or receipt showing address

Qualifying event	Description and examples of supporting documentation
Non-calendar renewal	Information from previous carrier (recent billing statement, ID card, renewal letter) confirming coverage (date and individuals) and renewal date of coverage.
Release from incarceration	Papers from local, state or federal department of corrections or prisons showing the applicant's date of legal discharge.
Any other event or circumstance as set forth in the rules established by applicable state or federal law in defining qualifying events	An official form such as a letter or other supporting documentation from the source (employer, state or federal agency, for example) confirming the qualifying event occurred, the date the event happened and the names of all applicants affected.
Health coverage issuer substantially violated material provision of health coverage contract	Letter from the member and supporting documentation from insurance carrier or Exchange.
Loss of services from contracting provider	Letter from the previous insurance carrier OR provider.
Member of the Reserve Forces of the U.S. military returning from active duty or member of the California National Guard returning from active duty	Discharge papers that indicate date of discharge from active duty.



Take control of your total health with the right dental and vision coverage

The mouth and eyes are important parts of your body and your health. They can show early warning signs of disease – so regular dental and vision checkups help you stay healthy. That's why taking care of your total health requires not just medical coverage, but also dental and vision plans.

- You've probably heard before that dental health is an important part of overall health. In fact, 90% of the body's diseases first show signs and symptoms in the mouth.*
- Routine eye checkups are about more than making sure you can see clearly. They're important to health, safety and learning. Even if you think you have 20/20 vision, it's key that you're checked regularly – at every age.
- Eye exams can detect major health problems like diabetes, high blood pressure and heart disease.** Some eye diseases have no warning signs. So people may not even know their vision is at risk.***



Getting the dental and vision plans you need

Off-exchange, standalone coverage from Anthem Blue Cross (Anthem) can help you get the dental and vision care you need for your total health. Many of our dental plans cover you 100% for exams, cleanings and x-rays. All of our vision plans cover you for yearly eye exams.

All-in-one or separate plans?

You can buy a medical plan that includes dental and vision benefits — or you can buy separate plans. You may want to think about buying your dental and vision separate from your medical plan. Separate plans usually offer more choices and may have more benefits to meet your needs. The main differences are in how you apply for coverage and how you are billed.



Anthem dental plans

We offer a variety of individual and family dental plan options to fit your needs and budget. These plans include:

- Dental Prime for individuals and families
- Anthem Dental Blue
- Dental Net 3000D

Anthem has one of the largest dental preferred provider organization (PPO) networks in the country.[†] Plus, we work with in-network dentists to get deep discounts for you. By seeing an in-network dentist, you can save an average of 25% to 32% on covered dental services.^Δ

Tools that put a smile on your face

We offer some great online tools to help you better understand your dental health. Once you're a member, log in to [anthem.com/ca](https://www.anthem.com/ca) to access:



Ask a Hygienist

Email questions to licensed dental professionals and get quick, private, personalized advice at no extra cost.



Dental Cost Estimator

Help estimate your costs for dental procedures and services in the ZIP code where you get care.



Dental Health Assessment

Get feedback based on your responses to a few questions to help you keep a healthy smile.

Blue View Vision plans

Our Blue View VisionSM plans are available to purchase with any Anthem medical and/or dental plan. With all Blue View Vision plans, you can choose from more than 38,000 eye doctors at over 27,000 locations.[†] So you can get your eye care and eye wear just about anywhere. You can call or go online at 1-800 CONTACTS®, visit a participating private practice eye doctor, or go in-store to LensCrafters®, Sears OpticalSM, Target Optical® and JCPenney® Optical.

You'll enjoy the convenience of having just one ID card when you purchase your medical, dental and/or vision plans with Anthem. You'll also get just one combined bill for all your Anthem plans.

How does health care reform affect dental and vision coverage?

Health care reform, officially known as the Affordable Care Act (ACA), requires that all Americans have a minimum amount of health insurance. This includes a list of 10 essential health benefits that must be covered by health insurance carriers. One of these is pediatric services, including dental and vision coverage.

Here's how the ACA relates to dental and vision coverage for children:

Dental

In some states, pediatric dental benefits are required to be included in ACA-compliant medical plans sold off the Marketplace (also known as the exchange). In other states, these benefits can be offered in medical plans off the Marketplace or can be provided through a separate stand-alone policy that is sold with the medical plan.

Vision

Pediatric vision coverage will be included with all ACA-compliant medical plans offered on and off the Marketplace.

Pediatric dental essential health benefits

Pediatric dental coverage is included in nearly all of our individual medical plans as of January 2014.

You have two options for buying pediatric dental essential health benefits:

- A medical plan that has pediatric dental essential health benefits coverage
- A stand-alone dental plan that includes pediatric dental essential health benefits coverage.

Pediatric vision essential health benefits

These benefits provide exams and vision materials (lenses and frames) for children.

Our plans use Blue View VisionSM providers, which include retailers such as 1-800 CONTACTS®, LensCrafters®, Sears OpticalSM, Target Optical® and JCPenney® Optical. With these plans:

- Covered children can choose from a selection of frames and contact lenses.
- Glasses with Transitions® lenses (to protect eyes from UV rays) and polycarbonate lenses with scratch coating (to protect lenses from damage) are available at no extra charge.

Should I buy “on the Marketplace” or “off the Marketplace”?

Covered California (the name of your state's Marketplace) was created as part of the ACA. This is the online marketplace where you can purchase medical coverage.

If you're eligible for financial assistance to help pay for your medical coverage...and want to use it, you must get your medical plan through Covered California.

To learn more, visit your state's exchange website at **coveredca.com**.

If you're not eligible for financial assistance, and you are shopping around for a dental or vision plan... you don't have to buy plans on Covered California. You can still buy coverage as you have in the past, through a broker or agent or directly from an insurance company.

Because there are rules for plans on the exchange, you may find that plans not on the exchange offer you more choices.

Dental Prime for individuals and families

Our Dental Prime plans cover routine care (like exams, cleanings and x-rays) with no waiting periods, so you can use those benefits right away. Because there are three plan options, you can choose a plan that fits your needs and budget.

Cost shares show what the member pays	Dental Prime Plan A (1RBD)	Dental Prime Plan B (1RBE)	Dental Prime Plan C (1RBF)
	In-network / Out-of-network	In-network / Out-of-network	In-network / Out-of-network
Dental network	Dental Prime	Dental Prime	Dental Prime
Deductible (per person, unless otherwise noted)	None	\$50	\$50
Annual maximum (per person)	\$500	\$1,000	\$1,250
Annual out-of-pocket limit	None	None	None
Diagnostic and preventive	No waiting period	No waiting period	No waiting period
Cleaning, exams, x-rays	0% / 0% coinsurance	0% / 0% coinsurance	0% / 0% coinsurance
Extra cleaning	1 extra cleaning per year for those who are pregnant or diabetic	1 extra cleaning per year for those who are pregnant or diabetic	1 extra cleaning per year for those who are pregnant or diabetic
Basic services	Not covered	6-month waiting period	6-month waiting period
Fillings	Not covered	20% / 20% coinsurance	20% / 20% coinsurance
Brush biopsy	Not covered	20% / 20% coinsurance	20% / 20% coinsurance
Complex and major services	Not covered	12-month waiting period	12-month waiting period
Endodontic/periodontic/oral surgery (root canal, scaling, tooth removal)	Not covered	50% / 50% coinsurance	50% / 50% coinsurance
Prosthetics (crowns, dentures, bridges)	Not covered	Not covered	50% / 50% coinsurance
Medically necessary orthodontia	Not covered	Not covered	Not covered
Cosmetic orthodontia	Not covered	Not covered	Not covered
International emergency dental program	Included	Included	Included
Blue View Vision	Available	Available	Available

1 With our Dental Blue PPO Basic and Dental Blue PPO Enhanced plans, the deductible is waived for diagnostic and preventive services received in our network.

