

Benefits	In-Network	Out-of-Network
Transplant Services	See "Human Organ and Tissue Transplant (Bone Marrow / Stem Cell) Services."	Not covered
Urgent Care Services (Office & Home* Visits) <p>*Home visits are not the same as Home Health Care. For Home Health Care benefits please see the "Home Health Care" section.</p> <p>Out-of-Network (In-Area) Urgent Care services are not covered. To find out when Out-of-Network (Out-of-Area) Urgent Care services are covered, see the section Urgent Care Services in "What's Covered." See your Cost Share below for Covered Services, including Out-of-Network (Out-of-Area) Urgent Care.</p> <ul style="list-style-type: none"> Urgent Care Visit Charge \$20 Copayment per visit Allergy Testing \$20 Copayment per service Shots / Injections (other than allergy serum) \$20 Copayment per visit Allergy Shots / Injections (including allergy serum) \$20 Copayment per visit Diagnostic Lab (other than reference labs) No Copayment or Coinsurance Diagnostic x-ray No Copayment or Coinsurance Other Diagnostic Tests (including hearing, EKG) No Copayment or Coinsurance Advanced Diagnostic Imaging (including MRIs, CAT scans) \$100 Copayment per service Office Surgery (including anesthesia) \$20 Copayment per visit Prescription Drugs Administered in the Office (other than allergy serum) 30% Coinsurance up to a maximum Copayment of \$250 per drug <p>If, however, you see an Out-of-Network Provider outside California, that Provider may also bill you for any charges over the Plan's Reasonable and Customary Value.</p> <p>If you get covered Urgent Care at a Hospital or other outpatient Facility, please refer to the Other Facility Charges (for procedure rooms) In-Network Cost Share under the "Outpatient Facility Services" for details on what you will pay.</p>		

Benefits	In-Network	Out-of-Network
Virtual Visits (from Virtual Care-Only Providers)	Virtual Care-Only Providers through our mobile app and website:	Out-of-Network Virtual Care-Only Providers:
<ul style="list-style-type: none"> Virtual Visits including Primary Care from Virtual Care-Only Providers (Medical Services) 	\$0 Copayment per visit	Not covered
<ul style="list-style-type: none"> Virtual Visits from Virtual Care-Only Providers (Mental Health and Substance Use Disorder Services) 	\$0 Copayment per visit	Not covered
<ul style="list-style-type: none"> Virtual Visits from Virtual Care-Only Providers (Specialty Care Services) 	\$40 Copayment per visit	Not covered
If Preventive Care is provided during a Virtual Visit, it will be covered under the "Preventive Care" benefit, as required by law. Please refer to that section for details.		
Vision Services For Members to the End of the Month in Which They Turn Age 19		
Note: To get the In-Network benefit, you must use a Blue View Vision Provider. If you need help finding a Blue View Vision Provider, please visit our website or call us at the number on the back of your ID card.		
<ul style="list-style-type: none"> Routine Eye Exam 	\$0 Copayment	Not covered
Limited to one exam per Member every Benefit Period.		
Vision Services For Members Age 19 and Older		
Note: To get the In-Network benefit, you must use a Blue View Vision Provider. If you need help finding a Blue View Vision Provider, please visit our website or call us at the number on the back of your ID card. Out-of-Network Providers may bill you for any charges that exceed the Plan's Maximum Allowed Amount.		
<ul style="list-style-type: none"> Routine Eye Exam 	\$0 Copayment	Not covered
Limited to one exam per Member every Benefit Period.		

Benefits	In-Network	Out-of-Network
Vision Services (for medical and surgical treatment of injuries and/or diseases of the eye). Certain vision screenings required by Federal law are covered under the "Preventive Care" benefit.	Benefits are based on the setting in which Covered Services are received.	Not covered

Chiropractic and Acupuncture Care Services

Benefits described in this section are provided through an agreement between Anthem Blue Cross and American Specialty Health Plans of California, Inc. (ASH Plans). **The services described in this section are covered only if provided by a chiropractor or acupuncturist that is an In-Network Provider.**

These benefits are in addition to the benefits described in the "Therapy Services" provisions in the "Schedule of Benefits" section of this Plan. **However, when you are treated by chiropractor or acupuncturist that is an In-Network Provider, services will not be covered other than those benefits specifically described in this section.**

Choosing a Chiropractor or Acupuncturist that is an In-Network Provider. We publish a directory of chiropractors or acupuncturists that are In-Network Providers. You can get a directory from your plan administrator (usually your employer) or from us. The directory lists all chiropractors or acupuncturists that are In-Network Providers in your area. You may call us at the Member Services number listed on your ID card or you may write to us and ask us to send you a directory. You may also search for chiropractors or acupuncturists that are In-Network Providers using the "Provider Finder" function on our website at www.anthem.com and select the HMO Chiropractic/Acupuncture Network (ASH Plans).

