Anthem BlueCross

Individual and family health benefit plans for California

We make it easy. Find out how.

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

Plans certified by Covered California

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Health care may never be simple, but choosing the right plan can be.

When it comes to Individual health care coverage, it's not one-size-fits-all. With Anthem Blue Cross (Anthem), you get a wide range of options so you can compare plans and find the best coverage for your needs and budget. No one knows what you and your family need better than you. Just let us know and we're here to help when and where you need us.

To learn more about your options, review this information with your Anthem Authorized Agent.

Total health solution

We offer you a total health solution, so you can live healthier, feel better and save money doing it. With Anthem, you get:

- Easy-to-use tools to find a doctor, hospital, provider or pharmacy
- Preventive care, like checkups and flu shots at no additional cost
- 24/7 NurseLine
- Online support to manage your plan
- Reliable customer service

Network value

Access to the best doctors in your area is important. And we've created our network of doctors and hospitals with this in mind. Our goal is to work with doctors and hospitals who will offer the best care possible — at a lower cost. Our networks includes:

- Doctors and hospitals
- Lab, durable medical equipment and behavioral health providers
- Urgent and emergency providers

A friendly face in a changing world

Health care is changing but one thing is clear: we're here to provide health care benefits to people like you — now and in the future. Starting in 2014, all Americans must have health coverage or pay a tax penalty. In fact, you can't be turned down! You can purchase coverage direct from Anthem or through Covered California. In some cases, the government may even help pay for your coverage. Get the health care coverage you need from Anthem.

Get help today!

Call your Anthem Authorized Agent or visit us online where you can view and compare plan options.

How Health Care Coverage Works

Health care coverage can help protect you against the high costs of care. With most health care coverage, you pay a monthly fee called a premium, then you share some of the cost of covered care with the company that provides your coverage. With Anthem, you can choose the level of cost sharing that works best for your health care needs and budget.

Here's an example: *Meet John*

John's story is only an example of how health plans work. John is not a real person and the example below is for illustrative purposes only. Be sure to look at the benefits for each of our plan choices for specific information.

John's health plan has the following benefits:

- $35 copay for doctor visits
- $2,000 deductible
- 30% coinsurance
- $5,000 out-of-pocket limit

After injuring his knee in a soccer game, John calls his doctor. He chooses providers in our network, which saves him the most money. By choosing providers in our network, John gets lower negotiated rates (meaning, discounted prices). In the following examples, you'll see what John paid and why it's important to have health insurance.

Copay (Copayment)

On some plans you pay a fixed dollar amount for certain services when you get them. For example, when you see a doctor, you may be asked to pay a $35 copay.

Let's take a closer look at John's doctor's visit copay:

- *Doctor visit cost (without insurance):* $200
- *Anthem's negotiated rate:* $140
- *Anthem pays:* $105
- *What John paid:* $35 (his plan's copay for doctor office visit)

Deductible

You pay this amount for covered medical services each calendar year. Covered services that apply to the deductible may include lab work, X-rays, anesthesia and surgeon fees. (Covered preventive services start before the deductible is met.) Your deductible starts over each calendar year.

Please note:

For non-HSA plans, each family member has an individual deductible and out-of-pocket limit. The family deductible and out-of-pocket limit can be satisfied by two or more members. No one person can contribute more than his or her individual deductible or out-of-pocket limit. For HSA qualified plans, either one or more family members must meet the family deductible before any covered services that are subject to the deductible will be paid by the plan. The family out-of-pocket limit can be met by either one or more members. Once the limit is met, no additional coinsurance will be required for the family for the remainder of the calendar year.

Here's what happens next when John's doctor orders an approved MRI of the knee and recommends surgery:

MRI

- *MRI cost (without insurance):* $1,500
- *Anthem's negotiated rate:* $1,000
- *What John paid:* $1,000 (John's payment counts toward his plan's $2,000 deductible.)

Surgery

- *Hospital/surgery costs (without insurance):* $50,000
- *Anthem's negotiated rate:* $35,000
- *What John paid:* $1,000 (John's payment satisfies the remaining portion of the plan's $2,000 deductible.)