2 The six-month waiting period for basic services applies only on fillings where there is no member copay.

3 \$1,000 lifetime maximum for cosmetic orthodontia (\$500 per year).

Note: This is only a brief description of some plan benefits. Please refer to the Agreement for more complete details including benefits, limitations and exclusions.

Our dental plans come with the International Emergency Dental Program[‡]

If you travel outside of the U.S., you still have access to emergency dental services. With one call, we can help you find a credentialed, English-speaking dentist for your urgent dental care needs. We can even help with translation services when you call the dentist's office. Services you get through this program don't count toward your yearly limit, if your plan has one.

Dental Blue PPO plans

We offer two Dental Blue PPO plans — Dental Blue Basic and Dental Blue Enhanced. Both plans use the Dental Blue 100 network.

Dental Blue Basic and Dental Blue Enhanced both offer essential coverage:

- Diagnostic and preventive coverage for services like cleanings, exams and x-rays
- Benefits for basic services, such as fillings

Dental Blue Enhanced offers more coverage:

- Major services like crowns, periodontal (gum-related) procedures, oral surgery and root canals
- Orthodontic coverage for children after a 12-month waiting period, with a separate lifetime limit of \$1,000 (\$500 per year)

Dental Blue PPO Basic (1JZ5)	Dental Blue PPO Enhanced (1JZ6)
In-network / Out-of-network	In-network / Out-of-network
Dental Blue 100	Dental Blue 100
\$25 ¹	\$50 per person ¹ \$150 per family ¹
\$500	\$1,250
None	None
No waiting period	No waiting period
0% / 20% coinsurance	0% / 20% coinsurance
Not covered	Not covered
6-month waiting period	6-month waiting period
20% / 40% coinsurance	20% / 40% coinsurance
Not covered	Not covered
Not covered	12-month waiting period
Not covered	50% / 50% coinsurance
Not covered	50% / 50% coinsurance
Not covered	Not covered
Not covered	\$100 deductible, then 50% coinsurance / \$100 deductible, then 50% coinsurance ³
Included	Included
Available	Available

Savings beyond your plan benefits

With our dental plans, you get more for your money. For example, you can still pay our negotiated (lower) rates for covered services from in-network dentists during waiting periods, when you've gone over your yearly limit or when you've used up your benefits. In other words, if a plan covers two cleanings each year and you go for a third, you still pay our negotiated rate for that third cleaning.

To find a dentist near you, go to [anthem.com/ca/findadoctor](https://www.anthem.com/ca/findadoctor).

Dental HMO Options

With the Dental Net 3000D, you will have affordable dental coverage with no annual maximums, no deductibles and no benefit waiting periods. And you know what to expect with the out-of-pocket costs because there are set copays for nearly 500 specific procedures. Learn more and sign up today!

- Approximately 500 covered dental procedures
- No annual benefit maximum
- No deductible
- No waiting periods
- Easy to understand copayments
- Enhanced preventive care
- No claim forms
- Choice of general dentist and specialists



Dental Net 3000D

Services	Copays
Office visits	\$10
Diagnostic and preventive services	
Exams	\$0
X-rays	\$0
Cleanings	\$0
Flouride applications	\$0
Sealants	\$0
Restorative services	
Fillings (one surface resin composite, anterior)	\$20
Fillings (one surface resin composite, posterior)	\$65
Crowns	\$55
Endodontic services	
Root canals (anterior)	\$90
Periodontal services	
Scaling and root planing (1 to 3 teeth)	\$35
Prosthetic services	
Dentures (complete upper or lower)	\$215
Crown (porcelain fused to high noble metal)	\$225
Oral surgery	
Extraction (Erupted tooth or exposed roots)	\$5
Removal of impacted tooth (completely boney)	\$90
Orthodontic services	
Comprehensive treatment children	\$1,695
Comprehensive treatment, adults	\$1,895

The services listed in the above chart are a sample of some of the most frequently asked-about procedures. For complete coverage details, please refer to your policy booklet.

Dental HMO counties

Dental HMO applicants must reside in one of these counties to enroll: Alameda County; Contra Costa; El Dorado except for Placerville and Lake Tahoe; Fresno; Kern except for Delano, Mojave, Taft, and Tehachapi; Kings except for Hanford; Los Angeles; Marin; Monterey except for Salinas; Orange; Placer except for Lake Tahoe; Riverside except for Banning/Beaumont and Blythe; Sacramento; San Bernardino except for Twenty-Nine Palms and Vicinity, and Yucca Valley; San Diego; San Francisco; San Joaquin; San Luis Obispo; San Mateo; Santa Barbara; Santa Clara; Santa Cruz except for the city of Santa Cruz; Solano; Sonoma; Tulare except for Visalia; Ventura except for Santa Paula/Fillmore.

Blue View Vision coverage available

You can add Blue View VisionSM benefits to your dental plan. These plans feature:

- **A broad, convenient group of national providers** — Blue View Vision providers include more than 36,000 private practice doctors at over 27,000 locations.[†] This includes online choices through 1-800 CONTACTS[®] in addition to the nation's leading retail stores like LensCrafters[®], Sears OpticalSM, Target Optical[®] and JCPenney[®] Optical.
- **A complete picture of your health between your eye doctor and your primary care doctor** — when you have a medical plan with us, every time you get care through our network, it becomes part of your health history. With Blue View Vision, your network eye doctor can access your health history information — including patient summaries, diagnoses, lab results and prescriptions. They can also securely share relevant eye health information back to your primary care doctor, while protecting your personal information. This approach helps all of your doctors in the network gain a better understanding of your whole health — leading to better, more holistic care.
- **“Add-ons” at no extra charge** — factory scratch coating on eyeglass lenses is included at no extra cost. Transitions[®] and polycarbonate lenses for children younger than 19 can be added at no extra cost.
- **Discounts for other “add-ons”** — includes Transitions lenses for adults at a fixed price, as well as tiered pricing for premium progressive lenses and premium anti-reflective coatings. This cuts down on your out-of-pocket costs.
- **Value-added savings[§]** — including 15% to 40% off on unlimited purchases of most extra pairs of eye wear, conventional contact lenses, lens treatments, specialized lenses and various accessories — even after you've used all of your covered benefits.

Blue View Vision Bundled plan

Our current Blue View Vision **Bundled** plan has not changed. The Bundled plan can only be purchased in combination with any off the Marketplace Anthem individual medical or dental plan. The Bundled plan cannot be purchased on a stand-alone basis.

Blue View Vision Enhanced, Plus and Value plans

Our stand-alone Blue View Vision **Enhanced**, **Plus** and **Value** plans are designed with your lifestyle in mind and can be purchased with or without a medical and/or dental plan. You can choose the plan that gives you the most value from your benefits. See your options on the next page.

Cost savings example

You'll see that when you have a Blue View Vision plan from Anthem, it often pays for itself — and then some. When it comes to Blue View Vision, seeing isn't just believing. Seeing is saving, too!

	Retail	Benefit	Copay	Member pays
Exam	\$80	Covered	\$20	\$20
Frame	\$130	\$130 allowance	N/A	\$0
Single vision lenses	\$80	Covered		\$20
Scratch coating	\$22	Included	N/A	\$0
Progressive premium tier 1	\$140	Upgrade	N/A	\$86
Polycarbonate lenses	\$55	Upgrade	N/A	\$40
Anti-reflective premium tier 2	\$100	Upgrade	N/A	\$88
Transitions lenses	\$110	Upgrade	N/A	\$75
Total purchase	\$717			\$308

Member saves \$409

Blue View Vision plans

Blue View Vision Bundled*		
Vision care services	Benefit frequency	In-network benefit
Eye exam (with dilation as needed)	Once every 12 months	\$20 copay
Standard plastic (CR39) lenses¹	Once every 24 months	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
Contact lenses	Once every 24 months	
Elective (conventional and disposable)		\$80 allowance
Non-elective		Covered in full
Frames	Once every 24 months	\$130 allowance

* Blue View Vision **Bundled** can only be purchased with a medical and/or dental plan.

