

# Large Group – PPO Product Portfolio for Pooled and Non-Pooled Groups of 51 or More

| PPO PLAN OPTIONS <sup>1</sup>   | Calendar-Year Deductible <sup>2</sup><br>(All Providers, except as noted)                    | Annual Out-of-Pocket Maximum Member/Family                    | Physician Office Visit Member Copay (Deductible Waived) | Member Coinsurance In Network/ Out of Network | Prescription Drug Plans Tier 1/Tier 2/Tier 3/Tier 4 |                           |
|---|--|---|---|---|---|---------------------------|
|   |  |   |   |   | Pooled (51-250) Embedded Rx                         | Non-Pooled Rx Options     |
| <b>Premier Plus (includes infertility)<sup>3</sup></b>  |  |   |   |   |   |                           |
| <b>Premier Plus 0/10/10</b><br><b>\$5,000 Infertility Lifetime Max</b><br><i>(formerly Premier Plus 1)</i>        | None In Network<br>\$200/member - \$600/family Out of Network                                | \$2,000/\$4,000 In Network<br>\$6,000/\$12,000 Out of Network | \$10  | 10%/30%                                       | \$5/\$10/\$3,000 Infertility                        | See Non-Pooled Rx Options |
| <b>Premier Plus 250/20/10</b><br><b>\$8,000 Infertility Calendar Year Max</b><br><i>(formerly Premier Plus 2)</i> | \$250/member - \$750/family In Network<br>\$500/member - \$1,500/family Out of Network       | \$2,000/\$4,000 In Network<br>\$6,000/\$12,000 Out of Network | \$20  | 10%/30%                                       | \$10/\$20/\$3,000 Infertility                       |                           |
| <b>Premier PPO<sup>3</sup></b>  |  |   |   |   |   |                           |
| <b>Premier 150/10/10</b>  | \$150/member - \$450/family  | \$2,000/\$4,000 In Network<br>\$6,000/\$12,000 Out of Network | \$10  | 10%/30%                                       | \$10/\$30/\$45/20%                                  | See Non-Pooled Rx Options |
| <b>Premier 250/10/10</b> <b>NEW</b>   | \$250/member - \$500/family  | \$2,000/\$4,000 In Network<br>\$4,000/\$8,000 Out of Network  | \$10  | 10%/30%                                       |   |                           |
| <b>Premier 250/15/10</b>  | \$250/member - \$750/family  | \$2,000/\$4,000 In Network<br>\$6,000/\$12,000 Out of Network | \$15  | 10%/30%                                       |   |                           |
| <b>Premier 250/15/20</b>  | \$250/member - \$750/family In Network<br>\$750/member - \$2,250/family Out of Network       | \$3,000/\$6,000 In Network<br>\$6,000/\$12,000 Out of Network | \$15  | 20%/40%                                       |   |                           |
