

# 2020-2021 Benefit to Benefit Comparison



## Effective on your group's renewal on or after January 1, 2021

Below is an overview of changes and updates made to your medical plan which will take effect with your plan's renewal. **For a complete listing of all your benefits, limitations and exclusions, please review the complete Evidence of Coverage (EOC).** Amounts listed below are the member's responsibility to pay after any applicable deductible (unless otherwise specified).

### Amended Plans

		Current 2020 plan	New 2021 plan*
<b>PLAN NAME:</b>		Anthem Platinum Select PPO 15/10%	Anthem Platinum Select PPO 15/10%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<i>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</i>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<i>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</i>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<i>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</i>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>HEALTH SERVICES</b>			
Telehealth/Telemedicine visit with a Specialist	PPO:	\$15	<b>\$30</b>
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Emergency Room	EMERG:	\$150	<b>\$200</b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<i>Standard Network - Similar local and national network but now excludes Walgreens pharmacies from being 'in-network'. If you obtain your prescriptions from Walgreens, they will no longer be a covered benefit under your plan. Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for alternative network pharmacies.</i>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$5/\$15/\$25/10% up to \$250 per script	<b>\$10/\$25/\$40/10% up to \$250 per script</b>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<i>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</i>  <i>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</i>

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Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$13/\$38/\$63/10% up to \$250 per script	<b>\$25/\$63/\$100/10% up to \$250 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S):</b>		Anthem Platinum PPO 20/10% Anthem Platinum Select PPO 20/10%	Anthem Platinum PPO 20/10% Anthem Platinum Select PPO 20/10%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$3,600	<b>\$4,000</b>
	OON:	\$7,200	<b>\$8,000</b>
Family	PPO:	\$7,200	<b>\$8,000</b>
	OON:	\$14,400	<b>\$16,000</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	\$20	<b>Anthem pays 100%</b>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	PPO:	\$20 per day, per provider	<b>\$10 per day, per provider</b>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	PPO:	\$40 per day, per provider	<b>\$10 per day, per provider</b>
Telehealth/Telemedicine visit with a Specialist	PPO:	\$20	<b>\$40</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Emergency Room	EMERG:	\$150, then 10%	<b>\$200, then 10%</b>

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Outpatient Hospital Facility: Surgery admission	PPO:	10%	<b>\$150, then 10%</b>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit - 10%	<b>10% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
ASC: Physician Services	PPO:	Covered under Outpatient Hospital benefit - 10%	<b>10% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
Freestanding Radiology Center: Diagnostic xray	PPO:	Covered under Outpatient Hospital benefit - 10%	<b>10% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	\$100 and 10% (under Outpatient Hospital)	<b>10% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <ul style="list-style-type: none"> <li>▶ <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></li> <li>▶ <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></li> <li>▶ <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate.</b></li> </ul> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$10/\$35/\$70/30% up to \$250 per script	<p>Level 1: \$10/\$35/\$70/30% up to \$250 per script</p> <p><b>Level 2: \$20/\$50/\$85/40% up to \$250 per script</b></p>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$25/\$105/\$210/30% up to \$250 per script	\$25/\$105/\$210/30% up to \$250 per script
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
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<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	\$15 per day, per provider	<i>Anthem pays 100%, deductible waived</i>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	PPO:	\$15 per day, per provider	<i>\$10 per day, per provider</i>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	PPO:	\$30 per day, per provider	<i>\$10 per day, per provider</i>
Telehealth/Telemedicine visit with a Specialist	PPO:	\$15	<i>\$30</i>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 10%	<i>Deductible then \$150 and 10%</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 10%	<i>Deductible, then 10% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 10%	<i>Deductible, then 10% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 10%	<i>Deductible, then 10% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 10% (under Outpatient Hospital)	<i>Deductible, then 10% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<i>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:  <ul style="list-style-type: none"> <li>▶ Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</li> <li>▶ Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</li> <li>▶ R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate.</li> </ul> Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</i>

# 2020-2021 Benefit to Benefit Comparison

Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$10/\$35/\$70/30% up to \$250 per script	Level 1: \$10/\$35/\$70/30% up to \$250 per script <b>Level 2: \$20/\$50/\$85/40% up to \$250 per script</b>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b>  <b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$25/\$105/\$210/30% up to \$250 per script	\$25/\$105/\$210/30% up to \$250 per script
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S):</b>		Anthem Platinum PPO 5/250/20% Anthem Platinum Select PPO 5/250/20%	<b>Anthem Platinum PPO 5/250/15%</b> <b>Anthem Platinum Select PPO 5/250/15%</b>
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
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<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$3,750	<b>\$4,000</b>
	OON:	\$7,500	<b>\$8,000</b>
Family	PPO:	\$7,500	<b>\$8,000</b>
	OON:	\$15,000	<b>\$16,000</b>
<b>HEALTH SERVICES</b>			
Plan Coinsurance: In-network (all impacted benefits are changing)	PPO:	20%	<b>15%</b>
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>

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Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	\$5 per day, per provider	<i>Anthem pays 100%, deductible waived</i>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	PPO:	\$5 per day, per provider	<i>\$10 per day, per provider</i>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	PPO:	\$45 per day, per provider	<i>\$10 per day, per provider</i>
Telehealth/Telemedicine visit with a Specialist	PPO:	\$5	<i>\$45</i>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 20%	<i>Deductible then \$200 and 15%</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 20%	<i>Deductible, then 15% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
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Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 20% (under Outpatient Hospital)	<i>Deductible, then 15% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><i>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</i></p> <ul style="list-style-type: none"> <li><i>▶ Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</i></li> <li><i>▶ Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</i></li> <li><i>▶ R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</i></li> </ul> <p><i>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</i></p>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$5/\$35/\$70/30% up to \$250 per script	<p><i>Level 1: \$5/\$35/\$70/30% up to \$250 per script</i></p> <p><i>Level 2: \$15/\$50/\$85/40% up to \$250 per script</i></p>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><i>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</i></p> <p><i>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</i></p>
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<b>PLAN NAME (S):</b>		Anthem Gold PPO 20/30% Anthem Gold Select PPO 20/30%	Anthem Gold PPO 20/30% Anthem Gold Select PPO 20/30%
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Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$7,000	<b>\$7,400</b>
	OON:	\$14,000	<b>\$14,800</b>
Family	PPO:	\$14,000	<b>\$14,800</b>
	OON:	\$28,000	<b>\$29,600</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	\$20	<b>Anthem pays 100%</b>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	PPO:	\$20 per day, per provider	<b>\$15 per day, per provider</b>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	PPO:	\$50 per day, per provider	<b>\$15 per day, per provider</b>
Telehealth/Telemedicine visit with a Specialist	PPO:	\$20	<b>\$50</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Outpatient Hospital Facility: Surgery admission	PPO:	30%	<b>\$200, then 30%</b>

# 2020-2021 Benefit to Benefit Comparison

SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility			
ASC	PPO:	Covered under Outpatient Hospital benefit - 30%	<b>30% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
ASC: Physician Services	PPO:	30%	<b>30% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
Freestanding Radiology Center: Diagnostic xray	PPO:	30%	<b>30% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	\$100 and 30% (under Outpatient Hospital)	<b>30% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
PHARMACY BENEFITS			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <ul style="list-style-type: none"> <li>▶ <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></li> <li>▶ <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></li> <li>▶ <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></li> </ul> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Separate Pharmacy Deductible	PPO:	Applies to tiers 2-4: \$150/member; \$300/Family	Applies to tiers 2-4: \$150/member; \$300/Family
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$15/\$40/\$80/30% up to \$250 per script	<p><b>Level 1: \$15/\$45/\$85/30% up to \$250 per script</b></p> <p><b>Level 2: \$25/\$65/\$95/40% up to \$250 per script</b></p>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$38/\$120/\$240/30% up to \$250 per script	<b>\$38/\$135/\$255/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME:</b>		Anthem Gold Select PPO 25/250/20%	<b>Anthem Gold Select PPO 25/350/20%</b>
EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>



# 2020-2021 Benefit to Benefit Comparison

Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<i>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</i>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>DEDUCTIBLE</b>			
Individual	PPO:	\$250	<b>\$350</b>
Family	PPO:	\$500	<b>\$700</b>
<b>PROFESSIONAL AND OTHER BENEFITS</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Telehealth/Telemedicine visit with a Specialist	PPO:	\$25	<b>\$50</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Home Health Care Visits including Home Dialysis, Home Infusion Therapy Visits	PPO:	\$30	<b>20%</b>
Ambulance (Ground, Air, Water)	EMERG:	Deductible, then \$250 copay per trip	<b>Deductible, then 20%</b>
Emergency Room	EMERG:	Deductible, then \$250 copay	<b>Deductible, then 20%</b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<i>Standard Network - Similar local and national network but now excludes Walgreens pharmacies from being 'in-network'. If you obtain your prescriptions from Walgreens, they will no longer be a covered benefit under your plan. Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for alternative network pharmacies.</i>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<i>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).  Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</i>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	<i>If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</i>

# 2020-2021 Benefit to Benefit Comparison

PLAN NAME (S):		Anthem Gold PPO 30/500/20% Anthem Gold Select PPO 30/500/20%	Anthem Gold PPO 30/500/20% Anthem Gold Select PPO 30/500/20%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<i>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</i>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<i>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</i>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<i>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</i>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$7,250	<b>\$7,500</b>
	OON:	\$14,500	<b>\$15,000</b>
Family	PPO:	\$14,500	<b>\$15,000</b>
	OON:	\$29,000	<b>\$30,000</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	\$30 per day, per provider	<i>Anthem pays 100%, deductible waived</i>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	PPO:	\$30 per day, per provider	<i>\$15 per day, per provider</i>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	PPO:	\$60 per day, per provider	<i>\$15 per day, per provider</i>
Telehealth/Telemedicine visit with a Specialist	PPO:	\$30	<b>\$60</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 20%	<i>Deductible then \$200 and 20%</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 20%	<i>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 20%	<i>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 20%	<i>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 20% (under Outpatient Hospital)	<i>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>

# 2020-2021 Benefit to Benefit Comparison

PHARMACY BENEFITS			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><i>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</i></p> <ul style="list-style-type: none"> <li>▶ <i>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</i></li> <li>▶ <i>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</i></li> <li>▶ <i>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</i></li> </ul> <p><i>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</i></p>
Separate Pharmacy Deductible	PPO:	Applies to tiers 2-4: \$250/member; \$500/Family	<i>Applies to tiers 2-4: \$200/member; \$400/Family</i>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$15/\$40/\$80/30% up to \$250 per script	<p><i>Level 1: \$15/\$45/\$85/30% up to \$250 per script</i></p> <p><i>Level 2: \$25/\$65/\$95/40% up to \$250 per script</i></p>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><i>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</i></p> <p><i>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</i></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$38/\$120/\$240/30% up to \$250 per script	<i>\$38/\$135/\$255/30% up to \$250 per script</i>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <i>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</i>
<b>PLAN NAME (S):</b>		Anthem Gold PPO 35/500/25% Anthem Gold Select PPO 35/500/25%	Anthem Gold PPO 35/500/25% Anthem Gold Select PPO 35/500/25%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<i>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</i>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<i>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</i>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<i>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</i>

