

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



If your employees' health and well-being is a priority, our EmployeeElect health plans are available to help you control costs and keep your employees in their best health.

Plans effective July 1, 2023

The below overview does not represent all benefits. For more plan information, visit plan-summaries.anthem.com/sobdps for a complete summary of benefits. All product offerings are subject to regulatory review and approval, and are subject to change. All health plans (except SHOP mirror plans) 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. Small Business Health Options Program (SHOP) mirror plans use the Advantage Rx network, where Walgreens is excluded and not covered.

Vivity HMO								
Plan	Deductible ¹	Out-of-pocket maximum ¹	Copay primary care physician/specialist	Inpatient hospital copay	LiveHealth Online copay ²	Emergency room	Pharmacy benefits – RxChoice tiered network ⁴	
							Pharmacy deductible ¹	Tier 1/tier 2/tier 3/tier 4 ³
Anthem Link Platinum Vivity HMO 15	\$0	\$2,500	\$15/\$30	\$500/day, up to 4 days	No copay	\$500	\$0	Level 1: \$5/\$25/\$75/\$250 Level 2: \$15/\$35/\$85/\$250
Anthem Link Gold Vivity HMO 25	\$0	\$6,150	\$25/\$50	\$500/day, up to 4 days	No copay	\$500	\$0	Level 1: \$10/\$50/\$125/\$250 Level 2: \$20/\$60/\$135/\$250
Anthem Link Gold Vivity HMO 25/500	\$500	\$6,500	\$25/\$50	\$500 after deductible	No copay	Deductible, then \$500	Tiers 3-4: Medical deductible applies	Level 1: \$10/\$50/\$125/\$250 Level 2: \$20/\$60/\$135/\$250
Anthem Link Gold Vivity HMO 35/1000	\$1,000	\$6,750	\$35/\$75	\$750 after deductible	No copay	Deductible, then \$500	Tiers 3-4: Medical deductible applies	Level 1: \$10/\$50/\$125/\$250 Level 2: \$20/\$60/\$135/\$250
Anthem Link Gold Vivity HMO 35/1850	\$1,850	\$7,750	\$35/\$75	\$750 after deductible	No copay	Deductible, then \$500	Tiers 3-4: Medical deductible applies	Level 1: \$10/\$50/\$125/\$250 Level 2: \$20/\$60/\$135/\$250
Anthem Link Silver Vivity HMO 50/2650	\$2,650	\$9,100	\$50/\$110	\$1,500 after deductible	No copay	Deductible, then \$500	Tiers 3-4: Medical deductible applies	Level 1: \$20/\$95/\$150/\$250 Level 2: \$25/\$105/\$160/\$250