| <b>Premier 250/20/20</b>  | \$250/member - \$750/family In Network<br>\$750/member - \$2,250/family Out of Network       | \$3,000/\$6,000 In Network<br>\$6,000/\$12,000 Out of Network | \$20  | 20%/40%                                       |   |                           |
| <b>Premier 500/20/20</b> <b>NEW</b>   | \$500/member - \$750/family In Network<br>\$1,500/member - \$3,000/family Out of Network     | \$3,000/\$6,000 In Network<br>\$9,000/\$18,000 Out of Network | \$20  | 20%/40%                                       |   |                           |
| <b>Classic PPO<sup>3,4</sup></b>  |  |   |   |   |   |                           |
| <b>Classic PPO 250/20/10</b><br><i>(formerly Classic PPO 1)</i>   | \$250/member - \$750/family  | \$2,000/\$4,000 In Network<br>\$6,000/\$12,000 Out of Network | \$20  | 10%/30%                                       | \$15/\$30/\$50/30%                                  | See Non-Pooled Rx Options |
| <b>Classic PPO 250/20/20</b><br><i>(formerly Classic PPO 2)</i>   | \$250/member - \$750/family  | \$2,000/\$4,000 In Network<br>\$6,000/\$12,000 Out of Network | \$20  | 20%/40%                                       |   |                           |
| <b>Classic PPO 500/20/20</b><br><i>(formerly Classic PPO 3)</i>   | \$500/member - \$1,500 family  | \$3,000/\$6,000 In Network<br>\$6,000/\$12,000 Out of Network | \$20  | 20%/40%                                       |   |                           |
| <b>Classic PPO 500/30/20</b><br><i>(formerly Classic PPO 4)</i>   | \$500/member - \$1,500/family In Network<br>\$1,000/member - \$3,000/family Out of Network   | \$3,000/\$6,000 In Network<br>\$6,000/\$12,000 Out of Network | \$30  | 20%/40%                                       |   |                           |
| <b>Classic PPO 500/35/20</b>  | \$500/member - \$1,500/family In Network<br>\$1,000/member - \$3,000/family Out of Network   | \$4,000/\$8,000 In Network<br>\$8,000/\$16,000 Out of Network | \$35  | 20%/40%                                       |   |                           |
| <b>Classic PPO 750/30/20</b>  | \$750/member - \$2,250/family In Network<br>\$1,500/member - \$4,500/family In Network       | \$4,000/\$8,000 In Network<br>\$8,000/\$16,000 Out of Network | \$30  | 20%/40%                                       |   |                           |
| <b>Classic PPO 1000/30/20</b>   | \$1,000/member - \$3,000/family In Network<br>\$2,000/member - \$6,000/family Out of Network | \$4,000/\$8,000 In Network<br>\$8,000/\$16,000 Out of Network | \$30  | 20%/40%                                       |   |                           |

