

Remember...a complete package gives you ultimate savings.

Be sure to ask your Anthem Blue Cross agent about these spectacular savings opportunities.

Complete your benefits package and save while you're at it!

If you're just offering medical coverage to your employees, you're only getting part of the rewards, savings and benefits easily available to you. Here's how our dental, vision and life plans can complete your package.

1% medical savings - When you purchase \$25,000 or more in life coverage along with medical, you'll save 1 percent* on your medical plans - making life insurance more affordable than ever.

6% life savings plus 6% dental savings - When you purchase both \$25,000 or more in life coverage and any of our insured dental plans at the same time, you'll save 6 percent on your life premium and 6 percent on your dental premium. That's in addition to the 1 percent savings on your medical premium!

* .90 is the best Risk Adjustment Factor available

And, when you buy our EmployeeElect plans, you're also surrounding your employees with easy, practical ways to improve and manage their health.

360° Health offers access to:

- Online resources
- Interactive health programs
- Discounts on health-related products

Summary of HMO Coverage

From Anthem Blue Cross

This chart describes benefits in general terms and all comparisons are for in-network providers only. This is not a contract or solicitation of an application; an application for coverage is solicited only by a formal quote.

	SIMPLE & CONSISTENT							
Offered by Anthem Blue Cross	Power SelectHMO	Power \$35 SelectHMO NEW!	Saver HMO	Saver \$30 HMO NEW!	Classic HMO	Classic \$30 HMO NEW!	HMO 100%	HMO \$25 100% NEW!
Maximum Lifetime In-Network Benefits	Unlimited lifetime benefits per member		Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member	Unlimited lifetime benefits per member
Your Choices	Our most affordable HMO plans comes with their own network. (Note: These plans may not be offered along with any of our non-SelectHMOs.)		These plans' low premiums + high benefits = affordable solutions your employees will appreciate.		These plans are a traditional choice for an ideal balance of benefits and value.		Our richest HMO benefits are included in these comprehensive plans.	
Annual Medical Deductible	\$500 per member (Applies to inpatient and outpatient facility services, ambulatory surgical centers and dialysis centers, except medical emergencies)	\$1,000 per member (Applies to inpatient and outpatient facility services, ambulatory surgical centers and dialysis centers, except medical emergencies)	\$1,500 per member (Applies to inpatient and outpatient facility services, ambulatory surgical centers and dialysis centers, except medical emergencies)	\$2,500 per member (Applies to inpatient and outpatient facility services ambulatory surgical centers and dialysis centers, except medical emergencies)	None	None	None	None
Annual Out-of-Pocket Maximum⁷	\$2,250 per single member \$4,500 family aggregate ⁸ deductible applies to annual out-of-pocket maximum	\$3,000 per single member \$6,000 family aggregate ⁸ deductible applies to annual out-of-pocket maximum	\$2,250 per single member \$4,500 family aggregate ⁸ deductible applies to annual out-of-pocket maximum	\$3,000 per single member \$6,000 family aggregate ⁸ deductible applies to annual out-of-pocket maximum	\$1,750 per single member \$3,500 family aggregate ⁸	\$2,500 per single member \$5,000 family aggregate ⁸	\$1,750 per single member \$3,500 family aggregate ⁸	\$1,750 per single member \$3,500 family aggregate ⁸
Office Visits	\$25 copay for medical group or primary care physician visits; \$35 copay for specialist and referral care visits (not subject to deductible)	\$35 copay for medical group or primary care physician visits; \$50 copay for specialist and referral care visits (not subject to deductible)	\$20 copay (not subject to deductible)	\$30 copay for medical group or primary care physician visits; \$40 copay for specialist and referral care visits (not subject to deductible)	\$20 copay	\$30 copay for medical group or primary care physician visits; \$40 copay for specialist and referral care visits	\$10 copay	\$25 copay
Professional Services Including maternity, diagnostic lab and X-rays	No charge ¹²	No charge ¹²	No charge ¹²	No charge ¹²	No charge ¹²	No charge ¹²	No charge ¹²	No charge ¹²
Hospital Inpatient and Outpatient Facility Services	10% inpatient copay after deductible 20% outpatient copay after deductible	20% inpatient copay after deductible 30% outpatient copay after deductible	No charge after deductible	No charge after deductible	\$250 inpatient copay 20% outpatient copay	\$500 inpatient copay 20% outpatient copay	No charge	No charge
Prescription Drugs⁹ Amounts shown are for a 30-day retail supply; up to a 60-day supply is available through mail order (copays apply to each 30-day supply)	\$15 generic \$25 brand-name after annual \$150 brand-name prescription drug deductible per member	\$15 generic \$25 brand-name after annual \$150 brand-name prescription drug deductible per member	\$10 generic \$25 brand-name after annual \$150 brand-name prescription drug deductible per member	\$10 generic \$25 brand-name after annual \$150 brand-name prescription drug deductible per member	\$10 generic \$25 brand-name after annual \$150 brand-name prescription drug deductible per member	\$10 generic \$25 brand-name after annual \$150 brand-name prescription drug deductible per member	\$10 generic \$20 brand-name after annual \$150 brand-name prescription drug deductible per member	\$10 generic \$20 brand-name after annual \$150 brand-name prescription drug deductible per member
Network Service	Served by SelectHMO Network (not available in all counties)		Served by the Anthem Blue Cross HMO (California Care Network), which is available in most counties. Employers that offer HMO coverage must choose plans from either the CaliforniaCare Network or the Power SelectHMO Network; plans from both networks may not be offered side by side.					

