

Anthem FlexHour plans

Health benefits as flexible as your work and life

Anthem Medical, Indemnity, Dental, Vision, and Term-Life plans



Benefits-at-a-glance for 2023

For all 30+ hour, temp associates

This summary highlights key features of the benefits available to you as an temporary employee, and includes monthly payment (premium) costs as of January 1, 2023.

A quick guide to programs and services

When it comes to your health, we have you covered. FlexHour plans provide health coverage options to fit your needs, so you can have peace of mind. In addition to your Anthem benefits, after you enroll, you will have access to the following resources with our health plans:

- **24/7 NurseLine**: Do you have a question about a health issue? Are you not feeling well and wondering where to go for care? Our registered nurses can help.
- **LiveHealth Online**: Have a video visit with a board-certified doctor from the comfort of your home. Talk to a doctor 24/7 if you have an issue such as a sinus infection, allergies, pink eye, or a fever. Doctors can assess your condition and send a prescription to a pharmacy, if needed.* Learn more at **livehealthonline.com**.
- **SpecialOffers@Anthem**SM: Find discounts on products and services to help you stay healthy and feel better. You can save on items such as weight-loss programs, gym memberships, glasses, contact lenses, and vitamins. After you receive your medical ID card, log in to **anthem.com/ca** and select **Discounts**.
- **Sydneysm Health app**: This free app includes tools so you can find a doctor close to you, see what your plan covers, and check claims to see if you owe anything.

You can enroll by visiting the user-friendly ActOne enrollment website: benefits.plansource.com.

This guide is for informational purposes only. You must enroll in a plan for your benefits to start.



Medical plan options for 2023

Here are your plan options, what's covered and how much you'll pay for care when you need it. Understanding how your plan works helps you avoid surprises. This benefit grid only applies to the in-network benefits. Check the plan summary for out-of-network details.

PLAN FEATURE	SUPPLEMENTAL MEDICAL	COMPREHENSIVE MAJOR MEDICAL		
Description	Hospital-Plus Fixed Cash Benefits Plan	Elements Choice HMO 1500 (CA only)	Elements Choice PPO HSA 6100 (CA and National)	Anthem PPO HSA-H 1500/4500 20/40 (for MA residents)
How the plan works (covered services only)	Plan pays member (or provider) a fixed cash benefit.*	Member pays deductible and copays up to an annual out-of-pocket maximum.		
Annual / lifetime dollar limits	None (not applicable)	None	None	None
Pre-existing conditions exclusions / limitations	Yes, applies to the Critical Care benefit.	None	None	None
Out-of-network benefits	None (not applicable)	Yes, but only for some services. Check plan documents for details.		
Deductible	None (not applicable)	\$1,500 per member	\$6,100 single / \$12,200 family	\$1,500 single / \$2,700 per member / \$3,000 family
Coinsurance (your percentage of the cost)	None (not applicable)	Some services have coinsurance	None	Member pays 20% for most services — only applies to in-network.
Annual out-of-pocket maximum	None (not applicable)	\$6,400 single / \$12,800 family	\$6,400 single / \$12,800 family	\$3,000 single / \$6,000 family
Doctor office visits: Copays per visit	\$30 cash benefit per day	PCP, chiropractor, acupuncture: \$25 Specialist: \$50	0% coinsurance	20% coinsurance — only applies to in-network
Doctor office visits: limit visit	4 days per year	No visit limits	No visit limits	No visit limits
Pharmacy Tier 1: preventive / generic	No pharmacy benefit	✓	√	√
Pharmacy Tier 2: preferred / brand:	No pharmacy benefit	\checkmark	✓	√
Pharmacy Tier 3: Nonpreferred / specialty	No pharmacy benefit	✓	✓	✓
Pharmacy Tier 4: specialty drugs) ²	No pharmacy benefit	✓	✓	✓

^{*}The Hospital-Plus Fixed Cash Benefits Plan is a supplemental indemnity plan option only and is not a substitute for comprehensive medical insurance. This option is intended to provide you and your covered dependents with supplemental benefits to help you pay for deductibles, coinsurance and other everyday expenses.

PLAN FEATURE	SUPPLEMENTAL Medical	COMPREHENSIVE MAJOR MEDICAL		
Description	Hospital-Plus Fixed Cash Benefits Plan	Elements Choice HMO 1500 (CA Only)	Elements Choice PPO HSA 6100 (CA and National)	Anthem PPO HSA-H 1500/4500 20/40 (for MA residents)
Urgent care visits	Covered. See Benefit Summary for details.	✓	✓	✓
Complex imaging (CT, PET, MRI)	\$60 cash benefit per day, 3 days per year	✓	√	✓
Outpatient surgery	\$250 cash benefit per day, 1 day per year	\checkmark	✓	\checkmark
Ambulance	Not covered	\checkmark	\checkmark	\checkmark
Inpatient care	Covered. See Benefit Summary for details.	√	\checkmark	✓
Mental health / substance abuse	\$50 per day cash benefit, 30 days per year	✓	✓	✓
Home health care	Not covered	\checkmark	\checkmark	\checkmark
Skilled nursing care	\$100 cash benefit per day, 30 days per year	✓	√	✓
Durable medical equipment	Not covered	\checkmark	✓	\checkmark
Prosthetic devices	Not covered	\checkmark	\checkmark	\checkmark
Hospice care	Not covered	\checkmark	√	\checkmark
Rehabilitation services	Not covered	\checkmark	\checkmark	\checkmark
Acupuncture	Not covered	✓	√	\checkmark



	Dental Net® Dental HMO Plan 200A (CA employees only)	Traditional PPO (all employees) Dental Complete	
Covered services	In-network benefits	In-network benefits	
Deductible per calendar year	None	\$50 per person (\$150 family max)	
Preventive services (cleanings, exam, X-rays, etc.)		Plan pays 100% with no deductible	
Basic services (fillings, extractions, root canal, periodontics, etc.)	\$0 copay (See Dental Net DHMO Plan 200A	Plan pays 80% after deductible	
Major services (crowns, bridges, dentures, etc.)	Summary of Benefits)	Plan pays 50% after deductible	
Orthodontic services (braces and related services)		Not covered	
Maximum benefit per coverage year	None	\$1,000	

Vision benefits

Covered services	In-network benefits	
Examination (1 per year)	\$10 copay	
Lenses (1 per year)	\$25 copay	
Frames (1 every 2 years)	\$130 allowance, then 20% off any remaining balance	
Contact lenses (1 per year)	\$130 allowance, then 15% off any remaining balance	
Lens options included and extras	Fixed costs for most common upgrades	



1 Prescription availability is defined by physician judgment.

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