



CONTACT INFORMATION

Member Support	Phone 855-383-7248	Anthem Blue Cross P.O. Box 60007 Los Angeles, CA 90060-0007
Internet Support	anthem.com/ca	
Bilingual Support	ACA members - 855-854-1429 Members on grandmothers plans - 800-627-8797	
Provider Eligibility Verification	855-854-1438	
Claims	Dental - Customer service, Member services, Claims, Billing - Telephone: 855-854-1429 Hours: 8:00 a.m. to 6 p.m. PST (Monday–Friday)	Medical Claims - 855-383-7248 Dental Claims - 888-209-7852 Prime & Complete Dental Claims - 877-567-1804 Vision Claims - 866-723-0515 Life Claims - 800-813-5682 Disability Claims - 800-232-0113
Pre-Authorization Dept.	800-274-7767	
Cal-COBRA Dept.	Phone: 855-854-1429 Fax: 855-750-2227 Email: small.group@anthem.com Anthem Blue Cross P.O. Box 51011 Los Angeles, CA 90051-5311	
Small Group Cancellations/Reinstatements	888-686-9807	
Billing	855-854-1429	
Group Eligibility	855-854-1429	
Broker Licensing Dept.	Broker Services Telephone: 877-304-6470 Email: agent.support@anthem.com Hours: 8:30 a.m. to 5 p.m. PST (Monday–Thursday) 8:30 a.m. to 3 p.m. PST on Friday	
Producer Service/Commissions	Broker Services Telephone: 800-678-4466 Email: agent.support@anthem.com Hours: 8:30 a.m. to 5 p.m. PST (Monday–Thursday) 8:30 a.m. to 3 p.m. PST on Friday	
Adds/Terms	855-854-1429 Email: small.group@anthem.com	
Billing	Phone 855-854-1429 Fax 855-750-2227	Anthem Blue Cross P.O. Box 51011 Los Angeles, CA 90051-5311
Underwriting Dept.	Small Group Underwriting address Anthem P.O. Box 9042 Oxnard, CA 93031-9042	Small Group Underwriting New business: newsguwca@anthem.com Existing business: sguwca@anthem.com New business telephone: 855-239-9251 New business fax: 866-795-5442 Existing business fax: 877-363-9126
Pharmacy Services Dept.	Pharmacy Member Services: 833-253-4446 Pharmacy retail: Phone 866-297-1013 Pharmacy home delivery: Phone 888-452-4357 Hearing-Impaired: Phone 800-899-2114	
Administrator	800-627-8797	
Small Group Premium Payments	Enrollment and Billing Phone 855-854-1429 Fax 855-750-2227 Email: small.group@anthem.com	
Claims HMO/POS	Phone 800-627-8797 Fax 877-287-1262	
Tax ID Number	953760980	





PROVIDER NETWORKS

HMO Networks	<i>Traditional HMO Network (CaliforniaCare); SELECT HMO Network, Priority Select HMO Network (Limited counties)</i>
PPO Networks	<i>Prudent Buyer PPO Network; SELECT PPO Network</i>

UNDERWRITING & ENROLLMENT REQUIREMENTS

Carrier's Effective Date *On the 1st or 15th of the month*

Premium Amount Required for 15th? *Yes*

Applications must be dated within *Anthem Blue Cross will accept new group submissions by the fifth working day of the month when the application is for the first of the month effective date. If the application is made for a 15th of the month effective date, paperwork must be received by the 12th calendar day of the month. Applications need to be dated within 60 days of the effective date.*

Spouse/Domestic Partner Employees - 1 application or 2? *Dependents should be added with the Subscriber onto the Employee application.*

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? *Anthem does not require them to have Workers' compensation.*

Is on-the-job covered for corporate officers, partners and sole proprietors? *Contact your Word & Brown representative*

Is there a premium adjustment for 24 hour coverage? *No*

SPECIAL CONSIDERATIONS

Please see plan specific EOC.



PLAN ELIGIBILITY REQUIREMENTS

Enrollment Group Size

	Initial	After Issue
Min. # of employees	1	1
Max. # of employees	100	100

Minimum Employer Contribution

	Group Size		
	1-100		
	Traditional Option	Fixed-Dollar Option	Percentage and Plan Option
Employees	50%	A fixed-dollar amount \$100 or greater (in \$5 increments)	50%
For Dependents	N/A	N/A	N/A
% of Total Cost	N/A	N/A	N/A

PARTICIPATION

Contributory

	Group Size	
	1-14 eligible employees	15 or more eligible employees
Employees	†70%	†50%
Dependents	N/A	N/A

Non-Contributory

Employees	100%	100%
Dependents	N/A	N/A

† For Q3 through 9/15/18 effective dates 30% participation is available for five (5) or more enrolled employees



COVERAGE RESTRICTIONS

Are commission-only employees allowed?	<i>Commission-only employees are not eligible.</i>
Are 1099 employees allowed?	<i>Employees compensated on a 1099 basis are not eligible.</i>
Are employees covered if traveling out of USA?	<i>With the Blue Cross Blue Shield (BCBS) Global Core Program (formerly BlueCard Worldwide Program), our PPO members who need care when they're traveling can enjoy the benefits of their Anthem Blue Cross membership anywhere in the United States (subject to the terms and payment provisions of their Anthem Blue Cross health plan). BCBS Global Core offers access — at significant savings — to doctors and hospitals outside California that participate in other Blue Cross plan networks. The program gives members access to more than 70% of doctors and 80% of hospitals in America. In addition to cost savings, BCBS Global Core offers the security of access to quality health care, wherever our PPO members travel in the United States. To locate a BCBS Global Core participating provider, members can call 1-800-810-BLUE (2583).</i>
Is coverage available for out-of-state employees?	<i>Employees who live outside California may only be eligible for PPO plans in the Statewide Prudent Buyer Network and Select PPO Network. Approved out-of-state employees will be charged an area-rate based on the location of the employer's place of business.</i>
Max. percentage of employees residing out-of-state allowed	<i>At least 51% of all eligible employees must be employed in California.</i>

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[†]	Glucose Monitor[†]
Rx Drug Benefit	■	■	■			■
Diabetes Care Benefit				■	■	■

**Subject to medical deductible if plan has one, and coinsurance.*

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**	<i>Usually under the Prescription Drug Benefit. For additional information, please see Plan Specific EOC.</i>	<i>Yes, for most self-injectable Specialty medications. A Pre-authorization is required.</i>	<i>Yes, usually self-injectable Specialty medications have to be procured from IngenioRx Specialty Pharmacy. This is not a mail order pharmacy per se but rather a Specialty pharmacy that used mail to ship the drugs. For additional information, see Plan Specific EOC.</i>
PPO plans	<i>Usually under the Prescription Drug Benefit. For additional information, please see Plan Specific EOC.</i>	<i>Yes, for most self-injectable Specialty medications. A Pre-authorization is required.</i>	<i>Yes, usually self-injectable Specialty medications have to be procured from IngenioRx Specialty Pharmacy. This is not a mail order pharmacy per se but rather a Specialty pharmacy that used mail to ship the drugs. For additional information, see Plan Specific EOC.</i>
HSA plans	<i>Usually under the Prescription Drug Benefit. For additional information, please see Plan Specific EOC.</i>	<i>Yes, for most self-injectable Specialty medications a Pre-authorization is required.</i>	<i>Yes, usually self-injectable Specialty medications have to be procured from IngenioRx Specialty Pharmacy. This is not a mail order pharmacy per se but rather a Specialty pharmacy that used mail to ship the drugs. For additional information, see Plan Specific EOC.</i>

**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.