Your First Visit. You must make an appointment with a chiropractor or acupuncturist that is an In-Network Provider for an examination of your condition. You do not need a referral from your Medical Group or Primary Care Physician to see a chiropractor or acupuncturist that is an In-Network Provider. Please remember to bring your Member ID Card.

Services Must be Approved. All services must be approved as Medically Necessary, except for:

- ◆ An initial new patient exam by a chiropractor or acupuncturists that are In-Network Provider and the provision or commencement, during the initial new patient exam, of Medically Necessary services that are chiropractic and acupuncture services, to the extent services are consistent with professionally recognized, valid, evidence-based standards of practice; and
- ◆ Emergency services.

If additional services are required after the initial new patient exam and they are approved as Medically Necessary, you are covered up to the maximum number of visits shown below.

All visits will be applied towards the maximum number of visits in a Benefit Period.

Services Not Approved. A chiropractor or acupuncturists that is an In-Network Provider may provide non-Covered Services. However, you must agree in writing, before receiving non-Covered Services, to pay for them yourself. If a chiropractor or acupuncturists that is an In-Network Provider provides non-

Covered Services without obtaining your written acknowledgment prior to providing the non-Covered Services, you will not be financially responsible to pay the provider for such non-Covered Services.

Chiropractic Care Services

In-Network

Out-of-Network

- Chiropractic Care
Benefit maximum of 30 visits per Benefit Period. Benefit maximum is for office and outpatient visits combined. Benefit maximum is for Chiropractic Care Services and Acupuncture Services combined.

\$10 Copayment per visit

Not covered

An additional period of care will be provided if approved.

- X-rays and laboratory tests when prescribed and approved by chiropractor that is an In-Network Provider.

No Copayment, Deductible, or Coinsurance

Not covered

- Chiropractic appliances when prescribed by a chiropractor that is an In-Network Provider and approved as Medically Necessary.

\$50 maximum of Chiropractic Appliances per Benefit Period.

Not covered

Acupuncture Services

In-Network

Out-of-Network

- Acupuncture
Benefit maximum of 30 visits per Benefit Period. Benefit maximum is for office and outpatient visits combined. Benefit maximum is for Chiropractic Care Services and Acupuncture Services combined.

\$10 Copayment per visit

Not covered

An additional period of care will be provided if approved.

Prescription Drug Retail Pharmacy and Home Delivery (Mail Order) Benefits

In-Network

Out-of-Network

Each Prescription Drug will be subject to a Cost Share (e.g., Copayment / Coinsurance) as described below. If your Prescription Order includes more than one Prescription Drug, a separate Cost Share will apply to each covered Drug. You will be required to pay the lesser of your scheduled Cost Share or the Prescription Drug Maximum Allowed Amount. If the retail price for a covered Prescription and/or refill is less than the applicable Copayment amount, you will not be required to pay more than the retail price. The retail price paid will constitute the applicable Cost Sharing and will apply toward the Deductible, if any, and the Out-of-Pocket Limit in the same manner as a Copayment or Coinsurance.

Prescription Drug Retail Pharmacy and Home Delivery (Mail Order) Benefits	In-Network	Out-of-Network
Day Supply Limitations – Prescription Drugs will be subject to various day supply and quantity limits. Certain Prescription Drugs may have a lower day-supply limit than the amount shown below due to other Plan requirements such as prior authorization, quantity limits and/or age limits and utilization guidelines including clinical criteria and recommendations of state and federal agencies. If the quantity of the drug dispensed is reduced due to clinical criteria and/or recommendations of governmental agencies, the Prescription is considered complete.		
Retail Pharmacy (In-Network and Out-of-Network)		Up to 30 days
	Note: A 90-day supply is available at Maintenance Pharmacies. When you get a 90-day supply at a Maintenance Pharmacy, three (3) Retail Pharmacy Copayments (one for each 30-day period) will apply. When you get a 30-day supply, one Copayment per Prescription Order will apply.	
Home Delivery (Mail Order) Pharmacy		Up to 90 days
Specialty Pharmacy		Up to 30 days*
	*See additional information in the “Specialty Drug Copayments / Coinsurance” section below.	
Note: For FDA-approved, Self-Administered Hormonal Contraceptives, up to a 12-month supply is covered when dispensed or furnished at one time by a Provider or pharmacist, or at a location licensed or otherwise authorized to dispense Drugs or supplies.		
Note: Prescription Drugs that we are required to cover by federal and state law under the “Preventive Care” benefit will be covered with no Deductible, Copayments or Coinsurance when you use an In-Network Provider.		
Retail Pharmacy Copayments / Coinsurance		
• Tier 1a Prescription Drugs	\$5 Copayment per Prescription Drug	Not covered
• Tier 1b Prescription Drugs	\$15 Copayment per Prescription Drug	Not covered
• Tier 2 Prescription Drugs	\$30 Copayment per Prescription Drug	Not covered
• Tier 3 Prescription Drugs	\$50 Copayment per Prescription Drug	Not covered
• Tier 4 Prescription Drugs	30% Coinsurance up to a maximum of \$250 per Prescription Drug	Not covered

