

## A guide to choosing your Anthem Blue Cross health plan

City of Riverside

Premier HMO/Value HMO/Premier PPO

Effective January 1, 2015



## An Anthem Blue Cross ID card means something

It means you have access to quality care from quality doctors. It means you can always get your questions answered. It means you have our support before you ever need health care. And that's what this guide is for. We want you to have everything you need to make a good decision.

**We're also giving you a personalized Enrollment Resource webpage where you can:**

- View and save a digital version of this guide.
- Find a doctor in your network.
- View your full plan details.

View your enrollment resources at  
<http://enrollment.anthem.com/CityofRiverside>.

# Choose a health plan that works for you

Invest in your health with the right health plan.

The doctors, hospitals and other health care providers in our network have agreed to charge lower rates for our members.

## HMO

**Health Maintenance Organization.** It's a type of health plan where you only get care from a network of doctors in your area. You'll need to choose a main doctor, also called a primary care doctor, from the HMO network. If you need a specialist, you'll most likely have to go through your primary care doctor to get a referral.

Visit [anthem.com/ca/HMObasics](https://www.anthem.com/ca/HMObasics) to watch a video explaining the basics of an HMO.

Some HMO plans may have different rules. So be sure to check your plan details.

## PPO

**Preferred Provider Organization.** This type of plan covers services from almost any doctor or hospital, but you get a discount if you use a provider from the PPO network. You pay more if you go to a doctor who's not in the PPO network. You don't usually need a referral from your main doctor, also called a primary care doctor, to see a specialist.

Visit [anthem.com/ca/PPObasics](https://www.anthem.com/ca/PPObasics) to watch a video explaining the basics of a PPO.

Some PPO plans may have different rules. So be sure to check your plan details.



Our Anthem ID card means I can choose my child's doctor.

# Frequently asked questions (FAQs)

You can register at [anthem.com/ca](http://anthem.com/ca) – your simple and convenient solution to managing your health

## Can I keep my current doctor?

Yes, you can. But keep in mind that you get the most out of your plan if your doctor is part of the network. Some plans cover only services from network doctors, which means you pay for the full cost if you see a doctor outside the network. Other plans cover services from doctors outside the network – but your plan pays more of the cost when you see a network doctor. Be sure to check the details of your plan.

To find out if your doctor is in our network, or to find a new doctor or pharmacy in our network, go to our **Find a Doctor** tool on [anthem.com/ca](http://anthem.com/ca). You can search by specialty and check a doctor's training, certifications and member reviews. Be ready to enter your plan name to view the network that serves your plan. You can also use **Find a Doctor** on your smartphone.

## What prescription drugs are covered?

If your plan uses a tiered drug list, view the drugs we cover at [www.anthem.com/ca/national3tier](http://www.anthem.com/ca/national3tier).

If your plan uses Generic Premium, view the drugs we cover at [www.anthem.com/ca/generic](http://www.anthem.com/ca/generic).

And here's a tip: you'll often pay less for generic versions of higher-cost name brand drugs.

If you have complex or long-term conditions, you may need "specialty" drugs. Your coverage includes these types of drugs and the support you may need when you take them.

To learn more about pharmaceutical programs that may apply to your coverage, check out the Customer Support section on [anthem.com/ca](http://anthem.com/ca). Then go to FAQs > Pharmacy.

## How do I enroll?

You enroll by filling out a paper form.

## How do I use my health plan when I need care?

After you enroll, your member ID card will come in the mail. Be sure to bring it with you to the doctor.

## Is preventive care covered?

Yes, preventive care from a network provider is covered at

100%. It's very important to take care of your health with regular checkups even when you feel fine. So talk to your doctor about screenings and immunizations that you may need to protect your health.

## Can I manage my health care on the Web?

Yes. As soon as you become a member, you'll be able to register at [anthem.com/ca](http://anthem.com/ca). It's designed to help you manage your health care and your coverage simply and conveniently. Many of our members find these self-service tools helpful:

- Check on your claims.
- Find a doctor or pharmacy.
- Check the price of a drug and refill a prescription.
- Track your health care spending.
- Compare quality and costs at hospitals and other facilities.
- Take your Health Assessment to learn about your health risks so you can address them.

Visit [anthem.com/ca/guidedtour](http://anthem.com/ca/guidedtour) to watch a video explaining how our website can help you.

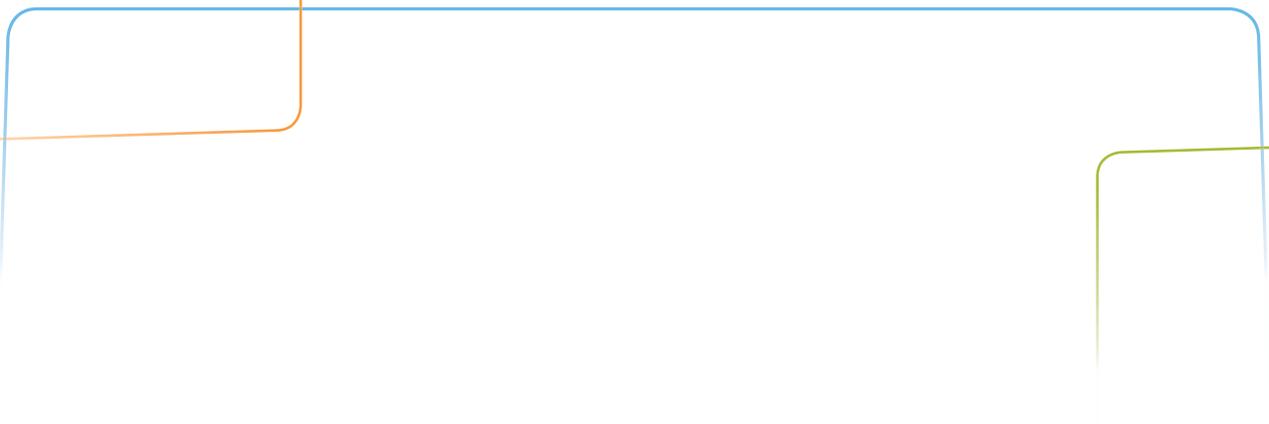
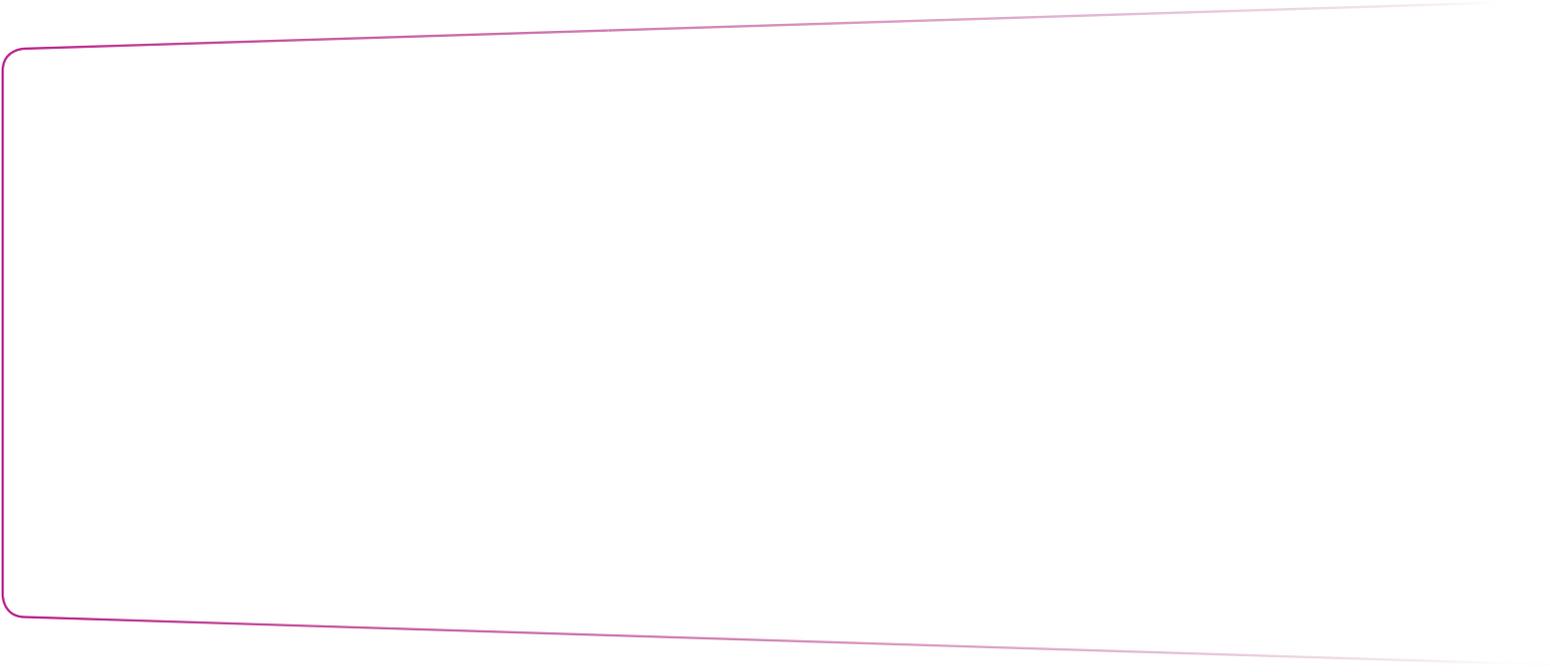
## How can my plan help me save money?

You'll save money every time you go to a doctor in network – they've agreed to charge lower rates for Anthem members. But we'll also help save you money before you go to the doctor.

At [anthem.com/ca](http://anthem.com/ca), you can compare how much a medical procedure will cost at different locations. Plus, all members get discounts on health-related products.

## **Your health plan details**

In this next section, you'll find out what's covered by your plan, how much you'll pay when going to different types of doctors, and more.



# Your Summary of Benefits

## City of Riverside



### Custom Premier HMO 15

**This Summary of Benefits is a brief overview of your plan's benefits only. For more detailed information about the benefits in your plan, please refer to your Certificate of Insurance or Evidence of Coverage (EOC), which explains the full range of covered services, as well as any exclusions and limitations for your plan.**

Anthem Blue Cross HMO benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association (IPA), except services provided under the "ReadyAccess" program, OB/GYN services received within the member's medical group/IPA, and services for all mental and nervous disorders and substance abuse. Benefits are subject to all terms, conditions, limitations, and exclusions of the Policy.

#### Annual copay maximum:

Individual \$1,500; Family \$3,000

The following copay does not apply to the annual copay maximum: for infertility services. After an annual copay maximum is met for medical and prescription drugs during a calendar year, the individual member or family will no longer be required to pay a copay or coinsurance for medical and prescription drug covered expenses for the remainder of that year. The member remains responsible for non-covered expenses infertility services.

Covered Services	Per Member Copay
<b>Preventive Care Services</b>	
Preventive Care Services including*, physical exams, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunizations, health education, intervention services, HIV testing), and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration. *This list is not exhaustive. This benefit includes all Preventive Care Services required by federal and state law.	No copay
<b>Smoking Cessation Program</b>	No copay
<b>Physician Medical Services</b>	
• Office & home visits	\$15/visit
• Specialists	\$15/visit
• Skilled nursing facility visits	No copay
• Hospital visits	No copay
• Injectable medications in physician's office (excluding allergy serum and immunization)	No copay
• Surgeon & Surgical assistant	No copay
• Anesthesiologist or anesthesiologist	No copay
<b>Acupuncture</b>	\$15/visit
<b>Outpatient Medical Services</b> (Services received in a hospital, other than emergency room services, or in any facility that is affiliated with a hospital)	
• Outpatient surgery & supplies	No copay
• Advanced Imaging	No copay
• All other X-ray & laboratory tests (including genetic testing)	No copay
• Radiation therapy, chemotherapy & hemodialysis treatment & Infusion therapy	No copay
• Other Outpatient Medical Services including: Rehabilitation Therapy (Physical, Occupational, or Speech Therapy, limited to a 60-day period of care)	No copay
<b>General Medical Services</b> (when performed in non-hospital-based facility)	
• Advanced Imaging	No copay
• All other X-ray & laboratory tests (including genetic testing)	No copay
• Allergy testing & treatment (including serums)	\$15/visit
• Radiation therapy, chemotherapy & hemodialysis treatment & Infusion therapy	No copay
• Rehabilitation Therapy (Physical, Occupational, or Speech Therapy or Chiropractic Care, limited to 60-days period of care)	No copay
<b>Emergency Care</b>	

Covered Services	Per Member Copay
<ul style="list-style-type: none"> <li>Physician &amp; medical services</li> <li>Outpatient hospital emergency room services</li> </ul>	No copay \$50/visit ( <i>waived if admitted</i> )
<b>Inpatient Medical Services</b> Semi-private room or private room, medically necessary services & supplies	No copay
<b>Urgent Care</b> <i>(out of service area)</i>	\$15/visit ( <i>copay waived if admitted inpatient or outpatient ER. For in area, contact your PCP or medical group</i> )
<b>Skilled Nursing Facility</b> <i>(limited to 100 days/calendar year)</i> <ul style="list-style-type: none"> <li>All necessary services &amp; supplies (<i>excluding take-home drugs</i>)</li> </ul>	No copay
<b>Ambulance Services</b> <ul style="list-style-type: none"> <li>Transportation when medically necessary</li> </ul>	No copay
<b>Ambulatory Surgical Center</b> <ul style="list-style-type: none"> <li>Outpatient surgery &amp; supplies</li> </ul>	No copay
<b>Pregnancy and Maternity Care</b> Prenatal & postnatal Professional ( <i>physician</i> ) services <i>(For your Inpatient copay, see Inpatient Medical Services. For your Outpatient Services copay, see Outpatient Medical Services)</i>	\$15/visit
<b>Elective Abortions</b> ( <i>including prescription drug for abortion, mifepristone</i> )	\$150
<b>Prosthetic devices</b> ( <i>including Orthotics</i> )	No copay
<b>Durable medical equipment</b> <ul style="list-style-type: none"> <li>Rental and Purchase of DME (<i>hearing aids benefit available for one hearing aid per ear every three years; breast pump and supplies are covered under preventive care at no charge</i>)</li> </ul>	No copay
<b>Family Planning Services</b> <ul style="list-style-type: none"> <li>Infertility studies &amp; tests</li> <li>Female Sterilization (<i>including tubal ligation and counseling/consultation</i>)</li> <li>Male Sterilization</li> <li>Counseling &amp; consultation</li> </ul>	50% of covered expense <sup>†</sup> No copay \$50 \$15/visit
<b>Mental or Nervous Disorders and Substance Abuse</b> <ul style="list-style-type: none"> <li>Inpatient care (<i>pre-authorization required</i>)</li> <li>Physician hospital visits</li> <li>Outpatient Care</li> <li>Outpatient physician visits (<i>Behavioral Health treatment for Autism or Pervasive Development disorders require pre-service review</i>)</li> </ul>	No copay No copay No copay \$15/visit
<b>Home Health Care</b> <i>(limited to 100 visits/calendar year; one visit by a home health aide equals four hours or less)</i>	\$15/visit
<b>Hospice Care</b> ( <i>Inpatient or outpatient services; family bereavement services</i> )	No copay
<b>Organ and Tissue Transplant</b> <ul style="list-style-type: none"> <li>Inpatient Care</li> <li>Physician office visits</li> <li>Specialist office visits</li> </ul>	No copay \$15/visit \$15/visit

This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits. This Summary of Benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).