Coinsurance

Once you've met your deductible, Anthem starts paying a portion of claims. The health care bills that remain are shared between you and Anthem. Your coinsurance is the percent that you must pay for a covered service per calendar year. Having met his deductible, John's coinsurance begins.

Let's check in to see what John will be paying.

- *Remaining cost of surgery:* $34,000
- *Coinsurance: 30%* (30% of $34,000 = $10,200)
- *In order to determine what John would actually pay for coinsurance, we need to look at his out-of-pocket limit.*

Out-of-pocket limit

The most you pay during a policy period before your health insurance begins to pay at 100% (of the allowed amount). The amounts you pay for your deductible, coinsurance and copay are typically what make up your out-of-pocket limit. Once you meet your out-of-pocket limit, we pay 100% (of the allowed amount) of covered services for the rest of the calendar year.

John has met his out-of-pocket limit and the remaining surgery costs are paid.

- *Anthem pays:* $31,035
- *Out-of-pocket limit:* $5,000
  (John paid: $35 copay for doctor office visit + $2,000 deductible + $2,965 coinsurance)

Summary

John paid far less out-of-pocket because he had health care coverage. If John had used a provider outside of our network, depending on his plan, he might not have had coverage or would have had to pay much more.

- *Total for doctor visit, MRI and surgery (without health insurance):* $51,700
- *Total Anthem paid after discounts:* $31,140
- *Total John paid:* $5,000

Covering you A to Z

All of our plan options have one major goal in mind: Making sure you stay healthy and that you get access to the quality care you need when you need it. That's why, no matter which plan you choose, you're covered for preventive care to emergencies, and more!

What's covered?

- [1]Preventive and wellness services and help managing a chronic (ongoing) disease
- Outpatient (ambulatory) patient care
- Emergency services
- Inpatient care (care received when you stay overnight in a hospital)
- Laboratory services
- Prescription drugs
- Rehabilitative and habilitative services (habilitative services help a person learn, keep or improve skills they may not be developing normally after an illness or injury)
- Mental health and substance abuse services
- Maternity (pregnancy) and newborn care
- Pediatric services (health care for children)

Don't forget dental and vision coverage. Check out our Anthem dental and vision plans. Just call your Anthem Authorized Agent or go online to anthem.com/ca for details.

A closer look at prescription drug coverage

Prescription drug benefits help cover the cost of medications your doctor prescribes. We're here to help you better understand your prescription drug plan and the choices you have when it comes to selecting and paying for these medications.

To find out if your medication is covered, take a look at our drug list at anthem.com/ca > Customer Support > Forms Library > Anthem Select Drug List. Covered medications are assigned to certain tiers (or levels) based on cost, availability and similar alternatives. By selecting a Tier 1 medication, you may have a lower cost share. You can usually save money by selecting a generic version of a medication. Or even save time by having medicine sent right to your home. Always talk to your doctor first about which medication is right for you.

Please visit our Find a Doctor tool on anthem.com/ca to see if your pharmacy is in-network.

Access coverage for emergency and urgent care services — no matter where you are in the U.S. — with BlueCard®

When you're traveling for work or on vacation, going to the ER or urgent care is probably the last thing you want to happen. However, our plans cover emergency and urgent care in every state through the Blue Cross and Blue Shield Association's BlueCard® Program. This means you and your family have emergency and urgent care coverage from coast to coast.

Take care of yourself with no-cost preventive care

Anthem's preventive care coverage options give you access to any of our network doctors so you pay nothing out of pocket. Stay in control of your health care and your finances with $0 deductible, $0 copay and $0 added cost to you for covered preventive services received in-network.

[1]Preventive and wellness services consist of services recommended by the United States Preventive Services Task Force, including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.

Your plan options

We offer plans to fit your health care coverage needs — and your budget. To make it easy to compare and choose a plan, they are split into four different levels — Bronze, Silver, Gold and Platinum. Your costs and coverage increase with each level.