# 2020-2021 Benefit to Benefit Comparison

Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$7,250	<b>\$7,800</b>
	OON:	\$14,500	<b>\$15,600</b>
Family	PPO:	\$14,500	<b>\$15,600</b>
	OON:	\$29,000	<b>\$31,200</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	\$35 per day, per provider	<i>Anthem pays 100%, deductible waived</i>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	PPO:	\$35 per day, per provider	<i>\$15 per day, per provider</i>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	PPO:	\$65 per day, per provider	<i>\$15 per day, per provider</i>
Telehealth/Telemedicine visit with a Specialist	PPO:	\$35	<b>\$65</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 25%	<i>Deductible then \$200 and 25%</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 25%	<i>Deductible, then 25% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 25%	<i>Deductible, then 25% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 25%	<i>Deductible, then 25% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 25% (under Outpatient Hospital)	<i>Deductible, then 25% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			

# 2020-2021 Benefit to Benefit Comparison

Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <p>▶ <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></p> <p>▶ <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></p> <p>▶ <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></p> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Separate Pharmacy Deductible	PPO:	Applies to tiers 2-4: \$250/member; \$500/Family	Applies to tiers 2-4: \$250/member; \$500/Family
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$15/\$40/\$80/30% up to \$250 per script	<p><b>Level 1: \$15/\$45/\$85/30% up to \$250 per script</b></p> <p><b>Level 2: \$25/\$65/\$95/40% up to \$250 per script</b></p>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$38/\$120/\$240/30% up to \$250 per script	<b>\$38/\$135/\$255/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S):</b>		Anthem Gold PPO 30/750/20% Anthem Gold Select PPO 30/750/20%	Anthem Gold PPO 30/750/20% Anthem Gold Select PPO 30/750/20%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>

# 2020-2021 Benefit to Benefit Comparison

Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$7,400	<b>\$7,800</b>
	OON:	\$14,800	<b>\$15,600</b>
Family	PPO:	\$14,800	<b>\$15,600</b>
	OON:	\$29,600	<b>\$31,200</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	\$30 per day, per provider	<i>Anthem pays 100%, deductible waived</i>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	PPO:	\$30 per day, per provider	<i>\$15 per day, per provider</i>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	PPO:	\$55 per day, per provider	<i>\$15 per day, per provider</i>
Telehealth/Telemedicine visit with a Specialist	PPO:	\$30	<b>\$55</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 20%	<i>Deductible then \$200 and 20%</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 20%	<i>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 20%	<i>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 20%	<i>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 20% (under Outpatient Hospital)	<i>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			

# 2020-2021 Benefit to Benefit Comparison

Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><i>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</i></p> <p>► <i>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</i></p> <p>► <i>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</i></p> <p>► <i>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</i></p> <p><i>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</i></p>
Separate Pharmacy Deductible	PPO:	Applies to tiers 2-4: \$250/member; \$500/Family	Applies to tiers 2-4: \$250/member; \$500/Family
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$15/\$40/\$80/30% up to \$250 per script	<p><i>Level 1: \$15/\$45/\$85/30% up to \$250 per script</i></p> <p><i>Level 2: \$25/\$65/\$95/40% up to \$250 per script</i></p>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><i>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</i></p> <p><i>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</i></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$38/\$120/\$240/30% up to \$250 per script	<i>\$38/\$135/\$255/30% up to \$250 per script</i>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b><i>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</i></b>
<b>PLAN NAME (S):</b>		Anthem Gold PPO 35/1000/20% Anthem Gold Select PPO 35/1000/20%	Anthem Gold PPO 35/1000/20% Anthem Gold Select PPO 35/1000/20%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b><i>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</i></b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b><i>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</i></b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b><i>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</i></b>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b><i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i></b>

# 2020-2021 Benefit to Benefit Comparison

Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$7,400	<b>\$7,800</b>
	OON:	\$14,800	<b>\$15,600</b>
Family	PPO:	\$14,800	<b>\$15,600</b>
	OON:	\$29,600	<b>\$31,200</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	\$35 per day, per provider	<b>Anthem pays 100%, deductible waived</b>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	PPO:	\$35 per day, per provider	<b>\$15 per day, per provider</b>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	PPO:	\$60 per day, per provider	<b>\$15 per day, per provider</b>
Telehealth/Telemedicine visit with a Specialist	PPO:	\$35	<b>\$60</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 20%	<b>Deductible then \$200 and 20%</b>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 20%	<b>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
ASC: Physician Services	PPO:	Deductible, then 20%	<b>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 20%	<b>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 20% (under Outpatient Hospital)	<b>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <ul style="list-style-type: none"> <li>▶ <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></li> <li>▶ <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></li> <li>▶ <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></li> </ul> <p><b>Download our Sydney Health mobile app or visit <a href="https://www.anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Separate Pharmacy Deductible	PPO:	Applies to tiers 2-4: \$150/member; \$300/Family	<b>Applies to tiers 2-4: \$250/member; \$500/Family</b>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$15/\$40/\$80/30% up to \$250 per script	<b>Level 1: \$15/\$45/\$85/30% up to \$250 per script Level 2: \$25/\$65/\$95/40% up to \$250 per script</b>



# 2020-2021 Benefit to Benefit Comparison

Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b>  <b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$38/\$120/\$240/30% up to \$250 per script	<b>\$38/\$135/\$255/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S):</b>		Anthem Gold PPO 5/1400/30% Anthem Gold Select PPO 5/1400/30%	<b>Anthem Gold PPO 5/1500/30%</b> <b>Anthem Gold Select PPO 5/1500/30%</b>
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>
<b>DEDUCTIBLE</b>			
Individual	PPO:	\$1,400	<b>\$1,500</b>
	OON:	\$2,800	<b>\$3,000</b>
Family	PPO:	\$2,800	<b>\$3,000</b>
	OON:	\$5,600	<b>\$6,000</b>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$7,400	<b>\$7,500</b>
	OON:	\$14,800	<b>\$15,000</b>
Family	PPO:	\$14,800	<b>\$15,000</b>
	OON:	\$29,600	<b>\$30,000</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>

# 2020-2021 Benefit to Benefit Comparison

Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	\$5 per day, per provider	<b>Anthem pays 100%, deductible waived</b>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	PPO:	\$5 per day, per provider	<b>\$15 per day, per provider</b>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	PPO:	\$65 per day, per provider	<b>\$15 per day, per provider</b>
Telehealth/Telemedicine visit with a Specialist	PPO:	\$5	<b>\$65</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 30%	<b>Deductible then \$200 and 30%</b>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 30%	<b>Deductible, then 30% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
ASC: Physician Services	PPO:	Deductible, then 30%	<b>Deductible, then 30% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 30%	<b>Deductible, then 30% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 30% (under Outpatient Hospital)	<b>Deductible, then 30% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <ul style="list-style-type: none"> <li>▶ <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></li> <li>▶ <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></li> <li>▶ <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></li> </ul> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Separate Pharmacy Deductible	PPO:	Applies to tiers 2-4: \$250/member; \$500/Family	Applies to tiers 2-4: \$250/member; \$500/Family
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$5/\$50/\$100/30% up to \$250 per script	Level 1: \$5/\$50/\$100/30% up to \$250 per script <b>Level 2: \$15/\$75/\$110/40% up to \$250 per script</b>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$13/\$150/\$300/30% up to \$250 per script	\$13/\$150/\$300/30% up to \$250 per script

# 2020-2021 Benefit to Benefit Comparison

Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S):</b>		Anthem Silver PPO 45/1750/40% Anthem Silver Select PPO 45/1750/40%	Anthem Silver PPO 45/1750/40% Anthem Silver Select PPO 45/1750/40%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$7,900	<b>\$8,100</b>
	OON:	\$15,800	<b>\$16,200</b>
Family	PPO:	\$15,800	<b>\$16,200</b>
	OON:	\$31,600	<b>\$32,400</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	\$45 per day, per provider	<b>Anthem pays 100%, deductible waived</b>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	PPO:	\$45 per day, per provider	<b>\$20 per day, per provider</b>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	PPO:	\$95 per day, per provider	<b>\$20 per day, per provider</b>
Telehealth/Telemedicine visit with a Specialist	PPO:	\$45	<b>\$95</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 40%	<b>Deductible then \$200 and 40%</b>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			

# 2020-2021 Benefit to Benefit Comparison

ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 40%	<b>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
ASC: Physician Services	PPO:	Deductible, then 40%	<b>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 40%	<b>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 40% (under Outpatient Hospital)	<b>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <ul style="list-style-type: none"> <li>▶ <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></li> <li>▶ <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></li> <li>▶ <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></li> </ul> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Separate Pharmacy Deductible	PPO:	Applies to tiers 2-4: \$300/member; \$600/Family	Applies to tiers 2-4: \$300/member; \$600/Family
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$20/\$50/\$90/30% up to \$250 per script	<p><b>Level 1: \$20/\$60/\$100/30% up to \$250 per script</b></p> <p><b>Level 2: \$25/\$95/\$140/40% up to \$250 per script</b></p>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$50/\$150/\$270/30% up to \$250 per script	<b>\$50/\$180/\$300/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S):</b>		Anthem Silver PPO 55/1850/35% Anthem Silver Select PPO 55/1850/35%	Anthem Silver PPO 55/1850/35% Anthem Silver Select PPO 55/1850/35%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>

# 2020-2021 Benefit to Benefit Comparison

Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<i>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</i>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$7,900	<b>\$8,500</b>
	OON:	\$15,800	<b>\$17,000</b>
Family	PPO:	\$15,800	<b>\$17,000</b>
	OON:	\$31,600	<b>\$34,000</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	\$55 per day, per provider	<i>Anthem pays 100%, deductible waived</i>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	PPO:	\$55 per day, per provider	<b>\$20 per day, per provider</b>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	PPO:	\$85 per day, per provider	<b>\$20 per day, per provider</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Telehealth/Telemedicine (PCP/Specialist)	PPO:	\$55	<b>\$85</b>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 35%	<i>Deductible then \$200 and 35%</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 35%	<i>Deductible, then 35% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 35%	<i>Deductible, then 35% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 35%	<i>Deductible, then 35% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 35% (under Outpatient Hospital)	<i>Deductible, then 35% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			