† Not applicable to the annual copay maximum

## Exclusions and Limitations

**Care Not Approved.** Care from a health care provider without the OK of primary care doctor, except for emergency services or urgent care.

**Care Not Covered.** Services before the member was on the plan, or after coverage ended.

**Care Not Listed.** Services not listed as being covered by this plan.

**Care Not Needed.** Any services or supplies that are not medically necessary.

**Crime or Nuclear Energy.** Any health problem caused: (1) while committing or trying to commit a felony, as long as any injuries are not a result of a medical condition or an act of domestic violence; or (2) by nuclear energy, when the government can pay for treatment.

**Experimental or Investigative.** Any experimental or investigative procedure or medication. But, if member is denied benefits because it is determined that the requested treatment is experimental or investigative, the member may ask that the denial be reviewed by an external independent medical review organization, as described in the Evidence of Coverage (EOC).

**Government Treatment.** Any services the member actually received that were given by a local, state or federal government agency, except when this plan's benefits, must be provided by law. We will not cover payment for these services if the member is not required to pay for them or they are given to the member for free.

**Services Given by Providers Who Are Not With Anthem Blue Cross HMO.** We will not cover these services unless primary care doctor refers the member, except for emergencies or urgent care.

**Services Not Needing Payment.** Services the member is not required to pay for or are given to the member at no charge, except services the member got at a charitable research hospital (not with the government). This hospital must: 1. Be known throughout the world as devoted to medical research. 2. Have at least 10% of its yearly budget spent on research not directly related to patient care. 3. Have 1/3 of its income from donations or grants (not gifts or payments for patient care). 4. Accept patients who are not able to pay. 5. Serve patients with conditions directly related to the hospital's research (at least 2/3 of their patients).

**Work-Related.** Care for health problems that are work-related if such health problems are or can be covered by workers' compensation, an employer's liability law, or a similar law. We will provide care for a work-related health problem, but, we have the right to be paid back for that care. See "Third Party Liability" below.

**Acupressure.** Acupressure, or massage to help pain, treat illness or promote health by putting pressure to one or more areas of the body.

**Air Conditioners.** Air purifiers, air conditioners, or humidifiers.

**Birth Control Devices.** Any devices needed for birth control which can be obtained without a doctor's prescription such as condoms.

**Blood.** Benefits are not provided for the collection, processing and storage of self-donated blood unless it is specifically collected for a planned and covered surgical procedure.

**Braces or Other Appliances or Services** for straightening the teeth (orthodontic services).

**Clinical Trials.** Services and supplies in connection with clinical trials, except as specified as covered in the Evidence of Coverage (EOC).

**Commercial weight loss programs.** Weight loss programs, whether or not they are pursued under medical or doctor supervision, except as specified as covered in the EOC. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs. This exclusion does not apply to medically necessary treatments for morbid obesity or for treatment of anorexia nervosa or bulimia nervosa.

**Consultations** given by telephone or fax.

**Cosmetic Surgery.** Surgery or other services done only to make the member: look beautiful; to improve appearance; or to change or reshape normal parts or tissues of the body. This does not apply to reconstructive surgery the member might need to: get back the use of a body part; have for breast reconstruction after a mastectomy; correct or repair a deformity caused by birth defects, abnormal development, injury or illness in order to improve function, symptomatology or create a normal appearance. Cosmetic surgery does not become reconstructive because of psychological or psychiatric reasons.

**Custodial Care or Rest Cures.** Room and board charges for a hospital stay mostly for a change of scene or to make the member feel good. Services given by a rest home, a home for the aged, or any place like that.

**Dental Services or Supplies.** Dentures, bridges, crowns, caps, or dental prostheses, dental implants, dental services, tooth extraction, or treatment to the teeth or gums. Cosmetic dental surgery or other dental services for beauty purposes.

**Diabetic Supplies.** Prescription and non-prescription diabetic supplies, except as specified as covered in the EOC.

**Eye Exercises or Services and Supplies for Correcting Vision.** Optometry services, eye exercises, and orthoptics, except for eye exams to find out if the member's vision needs to be corrected. Eyeglasses or contact lenses are not covered. Contact lens fitting is not covered.

**Eye Surgery for Refractive Defects.** Any eye surgery just for correcting vision (like nearsightedness and/or astigmatism). Contact lenses and eyeglasses needed after this surgery.

**Food or Dietary Supplements.** Nutritional and/or dietary supplements, except as specified as covered in the EOC or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.

**Health Club Membership.** Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment, or facilities used for developing or maintaining physical fitness, even if ordered by a doctor. This exclusion also applies to health spas.

**Hearing Aids.** Hearing aids or services for fitting or making a hearing aid, except as specified as covered in the EOC.

**Immunizations.** Immunizations needed to travel outside the USA.

**Infertility Treatment.** Any infertility treatment including artificial insemination or in vitro fertilization & sperm bank.

**Lifestyle Programs.** Programs to help member change how one lives, like fitness clubs, or dieting programs. This does not apply to cardiac rehabilitation programs approved by the medical group.

**Mental or nervous disorders.** Academic or educational testing, counseling. Remediating an academic or education problem, except as stated as covered in the EOC.

**Nicotine Use.** Programs to stop smoking or the treatment of nicotine or tobacco use if the program is not affiliated with Anthem.

**Non-Prescription Drugs.** Non-prescription, over-the-counter drugs or medicines, except as specified as covered in the Evidence of Coverage (EOC).

**Orthopedic shoes and shoe inserts.** This exclusion does not apply to orthopedic footwear used as an integral part of a brace, shoe inserts that are custom molded to the patient, or therapeutic shoes and inserts designed to treat foot complications due to diabetes, as specifically stated in the EOC.

**Outpatient Drugs.** Outpatient prescription drugs or medications including insulin.

**Personal Care and Supplies.** Services for personal care, such as: help in walking, bathing, dressing, feeding, or preparing food. Any supplies for comfort, hygiene or beauty purposes.

**Private Contracts.** Services or supplies provided pursuant to a private contract between the member and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

**Routine Exams.** Routine physical or psychological exams or tests asked for by a job or other group, such as a school, camp, or sports program.

**Scalp hair prostheses.** Scalp prostheses, including wigs or any form of hair replacement.

**Sexual Problems.** Treatment of any sexual problems unless due to a medical problem, physical defect, or disease.

**Sterilization Reversal.** Surgery done to reverse a sterilization.

**Surrogate Mother Services.** For any services or supplies provided to a person not covered under the plan in connection with a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).

**Third Party Liability - Anthem Blue Cross** is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

**Varicose Vein Treatment.** Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) when services are rendered for cosmetic purposes.

**Coordination of Benefits -** The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverages do not exceed 100% of the covered expense.

*Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.*

The benefits described in this Rider are provided through an agreement between Anthem Blue Cross and American Specialty Health Plans of California (ASH Plans). The services listed below are covered only if provided by an ASH Plans Chiropractor. These benefits are provided in addition to the benefits described in the Anthem Blue Cross HMO Evidence of Coverage (EOC) document. However, when expenses are incurred for treatment received from an ASH Plans Chiropractor, no other benefits other than the benefits described in this Rider will be paid.

<b>Covered Services</b>	<b>Member's Copayment</b>
<b>Office Visit</b>	\$10/visit
<b>Maximum Benefits</b>	
Office Visits to a Chiropractor	30 visits per calendar year
Chiropractic appliances	\$50 per calendar year

**Covered Services**

**Chiropractor Services.** Member has up to 30 visits per calendar year for chiropractor care services that are determined by ASH Plans to be medically/clinically necessary. All visits to an ASH Plans chiropractor will be applied towards the maximum number of visits in a calendar year. The ASH Plans chiropractor is responsible for submitting a treatment plan to ASH Plans for prior approval.

Covered services include:

- An initial new patient exam by an ASH Plans chiropractor to determine the appropriateness of chiropractic services.
- Follow-up office visits as set forth in a treatment plan approved by ASH Plans and provided by an ASH Plans chiropractor.
- An established patient exam performed by an ASH Plans chiropractor to assess the need to continue, extend or change a treatment plan approved by ASH Plans.
- Adjunctive physiotherapy modalities and procedures as set forth in a treatment plan approved by ASH Plans and provided by ASH Plans chiropractor.
- Radiological x-rays and laboratory tests when prescribed by an ASH Plans chiropractor and approved by ASH Plans. Covered services include radiological consultations when determined by ASH Plans to be medically/clinically necessary and provided by a licensed chiropractic radiologist, medical radiologist, radiology group or hospital which has contracted with ASH Plans to provide those services.
- Chiropractic Appliances. Up to \$50 per calendar year when prescribed by an ASH Plans chiropractor and approved by ASH Plans. Covered chiropractic appliances are limited to:
  - elbow supports, back supports (thoracic), lumbar braces and supports, rib supports, or wrist supports;
  - cervical collars or cervical pillows;
  - ankle braces, knee braces, or wrist braces;
  - heel lifts;
  - hot or cold packs;
  - lumbar cushions;
  - rib belts or orthotics; and
  - home traction units for treatment of the cervical or lumbar regions.

# Chiropractic Rider Exclusions & Limitations

**Care Not Approved:** Any services provided by an ASH Plans chiropractor that are not approved by ASH Plans, except as specified as covered in the Evidence of Coverage (EOC). An ASH Plans chiropractor is responsible for submitting a treatment plan to ASH Plans for prior approval.

**Care Not Covered:** In addition to any service or supply specifically excluded in the EOC, no benefits will be provided for chiropractic services or supplies in connection with:

- Diagnostic scanning, such as magnetic resonance imaging (MRI) or computerized axial tomography (CAT) scans.
- Thermography.
- Hypnotherapy.
- Behavior training
- Sleep therapy
- Weight programs.
- Any non-medical program or service.
- Pre-employment exams, any chiropractic services required by an employer that are not medically/clinically necessary, or vocational rehabilitation.
- Services and/or treatments which are not documented as medically/clinically necessary.
- Massage therapy.
- Any service or supply for the exam and/or treatment by an ASH Plans chiropractor for conditions other than those related to neuromusculoskeletal disorders.
- Transportation costs including local ambulance charges.
- Education programs, non-medical self-care or self-help, or any self-help physical exercise training or any related diagnostic testing.
- Hospitalization, surgical procedures, anesthesia, manipulation under anesthesia, proctology, colonic irrigation, injections and injection services, or other related services.
- All auxiliary aids and services, including, but not limited to, interpreters, transcription services; written materials, telecommunications devices, telephone handset amplifiers, television decoders and telephone compatible with hearing aids;
- Adjunctive therapy not associated with spinal, muscle or joint manipulation.

- Laboratory and diagnostic x-ray studies, except as specified as covered in the EOC.

**Non-ASH Plans Chiropractors:** Services and supplies provided by a chiropractor who does not have an agreement with ASH Plans to provide covered services under this plan.

**Work Related:** Care for health problems that are work-related if such health problems are covered by workers' compensation, an employer's liability law or similar law. We will provide care for a work-related health problem, but we have the right to be paid back for that care as described in the EOC.

**Government Treatment:** Any services actually given to the member by a local, state or federal government agency, except when this plan's benefits, must be provided by law. We will not cover payment for these services if the member is not required to pay for them or they are given to the member for free.

**Drugs:** Prescription drugs or medicines, including a non-legend or proprietary medicine or medication not requiring a prescription.

**Supplements:** Vitamins, minerals, dietary and nutritional supplements or other similar products, and any herbal supplements.

**Air Conditioners:** Air purifiers, air conditioners, humidifiers, supplies or any other similar devices or appliances. All appliances or durable medical equipment, except as specified as covered in the EOC.

**Personal Items:** Any supplies for comfort, hygiene or beauty purposes, including therapeutic mattresses.

**Out-Of-Area and Emergency Care:** Out-of-area care is not covered under this Chiropractic Care benefit, except for emergency services. The member should follow the procedures specified by their Anthem Blue Cross HMO plan to obtain emergency or out-of-area care.

#### **Third Party Liability**

Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

**Anthem Blue Cross is the trade name of Blue Cross of California. Independent Licensee of the Blue Cross Association. © ANTHEM is a registered trademark. © The Blue Cross name and symbol are registered marks of the Blue Cross Association.**

# Your Summary of Benefits City of Riverside



## Custom \$10/\$25/\$40/20% \$100 Deductible (3 Family Max)

PLEASE NOTE: *This is only a summary of your benefits. Please refer to your Combined Evidence of Coverage and Disclosure Form ("EOC")/Certificate of Insurance ("Certificate") which explains your plan's Exclusions and Limitations as well as the full range of your covered services in detail.*

### Getting a Prescription Filled at a Participating Pharmacy

To get a prescription filled, you need only take your prescription to a participating pharmacy and present your member ID card. The amount you pay for a covered prescription - your copay - will be determined by the drug's type (whether the drug is a brand-name or generic medication and whether it is a formulary or non-formulary medication). A generic drug contains the same effective ingredients, meets the same standards of purity as its brand-name counterpart and typically costs less. In many situations, you have a choice of filling your prescription with a generic medication or a brand-name medication. The formulary is a list of approximately 600 recommended brand and generic medications. These medications have undergone extensive review for therapeutic value for a particular medical condition, safety and cost. Copies of our formulary are furnished to your providers and are available online at [anthem.com/ca](http://anthem.com/ca) under the Pharmacy section. You or your provider may also contact our Pharmacy Customer Service at 800-700-2541.

### Finding a Participating Pharmacy

Because our huge pharmacy network includes major drugstore chains plus a wide variety of independent pharmacies, it is easy for you to find a participating pharmacy. You can also find a participating pharmacy by calling Pharmacy Customer Service at 800-700-2541 or by going to our Web site at [anthem.com/ca](http://anthem.com/ca).