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 ²	Emergency room	Pharmacy benefits – RxChoice tiered network ⁴	
							Pharmacy deductible ¹	Tier 1/tier 2/tier 3/tier 4 ³
Anthem Platinum HMO 0/20	\$0	\$1,900	\$20/\$40	\$500	No copay	\$250	\$0	Level 1: \$5/\$20/\$50/30% Level 2: \$15/\$30/\$60/40%
Anthem Platinum HMO 0/25	\$0	\$2,300	\$25/\$50	\$300/day, up to 3 days	No copay	\$275	\$0	Level 1: \$5/\$20/\$50/30% Level 2: \$15/\$30/\$60/40%
Anthem Platinum HMO 0/30	\$0	\$2,700	\$30/\$50	\$450/day, up to 4 days	No copay	\$275	\$0	Level 1: \$5/\$30/\$50/30% Level 2: \$15/\$40/\$60/40%
Anthem Gold HMO 30	\$0	\$6,600	\$30/\$60	\$600/day, up to 4 days	No copay	\$325	\$0	Level 1: \$10/\$50/\$90/30% Level 2: \$20/\$60/\$100/40%
Anthem Gold HMO 35	\$0	\$6,750	\$35/\$70	\$750/day, up to 4 days	No copay	\$325	\$0	Level 1: \$10/\$50/\$90/30% Level 2: \$20/\$60/\$100/40%
Anthem Gold HMO 35/500/20%	\$500	\$8,450	\$35/\$55	20% after deductible	No copay	Deductible, then \$300 + 20%	\$0	Level 1: \$10/\$50/\$90/30% Level 2: \$20/\$60/\$100/40%
Anthem Gold HMO 35/500/20% RxD *NEW*	\$500	\$8,450	\$35/\$55	20% after deductible	No copay	Deductible, then \$300 + 20%	Tiers 2-4: \$150/\$300 Pharmacy deductible	Level 1: \$10/\$50/\$90/30% Level 2: \$20/\$60/\$100/40%
Anthem Gold HMO 35/1250/20%	\$1,250	\$8,600	\$35/\$60	20% after deductible	No copay	Deductible, then \$300 + 20%	\$0	Level 1: \$10/\$50/\$90/30% Level 2: \$20/\$60/\$100/40%
Anthem Gold HMO 35/1250/20% RxD *NEW*	\$1,250	\$8,600	\$35/\$60	20% after deductible	No copay	Deductible, then \$300 + 20%	Tiers 2-4: \$150/\$300 Pharmacy deductible	Level 1: \$10/\$50/\$90/30% Level 2: \$20/\$60/\$100/40%
Anthem Silver HMO 55	\$0	\$9,100	\$55/\$110	\$750/day, up to 5 days	No copay	\$500	Tiers 2-4: \$400/\$800 Pharmacy deductible	Level 1: \$20/\$95/\$150/30% Level 2: \$30/\$105/\$160/40%
Anthem Silver HMO 60/2500/45%	\$2,500	\$9,100	\$60/\$110	45% after deductible	No copay	Deductible, then \$350 + 45%	Tiers 2-4: \$200/\$400 Pharmacy deductible	Level 1: \$15/\$70/\$110/30% Level 2: \$20/\$80/\$120/40%

Preferred provider organization (PPO) plans available on PPO and Select PPO networks