Blue View Vision Enhanced**		
Vision care services	Benefit frequency	In-network benefit
Eye exam (with dilation as needed)	Once per calendar year	\$10 copay
Standard plastic (CR39) lenses¹	Once per calendar year	
Single vision		\$10 copay
Bifocal		\$10 copay
Trifocal		\$10 copay
Contact lenses	Once per calendar year	
Elective (conventional and disposable)		\$150 allowance
Non-elective		Covered in full
Frames	Once per calendar year	\$150 allowance

** Blue View Vision **Enhanced** can be purchased with or without a medical and/or dental plan.

Blue View Vision Plus**		
Vision care services	Benefit frequency	In-network benefit
Eye exam (with dilation as needed)	Once per calendar year	\$10 copay
Standard plastic (CR39) lenses¹	Once per calendar year	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
Contact lenses	Once per calendar year	
Elective (conventional and disposable)		\$130 allowance
Non-elective		Covered in full
Frames	Once every other calendar year	\$130 allowance

** Blue View Vision **Plus** can be purchased with or without a medical and/or dental plan.

Blue View Vision Value**		
Vision care services	Benefit frequency	In-network benefit
Eye exam (with dilation as needed)	Once per calendar year	\$20 copay
Standard plastic (CR39) lenses¹	Once per calendar year	
Single vision		\$20 copay
Bifocal		\$20 copay
Trifocal		\$20 copay
Contact lenses	Once per calendar year	
Elective (conventional and disposable)		\$80 allowance
Non-elective		Covered in full
Frames	Once every other calendar year	\$130 allowance

** Blue View Vision **Value** can be purchased with or without a medical and/or dental plan.

1 Factory scratch coating is covered at no extra cost. Polycarbonate and Transitions lenses are covered for children under age 19.

Save time and money with smart provider choices

While all PPO plans allow you to see any doctor, you can save money by choosing an in-network doctor.

	In-network dentist	Out-of-network dentist
What you pay the dentist	<ul style="list-style-type: none">◦ Your deductible◦ The percentage that's not covered by your insurance	<ul style="list-style-type: none">◦ Your deductible◦ The percentage that's not covered by your insurance◦ The difference between what the dentist charges and the total amount we allow to be paid for a service
Claims paperwork	<ul style="list-style-type: none">◦ Your dentist sends claims to us◦ We pay the dentist directly	<ul style="list-style-type: none">◦ You or your dentist may submit your claims to us◦ We pay you or your dentist for covered expenses

You may pay more for care if you choose an out-of-network doctor. Here's why:

- In-network doctors have agreed, by contract, to special payment rates for services and cannot charge you more than these negotiated rates. If you have coinsurance or a deductible, you pay those amounts.
- Out-of-network doctors don't have a contract with us. They can charge you the difference between the total amount we allow to be paid for a service and the amount they normally charge for a service (plus your coinsurance or deductible). That means higher costs for you.

How to enroll

Sign up today for our dental and vision plans!

Online: Go to [anthem.com/ca](https://www.anthem.com/ca) and select **Shop For Insurance** to get your free quote and enroll.

Paper: Fill out and sign the appropriate form. Then, give the form to your broker or agent or mail it to us at the address listed on the form.

Get help in your language

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

If you need assistance to understand this document in an alternate language, you may request it at no additional cost by calling the Member Services number (855-634-3381 / 855-383-7247). (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 Member Services telephone number on the back of your ID card.

Spanish

Si necesita ayuda para entender este documento en otro idioma, puede solicitarla sin costo adicional llamando al número de Servicios para Miembros (855-634-3381 / 855-383-7247). (TTY/TDD: 711)

Arabic

إذا احتجت إلى المساعدة لفهم هذا المستند بلغة أخرى، فيمكنك طلب المساعدة دون تكلفة إضافية من خلال الاتصال برقم خدمات الأعضاء. (855-634-3381 / 855-383-7247) (TTY/TDD: 711)

Armenian

Եթե այս փաստաթուղթն անհրաժեշտ լինի Ձեզ այլ լեզվով, կարող եք խնդրել այն Անդամների սպասարկման կենտրոնից՝ զանգահարելով (855-634-3381 / 855-383-7247) հեռախոսահամարով: Այն Ձեզ անվճար կտրամադրվի: (TTY/TDD: 711)

Chinese

如果您需要協助以便以另一種語言理解本文件，您可以撥打成員服務號碼(855-634-3381 / 855-383-7247)請求免費協助。(TTY/TDD: 711)

Farsi

در صورتی که برای درک این سند به زبانی دیگر نیازمند کمک هستید، می‌توانید بدون هیچ هزینه اضافی این را درخواست کنید. برای این کار با مرکز خدمات اعضا به شماره 855-634-3381 / 855-383-7247 تماس بگیرید. (TTY/TDD: 711)

Hindi

अगर आपको यह दस्तावेज़ वैकल्पिक भाषा में समझने के लिए सहायता की ज़रूरत है, तो आप सदस्य सेवाएँ नंबर (855-634-3381 / 855-383-7247) पर कॉल करके अतिरिक्त लागत के बिना इसके लिए अनुरोध कर सकते हैं। (TTY/TDD: 711)

Hmong

Yog hais tias koj xav tau kev pab txhawm rau kom nkag siab txog daim ntawv no hais ua lwm hom lus, tej zaum koj kuj yuav thov tau yam tsis xam tus nqi dab tsi ntxiv hlo li uas yog hu rau tus nab npawb xov tooj lis Cov Kev Pab Cuam Rau Tswv Cuab (855-634-3381 / 855-383-7247). (TTY/TDD: 711)

Japanese

この書面を他の言語で理解するための支援が必要な場合には、メンバーサービス番号 (855-634-3381 / 855-383-7247) に電話して支援を求めることができます。追加費用はかかりません。(TTY/TDD: 711)

Khmer

បើអ្នកត្រូវការជំនួយក្នុងការយល់ពីឯកសារនេះជាភាសាផ្សេង អ្នកអាចសុំវិវាទយុត្តិធម៌ចុះបញ្ជីមេម៉ាយហៅទូរស័ព្ទទៅលេខសេវាសមាជិក (855-634-3381 / 855-383-7247)។ (TTY/TDD: 711)

Korean

다른 언어로 본 문서를 이해하기 위해 도움이 필요하실 경우, 추가 비용 없이 회원 서비스 번호(855-634-3381 / 855-383-7247)로 전화를 걸어 도움을 요청할 수 있습니다. (TTY/TDD: 711)

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਕਿਸੇ ਬਦਲਵੀਂ ਭਾਸ਼ਾ ਵਿੱਚ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਸਮਝਣ ਲਈ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਤੁਸੀਂ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ (855-634-3381 / 855-383-7247) ਤੇ ਕਾਲ ਕਰਕੇ ਕਿਸੇ ਵਾਧੂ ਲਾਗਤ ਦੇ ਬਿਨਾਂ ਇਸ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। (TTY/TDD: 711)

Russian

Если вам нужна помощь, чтобы понять содержание настоящего документа на другом языке, вы можете бесплатно запросить ее, позвонив в отдел обслуживания участников (855-634-3381 / 855-383-7247). (TTY/TDD: 711)

Tagalog

Kung kailangan ninyo ng tulong upang maunawaan ang dokumentong ito sa ibang wika, maaari ninyo itong hilingin nang walang karagdagang bayad sa pamamagitan ng pagtawag sa Member Services sa numerong (855-634-3381 / 855-383-7247). (TTY/TDD: 711)

Thai

หากท่านต้องการความช่วยเหลือเพื่อทำความเข้าใจเกี่ยวกับเอกสารนี้ในภาษาอื่น ท่านอาจขอรับบริการได้โดยไม่เสียค่าใช้จ่ายเพิ่มเติมใดๆ โดยโทรไปที่หมายเลขฝ่ายบริการสมาชิก (855-634-3381 / 855-383-7247) (TTY/TDD: 711)

Vietnamese

Nếu quý vị cần hỗ trợ để hiểu được tài liệu này bằng một ngôn ngữ thay thế, quý vị có thể yêu cầu mà không tốn thêm chi phí bằng cách gọi số của Dịch Vụ Thành Viên (855-634-3381 / 855-383-7247). (TTY/TDD: 711)

Notes

Notes

Notes



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 is only a brief description of some plan terms and benefits. Please refer to your Agreement for more complete details, including benefits, limitations and exclusions.

