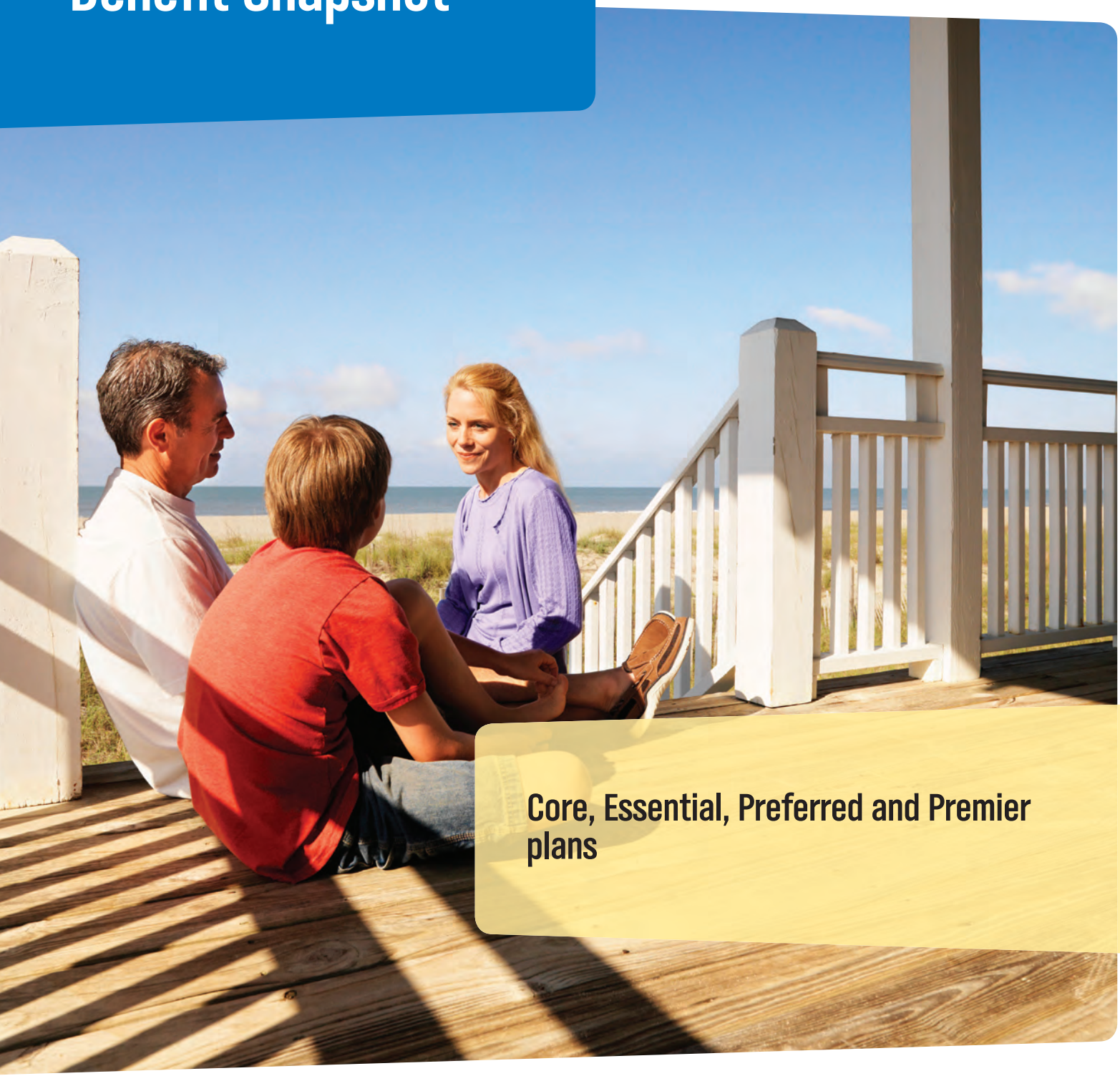
Anthem BlueCross

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

Benefit Snapshot



Core, Essential, Preferred and Premier plans

Pathway 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.

All product offerings are subject to regulatory review and approval.