Bronze	With the Bronze plans, you pay less for your monthly premium but you pay more when you get care. You have broad benefits with deductibles, copays and coinsurance that may be higher than the other plans.
Silver	The Silver plans still have low monthly premiums but you pay less when you get care. However, the monthly premium is higher than the Bronze plan. An additional cost-sharing subsidy may be available to you on this plan level.
Gold	With the Gold plan, you have richer benefits and pay less when you get care. However, the monthly premium is higher than the Bronze and Silver plans.
Platinum	You enjoy the highest level of benefits and often pay less when you get care. However, you pay the highest monthly premiums with the Platinum plan.

Make your health care dollars work harder with a Health Savings Account

A Health Savings Account (HSA) is a savings account that you can open when you have a qualified high deductible health plan (HDHP). You set up the account through a bank and fund it with post-tax dollars. That money can be used to pay for your qualified health care expenses, including prescriptions. HSA-compatible health care plans work with or without this savings account, the choice is yours.

Plan choices that are HSA-compatible include HSA in the plan name. Check with your tax advisor to see if an HSA plan is right for you and check out the insert from our preferred banking partner.

What doctors can I see?

We offer two different types of health plans: **DirectAccess** and **Guided Access**.

With our **DirectAccess** plans, you have the freedom to see any in-network doctor you choose. It's also a good idea to have a primary care physician (PCP) for things like checkups and health issues that need ongoing care. However, you're not required to select a PCP.

With **Guided Access** plans, you must choose an in-network PCP who helps to coordinate your care. When you see other doctors, you may need to get a referral from your primary care physician.

What is an in-network provider?

When you need care, you will get the best value by visiting an **in-network** doctor, hospital or other health care provider. **In-network** (or participating) refers to doctors and hospitals and other health care providers that have agreed to accept lower negotiated rates (discounted prices) for their covered services. These agreed upon rates can help lower the cost of covered health care services, including your share of the costs. This is true when you are paying the whole cost for covered services (such as while you are meeting your deductible). And it's also true when we are sharing the cost (while you are meeting your out-of-pocket limit).

Out-of-network (or nonparticipating) refers to doctors, hospitals and other health care providers that are not contracted with Anthem to provide services at a negotiated rate. On some plans, you have the choice to visit an **out-of-network** doctor or hospital, but your share of the costs may be greater.

To find out if your current health care provider is in our network visit our Find a Doctor tool on anthem.com/ca.

What is a tiered network?

Most of our plans include a tiered network. In-network hospitals are split into two categories, Tier 1 and Tier 2. You'll pay a lower cost share for hospitals in Tier 1. You can find out what tier a hospital is in through our Find a Doctor tool at anthem.com/ca.

Easy-to-use online member tools

Anthem's website is an easy-to-use resource that allows you to manage your health care in a simple and convenient way. With our website, you can:

- Find a summary of what is and isn't covered by your plan with an easy-to-understand breakdown of your benefits summary.
- Get instant access to your recent claims and coverage details.
- Know your costs before having certain procedures with clear estimates using our out-of-pocket cost calculator.

Get help from nurses 24/7

Anthem's 24/7 NurseLine gives you access to trained registered nurses any time of the day or night for answers to your general health questions, to help you understand your symptoms and to help you determine the right care at the right time.

Find a Doctor

Want to make sure your doctor is in our network? Need to find a new doctor or specialist? No problem! Our online Find a Doctor Tool helps you find doctors, hospitals, pharmacies and other specialists in your area — and shows whether they are cost-saving network providers. Log on to anthem.com/ca anytime or download our mobile app right to your phone so you can search for doctors when you're on the go.

Zagat® Health Survey

It's similar to the restaurant survey. See what other patients have said about the doctors and hospitals you're thinking about using. Add your own doctor reviews, too!

Access cost and quality information with Estimate Your Cost

Save time and money by comparing the cost of common procedures at health care facilities in your area. You'll also get to compare quality and safety.

Save time and money with an urgent care center or retail health clinic

You can save money — and usually lots of time — by going to places other than the emergency room (ER) when you need care for something other than an emergency. If you need care — and you're certain it's not a real emergency — the Find a Doctor tool can help find care alternatives to the ER like urgent care centers, walk-in doctors' offices and retail health clinics.

