

California

Effective January 1, 2025



Medical

Benefit Guide

2025 Anthem Balanced Funding (ABF) plans

WE'RE HELPING SOLVE TODAY'S TOUGHEST HEALTHCARE CHALLENGES

By connecting individuals to the care, support, and resources they need to thrive, we're going beyond traditional health insurance to focus on a bigger whole-health picture.

We're here to support you with:



A transformative digital-first experience. Using innovative digital solutions, advanced analytics, and apps like SydneySM Health, we're simplifying and personalizing healthcare delivery.



Meaningful connections through whole-person care. Through medical, pharmacy, and specialty integration, we're leaning into whole-health programs like Wellbeing Solutions to improve outcomes and lower costs.



Collaborative expertise with our network advantage. By leveraging our partnerships, networks, and strong provider relationships, we're supporting access to high-quality, equitable care.

As your trusted partner, we're here to promote an effective healthcare strategy that reinforces innovation, integration, and collaboration.

Anthem Balanced Funding product details – groups of 20 to 100 employees

Anthem Balanced Funding plans (ABF) available to groups of 20 to 100 employees.

Plan name change for 2025:

- Plan name change to include “NE” in the Non-Embedded \$2000 Deductible HSA plan:
Anthem Balanced PPO 2000NE/20% w/HSA PrevRx

Pharmacy benefits:

- All plans use the Rx Choice Tiered Network with R90 which includes a choice of two levels – Level 1 (preferred) or Level 2 (non-preferred) – with access to more than 66,000 pharmacies across the country, including chains like CVS.
- All plans use the Essential Drug List.

Employee Assistance Program/Wellness:

- All of our plans include an Employee Assistance Program that offers a wide range of work and life support services. Take a look at our **EAP Service Summary flier** for more details about these benefits.

Our networks:

- Prudent Buyer PPO — our most comprehensive statewide PPO network

Administrative Premium Credit:

- Receive a credit when you add Anthem dental, vision, life and/or disability coverage to your Anthem Balanced Funding medical plan. See our **Discount flier** for more information.

The following benefit charts show in-network benefits. Our PPO plans include out-of-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit

<https://plan-summaries.anthem.com/sobdps/>.

Plans offered by Anthem Blue Cross.

Anthem Balanced Funding product details – groups of 20 to 100 employees

Anthem PPO plans

Available to groups of 20 to 100 employees.

Plan type	PPO		
Plan name	Anthem Balanced PPO 15/10% Ω	Anthem Balanced PPO 20/20% Ω	Anthem Balanced PPO 20/250/10% Ω
Network (contract code)	Prudent Buyer PPO (8G4P)	Prudent Buyer PPO (8G4X)	Prudent Buyer PPO (8G47)
In-network deductible (individual/family)	\$0/\$0	\$0/\$0	\$250/\$750
Out-of-network deductible (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
In-network coinsurance	10%	20%	10%
Out-of-network coinsurance	50%	50%	50%
In-network out-of-pocket maximum (individual/family)	\$3,600/\$7,200	\$4,500/\$9,000	\$4,000/\$8,000
Out-of-network out-of-pocket maximum (individual/family)	\$7,200/\$14,400	\$9,000/\$18,000	\$8,000/\$16,000
Office and virtual visits ¹ : Primary care (PCP)/Specialist (SPC)	PCP: \$15 SPC: \$35	PCP: \$20 SPC: \$50	PCP: \$20 SPC: \$40
Virtual primary care and urgent/acute care services: Virtual care-only provider ²	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$15	\$20	\$20
Emergency room (facility)	\$200, then 10% coinsurance	\$300, then 20% coinsurance	Deductible, then \$200 and 10% coinsurance
Independent facility: ambulatory outpatient surgery center	10% coinsurance	20% coinsurance	Deductible, then 10% coinsurance
Hospital outpatient surgery facility	\$150, then 10% coinsurance	\$200, then 20% coinsurance	Deductible, then \$200 and 10% coinsurance
Hospital inpatient admission	10% coinsurance	20% coinsurance	Deductible, then 10% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible ³ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	Level 1: \$5/\$15/\$45/30% up to \$250 per script Level 2: \$15/\$25/\$55/40% up to \$250 per script	Level 1: \$10/\$50/\$90/30% up to \$250 per script Level 2: \$20/\$60/\$100/40% up to \$250 per script	Level 1: \$5/\$35/\$70/30% up to \$250 per script Level 2: \$15/\$45/\$80/40% up to \$250 per script
Home delivery pharmacy ⁴ (tier 1/tier 2/tier 3/tier 4)	\$10/\$38/\$113/30% up to \$250 per script	\$20/\$125/\$225/30% up to \$250 per script	\$10/\$88/\$175/30% up to \$250 per script

Footnotes

Ω Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

Δ **Nonembedded** deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums. **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

1 Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC.

