

Small Group product overview – EmployeeElect portfolio for groups of 1 to 100 employees



Your employees' health and well-being is our priority. That's why we offer EmployeeElect plans, which provide solutions to help you control costs and keep your employees healthy.

Plans effective January 1, 2021

The below overview does not represent all benefits. For more plan information, visit plan-summaries.anthem.com/sobdps/ for the Summary of Benefits (SOB). All product offerings are subject to regulatory review and approval, and are subject to change.

All plans (except SHOP mirror) use the RxChoice Tiered Network, which includes a choice of two levels – Level 1 or Level 2 – with access to more than 66,000 pharmacies across the country, including chains like CVS. SHOP mirror plans use the Standard Rx network where Walgreens is excluded and not covered.

Preferred provider organization (PPO) plans available on PPO and Select PPO networks								
Plan	Deductible ¹	Out-of-pocket maximum ¹	Copay ² primary care physician/specialist	In-network coinsurance ³	LiveHealth Online copay ²	Emergency room ^{3,5}	Pharmacy benefits - RxChoice tiered network ⁴	
							Pharmacy deductible ¹	Tier 1/Tier 2/Tier 3/Tier 4 ³
Anthem Platinum PPO 20/10%	\$0	\$4,000	\$20/\$40	10%	\$0 for first 3 visits, then \$5	\$200 + 10%	\$0	Level 1: \$10/\$35/\$70/30% Level 2: \$20/\$50/\$85/40%
Anthem Platinum PPO 15/250/10%	\$250	\$4,000	\$15/\$30	10%	\$0 for first 3 visits, then \$5	Deductible, then \$200 + 10%	\$0	Level 1: \$10/\$35/\$70/30% Level 2: \$20/\$50/\$85/40%
Anthem Platinum PPO 5/250/15%	\$250	\$4,000	\$5/\$45	15%	\$0 for first 3 visits, then \$5	Deductible, then \$250 + 15%	\$0	Level 1: \$5/\$35/\$70/30% Level 2: \$15/\$50/\$85/40%
Anthem Gold PPO 20/30%	\$0	\$7,400	\$20/\$50	30%	\$0 for first 3 visits, then \$5	\$250 + 30%	\$150 (tiers 2-4)	Level 1: \$15/\$45/\$85/30% Level 2: \$25/\$65/\$95/40%
Anthem Gold PPO 30/500/20%	\$500	\$7,500	\$30/\$60	20%	\$0 for first 3 visits, then \$5	\$250 + 20%	\$200 (tiers 2-4)	Level 1: \$15/\$45/\$85/30% Level 2: \$25/\$65/\$95/40%
Anthem Gold PPO 35/500/25%	\$500	\$7,800	\$35/\$65	25%	\$0 for first 3 visits, then \$5	\$250 + 25%	\$250 (tiers 2-4)	Level 1: \$15/\$45/\$85/30% Level 2: \$25/\$65/\$95/40%
Anthem Gold PPO 30/750/20%	\$750	\$7,800	\$30/\$55	20%	\$0 for first 3 visits, then \$5	\$250 + 20%	\$250 (tiers 2-4)	Level 1: \$15/\$45/\$85/30% Level 2: \$25/\$65/\$95/40%
Anthem Gold PPO 35/1000/20%	\$1,000	\$7,800	\$35/\$60	20%	\$0 for first 3 visits, then \$5	\$250 + 20%	\$250 (tiers 2-4)	Level 1: \$15/\$45/\$85/30% Level 2: \$25/\$65/\$95/40%
Anthem Gold PPO 5/1500/30%	\$1,500	\$7,500	\$5/\$65	30%	\$0 for first 3 visits, then \$5	\$250 + 30%	\$250 (tiers 2-4)	Level 1: \$5/\$50/\$100/30% Level 2: \$15/\$75/\$110/40%
Anthem Silver PPO 45/1750/40%	\$1,750	\$8,100	\$45/\$95	40%	\$0 for first 3 visits, then \$5	\$300 + 40%	\$300 (tiers 2-4)	Level 1: \$20/\$60/\$100/30% Level 2: \$25/\$95/\$140/40%
Anthem Silver PPO 55/1850/35%	\$1,850	\$8,500	\$55/\$85	35%	\$0 for first 3 visits, then \$5	\$350 + 35%	\$300 (tiers 2-4)	Level 1: \$20/\$60/\$100/30% Level 2: \$25/\$95/\$140/40%
Anthem Silver PPO 50/2200/40%	\$2,200	\$8,150	\$50/\$85	40%	\$0 for first 3 visits, then \$5	\$350 + 40%	\$250 (tiers 2-4)	Level 1: \$20/\$60/\$100/30% Level 2: \$25/\$100/\$140/40%
Anthem Silver PPO 55/2500/45%	\$2,500	\$8,150	\$55/\$85	45%	\$0 for first 3 visits, then \$5	\$100 + 45%	\$0	Level 1: \$20/\$65/\$110/30% Level 2: \$25/\$100/\$140/40%
Anthem Bronze PPO 4600/50%	\$4,600	\$8,100	50% after deductible ³	50%	50% after deductible ³	50%	Medical deductible applies (tiers 2-4)	Level 1: 40% ³ Level 2: 50% ³