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 Core DirectAccess with HSA - cach (Contract Code: ORWZ)	Pathway PPO	$4,500	$9,000	$6,350	$12,700	40% coinsurance	No additional cost to you	Deductible and 40% coinsurance applies	Deductible and 40% coinsurance applies	Deductible and 40% coinsurance applies	Deductible and 40% coinsurance applies
Anthem Core DirectAccess - cacf (Contract Code: ORWV)	Pathway PPO	$5,000	$10,000	$6,350	$12,700	$60 copay per visit for first 3 visits, then deductible, then copay applies	No additional cost to you	$19 copay	$50 copay	$75 copay	30% coinsurance
Anthem Core DirectAccess - cacj (Contract Code: ORWR)	Pathway PPO	$5,000	$10,000	$6,350	$12,700	25% coinsurance	No additional cost to you	Deductible and 25% coinsurance applies	Deductible and 25% coinsurance applies	Deductible and 25% coinsurance applies	Deductible and 25% coinsurance applies
Anthem Core DirectAccess - caae (Contract Code: ORX4)	Pathway PPO	$5,600	$11,200	$6,350	$12,700	$50 copay per visit for first 2 office visits, then deductible and 20% coinsurance applies	No additional cost to you	$19 copay	$50 copay	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies
Anthem Core DirectAccess with Child Dental - cdae (Contract Code: ORX6)	Pathway PPO	$5,600	$11,200	$6,350	$12,700	$50 copay per visit for first 2 office visits, then deductible and 20% coinsurance applies	No additional cost to you	$19 copay	$50 copay	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies
Anthem Core DirectAccess - cacs (Contract Code: ORX2)	Pathway PPO	$6,000	$12,000	$6,350	$12,700	$40 copay, unlimited	No additional cost to you	$19 copay	$50 copay	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies
Anthem Essential DirectAccess - cbns (Contract Code: ORY9)	Pathway PPO	$1,750	$3,500	$6,350	$12,700	$35 copay per visit for first 2 office visits, then deductible and 25% coinsurance applies	No additional cost to you	$19 copay	$40 copay	Deductible and 25% coinsurance applies	Deductible and 25% coinsurance applies
Anthem Essential DirectAccess - cbmq (Contract Code: ORXK)	Pathway PPO	$2,000	$4,000	$6,350	$12,700	$45 copay	No additional cost to you	$19 copay	$50 copay	$75 copay	20% coinsurance
Anthem Essential DirectAccess - cbnk (Contract Code: ORX9)	Pathway PPO	$2,000	$4,000	$6,350	$12,700	$35 copay per visit for first 3 office visits, then deductible and 25% coinsurance applies	No additional cost to you	Deductible and 25% coinsurance applies	Deductible and 25% coinsurance applies	Deductible and 25% coinsurance applies	Deductible and 25% coinsurance applies
Anthem Preferred DirectAccess - ccas (Contract Code: ORYE)	Pathway PPO	$0	$0	$6,350	$12,700	$30 copay	No additional cost to you	$19 copay	$50 copay	$70 copay	20% coinsurance
Anthem Premier DirectAccess - ceab (Contract Code: ORYL)	Pathway PPO	$0	$0	$4,000	$8,000	$20 copay	No additional cost to you	$5 copay	$15 copay	$25 copay	10% coinsurance

Pathway 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.

These plans also include out-of-network benefits.

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.

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:

- See the coverage details 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 health plans described within this document are not eligible for a premium tax credit subsidy.

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Coverage Details for California

Things you need to know before you buy....

Anthem Core DirectAccess, Anthem Core DirectAccess with Child Dental, Anthem Core DirectAccess with HSA, Anthem Essential DirectAccess, Anthem Essential Guided Access, Anthem Preferred DirectAccess, Anthem Preferred Guided Access, Anthem Premier DirectAccess, Anthem Premier 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

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 period. 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.

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:
   a. Individual who no longer resides, lives or works in the Plan's service area,
   b. A situation in which the Plan no longer offers any benefits to the class of similarly situated individuals that includes the individual,
   c. Termination of employer contributions, and
   d. 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.

Not an Annual Agreement

THIS IS NOT AN ANNUAL AGREEMENT. The Plan period is monthly and defines the period of your coverage but does not affect and is not affected by any provisions defining your deductible or other cost-sharing obligations which are calculated on a yearly basis. Your Agreement expires at the end of each monthly plan period but will automatically renew upon timely payment by the monthly premium due date of the premium for the next monthly plan period, unless we have exercised our right to terminate, cancel or non-renew as described in this Agreement. Premiums, benefits, terms, deductibles, Out-of-pocket limits and conditions may be modified effective at any renewal date following sixty (60) days written notice to you, and such changes may be implemented at any time during the next plan period following renewal. As a member, please read your Agreement, and in particular, all the sections under the parts "Right to Modify or Change the Agreement: and "Your Eligibility" carefully and in its entirety to make sure you fully understand the duration of your coverage and the conditions under which we can change, terminate, cancel or decline to renew your Agreement.

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Choice of Preferred In-network Facility, In-network Provider or Out-of-network Provider

You have the right to choose a preferred in-network facility, in-network provider or out-of-network provider as stated above. Choosing an out-of-network provider may impact your personal financial costs. Refer to the Summary of Benefits and the part "What is Covered – Medical" 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 do not provide 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 subscriber or select an in-network provider. Call your prospective doctor or clinic, or call Anthem at 1-855-383-7247 to ensure that you can obtain the health care services that you need.

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

To see a physician, call their office:

- Tell them you are an Anthem member,
- Have your Member Identification Card handy. The physician's office may ask you for your group or ID number.
- Tell them the reason for your visit.

When you go to the office, be sure to bring your Member Identification Card with you.

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 your Plan. You can also find out where they are located and details about their license or training.

- See our directory of in-network providers at anthem.com/ca, which lists the physicians, providers and facilities that participate in our network.
- Call customer service at **1-855-383-7247**, to ask for a list of physicians, providers and facilities that participate in our network, based on specialty and geographic area.
- Check with your physician or provider.

If you need help finding a doctor in our network, call the customer service number at **1-855-383-7247**, the 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.

Note: We have several provider networks, and a provider that is in-network for one Plan may not be in-network for another. Be sure to call customer service to find out which network your Plan will use.

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 negotiated fee rate (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

Summary of Networks by County

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

Pathway Tiered Network serving San Francisco County.

Pathway HMO and Pathway 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 Core DirectAccess - caae, caan, caao, cacf, cacg, cacj, cacl and cacs, Anthem Core DirectAccess with Child Dental - cdae and cdao, Anthem Core DirectAccess with HSA - cach and caci, Anthem Essential DirectAccess - cbmm, cbmq, cbng, cbnk, cbno and cbns, Anthem Essential Guided Access - cbmu, Anthem Preferred DirectAccess - ccas and ccat, Anthem Preferred Guided Access - ccau, Anthem Premier DirectAccess - ceab and ceac, Anthem Premier 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 Details and Enrollment Application. If you did not receive one or more of these materials, please contact your Anthem Authorized Agent to request them.

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