Plan	Deductible ¹	Out-of-pocket maximum ¹	Copay primary care physician/specialist	Inpatient hospital copay	LiveHealth Online copay ²	Emergency room	Pharmacy benefits – RxChoice tiered network ⁴	
							Pharmacy deductible ¹	Tier 1/tier 2/tier 3/tier 4 ³
Anthem Platinum PPO 15/40/10%	\$0	\$3,800	\$15/\$40	10%	No copay	\$200 + 10%	\$0	Level 1: \$5/\$30/\$50/30% Level 2: \$15/\$40/\$60/40%
Anthem Platinum PPO 15/250/10%	\$250	\$3,800	\$15/\$30	10% after deductible	No copay	Deductible, then \$225 + 10%	\$0	Level 1: \$5/\$30/\$50/30% Level 2: \$15/\$40/\$60/40%
Anthem Platinum PPO 5/200/15%	\$200	\$3,800	\$5/\$45	15% after deductible	No copay	Deductible, then \$250 + 15%	\$0	Level 1: \$5/\$30/\$50/30% Level 2: \$15/\$40/\$60/40%
Anthem Gold PPO 25/30%	\$0	\$8,200	\$25/\$50	30%	No copay	\$250 + 30%	\$0	Level 1: \$10/\$50/\$90/30% Level 2: \$20/\$60/\$100/40%
Anthem Gold PPO 25/30% RxD *NEW*	\$0	\$8,200	\$25/\$50	30%	No copay	\$250 + 20%	Tiers 2-4: \$150/\$300 Pharmacy deductible	Level 1: \$10/\$50/\$90/30% Level 2: \$20/\$60/\$100/40%
Anthem Gold PPO 30/500/20%	\$500	\$7,900	\$30/\$60	20% after deductible	No copay	Deductible, then \$250 + 20%	\$0	Level 1: \$10/\$50/\$90/30% Level 2: \$20/\$60/\$100/40%
Anthem Gold PPO 30/500/20% RxD *NEW*	\$500	\$7,900	\$30/\$60	20% after deductible	No copay	Deductible, then \$250 + 20%	Tiers 2-4: \$150/\$300 Pharmacy deductible	Level 1: \$10/\$50/\$90/30% Level 2: \$20/\$60/\$100/40%
Anthem Gold PPO 35/500/25%	\$500	\$8,200	\$35/\$65	25% after deductible	No copay	Deductible, then \$250 + 25%	Tiers 2-4: \$250/\$500 Pharmacy deductible	Level 1: \$10/\$50/\$90/30% Level 2: \$20/\$60/\$100/40%
Anthem Gold PPO 30/750/20%	\$750	\$8,200	\$30/\$55	20% after deductible	No copay	Deductible, then \$250 + 20%	Tiers 2-4: \$250/\$500 Pharmacy deductible	Level 1: \$10/\$50/\$90/30% Level 2: \$20/\$60/\$100/40%
Anthem Gold PPO 35/1000/20%	\$1,000	\$8,200	\$35/\$60	20% after deductible	No copay	Deductible, then \$250 + 20%	Tiers 2-4: \$300/\$600 Pharmacy deductible	Level 1: \$5/\$60/\$110/30% Level 2: \$15/\$70/\$120/40%
Anthem Gold PPO 5/1500/30%	\$1,500	\$8,300	\$5/\$65	30% after deductible	No copay	Deductible, then \$250 + 30%	Tiers 2-4: \$300/\$600 Pharmacy deductible	Level 1: \$5/\$60/\$110/30% Level 2: \$15/\$70/\$120/40%
Anthem Silver PPO 45/1750/40%	\$1,750	\$9,100	\$45/\$95	40% after deductible	No copay	Deductible, then \$300 + 40%	Tiers 2-4: \$300/\$600 Pharmacy deductible	Level 1: \$15/\$70/\$110/30% Level 2: \$20/\$80/\$120/40%
Anthem Silver PPO 55/1950/35%	\$1,950	\$9,100	\$55/\$90	35% after deductible	No copay	Deductible, then \$350 + 35%	Tiers 2-4: \$300/\$600 Pharmacy deductible	Level 1: \$15/\$70/\$110/30% Level 2: \$20/\$80/\$120/40%
Anthem Silver PPO 50/2200/40%	\$2,200	\$8,600	\$50/\$90	40% after deductible	No copay	Deductible, then \$350 + 40%	Tiers 2-4: \$300/\$600 Pharmacy deductible	Level 1: \$15/\$70/\$110/30% Level 2: \$20/\$80/\$120/40%
Anthem Silver PPO 55/2500/45%	\$2,500	\$8,700	\$55/\$90	45% after deductible	No copay	Deductible, then \$100 + 45%	Tiers 2-4: \$200/\$400 Pharmacy deductible	Level 1: \$15/\$70/\$110/30% Level 2: \$20/\$80/\$120/40%
Anthem Bronze PPO 4600/50%	\$4,600	\$8,100	50% after deductible	50% after deductible	No copay after deductible	Deductible, then 50%	Tiers 2-4: Medical deductible applies	Level 1: \$20/\$80/\$120/30% Level 2: \$20/\$90/\$130/40%
Anthem Bronze PPO 40/6200/40%	\$6,200	\$8,700	\$40/\$80 after deductible	40% after deductible	No copay	Deductible, then \$250 + 40%	Tiers 2-4: Medical deductible applies	Level 1: \$20/\$80/\$120/30% Level 2: \$20/\$90/\$130/40%
Anthem Bronze PPO 70/6600/35%	\$6,600	\$8,700	\$70/\$85 after deductible	35% after deductible	No copay	Deductible, then \$250 + 35%	Tiers 2-4: Medical deductible applies	Level 1: \$20/\$80/\$120/30% Level 2: \$20/\$90/\$130/40%
Anthem Bronze PPO 60/6850/40%	\$6,850	\$8,200	\$60/\$80 after deductible	40% after deductible	No copay	Deductible, then \$250 + 40%	Tiers 2-4: \$650/\$1,300 Pharmacy deductible	Level 1: \$20/\$90/\$160/30% Level 2: \$20/\$100/\$170/40%
Anthem Bronze Select PPO 75/7300/40%	\$7,300	\$8,650	\$75/\$110	40% after deductible	No copay	Deductible, then \$250 + 40%	Tiers 2-4: \$650/\$1,300 Pharmacy deductible	Level 1: \$20/\$90/\$160/30% Level 2: \$20/\$100/\$170/40%