<sup>1</sup> We offer a selection of PPO plans for California residents and non-California residents.

<sup>2</sup> Not applicable to the calendar-year out-of-pocket maximum

<sup>3</sup> For non-pooled groups, multiple plan variations are available. Contact an Anthem Blue Cross sales representative for options and pricing.

<sup>4</sup> Fee schedule reimbursement for out of network

<sup>5</sup> This plan is offered by Anthem Blue Cross Life and Health Insurance Company. All other plans are offered by Anthem Blue Cross. Independent licensees of the Blue Cross Association.

# Large Group – PPO Product Portfolio for Pooled and Non-Pooled Groups of 51 or More (continued)

| PPO PLAN OPTIONS <sup>1</sup>                                      | Calendar-Year Deductible <sup>2</sup><br>(All Providers, except as noted)                       | Annual Out-of-Pocket Maximum<br>Member/Family                   | Physician Office Visit<br>Member Copay<br>(Deductible Waived) | Member Coinsurance<br>In Network/<br>Out of Network | Prescription Drug Plans<br>Tier 1/Tier 2/Tier 3/Tier 4    |                              |
|--|---|---|---|---|---|------------------------------|
|  |   |   |   |   | Pooled (51-250)<br>Embedded Rx                            | Non-Pooled<br>Rx Options     |
| <b>Solution PPO<sup>4,5</sup></b>                                  |   |   |   |   |   |                              |
| <b>Solution PPO 1500/15/20</b>                                     | \$1,500 member - \$3,000/family <sup>3</sup>  | \$1,500/\$3,000 In Network<br>\$5,000/\$10,000 Out of Network   | \$15  | 20%/40%   | \$10/\$25/\$50/30%<br>\$250 Brand Deductible <sup>6</sup> | See Non-Pooled<br>Rx Options |
| <b>Solution PPO 2000/20/20</b>                                     | \$2,000/member - \$4,000/family <sup>3</sup>  | \$2,000/\$4,000 In Network<br>\$5,000/\$10,000 Out of Network   | \$20  | 20%/40%   |   |                              |
| <b>Solution PPO 2500/25/20</b><br><i>(formerly Solution PPO 2)</i> | \$2,500/member - \$5,000/family<br>\$5,000/member - \$10,000/family                             | \$5,000/\$10,000 In Network<br>\$10,000/\$20,000 Out of Network | \$25  | 20%/40%   |   |                              |
| <b>Solution PPO 3500/35/35</b><br><i>(formerly Solution PPO 4)</i> | \$3,500/member - \$7,000/family In Network<br>\$7,000/member - \$14,000/family Out of Network   | \$7,000/\$14,000 In Network<br>\$12,000/\$24,000 Out of Network | \$35  | 35%/50%   |   |                              |
| <b>Solution PPO 5000/40/40</b><br><i>(formerly Solution PPO 6)</i> | \$5,000/member - \$10,000/family In Network<br>\$10,000/member - \$20,000/family Out of Network | \$7,500/\$14,000 In Network<br>\$12,000/\$24,000 Out of Network | \$40  | 40%/50%   |   |                              |
| <b>GenRx PPO<sup>6</sup></b>                                       |   |   |   |   |   |                              |
| <b>GenRx PPO 250/30/30</b><br><i>(formerly GenRx 250)</i>          | \$250/member - \$750/family In Network<br>\$500/member - \$1,500/family Out of Network          | \$4,000/\$8,000 In Network<br>10,000/\$20,000 Out of Network    | \$30  | 30%/50%   | \$15 Generic Only   |                              |
| <b>GenRx PPO 500/40/35</b><br><i>(formerly GenRx 500)</i>          | \$500/member - \$1,500 family In Network<br>\$1,000/member - \$3,000/family Out of Network      | \$5,000/\$10,000 In Network<br>10,000/\$20,000 Out of Network   | \$40  | 35%/50%   |   |                              |
| <b>OnePlan PPO (Assumes sole PPO offering replacing HMO/PPO)</b>   |   |   |   |   |   |                              |
| <b>OnePlan PPO 10</b>  | \$0 In Network<br>\$250/member - \$750/family Out of Network                                    | \$2,000/\$6,000 In Network<br>\$10,000/\$30,000 Out of Network  | \$10  | 10%/30%   | \$10/\$30/\$50/30%  |                              |
| <b>OnePlan PPO 20</b>  | \$0 In Network<br>\$500/member - \$1,500/family Out of Network                                  | \$2,500/\$7,500 In Network<br>\$10,000/\$30,000 Out of Network  | \$20  | 20%/40%   |   |                              |
| <b>OnePlan PPO 30</b>  | \$0 In Network<br>\$500/member - \$1,500/family Out of Network                                  | \$3,000/\$9,000 In Network<br>\$10,000/\$30,000 Out of Network  | \$30  | 30%/50%   |   |                              |

<sup>1</sup> We offer a selection of PPO plans for California residents and non-California residents.

<sup>2</sup> Not applicable to the calendar-year out-of-pocket maximum

<sup>3</sup> Combined deductible

<sup>4</sup> Fee schedule reimbursement for out of network

<sup>5</sup> This plan is offered by Anthem Blue Cross Life and Health Insurance Company. All other plans are offered by Anthem Blue Cross. Independent licensees of the Blue Cross Association.

