



# Strong ideas for better health

SMALL GROUP MEDICAL PORTFOLIO HIGHLIGHTS

**California** | Effective January 1, 2021

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## Bringing your clients and their employees a better future

Today more than ever, the need for health care innovation is top of mind for all of us and is the force that drives all we do. This year's portfolio for small groups offers products and services that are evolving to improve access to care and lower costs.

Your clients can count on new ideas for affordability in pharmacy; a new focus on whole health and prevention; and products that address cost, such as Site of Service.



# Retail pharmacy networks

## New changes bring new savings

### Rx Choice Tiered Network offers a way to control costs through a preferred pharmacy network

All of our Small Group plans (except SHOP mirror plans) are changing to our tiered pharmacy network, Rx Choice Tiered Network.

Rx Choice Tiered Network offers high-quality health care services to members, while controlling costs. There are currently more than 66,000 pharmacies in the Rx Choice Tiered Network nationwide. Pharmacies are structured on two levels.

Level 1	Level 2
<ul style="list-style-type: none"> <li>Includes about 25,000 preferred pharmacies in the network.</li> <li>Members pay less out of pocket than Level 2 cost shares.</li> <li>Lower contract rates mean lower costs for you.</li> </ul>	<ul style="list-style-type: none"> <li>Includes nonpreferred pharmacies in the network.</li> <li>Members can choose the pharmacy they want and pay a little more out of pocket.</li> </ul>

#### Example — copays by pharmacy level for Anthem Platinum PPO 5/250/15%:

Level 1:	Level 2:
Tier 1: \$5	Tier 1: \$15
Tier 2: \$35	Tier 2: \$50
Tier 3: \$70	Tier 3: \$85
Tier 4: 30% up to \$250 per script	Tier 4: 40% up to \$250 per script

Members who are impacted will receive a letter notifying them of changes to their pharmacy network and steps on how to transfer prescriptions. To search for network pharmacies, members can download our Sydney Health mobile app or visit [anthem.com/ca/pharmacyinformation](https://www.anthem.com/ca/pharmacyinformation).

### Standard Rx Network offers greater savings for our SHOP mirror plan members

Small Group SHOP mirror plans are changing from our broad, open-access National Network to our new Standard Network. The Standard Network includes 59,000 pharmacies nationwide where members can fill their prescriptions.

- The network excludes Walgreens and Walgreens-owned pharmacies.
- It offers nationwide access to many well-known chains and large stores, such as CVS, Kroger, and Walmart.
- Most independent pharmacies are part of this network.

2020 SHOP mirror plan name	2021 SHOP mirror plan name
Anthem Platinum Select PPO 15/10%	Anthem Platinum Select PPO 15/10%
Anthem Gold Select PPO 25/250/20%	Anthem Gold Select PPO 25/350/20%
Anthem Silver Select PPO 50/2250/20%	Anthem Silver Select PPO 50/2250/30%
Anthem Bronze Select PPO 6900/0% w/HSA	Anthem Bronze Select PPO 7000/0% w/HSA

### R90 Maintenance Network offers cost advantages for 90-day Rx supplies

With the R90 Maintenance Network, members receive a 90-day supply of covered drugs from maintenance retail pharmacies, including CVS, for the home delivery rate.



# IngenioRx home delivery

Members who take medications regularly will be enrolled in home delivery and can either choose or opt out of the service. If they opt out, they can continue to use their retail pharmacy.

Members can also choose to receive a 90-day supply at participating R90 pharmacies, such as CVS, for many maintenance and nonmaintenance drugs on their drug list, at the same cost as home delivery.



# New Whole Health plan portfolio

## Innovations that support total wellness

Our new offering takes seven of our most popular medical plan designs and expands embedded coverage beyond standard pediatric dental/vision and adult vision exam benefits.

With enhanced dental and vision benefits embedded in their medical plan, employers have the convenience of one rate and a simplified enrollment experience. This will provide “whole health” care at a more affordable price.