* Academy of General Dentistry Know Your Teeth website: *Warning Signs in the Mouth Can Save Lives* (accessed August 2015); knowyourteeth.com.

**All About Vision website: *Why Are Eye Exams Important?* (May 2011): allaboutvision.com/eye-exam/importance.htm.

***American Academy of Ophthalmology website: Eye Diseases (March 13, 2008) geteyesmart.org.

± Network data from Strenuus, August 2016.

△ Internal data, 2015.

† Blue View Vision internal data, 2016.

‡ The International Emergency Dental Program is managed by DeCare Dental. DeCare Dental is an independent company offering dental management services to Anthem Blue Cross.

§ Laws in some states may prohibit in-network providers from discounting products and services that are not covered benefits.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

Individual dental and vision premiums for California



For policies with effective dates of January 1, 2019 through December 31, 2019

We know that you have choices when it comes to health care coverage. Anthem Blue Cross (Anthem) gives you access to complete dental coverage and one of the largest dental networks in the state. But cost is important to you, too.

Because insurance can be a big part of your budget, we make every effort to keep our costs low — so you pay less for coverage. The price you pay for your dental premium depends on several things, including how much dental care costs and where you live.

How much will I pay each month for dental coverage?

Premiums are often set by rating areas. In such a case, to find your monthly cost, look for your rating area based on the ZIP code or county where you live. Then look at the rate charts. Different plans will have different rating areas and rate tables.



Dental Blue PPO plans

Where plans are offered

Not all of our Dental Blue plans are offered in all counties. These are the counties where the Dental Blue plan networks are limited:*

Area 3: Alpine, Inyo, Mono; Area 4: Calveras; Area 5: Del Norte, Humboldt, Lake, Lassen, Sierra, Siskiyou, Trinity

Rating Area

Alameda	ZIP codes starting with 945, 946 and 953 except 94505, 94514 All other Alameda ZIPs	Area 4 Area 3
Alpine		Area 3
Amador		Area 3
Butte		Area 5
Calaveras		Area 4
Colusa	95957 All except 95957	Area 3 Area 5
Contra Costa	All except 94551 94551	Area 3 Area 4
Del Norte		Area 5
El Dorado		Area 3
Fresno	93313 All except 93313	Area 5 Area 6
Glenn		Area 5
Humboldt		Area 5
Imperial	92225 and 92274 92004 All except 92225, 92274, 92004	Area 4 Area 5 Area 6
Inyo	All except 93527 93527	Area 3 Area 6
Kern	ZIP codes starting with 933 All other Kern ZIPs	Area 5 Area 6
Kings		Area 6
Lake		Area 5
Lassen		Area 5
Los Angeles	ZIP codes starting with 901-904 and 913 ZIP codes starting with 905-908, 935, 91709 and 93243 ZIP codes starting with 900, 914 or 916 ZIP codes starting with 910-912, 915, 917 or 918, except 91709	Area 4 Area 6 Area 2 Area 7
Madera		Area 6
Marin		Area 1
Mariposa	95329 All except 95329	Area 4 Area 6
Mendocino		Area 5
Merced	95380 All except 95380	Area 4 Area 6
Modoc		Area 5
Mono		Area 3
Monterey	All except 95076 and 93451 95076 93451	Area 1 Area 4 Area 6
Napa	94589, 94590 All except 94589, 94590	Area 3 Area 5
Nevada	95602 All except 95602	Area 3 Area 5
Orange	ZIP codes starting with 926 All other Orange ZIPs	Area 5 Area 6
Placer	All except 95692, 96161 95692, 96161	Area 3 Area 5
Plumas		Area 5
Riverside	ZIP codes starting with 922 except 92248 92028 All other Riverside ZIPs	Area 4 Area 5 Area 6
Sacramento	ZIP codes starting with 958 All other Sacramento ZIPs	Area 5 Area 3
San Benito	93930, 95004 All except 93210, 93930, 95004 93210	Area 1 Area 4 Area 6
San Bernardino	All except 91766, 91792 91766 and 91792	Area 6 Area 7
San Diego		Area 5
San Francisco		Area 3
San Joaquin	94505, 94514, 95632, 95690 All except 94505, 94514, 95632, 95690	Area 3 Area 4
San Luis Obispo	93426 All except 93426	Area 1 Area 6
San Mateo	All except 94303 94303	Area 1 Area 3
Santa Barbara		Area 6
Santa Clara	ZIP codes starting with 940, 943 94550, 95023, 95076 All other Santa Clara ZIPs	Area 3 Area 4 Area 5
Santa Cruz	All except 95033 95033	Area 4 Area 5
Shasta		Area 5
Sierra		Area 5
Siskiyou		Area 5
Solano	All except 94503, 95616, 95618, 95694 94503, 95616, 95618, 95694	Area 3 Area 5
Sonoma		Area 5
Stanislaus	All except 95322 95322	Area 4 Area 6
Sutter	All except 95645, 95692, 95836, 95948, 95837 95645, 95692, 95836, 95837, 95948	Area 3 Area 5
Tehama		Area 5
Trinity		Area 5
Tulare		Area 6
Tuolumne	95230, 95329 All except 95230, 95329	Area 4 Area 6
Ventura	ZIP codes starting with 930 or 932 All other Ventura ZIPs	Area 6 Area 4
Yolo		Area 5
Yuba		Area 5

Dental Blue Basic (Monthly Rates)

	Area						
	1	2	3	4	5	6	7
Member	\$26.00	\$28.00	\$24.00	\$25.00	\$24.00	\$23.00	\$25.00
Member and spouse	\$50.00	\$54.00	\$47.00	\$48.00	\$47.00	\$44.00	\$49.00
Member and child	\$56.00	\$61.00	\$53.00	\$54.00	\$53.00	\$49.00	\$54.00
Member and children	\$94.00	\$102.00	\$89.00	\$90.00	\$89.00	\$83.00	\$91.00
Member and family	\$115.00	\$124.00	\$108.00	\$110.00	\$108.00	\$101.00	\$111.00
One Child	\$29.00	\$32.00	\$28.00	\$28.00	\$28.00	\$26.00	\$28.00
Two Children	\$59.00	\$64.00	\$55.00	\$56.00	\$55.00	\$52.00	\$57.00
Three+ Children	\$96.00	\$103.00	\$90.00	\$92.00	\$90.00	\$84.00	\$92.00

Dental Blue Enhanced (Monthly Rates)

	Area						
	1	2	3	4	5	6	7
Member	\$50.00	\$61.00	\$50.00	\$56.00	\$55.00	\$52.00	\$70.00
Member and spouse	\$95.00	\$116.00	\$95.00	\$106.00	\$104.00	\$97.00	\$131.00
Member and child	\$90.00	\$110.00	\$90.00	\$100.00	\$99.00	\$92.00	\$125.00
Member and children	\$145.00	\$177.00	\$146.00	\$162.00	\$160.00	\$149.00	\$201.00
Member and family	\$183.00	\$224.00	\$184.00	\$204.00	\$202.00	\$188.00	\$254.00
One Child	\$38.00	\$47.00	\$38.00	\$43.00	\$42.00	\$39.00	\$53.00
Two Children	\$76.00	\$93.00	\$77.00	\$85.00	\$84.00	\$78.00	\$106.00
Three+ Children	\$125.00	\$152.00	\$125.00	\$139.00	\$137.00	\$128.00	\$173.00