2 Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use disorder) services from the virtual care only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support and EAP counseling visits from our virtual care-only providers are included with all medical plans at no additional cost.

3 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

4 Home delivery program typically covers up to a 90-day supply for tier 1, tier 2 and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

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Anthem Balanced Funding product details – groups of 20 to 100 employees

Anthem PPO plans

Available to groups of 20 to 100 employees.

Plan type	PPO		
Plan name	Anthem Balanced PPO 20/250/30% Ω	Anthem Balanced PPO 30/500/0% Ω	Anthem Balanced PPO 30/500/20% Ω
Network (contract code)	Prudent Buyer PPO (8G44)	Prudent Buyer PPO (8G4B)	Prudent Buyer PPO (8G4V)
In-network deductible (individual/family)	\$250/\$750	\$500/\$1,500	\$500/\$1,500
Out-of-network deductible (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
In-network coinsurance	30%	0%	20%
Out-of-network coinsurance	50%	50%	50%
In-network out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$5,500/\$11,000	\$5,500/\$11,000
Out-of-network out-of-pocket maximum (individual/family)	\$10,000/\$20,000	\$11,000/\$22,000	\$11,000/\$22,000
Office and virtual visits ¹ : Primary care (PCP)/Specialist (SPC)	PCP: \$20 SPC: \$40	PCP: \$30 SPC: \$60	PCP: \$30 SPC: \$60
Virtual primary care and urgent/acute care services: Virtual care-only provider ²	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$20	\$30	\$30
Emergency room (facility)	Deductible, then \$300 and 30% coinsurance	Deductible, then \$350 and 0% coinsurance	Deductible, then \$350 and 20% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then \$200 and 30% coinsurance	Deductible, then \$200 and 0% coinsurance	Deductible, then \$200 and 20% coinsurance
Hospital inpatient admission	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible ³ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	Level 1: \$10/\$50/\$90/30% up to \$250 per script Level 2: \$20/\$60/\$100/40% up to \$250 per script	Level 1: \$5/\$15/\$45/30% up to \$250 per script Level 2: \$15/\$25/\$55/40% up to \$250 per script	Level 1: \$10/\$50/\$90/30% up to \$250 per script Level 2: \$20/\$60/\$100/40% up to \$250 per script
Home delivery pharmacy ⁴ (tier 1/tier 2/tier 3/tier 4)	\$20/\$125/\$225/30% up to \$250 per script	\$10/\$38/\$113/30% up to \$250 per script	\$20/\$125/\$225/30% up to \$250 per script

Footnotes

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Anthem Balanced Funding product details – groups of 20 to 100 employees

Anthem PPO plans

Available to groups of 20 to 100 employees.

Plan type	PPO		
Plan name	Anthem Balanced PPO 35/1000/0% Ω	Anthem Balanced PPO 35/1000/20% Ω	Anthem Balanced PPO 40/1500/0% Ω
Network (contract code)	Prudent Buyer PPO (8G4G)	Prudent Buyer PPO (8G4D)	Prudent Buyer PPO (8G48)
In-network deductible (individual/family)	\$1,000/\$3,000	\$1,000/\$3,000	\$1,500/\$3,000
Out-of-network deductible (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$3,000/\$6,000
In-network coinsurance	0%	20%	0%
Out-of-network coinsurance	50%	50%	50%
In-network out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$6,500/\$13,000	\$6,500/\$13,000
Out-of-network out-of-pocket maximum (individual/family)	\$13,000/\$26,000	\$13,000/\$26,000	\$13,000/\$26,000
Office and virtual visits ¹ : Primary care (PCP)/Specialist (SPC)	PCP: \$35 SPC: \$60	PCP: \$35 SPC: \$60	PCP: \$40 SPC: \$80
Virtual primary care and urgent/acute care services: Virtual care-only provider ²	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$35	\$35	\$40
Emergency room (facility)	Deductible, then \$350 and 0% coinsurance	Deductible, then \$350 and 20% coinsurance	Deductible, then \$350 and 0% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then \$200 and 0% coinsurance	Deductible, then \$200 and 20% coinsurance	Deductible, then \$200 and 0% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible ³ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	Level 1: \$5/\$15/\$45/30% up to \$250 per script Level 2: \$15/\$25/\$55/40% up to \$250 per script	Level 1: \$10/\$50/\$90/30% up to \$250 per script Level 2: \$20/\$60/\$100/40% up to \$250 per script	Level 1: \$5/\$15/\$45/30% up to \$250 per script Level 2: \$15/\$25/\$55/40% up to \$250 per script
Home delivery pharmacy ⁴ (tier 1/tier 2/tier 3/tier 4)	\$10/\$38/\$113/30% up to \$250 per script	\$20/\$125/\$225/30% up to \$250 per script	\$10/\$38/\$113/30% up to \$250 per script