Preferred provider organization (PPO) w/HSA

Plan	Deductible ¹	Out-of-pocket maximum ¹	Copay primary care physician/specialist	Inpatient hospital copay	LiveHealth Online copay ²	Emergency room	Pharmacy benefits – RxChoice tiered network ⁴	
							Pharmacy deductible ¹	Tier 1/tier 2/tier 3/tier 4 ³
Anthem Gold PPO 1700/15% w/HSA PrevRx	\$1,700	\$3,700	15% after deductible	15% after deductible	No copay after deductible	Deductible, then 15%	Tiers 1-4: Medical deductible applies	Level 1: \$10/\$30/\$50/30% Level 2: \$20/\$40/\$60/40%
	\$3,000	\$3,700	15% after deductible	15% after deductible	No copay after deductible	Deductible, then 15%	Tiers 1-4: Medical deductible applies	Level 1: \$10/\$30/\$50/30% Level 2: \$20/\$40/\$60/40%

Preferred provider organization (PPO) w/HSA (continued)

Plan	Deductible ¹	Out-of-pocket maximum ¹	Copay primary care physician/specialist	Inpatient hospital copay	LiveHealth Online copay ²	Emergency room	Pharmacy benefits – RxChoice tiered network ⁴	
							Pharmacy deductible ¹	Tier 1/tier 2/tier 3/tier 4 ³
Anthem Silver PPO 2100/30% w/HSA PrevRx	\$2,100	\$7,200	30% after deductible	30% after deductible	No copay after deductible	Deductible, then 30%	Tiers 1-4: Medical deductible applies	Level 1: \$15/\$70/\$110/30% Level 2: \$20/\$80/\$120/40%
	\$3,000	\$7,200	30% after deductible	30% after deductible	No copay after deductible	Deductible, then 30%	Tiers 1-4: Medical deductible applies	Level 1: \$15/\$70/\$110/30% Level 2: \$20/\$80/\$120/40%
Anthem Silver PPO 2600/35% w/HSA PrevRx	\$2,600	\$7,050	35% after deductible	35% after deductible	No copay after deductible	Deductible, then 35%	Tiers 1-4: Medical deductible applies	Level 1: \$15/\$70/\$110/30% Level 2: \$20/\$80/\$120/40%
	\$3,000	\$7,050	35% after deductible	35% after deductible	No copay after deductible	Deductible, then 35%	Tiers 1-4: Medical deductible applies	Level 1: \$15/\$70/\$110/30% Level 2: \$20/\$80/\$120/40%
Anthem Bronze PPO 6000/45% w/HSA PrevRx	\$6,000	\$7,050	45% after deductible	45% after deductible	No copay after deductible	Deductible, then 45%	Tiers 1-4: Medical deductible applies	Level 1: \$20/\$90/\$160/30% Level 2: \$20/\$100/\$170/40%
Anthem Bronze PPO 6700/0% w/HSA PrevRx	\$6,700	\$7,050	0% after deductible	0% after deductible	No copay after deductible	Deductible, then 0%	Tiers 1-4: Medical deductible applies	Level 1: \$20/\$90/\$160/30% Level 2: \$20/\$100/\$170/40%