Notes:

- Basic PPO and Saver PPO are basic hospital and limited professional benefits plans. Some covered services are limited.
- The \$500 deductible applies to hospital inpatient facility and professional services, hospital outpatient surgery, medical emergency, radiation therapy, hemodialysis treatment, infusion therapy, acupuncture/acupressure, professional services related to covered hospital outpatient surgical services, ambulance, skilled nursing facility stays, home health care, and covered mental health services (see note 3 about the separate \$5,000 deductible).
- The \$5,000 deductible (separate from the \$500 deductible) begins to accumulate after annual initial office visits (2 per adult/4 per child) are used and after initial maximum diagnostic lab and X-rays benefits are paid by the plan (see Certificate for details); once a member meets the \$5,000 deductible then office visits, diagnostic lab and X-ray charges and additional eligible covered expenses are covered at 100% of eligible charges. Once two members of a family meet the \$5,000 deductible, the entire family is covered at 100% of eligible charges.
- Per family amount is aggregate, i.e., when one or more family member's eligible covered expenses (combined) meet this amount, the requirement is satisfied for all covered family members.
- Anthem Blue Cross Life and Health Insurance Company will pay in-network and out-of-network covered services (except prescription drugs) at 100% of covered expense up to the First Dollar Coverage (FDC) maximum. After FDC has been exhausted, the deductible must be satisfied before Anthem Blue Cross Life and Health Insurance Company will pay for subsequent covered services. FDC will not be applied toward the annual deductible. If member is enrolled prior to the last quarter of the year, any FDC balance is automatically carried over to the next year. FDC can be carried over to a maximum of two times the FDC (e.g., \$500 x 2 = \$1,000).
- Anthem Blue Cross Life and Health will pay in-network and out-of-network covered services (including prescription drugs) at 100% of covered expense up to the Health Incentive Allocation (HIA). After HIA has been exhausted, the deductible must be satisfied before Anthem Blue Cross Life and Health will pay for subsequent covered services (note: in-network preventive care is not subject to the deductible). HIA will be applied toward the annual deductible and there is unlimited carryover. If your effective date starts in a month other than January, the amount of your HIA will be prorated based on the month of the effective date. If you do not use the full amount of your allocation by the end of the year, the unused portion will be carried over for use in the next year.
- Expenses that contribute to the annual out-of-pocket maximum vary from plan to plan and have restrictions and limitations. Refer to each plan's Combined Evidence of Coverage and Disclosure Form (EOC) or Certificate for full details.
- 30% of the negotiated fee for self-administered injectable drugs, except insulin (subject to brand-name prescription drug deductible on some plans).
- If a member selects a brand-name drug when a generic equivalent drug is available, even if the physician writes a "dispense as written" or "do not substitute" prescription, the member will be responsible for the generic copay plus the difference in cost between the brand-name drug and the generic equivalent drug. The amount paid does not apply to the member's brand-name deductible.
- Members may select a brand-name drug when a generic drug is available if the physician writes, "dispense as written" or "do not substitute" prescription.
- Maximum annual benefit is \$200 for members covered more than six months and \$100 for members covered six months or less.
- Maternity services are subject to an office visit copay.

EmployeeElect



With Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company, your employees get the dependable, high-quality benefits they want, while you get the pricing flexibility you need. Sit back and relax...and let EmployeeElect work for you.

anthem.com/ca



EmployeeElect Health Care Plans

Designed for businesses with 2-50 employees. Customize your choices. Control your costs.

All Small Group HMO Medical & Dental plans, Premier \$10/\$20 Copay plans and PPO \$30/\$40 Copay plans are offered by Anthem Blue Cross. All other Small Group Medical, Dental, Vision, Group Term Life and AD&D products are offered by Anthem Blue Cross Life and Health Insurance Company. Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensees of the Blue Cross Association.

Workers' Compensation coverage is provided through Employers' Compensation Insurance Company, a separate company that does not offer Blue-branded products or services. Administrative services for the Premium Only Plan (P.O.P.) are provided by Ceridian Benefit Services, Inc., an independent company that is not affiliated with Anthem Blue Cross, its affiliates or parent organization.

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THIS BROCHURE IS AN OVERVIEW OF COVERAGE. A COMPREHENSIVE DESCRIPTION OF COVERAGE, BENEFITS, EXCLUSIONS AND LIMITATIONS IS CONTAINED IN THE CERTIFICATES AND/OR COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORMS.

Helping your employees stay healthy all year long

Summary of PPO Coverage

From Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company

Customize your choices. Control your costs.

With EmployeeElect, you can:

- Choose from PPO, HMO, HSA-compatible, and consumer-driven health plans
- Customize your package with a wide variety of plan designs
- Offer just one, a combination of a few, or all plans
- Control the cash flow – simply choose the option that works for you, and your employees will pay the rest through payroll deductions:
 - Fixed dollar contribution – you pay \$100 or more (in \$5 increments)
 - Traditional contribution – you pay 50 percent or more
 - Percentage and plan contribution – you pay 50 percent or more, tied to a specific plan (excluding Basic PPO)
- Save even more when you add dental, vision, life and Workers' Comp with medical
- Surround your employees with our 360° Health, a valuable health and well-being program provided with every plan
- Be assured your rates and benefits are guaranteed for at least one year
- Manage your coverage in one seamless online experience with EmployerAccess

Note: For Lumenos® plans, 360° Health programs may vary.

Call your Anthem Blue Cross agent today to get started customizing your benefits package now!

	AFFORDABLE PROTECTION				SOLUTION			DOLLARS & SENSE					FIRST THINGS FIRST			IDEAL BALANCE			SUPERIOR DESIGNS									
	Basic PPO**	Saver PPO**	PPO \$45 Copay GenRx**	PPO \$35 Copay GenRx**	Solution 2500 PPO**	Solution 3500 PPO**	Solution 5000 PPO**	PPO 3500 (HSA-Compatible)**	PPO 2400 (HSA-Compatible)**	Lumenos® HSA 3000 (HSA-Compatible)**	Lumenos® HSA 2000 (HSA-Compatible)**	Lumenos® HSA 1500 (HSA-Compatible)**	High Deductible EPO*	PPO Power HealthFund 500**	PPO Power HealthFund 750**	Lumenos® HIA Plus 3000**	PPO \$40 Copay*	PPO \$30 Copay*	Advantage PPO \$25 Copay**	Premier PPO \$20 Copay*	Premier PPO \$10 Copay*							
Maximum Lifetime Benefits	\$5,000,000 in lifetime benefits per member				\$5,000,000 in lifetime benefits per member			\$5,000,000 in lifetime benefits per member					\$5,000,000 in lifetime benefits per member			\$5,000,000 in lifetime benefits per member			\$5,000,000 in lifetime benefits per member									
Your Choices	Our most affordable PPO plan offers peace of mind with valuable hospital coverage.	This affordable PPO plan provides hospital coverage as well as benefits for professional services.	Generic-only drug coverage keeps premiums low and benefits high for these unique plans.		This modest premium plan with a high deductible provides a predictable office visit copayment, preventive care and physical exams covered prior to the deductible.			This state-of-the-art solution works hand-in-hand with a Health Savings Account (HSA), giving your employees the benefits of a health plan and financial strategy all in one.					These consumer-driven health plans offer: <ul style="list-style-type: none"> • 100% coverage for preventive care in-network only before the annual deductible is met • Compatibility with a tax-advantaged HSA that helps pay for medical care and prescriptions • An out-of-pocket "bridge" to traditional health coverage • Comprehensive PPO coverage 			As an EPO (Exclusive Provider Organization), benefits are available in-network only. This plan also allows eligible employees to take advantage of tax benefits when they open a separate health savings account (HSA).			These plans give you first-dollar coverage for many of the services you need most.			These popular plans provide comprehensive coverage with mid-range premiums, low deductibles and low office visit copays.			Rich benefits and a low office visit copay make this plan a leading choice.		These high-end plans offer rich benefits, including comprehensive brand-name drug coverage - giving them a truly superior design.	
Annual Medical Deductible	\$1,250 per member 2-member maximum	\$500 per member 2-member maximum Separate \$5,000 deductible for additional office visits and certain diagnostic lab, X-ray and hospital outpatient services ^{1,3}	\$750 per member 2-member maximum	\$500 per member 2-member maximum	\$2,500 per member; 2 member maximum, in-network and out-of-network combined	\$3,500 per member; 2 member maximum, in-network and out-of-network combined	\$5,000 per member; 2 member maximum, in-network and out-of-network combined	\$3,500 per single member \$7,000 family aggregate ⁴ Medical/pharmacy combined	\$2,400 per single member \$4,800 family aggregate ⁴ Medical/pharmacy combined	\$3,000 per single member \$6,000 family aggregate ⁴ Medical/pharmacy combined	\$2,000 per single member \$4,000 family aggregate ⁴ Medical/pharmacy combined	\$1,500 per single member \$3,000 family aggregate ⁴ Medical/pharmacy combined	\$2,000 per single member \$4,000 family aggregate ⁴ Medical/pharmacy combined	First Dollar Coverage (FDC): \$500 per single member \$1,000 family aggregate ⁴ Does not include prescription drugs Annual Medical Deductible accrues after FDC exhausted: \$1,000 per single member \$2,000 family aggregate ⁴	First Dollar Coverage (FDC): \$750 per single member \$1,500 family aggregate ⁴ Does not include prescription drugs Annual Medical Deductible accrues after FDC exhausted: \$500 per single member \$1,000 family aggregate ⁴	Health Incentive Plan Allocation (HIA): \$1,000 per single member \$2,000 family aggregate ⁴ Includes prescription drugs Annual Deductible accrues after HIA exhausted: Medical/Pharmacy Combined \$3,000 per single member \$6,000 family aggregate ⁴	\$500 per member 2-member maximum	\$500 per member 2-member maximum	\$250 per member 2-member maximum	\$250 per member 2-member maximum	\$250 per member 2-member maximum							
Annual Out-of-Pocket Maximum⁷	Deductible plus \$2,000 per member, 2-member maximum	\$2,000 per member, for eligible covered expenses only; 2-member maximum	\$4,500 per member; 2-member maximum	\$4,000 per member; 2-member maximum	\$5,000 per member; 2 member maximum	\$5,000 per member; 2 member maximum	\$7,500 per member; 2 member maximum	\$4,000 per single member \$7,500 family aggregate ⁴ Medical/pharmacy combined	\$3,600 per single member \$5,500 family aggregate ⁴ Medical/pharmacy combined	\$3,000 per single member \$6,000 family aggregate ⁴ Medical/pharmacy combined	\$2,000 per single member \$4,000 family aggregate ⁴ Medical/pharmacy combined	\$1,500 per single member \$3,000 family aggregate ⁴ Medical/pharmacy combined	\$3,100 per single member \$5,700 family aggregate ⁴ Medical/pharmacy combined	\$5,000 per single member \$10,000 family aggregate ⁴	\$5,000 per single member \$10,000 family aggregate ⁴	\$3,000 per single member \$6,000 family aggregate ⁴ Medical/pharmacy combined	\$4,500 per member 2-member maximum	\$4,000 per member 2-member maximum	\$3,600 per member 2-member maximum	\$3,000 per member 2-member maximum	\$2,500 per member 2-member maximum							
Office Visits	Not covered	Initial office visits: First 2 per adult /first 4 per child; \$20 copay, (not subject to deductible) Additional office visits: Member pays 100% up to \$5,000 per year; then Anthem Blue Cross pays 100% of eligible expenses	First 12 per member; \$45 copay Additional visits: 45% (not subject to deductible)	First 12 per member; \$35 copay Additional visits: 45% (not subject to deductible)	\$25 copay (not subject to annual deductible)	\$35 copay (not subject to annual deductible)	\$40 copay (not subject to annual deductible)	\$35 copay after deductible	0% after deductible Preventive care, including nationally recommended preventive care services, at 0% (not subject to deductible)			20% after deductible	\$40 copay after FDC and deductible ⁸	\$35 copay after FDC and deductible ⁸	0% after HIA and deductible ⁸ Preventive care, including nationally recommended preventive care services, at 0% (not subject to deductible)	First 12 per member; \$40 copay Additional visits: 45% (not subject to deductible)	First 12 per member; \$30 copay Additional visits: 45% (not subject to deductible)	First 12 per member; \$25 copay Additional visits: 45% up to \$900 10% from \$901 to \$3,600 (not subject to deductible)	First 12 per member; \$20 copay Additional visits: 40% (not subject to deductible)	First 12 per member; \$10 copay Additional visits: 30% (not subject to deductible)								
Professional Services	Limited services 20% after deductible	Limited professional services including maternity; 20% for covered services after deductible Diagnostic lab and X-rays; maximum \$500 Anthem Blue Cross payment (not subject to deductible)	45% after deductible	35% after deductible	25% after annual deductible	35% after annual deductible	40% after annual deductible	0% after deductible	20% after deductible	0% after deductible			20% after deductible	40% after FDC and deductible ⁸	25% after FDC and deductible ⁸	0% after HIA and deductible ⁸	40% after deductible	30% after deductible	30% up to \$900 and then 10% from \$901 to \$3,600 after deductible	20% after deductible	10% after deductible							
Hospital Inpatient	20% after deductible	20% for inpatient services, outpatient surgery and infusion therapy after \$500 deductible	45% after deductible	35% after deductible	25% after deductible	35% after deductible	40% after deductible	0% after deductible	20% after deductible	0% after deductible			20% after deductible	40% after FDC and deductible ⁸	25% after FDC and deductible ⁸	0% after HIA and deductible ⁸	40% after deductible	30% after deductible	30% up to \$900 and then 10% from \$901 to \$3,600 after deductible	20% after deductible	10% after deductible							
Prescription Drugs	\$10 generic \$25 brand-name ^{9,10} \$500 maximum Anthem Blue Cross payment per member per year (after that, retail supply; mail order service is available)	\$10 generic \$25 brand-name ^{9,10} \$500 maximum Anthem Blue Cross payment per member per year (after that, continued access to pharmacy discounts)	\$15 generic ⁹ (GenRx Prescription Drug Formulary only)	\$15 generic ⁹ (GenRx Prescription Drug Formulary only)	\$15 generic \$25 formulary brand ⁹ \$50 non-formulary brand ⁹ \$250 brand-name prescription drug deductible per member	\$15 generic \$35 formulary brand ⁹ \$50 non-formulary brand ⁹ \$250 brand-name prescription drug deductible per member	\$15 generic \$35 formulary brand ⁹ \$50 non-formulary brand ⁹ \$250 brand-name prescription drug deductible per member	\$10 generic \$25 brand-name ^{9,10} after deductible	0% after deductible			\$10 generic \$25 brand-name ^{9,10} after deductible	\$10 generic \$35 brand-name ^{9,10} after annual \$250 brand-name prescription drug deductible per member	\$10 generic \$30 brand-name ^{9,10} after annual \$150 brand-name prescription drug deductible per member	0% after HIA and deductible ⁸ Member payments apply to combined medical/pharmacy annual deductible.	\$15 generic ^{9,10} \$25 brand-name ^{9,10} after annual \$150 brand-name prescription drug deductible per member	\$15 generic ^{9,10} \$25 brand-name ^{9,10} after annual \$150 brand-name prescription drug deductible per member	\$15 generic ^{9,10} \$25 brand-name ^{9,10}	\$15 generic \$25 brand-name ^{9,10}	\$10 generic \$20 brand-name ^{9,10}								