Anthem Bronze PPO 40/5600/40%	\$5,600	\$8,400	\$40/\$80 after deductible	40%	\$0 for first 12 visits, then \$5	\$250 + 40%	Medical deductible applies (tiers 2-4)	Level 1: \$20/\$70/\$110/30% Level 2: \$25/\$115/\$150/40%
Anthem Bronze PPO 70/6600/35%	\$6,600	\$8,550	\$70/\$85 after deductible	35%	\$0 for first 12 visits, then \$5	\$250 + 35%	Medical deductible applies (tiers 2-4)	Level 1: \$20/\$70/\$110/30% Level 2: \$25/\$115/\$150/40%
Anthem Bronze PPO 60/6350/40%	\$6,350	\$8,150	\$60/\$80 after deductible	40%	\$0 for first 12 visits, then \$5	\$250 + 40%	\$625 (tiers 2-4)	Level 1: \$20/\$65/\$105/30% Level 2: \$25/\$100/\$140/40%
Anthem Bronze PPO 75/7300/40% NEW	\$7,300	\$8,550	\$75/\$110	40%	\$0 for first 12 visits, then \$5	\$250 + 40%	\$725 (tiers 2-4)	Level 1: \$25/\$115/\$160/30% Level 2: \$25/\$130/\$180/40%

Health savings account (HSA) plans available on PPO and Select PPO networks

Plan	Deductible ¹	Out-of-pocket maximum ¹	Office visit ^{3,5}	In-network coinsurance ³	LiveHealth Online copay ^{3,5}	Emergency room ^{3,5}	Pharmacy benefits - RxChoice tiered network ⁴	
							Pharmacy deductible ¹	Tier 1/Tier 2/Tier 3/Tier 4 ³
Anthem Silver PPO 2000/30% w/HSA - RxC	\$2,000/\$2,800	\$6,750	30%	30%	30%	30%	Medical deductible applies	Level 1: \$20/\$60/\$85/30% Level 2: \$25/\$95/\$115/40%
Anthem Silver PPO 2500/35% w/HSA PrevRx NEW	\$2,500/\$2,800	\$6,950	35%	35%	35%	35%	Medical deductible applies (waived for preventive drugs)	Preventive: \$10/\$60 Level 1: \$20/\$65/\$100/30% Level 2: \$25/\$100/\$115/40%
Anthem Bronze PPO 5600/45% w/HSA	\$5,600	\$7,000	45%	45%	45%	45%	Medical deductible applies	Level 1: 35% Level 2: 45%
Anthem Bronze PPO 6950/0% w/HSA	\$6,950	\$6,950	0%	0%	0%	0%	Medical deductible applies	Level 1: 0% Level 2: 0%

Whole Health plans available on PPO network

Plans include enhanced benefits for adult dental and adult vision materials, in addition to the standard dental and vision coverage.

Plan	Deductible ¹	Out-of-pocket maximum ¹	Copay ² primary care physician/specialist	In-network coinsurance ³	LiveHealth Online copay ²	Emergency room ^{3,5}	Pharmacy benefits - RxChoice tiered network ⁴	
							Pharmacy deductible ¹	Tier 1/Tier 2/Tier 3/Tier 4 ³
Anthem Platinum PPO 5/250/15% WH NEW	\$250	\$4,000	\$5/\$45	15%	\$0 for first 3 visits, then \$5	\$250 + 15%	\$0	Level 1: \$5/\$35/\$70/30% Level 2: \$15/\$50/\$85/40%
Anthem Gold PPO 35/500/25% WH NEW	\$500	\$7,800	\$35/\$65	25%	\$0 for first 3 visits, then \$5	\$250 + 25%	\$250 (Tiers 2-4)	Level 1: \$15/\$45/\$85/30% Level 2: \$25/\$65/\$95/40%
Anthem Gold PPO 35/1000/20% WH NEW	\$1,000	\$7,800	\$35/\$60	20%	\$0 for first 3 visits, then \$5	\$250 + 20%	\$250 (Tiers 2-4)	Level 1: \$15/\$45/\$85/30% Level 2: \$25/\$65/\$95/40%
Anthem Silver PPO 45/1750/40% WH NEW	\$1,750	\$8,100	\$45/\$95	40%	\$0 for first 3 visits, then \$5	\$300 + 40%	\$300 (Tiers 2-4)	Level 1: \$20/\$60/\$100/30% Level 2: \$25/\$95/\$140/40%
Anthem Silver PPO 55/2500/45% WH NEW	\$2,500	\$8,150	\$55/\$85	45%	\$0 for first 3 visits, then \$5	\$100 + 45%	\$0	Level 1: \$20/\$65/\$110/30% Level 2: \$25/\$100/\$140/40%
Anthem Bronze PPO 5600/45% w/HSA WH NEW	\$5,600	\$7,000	Deductible, then 45%	45%	Deductible, then 45%	45%	Medical deductible applies	Level 1: 35% ³ Level 2: 45% ³
Anthem Bronze PPO 6950/0% w/HSA WH NEW	\$6,950	\$6,950	Deductible, then 0%	0%	Deductible, then 0%	0%	Medical deductible applies	Level 1: 0% ³ Level 2: 0% ³

Exclusive provider organization (EPO) plans only available on PPO network

Plan	Deductible ¹	Out-of-pocket maximum ¹	Copay ² primary care physician/specialist	In-network coinsurance ³	LiveHealth Online copay ²	Emergency room ^{4,5}	Pharmacy benefits - RxChoice tiered network ⁴	
							Pharmacy deductible ¹	Tier 1/Tier 2/Tier 3/Tier 4 ³
Anthem Gold EPO 35/500/20%	\$500	\$6,000	\$35/\$55	20%	\$0 for first 3 visits, then \$5	\$250 + 20%	\$250 (tiers 2-4)	Level 1: \$15/\$45/\$85/30% Level 2: \$25/\$65/\$95/40%
Anthem Gold EPO 35/1700/20%	\$1,700	\$4,500	\$35/\$60	20%	\$0 for first 3 visits, then \$5	\$250 + 20%	\$250 (tiers 2-4)	Level 1: \$15/\$45/\$85/30% Level 2: \$25/\$65/\$95/40%

Health maintenance organization (HMO) plans available on HMO, Select HMO and Priority Select HMO networks

Plan	Deductible ¹	Out-of-pocket maximum ¹	Copay primary care physician/specialist	Inpatient hospital copay	LiveHealth Online copay	Emergency room	Pharmacy benefits - RxChoice tiered network ⁴	
							Pharmacy deductible ¹	Tier 1/Tier 2/Tier 3/Tier 4 ³
Anthem Platinum HMO 20	\$0	\$2,200	\$20/\$40	\$300/day, up to 3 days	\$0 for first 3 or 12 visits, then \$5 ⁶	\$250	\$0	Level 1: \$10/\$35/\$70/30% Level 2: \$20/\$50/\$85/40%
Anthem Platinum HMO 25	\$0	\$2,350	\$25/\$50	\$450/day, up to 4 days	\$0 for first 3 or 12 visits, then \$5 ⁶	\$250	\$0	Level 1: \$10/\$35/\$70/30% Level 2: \$20/\$50/\$85/40%
Anthem Gold HMO 30	\$0	\$6,000	\$30/\$55	\$600/day, up to 4 days	\$0 for first 3 or 12 visits, then \$5 ⁶	\$300	\$0	Level 1: \$15/\$40/\$80/30% Level 2: \$25/\$60/\$90/40%
Anthem Gold HMO 35	\$0	\$6,500	\$35/\$70	\$750/day, up to 4 days	\$0 for first 3 or 12 visits, then \$5 ⁶	\$300	\$0	Level 1: \$15/\$45/\$85/30% Level 2: \$25/\$65/\$95/40%
Anthem Gold HMO 35/700/20%	\$700	\$8,400	\$35/\$55 ²	Deductible/20% ³	\$0 for first 3 or 12 visits, then \$5 ^{2,6}	\$300 + 20% ^{3,5}	\$100 (tiers 2-4)	Level 1: \$15/\$45/\$85/30% Level 2: \$25/\$65/\$95/40%
Anthem Gold HMO 35/1250/20%	\$1,250	\$8,400	\$35/\$60 ²	Deductible/20% ³	\$0 for first 3 or 12 visits, then \$5 ^{2,6}	\$300 + 20% ^{3,5}	\$100 (tiers 2-4)	Level 1: \$15/\$40/\$80/30% Level 2: \$25/\$60/\$90/40%
Anthem Silver HMO 55	\$0	\$8,400	\$55/\$110	\$600/day, up to 5 days	\$0 for first 3 or 12 visits, then \$5 ⁶	\$450	\$400 (tiers 2-4)	Level 1: \$20/\$85/\$115/30% Level 2: \$25/\$110/\$165/40%
Anthem Silver HMO 55/2250/45%	\$2,250	\$8,400	\$55/\$110 ²	Deductible/45% ³	\$0 for first 3 or 12 visits, then \$5 ^{2,6}	\$350+45% ^{3,5}	\$300 (tiers 2-4)	Level 1: \$20/\$85/\$115/30% Level 2: \$25/\$110/\$165/40%

Small Business Health Options Program (SHOP) mirror plans available on off-exchange Select PPO network

Plan	Deductible ¹	Out-of-pocket maximum ¹	Copay primary care physician/specialist	In-network coinsurance ³	LiveHealth Online copay	Emergency room ⁵	Pharmacy benefits - Standard network ⁴				
							Pharmacy deductible ¹	Tier 1	Tier 2	Tier 3	Tier 4 ³
Anthem Platinum Select PPO 15/10%	\$0	\$4,500	\$15/\$30	10%	\$0 for first 3 visits, then \$5	\$200	\$0	\$10	\$25	\$40	10%
Anthem Gold Select PPO 25/350/20%	\$350	\$7,800	\$25/\$50 ²	20%	\$0 for first 3 visits, then \$5 ²	\$350+20% ^{3,5}	\$0	\$15	\$50	\$80	20%
Anthem Silver Select PPO 50/2250/30%	\$2,250	\$8,200	\$50/\$85 ²	30%	\$0 for first 3 visits, then \$5 ²	Deductible, then 30%	\$300 (tiers 2-4)	\$17	\$70	\$100	30%
Anthem Bronze Select PPO 7000/0% w/HSA	\$7,000	\$7,000	0% ^{2,5}	0%	0% ^{3,5}	0% ^{3,5}	Medical deductible applies	0% ³	0% ³	0% ³	0% ³

Why choose EmployeeElect?

Each plan offers convenient, cost-saving perks such as:



IngenioRx. Our pharmacy benefit manager delivers lower costs through care optimization programs, point-of-sale rebates, and a prescription discount program for drugs that aren't covered.



Pediatric dental benefits, routine **vision exams**,



and materials such as frames and lenses.



Adult routine **eye exams**.



Employee Assistance Program with myStrength. Help with everyday life issues, plus extra emotional support through myStrength and three no-cost LiveHealth Online counseling visits.



Wellbeing Solutions. Health and wellness resources such as 24/NurseLine, Anthem Health Guide, Future Moms with breastfeeding support through LiveHealth Online, and our new digital platform, Sydney Health.

Your employees' health is important

With the helpful resources available through EmployeeElect plans, you can support your employees' overall well-being. You can be confident knowing we are here for you, providing innovative strategies to lower your costs and keep your employees healthy.



We want to make it easier for you

Our Act Wise health savings account (HSA) plans include best-in-class services that simplify administration and offer tax savings for employers and their employees in the plan. Enroll in an Anthem medical plan and open a savings account through the same enrollment process.



1. Deductible and out-of-pocket shown are per member for in-network services in a calendar year. See Summary of Benefits for out-of-network and family amounts.

2. Not subject to the calendar-year deductible except where specifically noted.

3. Plan coinsurance percent is based on maximum allowed amount for services billed.

4. Pharmacy copay listed is per 30-day supply at a retail, in-network pharmacy. Coinsurance (%) cost shares have a maximum member copay per 30-day supply as listed in the Summary of Benefits.

5. Subject to the calendar-year deductible, when plan has a deductible.

6. LiveHealth Online benefit on HMO and Select HMO networks offers 3 visits free, and on Priority Select HMO network offers first 12 visits free; then member pays \$5 copay.

Plans offered by Anthem Blue Cross.

This document is only a brief summary of benefits and services. Our plans have exclusions, limitations and terms under which the Evidence of Coverage may be continued in force or discontinued. For cost and complete details on what's covered and what isn't:

Review the Evidence of Coverage, call your Anthem Blue Cross authorized sales representative and go to anthem.com/ca.

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

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.