<sup>6</sup> The deductible is waived for tier 1

# Large Group – PPO Product Portfolio for Pooled and Non-Pooled Groups of 51 or More



| PPO PLAN OPTIONS <sup>1</sup>                                     | Calendar-Year Deductible <sup>2</sup><br>(All Providers, except as noted)                | Annual Out-of-Pocket Maximum<br>Member/Family                  | Physician Office Visit<br>Member Copay<br>(Deductible Waived) | Member Coinsurance<br>In Network/<br>Out of Network | Prescription Drug Plans<br>Tier 1/Tier 2/Tier 3/Tier 4 |                              |
|---|--|--|---|---|--|------------------------------|
|   |  |  |   |   | Pooled (51-250)<br>Embedded Rx                         | Non-Pooled<br>Rx Options     |
| <b>Advantage PPO (3 tier hospital network)</b>                    |  |  |   |   |  |                              |
| <b>Premier Advantage PPO<br/>250/15/20/30</b> <b>NEW</b>          | \$250/member - \$750/family In Network<br>\$750/member - \$2,250/family Out of Network   | \$4,000/\$8,000 In Network<br>\$8,000/\$16,000 Out of Network  | \$15  | 30%/40%   | \$10/\$25/\$40/20%                                     | See Non-Pooled<br>Rx Options |
| <b>Premier Advantage PPO<br/>250/20/20/40</b> <b>NEW</b>          | \$250/member - \$750/family In Network<br>\$750/member - \$2,250/family Out of Network   | \$4,000/\$8,000 In Network<br>\$8,000/\$16,000 Out of Network  | \$20  | 40%/50%   |  |                              |
| <b>Premier Advantage PPO<br/>250/30/20/40</b> <b>NEW</b>          | \$250/member - \$750/family In Network<br>\$750/member - \$2,250/family Out of Network   | \$4,000/\$8,000 In Network<br>\$8,000/\$16,000 Out of Network  | \$30  | 40%/50%   |  |                              |
| <b>Classic Advantage PPO<br/>500/30/20/30</b> <b>NEW</b>          | \$500/member - \$1,500/family In Network<br>\$750/member - \$2,250/family Out of Network | \$4,000/\$8,000 In Network<br>\$8,000/\$16,000 Out of Network  | \$30  | 30%/40%   |  |                              |
| <b>Classic Advantage PPO<br/>500/30/20/40</b> <b>NEW</b>          | \$500/member - \$1,500/family In Network<br>\$750/member - \$2,250/family Out of Network | \$4,000/\$8,000 In Network<br>\$8,000/\$16,000 Out of Network  | \$30  | 40%/50%   |  |                              |
| <b>Exclusive Premier (For Non-California Members)<sup>1</sup></b> |  |  |   |   |  |                              |
| <b>BC Exclusive Premier<br/>15/100 admit/50 OP</b> <b>NEW</b>     | None In Network<br>\$3,000/member - \$6,000/family Out of Network                        | \$2,000/\$4,000 In Network<br>\$9,000/\$18,000 Out of Network  | \$15 In Network   | None/50%  | \$10/\$30/\$50/30%                                     | See Non-Pooled<br>Rx Options |
| <b>Exclusive Classic (For Non-California Members)<sup>1</sup></b> |  |  |   |   |  |                              |
| <b>BC Exclusive Classic<br/>20/250 admit/125 OP</b> <b>NEW</b>    | None In Network<br>\$3,000/member - \$6,000/family Out of Network                        | \$2,500/\$5,000 In Network<br>\$9,000/\$18,000 Out of Network  | \$20 In Network   | None/50%  | \$10/\$30/\$50/30%                                     | See Non-Pooled<br>Rx Options |
| <b>BC Exclusive Classic<br/>30/500 admit/250 OP</b> <b>NEW</b>    | None In Network<br>\$3,500/member - \$7,000/family Out of Network                        | \$2,500/\$5,000 In Network<br>\$10,000/\$20,000 Out of Network | \$30 In Network   | None/50%  |  |                              |
| <b>Exclusive Value (For Non-California Members)<sup>1</sup></b>   |  |  |   |   |  |                              |
| <b>BC Exclusive Value 45/50%</b> <b>NEW</b>                       | None In Network<br>\$5,000/member - \$10,000/family Out of Network                       | \$3,500/\$7,000 In Network<br>\$12,000/\$24,000 Out of Network | \$45 In Network   | 50%/50%   | \$10/\$30/\$50/30%                                     | See Non-Pooled<br>Rx Options |

<sup>1</sup> Pair with complimentary HMO Premier, Classic and Value Plans

# Large Group – Additional PPO Product Portfolio Plans for Non-Pooled Groups

| PPO PLAN OPTIONS <sup>1</sup>  | Calendar-Year Deductible <sup>2</sup><br>(All Providers,<br>except as noted)           | Annual Out-of-Pocket<br>Maximum<br>Member/Family              | Physician Office Visit<br>Member Copay<br>(Deductible Waived)                  | Member Coinsurance<br>In Network/<br>Out of Network | Prescription Drugs Plans<br>Tier 1/Tier 2/Tier 3/Tier 4 |
|--|--|---|--|---|---|
|  |  |   |  |   | Non-Pooled Rx Options                                   |
| <b>Hospital &amp; Facility PPO<sup>3</sup></b>   |  |   |  |   |   |
| <b>Hospital Only PPO 250/20</b><br><i>(formerly Hospital Only PPO Plan 1)</i>  | \$250/member - \$750/family In Network<br>\$500/member - \$1,500/family Out of Network | \$3,000/\$6,000 In Network<br>\$6,000/\$12,000 Out of Network | Not covered  | 20%/50%   | \$15 Generic Only                                       |
| <b>Hospital Only PPO 1000/20</b><br><i>(formerly Hospital Only PPO Plan 2)</i>                                       | \$1,000/member - \$3,000/family<br>\$2,000/member - \$6,000/family Out of Network      | \$3,000/\$6,000 In Network<br>\$6,000/\$12,000 Out of Network | Not covered  | 20%/50%   | \$15 Generic Only                                       |
| <b>EPO Plan (Rich In-Network benefits, no gatekeeper, no Out-of-Network benefits)<sup>5</sup></b>                    |  |   |  |   |   |
| <b>EPO 5</b>   | \$250/member <sup>4</sup>  | \$2,000/\$4,000 In Network                                    | \$15   | 10%   | See Non-Pooled Rx Options                               |
| <b>Care Advocate PPO (Three-Tier PPO benefit design with incentive savings through pre-notification)<sup>3</sup></b> |  |   |  |   |   |
| <b>Care Advocate PPO 250/20/10/25</b><br><i>(formerly CareAdvocate PPO 2)</i>  | \$250/member - \$750/family<br>\$500/member - \$1,500/family Out of Network            | \$2,000/\$4,000 In Network<br>\$6,000/\$12,000 Out of Network | \$20 PCP/\$30 Specialist <sup>6</sup><br>\$20 PCP/\$50 Specialist <sup>7</sup> | 10%/25%/40%   | See Non-Pooled Rx Options                               |
| <b>Care Advocate PPO 500/25/20/30</b><br><i>(formerly CareAdvocate PPO 3)</i>  | \$500/member - \$1,500/family<br>\$1,000/member - \$3,000/family Out of Network        | \$2,500/\$5,000 In Network<br>\$8,000/\$16,000 Out of Network | \$25 PCP/\$35 Specialist <sup>6</sup><br>\$25 PCP/\$55 Specialist <sup>7</sup> | 20%/30%/40%   |   |
| <b>Select PPO (Subset of PPO Network containing high-performing, cost-efficient providers)<sup>3</sup></b>           |  |   |  |   |   |
| <b>Select PPO 250/20/10</b><br><i>(formerly Select PPO 2)</i>  | \$250/member - \$750/family<br>\$500/member - \$1,500/family Out of Network            | \$2,500/\$7,500 In Network<br>\$5,000/\$15,000 Out of Network | \$20   | 10%/40%   | See Non-Pooled Rx Options                               |
| <b>Select PPO 500/25/20</b><br><i>(formerly Select PPO 3)</i>  | \$500/member - \$1,500/family<br>\$1,000/member - \$3,000/family Out of Network        | \$3,000/\$9,000 In Network<br>\$6,000/\$18,000 Out of Network | \$25   | 20%/40%   |   |

<sup>1</sup> We offer a selection of PPO plans for California residents and Non-California residents.

<sup>2</sup> Not applicable to the calendar-year out-of-pocket maximum

<sup>3</sup> This plan is offered by Anthem Blue Cross Life and Health Insurance Company. All other plans are offered by Anthem Blue Cross. Independent licensees of the Blue Cross Association.

<sup>4</sup> Maximum of three per family

<sup>5</sup> For non-pooled groups, multiple plan variations are available. Contact an Anthem Blue Cross sales representative for options and pricing.

<sup>6</sup> Tier 1

<sup>7</sup> Tier 2

This chart compares the plans in this category. Refer to each plan's *Benefit Summary* brochure for more details.

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