

2024-2025 Benefit to Benefit Grid



Effective on renewal on or after January 1, 2025

Below is an overview of changes and updates made to your medical plan which will take effect with your plan's renewal. For a complete listing of all your benefits, limitations and exclusions, please review the complete Evidence of Coverage (EOC).

Amounts listed below are the member's responsibility to pay after any applicable In-Network (INN) or Out-of-Network (OON) deductibles (unless otherwise specified).

All Plans			
Legislative Changes	Applies To	New Guidelines	Notes
AB716 Ground Medical Transportation	ALL PLANS	1. Health care service plan contracts or health insurance policies issued, amended, or renewed must not charge an enrollee or insured receiving covered services from a noncontracting ground ambulance provider more than the in-network cost-sharing amount, which is the amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider. 2. At the time of payment, the plan must inform the enrollee or insured and the noncontracting provider of the in-network cost-sharing amount owed by the enrollee or insured and disclose whether or not the coverage is regulated by either the Department of Managed Health Care or the Department of Insurance. 3. The in-network cost-sharing amount paid by the enrollee or insured counts toward the limit on annual out-of-pocket expenses and satisfies the enrollee's obligation to pay cost sharing. 4. Cost sharing arising pursuant to this section shall count toward any deductible in the same manner as cost sharing would be attributed to a contracting provider.	Anthem Blue Cross to comply with these new requirements for plans and policies that are issued or renewed on or after January 1, 2024.
AB 904 Health care coverage doulas	ALL PLANS	This bill requires health care service plans and health insurers to develop maternal and infant health equity programs that address racial health disparities in maternal and infant health outcomes through the use of doulas.	Anthem Blue Cross to comply with these new requirements for plans and policies that are issued or renewed on or after January 1, 2025.

All Plans			
General Updates	Network	Current 2024 plan	New 2025 plan
Out-of-Network Non-Emergency Ambulance (Ground, Air & Water)	OON:	Authorized non-emergency transportation received out of network is covered at the In Network cost shares and Anthem's payment will not exceed a maximum of \$50,000 per trip. When air ambulance services are rendered out of network the cost share is the same as in network but non-emergency is still subject to the \$50,000 maximum.	Authorized non-emergency transportation received out of network is covered at the In Network cost shares, \$50,000 limit does not apply.

Please see following pages for plan specific changes

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Platinum PPO Plan Changes

Anthem PPO 15/40/10%	Network	Current Benefits	New Benefits
Manipulative Treatment/Chiropractic Care	INN:	50% coinsurance	\$15 copay

Anthem PPO 15/250/10%	Network	Current Benefits	New Benefits
Manipulative Treatment/Chiropractic Care	INN:	50% coinsurance, deductible does not apply	\$15 copay, deductible does not apply

Gold PPO Plan Changes

Anthem PPO 25/30%	Network	Current Benefits	New Benefits
In-network Out of Pocket	INN:	\$8,500/\$17,000	\$8,700/\$17,400
Out-of-network Out of Pocket	OON:	\$17,000/\$34,000	\$17,400/\$34,800
Manipulative Treatment/Chiropractic Care	INN:	50% coinsurance	\$15 copay

Anthem PPO 30/500/20%	Network	Current Benefits	New Benefits
Manipulative Treatment/Chiropractic Care	INN:	50% coinsurance, deductible does not apply	\$15 copay, deductible does not apply

Anthem PPO 30/750/20%	Network	Current Benefits	New Benefits
Manipulative Treatment/Chiropractic Care	INN:	50% coinsurance, deductible does not apply	\$15 copay, deductible does not apply

Anthem PPO 35/1000/20%	Network	Current Benefits	New Benefits
Manipulative Treatment/Chiropractic Care	INN:	50% coinsurance, deductible does not apply	\$15 copay, deductible does not apply

Silver PPO Plan Changes

Anthem PPO 45/1750/40%	Network	Current Benefits	New Benefits
Manipulative Treatment/Chiropractic Care	INN:	50% coinsurance, deductible does not apply	\$15 copay, deductible does not apply

Anthem PPO 55/1950/35%	Network	Current Benefits	New Benefits
Manipulative Treatment/Chiropractic Care	INN:	50% coinsurance, deductible does not apply	\$15 copay, deductible does not apply