# 2020-2021 Benefit to Benefit Comparison

Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket.</b></p> <p><b>You choose from two levels of coverage:</b></p> <ul style="list-style-type: none"> <li>▶ <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></li> <li>▶ <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></li> <li>▶ <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></li> </ul> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Separate Pharmacy Deductible	PPO:	Applies to tiers 2-4: \$300/member; \$600/Family	Applies to tiers 2-4: \$300/member; \$600/Family
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$20/\$50/\$90/30% up to \$250 per script	<p><b>Level 1: \$20/\$60/\$100/30% up to \$250 per script</b></p> <p><b>Level 2: \$25/\$95/\$140/40% up to \$250 per script</b></p>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$50/\$150/\$270/30% up to \$250 per script	<b>\$50/\$180/\$300/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S):</b>		Anthem Silver PPO 50/2000/40% Anthem Silver Select PPO 50/2000/40%	<b>Anthem Silver PPO 50/2200/40%</b> <b>Anthem Silver Select PPO 50/2200/40%</b>
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>

# 2020-2021 Benefit to Benefit Comparison

Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>DEDUCTIBLE</b>			
Individual	PPO:	\$2,000	<b>\$2,200</b>
	OON:	\$4,000	<b>\$4,400</b>
Family	PPO:	\$4,000	<b>\$4,400</b>
	OON:	\$8,000	<b>\$8,800</b>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$7,900	<b>\$8,150</b>
	OON:	\$15,800	<b>\$16,300</b>
Family	PPO:	\$15,800	<b>\$16,300</b>
	OON:	\$31,600	<b>\$32,600</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	\$50 per day, per provider	<i>Anthem pays 100%, deductible waived</i>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	PPO:	\$50 per day, per provider	<i>\$20 per day, per provider</i>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	PPO:	\$85 per day, per provider	<i>\$20 per day, per provider</i>
Telehealth/Telemedicine visit with a Specialist	PPO:	\$50	<b>\$85</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 40%	<i>Deductible then \$200 and 40%</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 40%	<i>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 40%	<i>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 40%	<i>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 40% (under Outpatient Hospital)	<i>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			

# 2020-2021 Benefit to Benefit Comparison

Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <p>► <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></p> <p>► <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></p> <p>► <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></p> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Separate Pharmacy Deductible	PPO:	Applies to tiers 2-4: \$150/member; \$300/Family	<b>Applies to tiers 2-4: \$250/member; \$500/Family</b>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$20/\$55/\$95/30% up to \$250 per script	<b>Level 1: \$20/\$60/\$100/30% up to \$250 per script Level 2: \$25/\$100/\$140/40% up to \$250 per script</b>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$50/\$165/\$285/30% up to \$250 per script	<b>\$50/\$180/\$300/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME:</b>		Anthem Silver Select PPO 50/2250/20%	<b>Anthem Silver Select PPO 50/2250/30%</b>
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>



# 2020-2021 Benefit to Benefit Comparison

Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$7,800	<b>\$8,200</b>
	OON:	\$15,600	<b>\$16,400</b>
Family	PPO:	\$15,600	<b>\$16,400</b>
	OON:	\$31,200	<b>\$32,800</b>
<b>HEALTH SERVICES</b>			
Plan Coinsurance: In-network (all impacted benefits are changing)	PPO:	20%	<b>30%</b>
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>
Telehealth/Telemedicine visit with a Specialist	PPO:	\$50	<b>\$85</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Diagnostic Lab (all settings)	PPO:	\$40	<b>\$50</b>
Advanced Diagnostic Imaging (all settings)	PPO:	20%	<b>Deductible, then 30%</b>
Ambulance (Ground, Air, Water)	EMERG:	Deductible, then \$250 copay per trip	<b>Deductible, then 30%</b>
Emergency Room	EMERG:	Deductible, then \$400 copay	<b>Deductible, then 30%</b>
Inpatient Facilities/Skilled Nursing Facility	PPO:	Deductible, then 20%	<b>Deductible then 30%</b>
Outpatient Hospital Facility	PPO:	20%	<b>Deductible then 30%</b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<b>Standard Network - Similar local and national network but now excludes Walgreens pharmacies from being 'in-network'. If you obtain your prescriptions from Walgreens, they will no longer be a covered benefit under your plan. Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for alternative network pharmacies.</b>
Separate Pharmacy Deductible	PPO:	Applies to tiers 1-4: \$300/member; \$600/Family	Applies to tiers 2-4: \$300/member; \$600/Family
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$17/\$65/\$90/20% up to \$250 per script	<b>\$17/\$70/\$100/30% up to \$250 per script</b>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b>  <b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$43/\$163/\$225/20% up to \$250 per script	<b>\$43/\$175/\$250/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>

# 2020-2021 Benefit to Benefit Comparison

PLAN NAME (S):		Anthem Silver PPO 55/2500/45% Anthem Silver Select PPO 55/2500/45%	Anthem Silver PPO 55/2500/45% Anthem Silver Select PPO 55/2500/45%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<i>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</i>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<i>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</i>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<i>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</i>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	\$55 per day, per provider	<i>Anthem pays 100%, deductible waived</i>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	PPO:	\$55 per day, per provider	<i>\$20 per day, per provider</i>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	PPO:	\$85 per day, per provider	<i>\$20 per day, per provider</i>
Telehealth/Telemedicine visit with a Specialist	PPO:	\$55	<i>\$85</i>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Emergency Room	EMERG:	Deductible, then \$350 and 45%	<i>Deductible, then \$100 and 45%</i>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 45%	<i>Deductible, then \$200 and 45%</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 45%	<i>Deductible, then 45% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 45%	<i>Deductible, then 45% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 45%	<i>Deductible, then 45% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 45% (under Outpatient Hospital)	<i>Deductible, then 45% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			

# 2020-2021 Benefit to Benefit Comparison

Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <p>► <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></p> <p>► <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></p> <p>► <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></p> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$20/\$60/\$100/30% up to \$250 per script	<p><b>Level 1: \$20/\$65/\$110/30% up to \$250 per script</b></p> <p><b>Level 2: \$25/\$100/\$140/40% up to \$250 per script</b></p>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$50/\$180/\$300/30% up to \$250 per script	<b>\$50/\$195/\$330/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S):</b>		Anthem Silver PPO 2000/30% w/HSA - RxC** Anthem Silver Select PPO 2000/30% w/HSA - RxC**	Anthem Silver PPO 2000/30% w/HSA - RxC** Anthem Silver Select PPO 2000/30% w/HSA - RxC**
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>

# 2020-2021 Benefit to Benefit Comparison

Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$6,500	<b>\$6,750</b>
	OON:	\$13,000	<b>\$13,500</b>
Family	PPO:	\$13,000	<b>\$13,500</b>
	OON:	\$26,000	<b>\$27,000</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	Deductible, then 30%	<i>Deductible, then Anthem pays 100%</i>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 30%	<i>Deductible then \$200 and 30%</i>
Outpatient Hospital Facility: Advanced diagnostic imaging	PPO:	Deductible, then 30%	<i>Deductible then \$100 and 30%</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 30%	<i>Deductible, then 30% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 30%	<i>Deductible, then 30% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 30%	<i>Deductible, then 30% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then 30% (under Outpatient Hospital)	<i>Deductible, then 30% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><i>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</i></p> <ul style="list-style-type: none"> <li><i>► Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</i></li> <li><i>► Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</i></li> <li><i>► R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</i></li> </ul> <p><i>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</i></p>
Pharmacy Deductible	PPO:	Applies to tiers 1-4: Medical deductible applies	Applies to tiers 1-4: Medical deductible applies
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$20/\$55/\$80/30% up to \$250 per script	<i>Level 1: \$20/\$60/\$85/30% up to \$250 per script Level 2: \$25/\$95/\$115/40% up to \$250 per script</i>

# 2020-2021 Benefit to Benefit Comparison

Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b>  <b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$50/\$165/\$240/30% up to \$250 per script	<b>\$50/\$180/\$255/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S):</b>		Anthem Bronze PPO 3950/50% Anthem Bronze Select PPO 3950/50%	<b>Anthem Bronze PPO 4600/50%</b> <b>Anthem Bronze Select PPO 4600/50%</b>
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>
<b>DEDUCTIBLE</b>			
Individual	PPO:	\$3,950	<b>\$4,600</b>
	OON:	\$7,900	<b>\$9,200</b>
Family	PPO:	\$7,900	<b>\$9,200</b>
	OON:	\$15,800	<b>\$18,400</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	Deductible, then 50%	<b>Deductible, then Anthem pays 100%</b>

# 2020-2021 Benefit to Benefit Comparison

SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 50%	<i>Deductible, then 50% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 50%	<i>Deductible, then 50% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 50%	<i>Deductible, then 50% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then 50% (under Outpatient Hospital)	<i>Deductible, then 50% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
PHARMACY BENEFITS			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><i>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</i></p> <ul style="list-style-type: none"> <li><i>► Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</i></li> <li><i>► Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</i></li> <li><i>► R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</i></li> </ul> <p><i>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</i></p>
Pharmacy Deductible	PPO:	Applies to tiers 1-4: Medical deductible applies	<i>Applies to tiers 2-4: Medical deductible applies; medical deductible now waived for Tier 1 drugs</i>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	50% up to \$500 per script	<i>Level 1: 40% up to \$500 per script Level 2: 50% up to \$500 per script</i>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><i>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</i></p> <p><i>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</i></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	50% up to \$1,500 per script/50% up to \$1,500 per script/50% up to \$1,500 per script/50% up to \$500 per script	<i>40% up to \$1,500 per script/40% up to \$1,500 per script/40% up to \$1,500 per script/40% up to \$500 per script</i>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b><i>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</i></b>
<b>PLAN NAME:</b>		<b>Original 1/1/20</b> Anthem Bronze PPO 40/5600/40% Anthem Bronze Select PPO 40/5600/40%	Anthem Bronze PPO 40/5600/40% Anthem Bronze Select PPO 40/5600/40%
EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<i>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</i>