Tips for picking a health plan

Choosing the right health care coverage is an important decision. Before you choose a plan, consider these tips. And remember, your Anthem Authorized Agent is here to answer any questions.

- **Make sure the plan will meet your health care coverage needs.** Think about how often you see doctors and specialists and what prescription medications you take.
- **If staying with your current doctors is important**, see if they're in our network by using our online Find a Doctor tool at anthem.com/ca. Seeing an in-network doctor can save you a lot of money on your health care.
- **Figure out your family's budget for coverage.** Some people would prefer to pay more in premium each month and less out of pocket each time for services like doctors' visits or lab work. Plans may offer different deductible, coinsurance and copay options so you can choose the level of cost sharing that best meets your health care coverage needs and budget.
- **Consider making contributions to a Health Savings Account (HSA).** Making post-tax contributions to an HSA can help make your money go further. Talk to your financial advisor about potential tax advantages.

Can I get help paying for health coverage?

You may be able to get a tax credit or subsidy. Here are some guidelines:

- If your income is up to 400% of the federal poverty level, you may be able to get a tax credit that can go toward any level exchange plan (Bronze, Silver, Gold or Platinum).
- If your income is up to 250% of the federal poverty level, an additional cost-sharing subsidy may be available to you. That means you may be able to get a plan with lower cost shares. Cost share subsidies are only available on Silver plans.

Do I have to buy health coverage from Covered California?

You don't have to. Covered California is just one way you can shop for health coverage. You can still get coverage directly from an insurance company. If you want to apply for a subsidy, you will have to buy coverage through Covered California.

Call your Anthem Authorized Agent or go to anthem.com to learn more about exchanges and subsidies.

When can I purchase a plan?

Plans can be purchased once a year through an open enrollment period. Open enrollment is from October 1 through March 31. If you want an effective date of January 1, you must make a selection by December 15, 2013. Check with your Anthem Authorized Agent for effective date options and guidelines around enrollment during other times of the year.

How do I enroll in an Anthem plan?

- If you are ready to enroll or would like more information about the health care plans offered by Anthem, call your Anthem Authorized Agent today!
- Visit our website at anthem.com/ca and apply online.

Anthem BlueCross

Get help today!

Call your Anthem Authorized Agent or visit us online where you can view and compare plan options.

Anthem Blue Cross is a Qualified Health Plan in Covered California.

We want you to be satisfied

After you enroll in a plan offered by Anthem you will receive a Contract or Certificate of Coverage that explains the exact terms and conditions of coverage, including the plan's exclusions and limitations. You will have 10 days to examine your plan's features. During that time, if you are not fully satisfied, you may cancel your policy and your premiums will be refunded, less any claims that were already paid.

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

- See the coverage brief document included with this brochure.
- Call your Anthem Authorized Agent.
- Go to anthem.com/ca.

For more information on how to access a Summary of Benefits and Coverage (SBC), please visit www.healthcare.gov and enter SBC in the search field.

The following plans are issued by Anthem Blue Cross: Anthem Bronze DirectAccess – cacf and cacg, Anthem Bronze DirectAccess with HSA – cach and caci, Anthem Silver DirectAccess, a Multi-State Plan, Anthem Silver Guided Access – cbmu, Anthem Gold DirectAccess, a Multi-State Plan, Anthem Gold Guided Access - ccau, Anthem Platinum DirectAccess – ceab and ceac and Anthem Platinum Guided Access – cead.

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.

ACS | BNY Mellon is an independent corporate entity that provides banking administration on behalf of Anthem Blue Cross.

Anthem BlueCross

Individual and family health benefit plans for California issued by Anthem Blue Cross

Benefit Snapshot

Bronze, Silver, Gold and Platinum plans certified by Covered California

Pathway X PPO Network serving Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Kern, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Plumas, Santa Barbara, San Benito, San Joaquin, San Luis Obispo, San Mateo, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura and Yuba Counties. Plans issued by Anthem Blue Cross.

Benefit Snapshot

Below is a listing of our plan choices, including a sample of commonly used benefits and how they are covered under each plan. Each plan name has a unique four-letter code at the end. When filling out an application, make sure the entire plan name on the application (including the four letters) matches the plan you want to apply for.