### Using a Participating Pharmacy

You can control the cost of your prescription drugs by using our network of participating pharmacies. Participating pharmacies have agreed to charge you not more than the prescription drug maximum allowed amount.

### Using a Non-Participating Pharmacy

If you choose to fill your prescription at a non-participating pharmacy, your

costs may increase. You will likely need to pay for the entire amount of the prescription and then submit a prescription drug claim form for reimbursement to us.

Members that submit claims from non-participating pharmacies are reimbursed based on the lesser of the billed charge or on a prescription drug maximum allowed amount. The prescription drug maximum allowed amount may be considerably less than you paid for your medication. You are responsible for paying any difference in cost between the prescription drug maximum allowed amount and what you paid for your medication.

You may obtain a prescription drug claim form by calling Pharmacy Customer Service at the toll-free number printed on your member ID card or by going to our Web site at [anthem.com/ca](http://anthem.com/ca).

### Home Delivery Program

If you take a prescription drug on a regular basis, you may want to take advantage of our mail service program. To fill a prescription through the mail, simply complete the Home Delivery form. You may obtain the form by calling Customer Service, at the toll-free number listed on your ID card or by going to our Web site at [anthem.com/ca](http://anthem.com/ca).

Please note that not all medications are available through the Home Delivery Program. Certain specialty pharmacy drugs are not available through the home delivery program, see Specialty Pharmacy Program below.

### Specialty Pharmacy Program

Specialty medications are usually dispensed as an injectable drug, but may be available in other forms, such as a pill or inhalant. They are used to treat complex conditions. Prescriptions for specified specialty pharmacy drugs are covered only when ordered through the specialty pharmacy program unless you are given an exception from the specialty drug program (*see EOC/Certificate for details*). The specialty pharmacy program will deliver your medication to you by mail or common carrier (*you cannot pick up your medication*). You may have to pay the full cost of a specialty pharmacy drug if it is not obtained from the specialty pharmacy program. Specialty drugs that must be obtained through the specialty pharmacy program are limited to a 30-day supply for each fill.

Covered Services (outpatient prescriptions only)	Per Member Cost Share for Each Prescription or Refill
<b>Calendar Year Pharmacy Deductible</b> <sup>f</sup>	\$100/member; maximum of three separate deductibles/family
<b>Retail Participating Pharmacy</b> <ul style="list-style-type: none"> <li>• Preventive immunizations administered by a retail pharmacy</li> <li>• Female oral contraceptives generic and single source brand</li> <li>• Generic drugs</li> <li>• Brand name formulary drugs<sup>†</sup></li> <li>• Brand name non-formulary drugs (<i>includes compound drugs</i>)<sup>†</sup></li> <li>• Self-administered injectable drugs, except insulin<sup>†</sup></li> </ul>	No copay ( <i>deductible waived</i> ) No copay ( <i>deductible waived</i> ) \$10 ( <i>deductible waived</i> ) \$25 \$40 20% of prescription drug maximum allowed amount ( <i>maximum \$150 copay per fill</i> )
<b>Home Delivery Program</b> <ul style="list-style-type: none"> <li>• Female oral contraceptives generic and single source brand</li> <li>• Generic drugs</li> <li>• Brand name formulary drugs<sup>†</sup></li> <li>• Brand name non-formulary drugs <sup>† ††</sup></li> <li>• Self-administered injectable drugs, except insulin<sup>†</sup></li> </ul>	No copay ( <i>deductible waived</i> ) \$10 ( <i>deductible waived</i> ) \$50 \$80 20% of prescription drug maximum allowed amount ( <i>maximum \$300 copay per fill</i> )
<b>Specialty Pharmacy Program</b>  Certain specialty pharmacy drugs must be obtained through the specialty pharmacy program and are limited to a 30 day supply. Please contact customer service number on the back of your ID card to see if your drug is on the specialty pharmacy program or you can get a list of drugs required to be dispensed by our specialty pharmacy program at <a href="http://anthem.com/ca">anthem.com/ca</a> . From our home page: Click on <b>Customer Care</b> ; Then select <b>"I need to: Choose: Download Forms"</b> ; In the pharmacy library section, click on <b>"Specialty Drug List."</b>	Applicable copay applies
<b>Non-participating Pharmacies</b> ( <i>compound drugs &amp; certain specialty pharmacy drugs not covered</i> )	Member pays the above retail pharmacy copay plus 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount
<b>Supply Limits</b> <sup>s</sup> <ul style="list-style-type: none"> <li>• Retail Pharmacy (<i>participating and non-participating</i>)</li> <li>• Home Delivery</li> <li>• Specialty Pharmacy</li> </ul>	30-day supply; 60-day supply for federally classified Schedule II attention deficit disorder drugs that require a triplicate prescription form, but require a double copay; 6 tablets or units/30-day period for impotence and/or sexual dysfunction drugs (available only at retail pharmacies)  90-day supply 30-day supply

The Prescription Drug Benefit covers the following:

- Preventive flu, shingles and pneumonia vaccines administered by a participating retail pharmacy.
- Outpatient prescription drugs and medications which the law restricts to sale by prescription.
- Formulas prescribed by a physician for the treatment of phenylketonuria.
- Folic acid supplementation prescribed by a physician for women planning to become pregnant (folic acid supplement or a multivitamin) prescribed by a physician.
- Aspirin prescribed by a physician for the reduction of heart attack or stroke prescribed by a physician.
- Smoking cessation products and over-the-counter nicotine replacement products (limited to nicotine patches and gum) as prescribed by physician.
- Prescription drugs prescribed by a physician to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products.
- Insulin.
- Syringes when dispensed for use with insulin and other self-injectable drugs or medications.
- All FDA-approved contraceptives for women, including oral contraceptives; contraceptive diaphragms and over-the-counter contraceptives prescribed by a doctor.
- Injectable drugs which are self-administered by the subcutaneous route (under the skin) by the patient or family member.
- Drugs that have Food and Drug Administration (FDA) labeling for self-administration.
- All compound prescription drugs that contain at least one covered prescription ingredient.
- Diabetic supplies (i.e., test strips and lancets).
- Prescription drugs for treatment of impotence and/or sexual dysfunction are limited to organic (non-psychological) causes.
- Inhaler spacers and peak flow meters for the treatment of pediatric asthma. These items are subject to the copay for tier 2 or tier 3 copay.
- Certain over-the-counter drugs approved by the Pharmacy and Therapeutics Process to be included in the prescription drug formulary.  
**Prescription drug cost shares are included in the medical out-of-pocket maximum. See medical plan summary of benefits for details.**

† Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program.

‡ Preferred Generic Program. If a member requests a brand name drug when a generic drug version exists, the member pays the generic drug copay plus the difference in cost between the prescription drug maximum allowed amount for the generic drug and the brand name drug dispensed, but not more than 50% of our average cost of that type of prescription drug. The Preferred Generic Program does not apply when the physician has specified "dispense as written" (DAW) or when it has been determined that the brand name drug is medically necessary for the member. In such case, the applicable copay for the dispensed drug will apply.

§ Supply limits for certain drugs may be different. Please refer to the EOC/Certificate for complete information.

f Members are responsible to pay the prescription drug maximum allowed amount until the pharmacy deductible is met unless deductible is specifically waived. Once the pharmacy deductible is met, members are responsible for the copay amount.

†† Compound drugs are not covered through home delivery; only covered through certain retail participating pharmacies.

## Prescription Drug Exclusions & Limitations

Immunizing agents, biological sera, blood, blood products or blood plasma.

Hypodermic syringes &/or needles, except when dispensed for use with insulin & other self-injectable drugs or medications.

Drugs & medications used to induce spontaneous & non-spontaneous abortions.

Drugs & medications dispensed or administered in an outpatient setting, including outpatient hospital facilities and physicians' offices.

Professional charges in connection with administering, injecting or dispensing drugs.

Drugs & medications that may be obtained without a physician's written prescription, except insulin or niacin for cholesterol lowering and certain over-the-counter drugs approved by the Pharmacy and Therapeutics Process to be included in the prescription drug formulary.

Drugs & medications dispensed by or while confined in a hospital, skilled nursing facility, rest home, sanatorium, convalescent hospital or similar facility.

Durable medical equipment, devices, appliances & supplies, even if prescribed by a physician, except contraceptive diaphragms, as specified as covered in the EOC/Certificate.

Services or supplies for which the member is not charged.

Oxygen.

Cosmetics & health or beauty aids. However, health aids that are medically necessary and meet the requirements as specified as covered in the EOC/Certificate.

Drugs labeled "Caution, Limited by Federal Law to Investigational Use," or experimental drugs.

Drugs or medications prescribed for experimental indications.

Any expense for a drug or medication incurred in excess of the prescription drug maximum allowed amount.

Drugs which have not been approved for general use by the Food and Drug Administration. This does not apply to drugs that are medically necessary for a covered condition.

Drugs used primarily for cosmetic purposes (e.g., Retin-A for wrinkles). However, this will not apply to the use of this type of drug for medically necessary treatment of a medical condition other than one that is cosmetic.

Drugs used primarily to treat infertility (including, but not limited to, Clomid, Pergonal and Metrodin), unless medically necessary for another condition.

Anorexiant and drugs used for weight loss, except when used to treat morbid obesity (e.g., diet pills & appetite suppressants).

Drugs obtained outside the U.S, unless they are furnished in connection with urgent care or an emergency.

Allergy desensitization products or allergy serum.

Infusion drugs, except drugs that are self-administered subcutaneously.

Herbal supplements, nutritional and dietary supplements.

Formulas and special foods for the treatment of phenylketonuria (PKU).

Prescription drugs with a non-prescription (over-the-counter) chemical and dose equivalent except insulin. This does not apply if an over-the-counter equivalent was tried and was ineffective.

Compound medications unless:

- a. There is at least one component in it that is a prescription drug; and
- b. It is obtained from a participating pharmacy. Member will have to pay the full cost of the compound medications if member obtains drug at a non-participating pharmacy.

Specialty pharmacy drugs that must be obtained from the specialty pharmacy program, but which are obtained from a retail pharmacy are not covered by this plan. Member will have to pay the full cost of the specialty pharmacy drugs obtained from a retail pharmacy that member should have obtained from the specialty pharmacy program.

Off label prescription drugs

Third Party Liability

Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

*Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association.® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.*

# Your Summary of Benefits

## City of Riverside



### Custom Value HMO 20/40/250/3 day

**This Summary of Benefits is a brief overview of your plan's benefits only. For more detailed information about the benefits in your plan, please refer to your Certificate of Insurance or Evidence of Coverage (EOC), which explains the full range of covered services, as well as any exclusions and limitations for your plan.**

Anthem Blue Cross HMO benefits are covered only when services are provided or coordinated by the primary care physician and authorized by the participating medical group or independent practice association (IPA), except services provided under the "ReadyAccess" program, OB/GYN services received within the member's medical group/IPA, and services for all mental and nervous disorders and substance abuse. Benefits are subject to all terms, conditions, limitations, and exclusions of the Policy.

#### Annual copay maximum:

Individual \$3,000; Family \$6,000

The following copay does not apply to the annual copay maximum: non-covered expenses and infertility services. After an annual copay maximum is met for medical and prescription drugs during a calendar year, the individual member or family will no longer be required to pay a copay or coinsurance for medical and prescription drug covered expenses for the remainder of that year. The member remains responsible for non-covered expenses and infertility services.

Covered Services	Per Member Copay
<b>Preventive Care Services</b>	
Preventive Care Services including*, physical exams, preventive screenings (including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunizations, health education, intervention services, HIV testing), and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration. *This list is not exhaustive. This benefit includes all Preventive Care Services required by federal and state law.	No copay
<b>Smoking Cessation Program</b>	No copay
<b>Physician Medical Services</b>	
<ul style="list-style-type: none"> <li>Office &amp; home visits</li> <li>Specialists</li> <li>Skilled nursing facility visits</li> <li>Hospital visits</li> <li>Injectable medications in physician's office (excluding allergy serum and immunization)</li> <li>Surgeon &amp; Surgical assistant</li> <li>Anesthesiologist or anesthetist</li> </ul>	\$20/visit \$40/visit No copay No copay 30%/up to \$150 maximum copay No copay No copay
<b>Acupuncture</b>	\$20/visit
<b>Outpatient Medical Services</b> (Services received in a hospital, other than emergency room services, or in any facility that is affiliated with a hospital)	
<ul style="list-style-type: none"> <li>Outpatient surgery &amp; supplies</li> <li>Advanced Imaging</li> <li>All other X-ray &amp; laboratory tests (including genetic testing)</li> <li>Radiation therapy, chemotherapy &amp; hemodialysis treatment &amp; Infusion therapy</li> <li>Other Outpatient Medical Services including: Rehabilitation Therapy (Physical, Occupational and Speech Therapy limited to a 60-day period of care)</li> </ul>	\$125/admit \$100/test No copay \$40/visit \$40/visit
<b>General Medical Services</b> (when performed in non-hospital-based facility)	
<ul style="list-style-type: none"> <li>Advanced Imaging</li> <li>All other X-ray &amp; laboratory tests (including genetic testing)</li> <li>Allergy testing &amp; treatment (including serums)</li> <li>Radiation therapy, chemotherapy &amp; hemodialysis treatment &amp; Infusion therapy</li> <li>Rehabilitation Therapy (Physical, Occupational, or Speech Therapy or Chiropractic Care, limited to 60-days period of care)</li> </ul>	\$100/test No copay \$20/visit \$40/visit \$20/visit

CONTINUED ON NEXT PAGE

Covered Services	Per Member Copay
<b>Emergency Care</b> <ul style="list-style-type: none"> <li>Physician &amp; medical services</li> <li>Outpatient hospital emergency room services</li> </ul>	No copay \$150/visit ( <i>waived if admitted inpatient</i> )
<b>Inpatient Medical Services</b> Semi-private room or private room, medically necessary services & supplies	\$250/day, up to 3 day max
<b>Urgent Care</b>	\$20/visit ( <i>copay waived if admitted inpatient and outpatient ER</i> )
<b>Skilled Nursing Facility</b> <i>(limited to 100 days/calendar year)</i> <ul style="list-style-type: none"> <li>All necessary services &amp; supplies (<i>excluding take-home drugs</i>)</li> </ul>	No copay
<b>Ambulance Services</b> <ul style="list-style-type: none"> <li>Transportation when medically necessary</li> </ul>	\$100/trip
<b>Ambulatory Surgical Center</b> <ul style="list-style-type: none"> <li>Outpatient surgery &amp; supplies</li> </ul>	\$125/admit
<b>Pregnancy and Maternity Care</b> Prenatal & postnatal Professional ( <i>physician</i> ) services <i>(For your Inpatient copay, see Inpatient Medical Services. For your Outpatient Services copay, see Outpatient Medical Services)</i>	\$20/visit
<b>Elective Abortions</b> ( <i>including prescription drug for abortion, mifepristone</i> )	\$150
<b>Prosthetic devices</b> ( <i>including Orthotics</i> )	No copay
<b>Durable medical equipment</b> <ul style="list-style-type: none"> <li>Rental and Purchase of DME (<i>hearing aids benefit available for one hearing aid per ear every three years; breast pump and supplies are covered under preventive care at no charge</i>)</li> </ul>	50%
<b>Family Planning Services</b> <ul style="list-style-type: none"> <li>Infertility studies &amp; tests</li> <li>Female Sterilization (<i>including tubal ligation and counseling/consultation</i>)</li> <li>Male Sterilization</li> <li>Counseling &amp; consultation</li> </ul>	50% of covered expense <sup>†</sup> No copay \$50 \$20/visit
<b>Mental or Nervous Disorders and Substance Abuse</b> <ul style="list-style-type: none"> <li>Inpatient care (<i>pre-authorization required</i>)</li> <li>Physician hospital visits</li> <li>Outpatient Care</li> <li>Outpatient physician visits (<i>Behavioral Health treatment for Autism or Pervasive Development disorders require pre-service review</i>)</li> </ul>	\$250/day, up to 3 day max No copay No copay \$20/visit
<b>Home Health Care</b> <i>(limited to 100 visits/calendar year; one visit by a home health aide equals four hours or less)</i>	\$20/visit
<b>Hospice Care</b> ( <i>Inpatient or outpatient services; family bereavement services</i> )	No copay
<b>Organ and Tissue Transplant</b> <ul style="list-style-type: none"> <li>Inpatient Care</li> <li>Physician office visits</li> <li>Specialist office visits</li> </ul>	\$250/day, up to 3 day max \$20/visit \$40/visit

This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits. This Summary of Benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).