The chart below compares standard embedded coverage on all our plans and the enhanced benefits of Whole Health (WH) plans:

Whole Health plans now include enhanced embedded dental and vision benefits

Dental	Standard embedded benefits included with all Affordable Care Act (ACA) plans:	Enhanced embedded benefits only on plan names noted with WH:
Coverage	Pediatric only	Pediatric and adult (age 19 and older)
Deductible	Medical plan deductible applies	\$50/person, waived for diagnostic and preventive
Diagnostic and preventive	Anthem pays 100% after deductible	Anthem pays 100%, deductible waived
Basic coverage (fillings, extractions)	50% after deductible	20% after deductible
Major coverage	50% after deductible	50% after deductible
Annual benefit maximum	None	\$1,000 for adults (not applicable to pediatric)
Network	Dental Prime	Dental Prime
Vision	Standard embedded benefits included with all Affordable Care Act (ACA) plans:	Enhanced embedded benefits only on plan names noted with WH:
Pediatric	\$0 copay for exam, frames, lenses, or contacts	Remains the same
Adult (age 19 and older)	\$20 copay for vision exam	\$20 copay for vision exam and eyeglass lenses \$130 frame or contact lens allowance

Below are the plans selected to offer Whole Health benefits, as noted by the WH indicator in the plan name:

- Anthem Platinum PPO 5/250/15% WH
- Anthem Gold PPO 35/500/25% WH
- Anthem Gold PPO 35/1000/20% WH
- Anthem Silver PPO 45/1750/40% WH
- Anthem Silver PPO 55/2500/45% WH
- Anthem Bronze PPO 5600/45% w/HSA WH
- Anthem Bronze PPO 6950/0% w/HSA WH

See your Plan Summary for details.

# New Silver PPO 2500/35% w/HSA with PreventiveRx

Members enjoy first dollar coverage for select preventive drugs — before the deductible

Our new health savings account (HSA) plan design on both PPO and Select PPO networks allows the deductible to be bypassed for drugs on the ACA Preventive Care drug list. Members pay the applicable cost share for Tier 1 and Tier 2 — and the deductible is waived.

This can help keep costs affordable to prevent illness and other health conditions, including chronic conditions such as:

- Asthma
- Heart disease
- Osteoporosis
- Blood clots
- High blood pressure
- Stroke
- Diabetes
- High cholesterol

PreventiveRx is only offered on the new plans listed below (as noted with PrevRx in the plan name):

New plans	Deductible	Out-of-pocket maximum	In-network coinsurance	RxChoice Tiered Level 1/Level 2
<b>Anthem Silver PPO 2500/35% w/HSA PrevRx</b>	Subscriber-only coverage \$2,500;	\$6,950 member; \$13,900 family	35%	<ul style="list-style-type: none"> <li>• PrevRx \$10/\$60 (deductible waived)</li> <li>• Medical deductible applies to T1-4</li> <li>• Level 1: \$20/\$65/\$100/30% up to \$250 per script</li> <li>• Level 2: \$25/\$100/\$115/40% up to \$250 per script</li> </ul>
<b>Anthem Silver Select PPO 2500/35% w/HSA PrevRx</b>	Subscriber and family coverage \$2,800 per member; \$5,000 per family			

# New Bronze PPO option

Bronze PPO plan offers unlimited copays — before the deductible

As California has adopted new expanded Bronze AV legislation, we have been able to design a new Bronze plan option on both PPO and Select PPO networks. This option offers a traditional plan design similar to other metal levels.

The new plan features:

- Unlimited copays with deductible waived for primary care and specialist office visits, including other office visits such as rehabilitative/habilitative therapy and urgent care visits.
- A separate pharmacy deductible that is waived for Tier 1 drugs.
- A seamless downgrade option from the same plan structure as Silver PPO but with higher cost shares and a lower premium.

Plan name and contract codes	Deductible*	Out-of-pocket maximum*	Primary care / specialist copay	In-network coinsurance	Emergency room	RxChoice Tiered Level 1/Level 2
<b>Anthem Bronze PPO 75/7300/40%</b>	\$7,300	\$8,550	\$75/\$110	40%	\$250 + 40%	<ul style="list-style-type: none"> <li>• \$750 deductible (T2-4)*</li> <li>• \$25/\$115/\$160/30%</li> <li>• \$25/\$130/\$180/40%</li> </ul>
<b>Anthem Bronze Select PPO 75/7300/40%</b>						

\* Amounts listed are per member; family amounts can be found on the *Summary of Benefits*.

# Site of Service

Lower cost shares for services at ambulatory surgery centers, radiology centers, and preferred reference labs are available

All plans now include Site of Service (SOS) benefits 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. When these same services are received at an outpatient hospital, a higher cost share will apply.

Providers under the SOS benefits are not part of or owned by a hospital, and they bill independently, meaning they are not under a hospital's name or ID number. Providers such as radiology, reference laboratories, and ambulatory surgical facilities meet these criteria and are considered "freestanding" SOS providers.

SOS benefits offer the following:

- Preferred reference labs: Anthem pays 100% or 100% after deductible.
- Radiology centers: Lower cost share will apply. For PPO plans, additional copay applies for advanced imaging at an outpatient hospital.
- Ambulatory surgical center: Lower cost share will apply. For PPO plans, additional copay will now apply for surgeries at an outpatient hospital.