Footnotes

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4 Home delivery program typically covers up to a 90-day supply for tier 1, tier 2 and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

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Anthem Balanced Funding product details – groups of 20 to 100 employees

Anthem PPO plans

Available to groups of 20 to 100 employees.

Plan type	PPO		
Plan name	Anthem Balanced PPO 40/1500/20% Ω	Anthem Balanced PPO 25/2500/20% Ω	Anthem Balanced PPO 25/3500/20% Ω
Network (contract code)	Prudent Buyer PPO (8G49)	Prudent Buyer PPO (8G4W)	Prudent Buyer PPO (8G45)
In-network deductible (individual/family)	\$1,500/\$3,000	\$2,500/\$5,000	\$3,500/\$7,000
Out-of-network deductible (individual/family)	\$3,000/\$6,000	\$5,000/\$10,000	\$7,000/\$14,000
In-network coinsurance	20%	20%	20%
Out-of-network coinsurance	50%	50%	50%
In-network out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$7,000/\$14,000	\$7,500/\$15,000
Out-of-network out-of-pocket maximum (individual/family)	\$13,000/\$26,000	\$14,000/\$28,000	\$15,000/\$30,000
Office and virtual visits ¹ : Primary care (PCP)/Specialist (SPC)	PCP: \$40 SPC: \$80	PCP: \$25 SPC: \$50	PCP: \$25 SPC: \$50
Virtual primary care and urgent/acute care services: Virtual care-only provider ²	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$40	\$25	\$25
Emergency room (facility)	Deductible, then \$350 and 20% coinsurance	Deductible, then \$350 and 20% coinsurance	Deductible, then \$350 and 20% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then \$200 and 20% coinsurance	Deductible, then \$200 and 20% coinsurance	Deductible, then \$200 and 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible ³ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	Level 1: \$10/\$50/\$90/30% up to \$250 per script Level 2: \$20/\$60/\$100/40% up to \$250 per script	Level 1: \$10/\$50/\$90/30% up to \$250 per script Level 2: \$20/\$60/\$100/40% up to \$250 per script	Level 1: \$10/\$50/\$90/30% up to \$250 per script Level 2: \$20/\$60/\$100/40% up to \$250 per script
Home delivery pharmacy ⁴ (tier 1/tier 2/tier 3/tier 4)	\$20/\$125/\$225/30% up to \$250 per script	\$20/\$125/\$225/30% up to \$250 per script	\$20/\$125/\$225/30% up to \$250 per script

Footnotes

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Anthem Balanced Funding product details – groups of 20 to 100 employees

Anthem PPO HSA plans

Available to groups of 20 to 100 employees.