Dental Prime (Monthly Rates)

	Plan A		Plan B		Plan C	
	Under age 65	Age 65 and over	Under age 65	Age 65 and over	Under age 65	Age 65 and over
ZIP codes starting with 922-925, 932-938, 952-953, 955, 959-961						
Individual	\$24.05	\$25.00	\$37.05	\$39.65	\$46.80	\$53.35
Individual + one	\$46.75	\$48.65	\$72.05	\$77.05	\$91.00	\$103.75
Family	\$74.85	\$77.80	\$115.25	\$123.30	\$145.60	\$166.00
ZIP codes starting with 900-921, 926-931, 939, 942, 954, 956-958						
Individual	\$28.95	\$30.10	\$44.60	\$47.70	\$56.35	\$64.20
Individual + one	\$56.30	\$58.55	\$86.70	\$92.80	\$109.55	\$124.85
Family	\$90.10	\$93.70	\$138.75	\$148.45	\$175.25	\$199.80
ZIP codes starting with 940-941, 943-951						
Individual	\$32.30	\$33.60	\$49.75	\$53.25	\$62.85	\$71.65
Individual + one	\$62.80	\$65.35	\$96.75	\$103.50	\$122.20	\$139.35
Family	\$100.50	\$104.50	\$154.80	\$165.65	\$195.55	\$222.95

Dental Net 3000D DHMO counties

Dental HMO applicants must reside in one of these counties to enroll: Alameda; Contra Costa; El Dorado except for Placerville and Lake Tahoe; Fresno; Kern except for Delano, Mojave, Taft, and Tehachapi; Kings except for Hanford; Los Angeles; Marin; Monterey except for Salinas; Orange; Placer except for Lake Tahoe; Riverside except for Banning/Beaumont and Blythe; Sacramento; San Bernardino except for Twenty-Nine Palms and Vicinity, and Yucca Valley; San Diego; San Francisco; San Joaquin; San Luis Obispo; San Mateo; Santa Barbara; Santa Clara; Santa Cruz except for the city of Santa Cruz; Solano; Sonoma; Tulare except for Visalia; Ventura except for Santa Paula/Fillmore.

Monthly rates for Dental Net 3000D DHMO plan enrollees for all ages*	
Single	\$16.06
Two people (member and spouse or member and child)	\$32.12
Family (three or more) (member, spouse and child or member and children)	\$52.20

Blue View VisionSM plans (Monthly Rates)

This vision option is available when combined with any Anthem medical and/or dental plans.

Premiums	
Individual	\$7.61
Individual + one	\$13.31
Family	\$21.30



*Subject to change.

Rates apply to members under age 65 and are subject to change (except where noted).

The child/children rates in the charts above are defined as dependent children ages 0-18. Any enrollees age 19 and older have the adult rates, including dependent children over the age of 18. The charts above provide pricing for many of the most common family units. For other combinations, please talk to your broker or sales representative.

As of January 1, 2014, the Affordable Care Act (ACA) or health care reform law, requires health insurers to pay an annual fee to fund premium subsidies and Medicaid expansion. This fee applies to fully insured dental and vision plans. The monthly premiums listed above include the ACA insurer fee.

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

Blue View Vision: Individual vision premiums for California

For policies with effective dates of January 1 through December 31, 2019

We know you have choices when it comes to health care coverage. So why choose us for your vision plan? How about for convenience, choice and savings — right before your eyes!

With our stand-alone **Blue View VisionSM Enhanced**, **Blue View Vision Plus** and **Blue View Vision Value** plans, you'll get convenience and lots of choices. Our large provider network of more than 38,000 eye doctors at over 27,000 locations makes it easy to find a doctor or eye care retailer near your home or work.*

Blue View Vision monthly payments

Vision plan	Three-tier structure		
	Individual only	Individual + 1	Family
Blue View Vision Enhanced	\$18.53	\$32.43	\$51.89
Blue View Vision Plus	\$14.60	\$25.55	\$40.89
Blue View Vision Value	\$12.23	\$21.40	\$34.24

* Anthem internal data, 2016.

As of January 1, 2014, the Affordable Care Act (ACA) or health care reform law, requires health insurers to pay an annual fee to fund premium subsidies and Medicaid expansion. This fee applies to fully insured dental and vision plans. The monthly premiums listed above include the ACA insurer fee.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

101790CAMENABC VPOD 07/17



Welcome

California Individual Application

Dental HMO applicants must reside in one of these counties to enroll: Alameda County, Contra Costa, El Dorado except for Placerville and Lake Tahoe, Fresno, Kern except for Delano, Mojave, Taft, Tehachapi, Kings except for Hanford, Los Angeles, Marin, Monterey except for Salinas, Orange, Placer except for Lake Tahoe, Riverside except for Banning/Beaumont, Blythe, Sacramento, San Bernardino, except for Twenty-Nine Palms and Vicinity, and Yucca Valley, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz except for the city of Santa Cruz, Solano, Sonoma, Tulare except for Visalia, Ventura except for Santa Paula/Fillmore

Thanks for choosing us. We're glad you're here.

If you have any questions while filling out this form, give us a call at 1 (877) 567-1804.
But if you've worked with an agent or broker, contact them first.

Did you know?

Anthem Life Insurance Company now offers low cost term life insurance coverage. Apply online at [anthem.com/ca](https://www.anthem.com/ca) or call us for additional information at 1 (877) 212-1796. Term Life Insurance underwritten by Anthem Life Insurance Company.

About this form

Use this form to apply for **new** dental or vision coverage or to **change** existing coverage with Anthem Blue Cross (Anthem).

For new dental and vision:

- You can apply any time during the year.
- Your coverage will start based on when we receive your complete application. If we get it between the 1st and last day of the month, coverage is effective the 1st day of the following month.

You can add dependents or change coverage:

1. During the annual Open Enrollment period

Your coverage will start based on when we receive your complete application:

- Between the 1st and 15th day of the month, coverage is effective the 1st day of the following month.
- Between the 16th and last day of the month, coverage is effective the 1st day of the second following month.

2. Due to a qualifying event

When you're done with this form, fill out Appendix A: Special Enrollment, which includes information about when coverage starts.

Tips when filling out this form

1. Answer all questions. Please print clearly using blue or black ink only.
2. Please submit all pages.
3. You can also apply online at [anthem.com/ca](https://www.anthem.com/ca).
4. If you're enrolling in a dental HMO plan, you must choose a Primary Care Dentist (PCD). View a list of dentists for your plan on [anthem.com/ca](https://www.anthem.com/ca) or call us. If you don't choose a PCD, we'll pick one located close to you.
5. Please include your payment. We can't complete your application without your first month's premium payment. Without it, your enrollment will be delayed. Don't worry though – we won't charge your card or cash your check or money order until you've been enrolled.

Some frequently asked questions

1. Do I need to include a payment?

Yes. We can't complete your application without your first month's premium payment. Without it, your enrollment will be delayed. Don't worry though – we won't charge your card or cash your check or money order until you've been enrolled.

2. What if I already have coverage with another company?

Don't cancel your other coverage yet – your coverage is too important. We'll contact you when you're approved. Then you'll need to cancel your other coverage.

Step 1: Who is applying?