This applies to PPO, PPO w/HSA, and HMO plans. It does not apply to certain plans, such as SHOP mirror plans or HSA 100% plans.



# Highlights of benefit design changes

To meet regulatory compliance and to ensure that we provide optimal benefit levels of coverage for our members, we have modified the plans below.

Benefit	What is the change?	Why this is important
<b>Priority Select HMO Plan enhancement</b>	Just like our Bronze PPO plans, the Priority Select HMO plans will now offer LiveHealth Online visits at no charge for the first 12 visits, then \$5.	Provides greater access to primary care and behavioral health providers.
<b>Telehealth/telemedicine visit with specialist</b>	Cost share changed from mapping to primary care doctor copay amount to now mapping to specialist copay amount.	The appropriate copay is mapped for members seeing a specialist online.
<b>Drug cost-share assistance programs</b>	For specialty drugs that qualify for drug cost-share assistance programs offered by drug manufacturers to reduce a deductible, copay, or coinsurance, we historically have applied the retail cost. Now, only the actual reduced amount will apply to the member's deductible and/or out-of-pocket limit.	Appropriately applies only the actual amount that the member pays to the accumulator.
<b>First dollar copays on lab and X-ray in nonfacility setting</b>	HMO and PPO (non-HSA) plans, cost share is reduced to \$10, \$15, \$20, or \$25 copays for both lab and X-rays.	Lowers cost share when more cost-efficient nonfacility settings are used, such as an office or urgent care.
<b>Reduced Rx deductible</b>	Rx deductible reduced on the following plans on all networks: <ul style="list-style-type: none"> <li>• Gold PPO 30/500/20%: from \$250 to \$200</li> <li>• Silver HMO 55: from \$600 to \$400</li> </ul>	Members can obtain drugs at a lower out-of-pocket cost.
<b>Reduced Rx cost shares</b>	Rx cost shares enhanced on the following plans on all networks: <ul style="list-style-type: none"> <li>• Bronze PPO 4600/50%: Medical deductible waived for Tier 1 drugs</li> <li>• Platinum HMO 20 and Platinum HMO 25: Tier 1 copay reduced from \$15 to \$10</li> </ul>	Members can obtain drugs at a lower out-of-pocket cost.



# Evidence of coverage

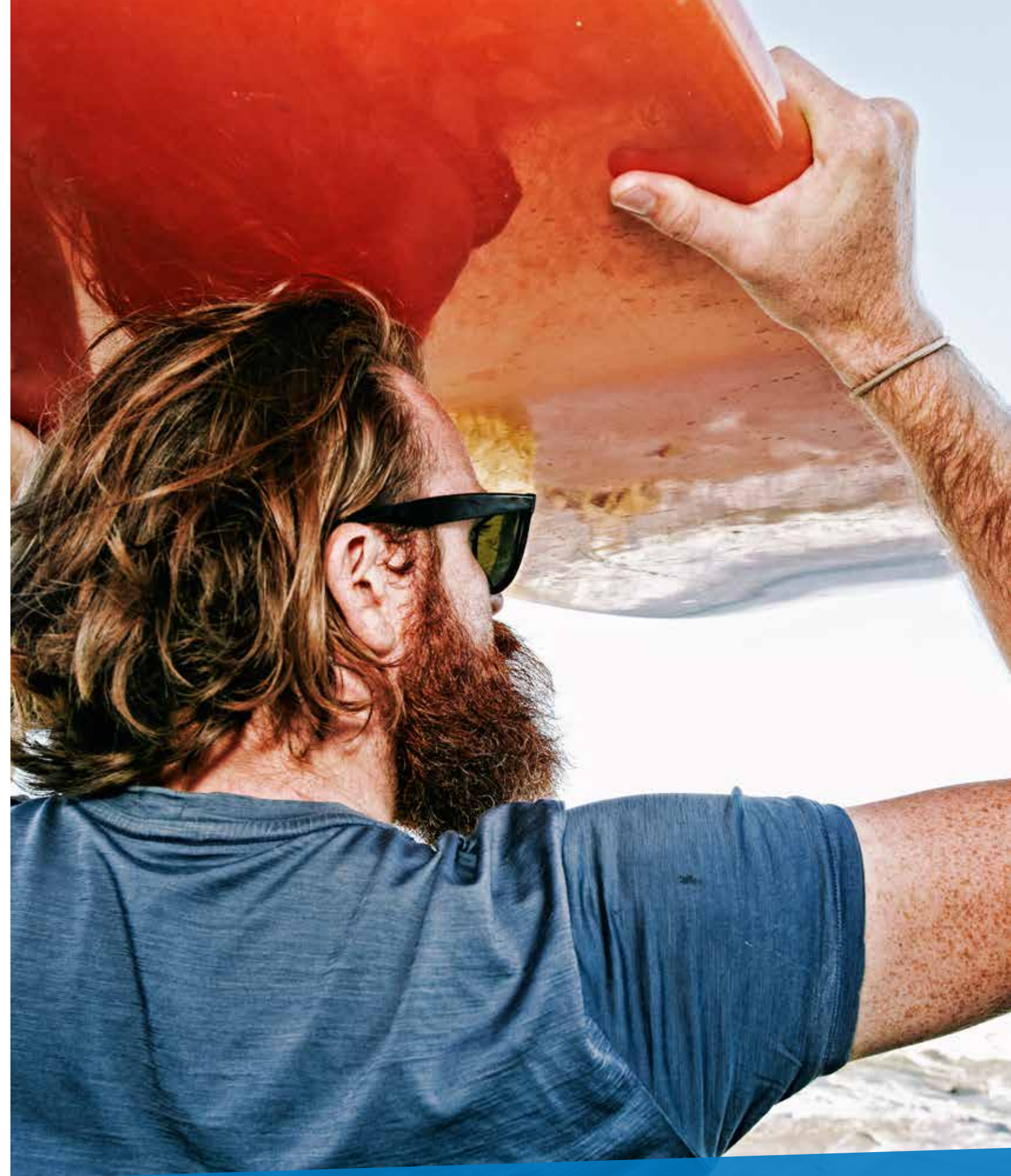
To help bring our members quality and cost-effective solutions, the updates to our evidence of coverage (EOC) are listed below and applied across the portfolio in 2021.