# 2020-2021 Benefit to Benefit Comparison

Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online)	LHO:	No charge for 3 visits; then \$5	<b>No charge for 12 visits, then \$5 (applicable to basic visits and Behavioral Health online visits, and additional coverage for Behavioral Health Chat Therapy)</b>
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	Deductible, then 40%	<b>Anthem pays 100%</b>
Office visits - Primary Care Physician	PPO:	\$40 (deductible waived) for 3 combined office visits, then deductible applies	<b>Deductible, then \$40 copay</b>
Office Visits - Mental Health, Substance Abuse; Retail Health Clinic; Maternity post partum; Nutritional Counseling, Family Planning	PPO:	\$40 (deductible waived) for 3 combined office visits, then deductible applies	<b>Deductible, then \$40 copay</b>
Office visits - Specialist	PPO:	\$80 (deductible waived) for 3 combined office visits, then deductible applies	<b>Deductible, then \$80 copay</b>
Telehealth/Telemedicine visit with a Specialist	PPO:	Deductible, then \$40 copay	<b>Deductible, then \$80 copay</b>
Emergency Room	EMERG:	Deductible, then \$200 and 40%	<b>Deductible, then \$250 and 40%</b>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 40%	<b>Deductible then \$200 and 40%</b>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 40%	<b>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
ASC: Physician Services	PPO:	Deductible, then 40%	<b>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 40%	<b>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 40% (under Outpatient Hospital)	<b>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
<b>PHARMACY BENEFITS</b>			

# 2020-2021 Benefit to Benefit Comparison

Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <p>► <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></p> <p>► <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></p> <p>► <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></p> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Pharmacy Deductible	PPO:	Applies to tiers 2-4: Medical deductible applies	Applies to tiers 2-4: Medical deductible applies
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$20/\$60/\$100/30% up to \$500 per script	<p><b>Level 1: \$20/\$70/\$110/30% up to \$500 per script</b></p> <p><b>Level 2: \$25/\$115/\$150/40% up to \$500 per script</b></p>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$50/\$180/\$300/30% up to \$500 per script	<b>\$50/\$210/\$330/30% up to \$500 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME:</b>		<b>Modified 5/1/20</b> Anthem Bronze PPO 40/5600/40% Anthem Bronze Select PPO 40/5600/40%	Anthem Bronze PPO 40/5600/40% Anthem Bronze Select PPO 40/5600/40%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>



# 2020-2021 Benefit to Benefit Comparison

Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	Deductible, then 40%	<i>Anthem pays 100%</i>
Telehealth/Telemedicine visit with a Specialist	PPO:	Deductible, then \$40 copay	<i>Deductible, then \$80 copay</i>
Emergency Room	EMERG:	Deductible, then \$200 and 40%	<i>Deductible, then \$250 and 40%</i>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 40%	<i>Deductible then \$200 and 40%</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 40%	<i>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 40%	<i>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 40%	<i>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 40% (under Outpatient Hospital)	<i>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><i>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</i></p> <ul style="list-style-type: none"> <li><i>► Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</i></li> <li><i>► Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</i></li> <li><i>► R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</i></li> </ul> <p><i>Download our Sydney Health mobile app or visit <a href="https://www.anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</i></p>
Pharmacy Deductible	PPO:	Applies to tiers 2-4: Medical deductible applies	Applies to tiers 2-4: Medical deductible applies
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$20/\$60/\$100/30% up to \$500 per script	<i>Level 1: \$20/\$70/\$110/30% up to \$500 per script Level 2: \$25/\$115/\$150/40% up to \$500 per script</i>

# 2020-2021 Benefit to Benefit Comparison

Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b>  <b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$50/\$180/\$300/30% up to \$500 per script	<b>\$50/\$210/\$330/30% up to \$500 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME:</b>		<b>Original 1/1/20</b> Anthem Bronze PPO 60/6350/40% Anthem Bronze Select PPO 60/6350/40%	Anthem Bronze PPO 60/6350/40% Anthem Bronze Select PPO 60/6350/40%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online)	LHO:	No charge for 3 visits; then \$5	<b>No charge for 12 visits, then \$5 (applicable to basic visits and Behavioral Health online visits, and additional coverage for Behavioral Health Chat Therapy)</b>
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	Deductible, then 40%	<b>Anthem pays 100%</b>
Emergency Room	EMERG:	Deductible, then \$350 and 40%	<b>Deductible, then \$250 and 40%</b>
Office visits - Primary Care Physician	PPO:	\$60 (deductible waived) for 3 combined office visits, then deductible applies	<b>Deductible, then \$60 copay</b>

# 2020-2021 Benefit to Benefit Comparison

Office Visits - Mental Health, Substance Abuse; Retail Health Clinic; Maternity post partum; Nutritional Counseling, Family Planning	PPO:	\$60 (deductible waived) for 3 combined office visits, then deductible applies	<i>Deductible, then \$60 copay</i>
Office visits - Specialist	PPO:	\$80 (deductible waived) for 3 combined office visits, then deductible applies	<i>Deductible, then \$80 copay</i>
Telehealth/Telemedicine visit with a Specialist	PPO:	Deductible, then \$60 copay	<i>Deductible, then \$80 copay</i>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 40%	<i>Deductible then \$200 and 40%</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 40%	<i>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 40%	<i>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 40%	<i>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 40% (under Outpatient Hospital)	<i>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><i>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</i></p> <ul style="list-style-type: none"> <li><i>► Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</i></li> <li><i>► Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</i></li> <li><i>► R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</i></li> </ul> <p><i>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</i></p>
Pharmacy Deductible	PPO:	Applies to tiers 2-4: \$625/member; \$1,250/Family	Applies to tiers 2-4: \$625/member; \$1,250/Family
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$20/\$60/\$100/30% up to \$500 per script	<p><i>Level 1: \$20/\$65/\$105/30% up to \$500 per script</i></p> <p><i>Level 2: \$25/\$100/\$140/40% up to \$500 per script</i></p>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><i>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</i></p> <p><i>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</i></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$50/\$180/\$300/30% up to \$500 per script	<i>\$50/\$195/\$315/30% up to \$500 per script</i>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <i>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</i>

# 2020-2021 Benefit to Benefit Comparison

<b>PLAN NAME:</b>		<b>Modified 5/1/20</b> Anthem Bronze PPO 60/6350/40% Anthem Bronze Select PPO 60/6350/40%	Anthem Bronze PPO 60/6350/40% Anthem Bronze Select PPO 60/6350/40%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	Deductible, then 40%	<b>Anthem pays 100%</b>
Emergency Room	EMERG:	Deductible, then \$350 and 40%	<b>Deductible, then \$250 and 40%</b>
Telehealth/Telemedicine visit with a Specialist	PPO:	Deductible, then \$60 copay	<b>Deductible, then \$80 copay</b>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 40%	<b>Deductible then \$200 and 40%</b>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 40%	<b>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
ASC: Physician Services	PPO:	Deductible, then 40%	<b>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 40%	<b>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 40% (under Outpatient Hospital)	<b>Deductible, then 40% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
<b>PHARMACY BENEFITS</b>			

# 2020-2021 Benefit to Benefit Comparison

Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <p>► <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></p> <p>► <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></p> <p>► <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></p> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Separate Pharmacy Deductible	PPO:	Applies to tiers 2-4: \$625/member; \$1,250/Family	Applies to tiers 2-4: \$625/member; \$1,250/Family
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$20/\$60/\$100/30% up to \$500 per script	<p><b>Level 1: \$20/\$65/\$105/30% up to \$500 per script</b></p> <p><b>Level 2: \$25/\$100/\$140/40% up to \$500 per script</b></p>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$50/\$180/\$300/30% up to \$500 per script	<b>\$50/\$195/\$315/30% up to \$500 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S):</b>		<b>Original 1/1/20</b> Anthem Bronze PPO 70/6300/35% Anthem Bronze Select PPO 70/6300/35%	<b>Anthem Bronze PPO 70/6600/35%</b> <b>Anthem Bronze Select PPO 70/6600/35%</b>
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>

# 2020-2021 Benefit to Benefit Comparison

Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>DEDUCTIBLE</b>			
Individual	PPO:	\$6,300	<b>\$6,600</b>
	OON:	\$12,600	<b>\$13,200</b>
Family	PPO:	\$12,600	<b>\$13,200</b>
	OON:	\$25,200	<b>\$26,400</b>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$8,150	<b>\$8,550</b>
	OON:	\$16,300	<b>\$17,100</b>
Family	PPO:	\$16,300	<b>\$17,100</b>
	OON:	\$32,600	<b>\$34,200</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online)	LHO:	No charge for 3 visits; then \$5	<i>No charge for 12 visits, then \$5 (applicable to basic visits and Behavioral Health online visits, and additional coverage for Behavioral Health Chat Therapy)</i>
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	<i>Covered services include physician basic visits and behavioral health online visits. Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	Deductible, then 35%	<i>Anthem pays 100%</i>
Office visits - Primary Care Physician	PPO:	\$70 (deductible waived) for 3 combined office visits, then deductible applies	<i>Deductible, then \$70 copay</i>
Office Visits - Mental Health, Substance Abuse; Retail Health Clinic; Maternity post partum; Nutritional Counseling, Family Planning	PPO:	\$70 (deductible waived) for 3 combined office visits, then deductible applies	<i>Deductible, then \$70 copay</i>
Office visits - Specialist	PPO:	\$85 (deductible waived) for 3 combined office visits, then deductible applies	<i>Deductible, then \$85 copay</i>
Telehealth/Telemedicine visit with a Specialist	PPO:	Deductible, then \$70 copay	<i>Deductible, then \$85 copay</i>
Emergency Room	EMERG:	Deductible, then \$200 and 35%	<i>Deductible, then \$250 and 35%</i>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 35%	<i>Deductible then \$200 and 35%</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 35%	<i>Deductible, then 35% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 35%	<i>Deductible, then 35% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 35%	<i>Deductible, then 35% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 35% (under Outpatient Hospital)	<i>Deductible, then 35% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			

# 2020-2021 Benefit to Benefit Comparison

Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <p>► <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></p> <p>► <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></p> <p>► <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></p> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Pharmacy Deductible	PPO:	Applies to tiers 2-4: Medical deductible applies	Applies to tiers 2-4: Medical deductible applies
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$20/\$60/\$100/30% up to \$500 per script	<p><b>Level 1: \$20/\$70/\$110/30% up to \$500 per script</b></p> <p><b>Level 2: \$25/\$115/\$150/40% up to \$500 per script</b></p>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$50/\$180/\$300/30% up to \$500 per script	<b>\$50/\$210/\$330/30% up to \$500 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S):</b>		<b>Original 5/1/20</b> Anthem Bronze PPO 70/6300/35% Anthem Bronze Select PPO 70/6300/35%	<b>Anthem Bronze PPO 70/6600/35%</b> <b>Anthem Bronze Select PPO 70/6600/35%</b>
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>

