



**RCOE
ELEMENTS CHOICE PPO PLAN
MINIMUM VALUE PLAN - MVP**

Presented by:

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2020

Who Is Eligible for the Anthem Blue Cross Elements Choice PPO Plan?

- Substitutes
- Employees working less than 20 hours per week
- All actively working Substitutes and employees working less than 20 hours per week can enroll during this Open Enrollment period
- All New Hires in these two classifications can enroll in the plan within 30 days of becoming eligible for benefits



REEP
ANTHEM BLUE CROSS
Elements Choice
PPO Plan

PPO Plan Benefits

Freedom to choose any provider

Advantages of using PPO Providers

- Negotiated rates
- No balance billing from providers of service
- No claim forms to complete
- Lower out-of-pocket expenses
- Extensive network in and out of CA

Use the Anthem Blue Cross “Provider Finder” –

www.Anthem.com/CA

Look for “Blue Cross PPO (Prudent Buyer)- Large Group”

PPO Plan Benefits

	In Network	Out of Network
Calendar Year Deductible* (Individual/Family):	\$5,900/\$11,800	\$11,800/\$23,600 <i>(no cross application)</i>
Annual Out of Pocket Max: (Individual/Family):	\$6,100/\$12,200	\$12,700/\$25,400 <i>(no cross application)</i>
Preventive Care Services:	Covered 100%	50%
Physician/Specialist OV:	No copay*	50%
Outpatient Medical Service: X-ray & laboratory Test	Deductible applies. After deductible is satisfied; No copay	Deductible, then 50%
Outpatient Medical Service: Surgery & Ambulatory Surgery Centers	Deductible applies. After deductible is satisfied; No copay	Deductible, then 50% (max paid benefit of \$350/ day limit)
*Services with an asterisk have a \$35 copay/visit with deductible waived for the first three (3) visits for all services combined. After three (3) visits, then above deductible applies		

PPO

	In Network	Out of Network
Advanced Imaging	Deductible applies. After deductible is satisfied; No copay	Deductible, then 50% (benefit limited to \$800/procedure)
URGENT CARE	Deductible applies; After deductible is satisfied; No copay	Deductible, then 50%
HOSPITALIZATION: EMERGENCY CARE: AMBULANCE:	Deductible applies. After deductible is satisfied; No copay. Applies to all hospital and ER services.	Deductible, then 50% Deductible, then 50% Deductible, then 50%
DME:	Deductible applies. After deductible is satisfied; No copay	Deductible, then 50%

* Other deductibles may apply for failure to authorize services, emergency room, and non participating providers. This is a summary of services only. Plan EOC governs.

PPO Plan Benefits

	In Network	Out of Network
Pregnancy & Maternity Care: Physician office visits	No copay*	Deductible, then 50%
Mental or Nervous Disorders and Substance Abuse for Facility Based Care (inpatient and out-patient)	Deductible applies. After deductible is satisfied; No copay	Deductible, then 50%
Mental or Nervous Disorders and Substance Abuse for out- patient physician visits:	No copay*	Deductible, then 50%

*Services with an asterisk have a \$35 copay/visit with deductible waived for the first three (3) visits for all services combined. After three (3) visits, then above deductible applies

Online Resources

Visit Blue Cross at www.Anthem.com/CA

*Find Providers in your area

*Check out our Wellness Programs

Special Offers discount program

Condition Care Disease Management

Program

Future Moms Prenatal Program

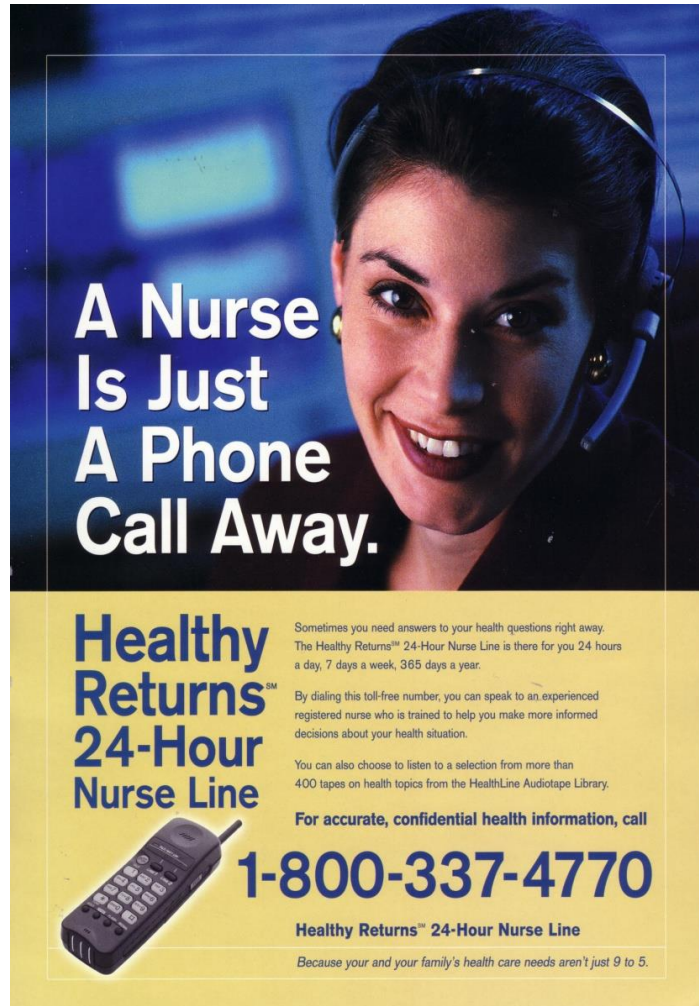


Live Health Online – Available in most states

Have a video visit with a doctor in minutes, 24/7
Using LiveHealth Online

- Register on www.LiveHealthOnline.com
- Visit with a doctor on smartphone, tablet or computer
- Smart phone apps available Android and Apple
- LiveHealth Online Visit Cost: \$0 copay for MVP PPO Plan

24/7 Nurse Line



**A Nurse
Is Just
A Phone
Call Away.**

**Healthy
Returns™
24-Hour
Nurse Line**

Sometimes you need answers to your health questions right away. The Healthy Returns™ 24-Hour Nurse Line is there for you 24 hours a day, 7 days a week, 365 days a year.

By dialing this toll-free number, you can speak to an experienced registered nurse who is trained to help you make more informed decisions about your health situation.

You can also choose to listen to a selection from more than 400 tapes on health topics from the HealthLine Audiotape Library.

For accurate, confidential health information, call
1-800-337-4770

Healthy Returns™ 24-Hour Nurse Line

Because your and your family's health care needs aren't just 9 to 5.

Call our 24/7 Nurseline and speak with a registered nurse who can: provide you guidance on medications, help you until you follow up with your PCP, get you to the nearest hospital, Urgent Care, or call 911

Prescription Drug Coverage

- Prescription Drug Coverage is provided by Express Scripts
- Retail Pharmacy (Up to a 30 day supply)
 - \$19 Generic Copay
 - \$50 Preferred Brand Copay
 - \$75 Non-Preferred Brand Copay
- Mail Order Pharmacy (Up to a 90 day supply)
 - \$38 Generic Copay
 - \$100 Preferred Brand Copay
 - \$150 Non-Preferred Brand Copay

Rx Out of pocket maximum is \$1500 Individual/\$4500 Family

* Home Infusion therapy is covered under the medical plan



What to do if you have questions...

- Contact Risk Management at (951) 826-6824,
or
- Contact Keenan & Associates at (800) 654-8347
Leanne Perez, ext.1168
Seema Rasheed, ext.1140





Thank you for your time!