<b>Air ambulance transport</b> for nonemergency, out-of-network provider (AB 651 effective January 1, 2020)	Same as in-network cost-sharing amount (in-network copay or coinsurance), limited to an Anthem maximum payment of \$50,000/trip. Balance billing is also prohibited.
<b>Clinical trials</b> (SB 583 effective January 1, 2020)	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</b> (AB 577 effective January 1, 2020)	Extends the provision to cover those who have been diagnosed with maternal mental health conditions.
<b>Fertility preservation</b> (SB 600 effective January 1, 2020)	Expands standard fertility preservation coverage from under the infertility benefit to cover as a basic health care 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</b> (AB 744 effective January 1, 2021)	Adds requirements that the copay or coinsurance applied is on the same basis and to the same extent as services provided in person.
<b>LiveHealth Online (LHO): Specialist visits</b>	Language added that outlines how the benefit for LHO visits with a specialty provider maps to the same cost share as specialist visits in the office.

# Plan name changes

Plans below had benefit changes to cost shares, impacting the plan name.

2020 plan	2021 plan
<b>PPO plans</b>	
Anthem Platinum PPO 5/250/20% (5B0C, 5B0D, 5B0E, 5B0F) Anthem Platinum Select PPO 5/250/20% (5B1N, 5B1P, 5B1Q, 5B1R)	<b>Anthem Platinum PPO 5/250/15%</b> (5SRE, 5SRF, 5SRG, 5SRH) <b>Anthem Platinum Select PPO 5/250/15%</b> (5SRJ, 5SRK, 5SRL, 5SRM)
Anthem Gold PPO 5/1400/30% (5B0G, 5B0H, 5B0J, 5B0K) Anthem Gold Select PPO 5/1400/30% (5B1J, 5B1K, 5B1L, 5B1M)	<b>Anthem Gold PPO 5/1500/30%</b> (5SRN, 5SRP, 5SRQ, 5SRR) <b>Anthem Gold Select PPO 5/1500/30%</b> (5SRS, 5SRT, 5SRU, 5SRV)
Anthem Silver PPO 50/2000/40% (4HWX, 4HWY, 4HWZ, 4HX0) Anthem Silver Select PPO 50/2000/40% (4HX1, 4HX2, 4HX3, 4HX4)	<b>Anthem Silver PPO 50/2200/40%</b> (5SYH, 5SYJ, 5SYK, 5SYL) <b>Anthem Silver Select PPO 50/2200/40%</b> (5SYM, 5SYN, 5SYP, 5SYQ)
Anthem Bronze PPO 70/6300/35% (4HY3, 4HY4, 4HY5, 4HY6, 5KYL, 5KYM, 5KYN, 5KYP) Anthem Bronze Select PPO 70/6300/35% (4HY7, 4HY8, 4HY9, 4HYA, 5KYQ, 5KYR, 5KYS, 5KYT)	<b>Anthem Bronze PPO 70/6600/35%</b> (5SXH, 5SXJ, 5SXK, 5SXL) <b>Anthem Bronze Select PPO 70/6600/35%</b> (5SXM, 5SXN, 5SXP, 5SXQ)
Anthem Bronze PPO 3950/50% (4J08, 4J09, 4J0A, 4J0B) Anthem Bronze Select PPO 3950/50% (4J0C, 4J0D, 4J0E, 4J0F)	<b>Anthem Bronze PPO 4600/50%</b> (5SR6, 5SR7, 5SR8, 5SR9) <b>Anthem Bronze Select PPO 4600/50%</b> (5SRA, 5SRB, 5SRC, 5SRD)
<b>PPO w/HSA plans</b>	
Anthem Bronze PPO 5000/45% w/HSA (52SE, 52SH, 52SF, 52SG) Anthem Bronze Select PPO 5000/45% w/HSA (52H6, 52H9, 52H7, 52H8)	<b>Anthem Bronze PPO 5600/45% w/HSA</b> (5STU, 5STV, 5STW, 5STX) <b>Anthem Bronze Select PPO 5600/45% w/HSA</b> (5STY, 5STZ, 5SU0, 5SU1)
