

California

Effective July 1, 2021

Anthem Balanced Funding (ABF) product guide

Anthem  | SMALL BUSINESS

Anthem Balanced Funding product details – groups of 25 to 100 employees

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

The below overview represents in-network benefits. Our PPO plans include out-of-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

Plans offered by Anthem Blue Cross Life and Health Insurance Company.

Plan type	PPO					
Plan name	Anthem Balanced PPO 15/10% ^Q	Anthem Balanced PPO 20/250/10% ^Q	Anthem Balanced PPO 20/20% ^Q	Anthem Balanced PPO 20/250/30% ^Q	Anthem Balanced PPO 30/500/20% ^Q	Anthem Balanced PPO 35/1000/20% ^Q
Network	Prudent Buyer PPO	Prudent Buyer PPO	Prudent Buyer PPO	Prudent Buyer PPO	Prudent Buyer PPO	Prudent Buyer PPO
Contract code	5TXN	5TXT	5TXP	5TY0	5TXQ	5TXR
Deductible (individual/family)	\$0/\$0	\$250/\$750	\$0/\$0	\$250/\$750	\$500/\$1,500	\$1,000/\$3,000
Out-of-network deductible (individual/family)	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000	\$2,000/\$4,000
Coinsurance	10%	10%	20%	30%	20%	20%
Out-of-network coinsurance	50%	50%	50%	50%	50%	50%
Out-of-pocket maximum (individual/family)	\$3,600/\$7,200	\$4,000/\$8,000	\$4,500/\$9,000	\$5,000/\$10,000	\$5,500/\$11,000	\$6,500/\$13,000
Out-of-network out-of-pocket maximum (individual/family)	\$7,200/\$14,400	\$8,000/\$16,000	\$9,000/\$18,000	\$10,000/\$20,000	\$11,000/\$22,000	\$13,000/\$26,000
Office visits: Primary care (PCP)/Specialist (SPC) ¹	PCP: \$15 SPC: \$35	PCP: \$20 SPC: \$40	PCP: \$20 SPC: \$50	PCP: \$20 SPC: \$40	PCP: \$30 SPC: \$60	PCP: \$35 SPC: \$60
Online doctor visits: LiveHealth Online ²	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5
Urgent care (facility)	\$35	\$40	\$50	\$40	\$60	\$60
Emergency room (facility)	\$150, then 10% coinsurance	Deductible, then \$200 and 10% coinsurance	\$300, then 20% coinsurance	Deductible, then \$300 and 30% coinsurance	Deductible, then \$350 and 20% coinsurance	Deductible, then \$350 and 20% coinsurance
Independent facility: ambulatory outpatient surgery center	10% coinsurance	Deductible, then 10% coinsurance	20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	\$150, then 10% coinsurance	Deductible, then \$200 and 10% coinsurance	\$200, then 20% coinsurance	Deductible, then \$200 and 30% coinsurance	Deductible, then \$200 and 20% coinsurance	Deductible, then \$200 and 20% coinsurance
Hospital inpatient admission	10% coinsurance	Deductible, then 10% coinsurance	20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible ³ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible	Tier 1: No deductible Tiers 2-4: \$150/\$300 Pharmacy deductible
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	Level 1: \$10/\$35/\$70/30% up to \$350 per script Level 2: \$20/\$50/\$85/40% up to \$450 per script	Level 1: \$10/\$35/\$70/30% up to \$350 per script Level 2: \$20/\$50/\$85/40% up to \$450 per script	Level 1: \$10/\$35/\$70/30% up to \$350 per script Level 2: \$20/\$50/\$85/40% up to \$450 per script	Level 1: \$10/\$35/\$70/30% up to \$350 per script Level 2: \$20/\$50/\$85/40% up to \$450 per script	Level 1: \$10/\$35/\$70/30% up to \$350 per script Level 2: \$20/\$50/\$85/40% up to \$450 per script	Level 1: \$10/\$35/\$70/30% up to \$350 per script Level 2: \$20/\$50/\$85/40% up to \$450 per script
Home delivery pharmacy: 90-day supply ⁴ (tier 1/tier 2/tier 3/tier 4)	\$25/\$105/\$210/30% up to \$350 per script	\$25/\$105/\$210/30% up to \$350 per script	\$25/\$105/\$210/30% up to \$350 per script	\$25/\$105/\$210/30% up to \$350 per script	\$25/\$105/\$210/30% up to \$350 per script	\$25/\$105/\$210/30% up to \$350 per script

Network: Prudent Buyer PPO – our most comprehensive statewide PPO network.