Prescription Drug Retail Pharmacy and Home Delivery (Mail Order) Benefits	In-Network	Out-of-Network
Home Delivery Pharmacy Copayments / Coinsurance		
• Tier 1a Prescription Drugs	\$10 Copayment per Prescription Drug	Not covered
• Tier 1b Prescription Drugs	\$30 Copayment per Prescription Drug	Not covered
• Tier 2 Prescription Drugs	\$75 Copayment per Prescription Drug	Not covered
• Tier 3 Prescription Drugs	\$125 Copayment per Prescription Drug	Not covered
• Tier 4 Prescription Drugs	30% Coinsurance up to a maximum of \$250 per Prescription Drug	Not covered
Specialty Drug Copayments / Coinsurance		
Please note that certain Specialty Drugs are only available from the Specialty Pharmacy and you will not be able to get them at a Retail Pharmacy (unless you qualify for an exception) or through the Home Delivery (Mail Order) Pharmacy. Please see "Specialty Pharmacy" in the section "Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy" for further details. When you get Specialty Drugs from the Specialty Pharmacy, you will have to pay the same Copayments / Coinsurance you pay for a 30-day supply at a Retail Pharmacy. Note: The Copayment / Coinsurance for a 30-day supply of orally administered anti-cancer Specialty Drugs will not exceed the lesser of the applicable Copayment / Coinsurance stated under the Retail Pharmacy section or \$250.		
Orally Administered Anti-Cancer Medications		
With few exceptions, most orally administered anti-cancer medications are considered Specialty Drugs (see paragraph above). For orally administered anti-cancer medications that may be obtained through a Retail Pharmacy, the Copayment / Coinsurance for a 30-day supply will not exceed the lesser of the applicable Copayment / Coinsurance as stated in that section or \$250. For orally administered anti-cancer medications that may be obtained through our Home Delivery Pharmacy, the Copayment / Coinsurance for a 90-day supply will not exceed the lesser of the applicable Copayment / Coinsurance stated in that section or \$750.		
Schedule II Controlled Substances		
Prescription Orders for Schedule II controlled substances may be partially filled by a pharmacist, if requested by you or your Physician. A partial fill means a part of a Prescription Order filled that is of a quantity less than the entire prescription. For oral, solid dosage forms of prescribed Schedule II controlled substances that are partially filled, your Cost Share will be prorated accordingly.		

How Your Plan Works

Introduction

Your Plan is an HMO (Health Maintenance Organization) plan. **To get benefits for Covered Services, you must first visit a Primary Care Physician (PCP) from your Medical Group. Please see the “Medical Groups” and “Primary Care Physicians / Providers (PCP)” sections below for more information. You must use In-Network Providers, unless we have approved an Authorized Referral or if your care involves Emergency Care or Out-of-Area Urgent Care. (Note: If you receive services from an In-Network Facility in California, at which or as a result of which, you receive non-Emergency Covered Services provided by an Out-of-Network Provider (State Surprise Billing Claims), you will pay the Out-of-Network Provider no more than the same Cost Sharing that you would pay for the same Covered Services received from an In-Network Provider. Please see “Member Cost Share” in the “Claims Payment” section for more information.)**

To find an In-Network Provider for this Plan, please see “How to Find a Provider in the Network,” later in this section.

THE SERVICES OF THIS PLAN ARE PROVIDED ONLY WHEN PERFORMED, PRESCRIBED, DIRECTED OR AUTHORIZED AS MEDICALLY NECESSARY.