- ☐ New coverage
☐ Change coverage
☐ Add dependent to existing coverage

Subscriber ID no.:

Primary Applicant

Last name (legal name)		First name (legal name)		M.I.	Social Security Number
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (mm/dd/yyyy)		County (for home address)
Home address (not a PO Box)			City	State	ZIP
Billing address (optional - if different than your home)			City	State	ZIP
Mailing address (optional - if different than your home)			City	State	ZIP
Primary phone		Secondary phone		Email address	
Preferred written language <input type="checkbox"/> English (ENG) <input type="checkbox"/> Spanish (SPA) <input type="checkbox"/> Chinese (ZHO) (C/M) <input type="checkbox"/> Korean (KOR) <input type="checkbox"/> Tagalog (TGL) <input type="checkbox"/> Vietnamese (VIE) <input type="checkbox"/> Other (write-in) _____					
Preferred spoken language <input type="checkbox"/> English (ENG) <input type="checkbox"/> Spanish (SPA) <input type="checkbox"/> Chinese (ZHO) (C/M) <input type="checkbox"/> Korean (KOR) <input type="checkbox"/> Tagalog (TGL) <input type="checkbox"/> Vietnamese (VIE) <input type="checkbox"/> Other (write-in) _____					
<input type="checkbox"/> Applicant DOES speak, read and/or write English. If applicant does not speak, read or write English, the interpreter must sign and submit a "Statement of Accountability" (Appendix B).					
Primary Care Dentist (PCD) (DHMO only)			Dental group ID/PCD ID (DHMO only)		Current patient <input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage(s) selected <input type="checkbox"/> Dental* <input type="checkbox"/> Vision* *Primary applicant must be included for Spouse/Domestic Partner and/or dependent coverage eligibility					

Spouse or Domestic partner

Last Name (Legal Name)		First Name (Legal Name)		M.I.	Social Security Number
Relationship to applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth (mm/dd/yyyy)		
Primary Care Dentist (PCD) (DHMO only)			PCD ID (DHMO only)		Current patient <input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage(s) selected <input type="checkbox"/> Dental* <input type="checkbox"/> Vision* *Primary applicant must be included for Spouse/Domestic Partner and/or dependent coverage eligibility					

Child dependent		Children must be under age 26.	
Children over the age of twenty-six 26 may be eligible for coverage as a dependent if they are incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness, or condition, and chiefly dependent upon the policyholder or subscriber for support and maintenance. To qualify as an overage dependent, the Dependent's disability must start before the end of the period he or she would become ineligible for coverage.			
Last name (legal name)		First name (legal name)	
Relationship to applicant <input type="checkbox"/> Child <input type="checkbox"/> Other _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F	M.I. Social Security Number
Primary Care Dentist (PCD) (DHMO only)		PCD ID (DHMO only)	Current patient <input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage(s) Selected <input type="checkbox"/> Dental* <input type="checkbox"/> Vision* *Primary applicant must be included for Spouse/Domestic Partner and/or dependent coverage eligibility			
Child dependent			
Last name (legal name)		First name (legal name)	
Relationship to applicant <input type="checkbox"/> Child <input type="checkbox"/> Other _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F	M.I. Social Security Number
Primary Care Dentist (PCD) (DHMO only)		PCD ID (DHMO only)	Current patient <input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage(s) Selected <input type="checkbox"/> Dental* <input type="checkbox"/> Vision* *Primary applicant must be included for Spouse/Domestic Partner and/or dependent coverage eligibility			
Child dependent		<input type="checkbox"/> Check here if you have more dependents. Print an extra copy of this page and attach to your application.	
Last name (legal name)		First name (legal name)	
Relationship to applicant <input type="checkbox"/> Child <input type="checkbox"/> Other _____		Sex <input type="checkbox"/> M <input type="checkbox"/> F	M.I. Social Security Number
Primary Care Dentist (PCD) (DHMO only)		PCD ID (DHMO only)	Current patient <input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage(s) Selected <input type="checkbox"/> Dental* <input type="checkbox"/> Vision* *Primary applicant must be included for Spouse/Domestic Partner and/or dependent coverage eligibility			
Eligibility		The answers to these questions are needed to determine your eligibility.	
Are any applicants currently incarcerated (with more than 60 days left to serve before release) as a result of a conviction? (not just pending disposition of charges) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, who?			
Do you have a child age 26 or over who is incapable of self-sustaining employment by reason of a physically or mentally disabling injury, illness or condition for whom coverage is being requested under this contract? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, you must submit a separate disabled dependent form to determine eligibility. <input type="checkbox"/> Check this box and we'll send you the form.			

Step 2: What coverage would you like?

Dental Plans

Dental HMO applicants must reside in one of these counties to enroll: Alameda County, Contra Costa, El Dorado except for Placerville and Lake Tahoe, Fresno, Kern except for Delano, Mojave, Taft, Tehachapi, Kings except for Hanford, Los Angeles, Marin, Monterey except for Salinas, Orange, Placer except for Lake Tahoe, Riverside except for Banning/Beaumont, Blythe, Sacramento, San Bernardino except for Twenty-Nine Pines and Vicinity, and Yucca Valley, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Santa Cruz except for the city of Santa Cruz, Solano, Sonoma, Tulare except for Visalia, Ventura except for Santa Paula/Fillmore

Dental coverage for children under age 19 is already included in all our medical plans (Also known as Pediatric Essential Health Benefits). Choose a dental plan if you'd like to buy coverage that goes beyond these Pediatric Essential Health Benefits.

Dental plan options

Dental PPO

- ☐ Prime Plan A (1RBD)*
- ☐ Prime Plan B (1RBE)*
- ☐ Prime Plan C (1RBF)*

Dental PPO

- ☐ Dental Blue Basic (1JZ5)*
- ☐ Dental Blue Enhanced (1JZ6)*

Dental HMO (DHMO)

- ☐ Dental Net 3000D (3T9D)**

* These products are issued by Anthem Blue Cross Life and Health Insurance Company and are regulated by the California Department of Insurance.

** These products are issued by Anthem Blue Cross and are regulated by the California Department of Managed Health Care.

Prior & other dental coverage

It's important we know

Name of person covered (Last, First, M.I.)	Coverage (check all that apply)	Insurer name	Insurer phone no.	Policy ID no.	Dates (if applicable) (mm/dd/yyyy)
	<input type="checkbox"/> Dental <input type="checkbox"/> Orthodontia				Start: End:
	<input type="checkbox"/> Dental <input type="checkbox"/> Orthodontia				Start: End:
	<input type="checkbox"/> Dental <input type="checkbox"/> Orthodontia				Start: End:
	<input type="checkbox"/> Dental <input type="checkbox"/> Orthodontia				Start: End:
	<input type="checkbox"/> Dental <input type="checkbox"/> Orthodontia				Start: End:

Vision Plan

Vision coverage for children under age 19 is already included in all our medical plans (Also known as Pediatric Essential Health Benefits). Choose a vision plan if you'd like to buy coverage that goes beyond these Pediatric Essential Health Benefits.

Vision plan options

- ☐ Blue View Vision Bundled (1RYD)
- ☐ Blue View Vision Enhanced (2SU6)
- ☐ Blue View Vision Plus (1SU7)
- ☐ Blue View Vision Value (2SU8)

Step 3: Please read and sign

Important legal information

All Applicants

I, the undersigned, understand that under the (Anthem) plan/policy in which I am enrolling, I will have considerably higher personal financial costs if I use an out-of-network hospital or physician than if I use a network hospital or physician. Contact customer service at 1 (855) 383-7247 with any questions about the use of network providers and the financial impact of using out-of-network providers.

HIV Testing PROHIBITED:

California law prohibits an HIV test from being required or used by health insurance companies as a condition of obtaining health insurance.