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

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

‡ Deductible waived for drugs on the PreventiveRx Plus drug list – \$10 for tier 1 preventive drugs and \$50 for tier 2 preventive drugs.

1 Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

2 Cost share applies to LHO online medical visits with primary care medical doctors and behavioral health visits with psychiatrists and therapists. In addition, free visits for Future Moms Breastfeeding Support and EAP counseling visits on LHO are included with all Anthem medical plans.

3 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery. Plans use the Essential Drug List.

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

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

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

The below overview represents in-network benefits. Our PPO plans include out-of-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/.

Plans offered by Anthem Blue Cross Life and Health Insurance Company.

Plan type	PPO		PPO HSA		
Plan name	Anthem Balanced PPO 40/1500/20% [○] *NEW*	Anthem Balanced PPO 25/2500/20% [○]	Anthem Balanced PPO 2800/0% w/HSA PrevRx [○]	Anthem Balanced PPO 2000/20% w/HSA PrevRx ^{△,○}	Anthem Balanced PPO 4000/20% w/HSA PrevRx [○] *NEW*
Network	Prudent Buyer PPO	Prudent Buyer PPO	Prudent Buyer PPO	Prudent Buyer PPO	Prudent Buyer PPO
Contract code	62FL	5TY2	5TY4	5TXS	62FN
Deductible (individual/family)	\$1,500/\$3,000	\$2,500/\$5,000	\$2,800/\$5,600	\$2,000/\$4,000	\$4,000/\$8,000
Out-of-network deductible (individual/family)	\$3,000/\$6,000	\$5,000/\$10,000	\$5,600/\$11,200	\$4,000/\$8,000	\$8,000/\$16,000
Coinsurance	20%	20%	0%	20%	20%
Out-of-network coinsurance	50%	50%	50%	50%	50%
Out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$7,000/\$14,000	\$4,000/\$8,000	\$4,000/\$8,000	\$5,200/\$10,400
Out-of-network out-of-pocket maximum (individual/family)	\$13,000/\$26,000	\$14,000/\$28,000	\$8,000/\$16,000	\$8,000/\$16,000	\$10,400/\$20,800
Office visits: Primary care (PCP)/Specialist (SPC) ¹	PCP: \$40 SPC: \$80	PCP: \$25 SPC: \$50	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Online doctor visits: LiveHealth Online ²	\$0 for first 3 visits, then \$5	\$0 for first 3 visits, then \$5	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Urgent care (facility)	\$80	\$50	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency room (facility)	Deductible, then \$350 and 20% coinsurance	Deductible, then \$350 and 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: ambulatory outpatient surgery center	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then \$200 and 20% coinsurance	Deductible, then \$200 and 20% coinsurance	Deductible, then \$200 and 0% coinsurance	Deductible, then \$200 and 20% coinsurance	Deductible, then \$200 and 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Pharmacy deductible ³ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]
Retail pharmacy: 30-day supply (tier 1/tier 2/tier 3/tier 4)	Level 1: \$10/\$35/\$70/30% up to \$350 per script Level 2: \$20/\$50/\$85/40% up to \$450 per script	Level 1: \$10/\$35/\$70/30% up to \$350 per script Level 2: \$20/\$50/\$85/40% up to \$450 per script	Level 1: 0% Level 2: 10% up to \$450 per script	Level 1: 20% up to \$350 per script Level 2: 30% up to \$450 per script	Level 1: 20% up to \$350 per script Level 2: 30% up to \$450 per script
Home delivery pharmacy: 90-day supply ⁴ (tier 1/tier 2/tier 3/tier 4)	\$25/\$105/\$210/30% up to \$350 per script	\$25/\$105/\$210/30% up to \$350 per script	0%	20% up to \$1,050 per script	20% up to \$1,050 per script

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We're in this together

Let us help you save more time

Thank you for letting us partner with you. We understand that providing health benefits is an important decision for small businesses. That's why we're doing everything we can to offer the highest-quality coverage while keeping costs down. And we're right by your side to help make things simpler for you through the process.

Easier than ever

Our plans were put together with small businesses in mind – they're simple to understand, administer and use!

Questions? We're here to help. Call your Anthem representative.