Anthem PPO 50/2200/40%	Network	Current Benefits	New Benefits
Manipulative Treatment/Chiropractic Care	INN:	50% coinsurance, deductible does not apply	\$15 copay, deductible does not apply

Anthem PPO 55/2500/45%	Network	Current Benefits	New Benefits
Manipulative Treatment/Chiropractic Care	INN:	50% coinsurance, deductible does not apply	\$15 copay, deductible does not apply

Bronze PPO Plan Changes

Anthem PPO 75/7300/40%	Network	Current Benefits	New Benefits
Manipulative Treatment/Chiropractic Care	INN:	50% coinsurance, deductible does not apply	\$15 copay, deductible does not apply

Anthem PPO 40/6200/40%	Network	Current Benefits	New Benefits
Manipulative Treatment/Chiropractic Care	INN:	50% coinsurance, deductible does not apply	\$15 copay, deductible does not apply

Anthem PPO 60/6850/40%	Network	Current Benefits	New Benefits
Manipulative Treatment/Chiropractic Care	INN:	50% coinsurance, deductible does not apply	\$15 copay, deductible does not apply

Anthem PPO 70/6600/35%	Network	Current Benefits	New Benefits
Manipulative Treatment/Chiropractic Care	INN:	50% coinsurance, deductible does not apply	\$15 copay, deductible does not apply

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HSA Compatible PPO Plan Changes

Anthem Silver PPO HSA/H 2100/3300/4200 30% PrevRx*	Network	Current Benefits	New Benefits
PLAN NAME CHANGE		Anthem Silver PPO HSA/H 2100/3200/4200 30% PrevRx*	Anthem Silver PPO HSA/H 2100/3300/4200 30% PrevRx*
DEDUCTIBLE (Subscriber only: Per Member/Subscriber + Family: Per Member/Family)			
In-network	INN:	\$2,100/\$3,200/\$4,200	\$2,100/ \$3,300 /\$4,200
Out-of-network	OON:	\$4,200/\$6,400/\$8,400	\$4,200/ \$6,600 /\$8,400

Anthem Silver PPO HSA/H 2600/3300/5200 35% PrevRx*	Network	Current Benefits	New Benefits
PLAN NAME CHANGE		Anthem Silver PPO HSA/H 2600/3200/5200 35% PrevRx*	Anthem Silver PPO HSA/H 2600/3300/5200 35% PrevRx*
DEDUCTIBLE (Subscriber only: Per Member/Subscriber + Family: Per Member/Family)			
In-network	INN:	\$2,600/\$3,200/\$5,200	\$2,600/ \$3,300 /\$5,200
Out-of-network	OON:	\$5,200/\$6,400/\$10,400	\$5,200/ \$6,600 /\$10,400

Anthem Bronze PPO 6700/0% w/HSA PrevRx	Network	Current Benefits	New Benefits
OUT-OF-POCKET MAXIMUM (Individual/Family)			
Out-of-Network Out of Pocket	OON:	\$19,500/\$39,000	\$15,600 /\$31,200

HMO Plan ** Changes

Anthem Gold HMO 30	Network	Current Benefits	New Benefits
Urgent Care: Office Surgery - including anesthesia	INN:	\$60 copay	\$30 copay

Anthem Gold HMO 35	Network	Current Benefits	New Benefits
Urgent Care: Office Surgery - including anesthesia	INN:	\$70 copay	\$35 copay

Anthem Silver HMO 55	Network	Current Benefits	New Benefits
Urgent Care: Office Surgery - including anesthesia	INN:	\$110 copay	\$55 copay
Level 2 Pharmacy; Tier 1 drug copay	INN:	\$30 copay	\$25 copay

Anthem Silver HMO 60/2500/45%	Network	Current Benefits	New Benefits
Urgent Care: Office Surgery - including anesthesia	INN:	\$95 copay	\$60 copay

* These plans have a different per-member deductible amount, depending on whether the subscriber is enrolled as self-only, or has enrolled dependents within the plan. Plans have been

**Enrollment in the selected plan is dependent upon the employee residing or working within a plan's geographical service area, and the network, provider, and physician availability within Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies,