



PO Box 659960
San Antonio TX 78265-9146

<SUBSCRIBER FIRST NAME> <SUBSCRIBER LAST NAME>
<SUBSCRIBER CARE OF>
<SUBSCRIBER ADDRESS LINE 1>
<SUBSCRIBER ADDRESS LINE 2>
<CITY>, <STATE> <ZIP CODE>

<DATE>

It's time to renew

<First Name>, it's easy to renew your health benefits. Just continue to make your monthly payments on time. Read on for some important renewal details.

- **Why did your monthly payment change?** This can happen for several reasons, including a change in your age or medical and prescription drug costs.
- **Flip through this packet.** Check out the Summary of Changes on the next page. There you'll see how we've updated your plan. You'll also find information on the *Subscriber and Premium Information, Endorsement to the Individual Combined Evidence of Coverage and Disclosure Forms, Important Notice Regarding Grievance Procedure, Information About Grandfathered Plans, Your Health Insurance Choices are Different, What you Need to Know About Appointments*, and the *Notice of Language Assistance*.
- **Connect with anthem.com/ca or our mobile app, Sydney Health (formerly known as Anthem BC Anywhere).** See if your doctor or pharmacy is in your plan, easily pay your bills, go paperless, and much more.

Want to switch to a different health plan? Check out MyAnthemChoices.com or call us — we might have another plan that better suits your needs. Before making your decision, remember that once you switch to another health plan, you can't go back to your grandfathered plan.

If you experience a qualifying event, you can choose new health benefits during a Special Enrollment Period.

Important Information

Renewal Date

<RENEWAL DATE>

Current Monthly Payment

\$<current rate>

New Monthly Payment

starts <RENEWAL DATE>
\$<MED-NEW-RATE>, [an
increase of \$<MED-RT-
DIFF> or <MED-%>]

Health Plan

<plan name>

Contract Code

<contract code>

Member ID

<HCID>

Need help?

Call our Health Plan Advisors at 1-855-817-4402 or contact your agent.

Need this information in another language? The last page explains how to receive help.

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Summary of Changes

Some important updates have been made to your Individual contract to clarify the provisions in your plan that are listed below. Please carefully review the following information which explains the enclosed *Endorsement*. These revisions become effective April 1, 2020 and you should keep them with your other important insurance papers.

Medicare (several parts)

If you are eligible to sign up for Medicare Part A or have enrolled in Medicare Part B, we will not provide benefits that would be payable by Medicare, unless the benefits are covered in your plan or required by federal law. Except when federal law requires us to be the primary payor, the benefits under this contract do not duplicate any benefits entitled under Medicare. Where Medicare is the responsible payor, all sums payable by Medicare for services provided to our members shall be reimbursed by or on behalf of the members to us, to the extent we made payment for such services.

Eligibility

We've updated all "disabled" references to "impaired" aligning with the Department of Labor's claims procedures.

Prescription Drugs

You'll never pay more than the retail or home delivery price of a covered prescription and/or refill. Your payment applies toward your deductible (if any) and out of pocket maximum, just like your copayment or coinsurance does.

We've updated all Prescription Drug contact phone numbers.

A new definition and section for Designated Pharmacy Provider explains that Anthem may establish Designated Pharmacy Provider programs offering specific services to members. You can get the list of the Prescription Drugs covered by calling pharmacy customer service at the number shown on the back of your ID card or at anthem.com/ca.

Requesting approval for benefits

Updates have been made to timelines for two types of hospital stay benefit reviews. For a concurrent/continued stay review when you are hospitalized at the time of the request and no previous authorization exists, 72 hours has been revised to 24 hours from our receipt of the request. If within the first 24 hours, we need additional information, we may extend this period to 72 hours. When a review for urgent concurrent/continued stay is received less than 24 hours before the end of the previous authorization, we will respond within 72 hours from the receipt of the request.

Grievance procedures

If you need to reach out to the Department of Managed Health Care, we've added a TDD phone line for hearing and speech impaired members.

Definitions

We've added a new definition for "Cost Share" for better understanding.

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California required Notice of Non-discrimination

Anthem does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender identity, sexual orientation, age or disability. For people with disabilities, we offer free aids and services, and information in alternate formats, free of charge and in a timely manner, when necessary to ensure an equal opportunity to participate.

About your grandfathered plan

Anthem considers your current plan to be a “grandfathered health benefit plan” under the Patient Protection and Affordable Care Act (ACA or health care reform act). As permitted by the ACA, a grandfathered health care plan can preserve basic health benefits that were already in effect when the ACA was enacted. Being enrolled in a grandfathered health care plan means your plan may not include certain consumer protections of the ACA that apply to other plans. One example is the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health care plans must comply with certain other consumer protections in the ACA. One example is the elimination of lifetime limits on benefits.

If you have questions about what other protections apply or do not apply to a grandfathered health care plan or about what changes might cause a plan to lose grandfathered status, visit the US Department of Health & Human Services website at HHS.gov.

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