If you need more information about a certain benefit that is not listed here, please check with your Anthem Blue Cross (Anthem) Authorized Agent. You can also view and compare plans on anthem.com/ca.

Pathway X PPO Network serving Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Kern, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Plumas, Santa Barbara, San Benito, San Joaquin, San Luis Obispo, San Mateo, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura and Yuba Counties. Plans issued by Anthem Blue Cross.

Plan Name	Network Name	Calendar Year Deductible		Calendar Year Out-of-pocket Limit		Office Visit: Primary Care Doctor	Preventive Care	Retail Prescription Drug Coverage			
		Individual	Family	Individual	Family			Tier 1	Tier 2	Tier 3	Tier 4
Anthem Bronze DirectAccess with HSA - cach (Contract Code: ORWY)	Pathway X PPO	$4,500	$9,000	$6,350	$12,700	40% coinsurance after deductible	No additional cost to you	Medical deductible then 40% coinsurance	Medical deductible then 40% coinsurance	Medical deductible then 40% coinsurance	Medical deductible then 40% coinsurance
[1]Anthem Bronze DirectAccess - cacf (Contract Code: ORWU)	Pathway X PPO	$5,000	$10,000	$6,350	$12,700	First 3 visits: $60 copay, deductible waived 4+ visits: after deductible is met, $60 copay	No additional cost to you	Medical deductible then $19 copay	Medical deductible then $50 copay	Medical deductible then $75 copay	Medical deductible then 30% coinsurance
Anthem Silver DirectAccess, a Multi-State Plan (Contract Code: ORXJ)	Pathway X PPO	$2,000	$4,000	$6,350	$12,700	$45 copay, deductible waived	No additional cost to you	$19 copay (no deductible)	$50 copay ($250 deductible Tiers 2, 3 and 4 combined)	$75 copay ($250 deductible Tiers 2, 3 and 4 combined)	20% coinsurance ($250 deductible Tiers 2, 3 and 4 combined)
Anthem Gold DirectAccess, a Multi-State Plan (Contract Code: ORYD)	Pathway X PPO	$0	$0	$6,350	$12,700	$30 copay	No additional cost to you	$19 copay (no deductible)	$50 copay (no deductible)	$70 copay (no deductible)	20% coinsurance (no deductible)
Anthem Platinum DirectAccess - ceab (Contract Code: ORYK)	Pathway X PPO	$0	$0	$4,000	$8,000	$20 copay	No additional cost to you	$5 copay (no deductible)	$15 copay (no deductible)	$25 copay (no deductible)	10% coinsurance (no deductible)

Pathway X PPO: Some of the plans offered in your area are Preferred Provider Organization (PPO) plans. That means once you choose one of these plans, you will have access to a network of hospitals and providers who contract with Anthem to offer their services at pre-negotiated discounted rates. Benefits for in-network providers are based on a maximum allowed amount. In-network providers have agreed to accept the maximum allowed amount as payment in full. You may also seek treatment from providers who are not part of the PPO network. However, if you choose an out-of-network provider, your share of the cost may be a lot higher. You will also be responsible for any amount not paid by Anthem. With plans in this type of network, you will not need a referral from your primary care physician (PCP) to see a specialist.

[1]Deductible is waived for the first three office or urgent care visits including outpatient mental health and substance abuse visits.

These plans also include out-of-network benefits.

Network and out-of-network deductibles and network and out-of-network out-of-pocket maximums are separate and do not accumulate toward each other with the exception of medical emergency. In a medical emergency, cost shares apply toward the in-network deductible and the out-of-pocket maximum.

Multi-State Plans are overseen by the U.S. Office of Personnel Management (OPM) and are similar to the other Qualified Health Plan products offered on the exchanges. Generally, all of the same requirements that apply to other products also apply to these Multi-State Plan products. The name “Multi-State Plan” does NOT mean that consumers have health plan coverage for non-urgent care in multiple states.

Preventive care services consist of services recommended by the United States Preventive Services Task Force, including well-child care, immunizations, PSA screenings, Pap tests, mammograms and more.