I understand that:

- I must send my first (initial) premium with this application, but it does not mean coverage has been approved. I'm applying for the coverage I chose on this form. To the extent permitted by law, Anthem has the right to accept or decline this application, and that there are no guarantees of any kind just because I filled out this form. If my application is denied, my bank account or credit card will not be charged, and if I paid with a money order, it will be returned to me.
- I'm responsible to let Anthem know, in a timely manner, of any change that would make me or any dependent ineligible for coverage.
- Anthem may change check payments to electronic Automated Clearinghouse (ACH) debit transactions. If this happens, my original check will be destroyed. This charge will appear on my bank statement but my check won't be given to my financial institution or sent back to me. This charge will not enroll me in any Anthem automatic debit process and will only occur each time I send a check to Anthem. Any resubmissions due to insufficient funds may also occur electronically. All checking transactions will remain secure, and my payment by check means I agree to these terms.
- I agree and consent to the recording and/or monitoring of any telephone conversation between Anthem and myself.
- I'm applying for individual dental and/or vision coverage which is not part of any employer sponsored plan and I'm responsible for all of the premium payments and making sure that all premiums are paid.
- I certify that each Social Security Number listed on this application is correct.
- My Domestic Partner, if applicable, is eligible for coverage only if he or she has established a domestic partnership with me pursuant to California law.
- I acknowledge that I have read the Important Legal Information section, and I agree to the coverage conditions. I state that the answers given to all questions on this application are true and accurate to the best of my knowledge and belief, and I understand they are being relied on by Anthem in accepting this application. Any act or practice that constitutes fraud or intentional misrepresentation of material fact found in this application may result in denial of benefits, rescission or cancellation of my coverage(s).

I give this authorization for and on behalf of any eligible dependents and myself if covered by Anthem. I am acting as their agent and representative. This application cannot be altered by the applicant after submission to Anthem absent the acknowledgement and consent of Anthem.

REQUIREMENT FOR BINDING ARBITRATION

YOU AND ANTHEM BLUE CROSS AGREE TO BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY AND/OR ANY OTHER ISSUES RELATED TO THE PLAN /POLICY AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT AND THE DISPUTE CAN BE SUBMITTED TO BINDING ARBITRATION UNDER APPLICABLE FEDERAL AND STATE LAW, INCLUDING BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. IT IS UNDERSTOOD THAT ANY DISPUTE INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICES UNDER THE PLAN/POLICY AND/OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY, INCLUDING ANY DISPUTE AS TO MEDICAL MALPRACTICE, THAT IS AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THIS CONTRACT WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENTLY OR INCOMPETENTLY RENDERED, WILL BE DETERMINED BY SUBMISSION TO ARBITRATION AS PERMITTED AND PROVIDED BY FEDERAL AND CALIFORNIA LAW, INCLUDING BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT AND NOT BY A LAWSUIT OR RESORT TO COURT PROCESS EXCEPT AS CALIFORNIA LAW PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. BOTH PARTIES TO THIS CONTRACT, BY ENTERING INTO IT, ARE GIVING UP THEIR CONSTITUTIONAL RIGHT TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY, AND INSTEAD ARE ACCEPTING THE USE OF ARBITRATION. YOU, ANTHEM BLUE CROSS AGREE THAT EACH MAY BRING CLAIMS AGAINST THE OTHER ONLY IN YOUR OR ITS INDIVIDUAL CAPACITY, AND NOT AS A PLAINTIFF OR CLASS MEMBER IN ANY PURPORTED CLASS OR REPRESENTATIVE PROCEEDING. THIS MEANS THAT YOU AND ANTHEM BLUE CROSS ARE WAIVING THE RIGHT TO A JURY TRIAL AND/OR TO PARTICIPATE IN A CLASS ACTION FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY.

By signing this application, I certify that the premium for my coverage will not be paid by a provider of health care services, hospital, non-profit organizations (including religious organizations) that have or whose primary donors have a financial interest in the benefits of the contract/evidence of coverage/policy, commercial entity with a direct or indirect financial interest in the benefits of the contract/evidence of coverage/policy or an employer that offers coverage under an employer health plan. I understand that if a third party is paying my premium, Anthem may decline to accept such premium payment if it is made by a person or entity from which it is not required by law to accept.

Please sign below

	Primary Applicant (or legal representative)	Date
	Spouse / Domestic Partner (or legal representative)	Date
	Dependent Child (age 18 or over)	Date
	Dependent Child (age 18 or over)	Date
	Dependent Child (age 18 or over)	Date

Applies only to Dental Net DHMO plans: I agree to receive my plan-related communications for myself and any dependents, either by email or electronically. This may include my certificate of coverage, explanation of benefits statements, required notices or helpful information to get the most out of my plan. I agree to provide and update Anthem with my current email address. I know that at any time I can change my mind and request a copy of these materials (or any specific materials) by mail, by contacting Anthem. I (or my enrolled dependents) will update our communication preferences by going to anthem.com/ca or calling Customer Service at 1 (855) 383-7247.
For Dental PPO, Vision, Life and Disability plans Anthem will deliver plan materials and related items by mail.

Did an agent help you? ☐ Yes ☐ No If yes, make sure they fill out this section.

Agent (or broker) Certification

All fields required.

I certify to the best of my knowledge, the responses herein are accurate.

- ☐ I have not had any interactions whatsoever with this applicant either by phone, e-mail or in person and did not provide any information, advise or assist the applicant in any manner in providing answers or responses to any questions in the application.
- ☐ I assisted the applicant in submitting this application. To the best of my knowledge, the information on this application is complete and accurate. I explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information and the applicant understood the explanation.

NOTICE: If you state any material fact that you know to be false, you are subject to a civil penalty of up to ten thousand dollars (\$10,000), as authorized under California Health and Safety Code Section 1389.8(c)/Insurance Code Section 10119.3

Agent/Broker signature

Date

Agent name (please print clearly)

(A) Writing Agent TIN/SSN (encrypted TIN is ok)

***(B) Writing Agent/Agency TIN** (encrypted TIN is ok)

Agent address

City

State

ZIP

Agent phone no.

Agent fax no.

Agent email

*Field (A) - If you are a Direct Agent, provide your Writing Agent TIN/SSN. Field (B) - If this policy is sold through an Agency without a Writing Agent, enter the selling Agency TIN in Field (A) and Field (B); If you are a Writing Agent and this policy is sold through an Agency, enter the Writing Agent TIN/SSN in Field (A) and the selling Agency TIN in Field (B).

Here's what's next.

- 1) Can you check a few items? When incorrect, they're the most frequent reasons for delays in enrollment.
 - Your name and address information should be clear and readable
 - You've included your first month's premium payment
 - Everyone 18 and older signed this formPlease make sure you submit all pages of the application
 - If enrolling due to a qualifying event, you've completed Appendix A: Special Enrollment
- 2) All good? Send this to us by mail to Anthem dental, PO Box 1193, Minneapolis, MN 55440-1193 or by fax to 1 (877) 604-2137.
- 3) We'll be in touch in the next few weeks. If you have questions before then, call us at 1 (877) 567-1804.

Thank you!

Appendix A: Special Enrollment

If you're an existing member and wish to change coverage or add or remove a dependent(s), please fill out this section along with your application.

Qualifying event date	
Date of qualifying event	For Loss of Coverage, this is the last date of existing or prior coverage. For all other events, please enter the date based on the qualifying event.

You must apply for coverage within 60 days after your qualifying event for the following events.

Qualifying events	Coverage effective date
<input type="checkbox"/> 1. Marriage or Domestic Partnership Got married or in a domestic partnership that becomes eligible for coverage (see step 3 for description of eligibility)	First day of the month after we receive your complete application
<input type="checkbox"/> 2. Birth or Adoption Had a baby, adoption of a child or placement of a child with you for adoption	Select an effective date: <input type="checkbox"/> Same as the event date <input type="checkbox"/> First day of the month after we receive your complete application <input type="checkbox"/> Based on when we receive your complete application* <input type="checkbox"/> First day of month after the event date
<input type="checkbox"/> 3. Court Order or Guardianship Required by a court order to provide an eligible child(ren) coverage, including a child support order, filed an application for appointment of guardianship of a child or appointment of guardianship of a child	Select an effective date: <input type="checkbox"/> Same as the event date <input type="checkbox"/> Based on when we receive your complete application*
<input type="checkbox"/> 4. Death Death of a family member enrolled under current coverage	Select an effective date: <input type="checkbox"/> First day of the month after we receive your complete application <input type="checkbox"/> Based on when we receive your complete application*
<input type="checkbox"/> 5. Returning from active duty Member of the Reserve Forces of the U.S. military returning from active duty or member of the California National Guard returning from active duty under Title 32 of the U.S. Code	Based on when we receive your complete application*

You must apply for coverage within 60 days before or after your qualifying event for the following events.