# 2020-2021 Benefit to Benefit Comparison

Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>DEDUCTIBLE</b>			
Individual	PPO:	\$6,300	<b>\$6,600</b>
	OON:	\$12,600	<b>\$13,200</b>
Family	PPO:	\$12,600	<b>\$13,200</b>
	OON:	\$25,200	<b>\$26,400</b>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$8,150	<b>\$8,550</b>
	OON:	\$16,300	<b>\$17,100</b>
Family	PPO:	\$16,300	<b>\$17,100</b>
	OON:	\$32,600	<b>\$34,200</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	Deductible, then 35%	<i>Anthem pays 100%</i>
Telehealth/Telemedicine visit with a Specialist	PPO:	Deductible, then \$70 copay	<i>Deductible, then \$85 copay</i>
Emergency Room	EMERG:	Deductible, then \$200 and 35%	<i>Deductible, then \$250 and 35%</i>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 35%	<i>Deductible then \$200 and 35%</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 35%	<i>Deductible, then 35% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 35%	<i>Deductible, then 35% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 35%	<i>Deductible, then 35% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then \$100 and 35% (under Outpatient Hospital)	<i>Deductible, then 35% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			



# 2020-2021 Benefit to Benefit Comparison

Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><i>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</i></p> <p>► <i>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</i></p> <p>► <i>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</i></p> <p>► <i>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</i></p> <p><i>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</i></p>
Pharmacy Deductible	PPO:	Applies to tiers 2-4: Medical deductible applies	Applies to tiers 2-4: Medical deductible applies
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$20/\$60/\$100/30% up to \$500 per script	<p><i>Level 1: \$20/\$70/\$110/30% up to \$500 per script</i></p> <p><i>Level 2: \$25/\$115/\$150/40% up to \$500 per script</i></p>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><i>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</i></p> <p><i>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</i></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$50/\$180/\$300/30% up to \$500 per script	<i>\$50/\$210/\$330/30% up to \$500 per script</i>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b><i>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</i></b>
<b>PLAN NAME (S):</b>		Anthem Bronze PPO 5000/45% w/HSA Anthem Bronze Select PPO 5000/45% w/HSA	<b>Anthem Bronze PPO 5600/45% w/HSA</b> <b>Anthem Bronze Select PPO 5600/45% w/HSA</b>
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b><i>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</i></b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b><i>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</i></b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b><i>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</i></b>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b><i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i></b>

# 2020-2021 Benefit to Benefit Comparison

Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>DEDUCTIBLE</b>			
Individual	PPO:	\$5,000	<b>\$5,600</b>
	OON:	\$10,000	<b>\$11,200</b>
Family	PPO:	\$10,000	<b>\$11,200</b>
	OON:	\$20,000	<b>\$22,400</b>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$6,750	<b>\$7,000</b>
	OON:	\$13,500	<b>\$14,000</b>
Family	PPO:	\$13,500	<b>\$14,000</b>
	OON:	\$27,000	<b>\$28,000</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	Deductible, then 45%	<i>Deductible, then Anthem pays 100%</i>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 45%	<i>Deductible then \$200 and 45%</i>
Outpatient Hospital Facility: Advanced diagnostic imaging	PPO:	Deductible, then 45%	<i>Deductible then \$75 and 45%</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 45%	<i>Deductible, then 45% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 45%	<i>Deductible, then 45% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 45%	<i>Deductible, then 45% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then 45% (under Outpatient Hospital)	<i>Deductible, then 45% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><i>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</i></p> <ul style="list-style-type: none"> <li>▶ <i>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</i></li> <li>▶ <i>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</i></li> <li>▶ <i>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</i></li> </ul> <p><i>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</i></p>
Pharmacy Deductible	PPO:	Applies to tiers 1-4: Medical deductible applies	Applies to tiers 1-4: Medical deductible applies
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	35% up to \$500 per script	Level 1: 35% up to \$500 per script <b>Level 2: 45% up to \$500 per script</b>

# 2020-2021 Benefit to Benefit Comparison

Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b>  <b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	35% up to \$1,500 per script/35% up to \$1,500 per script/35% up to \$1,500 per script/35% up to \$500 per script	35% up to \$1,500 per script/35% up to \$1,500 per script/35% up to \$1,500 per script/35% up to \$500 per script
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S):</b>		Anthem Bronze PPO 6600/0% w/HSA Anthem Bronze Select PPO 6600/0% w/HSA	<b>Anthem Bronze PPO 6950/0% w/HSA</b> <b>Anthem Bronze Select PPO 6950/0% w/HSA</b>
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>
<b>DEDUCTIBLE</b>			
Individual	PPO:	\$6,600	<b>\$6,950</b>
	OON:	\$16,500	<b>\$13,900</b>
Family	PPO:	\$13,200	<b>\$13,900</b>
	OON:	\$33,000	<b>\$27,800</b>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$6,600	<b>\$6,950</b>
	OON:	\$19,800	<b>\$20,850</b>
Family	PPO:	\$13,200	<b>\$13,900</b>
	OON:	\$39,600	<b>\$41,700</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>

# 2020-2021 Benefit to Benefit Comparison

Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 0%	<i>Deductible, then 0% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 0%	<i>Deductible, then 0% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 0%	<i>Deductible, then 0% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then 0% (under Outpatient Hospital)	<i>Deductible, then 0% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><i>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</i></p> <ul style="list-style-type: none"> <li><i>► Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</i></li> <li><i>► Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</i></li> <li><i>► R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</i></li> </ul> <p><i>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</i></p>
Pharmacy Deductible	PPO:	Applies to tiers 1-4: Medical deductible applies	Applies to tiers 1-4: Medical deductible applies
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	0%	Level 1: 0% Level 2: 0%
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><i>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</i></p> <p><i>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</i></p>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b><i>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</i></b>
<b>PLAN NAME:</b>		<b>Anthem Bronze Select PPO 6900/0% w/HSA</b>	<b>Anthem Bronze Select PPO 7000/0% w/HSA</b>
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	50% plus charges in excess of maximum allowed amounts; Anthem's maximum payment is \$50,000/trip	<i>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</i>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<i>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</i>

# 2020-2021 Benefit to Benefit Comparison

Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<i>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</i>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>DEDUCTIBLE</b>			
Individual	PPO:	\$6,900	<b>\$7,000</b>
	OON:	\$13,800	<b>\$14,000</b>
Family	PPO:	\$13,800	<b>\$14,000</b>
	OON:	\$27,600	<b>\$28,000</b>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$6,900	<b>\$7,000</b>
	OON:	\$17,250	<b>\$21,000</b>
Family	PPO:	\$13,800	<b>\$14,000</b>
	OON:	\$34,500	<b>\$42,000</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<i>Standard Network - Similar local and national network but now excludes Walgreens pharmacies from being 'in-network'. If you obtain your prescriptions from Walgreens, they will no longer be a covered benefit under your plan. Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for alternative network pharmacies.</i>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<i>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).  Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</i>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <i>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</i>
<b>PLAN NAME (S):</b>		Anthem Gold EPO 35/500/20%	Anthem Gold EPO 35/500/20%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			

# 2020-2021 Benefit to Benefit Comparison

Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	Not covered	<i>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance) up to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</i>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<i>Broadens the scope of cancer clinical trials to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</i>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<i>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</i>
Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>HEALTH SERVICES</b>			
Office Visits - Rehabilitative/Habilitative Physical, Occupational, Speech therapy; Cardiac/Pulmonary therapy	PPO:	\$55, deductible waived	<i>\$35, deductible waived</i>
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Urgent Care visit	PPO:	Deductible, then 20%	<i>\$55, deductible waived</i>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	\$35 per day, per provider	<i>Anthem pays 100%, deductible waived</i>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	PPO:	Deductible, then 20%	<i>\$15, deductible waived, per day, per provider</i>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	PPO:	Deductible, then 20%	<i>\$15, deductible waived, per day, per provider</i>
Telehealth/Telemedicine - Specialist	PPO:	\$35, deductible waived	<i>\$55, deductible waived</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 20%	<i>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	PPO:	Deductible, then 20%	<i>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 20%	<i>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then 20% (under Outpatient Hospital)	<i>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>FACILITY SERVICES</b>			
Outpatient Hospital: Manipulative treatment	PPO:	Deductible, then 20%	<i>50%, deductible waived</i>
Hospice	PPO:	Deductible, then 20%	<i>Deductible, then Anthem pays 100%</i>
Emergency Room	EMERG	Deductible, then 20%	<i>Deductible then \$250 and 20%</i>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 20%	<i>Deductible then \$200 and 20%</i>
Emergency Room, Outpatient Hospital: Advanced diagnostic imaging	PPO:	Deductible, then 20%	<i>Deductible, then \$100 and 20%</i>

# 2020-2021 Benefit to Benefit Comparison

PHARMACY BENEFITS			
Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket.</b></p> <p><b>You choose from two levels of coverage:</b></p> <ul style="list-style-type: none"> <li>▶ <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></li> <li>▶ <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></li> <li>▶ <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></li> </ul> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Pharmacy Deductible	PPO:	Applies to tiers 2-4: Medical deductible applies	<b>Applies to tiers 2-4: \$250/member; \$500/Family separate pharmacy deductible</b>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$20/\$40/25% up to \$250 per script/30% up to \$250 per script	<b>Level 1: \$15/\$45/\$85/30% up to \$250 per script Level 2: \$25/\$65/\$95/40% up to \$250 per script</b>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$50/\$120/25% up to \$750 per script/30% up to \$250 per script	<b>\$38/\$135/\$255/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S):</b>		Anthem Gold EPO 35/1700/20%	Anthem Gold EPO 35/1700/20%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Air Ambulance transport for non-emergency, out-of-network provider (AB 651 effective January 1, 2020)	NON-PPO	Not covered	<b>Same as in-network cost sharing amount (i.e., in-network copay or coinsurance) up to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.</b>
Clinical Trials (SB 583 effective January 1, 2020)	ALL:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	ALL:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>