Whole Health – PPO plans

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 primary care physician/specialist	Inpatient hospital copay	LiveHealth Online copay ²	Emergency room	Pharmacy benefits – RxChoice tiered network ⁴	
							Pharmacy deductible ¹	Tier 1/tier 2/tier 3/tier 4 ³
Anthem Platinum PPO 5/200/15% WH	\$200	\$3,800	\$5/\$45	15% after deductible	No copay	Deductible, then \$250 + 15%	\$0	Level 1: \$5/\$30/\$50/30% Level 2: \$15/\$40/\$60/40%
Anthem Gold PPO 35/500/25% WH	\$500	\$8,200	\$35/\$65	25% after deductible	No copay	Deductible, then \$250 + 25%	Tiers 2-4: \$250/\$500 Pharmacy deductible	Level 1: \$10/\$50/\$90/30% Level 2: \$20/\$60/\$100/40%
Anthem Gold PPO 35/1000/20% WH	\$1,000	\$8,200	\$35/\$60	20% after deductible	No copay	Deductible, then \$250 + 20%	Tiers 2-4: \$300/\$600 Pharmacy deductible	Level 1: \$5/\$60/\$110/30% Level 2: \$15/\$70/\$120/40%
Anthem Silver PPO 45/1750/40% WH	\$1,750	\$9,100	\$45/\$95	40% after deductible	No copay	Deductible, then \$300 + 40%	Tiers 2-4: \$300/\$600 Pharmacy deductible	Level 1: \$15/\$70/\$110/30% Level 2: \$20/\$80/\$120/40%
Anthem Silver Select PPO 45/1750/40% WH	\$1,750	\$9,100	\$45/\$95	40% after deductible	No copay	Deductible, then \$300 + 40%	Tiers 2-4: \$300/\$600 Pharmacy deductible	Level 1: \$15/\$70/\$110/30% Level 2: \$20/\$80/\$120/40%
Anthem Silver PPO 55/2500/45% WH	\$2,500	\$8,700	\$55/\$90	45% after deductible	No copay	Deductible, then \$100 + 45%	Tiers 2-4: \$200/\$400 Pharmacy deductible	Level 1: \$15/\$70/\$110/30% Level 2: \$20/\$80/\$120/40%
Anthem Bronze PPO 6000/45% w/HSA PrevRx WH	\$6,000	\$7,050	45% after deductible	45% after deductible	No copay after deductible	Deductible, then 45%	Tiers 1-4: Medical deductible applies	Level 1: \$20/\$90/\$160/30% Level 2: \$20/\$100/\$170/40%
Anthem Bronze PPO 6700/0% w/HSA PrevRx WH	\$6,700	\$7,050	0% after deductible	0% after deductible	No copay after deductible	Deductible, then 0%	Tiers 1-4: Medical deductible applies	Level 1: \$20/\$90/\$160/30% Level 2: \$20/\$100/\$170/40%

Whole Health – HMO plans

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 primary care physician/specialist	Inpatient hospital copay	LiveHealth Online copay ²	Emergency room	Pharmacy benefits – RxChoice tiered network ⁴	
							Pharmacy deductible ¹	Tier 1/tier 2/tier 3/tier 4 ³
Anthem Link Platinum Vivity HMO 15 WH	\$0	\$2,500	\$15/\$30	\$500/day, up to 4 days	No copay	\$500	\$0	Level 1: \$5/\$25/\$75/\$250 Level 2: \$15/\$35/\$85/\$250
Anthem Link Gold Vivity HMO 25 WH	\$0	\$6,150	\$25/\$50	\$500/day, up to 4 days	No copay	\$500	\$0	Level 1: \$10/\$50/\$125/\$250 Level 2: \$20/\$60/\$135/\$250
Anthem Link Gold Vivity HMO 25/500 WH	\$500	\$6,500	\$25/\$50	\$500 after deductible	No copay	Deductible, then \$500	Tiers 3-4: Medical deductible applies	Level 1: \$10/\$50/\$125/\$250 Level 2: \$20/\$60/\$135/\$250