You may be able to get more cost-savings subsidies on Silver plans. Check with your Anthem Authorized Agent for more information and to find out if you qualify for a tax credit or subsidy.

Get help today!

Call your Anthem Authorized Agent or visit us online where you can view and compare plan options.

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

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- Go to anthem.com/ca.

To access a Summary of Benefits and Coverage (SBC), please visit www.sbc.anthem.com > Select Member.

Anthem Blue Cross is a Qualified Health Plan in Covered California.

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California On Exchange Plan Name Guide

Anthem BlueCross

Plan Type	Metal Tier	Covered CA (On Exchange) Plan Name	Anthem Marketed Plan Name
EPO	Catastrophic	Anthem Minimum Coverage EPO	Anthem Catastrophic Direct Access
PPO	Catastrophic	Anthem Minimum Coverage PPO	Anthem Catastrophic Direct Access
EPO	Bronze	Anthem Bronze 60 EPO	Anthem Bronze DirectAccess — cacg
EPO	Bronze	Anthem Bronze 60 HSA EPO	Anthem Bronze DirectAccess w/HSA — caci
PPO	Bronze	Anthem Bronze 60 PPO	Anthem Bronze DirectAccess — cacf
PPO	Bronze	Anthem Bronze 60 HSA	Anthem Bronze DirectAccess w/HSA — cach
EPO	Silver	Anthem Silver 70 EPO, an MSP	Anthem Silver Direct Access, a Multi-State Plan
EPO	Silver	Anthem Silver 94 EPO, an MSP	Anthem Silver DirectAccess, a Multi-State Plan
EPO	Silver	Anthem Silver 87 EPO, an MSP	Anthem Silver DirectAccess, a Multi-State Plan
EPO	Silver	Anthem Silver 73 EPO, an MSP	Anthem Silver DirectAccess, a Multi-State Plan
HMO	Silver	Anthem Silver 70 HMO	Anthem Silver Guided Access — cbmu
HMO	Silver	Anthem Silver 94 HMO	Anthem Silver Guided Access — cbmx
HMO	Silver	Anthem Silver 87 HMO	Anthem Silver Guided Access — cbmw
HMO	Silver	Anthem Silver 73 HMO	Anthem Silver Guided Access — cbmv
PPO	Silver	Anthem Silver 70 PPO, an MSP	Anthem Silver DirectAccess, a Multi-State Plan
PPO	Silver	Anthem Silver 94 PPO, an MSP	Anthem Silver DirectAccess, a Multi-State Plan
PPO	Silver	Anthem Silver 87 PPO, an MSP	Anthem Silver DirectAccess, a Multi-State Plan
PPO	Silver	Anthem Silver 73 PPO, an MSP	Anthem Silver DirectAccess, a Multi-State Plan
EPO	Gold	Anthem Gold 80 EPO, an MSP	Anthem Gold DirectAccess, a Multi-State Plan
HMO	Gold	Anthem Gold 80 HMO	Anthem Gold Guided Access — ccau
PPO	Gold	Anthem Gold 80 PPO, an MSP	Anthem Gold DirectAccess, a Multi-State Plan
EPO	Platinum	Anthem Platinum 90 EPO	Anthem Platinum Direct Access — ceac
HMO	Platinum	Anthem Platinum 90 HMO	Anthem Platinum Guided Access — cead
PPO	Platinum	Anthem Platinum 90 PPO	Anthem Platinum Direct Access — ceab

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Your HSA: Convenience, savings and flexibility all rolled into one

Introducing BenefitWallet™:
A Xerox solution from BNY | Mellon

Setting up a Health Savings Account (HSA)

To realize your plan's full financial power, consider selecting a plan with an HSA account. The portability and tax savings of an HSA account can add up fast.

We've joined with The Bank of New York Mellon (BNY Mellon) to integrate its HSA Solution, BenefitWallet™, into a selection of our plans. Setting up your account with BNY Mellon is easy. Plus, 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 special checks and automatic fund transfers
- Competitive interest rates and investment opportunities for the funds in your account
- Mobile account access from iPhone®, iPad® and Android™ devices
- Health Topics encyclopedia of more than 1,500 ailments
- Medication Advisor for drugs and pharmacy identifier
- Treatment Cost Advisor for common medical conditions

Of course, if you'd rather use another financial institution for your account, that's fine, too.