# 2020-2021 Benefit to Benefit Comparison

Fertility Preservation (SB 600 effective January 1, 2020)	ALL:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i>
Telehealth (AB 744 effective January 1, 2021)	PPO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>OUT-OF-POCKET MAX</b>			
Individual	PPO:	\$4,350	<b>\$4,500</b>
	OON:	Not covered	<b>\$9,000</b>
Family	PPO:	\$8,700	<b>\$9,000</b>
	OON:	Not covered	<b>\$18,000</b>
<b>HEALTH SERVICES</b>			
Office Visits - Rehabilitative/Habilitative Physical, Occupational, Speech therapy; Cardiac/Pulmonary therapy	PPO:	\$60, deductible waived	<b>\$35, deductible waived</b>
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Urgent Care visit	PPO:	Deductible, then 20%	<b>\$60, deductible waived</b>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	PPO:	\$35 per day, per provider	<b>Anthem pays 100%, deductible waived</b>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	PPO:	Deductible, then 20%	<b>\$15, deductible waived, per day, per provider</b>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	PPO:	Deductible, then 20%	<b>\$15, deductible waived, per day, per provider</b>
Telehealth/Telemedicine - Specialist	PPO:	\$35, deductible waived	<b>\$60, deductible waived</b>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	PPO:	Covered under Outpatient Hospital benefit at Deductible, then 20%	<b>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
ASC: Physician Services	PPO:	Deductible, then 20%	<b>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
Freestanding Radiology Center: Diagnostic xray	PPO:	Deductible, then 20%	<b>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
Freestanding Radiology Center: Advanced diagnostic imaging	PPO:	Deductible, then 20% (under Outpatient Hospital)	<b>Deductible, then 20% - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
<b>FACILITY SERVICES</b>			
Outpatient Hospital: Manipulative treatment	PPO:	Deductible, then 20%	<b>50%, deductible waived</b>
Hospice	PPO:	Deductible, then 20%	<b>Deductible, then Anthem pays 100%</b>
Emergency Room	EMERG	Deductible, then 20%	<b>Deductible then \$250 and 20%</b>
Outpatient Hospital Facility: Surgery admission	PPO:	Deductible, then 20%	<b>Deductible then \$200 and 20%</b>
Emergency Room, Outpatient Hospital: Advanced diagnostic imaging	PPO:	Deductible, then 20%	<b>Deductible, then \$100 and 20%</b>
<b>PHARMACY BENEFITS</b>			



# 2020-2021 Benefit to Benefit Comparison

Retail Pharmacy Network	PPO:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket.</b></p> <p><b>You choose from two levels of coverage:</b></p> <ul style="list-style-type: none"> <li>▶ <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></li> <li>▶ <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></li> <li>▶ <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></li> </ul> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Pharmacy Deductible	PPO:	Applies to tiers 2-4: Medical deductible applies	<b>Applies to tiers 2-4: \$250/member; \$500/Family separate pharmacy deductible</b>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	PPO:	\$20/\$40/25% up to \$250 per script/30% up to \$250 per script	<p><b>Level 1: \$15/\$45/\$85/30% up to \$250 per script</b></p> <p><b>Level 2: \$25/\$65/\$95/40% up to \$250 per script</b></p>
Home Delivery Program	PPO:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	PPO:	\$50/\$120/25% up to \$750 per script/30% up to \$250 per script	<b>\$38/\$135/\$255/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	PPO:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S):</b>		Anthem Platinum HMO 20 Anthem Platinum Select HMO 20 Anthem Platinum Priority Select HMO 20	Anthem Platinum HMO 20 Anthem Platinum Select HMO 20 Anthem Platinum Priority Select HMO 20
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Clinical Trials (SB 583 effective January 1, 2020)	HMO:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	HMO:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation (SB 600 effective January 1, 2020)	HMO:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>

# 2020-2021 Benefit to Benefit Comparison

Telehealth (AB 744 effective January 1, 2021)	HMO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>OUT-OF-POCKET MAX</b>			
Individual	HMO:	\$2,000	<b>\$2,200</b>
Family	HMO:	\$4,000	<b>\$4,400</b>
<b>HEALTH SERVICES</b>			
Office Visits - Specialist (including office surgery, elective abortions, dialysis, radiation, chemo, and respiratory therapy)	HMO:	\$30	<b>\$40</b>
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
<b>Applies to Priority Select HMO Plans only:</b> Preferred Online Visits (LiveHealth Online)	LHO:	No copay for first 3 visits, then \$5 copay	<b>No copay for first 12 visits, then \$5 copay</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	HMO:	\$10 per day, per provider	<b>Anthem pays 100%</b>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	HMO:	\$20 per day, per provider	<b>\$10 per day, per provider</b>
Telehealth/Telemedicine visit with a Specialist	HMO:	\$20	<b>\$40</b>
Home Health Care Visits including Home Dialysis, Home Infusion Therapy, Other services/supplies	HMO:	\$30 copay	<b>\$40 copay</b>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	HMO:	Covered under Outpatient Hospital benefit - \$150 copay	<b>\$150 copay - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
ASC: Physician Services	HMO:	No copay	<b>No copay - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
Freestanding Radiology Center: Diagnostic xray	HMO:	\$20 per day, per provider	<b>\$10 copay - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
Freestanding Radiology Center: Advanced diagnostic imaging	HMO:	\$200 (under Outpatient Hospital)	<b>\$100 copay per procedure - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
<b>FACILITY SERVICES</b>			
Emergency Room	ALL:	\$150, then 10%	<b>\$200, then 10%</b>
Outpatient Hospital Facility: Surgery, procedure room admission	HMO:	\$150 copay	<b>\$200 copay</b>
Outpatient Hospital Facility: Lab	HMO:	\$10 per day, per provider	<b>\$15 per day, per provider</b>
Outpatient Hospital Facility: Xray	HMO:	\$20 per day, per provider	<b>\$30 per day, per provider</b>
Outpatient Hospital: Rehabilitative/Habilitative therapy (Physical, occupational, and speech); Manipulative Treatment; Cardiac / Pulmonary Rehab Therapy; Dialysis/Hemodialysis; Acupuncture	HMO:	\$30	<b>\$40</b>
Inpatient Facility /Mental Health and Substance Abuse/ Residential Treatment Center admission	HMO:	\$250 per day, up to 3 days maximum	<b>\$300 per day, up to 3 days maximum</b>
<b>PHARMACY BENEFITS</b>			

# 2020-2021 Benefit to Benefit Comparison

Retail Pharmacy Network	RX:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <p>► <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></p> <p>► <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></p> <p>► <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></p> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	RX:	\$15/\$35/\$70/30% up to \$250 per script	<p><b>Level 1: \$10/\$35/\$70/30% up to \$250 per script</b></p> <p><b>Level 2: \$20/\$50/\$85/40% up to \$250 per script</b></p>
Home Delivery Program	RX:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	RX:	\$38/\$105/\$210/30% up to \$250 per script	<b>\$25/\$105/\$210/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	RX:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S):</b>		Anthem Platinum HMO 25 Anthem Platinum Select HMO 25 Anthem Platinum Priority Select HMO 25	Anthem Platinum HMO 25 Anthem Platinum Select HMO 25 Anthem Platinum Priority Select HMO 25
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Clinical Trials (SB 583 effective January 1, 2020)	HMO:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	HMO:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation (SB 600 effective January 1, 2020)	HMO:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>
Telehealth (AB 744 effective January 1, 2021)	HMO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>

# 2020-2021 Benefit to Benefit Comparison

OUT-OF-POCKET MAX			
Individual	HMO:	\$2,200	<b>\$2,350</b>
Family	HMO:	\$4,400	<b>\$4,700</b>
HEALTH SERVICES			
Office Visits - Specialist (including office surgery, elective abortions, dialysis, radiation, chemo, and respiratory therapy)	HMO:	\$40	<b>\$50</b>
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>
<b>Applies to Priority Select HMO Plans only:</b> Preferred Online Visits (LiveHealth Online)	LHO:	No copay for first 3 visits, then \$5 copay	<b>No copay for first 12 visits, then \$5 copay</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	HMO:	\$15 per day, per provider	<b>Anthem pays 100%</b>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	HMO:	\$15 per day, per provider	<b>\$10 per day, per provider</b>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	HMO:	\$30 per day, per provider	<b>\$10 per day, per provider</b>
Telehealth/Telemedicine visit with a Specialist	HMO:	\$25	<b>\$50</b>
Home Health Care Visits including Home Dialysis, Home Infusion Therapy, Other services/supplies	HMO:	\$40	<b>\$50</b>
SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility			
ASC	HMO:	Covered under Outpatient Hospital benefit - \$200 copay	<b>\$250 copay - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
ASC: Physician Services	HMO:	No copay	<b>No copay - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
Freestanding Radiology Center: Diagnostic xray	HMO:	\$30 per day, per provider	<b>\$10 copay - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
Freestanding Radiology Center: Advanced diagnostic imaging	HMO:	\$200 (under Outpatient Hospital)	<b>\$100 copay per procedure - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
FACILITY SERVICES			
Outpatient Hospital Facility: Surgery, procedure room admission	HMO:	\$200 copay	<b>\$300 copay</b>
Outpatient Hospital: Mental Health/Substance Abuse/ABA; Partial/Intensive Outpatient Program	HMO:	\$200 copay	<b>\$250 copay</b>
Outpatient Hospital: Rehabilitative/Habilitative therapy (Physical, occupational, and speech); Manipulative Treatment; Cardiac / Pulmonary Rehab Therapy; Dialysis/Hemodialysis; Acupuncture	HMO:	\$40	<b>\$50</b>
Inpatient Facility /Mental Health and Substance Abuse/ Residential Treatment Center admission	HMO:	\$400 per day, up to 4 days maximum	<b>\$450 per day, up to 4 days maximum</b>
PHARMACY BENEFITS			

# 2020-2021 Benefit to Benefit Comparison

Retail Pharmacy Network	RX:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <p>► <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></p> <p>► <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></p> <p>► <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></p> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	RX:	\$15/\$35/\$70/30% up to \$250 per script	<p><b>Level 1: \$10/\$35/\$70/30% up to \$250 per script</b></p> <p><b>Level 2: \$20/\$50/\$85/40% up to \$250 per script</b></p>
Home Delivery Program	RX:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	RX:	\$38/\$105/\$210/30% up to \$250 per script	<b>\$25/\$105/\$210/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	RX:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S)</b>		Anthem Gold HMO 30 Anthem Gold Select HMO 30 Anthem Gold Priority Select HMO 30	Anthem Gold HMO 30 Anthem Gold Select HMO 30 Anthem Gold Priority Select HMO 30
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Clinical Trials (SB 583 effective January 1, 2020)	HMO:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	HMO:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation (SB 600 effective January 1, 2020)	HMO:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>
Telehealth (AB 744 effective January 1, 2021)	HMO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>