Anthem Bronze PPO 6600/0% w/HSA (52SJ, 52SM, 52SK, 52SL) Anthem Bronze Select PPO 6600/0% w/HSA (52HD, 52HA, 52HB, 52HC)	<b>Anthem Bronze PPO 6950/0% w/HSA</b> (5SU2, 5SU3, 5SU4, 5SU5) <b>Anthem Bronze Select PPO 6950/0% w/HSA</b> (5SU6, 5SU7, 5SU8, 5SU9)
<b>HMO plans</b>	
Anthem Gold HMO 35/500/20% (5B0L, 5B0M, 5B0N, 5B0P) Anthem Gold Select HMO 35/500/20% (5B1A, 5B1B, 5B1C, 5B1D) Anthem Gold Priority Select HMO 35/500/20% (5B1E, 5B1F, 5B1G, 5B1H)	<b>Anthem Gold HMO 35/700/20%</b> (5SRW, 5SRX, 5SRY, 5SRZ) <b>Anthem Gold Select HMO 35/700/20%</b> (5SS0, 5SS1, 5SS2, 5SS3) <b>Anthem Gold Priority Select HMO 35/700/20%</b> (5SS4, 5SS5, 5SS6, 5SS7)
<b>SHOP mirror plans</b>	
Anthem Gold Select PPO 25/250/20% (4HZ9, 4HZA, 4HZB, 4HZC)	<b>Anthem Gold Select PPO 25/350/20%</b> (5SUS, 5SUT, 5SUU, 5SUV)
Anthem Silver Select PPO 50/2250/20% (4HZN, 4HZP, 4HZQ, 4HZR)	<b>Anthem Silver Select PPO 50/2250/30%</b> (5SV5, 5SV6, 5SV7, 5SV8)
Anthem Bronze Select PPO 6900/0% w/HSA (4HZJ, 4HZK, 4HZL, 4HZM)	<b>Anthem Bronze Select PPO 7000/0% w/HSA</b> (5SV1, 5SV2, 5SV3, 5SV4)





# Key resources for 2021 benefit changes

**Easy Renew Site** is your source for a complete list of 2021 benefit changes by plan and marketing material, including:

- Benefit to Benefit (B2B) Comparison, which has a complete list of benefit changes by plan (under Annual notices > Renewal Inserts).
- 2021 Small Group Product Portfolio At-A-Glance: Simplified guide of Small Group medical products.
- 2021 Small Group Product grid: Expanded guide insert of medical products.
- 2021 Plan Comparison Tool.

## Keeping you informed to help you sell well

The changes we've made are the result of our continuing effort to bring members better and more affordable health care. As always, if you have any questions, please contact your representative. Together, we can help guide all members to a world of better health.

## Would you like to learn more?

Contact your Anthem Sales representative.

This document is only a brief summary of benefits and services. Our plans have exclusions, limitations and terms under which the Evidence of Coverage may be continued in force or discontinued. For cost and complete details on what's covered and what isn't, Review the Evidence of Coverage, call your Anthem Blue Cross authorized sales representative and go to [anthem.com/ca](http://anthem.com/ca).

All product offerings are subject to regulatory review and approval and are subject to change. Plans offered by Anthem Blue Cross.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross.

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