Qualifying events	Coverage effective date
6. Loss of coverage: <input type="checkbox"/> Lost or will lose Minimum Essential Coverage: Involuntary loss of coverage (loss of minimum essential coverage includes loss of eligibility of coverage as a result of legal separation, divorce, cessation of dependent status (such as attaining the maximum age to be eligible as a dependent child under the plan), death of an employee, termination of employment, reduction in the number of hours of employment. Loss of eligibility does not include a loss due to the failure of the employee or dependent to pay premiums on a timely basis or termination of coverage for cause (such as making a fraudulent claim or an intentional misrepresentation of a material fact in connection with the plan) <input type="checkbox"/> Moved to a new service area. Minimum Essential Coverage must have been in effect for one or more days of the 60 days prior to the move	First day of the month after we receive your complete application

<input type="checkbox"/> 7. Permanent Move Moved to U.S. from a foreign country or a U.S. territory <input type="checkbox"/> 8. Non-calendar renewal Current policy does not renew on a calendar year basis (renews on a date other than January 1) <input type="checkbox"/> 9. Jail or prison Released from jail or prison (incarceration)	Based on when we receive your complete application*
---	---

* If the coverage date is based on when we receive your complete application, then if we receive it:

- Between the 1st and 15th day of the month, coverage is effective the 1st day of the following month.
- Between the 16th and the last day of the month, coverage is effective the 1st day of the second following month.

Almost there! We need a bit more info.

We need supporting documentation for your qualifying event, such as a letter or official form from the source (employer, state or federal agency, for example) confirming the qualifying event occurred, the date the event happened, and the names of all applicants affected. If you're applying because you've lost your coverage, we need to know the reason why coverage was lost, and it must be included in the supporting documentation. In all instances, we might need additional documentation to confirm eligibility.

Give us or your agent a call if you have any questions.

Appendix B: Statement of Accountability

Statement of Accountability

Fill out when applicant cannot complete application.

Note: Interpreter must be 18 years or older to translate the application on behalf of the applicant.

I, _____, personally read and completed this Individual Application for the applicant named below because:

- ☐ Applicant does not read English
- ☐ Applicant does not speak English
- ☐ Applicant does not write English
- ☐ Applicant is Limited English Proficient
- ☐ Other (explain) _____

I interpreted the contents of this form and to the best of my knowledge obtained and listed all the requested personal and medical history disclosed by the

☐ Applicant or by: _____

Language interpreted

☐ Spanish ☐ Chinese ☐ Korean ☐ Tagalog ☐ Vietnamese ☐ Other _____

I also interpreted and fully explained the "Important legal information" and the "Payment Method".

Signature of interpreter (required)

Date (mm/dd/yyyy)(required)

I confirm that the application was interpreted on my behalf

Signature of applicant (required)

Date (mm/dd/yyyy)(required)

Peace of mind made easy

**Anthem individual term life insurance —
affordable and no exam needed**



Life insurance is an important decision, but it doesn't have to be a complicated one.

You want your loved ones to be taken care of — even if you're not here to provide for them. That's why it's important to have life insurance to help your family with expenses when the unexpected happens. Anthem individual term life insurance plans can give your family peace of mind for their future. While you may not want to think about it, there's actually no better time than now to protect your family.

To make things even better, we've made it simpler to get coverage:

- There's no medical exam required.
- If you also have a health plan with us, you'll only get one bill for health and life coverage.
- Life insurance is available with Anthem's health coverage or without — it's your choice.

Our individual term life plans include two coverage options: \$25,000 and \$50,000.

You can choose the coverage amount that fits your needs. Individuals between the ages of 18 and 64 are eligible to apply.

Take a look at how much each plan would cost you:

Anthem individual term life monthly rates

Age	\$25,000	\$50,000
18	\$2.50	\$5.00
19-29	\$4.65	\$9.30
30-39	\$5.40	\$10.80
40-49	\$12.50	\$25.00
50-59	\$34.80	\$69.60
60-64	\$49.00	\$98.00

Want to know more?

Go to [anthem.com](https://www.anthem.com) for more information or to apply for life insurance. Or call 1-877-212-1796 with any questions.



The initial rates for term life insurance are based on your age at the time the policy is issued and are subject to change in accordance with the published rate table. The policy is issued for a one-year term, renewable at the policyholder's option. Term life insurance is subject to the written provisions of the policy. The policy contains exclusions and limitations, including the exclusion for death due to suicide for the first two years the policy is in force. The policy will terminate at age 65.

Life and Disability products underwritten by Anthem Blue Cross Life and Health Insurance Company, an independent licensee of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

108076CAMENLBC VPOD 06/18

Your prescription drug benefits

Anthem plans help keep you healthy and lower your health care costs

Your medications — covered

All of our pharmacy plans have a drug list that includes hundreds of covered brand-name and generic drugs in every category and class, meeting or exceeding Affordable Care Act (ACA) requirements. Individual and family plans use the Select Drug List.

To view the Select Drug List and see if your drug is covered, go to [anthem.com/ca/pharmacyinformation](https://www.anthem.com/ca/pharmacyinformation) and choose the **Individual** Select Drug List.

Filling your prescriptions

It's simple. Choose the way that works best for you to get the medicines you need, when you need them.

Home delivery pharmacy – your medicine delivered right to your door

We offer home delivery to make it easier for you to get your medicine quickly and safely. People who use home delivery pharmacy are more likely to follow their drug treatment plan, resulting in increased medication adherence. That means fewer doctor visits and hospital stays — and lower health care costs for you.¹

Retail pharmacies in your network

Our **National Pharmacy Network** includes nearly 70,000 retail pharmacies — making it easy for you to get prescriptions filled near your home or work, or even when you travel.





Your pharmacy benefits — easy to manage at [anthem.com/ca](https://www.anthem.com/ca)

Manage all your prescription benefits in one place. It's easy. It's convenient. And you can do things like:

- Find out if your drug is covered. Go to [anthem.com/ca/pharmacyinformation](https://www.anthem.com/ca/pharmacyinformation) and choose the **Individual Select Drug List**.
- See if your preferred pharmacy is in the plan's network.
Visit [anthem.com/ca/pharmacyinformation/rxnetworks.html](https://www.anthem.com/ca/pharmacyinformation/rxnetworks.html) to see all of the pharmacies in our networks, including Level 1 pharmacies where you can save the most money.
- Learn more about your pharmacy benefits — including why some drugs need preapproval to be covered — by going to our frequently asked questions (FAQs) at [anthem.com/ca/faqs/california/pharmacy](https://www.anthem.com/ca/faqs/california/pharmacy).

On the go, too! Most of the same helpful tools are available on your cell phone or other mobile device with the Anthem Anywhere app. You can manage your drug benefits wherever you are, whenever you need to.

Medical + pharmacy — better and easier than ever

With our combined medical and pharmacy benefits, your doctor can see the whole picture of your health.

For you, this means:

- Better overall health.
- A smoother experience.
- Fewer hospital stays and lower medical costs.²
- Saving more on prescription drugs.²

1 Examination of the Link Between Medication Adherence and Use of Mail-Order Pharmacies in Chronic Disease States. Journal of Managed Care & Specialty Pharmacy, Nov. 2016.

2 Integrating pharmacy with medical benefits can help your bottom line. Smart Business Online (sbonline.com), Apr. 2015.

This document is only a brief summary of benefits and services. Our plans have exclusions, limitations and terms under which the <enter contract name> may be continued in force or discontinued. For more information, review the <enter contract name>, call your Anthem Sales representative or go to [anthem.com/ca](https://www.anthem.com/ca).