

CONTACT INFORMATION				
Member Support	Member Services: 1-800-227-3560			
Bilingual Support	Member Services: 1-800-227-3560			
Internet Support	Member Services: 1-800-227-3560			
Provider Eligibility Verification	anthem.com/ca or member services 1-800-227-3560			
Broker Support	Contact dedicated Account Team			
Adds/Terms	<u>CALGEnrollintake@anthem.com</u> Fax: 1-818-234-4482			
Commissions	SalesCompWestRegion-Anthem-SM@Anthem.com or 1-800-422-2732			
Billing	1-855-206-2004 1-818-234-4482 FAX <u>CALGEBinquiry@anthem.com</u>			
Claims	Member: 1-800-227-3560 Employer: Contact assigned ESR			
Tax ID Number	95-3760980			



# MEDICAL



PROVIDER NETWORKS					
HMO Networks	Traditional HMO Network (CaliforniaCare); SELECT HMO Network, Priority Select HMO Network				
PPO Networks	Prudent Buyer PPO Network; SELECT PPO Network				
UNDERWRITING & ENROLLMENT REQUIREMENTS					
Carrier's Effective Date	1st of the month				
Premium Amount Required for 15th?	No, full monthly premium is required for the 1st of the month.				
Applications must be dated within	The employee's signature date cannot be more than 60 days prior to the requested effective date for new group submissions.				

FEES	
Enrollment Fee Amount	N/A
Type of Enrollment Fee	N/A
Monthly Administration Fee	N/A

24 HOUR COVERAGE	
Is Workers' Comp required on corporate officers, partners and sole proprietors?	No
Is on-the-job covered for corporate officers, partners and sole proprietors?	Yes
Is there a premium adjustment for 24 hour coverage?	No

### SPECIAL CONSIDERATIONS

N/A



# MEDICAL



# PLAN ELIGIBILITY REQUIREMENTS

### **Enrollment Group Size**

	Initial	After Issue
Min. # of employees	101	101
Max. # of employees	5,000*	N/A

\* Anything above of 5,000 would be handled by Anthem National Account partners.

### **Minimum Employer Contribution**

	Group Size
	101+
Employees	50%
For Dependents	N/A
% of Total Cost	N/A

PARTICIPATION		
Contributory		
	Group Size	
101+		
Employees	<b>Employees</b> 75% of net eligible employees and not less than 50% of all eligible employees.	
Dependents	N/A	
Non-Contributory		
Employees	N/A	
Dependents	N/A	



## MEDICAL



### **COVERAGE RESTRICTIONS**

Are commission-only employees allowed?	No
Are 1099 employees allowed?	No
Are employees covered if traveling out of USA?	Yes
Is coverage available for out-of-state employees?	Yes
Max. percentage of employees residing out-of-state allowed	90%

## **DIABETIC & SELF-INJECTABLE DRUG BENEFITS**

#### **Diabetes Benefits**

Are the following items covered under the Prescription Drug Benefit or the Durable Medical Equipment Benefit of the member's selected plan design?

	Insulin	Needles & Syringes	Chem-Strips and/or Testing Agents	Insulin Pump Supplies	Insulin Pump <sup>+</sup>	Glucose Monitor <sup>+</sup>
Rx Drug Benefit	Covered under Tier 1 benefits.	Covered under Tier 1 benefits.	Covered under Tier 1 benefits.	Covered under DME medical benefits.	Covered under DME medical benefits.	Covered under DME medical benefits.
Durable Medical Equipment Benefit	PEN delivery systems (non disposable) others under pharmacy	Covered under Pharmacy	Covered under Pharmacy	Covered under DME medical benefits.	Covered under DME medical benefits.	Covered under DME medical benefits.

<sup>†</sup>Vendors for Diabetes Equipment: Please contact Customer Service at (877) 833-5734.

Anthem members get free glucose monitors through Life Scan 877-725-2783 (use code 140PAC001), and Roche Diagnosis 888-355-4242, no code required

#### Self-Injectable Drug Benefits

	Are self-injectable drugs (other than insulin) covered under the Prescription Drug Benefit or Medical Benefit?	Is pre-authorization required?	Must self-injectables (other than insulin) be purchased via the carrier-contracted mail order Rx vendor?
HMO plans	Self-injectable covered under Pharmacy	Some specialty medications require; see Rx listing online for more information or call customer service.	Can be purchased at retail or mail order
PPO plans	Self-injectable covered under Pharmacy	Some specialty medications require; see Rx listing online for more information or call customer service.	Can be purchased at retail or mail order
HSA plans	Self-injectable covered under Pharmacy	Some specialty medications require; see Rx listing online for more information or call customer service.	Can be purchased at retail or mail order

These services may change at any time without notice. Please contact your Word & Brown rep for specific inquiries on listed services

For Prescription information, refer to comparison chart in the front of this guide.

Benefit information shown on this page is a brief summary. Limitations and exclusions apply. Please refer to certificate book, evidence of coverage or call representative for details.