You're only one checkmark away

Simply make the selection on your application form. We'll take care of setting up your account. We'll also take care of sending you a *Welcome Kit* to get you started. All you have to take care of is your health. Which is, after all, the most important thing.

A closer look

HSA Welcome Kit

If you make the selection on your application form, your HSA will automatically be set up — no set-up fee required, and you'll soon receive an HSA Welcome Kit. In it, you'll find all of the banking documentation and instructions for using your account. A separate application for your account is only required if you choose a financial institution other than BNY Mellon.

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 families. Once you're ready to invest, just call the ACS | BNY Mellon HSA Solution Contact Center at **866-686-4798,** Monday through Friday, from 8 a.m. to 8 p.m. ET, for a prospectus with more details.

Debit cards, checkbooks and online banking

Use your MasterCard® debit card, your HSA checkbook, or our new online banking option (provided by BNY Mellon) to pay your health care provider or pharmacy directly for eligible medical expenses — or to get cash from your account.

Deposits to your account

To contribute to your HSA, simply send a check and deposit slip to the address printed on your HSA checkbook. Or, you can set up an electronic funds transfer between your bank and BNY Mellon for regular account contributions.

Account activity statements

Each month, you'll receive a statement from BNY Mellon that shows all your account activity. For an additional fee of $1.25 per month, you can receive a paper statement. Please go to 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 a Disclosures and Fee Sheet will be in your HSA Welcome Kit. Please refer to those documents for the complete terms and conditions related to your account.

As good 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 Check writing	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.**

Coverage Brief for Covered California

Things you should know before you buy...

Anthem Bronze DirectAccess; Anthem Bronze DirectAccess with HSA; Anthem Silver DirectAccess, a Multi-State Plan; Anthem Silver Guided Access; Anthem Gold DirectAccess, a Multi-State Plan; Anthem Gold Guided Access; Anthem Platinum DirectAccess; Anthem Platinum Guided Access; Anthem Catastrophic DirectAccess issued by Anthem Blue Cross

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

Open Enrollment

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

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

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

Effective Dates for open enrollment period:

The earliest effective date for the annual open enrollment period is the first day of the following benefit period for a Qualified Individual who has made a QHP selection during the annual open enrollment period. A subscriber's actual effective date is determined by the date he or she submits a complete application to the Exchange.

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.

Guaranteed Renewable

Coverage under your Agreement is guaranteed renewable. You may renew your Agreement by payment of the renewal premium by the end of the grace period of the premium due date, provided the following requirements are satisfied:

1. Eligibility criteria as a Qualified Individual continues to be met;
2. There are no fraudulent or intentional misrepresentations of material fact on the application or under the terms of your Agreement,
3. Your Agreement has not been terminated by the Exchange.

Preferred Provider Organization

A Preferred Provider Organization (PPO) 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. An in-network provider may, after notice from us, be subject to a reduced maximum allowed amount in the event the in-network provider fails to make routine referrals to in-network providers, except as otherwise allowed (such as for medical emergency services). Out-of-network providers do not have an agreement with Anthem. Your personal financial costs when using out-of-network providers may be considerably higher than when you use in-network hospitals or in-network providers. Further, for certain 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. For assistance locating in-network providers, you may contact us at 1-800-333-0912 or access our website at anthem.com/ca. 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

Not all counties have this type of network available. Please refer to the end of this document for a list of counties where this network is available.

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Exclusive Provider Organization (Tiered)

An exclusive provider organization (EPO) plan is a type of managed care plan. The EPO network is made up of a select group of care providers. With the exception of an emergency situation, you may only get benefits from an in-network provider if your plan is part of this network. With these plans, you can see a specialist without a referral from your primary care physician.

Not all counties have this type of network available. Please refer to the end of this document for a list of counties where this network is available.