† Not applicable to the annual copay maximum

## Exclusions and Limitations

**Care Not Approved.** Care from a health care provider without the OK of primary care doctor, except for emergency services or urgent care.

**Care Not Covered.** Services before the member was on the plan, or after coverage ended.

**Care Not Listed.** Services not listed as being covered by this plan.

**Care Not Needed.** Any services or supplies that are not medically necessary.

**Crime or Nuclear Energy.** Any health problem caused: (1) while committing or trying to commit a felony, as long as any injuries are not a result of a medical condition or an act of domestic violence; or (2) by nuclear energy, when the government can pay for treatment.

**Experimental or Investigative.** Any experimental or investigative procedure or medication. But, if member is denied benefits because it is determined that the requested treatment is experimental or investigative, the member may ask that the denial be reviewed by an external independent medical review organization, as described in the Evidence of Coverage (EOC).

**Government Treatment.** Any services the member actually received that were given by a local, state or federal government agency, except when this plan's benefits, must be provided by law. We will not cover payment for these services if the member is not required to pay for them or they are given to the member for free.

**Services Given by Providers Who Are Not With Anthem Blue Cross HMO.** We will not cover these services unless primary care doctor refers the member, except for emergencies or urgent care.

**Services Not Needing Payment.** Services the member is not required to pay for or are given to the member at no charge, except services the member got at a charitable research hospital (not with the government). This hospital must: 1. Be known throughout the world as devoted to medical research. 2. Have at least 10% of its yearly budget spent on research not directly related to patient care. 3. Have 1/3 of its income from donations or grants (not gifts or payments for patient care). 4. Accept patients who are not able to pay. 5. Serve patients with conditions directly related to the hospital's research (at least 2/3 of their patients).

**Work-Related.** Care for health problems that are work-related if such health problems are or can be covered by workers' compensation, an employer's liability law, or a similar law. We will provide care for a work-related health problem, but, we have the right to be paid back for that care. See "Third Party Liability" below.

**Acupressure.** Acupressure, or massage to help pain, treat illness or promote health by putting pressure to one or more areas of the body.

**Air Conditioners.** Air purifiers, air conditioners, or humidifiers.

**Birth Control Devices.** Any devices needed for birth control which can be obtained without a doctor's prescription such as condoms.

**Blood.** Benefits are not provided for the collection, processing and storage of self-donated blood unless it is specifically collected for a planned and covered surgical procedure.

**Braces or Other Appliances or Services** for straightening the teeth (orthodontic services).

**Clinical Trials.** Services and supplies in connection with clinical trials, except as specified as covered in the Evidence of Coverage (EOC).

**Commercial weight loss programs.** Weight loss programs, whether or not they are pursued under medical or doctor supervision, except as specified as covered in the EOC. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs. This exclusion does not apply to medically necessary treatments for morbid obesity or for treatment of anorexia nervosa or bulimia nervosa.

**Consultations** given by telephone or fax.

**Cosmetic Surgery.** Surgery or other services done only to make the member: look beautiful; to improve appearance; or to change or reshape normal parts or tissues of the body. This does not apply to reconstructive surgery the member might need to: get back the use of a body part; have for breast reconstruction after a mastectomy; correct or repair a deformity caused by birth defects, abnormal development, injury or illness in order to improve function, symptomatology or create a normal appearance. Cosmetic surgery does not become reconstructive because of psychological or psychiatric reasons.

**Custodial Care or Rest Cures.** Room and board charges for a hospital stay mostly for a change of scene or to make the member feel good. Services given by a rest home, a home for the aged, or any place like that.

**Dental Services or Supplies.** Dentures, bridges, crowns, caps, or dental prostheses, dental implants, dental services, tooth extraction, or treatment to the teeth or gums. Cosmetic dental surgery or other dental services for beauty purposes.

**Diabetic Supplies.** Prescription and non-prescription diabetic supplies, except as specified as covered in the EOC.

**Eye Exercises or Services and Supplies for Correcting Vision.** Optometry services, eye exercises, and orthoptics, except for eye exams to find out if the member's vision needs to be corrected. Eyeglasses or contact lenses are not covered. Contact lens fitting is not covered.

**Eye Surgery for Refractive Defects.** Any eye surgery just for correcting vision (like nearsightedness and/or astigmatism). Contact lenses and eyeglasses needed after this surgery.

**Food or Dietary Supplements.** Nutritional and/or dietary supplements, except as specified as covered in the EOC or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.

**Health Club Membership.** Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment, or facilities used for developing or maintaining physical fitness, even if ordered by a doctor. This exclusion also applies to health spas.

**Hearing Aids.** Hearing aids or services for fitting or making a hearing aid, except as specified as covered in the EOC.

**Immunizations.** Immunizations needed to travel outside the USA.

**Infertility Treatment.** Any infertility treatment including artificial insemination or in vitro fertilization & sperm bank.

**Lifestyle Programs.** Programs to help member change how one lives, like fitness clubs, or dieting programs. This does not apply to cardiac rehabilitation programs approved by the medical group.

**Mental or nervous disorders.** Academic or educational testing, counseling. Remediating an academic or education problem, except as stated as covered in the EOC.

**Nicotine Use.** Programs to stop smoking or the treatment of nicotine or tobacco use if the program is not affiliated with Anthem.

**Non-Prescription Drugs.** Non-prescription, over-the-counter drugs or medicines, except as specified as covered in the Evidence of Coverage (EOC).

**Orthopedic shoes and shoe inserts.** This exclusion does not apply to orthopedic footwear used as an integral part of a brace, shoe inserts that are custom molded to the patient, or therapeutic shoes and inserts designed to treat foot complications due to diabetes, as specifically stated in the EOC.

**Outpatient Drugs.** Outpatient prescription drugs or medications including insulin.

**Personal Care and Supplies.** Services for personal care, such as: help in walking, bathing, dressing, feeding, or preparing food. Any supplies for comfort, hygiene or beauty purposes.

**Private Contracts.** Services or supplies provided pursuant to a private contract between the member and a provider, for which reimbursement under the Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

**Routine Exams.** Routine physical or psychological exams or tests asked for by a job or other group, such as a school, camp, or sports program.

**Scalp hair prostheses.** Scalp prostheses, including wigs or any form of hair replacement.

**Sexual Problems.** Treatment of any sexual problems unless due to a medical problem, physical defect, or disease.

**Sterilization Reversal.** Surgery done to reverse a sterilization.

**Surrogate Mother Services.** For any services or supplies provided to a person not covered under the plan in connection with a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).

**Third Party Liability - Anthem Blue Cross** is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

**Varicose Vein Treatment.** Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) when services are rendered for cosmetic purposes.

**Coordination of Benefits -** The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverages do not exceed 100% of the covered expense.

*Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.*

# Your Summary of Benefits City of Riverside



## Custom \$10/\$25/\$40/20% \$100 Deductible (3 Family Max)

PLEASE NOTE: *This is only a summary of your benefits. Please refer to your Combined Evidence of Coverage and Disclosure Form ("EOC")/Certificate of Insurance ("Certificate") which explains your plan's Exclusions and Limitations as well as the full range of your covered services in detail.*

### Getting a Prescription Filled at a Participating Pharmacy

To get a prescription filled, you need only take your prescription to a participating pharmacy and present your member ID card. The amount you pay for a covered prescription - your copay - will be determined by the drug's type (whether the drug is a brand-name or generic medication and whether it is a formulary or non-formulary medication). A generic drug contains the same effective ingredients, meets the same standards of purity as its brand-name counterpart and typically costs less. In many situations, you have a choice of filling your prescription with a generic medication or a brand-name medication. The formulary is a list of approximately 600 recommended brand and generic medications. These medications have undergone extensive review for therapeutic value for a particular medical condition, safety and cost. Copies of our formulary are furnished to your providers and are available online at [anthem.com/ca](http://anthem.com/ca) under the Pharmacy section. You or your provider may also contact our Pharmacy Customer Service at 800-700-2541.

### Finding a Participating Pharmacy

Because our huge pharmacy network includes major drugstore chains plus a wide variety of independent pharmacies, it is easy for you to find a participating pharmacy. You can also find a participating pharmacy by calling Pharmacy Customer Service at 800-700-2541 or by going to our Web site at [anthem.com/ca](http://anthem.com/ca).

### Using a Participating Pharmacy

You can control the cost of your prescription drugs by using our network of participating pharmacies. Participating pharmacies have agreed to charge you not more than the prescription drug maximum allowed amount.

### Using a Non-Participating Pharmacy

If you choose to fill your prescription at a non-participating pharmacy, your

costs may increase. You will likely need to pay for the entire amount of the prescription and then submit a prescription drug claim form for reimbursement to us.

Members that submit claims from non-participating pharmacies are reimbursed based on the lesser of the billed charge or on a prescription drug maximum allowed amount. The prescription drug maximum allowed amount may be considerably less than you paid for your medication. You are responsible for paying any difference in cost between the prescription drug maximum allowed amount and what you paid for your medication.

You may obtain a prescription drug claim form by calling Pharmacy Customer Service at the toll-free number printed on your member ID card or by going to our Web site at [anthem.com/ca](http://anthem.com/ca).

### Home Delivery Program

If you take a prescription drug on a regular basis, you may want to take advantage of our mail service program. To fill a prescription through the mail, simply complete the Home Delivery form. You may obtain the form by calling Customer Service, at the toll-free number listed on your ID card or by going to our Web site at [anthem.com/ca](http://anthem.com/ca).

Please note that not all medications are available through the Home Delivery Program. Certain specialty pharmacy drugs are not available through the home delivery program, see Specialty Pharmacy Program below.

### Specialty Pharmacy Program

Specialty medications are usually dispensed as an injectable drug, but may be available in other forms, such as a pill or inhalant. They are used to treat complex conditions. Prescriptions for specified specialty pharmacy drugs are covered only when ordered through the specialty pharmacy program unless you are given an exception from the specialty drug program (*see EOC/Certificate for details*). The specialty pharmacy program will deliver your medication to you by mail or common carrier (*you cannot pick up your medication*). You may have to pay the full cost of a specialty pharmacy drug if it is not obtained from the specialty pharmacy program. Specialty drugs that must be obtained through the specialty pharmacy program are limited to a 30-day supply for each fill.

Covered Services (outpatient prescriptions only)	Per Member Cost Share for Each Prescription or Refill
<b>Calendar Year Pharmacy Deductible</b> <sup>f</sup>	\$100/member; maximum of three separate deductibles/family
<b>Retail Participating Pharmacy</b> <ul style="list-style-type: none"> <li>• Preventive immunizations administered by a retail pharmacy</li> <li>• Female oral contraceptives generic and single source brand</li> <li>• Generic drugs</li> <li>• Brand name formulary drugs<sup>†</sup></li> <li>• Brand namenon-formulary drugs (<i>includes compound drugs</i>)<sup>†</sup></li> <li>• Self-administered injectable drugs, except insulin<sup>†</sup></li> </ul>	No copay ( <i>deductible waived</i> ) No copay ( <i>deductible waived</i> ) \$10 ( <i>deductible waived</i> ) \$25 \$40 20% of prescription drug maximum allowed amount ( <i>maximum \$150 copay per fill</i> )
<b>Home Delivery Program</b> <ul style="list-style-type: none"> <li>• Female oral contraceptives generic and single source brand</li> <li>• Generic drugs</li> <li>• Brand name formulary drugs<sup>†</sup></li> <li>• Brand namenon-formulary drugs <sup>† ††</sup></li> <li>• Self-administered injectable drugs, except insulin<sup>†</sup></li> </ul>	No copay ( <i>deductible waived</i> ) \$10 ( <i>deductible waived</i> ) \$50 \$80 20% of prescription drug maximum allowed amount ( <i>maximum \$300 copay per fill</i> )
<b>Specialty Pharmacy Program</b>  Certain specialty pharmacy drugs must be obtained through the specialty pharmacy program and are limited to a 30 day supply. Please contact customer service number on the back of your ID card to see if your drug is on the specialty pharmacy program or you can get a list of drugs required to be dispensed by our specialty pharmacy program at <a href="http://anthem.com/ca">anthem.com/ca</a> . From our home page: Click on <b>Customer Care</b> ; Then select <b>"I need to: Choose: Download Forms"</b> ; In the pharmacy library section, click on <b>"Specialty Drug List."</b>	Applicable copay applies
<b>Non-participating Pharmacies</b> ( <i>compound drugs &amp; certain specialty pharmacy drugs not covered</i> )	Member pays the above retail pharmacy copay plus 50% of the remaining prescription drug maximum allowed amount & costs in excess of the prescription drug maximum allowed amount
<b>Supply Limits</b> <sup>s</sup> <ul style="list-style-type: none"> <li>• Retail Pharmacy (<i>participating and non-participating</i>)</li> <li>• Home Delivery</li> <li>• Specialty Pharmacy</li> </ul>	30-day supply; 60-day supply for federally classified Schedule II attention deficit disorder drugs that require a triplicate prescription form, but require a double copay; 6 tablets or units/30-day period for impotence and/or sexual dysfunction drugs (available only at retail pharmacies)  90-day supply 30-day supply

The Prescription Drug Benefit covers the following:

- Preventive flu, shingles and pneumonia vaccines administered by a participating retail pharmacy.
- Outpatient prescription drugs and medications which the law restricts to sale by prescription.
- Formulas prescribed by a physician for the treatment of phenylketonuria.
- Folic acid supplementation prescribed by a physician for women planning to become pregnant (folic acid supplement or a multivitamin) prescribed by a physician.
- Aspirin prescribed by a physician for the reduction of heart attack or stroke prescribed by a physician.
- Smoking cessation products and over-the-counter nicotine replacement products (limited to nicotine patches and gum) as prescribed by physician.
- Prescription drugs prescribed by a physician to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products.
- Insulin.
- Syringes when dispensed for use with insulin and other self-injectable drugs or medications.
- All FDA-approved contraceptives for women, including oral contraceptives; contraceptive diaphragms and over-the-counter contraceptives prescribed by a doctor.
- Injectable drugs which are self-administered by the subcutaneous route (under the skin) by the patient or family member.
- Drugs that have Food and Drug Administration (FDA) labeling for self-administration.
- All compound prescription drugs that contain at least one covered prescription ingredient.
- Diabetic supplies (i.e., test strips and lancets).
- Prescription drugs for treatment of impotence and/or sexual dysfunction are limited to organic (non-psychological) causes.
- Inhaler spacers and peak flow meters for the treatment of pediatric asthma. These items are subject to the copay for tier 2 or tier 3 copay.
- Certain over-the-counter drugs approved by the Pharmacy and Therapeutics Process to be included in the prescription drug formulary.  
**Prescription drug cost shares are included in the medical out-of-pocket maximum. See medical plan summary of benefits for details.**

† Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program.