# 2020-2021 Benefit to Benefit Comparison

OUT-OF-POCKET MAX			
Individual	HMO:	\$5,800	<b>\$6,000</b>
Family	HMO:	\$11,600	<b>\$12,000</b>
HEALTH SERVICES			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>
<b>Applies to Priority Select HMO Plans only:</b> Preferred Online Visits (LiveHealth Online)	LHO:	No copay for first 3 visits, then \$5 copay	<b>No copay for first 12 visits, then \$5 copay</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	HMO:	\$25 per day, per provider	<b>Anthem pays 100%</b>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	HMO:	\$25 per day, per provider	<b>\$15 per day, per provider</b>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	HMO:	\$45 per day, per provider	<b>\$15 per day, per provider</b>
Telehealth/Telemedicine visit with a Specialist	HMO:	\$30	<b>\$55</b>
Emergency Room	ALL:	\$250 copay	<b>\$300 copay</b>
Outpatient Hospital Facility: Surgery, procedure room admission	HMO:	\$300 copay	<b>\$400 copay</b>
Inpatient Facility /Mental Health and Substance Abuse/ Residential Treatment Center admission	HMO:	\$400 per day, up to 4 days maximum	<b>\$450 per day, up to 4 days maximum</b>
SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility			
ASC	HMO:	Covered under Outpatient Hospital benefit - \$200 copay	<b>\$300 copay - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
ASC: Physician Services	HMO:	No copay	<b>No copay - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
Freestanding Radiology Center: Diagnostic xray	HMO:	\$45 per day, per provider	<b>\$15 copay - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
Freestanding Radiology Center: Advanced diagnostic imaging	HMO:	\$250 (under Outpatient Hospital)	<b>\$100 copay per procedure - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
PHARMACY BENEFITS			
Retail Pharmacy Network	RX:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <ul style="list-style-type: none"> <li>▶ <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></li> <li>▶ <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></li> <li>▶ <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></li> </ul> <p><b>Download our Sydney Health mobile app or visit <a href="https://www.anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	RX:	\$15/\$35/\$70/30% up to \$250 per script	<b>Level 1: \$15/\$40/\$80/30% up to \$250 per script Level 2: \$25/\$60/\$90/40% up to \$250 per script</b>

# 2020-2021 Benefit to Benefit Comparison

Home Delivery Program	RX:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b>  <b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	RX:	\$38/\$105/\$210/30% up to \$250 per script	<b>\$38/\$120/\$240/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	RX:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S)</b>		Anthem Gold HMO 35 Anthem Gold Select HMO 35 Anthem Gold Priority Select HMO 35	Anthem Gold HMO 35 Anthem Gold Select HMO 35 Anthem Gold Priority Select HMO 35
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Clinical Trials ( <i>SB 583 effective January 1, 2020</i> )	HMO:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health ( <i>AB 577 effective January 1, 2020</i> )	HMO:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation ( <i>SB 600 effective January 1, 2020</i> )	HMO:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>
Telehealth ( <i>AB 744 effective January 1, 2021</i> )	HMO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>
<b>OUT-OF-POCKET MAX</b>			
Individual	HMO:	\$6,000	<b>\$6,500</b>
Family	HMO:	\$12,000	<b>\$13,000</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>
<b>Applies to Priority Select HMO Plans only:</b> Preferred Online Visits (LiveHealth Online)	LHO:	No copay for first 3 visits, then \$5 copay	<b>No copay for first 12 visits, then \$5 copay</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	HMO:	\$30 per day, per provider	<b>Anthem pays 100%</b>

# 2020-2021 Benefit to Benefit Comparison

Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	HMO:	\$30 per day, per provider	<i>\$15 per day, per provider</i>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	HMO:	\$45 per day, per provider	<i>\$15 per day, per provider</i>
Telehealth/Telemedicine visit with a Specialist	HMO:	\$35	<i>\$70</i>
Emergency Room	ALL:	\$250 copay	<i>\$300 copay</i>
Outpatient Hospital: Mental Health/Substance Abuse/ABA; Partial/Intensive Outpatient Program	HMO:	\$500 copay	<i>\$450 copay</i>
Skilled Nursing Facility admission	HMO:	\$150 per day, up to 4 days maximum	<i>\$300 per day, up to 4 days maximum</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	HMO:	Covered under Outpatient Hospital benefit - \$500 copay	<i>\$450 copay - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	HMO:	No copay	<i>No copay - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	HMO:	\$45 per day, per provider	<i>\$15 copay - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	HMO:	\$250 (under Outpatient Hospital)	<i>\$100 copay per procedure - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	RX:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><i>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</i></p> <ul style="list-style-type: none"> <li><i>► Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</i></li> <li><i>► Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</i></li> <li><i>► R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</i></li> </ul> <p><i>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</i></p>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	RX:	\$15/\$40/\$80/30% up to \$250 per script	<p><i>Level 1: \$15/\$40/\$80/30% up to \$250 per script</i></p> <p><i>Level 2: \$25/\$60/\$90/40% up to \$250 per script</i></p>
Home Delivery Program	RX:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><i>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</i></p> <p><i>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</i></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	RX:	\$38/\$120/\$240/30% up to \$250 per script	<i>\$38/\$120/\$240/30% up to \$250 per script</i>



# 2020-2021 Benefit to Benefit Comparison

Drug Cost Share Assistance Programs	RX:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S)</b>		Anthem Gold HMO 35/500/20% Anthem Gold Select HMO 35/500/20% Anthem Gold Priority Select HMO 35/500/20%	<b>Anthem Gold HMO 35/700/20%</b> <b>Anthem Gold Select HMO 35/700/20%</b> <b>Anthem Gold Priority Select HMO 35/700/20%</b>
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Clinical Trials ( <i>SB 583 effective January 1, 2020</i> )	HMO:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health ( <i>AB 577 effective January 1, 2020</i> )	HMO:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation ( <i>SB 600 effective January 1, 2020</i> )	HMO:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>
Telehealth ( <i>AB 744 effective January 1, 2021</i> )	HMO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>
<b>DEDUCTIBLE</b>			
Individual	HMO:	\$500	<b>\$700</b>
Family	HMO:	\$1,500	<b>\$2,100</b>
<b>OUT-OF-POCKET MAX</b>			
Individual	HMO:	\$8,000	<b>\$8,400</b>
Family	HMO:	\$16,000	<b>\$16,800</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>
<b>Applies to Priority Select HMO Plans only:</b> Preferred Online Visits (LiveHealth Online)	LHO:	No copay for first 3 visits, then \$5 copay	<b>No copay for first 12 visits, then \$5 copay</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	HMO:	\$35 per day, per provider	<b>Anthem pays 100%</b>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	HMO:	\$35 per day, per provider	<b>\$15 per day, per provider</b>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	HMO:	\$55 per day, per provider	<b>\$15 per day, per provider</b>
Telehealth/Telemedicine visit with a Specialist	HMO:	\$35	<b>\$55</b>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			

# 2020-2021 Benefit to Benefit Comparison

ASC	HMO:	Covered under Outpatient Hospital benefit - Deductible, then 20%	<b>Deductible, then \$500 copay - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
ASC: Physician Services	HMO:	No copay	<b>No copay - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
Freestanding Radiology Center: Diagnostic xray	HMO:	Deductible, then 20% (under Outpatient Hospital)	<b>\$15 copay - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
Freestanding Radiology Center: Advanced diagnostic imaging	HMO:	Deductible, then \$250/procedure (under Outpatient Hospital)	<b>\$125 copay per procedure - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	RX:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <ul style="list-style-type: none"> <li>▶ <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></li> <li>▶ <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></li> <li>▶ <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></li> </ul> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Separate Pharmacy Deductible	RX:	No deductible	<b>Applies to tiers 2-4: \$100/member; \$200/Family</b>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	RX:	\$15/\$40/\$80/30% up to \$250 per script	<p><b>Level 1: \$15/\$45/\$85/30% up to \$250 per script</b></p> <p><b>Level 2: \$25/\$65/\$95/40% up to \$250 per script</b></p>
Home Delivery Program	RX:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	RX:	\$38/\$120/\$240/30% up to \$250 per script	<b>\$38/\$135/\$255/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	RX:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S)</b>		Anthem Gold HMO 35/1250/20% Anthem Gold Select HMO 35/1250/20% Anthem Gold Priority Select HMO 35/1250/20%	Anthem Gold HMO 35/1250/20% Anthem Gold Select HMO 35/1250/20% Anthem Gold Priority Select HMO 35/1250/20%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Clinical Trials (SB 583 effective January 1, 2020)	HMO:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	HMO:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>

# 2020-2021 Benefit to Benefit Comparison

Fertility Preservation (SB 600 effective January 1, 2020)	HMO:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<i>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</i>
Telehealth (AB 744 effective January 1, 2021)	HMO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>OUT-OF-POCKET MAX</b>			
Individual	HMO:	\$8,000	<b>\$8,400</b>
Family	HMO:	\$16,000	<b>\$16,800</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
<b>Applies to Priority Select HMO Plans only:</b> Preferred Online Visits (LiveHealth Online)	LHO:	No copay for first 3 visits, then \$5 copay	<i>No copay for first 12 visits, then \$5 copay</i>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<i>No longer available. Video chats are still available.</i>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	HMO:	\$35 per day, per provider	<i>Anthem pays 100%</i>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	HMO:	\$35 per day, per provider	<i>\$15 per day, per provider</i>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	HMO:	\$60 per day, per provider	<i>\$15 per day, per provider</i>
Telehealth/Telemedicine visit with a Specialist	HMO:	\$35	<b>\$60</b>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	HMO:	Covered under Outpatient Hospital benefit - Deductible, then 20%	<i>Deductible, then \$500 copay - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	HMO:	No copay	<i>No copay - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	HMO:	Deductible, then 20% (under Outpatient Hospital)	<i>\$15 copay - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	HMO:	Deductible, then \$250/procedure (under Outpatient Hospital)	<i>\$125 copay per procedure - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			

# 2020-2021 Benefit to Benefit Comparison

Retail Pharmacy Network	RX:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <p>► <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></p> <p>► <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></p> <p>► <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></p> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>
Separate Pharmacy Deductible	RX:	Applies to tiers 2-4: \$100/member; \$200/Family	Applies to tiers 2-4: \$100/member; \$200/Family
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	RX:	\$15/\$40/\$80/30% up to \$250 per script	<p><b>Level 1: \$15/\$45/\$85/30% up to \$250 per script</b></p> <p><b>Level 2: \$25/\$65/\$95/40% up to \$250 per script</b></p>
Home Delivery Program	RX:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b></p> <p><b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	RX:	\$38/\$120/\$240/30% up to \$250 per script	<b>\$38/\$135/\$255/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	RX:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S)</b>		Anthem Silver HMO 55 Anthem Silver Select HMO 55 Anthem Silver Priority Select HMO 55	Anthem Silver HMO 55 Anthem Silver Select HMO 55 Anthem Silver Priority Select HMO 55
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Clinical Trials ( <i>SB 583 effective January 1, 2020</i> )	HMO:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health ( <i>AB 577 effective January 1, 2020</i> )	HMO:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation ( <i>SB 600 effective January 1, 2020</i> )	HMO:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>