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

In-Network Provider Services

When you get care from an In-Network Provider or as part of an Authorized Referral, benefits are available for Covered Services. Benefits will be denied for care that is not a Covered Service. Please note, except for obstetrical/gynecological care, Reproductive or Sexual Health Care Services, Chiropractic and Acupuncture Services provided under the “Chiropractic and Acupuncture Care Services” benefit in the Schedule of Benefits, Virtual Visits with our online partners through our mobile app and Mental Health and Substance Use Disorder care, Anthem, your Medical Group or Primary Care Physician is responsible for authorizing all the care you receive. Please see the “Getting Approval for Benefits” section for more information. If you are ever in doubt, contact them or Member Services at the number listed on the back of your ID card.

It is important to understand that Anthem has many contracting Providers who may not be part of your Plan’s network of Providers. Do not assume that an Anthem Provider is participating in the network of Providers participating on your Plan. There are no benefits provided when using an Out-of-Network Provider and you may be responsible for the total amount billed by an Out-of-Network Provider. The only exceptions are services received from an Out-of-Network Provider as a result of an Emergency Medical Condition, Out-of-Area Urgent Care or an Authorized Referral, or certain non-Emergency Covered Services that you receive from Out-of-Network Providers while you are receiving services from an In-Network Facility. Please see “Member Cost Share” in the “Claims Payment” section for more information.

If you receive Covered Services from an Out-of-Network Provider after we failed to provide you with accurate information in our Provider Directory, or after we failed to respond to your telephone or web-based inquiry within the time required by federal law, Covered Services will be covered at the In-Network level.

Medical Groups

A group of Physicians, organized as a legal entity, which has an agreement in effect with Anthem HMO to provide you with a wide range of medical services and supplies for which you are covered under this Plan. The group may be organized as an In-Network Medical Group (PMG) or Independent Practice Association (IPA), hereafter referred to as Medical Group. Each Member is required, at the time of enrollment, to select a Medical Group and/or PCP to provide services covered under this Plan. However, in the event the Subscriber does not indicate his or her selection on the enrollment form, Anthem will assign the Subscriber to a Medical Group nearest to the Subscriber's residence.

Primary Care Physicians / Providers (PCP)

When you, the Subscriber, enrolled, you were asked to choose an Anthem HMO Medical Group. From this Medical Group, which is staffed by a team of Physicians and nurses, you choose your own Primary Care Physician (PCP). PCPs include general practitioners, internists, family practitioners, pediatricians, obstetricians & gynecologists, and geriatricians. Each Member should choose a PCP who is listed in the Provider directory. Each Member of a family may select a different Primary Care Physician. For example, an internist or general practitioner may be chosen for adults and a pediatrician may be selected for children. If you want to change your PCP, call us or see our website, www.anthem.com.

The Primary Care Physician is the Doctor who normally gives, directs, and manages your health care. There are very few services that do not require a referral from your PCP or Medical Group in order to access care. Please see "Referrals" below or you can also ask your PCP or Medical Group for more information about these services.

If, when you first enroll (sign up) for coverage under this Plan, you are under the care of an Out-of-Network Provider, you should tell us right away. To keep getting care under this Plan from any Out-of-Network Provider, we must approve an Authorized Referral with that Provider or the services will be denied.

Obstetrical and gynecological services may be received directly, without obtaining a referral, from an obstetrician and gynecologist or family practice Physician who is a member of your Medical Group or who has an arrangement with your Medical Group to provide care for its patients, and who has been identified by your Medical Group as available for providing obstetrical and gynecological care. In addition, services for Mental Health and Substance Use Disorder may be received directly (without obtaining a Referral) from a specialist who is an Anthem HMO Behavioral Health Network provider. For a list of In-Network Providers who specialize in obstetrics/gynecology and Mental Health and Substance Use Disorder, call Member Services at the number listed on the back of your Identification Card or access our website at www.anthem.com.

Chiropractic and Acupuncture Services provided under the "Chiropractic and Acupuncture Care Services" benefit in the Schedule of Benefits, and Virtual Visits with our online partners through our mobile app are also available directly without obtaining a referral.

First - Make an Appointment with Your PCP or Medical Group

Your PCP's job is to help you stay healthy, not just treat you when you are sick. After you pick a PCP set up an office visit. During this visit, get to know your PCP and help your PCP get to know you. You should talk to your PCP about:

- Your personal health history,
- Your family health history,
- Your lifestyle,
- Any health concerns you have.