Health Maintenance Organization

Health Maintenance Organization (HMO) plans include contracted hospitals, clinics, doctors and other providers. With this type of plan, only HMO providers can provide you health care. If you select an HMO plan, you will also need to select a primary care physician (PCP). Or, you can have one assigned to you. The PCP will be your "gatekeeper," or person who evaluates your needs and access to health care. You will need a referral from your PCP to see a specialist. Only services received from an in-network provider are covered under this plan. In case of an emergency, coverage will be given even if you are outside of this network.

Not all counties have this type of network available. Please refer to the end of this document for a list of counties where this network is available.

How to Find a Provider in the Network

There are three ways you can find out if a provider or facility is in the network for this Plan. You can also find out where they are located and details about their license or training.

1. See your Plan's directory of in-network providers at anthem.com/ca, which lists the doctors, providers, and facilities that participate in this Plan's network.
2. Call customer service to ask for a list of doctors and providers that participate in this Plan's network, based on specialty and geographic area.
3. Check with your doctor or provider.

If you need help finding a doctor in our network, call the customer service number on the back of your Member Identification Card. TTY/TDD services also are available by dialing 711. A special operator will get in touch with us to help with your needs.

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:

- Artificial insemination, fertilization, infertility drugs or sterilization reversal
- Artificial and mechanical hearts
- Benefits covered by Medicare or a governmental program
- Breast reduction or augmentation
- Care provided by a member of your family
- Care received in an emergency room that is not emergency care, except as specified in your 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 recognizes for services)
- Chiropractic services
- Comfort and/or convenience items
- Cosmetic surgery and/or treatment that's primarily intended to improve your appearance
- Custodial care
- Dental, except as described in your Agreement
- Educational services
- Experimental or investigative treatment
- Health club memberships and fitness services
- Infertility testing and treatment
- Nutritional and dietary supplements
- Over-the-counter drugs, devices or products
- Pharmacy, except as described in your Agreement
- Private duty nursing
- Routine foot care
- Sclerotherapy (a medical procedure used to eliminate varicose veins and spider veins)
- Services we determine aren't medically necessary
- Vision, except as described in your Agreement
- Weight loss programs or treatment of obesity except as mandated
- Workers' compensation

Limitations

The specific limitations are spelled out in the terms of the particular plan, but some of the more common services limited by these plans are:

- Hearing aids - 1 pair per 36 months for members under age 18
- Home health care - 100 visits
- Skilled nursing facility - 100 days

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Summary of Networks by County

Pathway X PPO Network serving Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, Glenn, Humboldt, Imperial, Inyo, Kern, Lake, Lassen, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Plumas, Santa Barbara, San Benito, San Joaquin, San Luis Obispo, San Mateo, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Ventura and Yuba Counties.

Pathway X PPO and Pathway X HMO Networks serving El Dorado, Fresno, Kings, Madera, Placer, Riverside, Sacramento, San Bernardino, Santa Clara and Yolo Counties.

Pathway X Tiered Network serving San Francisco County.

Pathway X HMO and Pathway X Tiered Networks serving Los Angeles (North), Los Angeles (South), Orange and San Diego Counties.

Additional Plan Information

The following plans are issued by Anthem Blue Cross: Anthem Bronze DirectAccess – cacf and cacg, Anthem Bronze DirectAccess with HSA – cach and caci, Anthem Silver DirectAccess, a Multi-State Plan, Anthem Silver Guided Access – cbmu, Anthem Gold DirectAccess, a Multi-State Plan, Anthem Gold Guided Access - ccau, Anthem Platinum DirectAccess – ceab and ceac, Anthem Platinum Guided Access – cead and Anthem Catastrophic DirectAccess.

Selecting health coverage is an important decision. To assist you, we supply the following for the plans under consideration: Brochure, Benefit Snapshot, Coverage Brief and Enrollment Application. If you did not receive one or more of these materials, please contact your Anthem Authorized Agent to request them.

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

- Review this document.
- Call your Anthem Authorized Agent.
- Go to anthem.com/ca.

For more information on how to access a Summary of Benefits and Coverage (SBC), please visit www.healthcare.gov and enter SBC in the search field.

Anthem Blue Cross is a Qualified Health Plan in Covered California.