Plan type	PPO HSA		
Plan name	Anthem Balanced PPO 2000NE/20% w/HSA PrevRx Δ,Ω	Anthem Balanced PPO 3300/0% w/HSA PrevRx Ω	Anthem Balanced PPO 4000/20% w/HSA PrevRx Ω
Network (contract code)	Prudent Buyer PPO (8G46)	Prudent Buyer PPO (8G4A)	Prudent Buyer PPO (8G4T)
In-network deductible (individual/family)	\$2,000/\$4,000	\$3,300/\$6,600	\$4,000/\$8,000
Out-of-network deductible (individual/family)	\$4,000/\$8,000	\$6,600/\$13,200	\$8,000/\$16,000
In-network coinsurance	20%	0%	20%
Out-of-network coinsurance	50%	50%	50%
In-network out-of-pocket maximum (individual/family)	\$4,000/\$8,000	\$4,500/\$9,000	\$5,200/\$10,400
Out-of-network out-of-pocket maximum (individual/family)	\$8,000/\$16,000	\$9,000/\$18,000	\$10,400/\$20,800
Office and virtual visits ¹ : Primary care (PCP)/Specialist (SPC)	Deductible, then 20% coinsurance	PCP: Deductible, then \$45 SPC: Deductible, then \$90	Deductible, then 20% coinsurance
Virtual primary care and urgent/acute care services: Virtual care-only provider ²	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Urgent care (office)	Deductible, then 20% coinsurance	Deductible, then \$45	Deductible, then 20% coinsurance
Emergency room (facility)	Deductible, then 20% coinsurance	Deductible, then \$750	Deductible, then 20% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then \$350	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then \$200 and 20% coinsurance	Deductible, then \$500	Deductible, then \$200 and 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then \$750 per admission	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible ³ (individual/family)	Tiers 1-4: Medical deductible applies ‡	Tiers 1-4: Medical deductible applies ‡	Tiers 1-4: Medical deductible applies ‡
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	Level 1: \$15/\$70/\$110/30% up to \$250 per script Level 2: \$20/\$80/\$120/40% up to \$250 per script	Level 1: \$15/\$70/\$110/30% up to \$250 per script Level 2: \$20/\$80/\$120/40% up to \$250 per script	Level 1: \$15/\$70/\$110/30% up to \$250 per script Level 2: \$20/\$80/\$120/40% up to \$250 per script
Home delivery pharmacy ⁴ (tier 1/tier 2/tier 3/tier 4)	\$30/\$175/\$275/30% up to \$250 per script	\$30/\$175/\$275/30% up to \$250 per script	\$30/\$175/\$275/30% up to \$250 per script

Footnotes

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Anthem PPO HSA plans

Available to groups of 20 to 100 employees.

Plan type	PPO HSA
Plan name	Anthem Balanced PPO 5000/20% w/HSA PrevRx Ω
Network (contract code)	Prudent Buyer PPO (8G4H)
In-network deductible (individual/family)	\$5,000/\$10,000
Out-of-network deductible (individual/family)	\$10,000/\$20,000
In-network coinsurance	20%
Out-of-network coinsurance	50%
In-network out-of-pocket maximum (individual/family)	\$6,500/\$13,000
Out-of-network out-of-pocket maximum (individual/family)	\$13,000/\$26,000
Office and virtual visits ¹ : Primary care (PCP)/Specialist (SPC)	Deductible, then 20% coinsurance
Virtual primary care and urgent/acute care services: Virtual care-only provider ²	Deductible, then covered in full
Urgent care (office)	Deductible, then 20% coinsurance
Emergency room (facility)	Deductible, then 20% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then \$200 and 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible ³ (individual/family)	Tiers 1-4: Medical deductible applies ‡
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	Level 1: \$15/\$70/\$110/30% up to \$250 per script Level 2: \$20/\$80/\$120/40% up to \$250 per script
Home delivery pharmacy ⁴ (tier 1/tier 2/tier 3/tier 4)	\$30/\$175/\$275/30% up to \$250 per script

Footnotes

Ω Site of Service plan with reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

Δ **Nonembedded** deductible and out-of-pocket maximum plan; all other plans have embedded deductibles and out-of-pocket maximums. **Nonembedded** deductible and out-of-pocket maximum: All family members share a deductible and out-of-pocket (OOP) maximum, regardless of the number of family members. The entire deductible must be met before any one family member receives benefits. The family satisfies the OOP maximum when the entire OOP amount is met. **Embedded** deductible and out-of-pocket maximum: Each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

¹ Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC.

² Cost share may apply to virtual visits for urgent/acute medical and behavioral health (mental health/substance use disorder) services from the virtual care only providers available through Sydney Health and our website. In addition, virtual visits for Building Healthy Families Breastfeeding Support and EAP counseling visits from our virtual care-only providers are included with all medical plans at no additional cost.

³ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

⁴ Home delivery program typically covers up to a 90-day supply for tier 1, tier 2 and tier 3 drugs and up to a 30-day supply for tier 4 drugs.

This is intended to be a brief overview of plans/benefits and is not intended to be a legal contract. The entire provisions of benefits, limitations and exclusions can be found in the Combined Evidence of Coverage/Certificate. In the event of a conflict between the Combined Evidence of Coverage/Certificate and this overview, the terms of the Combined Evidence of Coverage/Certificate will prevail.

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