Whole Health — HMO plans (continued)

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 primary care physician/specialist	Inpatient hospital copay	LiveHealth Online copay ²	Emergency room	Pharmacy benefits — RxChoice tiered network ⁴	
							Pharmacy deductible ¹	Tier 1/tier 2/tier 3/tier 4 ³
Anthem Link Gold Vivity HMO 35/1000 WH	\$1,000	\$8,750	\$35/\$75	\$750 after deductible	No copay	Deductible, then \$500	Tiers 3-4: Medical deductible applies	Level 1: \$10/\$50/\$125/\$250 Level 2: \$20/\$60/\$135/\$250
Anthem Link Gold Vivity HMO 35/1850 WH	\$1,850	\$7,750	\$35/\$75	\$750 after deductible	No copay	Deductible, then \$500	Tiers 3-4: Medical deductible applies	Level 1: \$10/\$50/\$125/\$250 Level 2: \$20/\$60/\$135/\$250
Anthem Link Silver Vivity HMO 50/2650 WH	\$2,650	\$9,100	\$50/\$110	\$1,500 after deductible	No copay	Deductible, then \$500	Tiers 3-4: Medical deductible applies	Level 1: \$20/\$95/\$150/\$250 Level 2: \$25/\$105/\$160/\$250
Anthem Silver Select HMO 60/2500/45% WH	\$2,500	\$9,100	\$60/\$110	45% after deductible	No copay	Deductible, then \$350 + 45%	Tiers 2-4: \$200/\$400 Pharmacy deductible	Level 1: \$15/\$70/\$110/30% Level 2: \$20/\$80/\$120/40%
Anthem Silver Priority Select HMO 60/2500/45% WH	\$2,500	\$9,100	\$60/\$110	45% after deductible	No copay	Deductible, then \$350 + 45%	Tiers 2-4: \$200/\$400 Pharmacy deductible	Level 1: \$15/\$70/\$110/30% Level 2: \$20/\$80/\$120/40%

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	Inpatient hospital copay	LiveHealth Online copay ²	Emergency room	Pharmacy benefits — Advantage 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%	No copay	\$200	\$0	\$10/\$25/\$40/10%
Anthem Gold Select PPO 25/350/20%	\$350	\$7,800	\$25/\$50	20% after deductible	No copay	Deductible, then 20%	\$0	\$15/\$50/\$80/20%
Anthem Silver Select PPO 55/2500/35%	\$2,500	\$8,600	\$55/\$90	35% after deductible	No copay	Deductible, then 35%	Tiers 2-4: \$300/\$600 Pharmacy deductible	\$20/\$75/\$105/30%
Anthem Bronze Select PPO 7000/0% w/HSA	\$7,000	\$7,000	0% after deductible	0% after deductible	No copay after deductible	Deductible, then 0%	Tiers 1-4: Medical deductible applies	0%

The benefits of EmployeeElect

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

-  **CarelonRx.** 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.**
-  **Adult routine eye exams,** routine vision exams, and materials such as frames and lenses.
-  **Employee Assistance Program with Emotional Well-being Resources** is included with all employees' medical plans, and comes at no extra cost for the member and their household. Help with everyday life issues, plus extra emotional support through Emotional Well-being Resources and three no-cost LiveHealth Online counseling visits.
-  **Wellbeing Solutions.** Health and wellness resources, such as 24/7 NurseLine, Anthem Health Guide, Future Moms with breastfeeding support through LiveHealth Online, Lark Diabetes Prevention Program, and our Sydney HealthSM app.

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 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. You can enroll in an Anthem medical plan and open a savings account through the same enrollment process.

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, or go to anthem.com/ca.

All product offerings are subject to regulatory review and approval and are subject to change.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023. The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

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

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.