‡ Preferred Generic Program. If a member requests a brand name drug when a generic drug version exists, the member pays the generic drug copay plus the difference in cost between the prescription drug maximum allowed amount for the generic drug and the brand name drug dispensed, but not more than 50% of our average cost of that type of prescription drug. The Preferred Generic Program does not apply when the physician has specified "dispense as written" (DAW) or when it has been determined that the brand name drug is medically necessary for the member. In such case, the applicable copay for the dispensed drug will apply.

§ Supply limits for certain drugs may be different. Please refer to the EOC/Certificate for complete information.

f Members are responsible to pay the prescription drug maximum allowed amount until the pharmacy deductible is met unless deductible is specifically waived. Once the pharmacy deductible is met, members are responsible for the copay amount.

†† Compound drugs are not covered through home delivery; only covered through certain retail participating pharmacies.

## Prescription Drug Exclusions & Limitations

Immunizing agents, biological sera, blood, blood products or blood plasma.

Hypodermic syringes &/or needles, except when dispensed for use with insulin & other self-injectable drugs or medications.

Drugs & medications used to induce spontaneous & non-spontaneous abortions.

Drugs & medications dispensed or administered in an outpatient setting, including outpatient hospital facilities and physicians' offices.

Professional charges in connection with administering, injecting or dispensing drugs.

Drugs & medications that may be obtained without a physician's written prescription, except insulin or niacin for cholesterol lowering and certain over-the-counter drugs approved by the Pharmacy and Therapeutics Process to be included in the prescription drug formulary.

Drugs & medications dispensed by or while confined in a hospital, skilled nursing facility, rest home, sanatorium, convalescent hospital or similar facility.

Durable medical equipment, devices, appliances & supplies, even if prescribed by a physician, except contraceptive diaphragms, as specified as covered in the EOC/Certificate.

Services or supplies for which the member is not charged.

Oxygen.

Cosmetics & health or beauty aids. However, health aids that are medically necessary and meet the requirements as specified as covered in the EOC/Certificate.

Drugs labeled "Caution, Limited by Federal Law to Investigational Use," or experimental drugs.

Drugs or medications prescribed for experimental indications.

Any expense for a drug or medication incurred in excess of the prescription drug maximum allowed amount.

Drugs which have not been approved for general use by the Food and Drug Administration. This does not apply to drugs that are medically necessary for a covered condition.

Drugs used primarily for cosmetic purposes (e.g., Retin-A for wrinkles). However, this will not apply to the use of this type of drug for medically necessary treatment of a medical condition other than one that is cosmetic.

Drugs used primarily to treat infertility (including, but not limited to, Clomid, Pergonal and Metrodin), unless medically necessary for another condition.

Anorexiant and drugs used for weight loss, except when used to treat morbid obesity (e.g., diet pills & appetite suppressants).

Drugs obtained outside the U.S, unless they are furnished in connection with urgent care or an emergency.

Allergy desensitization products or allergy serum.

Infusion drugs, except drugs that are self-administered subcutaneously.

Herbal supplements, nutritional and dietary supplements.

Formulas and special foods for the treatment of phenylketonuria (PKU).

Prescription drugs with a non-prescription (over-the-counter) chemical and dose equivalent except insulin. This does not apply if an over-the-counter equivalent was tried and was ineffective.

Compound medications unless:

- There is at least one component in it that is a prescription drug; and
- It is obtained from a participating pharmacy. Member will have to pay the full cost of the compound medications if member obtains drug at a non-participating pharmacy.

Specialty pharmacy drugs that must be obtained from the specialty pharmacy program, but which are obtained from a retail pharmacy are not covered by this plan. Member will have to pay the full cost of the specialty pharmacy drugs obtained from a retail pharmacy that member should have obtained from the specialty pharmacy program.

Off label prescription drugs

Third Party Liability

Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

*Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association.® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.*

# Your Summary of Benefits

## Premier PPO

### Premier PPO 250/15/20

**This Summary of Benefits is a brief overview of your plan's benefits only. The benefits listed are for both in state and out of state members, there may be differences in benefits depending on where you reside. For more detailed information about the benefits in your plan, please refer to your Certificate of Insurance or Certificate of Evidence of Coverage (EOC), which explains the full range of covered services, as well as any exclusions and limitations for your plan.**

In addition to dollar and percentage copays, members are responsible for deductibles, as described below. Please review the deductible information below to know if a deductible applies to a specific covered service. Certain Covered Services have maximum visit and/or day limits per year. The number of visits and/or days allowed for these services will begin accumulating on the first visit and/or day, regardless of whether your Deductible has been met. Members are also responsible for all costs over the plan maximums. Plan maximums & other important information appear in italics. Benefits are subject to all terms, conditions, limitations, and exclusions of the Policy.

#### Subject to Utilization Review

Certain services are subject to the utilization review program. Before scheduling services, the member must make sure utilization review is obtained. If utilization review is not obtained, benefits may be reduced or not paid, according to the plan.

#### Explanation of Maximum Allowed Amount

Maximum Allowed Amount is the total reimbursement payable under the plan for covered services received from Participating and Non-Participating Providers. It is the payment towards the services billed by a provider combined with any applicable deductible, copayment or coinsurance.

**PPO Providers**—The rate the provider has agreed to accept as reimbursement for covered services. Members are not responsible for the difference between the provider's usual charges & the maximum allowed amount.

**Non-PPO Providers**—For non-emergency care, reimbursement amount is based on: an Anthem Blue Cross rate or fee schedule, a rate negotiated with the provider, information from a third party vendor, or billed charges. Members are responsible for the difference between the provider's usual charges & the maximum allowed amount.

For Medical Emergency care rendered by a Non-Participating Provider or Non-Contracting Hospital, reimbursement is based on the reasonable and customary value. Members may be responsible for any amount in excess of the reasonable and customary value.

When using Non-PPO and Other Health Care Providers, members are responsible for any difference between the covered expense & actual charges, as well as any deductible & percentage copay.

#### Calendar year deductible *(no cross application)*

- PPO Providers & Other Health Care Providers \$250/member; \$750/family
- Non-PPO Providers \$750/member; \$2,250/family

**Deductible for non-Anthem Blue Cross PPO hospital or residential treatment center if utilization review not obtained** \$500/admission *(waived for emergency admission)*

**Deductible for emergency room services** \$100/visit *(waived if admitted directly from ER)*

#### Annual Out-of-Pocket Maximums *(no cross application)*

- PPO Providers & Other Health Care Providers \$3,500/member; \$7,000/family
- Non-PPO Providers \$7,000/member; \$14,000/family

The following do not apply to out-of-pocket maximums: non-covered expenses. After an annual out-of-pocket maximum is met for medical and prescription drugs during a calendar year, the individual member or family will no longer be required to pay a copay or coinsurance for medical and prescription drug covered expenses for the remainder of that year. The member remains responsible for non-covered expenses.

**Lifetime Maximum** Unlimited

Covered Services	PPO: Per Member Copay	Non-PPO: Per Member Copay
<b>Preventive Care Services</b>		
Preventive Care Services including*, physical exams, preventive screenings <i>(including screenings for cancer, HPV, diabetes, cholesterol, blood pressure, hearing and vision, immunizations, health education, intervention services; HIV testing)</i> , and additional preventive care for women provided for in the guidelines supported by the Health Resources and Services Administration. *This list is not exhaustive. This benefit includes all Preventive Care Services required by federal and state law.	No copay <i>(deductible waived)</i>	40%
<b>Physician Medical Services</b>		
• Office & home visits <i>(includes retail health clinic &amp; online visit)</i>	\$15/visit <i>(deductible waived)</i> †	40%
• Hospital & skilled nursing facility visits	20%	40%
• Surgeon & surgical assistant; anesthesiologist or anesthetist	20%	40%

CONTINUED ON NEXT PAGE

Covered Services	PPO: Per Member Copay	Non-PPO: Per Member Copay
<ul style="list-style-type: none"> <li>Drugs administered by a medical provider (<i>certain drugs are subject to utilization review</i>)</li> </ul>	20%	40%
<b>Diabetes Education Programs</b> ( <i>requires physician supervision</i> ) <sup>†</sup> <ul style="list-style-type: none"> <li>Teach members &amp; their families about the disease process, the daily management of diabetic therapy &amp; self-management training</li> </ul>	\$15/visit (deductible waived)	40%
<ul style="list-style-type: none"> <li><b>Physical Therapy, Physical Medicine &amp; Occupational Therapy</b></li> <li><b>Chiropractic Services</b> (<i>limited to 30 visits/calendar year</i>)<sup>†</sup></li> </ul>	20%	40%
<b>Speech Therapy</b>	\$15/visit (deductible waived)	40%
<b>Acupuncture</b> <ul style="list-style-type: none"> <li>Services for the treatment of disease, illness or injury (<i>limited 20 visits/calendar year</i>)</li> </ul>	20%	40%
<b>Diagnostic X-ray &amp; Lab</b> <ul style="list-style-type: none"> <li>Other diagnostic x-ray &amp; lab</li> </ul>	\$15/visit (deductible waived)	40%
<b>Advanced Imaging</b> ( <i>subject to utilization review</i> )	20%	40% ( <i>benefit limited to \$800/procedure</i> )
<b>Urgent Care</b> ( <i>physician services</i> ) <sup>†</sup>	20%	40%
<b>Emergency Care</b> <ul style="list-style-type: none"> <li>Emergency room services &amp; supplies (<i>\$100 deductible waived if admitted inpatient</i>)</li> <li>Physician services</li> </ul>	\$15/visit (deductible waived)	40%
<ul style="list-style-type: none"> <li>Emergency room services &amp; supplies (<i>\$100 deductible waived if admitted inpatient</i>)</li> <li>Physician services</li> </ul>	20%	20%
<ul style="list-style-type: none"> <li>Physician services</li> </ul>	20%	20%
<b>Hospital Medical Services</b> ( <i>subject to utilization review for inpatient and certain outpatient services; waived for emergency admissions</i> ) <ul style="list-style-type: none"> <li>Semi-private or private room, medically necessary services &amp; supplies</li> <li>Outpatient medical care, surgical services &amp; supplies (<i>hospital care other than emergency room care</i>)</li> </ul>	20%	40% ( <i>benefit limited to \$1,000/day for non-emergency admission</i> )
<ul style="list-style-type: none"> <li>Outpatient medical care, surgical services &amp; supplies (<i>hospital care other than emergency room care</i>)</li> </ul>	20%	40% ( <i>benefit limited to \$350/admit</i> )
<b>Skilled Nursing Facility</b> ( <i>subject to utilization review</i> ) <ul style="list-style-type: none"> <li>Semi-private room, services &amp; supplies (<i>limited to 100 days/calendar year</i>)</li> </ul>	20%	40%
<b>Related Outpatient Medical Services &amp; Supplies</b> <ul style="list-style-type: none"> <li>Ground or air ambulance transportation, services &amp; disposable supplies (<i>air ambulance in a non-medical emergency is subject to pre-service review and benefit limited to \$50,000 for non-PPO</i>)</li> <li>Blood transfusions, blood processing &amp; the cost of unreplaced blood &amp; blood products<sup>†</sup></li> <li>Autologous blood (<i>self-donated blood collection, testing, processing &amp; storage for planned surgery</i>)<sup>†</sup></li> </ul>	20%	<i>In an emergency or with an authorized referral: 20%; Non-emergency: 40%</i>
<ul style="list-style-type: none"> <li>Blood transfusions, blood processing &amp; the cost of unreplaced blood &amp; blood products<sup>†</sup></li> </ul>	20%	20%
<ul style="list-style-type: none"> <li>Autologous blood (<i>self-donated blood collection, testing, processing &amp; storage for planned surgery</i>)<sup>†</sup></li> </ul>	20%	20%
<b>Ambulatory Surgical Centers</b> ( <i>certain surgeries are subject to utilization review</i> ) <ul style="list-style-type: none"> <li>Outpatient surgery, services &amp; supplies</li> </ul>	20%	40% ( <i>benefit limited to \$350/admit</i> )
<b>Pregnancy &amp; Maternity Care</b> <ul style="list-style-type: none"> <li>Physician office visits</li> <li>Prescription drug for elective abortion (<i>mifepristone</i>)</li> </ul> Normal delivery, cesarean section, complications of pregnancy & abortion. Refer to the Physician & Hospital Medical Services benefits for both inpatient and outpatient hospital coverage.	\$15/visit (deductible waived) <sup>†</sup>	40%
<ul style="list-style-type: none"> <li>Prescription drug for elective abortion (<i>mifepristone</i>)</li> </ul>	20%	40%
<b>Mental or Nervous Disorders and Substance Abuse</b> <ul style="list-style-type: none"> <li>Inpatient facility care (<i>subject to utilization review; waived for emergency admissions</i>)</li> <li>Inpatient physician visits</li> <li>Outpatient facility care</li> <li>Physician office visits (<i>Behavioral Health treatment for Autism or Pervasive Development disorders require pre-service review</i>)</li> </ul>	20%	40% ( <i>benefit limited to \$1,000/per day for non-emergency admission</i> )
<ul style="list-style-type: none"> <li>Inpatient physician visits</li> </ul>	20%	40%
<ul style="list-style-type: none"> <li>Outpatient facility care</li> </ul>	20%	40% ( <i>benefit limited to \$350/admit</i> )
<ul style="list-style-type: none"> <li>Physician office visits (<i>Behavioral Health treatment for Autism or Pervasive Development disorders require pre-service review</i>)</li> </ul>	\$15/visit (deductible waived) <sup>†</sup>	40%