Preventive Care	20% of negotiated fee after deductible	20% of negotiated fee (not subject to deductible)	\$45 office visit copay (not subject to deductible) plus 45% for all other covered services after deductible	\$35 office visit copay (not subject to deductible) plus 35% for all other covered services after deductible	\$25 office visit copay (not subject to deductible) plus 25% after annual deductible, for all other covered services beyond that related office visit	\$35 office visit copay (not subject to deductible) plus 35% after annual deductible, for all other covered services beyond that related office visit	\$40 office visit copay (not subject to deductible) plus 40% after annual deductible, for all other covered services beyond that related office visit	\$35 office visit copay (not subject to deductible) plan pays 100% of negotiated fee for all other covered services after deductible	\$35 office visit copay (not subject to deductible) plus 20% for all other covered services beyond that related office visit	0% Includes nationally recommended preventive care services. (not subject to deductible)			20% after deductible	\$40 office visit copay plus 40% for all other covered services after FDC and deductible ⁸	\$35 office visit copay plus 25% for all other covered services after FDC and deductible ⁸	0% Includes nationally recommended preventive care services (not subject to deductible)	\$40 office visit copay (not subject to deductible) plus 40% for all other covered services after deductible	\$30 office visit copay (not subject to deductible) plus 30% for all other covered services after deductible	\$25 office visit copay (not subject to deductible) plus 30% up to \$900, and then 10% from \$901 to \$3,600 for all other covered services after deductible	\$20 office visit copay (not subject to deductible) plus 20% for all other covered services after deductible	\$10 office visit copay (not subject to deductible) plus 10% for all other covered services after deductible							
HealthyCheck™	\$25 or \$75 copay options (not subject to deductible)	\$25 or \$75 copay options (not subject to deductible)	\$25 or \$75 copay options (not subject to deductible)	\$25 or \$75 copay options (not subject to deductible)	Not applicable	Not applicable	Not applicable	\$25 or \$75 copay options (not subject to deductible)	\$25 or \$75 copay options (not subject to deductible)	Not covered			\$25 or \$75 copay options (not subject to deductible)	\$25 or \$75 copay options (not subject to deductible)	\$25 or \$75 copay options (not subject to deductible)	Not covered	\$25 or \$75 copay options (not subject to deductible)	\$25 or \$75 copay options (not subject to deductible)	\$25 or \$75 copay options (not subject to deductible)	\$25 or \$75 copay options (not subject to deductible)	\$25 or \$75 copay options (not subject to deductible)							
Annual Physical Exam	Not covered	Not covered	Not covered	Not covered	Not subject to annual deductible; \$25 copay for office visit plus 25% for all other services beyond that related office visit	Not subject to annual deductible; \$35 copay for office visit plus 35% for all other services beyond that related office visit	Not subject to annual deductible; \$40 copay for office visit plus 40% for all other services beyond that related office visit	\$35 office visit copay, plus any negotiated fee amount in excess of the Anthem Blue Cross payment ¹¹ (not subject to deductible)	\$35 office visit copay; 20% for all other covered services plus any negotiated fee amount in excess of the Anthem Blue Cross payment ¹¹ (not subject to deductible)	Covered under preventive care benefits			Not covered	Not covered	Not covered	Covered under preventive care benefits	Not covered	Not covered	\$25 office visit copay, plus 30% for all other covered services up to \$900, and then 10% from \$901 to \$3,600 ¹¹ (not subject to deductible)	\$20 office visit copay plus 20% for all other covered services ¹¹ (not subject to deductible)	\$10 office visit copay plus 10% for all other covered services ¹¹ (not subject to deductible)							

All benefit comparisons are for in-network providers. All benefits are subject to applicable deductible(s) or copayment(s). This is a high-level overview only; refer to the Combined Evidence of Coverage and Disclosure Form or Certificate for a comprehensive description of coverage, benefits, special circumstances and limitations. Please note that in-network providers accept Anthem Blue Cross negotiated fee rates as payment in full for covered services. Benefits listed are based on the negotiated fee rate for in-network providers (out-of-network providers can charge more than the negotiated fee rate). When members use an out-of-network provider, they must pay the applicable copayment or coinsurance, plus any charges that exceed that allowable amount.