# 2020-2021 Benefit to Benefit Comparison

Telehealth (AB 744 effective January 1, 2021)	HMO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<i>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</i>
<b>OUT-OF-POCKET MAX</b>			
Individual	HMO:	\$8,150	<b>\$8,400</b>
Family	HMO:	\$16,300	<b>\$16,800</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <i>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</i>
<b>Applies to Priority Select HMO Plans only:</b> Preferred Online Visits (LiveHealth Online)	LHO:	No copay for first 3 visits, then \$5 copay	<b>No copay for first 12 visits, then \$5 copay</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>
Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	HMO:	\$55 per day, per provider	<b>Anthem pays 100%</b>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	HMO:	\$55 per day, per provider	<b>\$20 per day, per provider</b>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	HMO:	\$90 per day, per provider	<b>\$20 per day, per provider</b>
Advanced Diagnostic Imaging in Office, Urgent Care settings	HMO:	\$125 per procedure	<b>\$200 per procedure</b>
Telehealth/Telemedicine visit with a Specialist	HMO:	\$55	<b>\$110</b>
Outpatient Hospital: Mental Health/Substance Abuse/ABA; Partial/Intensive Outpatient Program	HMO:	\$600 copay	<b>\$500 copay</b>
Skilled Nursing Facility admission	HMO:	\$200 per day, up to 5 days maximum	<b>\$300 per day, up to 5 days maximum</b>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	HMO:	Covered under Outpatient Hospital benefit - \$600 copay	<b>\$450 copay - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
ASC: Physician Services	HMO:	No copay	<b>No copay - Separate from Outpatient Hospital; setting is Freestanding ASC</b>
Freestanding Radiology Center: Diagnostic xray	HMO:	\$55 per day, per provider	<b>\$20 copay - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
Freestanding Radiology Center: Advanced diagnostic imaging	HMO:	\$350 (under Outpatient Hospital)	<b>\$200 copay per procedure - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</b>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	RX:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><b>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</b></p> <ul style="list-style-type: none"> <li>▶ <b>Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</b></li> <li>▶ <b>Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</b></li> <li>▶ <b>R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</b></li> </ul> <p><b>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</b></p>

# 2020-2021 Benefit to Benefit Comparison

Separate Pharmacy Deductible	RX:	Applies to tiers 2-4: \$600/member; \$1,200/Family	<b>Applies to tiers 2-4: \$400/member; \$800/Family</b>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	RX:	\$20/\$80/\$110/30% up to \$250 per script	<b>Level 1: \$20/\$85/\$115/30% up to \$250 per script Level 2: \$25/\$110/\$165/40% up to \$250 per script</b>
Home Delivery Program	RX:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<b>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</b>  <b>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</b>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	RX:	\$50/\$240/\$330/30% up to \$250 per script	<b>\$50/\$255/\$345/30% up to \$250 per script</b>
Drug Cost Share Assistance Programs	RX:	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.	If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</b>
<b>PLAN NAME (S)</b>		Anthem Silver HMO 55/2250/45% Anthem Silver Select HMO 55/2250/45% Anthem Silver Priority Select HMO 55/2250/45%	Anthem Silver HMO 55/2250/45% Anthem Silver Select HMO 55/2250/45% Anthem Silver Priority Select HMO 55/2250/45%
<b>EOC LANGUAGE UPDATED WITH CALIFORNIA STATE MANDATES 2020-21</b>			
Clinical Trials (SB 583 effective January 1, 2020)	HMO:	Must cover routine patient care costs related to the treatment of enrollees diagnosed with cancer who are accepted in clinical trials meeting certain requirements.	<b>Broadens the scope of cancer clinical trials to to the prevention, detection, or treatment of other life-threatening diseases or conditions (not just cancer), and makes other revisions to align more with federal provisions for clinical trials.</b>
Continuity of Care: Maternal Mental Health (AB 577 effective January 1, 2020)	HMO:	Must cover services of a terminated provider or non-participating provider at network rates and benefit levels for certain enrollees with specified medical conditions.	<b>Extends provision to cover those who have been diagnosed with maternal mental health conditions.</b>
Fertility Preservation (SB 600 effective January 1, 2020)	HMO:	Infertility coverage limited to medically necessary iatrogenic fertility preservation services which includes cryopreservation of mature oocytes in post-pubertal individuals facing anticipated infertility resulting from chemotherapy or radiation therapy.	<b>Expands standard fertility preservation coverage from under Infertility benefit to covered as a basic healthcare service including, but not limited to, injections, cryopreservation and storage for both male and female members when a medically necessary treatment may cause iatrogenic infertility. Member cost share for fertility preservation services is based on provider type and service rendered.</b>
Telehealth (AB 744 effective January 1, 2021)	HMO:	Must cover services that are appropriately provided through telehealth. Does not have a requirement for cost share to apply.	<b>Adds requirements that copayment or coinsurance applied is on the same basis and to the same extent as services provided in-person.</b>
<b>OUT-OF-POCKET MAX</b>			
Individual	HMO:	\$8,150	<b>\$8,400</b>
Family	HMO:	\$16,300	<b>\$16,800</b>
<b>HEALTH SERVICES</b>			
Preferred Online Visits (LiveHealth Online) - Specialist	LHO:	Covered services include physician basic visits, behavioral health online and chat therapy visits	Covered services include physician basic visits and behavioral health online visits. <b>Coverage expanded to cover Specialist LiveHealth Online visits at the same cost share as a Specialist office visit.</b>
<b>Applies to Priority Select HMO Plans only:</b> Preferred Online Visits (LiveHealth Online)	LHO:	No copay for first 3 visits, then \$5 copay	<b>No copay for first 12 visits, then \$5 copay</b>
Behavioral Health Chat therapy through Live Health Online (45 min texting sessions)	LHO:	Available	<b>No longer available. Video chats are still available.</b>

# 2020-2021 Benefit to Benefit Comparison

Preferred Reference Lab (Freestanding lab providers): Diagnostic Lab	HMO:	\$55 per day, per provider	<i>Anthem pays 100%</i>
Diagnostic Lab in Office, Urgent Care, Non-Preferred Reference Lab settings	HMO:	\$55 per day, per provider	<i>\$20 per day, per provider</i>
Diagnostic Xrays and Other Diagnostic Tests (e.g., EKG) in Office, Urgent Care settings	HMO:	\$90 per day, per provider	<i>\$20 per day, per provider</i>
Advanced Diagnostic Imaging in Office, Urgent Care settings	HMO:	\$125 per procedure	<i>\$200 per procedure</i>
Telehealth/Telemedicine visit with a Specialist	HMO:	\$55	<i>\$110</i>
<b>SITE OF SERVICE SETTINGS - New benefit lines separating free-standing facility benefits from outpatient hospital facility</b>			
ASC	HMO:	Covered under Outpatient Hospital benefit - Deductible, then 45%	<i>Deductible, then \$500 copay - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
ASC: Physician Services	HMO:	No copay	<i>No copay - Separate from Outpatient Hospital; setting is Freestanding ASC</i>
Freestanding Radiology Center: Diagnostic xray	HMO:	Deductible, then 45% (under Outpatient Hospital)	<i>\$20 copay - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
Freestanding Radiology Center: Advanced diagnostic imaging	HMO:	Deductible, then \$350/procedure (under Outpatient Hospital)	<i>\$200 copay per procedure - Separate from Outpatient Hospital; setting is Freestanding Radiology Center</i>
<b>PHARMACY BENEFITS</b>			
Retail Pharmacy Network	RX:	National Network with R90 - gives you choices and flexibility when you fill a prescription. Obtain 30-day supply from local and national pharmacies or option to get a 90-day supply of covered drugs from maintenance pharmacies for the home delivery rate.	<p><i>Rx Choice Tiered Network with R90 is a pharmacy network that offers high-quality health care services to members, while controlling costs. You can save money on out-of-pocket costs by filling prescriptions at a level 1 pharmacy. Members may fill prescriptions at a level 2 pharmacy, but will pay more out of pocket. You choose from two levels of coverage:</i></p> <ul style="list-style-type: none"> <li><i>► Level 1: Get prescriptions filled at Level 1 pharmacies, which provide lots of network choices, and pay a lower cost share than Level 2</i></li> <li><i>► Level 2: Get prescriptions filled at Level 2 pharmacies providing more choices, and pay a higher cost share (depending on your benefit)</i></li> <li><i>► R90 Maintenance network: Get a 90-day supply of covered drugs from maintenance pharmacies, including CVS, for the home delivery rate</i></li> </ul> <p><i>Download our Sydney Health mobile app or visit <a href="http://anthem.com/ca/pharmacy">anthem.com/ca/pharmacy</a> information to search for network pharmacies.</i></p>
Separate Pharmacy Deductible	RX:	Applies to tiers 2-4: \$250/member; \$500/Family	<i>Applies to tiers 2-4: \$300/member; \$600/Family</i>
Retail Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (30-day supply)	RX:	\$20/\$80/\$110/30% up to \$250 per script	<p><i>Level 1: \$20/\$85/\$115/30% up to \$250 per script</i></p> <p><i>Level 2: \$25/\$110/\$165/40% up to \$250 per script</i></p>
Home Delivery Program	RX:	Home Delivery Education - Member chooses to contact our Home Delivery Pharmacy and sign up for convenient home delivery service of a 90-day supply of covered drugs.	<p><i>Opt-Out Home Delivery - A convenient option if you are taking maintenance medications. You get the first 30-day supply and one 30-day refill of the same maintenance medication at your local retail pharmacy; and then you will be enrolled in obtaining 90-day supply at our home delivery provider and can opt-out at anytime (once a year).</i></p> <p><i>Home delivery helps save money with lower copays for a 90-day supply of tier 1 drugs as compared to three 30-day copays at a retail pharmacy.</i></p>
Home Delivery Pharmacy Cost Shares: Tier 1/Tier 2/Tier 3/Tier 4 (90-day supply)	RX:	\$50/\$240/\$330/30% up to \$250 per script	<i>\$50/\$255/\$345/30% up to \$250 per script</i>

# 2020-2021 Benefit to Benefit Comparison

<p>Drug Cost Share Assistance Programs</p>	<p>RX: If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, the entire retail price has counted toward member deductibles and OOP maximums, instead of what you actually paid out-of-pocket.</p>	<p>If you qualify for and participate in certain drug cost share assistance programs offered by drug manufacturers or other third parties to reduce the Deductible, Copayment, or Coinsurance you pay for certain Specialty Drugs, <b><i>the actual reduced amount you pay will be applied to your Deductible and/or Out-of-Pocket Limit.</i></b></p>
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\*New plans and benefits are subject to regulatory review and approval.

\*These plans have a different per-member deductible amount, depending on whether the subscriber is enrolled as self-only, or has enrolled dependents within the plan. Plans have been designed in this manner to comply with both AB1305 and IRS minimum deductible and out-of-pocket maximum requirements for embedded high-deductible health plans.