Covered Services	PPO: Per Member Copay	Non-PPO: Per Member Copay
<b>Durable Medical Equipment</b> <i>(may be subject to utilization review)</i> <ul style="list-style-type: none"> <li>Rental or purchase of DME <i>(breast pump and supplies are covered under preventive care at no charge for in-network)</i></li> </ul>	20%	40%
<b>Home Health Care</b> <i>(subject to utilization review)</i> <ul style="list-style-type: none"> <li>Services &amp; supplies from a home health agency <i>(limited to 100 visits/calendar year, one visit by a home health aide equals four hours or less)</i></li> </ul>	20%	40%
<b>Home Infusion Therapy</b> <i>(subject to utilization review)</i> <ul style="list-style-type: none"> <li>Includes medication, ancillary services &amp; supplies; caregiver training &amp; visits by provider to monitor therapy; durable medical equipment; lab services</li> </ul>	20%	40% <i>(benefit limited to \$600/day)</i>
<b>Hemodialysis</b> <ul style="list-style-type: none"> <li>Outpatient hemodialysis services &amp; supplies</li> </ul>	20%	40% <i>(benefit limited to \$350/visit for free standing hemodialysis center)</i>
<b>Hospice Care</b> <ul style="list-style-type: none"> <li>Inpatient or outpatient services; family bereavement services</li> </ul>	No copay <i>(deductible waived)</i>	40%
<b>Bariatric Surgery</b> <i>(subject to utilization review; covered only when performed at a Centers of Medical Excellence [CME] for California; Blue Distinction Centers for Specialty Care [BDCSC] for out of California)</i> <ul style="list-style-type: none"> <li>Inpatient services provided in connection with medically necessary surgery for weight loss, only for morbid obesity</li> <li>Travel expenses for an authorized, specified surgery <i>(recipient &amp; companion transportation limited to \$3,000 per surgery)</i></li> </ul>	20%  No copay <i>(deductible waived)</i>	Not covered <sup>§</sup>  Not covered <sup>§</sup>
<b>Organ &amp; Tissue Transplants</b> <i>(subject to utilization review; pre-notification not required; specified transplants covered only when performed at Centers of Medical Excellence [CME] for California; Blue Distinction Centers for Specialty Care [BDCSC] for out of California)</i> <ul style="list-style-type: none"> <li>Inpatient services provided in connection with non-investigative organ or tissue transplants</li> <li>Transplant travel expense for an authorized, specified transplant <i>(recipient &amp; companion transportation limited to \$10,000 per transplant)</i></li> <li>Unrelated donor search, limited to \$30,000 per transplant</li> </ul>	20%  No copay <i>(deductible waived)</i>	Not covered <sup>§</sup>  Not covered <sup>§</sup>
<b>Prosthetic Devices</b> <ul style="list-style-type: none"> <li>Coverage for breast prostheses; prosthetic devices to restore a method of speaking; surgical implants; artificial limbs or eyes; the first pair of contact lenses or eyeglasses when required as a result of eye surgery; &amp; therapeutic shoes &amp; inserts for members with diabetes</li> </ul>	20%	40%

Certain types of physicians may not be represented in the PPO network in the state where the member receives services. If such physician is not available in the service area, the member's copay is the same as for PPO (with and without pre-notification, if applicable). Member is responsible for applicable copays, deductibles and charges which exceed covered expense. In addition to the benefits described above, coverage may include additional benefits, depending upon the member's home state. The benefits provided in this summary are subject to federal and California laws. There are some states that require more generous benefits be provided to their residents, even if the master policy was not issued in their state. If the member's state has such requirements, we will adjust the benefits to meet the requirements.

This Summary of Benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this Summary of Benefits. This Summary of Benefits, as updated, is subject to the approval of the California Department of Insurance and the California Department of Managed Health Care (as applicable).

† The dollar copay applies only to the visit itself. An additional copay applies for any services performed in office (i.e., X-ray, lab, surgery), after any applicable deductible.

‡ These providers may not be represented in the PPO network in the state where the member receives services.

§ Exception: If service is performed at a Centers of Medical Excellence [CME] for California or Blue Distinction Centers for Speciality Care [BDCSC] for out of California, the services will be covered same as the PPO (in-network) benefit.

f Additional visits as authorized if medically necessary; pre-service review must be obtained prior to receiving the services.

## Exclusions and Limitations

**Not Medically Necessary.** Services or supplies that are not medically necessary, as defined.

**Experimental or Investigative.** Any experimental or investigative procedure or medication. But, if member is denied benefits because it is determined that the requested treatment is experimental or investigative, the member may request an independent medical review, as described in the Certificate.

**Outside the United States.** Services or supplies furnished and billed by a provider outside the United States, unless such services or supplies are furnished in connection with urgent care or an emergency.

**Crime or Nuclear Energy.** Conditions that result from (1) the member's commission of or attempt to commit a felony, as long as any injuries are not a result of a medical condition or an act of domestic violence; or (2) any release of nuclear energy, whether or not the result of war, when government funds are available for the treatment of illness or injury arising from the release of nuclear energy.

**Not Covered.** Services received before the member's effective date. Services received after the member's coverage ends, except as specified as covered in the Certificate.

**Excess Amounts.** Any amounts in excess of covered expense or any medical benefit maximum.

**Work-Related.** Work-related conditions if benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any workers' compensation, employer's liability law or occupational disease law, whether or not the member claims those benefits. If there is a dispute of substantial uncertainty as to whether benefits may be recovered for those conditions pursuant to workers' compensation, we will provide the benefits of this plan for such conditions, subject to a right of recovery and reimbursement under California Labor Code Section 4903, as specified as covered in the Certificate.

**Government Treatment.** Any services the member actually received that were provided by a local, state or federal government agency, except when payment under this plan is expressly required by federal or state law. We will not cover payment for these services if the member is not required to pay for them or they are given to the member for free.

**Services of Relatives.** Professional services received from a person living in the member's home or who is related to the member by blood or marriage, except as specified as covered in the Certificate.

**Voluntary Payment.** Services for which the member has no legal obligation to pay, or for which no charge would be made in the absence of insurance coverage or other health plan coverage, except services received at a non-governmental charitable research hospital. Such a hospital must meet the following guidelines: 1. it must be internationally known as being devoted mainly to medical research; 2. at least 10% of its yearly budget must be spent on research not directly related to patient care; 3. at least one-third of its gross income must come from donations or grants other than gifts or payments for patient care; 4. it must accept patients who are unable to pay; and 5. two-thirds of its patients must have conditions directly related to the hospital's research.

**Not Specifically Listed.** Services not specifically listed in the plan as covered services.

**Private Contracts.** Services or supplies provided pursuant to a private contract between the member and a provider, for which reimbursement under Medicare program is prohibited, as specified in Section 1802 (42 U.S.C. 1395a) of Title XVIII of the Social Security Act.

**Inpatient Diagnostic Tests.** Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.

**Mental or Nervous Disorders.** Academic or educational testing, counseling, and remediation. Mental or nervous disorders or substance abuse, including rehabilitative care in relation to these conditions, except as specified as covered in the Certificate.

**Nicotine Use.** Smoking cessation programs or treatment of nicotine or tobacco use if the program is not affiliated with Anthem. Smoking cessation drugs except as specified as covered in the EOC or Certificate.

**Orthodontia.** Braces, other orthodontic appliances or orthodontic services.

**Dental Services or Supplies.** For dental treatment, regardless of origin or cause, except as specified below. "Dental treatment" includes but is not limited to preventative care and fluoride treatments; dental x rays, supplies, appliances, dental implants and all associated expenses; diagnosis and treatment related to the teeth, jawbones or gums, including but not limited to:  
1. Extraction, restoration, and replacement of teeth; 2. Services to improve dental clinical outcomes. This exclusion does not apply to the following:  
1. Services which we are required by law to cover; 2. Services specified as covered in this booklet; 3. Dental services to prepare the mouth for radiation therapy to treat head and/or neck cancer.

**Hearing Aids or Tests.** Hearing aids and routine hearing tests, except as specified as covered in the Certificate.

**Optometric Services or Supplies.** Optometric services, eye exercises including orthoptics. Routine eye exams and routine eye refractions, as specified as covered in the Certificate. Eyeglasses or contact lenses, except as specified as covered in the Certificate.

**Outpatient Occupational Therapy.** Outpatient occupational therapy, except by a home health agency, hospice, or home infusion therapy provider, as specified as covered in the Certificate.

**Outpatient Speech Therapy.** Outpatient speech therapy, except as specified as covered in the Certificate.

**Cosmetic Surgery.** Cosmetic surgery or other services performed solely for beautification or to alter or reshape normal (including aged) structures or tissues of the body to improve appearance. This exclusion does not apply to reconstructive surgery (that is, surgery performed to correct deformities caused by congenital or developmental abnormalities, illness, or injury for the purpose of improving bodily function or symptomatology or to create a normal appearance), including surgery performed to restore symmetry following mastectomy. Cosmetic surgery does not become reconstructive surgery because of psychological or psychiatric reasons.

**Commercial Weight Loss Programs.** Weight loss programs, whether or not they are pursued under medical or *physician* supervision, unless specifically listed as covered in this *plan*. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss)

and fasting programs. This exclusion does not apply to *medically necessary* treatments for morbid obesity or dietary evaluations and counseling, and behavioral modification programs for the treatment of anorexia nervosa or bulimia nervosa. Surgical treatment for morbid obesity is covered as described in the Certificate.

**Sterilization Reversal.**

**Infertility Treatment.** Any services or supplies furnished in connection with the diagnosis and treatment of infertility, including, but not limited to diagnostic tests, medication, surgery, artificial insemination, in vitro fertilization, sterilization reversal and gamete intrafallopian transfer.

**Surrogate Mother Services.** For any services or supplies provided to a person not covered under the plan in connection with a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).

**Orthopedic shoes and shoe inserts.** This exclusion does not apply to orthopedic footwear used as an integral part of a brace, shoe inserts that are custom molded to the patient, or therapeutic shoes and inserts designed to treat foot complications due to diabetes, as specifically stated in the EOC/Certificate.

**Air Conditioners.** Air purifiers, air conditioners or humidifiers.

**Custodial Care or Rest Cures.** Inpatient room and board charges in connection with a hospital stay primarily for environmental change or physical therapy. Services provided by a rest home, a home for the aged, a nursing home or any similar facility. Services provided by a skilled nursing facility or custodial care or rest cures, except as specified as covered in the Certificate.

**Clinical Trials -** Services and supplies in connection with clinical trials, except as specified as covered in the Certificate or EOC.

**Health Club Memberships.** Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment or facilities used for developing or maintaining physical fitness, even if ordered by a *physician*. This exclusion also applies to health spas.

**Personal Items.** Any supplies for comfort, hygiene or beautification.

**Education or Counseling.** Educational services or nutritional counseling, except as specified as covered in the Certificate. This exclusion does not apply to counseling for the treatment of anorexia nervosa or bulimia nervosa.

**Food or Dietary Supplements.** Nutritional and/or dietary supplements, except as provided in this *plan* or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.

**Telephone and Facsimile Machine Consultations.** Consultations provided by telephone or facsimile machine.

**Routine Exams or Tests.** Routine physical exams or tests which do not directly treat an actual illness, injury or condition, including those required by employment or government authority, except as specified as covered in the Certificate.

**Acupuncture.** Acupuncture treatment, except as specified as covered in the Certificate. Acupressure or massage to control pain, treat illness or promote health by applying pressure to one or more specific areas of the body based on dermatomes or acupuncture points.

**Eye Surgery for Refractive Defects.** Any eye surgery solely or primarily for the purpose of correcting refractive defects of the eye such as nearsightedness (myopia) and/or astigmatism. Contact lenses and eyeglasses required as a result of this surgery.

**Physical Therapy or Physical Medicine.** Services of a physician for physical therapy or physical medicine, except when provided during a covered inpatient confinement or as specified as covered in the Certificate.

**Outpatient Prescription Drugs and Medications.** Outpatient prescription drugs or medications and insulin, except as specified as covered in the Certificate. Any non-prescription, over-the-counter patent or proprietary drug or medicine. Cosmetics, health or beauty aids.

**Specialty Pharmacy Drugs.** Specialty pharmacy drugs that must be obtained from the specialty pharmacy program, but, which are obtained from a retail pharmacy, are not covered by this plan. Member will have to pay the full cost of the specialty pharmacy drugs obtained from a retail pharmacy that should have been obtained from the specialty pharmacy program.

**Contraceptive Devices.** Contraceptive devices prescribed for birth control except as specified as covered in the Certificate.

**Diabetic Supplies.** Prescription and non-prescription diabetic supplies except as specified as covered in the Certificate.

**Private Duty Nursing.** Private duty nursing services.

**Lifestyle Programs.** Programs to alter one's lifestyle which may include but are not limited to diet, exercise, imagery or nutrition. This exclusion will not apply to cardiac rehabilitation programs approved by us.

**Varicose Vein Treatment.** Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) when services are rendered for cosmetic purposes.

**Wigs.**

**Third Party Liability –** Anthem Blue Cross Life and Health Insurance Company is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

**Coordination of Benefits –** The benefits of this plan may be reduced if the member has any other group health or dental coverage so that the services received from all group coverages do not exceed 100% of the covered expense.

This Summary of Benefits is a brief overview of your plan's benefits only. For more detailed information about the benefits in your plan, please refer to your Certificate of Insurance or Evidence of Coverage (EOC), which explains the full range of covered services, as well as any exclusions and limitations for your plan.

---

## Available as an Option

---

Anthem Blue Cross offers Hearing Aid coverage as an option.

---

## What Is Covered

---

### Hearing Aid Services

This benefit covers medically necessary hearing aid when ordered by or purchased as a result of a written recommendation from an otolaryngologist or a state-certified audiologist. The member is responsible for **20%** coinsurance. Member coinsurance is included in the annual out of pocket max.

Covered services include:

- Audiological evaluations to:
  - measure the extent of hearing loss; and
  - determine the most appropriate make and model of hearing aid.

These evaluations will be covered under the plan benefits for office visits to doctors.

- Hearing aids (monaural or binaural) including:
  - ear mold(s), the hearing aid instrument; and
  - batteries, cords and other ancillary equipment.
- Visits for fitting, counseling, adjustments and repairs for the covered hearing aid.

---

## What Is Not Covered

---

### Hearing Aid Services

The benefit does not include the following:

1. Charges for a hearing aid which exceeds specifications prescribed for the correction of hearing loss;
2. Surgically implanted hearing devices (i.e., cochlear implants, audient bone conduction devices). Medically necessary surgically implanted hearing devices may be covered under your plan's benefits for prosthetic devices (see "Prosthetic Devices"); or
3. Charges for a hearing aid which is not determined to be medically necessary.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association.

© ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. © The Blue Cross name and symbol are registered marks of the Blue Cross Association.

# Your Summary of Benefits

## City of Riverside



### Custom \$10/\$30/\$45/20%

PLEASE NOTE: *This is only a summary of your benefits. Please refer to your Combined Evidence of Coverage and Disclosure Form ("EOC")/Certificate of Insurance ("Certificate") which explains your plan's Exclusions and Limitations as well as the full range of your covered services in detail.*

### Getting a Prescription Filled at a Participating Pharmacy

To get a prescription filled, you need only take your prescription to a participating pharmacy and present your member ID card. The amount you pay for a covered prescription - your copay - will be determined by the drug's type (whether the drug is a brand-name or generic medication and whether it is a formulary or non-formulary medication). A generic drug contains the same effective ingredients, meets the same standards of purity as its brand-name counterpart and typically costs less. In many situations, you have a choice of filling your prescription with a generic medication or a brand-name medication. The formulary is a list of approximately 600 recommended brand and generic medications. These medications have undergone extensive review for therapeutic value for a particular medical condition, safety and cost. Copies of our formulary are furnished to your providers and are available online at [anthem.com/ca](http://anthem.com/ca) under the Pharmacy section. You or your provider may also contact our Pharmacy Customer Service at 800-700-2541.

### Finding a Participating Pharmacy

Because our huge pharmacy network includes major drugstore chains plus a wide variety of independent pharmacies, it is easy for you to find a participating pharmacy. You can also find a participating pharmacy by calling Pharmacy Customer Service at 800-700-2541 or by going to our Web site at [anthem.com/ca](http://anthem.com/ca).

### Using a Participating Pharmacy

You can control the cost of your prescription drugs by using our network of participating pharmacies. Participating pharmacies have agreed to charge you not more than the prescription drug maximum allowed amount.

### Using a Non-Participating Pharmacy

If you choose to fill your prescription at a non-participating pharmacy, your

costs may increase. You will likely need to pay for the entire amount of the prescription and then submit a prescription drug claim form for reimbursement to us.

Members that submit claims from non-participating pharmacies are reimbursed based on the lesser of the billed charge or on a prescription drug maximum allowed amount. The prescription drug maximum allowed amount may be considerably less than you paid for your medication. You are responsible for paying any difference in cost between the prescription drug maximum allowed amount and what you paid for your medication.

You may obtain a prescription drug claim form by calling Pharmacy Customer Service at the toll-free number printed on your member ID card or by going to our Web site at [anthem.com/ca](http://anthem.com/ca).

### Home Delivery Program

If you take a prescription drug on a regular basis, you may want to take advantage of our mail service program. To fill a prescription through the mail, simply complete the Home Delivery form. You may obtain the form by calling Customer Service, at the toll-free number listed on your ID card or by going to our Web site at [anthem.com/ca](http://anthem.com/ca).

Please note that not all medications are available through the Home Delivery Program. Certain specialty pharmacy drugs are not available through the home delivery program, see Specialty Pharmacy Program below.

### Specialty Pharmacy Program

Specialty medications are usually dispensed as an injectable drug, but may be available in other forms, such as a pill or inhalant. They are used to treat complex conditions. Prescriptions for specified specialty pharmacy drugs are covered only when ordered through the specialty pharmacy program unless you are given an exception from the specialty drug program (*see EOC/Certificate for details*). The specialty pharmacy program will deliver your medication to you by mail or common carrier (*you cannot pick up your medication*). You may have to pay the full cost of a specialty pharmacy drug if it is not obtained from the specialty pharmacy program. Specialty drugs that must be obtained through the specialty pharmacy program are limited to a 30-day supply for each fill.

Covered Services (outpatient prescriptions only)	Per Member Cost Share for each Prescription or Refill
<p><b>Retail Participating Pharmacy</b></p> <ul style="list-style-type: none"> <li>• Preventive immunizations administered by a retail pharmacy</li> <li>• Female oral contraceptives generic and single source brand</li> <li>• Generic drugs</li> <li>• Brand name formulary drugs †</li> <li>• Brand namenon-formulary drugs (<i>includes compound drugs</i>) †</li> <li>• Self-administered injectable drugs, except insulin †</li> </ul>	<p>No copay</p> <p>No copay</p> <p>\$10</p> <p>\$30</p> <p>\$45</p> <p>20% of prescription drug maximum allowed amount (<i>maximum \$150 copay per fill</i>)</p>
<p><b>Home Delivery Program</b></p> <ul style="list-style-type: none"> <li>• Female oral contraceptives generic and single source brand</li> <li>• Generic drugs</li> <li>• Brand name formulary drugs †</li> <li>• Brand namenon-formulary drugs † f</li> <li>• Self-administered injectable drugs, except insulin †</li> </ul>	<p>No copay</p> <p>\$10</p> <p>\$60</p> <p>\$90</p> <p>20% of prescription drug maximum allowed amount (<i>maximum \$300 copay per fill</i>)</p>
<p><b>Specialty Pharmacy Program</b></p> <p>Certain specialty pharmacy drugs must be obtained through the specialty pharmacy program and are limited to a 30 day supply. Please contact customer service number on the back of your ID card to see if your drug is on the specialty pharmacy program or you can get a list of drugs required to be dispensed by our specialty pharmacy program at <a href="http://anthem.com/ca">anthem.com/ca</a>. From our home page: Click on <b>Customer Care</b>; Then select <b>"I need to: Choose: Download Forms"</b>; In the pharmacy library section, click on <b>"Specialty Drug List."</b></p>	<p>Applicable copay applies</p>
<p><b>Non-participating Pharmacies</b> (<i>compound drugs &amp; certain specialty pharmacy drugs not covered</i>)</p>	<p>Member pays the above retail pharmacy copay plus 50% of the remaining prescription drug maximum allowed amount &amp; costs in excess of the prescription drug maximum allowed amount</p>
<p><b>Supply Limits<sup>s</sup></b></p> <ul style="list-style-type: none"> <li>• Retail Pharmacy (<i>participating and non-participating</i>)</li> <li>• Home Delivery</li> <li>• Specialty Pharmacy</li> </ul>	<p>30-day supply; 60-day supply for federally classified Schedule II attention deficit disorder drugs that require a triplicate prescription form, but require a double copay; 6 tablets or units/30-day period for impotence and/or sexual dysfunction drugs (available only at retail pharmacies)</p> <p>90-day supply</p> <p>30-day supply</p>

The Prescription Drug Benefit covers the following:

- Preventive flu, shingles and pneumonia vaccines administered by a participating retail pharmacy.
- Outpatient prescription drugs and medications which the law restricts to sale by prescription.
- Formulas prescribed by a physician for the treatment of phenylketonuria.
- Folic acid supplementation prescribed by a physician for women planning to become pregnant (folic acid supplement or a multivitamin) prescribed by a physician.
- Aspirin prescribed by a physician for the reduction of heart attack or stroke prescribed by a physician.
- Smoking cessation products and over-the-counter nicotine replacement products (limited to nicotine patches and gum) as prescribed by physician.
- Prescription drugs prescribed by a physician to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products.
- Insulin.
- Syringes when dispensed for use with insulin and other self-injectable drugs or medications.
- All FDA-approved contraceptives for women, including oral contraceptives; contraceptive diaphragms and over-the-counter contraceptives prescribed by a doctor.
- Injectable drugs which are self-administered by the subcutaneous route (under the skin) by the patient or family member.
- Drugs that have Food and Drug Administration (FDA) labeling for self-administration.
- All compound prescription drugs that contain at least one covered prescription ingredient.
- Diabetic supplies (i.e., test strips and lancets).
- Prescription drugs for treatment of impotence and/or sexual dysfunction are limited to organic (non-psychological) causes.
- Inhaler spacers and peak flow meters for the treatment of pediatric asthma. These items are subject to the copay for tier 2 or tier 3 copay.
- Certain over-the-counter drugs approved by the Pharmacy and Therapeutics Process to be included in the prescription drug formulary.  
**Prescription drug cost shares are included in the medical out-of-pocket maximum. See medical plan summary of benefits for details.**

† Classified specialty drugs must be obtained through our Specialty Pharmacy Program and are subject to the terms of the program.

‡ Preferred Generic Program. If a member requests a brand name drug when a generic drug version exists, the member pays the generic drug copay plus the difference in cost between the prescription drug maximum allowed amount for the generic drug and the brand name drug dispensed, but not more than 50% of our average cost of that type of prescription drug. The Preferred Generic Program does not apply when the physician has specified "dispense as written" (DAW) or when it has been determined that the brand name drug is medically necessary for the member. In such case, the applicable copay for the dispensed drug will apply.

§ Supply limits for certain drugs may be different. Please refer to the EOC/Certificate for complete information

f Compound drugs are not covered through home delivery; only covered through certain retail participating pharmacies.

## Prescription Drug Exclusions & Limitations

Immunizing agents, biological sera, blood, blood products or blood plasma.

Hypodermic syringes &/or needles, except when dispensed for use with insulin & other self-injectable drugs or medications.

Drugs & medications used to induce spontaneous & non-spontaneous abortions.

Drugs & medications dispensed or administered in an outpatient setting, including outpatient hospital facilities and physicians' offices.

Professional charges in connection with administering, injecting or dispensing drugs.

Drugs & medications that may be obtained without a physician's written prescription, except insulin or niacin for cholesterol lowering and certain over-the-counter drugs approved by the Pharmacy and Therapeutics Process to be included in the prescription drug formulary.

Drugs & medications dispensed by or while confined in a hospital, skilled nursing facility, rest home, sanatorium, convalescent hospital or similar facility.

Durable medical equipment, devices, appliances & supplies, even if prescribed by a physician, except contraceptive diaphragms, as specified as covered in the EOC/Certificate.

Services or supplies for which the member is not charged.

Oxygen.

Cosmetics & health or beauty aids. However, health aids that are medically necessary and meet the requirements as specified as covered in the EOC/Certificate.

Drugs labeled "Caution, Limited by Federal Law to Investigational Use," or experimental drugs.

Drugs or medications prescribed for experimental indications.

Any expense for a drug or medication incurred in excess of the prescription drug maximum allowed amount.

Drugs which have not been approved for general use by the Food and Drug Administration. This does not apply to drugs that are medically necessary for a covered condition.

Drugs to eliminate or reduce dependency on, or addiction to, tobacco and tobacco products. This does not apply to medically necessary drugs that the member can only get with a prescription under federal law.

Drugs used primarily for cosmetic purposes (e.g., Retin-A for wrinkles). However, this will not apply to the

use of this type of drug for medically necessary treatment of a medical condition other than one that is cosmetic.

Drugs used primarily to treat infertility (including, but not limited to, Clomid, Pergonal and Metrodin), unless medically necessary for another condition.

Anorexiant and drugs used for weight loss, except when used to treat morbid obesity (e.g., diet pills & appetite suppressants).

Drugs obtained outside the U.S, unless they are furnished in connection with urgent care or an emergency.

Allergy desensitization products or allergy serum.

Infusion drugs, except drugs that are self-administered subcutaneously.

Herbal supplements, nutritional and dietary supplements.

Formulas and special foods for the treatment of phenylketonuria (PKU).

Prescription drugs with a non-prescription (over-the-counter) chemical and dose equivalent except insulin. This does not apply if an over-the-counter equivalent was tried and was ineffective.

Compound medications unless:

- a. There is at least one component in it that is a prescription drug; and
- b. It is obtained from a participating pharmacy. Member will have to pay the full cost of the compound medications if member obtains drug at a non-participating pharmacy.

Specialty pharmacy drugs that must be obtained from the specialty pharmacy program, but which are obtained from a retail pharmacy are not covered by this plan. Member will have to pay the full cost of the specialty pharmacy drugs obtained from a retail pharmacy that member should have obtained from the specialty pharmacy program.

Off label prescription drugs

Third Party Liability

Anthem Blue Cross is entitled to reimbursement of benefits paid if the member recovers damages from a legally liable third party.

*Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.*

# Kids leaving home? Let Anthem go, too.

Have dependents living outside California? They may be eligible for coverage under your HMO or Point-of-Service (POS) plan.

## Find out how!

Call the Anthem Blue Cross Guest Membership Program at 800-827-6422. They have everything you need to get started:

- Verify provider availability in the area where your dependent lives.
- Request a Guest Membership application.
- Get help in submitting your Guest Membership application and answers to any questions you have along the way.

## Across the country

You and your dependents living outside California may be able to enroll in HMO coverage with a partner Blue Cross and Blue Shield plan under our Guest Membership Program. The Guest Membership Program is for members who will be temporarily residing outside their home state for a minimum of 90 days. The following states participate in the Anthem Blue Cross Guest Membership Program.\*

Arizona	Georgia	Maine	Nevada	Ohio
Arkansas	Hawaii	Maryland	New Hampshire	Oklahoma
Colorado	Illinois	Massachusetts	New Jersey	Pennsylvania
Connecticut	Indiana	Michigan	New Mexico	Texas
Delaware	Kentucky	Minnesota	New York	Virginia
Florida	Louisiana	Missouri	North Carolina	Wisconsin

\*These states may have regions that are not covered. Therefore, applicants can still be denied coverage if the region within the guest state does not have Away From Home Care (AFHC) providers.

**Thank you for choosing Anthem Blue Cross as your health plan.**



Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association. 11279CAESABC Rev. 11/13

# Live life to the fullest — without paying full price



## Save money with discounts at [anthem.com/ca](https://www.anthem.com/ca)

Saving money is good. Saving money on things that are good for you — that's even better. With SpecialOffers, you can access over 50 discounts on products and services that help promote better health and well-being. It's just one of the perks of being a member. Check out how much you can save:

### Vision & Hearing

**1-800 CONTACTS** — Get contact lenses quick and easy — plus discounts only available to Anthem members, like \$20 off when you spend \$100 or more, and free shipping.

**Glasses.com** — Try on any five of the 3,500 designer frames — at home, for free — before you buy. It's convenient, plus you get exclusive member savings like \$20 off when you spend \$100 or more, and free shipping and free returns.

**Premier LASIK** — Save 15% on LASIK with all their in-network providers and prices as low as \$695 per eye with select providers.

**HearPO** — Get a low price guarantee on the seven top companies that work with HearPO. Save \$50 on one or \$125 on two hearing aids — plus get three-year repair/loss/damage warranty and a free two-year supply of batteries.

**Beltone™** — Hearing screening and in-home service at no additional cost, and up to 50% off all Beltone hearing aids.

### Fitness & Health

**Jenny Craig®** — Join Jenny Craig and get a 30-day trial at no additional cost, and 25% off the Jenny Rewards Premium Program.

**Weight Watchers®** — Get \$10 off a three-month subscription to Weight Watchers Online.

**Lindora®** — Save 20% on weight loss programs.

**SelfHelpWorks** — Choose one of the online Living programs and get a 40% discount to help you lose weight, stop smoking, manage stress or face an alcohol problem.

**GlobalFit™** — Save on gym memberships, home fitness equipment and GlobalFit's Virtual Gym; \$30 off Nutrisystem's best advertised price. Buy bodybugg with GlobalFit's exclusive low price.

**ChooseHealthy™** — Preferred pricing on fitness club memberships with one-week free trial. Discounts on acupuncture, chiropractors and massage — plus 40% off certain wellness products.

**FitOrbit** — Get your own personal trainer for less than \$2 a day. Fitness legend Jake Steinfeld (Body by Jake®) came up with FitOrbit — giving everybody the ability to afford a personal trainer.



## Family & Home

**Safe Beginnings®** — Baby proof your home while saving 15% on everything from safety gates to outlet covers.

**SeniorLink** — Save 15% on advice for seniors and get 90 days service at no additional cost on the HelpLink Emergency Response System to help care for an aging family member.

**VPI Pet Insurance** — Get 5% off pet insurance. Get peace of mind knowing that you have help paying the medical costs for your pet's accidents, illnesses and routine medical care.

**VoiceCare** — Save more than 25% on the professional emergency response system.

**LinkWell** — Get coupons for healthier products.

**WINFertility** — Save up to 40% on infertility treatment. WINFertility helps make quality treatment affordable.

## Medicine & Treatment

**Puritan's Pride** — Save 20% and get free shipping on a big selection of vitamins, minerals, herbs, supplements and much more.

**Murad®** — Save \$25 plus a free gift with any purchase of \$100 or more on skin care.

**Allergy Control Products** — Save 25% on Allergy Control encasings for your bed. Plus, save 20% on a variety of doctor recommended products for a healthier home. Free shipping on orders of \$150 or more.

**National Allergy Supply** — Save 15% on mattress encasings, air filtration products, compressors and other products that can help relieve your allergy, asthma and sinus symptoms.

To find the discounts that are available to you, log into [anthem.com/ca](http://anthem.com/ca) and select **Discounts**.



## How to use LiveHealth Online on your mobile device



### What you need

First, make sure your mobile device has:

- The LiveHealth Online mobile app installed (see the links to the right).
- A front-facing camera that supports two-way video visits.
- A high-speed Internet connection.

For **iPhone, iPad or iPod** devices, you need an:

- iOS operating system.
- iPhone<sup>®</sup> 4S or later model.
- iPad<sup>®</sup> 2 or later model.
- iPad Mini.
- iPad Air.
- iPod<sup>®</sup> Touch 5th generation.

For **Android devices**, you need an:

- Android phone (Gingerbread v2.3.3 or above).
- Android tablet (Gingerbread v2.3.3 or above).

Keep in mind, we don't support the HTC myTouch and PantechP9070.

### Download the app

Search for LiveHealth Online in the App Store<sup>SM</sup> or on Google Play<sup>TM</sup>:



### Get started

1. Open the app.
2. Create a six-digit pin number. You'll need this number every time you use our app.
3. Fill out the *Tell Us About Yourself* page.

If you do not already have an account, we'll create one for you and e-mail you instructions on how to use LiveHealth Online. If you've already signed up, we'll find your account. Then, you'll need to pair your device with your web account.



## Pair your account with your device

1. Choose **E-mail Me My Code**. We'll send a pairing code to the e-mail address you first signed up with or to the e-mail address in your profile.
2. Find your code in your e-mail.
3. Go back to our app and enter **your pairing code**. You'll be brought to your LiveHealth Online account.

If you don't know your e-mail address, call customer support or log into your LiveHealth Online account. Click **My Account**. Your e-mail address is under *My Profile*. Keep in mind, your pairing code will expire after 20 minutes.

## Connect to Wi-Fi

Sign into a wireless connection to enjoy the best possible video quality. If you're using a wireless connection with a weak signal, you may have problems with your video or sound.

### LiveHealth Online at work

Some workplaces have security measures that may prevent you from using our service on your mobile device. If this is the case, we'll send you a message after you enter your six-digit pin number to let you know our service isn't available. If this is the case, try talking with one of our doctors using your home wireless connection.

## Talk with a doctor

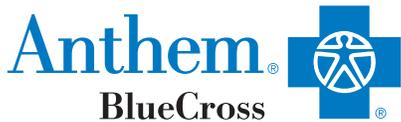
1. Choose the doctor you'd like to talk to.
2. Click **Talk Now**.
3. Enter **your phone number**. This way, if your visit is interrupted for any reason, your doctor can call you back. He or she can also follow up with you after your visit.

## Send a message to your doctor

1. Tap the **Message button** on your *doctor's profile page*.
2. Attach a photo, if you would like. This might be helpful for some health issues (bruises, cuts and rashes).
3. Send your secure message.

Keep in mind, your doctor may not read your message right away. We encourage you to talk to your doctor directly if you're seeking treatment. Also, it's important to call 911 if your health issue is an emergency.

**LiveHealth**<sup>®</sup>  
O N L I N E



# Need a doctor?

Finding one online is fast and easy.

With our Find a Doctor online tool, it's simple to look for doctors who are part of the Anthem Blue Cross network. Whether you're checking to see if a family favorite is in the network or looking for someone new, it's a snap..

## If you're already a member:

1. Log in to [anthem.com/ca](https://www.anthem.com/ca).
2. Under *Useful Tools* on the right, select **Find a Doctor**.
3. Select the doctor or health professional you're looking for and choose **Search**.
4. For more info about a provider (like skills and training), just select that name in the directory.

## New member search tip

If you don't know the name of your health plan or are about to join a new plan, talk to your company's benefits administrator or human resources staff.

## If you're not a member:

1. Go to [anthem.com/ca](https://www.anthem.com/ca).
2. Under *Useful Tools* on the right, select **Find a Doctor**.
3. Under *Search by selecting a plan/network*, go to *Select a state*. You can enter the name of your state or select it from the drop-down list.
4. Under *Select a plan/network*, you can enter the name of your plan/network or select it from the drop-down list then choose **Select and Continue**.
5. Using the drop-down boxes, select what type of doctor and the location you're looking for, then select **Search**.
6. For more info about a provider (like skills and training), just select that name in the directory.

If Anthem Blue Cross is your pharmacy benefit administrator, when selecting a plan/network, type in or choose "National PPO/BlueCard PPO". This will give you a longer list of providers, and pharmacy access is not limited by your medical plan.

If you are searching for a provider out of state, type "National PPO/BlueCard PPO" in the 'Select a Plan/Network' drop-down box, then click on 'Select and Continue' to begin searching for a doctor or facility. This will ensure the largest list of providers are given to you.

To search for doctors, hospitals, pharmacies and more from your mobile device, go to [anthem.com/ca](https://www.anthem.com/ca). You can also download our free app from the app store on your Apple or Android smartphone. Search Anthem Blue Cross and download.

# How we protect our members

As a member, you have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. And you also have certain rights and responsibilities when receiving your health care.

To learn more about how we protect your privacy, your rights and responsibilities when receiving health care, go to [www.anthem.com/ca/memberrights](http://www.anthem.com/ca/memberrights).

## How we help manage your care

To decide if we'll cover a treatment, procedure or hospital stay, we use a process called Utilization Management (UM). UM is a program that lets us make sure you're getting the right care at the right time. Licensed health care professionals review information your doctor has sent us to see if the requested care is medically needed. These reviews can be done before, during or after a member's treatment. UM also helps us decide if the services will be covered by your health plan.

We also use case managers. They're licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

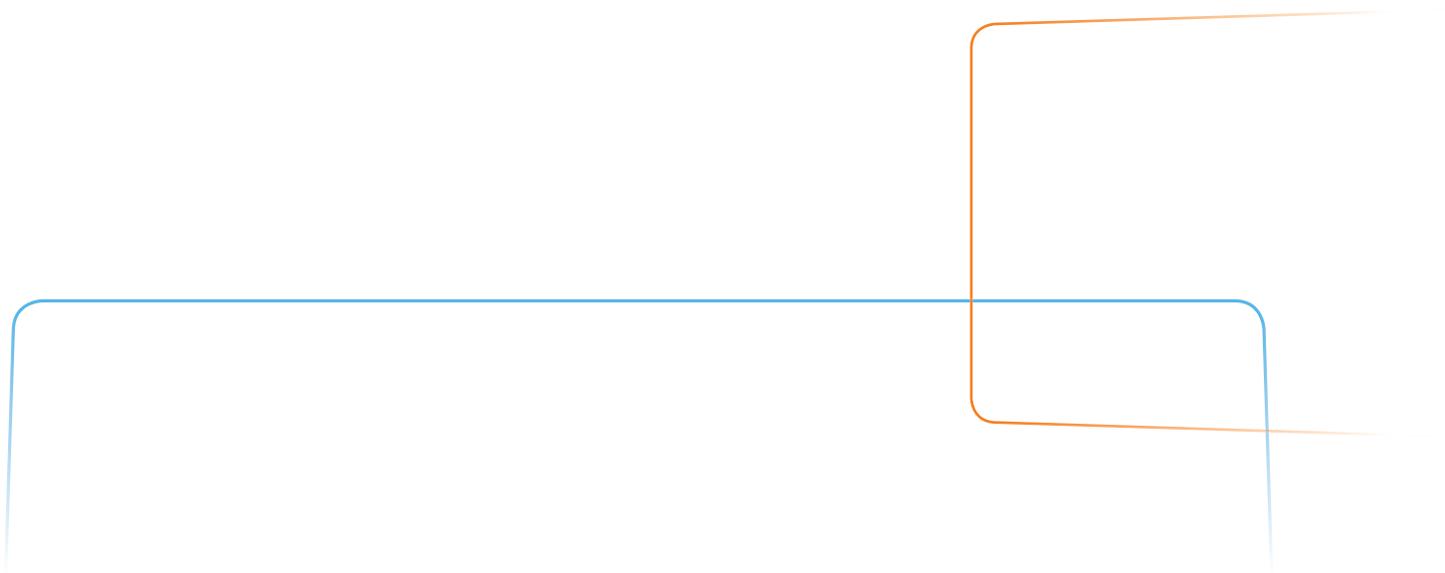
To learn more about how we help manage your care, visit [www.anthem.com/ca/memberrights](http://www.anthem.com/ca/memberrights).

## Special Enrollment Rights

There are certain situations when you can enroll in a plan outside the open enrollment period. Open enrollment usually happens only once a year. That's the time you can enroll in a plan or make changes to it. If you choose not to enroll during open enrollment, there are special cases when you're allowed to enroll yourself and your dependents. Special enrollment is allowed:

- **If you had another health plan that was canceled.** If you, your dependents or your spouse are no longer eligible for other coverage (or if the employer stops contributing to your health plan), you may be able to enroll with us. You must enroll within 31 days after the other coverage ends (or after the employer stops paying for it).

- For example: You and your family are enrolled through your spouse's coverage at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in a plan.
- **If you have a new dependent.** This could mean a life event like marriage, birth, adoption or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you got married, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
  - You (or your eligible dependents) lose Medicaid or CHIP coverage because you're no longer eligible.
  - You (or eligible dependents) become eligible to get help from Medicaid or SCHIP for paying part of the cost.



# Carry an ID card that means something. Enroll now.



如果您是非會員並需要中文協助，請聯絡您的銷售代表或小組管理員。如果您已參保，則請使用您 ID 卡上的號碼聯絡客戶服務人員。

Doo bee a'tah ni'liigoo eí dooda'í, shikáa adoolwoł ínízinigo t'áá diné k'éjígó, t'áá shoodí ba na'alníhí ya sidáhí bich'í naabídfíkiid. Eí doo biigha daago ni ba'nija'go ho'aalagí bich'í hodiilní. Hai'daa iini'taago eíya, t'áá shoodí diné ya atáh halne'ígí ní béesh bee hane'í wólta' bi'ki si'niilígí bi'kéhgo bich'í hodiilní.

Si no es miembro todavía y necesita ayuda en idioma español, le suplicamos que se ponga en contacto con su agente de ventas o con el administrador de su grupo. Si ya está inscrito, le rogamos que llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación.

Kung hindi ka pa miyembro at kailangan ng tulong sa wikang Tagalog, mangyaring makipag-ugnayan sa iyong sales representative o administrator ng iyong pangkat. Kung naka-enroll ka na, mangyaring makipag-ugnayan sa serbisyo para sa customer gamit ang numero sa iyong ID card.

아직 가입하지 않았거나 한국어로 된 도움말이 필요한 경우 영업 관리자나 그룹 관리자에게 문의하시기 바랍니다. 이미 가입한 경우 ID 카드에 있는 번호를 사용하여 고객 서비스에 문의하시기 바랍니다.

Nếu quý vị chưa phải là một hội viên và cần được giúp đỡ bằng Tiếng Việt, xin liên lạc với đại diện thương mại của quý vị hoặc quản trị viên nhóm. Nếu quý vị đã ghi danh, xin liên lạc với dịch vụ khách hàng qua việc dùng số điện thoại ghi trên thẻ ID của quý vị.

Life products underwritten by Anthem Blue Cross Life and Health Insurance Company. Disability products underwritten by Anthem Life Insurance Company.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross, Anthem Life Insurance Company and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

Express Scripts, Inc. is a separate company that provides pharmacy services and pharmacy benefit management services on behalf of health plan members.

The Healthy Lifestyles programs are administered by Healthways, Inc., an independent company.