

ADVANTAGE ANYWHERE PPO

A solution for out-of-area employees

Western Health Advantage (WHA) proudly offers Advantage Anywhere PPO, your out-of-area solution for employees and their families. This product is perfect for employer groups based within WHA's service area that have employees working outside of the service area and have no other employer health care options.

PARTNERS IN COVERAGE AND CARE

Advantage Anywhere PPO is now available to Western Health Advantage large group employers. WHA will be with you every step of the way—from choosing a plan that is right for your group to the quoting, negotiating and underwriting process, all the way to enrollment of your employees, providing eligibility and premium billing services.

Anthem Blue Cross (Anthem) is one of the largest health benefits companies in the United States. Through its affiliated health plans, Anthem companies deliver a number of leading health benefit solutions through a broad portfolio of integrated health care plans and related services. WHA's Advantage Anywhere PPO with Anthem offers access to:

- Access to one of the Anthem's largest networks—**National PPO (BlueCard PPO)**. Search their provider directory at [anthem.com/ca/find-care](https://www.anthem.com/ca/find-care).
- Top-level, concierge service with an **Anthem Health Guide**. Members can reach an Anthem Health Guide member services at **1.844.783.0927** for all inquiries.
- **MyHealth Advantage**, which connects members to medical claims, doctor reports, personal health history and other information for a bigger picture of your health.
- Anthem's **Sydney Health Mobile App** for convenient, on-the-go access.
- Wellness programs like **Future Moms**, **24/7 NurseLine**, and a personalized **Health Assessment**.



PPO Plan Benefit Comparison Advantage Anywhere | Large Groups | Effective 01.01.24

This benefit comparison is intended to be used as a summary only. The Summary of Benefits should be consulted for a detailed description of coverage.

COVERED MEDICAL BENEFITS	ANTHEM CLASSIC PPO 250/20/40/20		ANTHEM CLASSIC PPO 500/20/40/20		ANTHEM CLASSIC PPO 750/30/50/20		ANTHEM CLASSIC PPO 1000/35/55/20	
	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK
ANNUAL LIMITS								
Overall Deductible: Individual	\$250	\$750	\$500	\$1,500	\$750	\$2,250	\$1,000	\$3,000
Overall Deductible: Family	\$750	\$2,250	\$1,500	\$4,500	\$2,250	\$6,750	\$3,000	\$9,000
Maximum Out-of-Pocket: Individual	\$2,500	\$7,500	\$3,500	\$10,500	\$5,000	\$15,000	\$5,000	\$15,000
Maximum Out-of-Pocket: Family	\$5,000	\$15,000	\$7,000	\$21,000	\$10,000	\$30,000	\$10,000	\$30,000
PHYSICIAN SERVICES								
Preventive/Screenings/Immunizations	No Charge	40% AD	No Charge	40% AD	No Charge	40% AD	No Charge	40% AD
Primary/Specialist Care Visit	\$20/\$40	40% AD	\$20/\$40	40% AD	\$30/\$50	40% AD	\$35/\$55	40% AD
Prenatal and Post-natal Care	\$20	40% AD	\$20	40% AD	\$30	40% AD	\$35	40% AD
Virtual Visits from LiveHealth Online	\$0	n/a	\$0	n/a	\$0	n/a	\$0	n/a
Basic Lab and X-Ray	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
Complex Imaging	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
Acupuncture/Chiropractic	\$20	40% AD	\$20	40% AD	\$30	40% AD	\$35	40% AD
HOSPITALIZATION								
Inpatient	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
Outpatient Surgery	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD	20% AD	40% AD
Urgent Care	\$20	40% AD	\$20	40% AD	\$30	40% AD	\$35	40% AD
Emergency Room (waived if admitted)	\$150+20% AD	Covered as In-Network	\$150+20% AD	Covered as In-Network	\$150+20% AD	Covered as In-Network	\$150+20% AD	Covered as In-Network
Emergency Room Professional Services	20% AD	Covered as In-Network	20% AD	Covered as In-Network	20% AD	Covered as In-Network	20% AD	Covered as In-Network
PRESCRIPTIONS								
PRESCRIPTIONS DEDUCTIBLE	Not applicable		Not applicable		Not applicable		Not applicable	
Tier 1a: typically lower cost generic	\$5	50%	\$5	50%	\$5	50%*	\$5	50%*
Tier 1b: typically generic	\$15	50%*	\$15	50%*	\$20	50%*	\$20	50%*
Tier 2: typically preferred brand	\$30	50%*	\$30	50%*	\$30	50%*	\$30	50%*
Tier 3: typically non-preferred brand	\$50	50%*	\$50	50%*	\$50	50%*	\$50	50%*
Tier 4: typically specialty (brand and generic)	30%*	50%*	30%*	50%*	30%*	50%*	30%*	50%*
OPTIONAL RIDER								
Infertility Services	50%, up to \$15,000 for medical and \$10,000 for pharmacy expenses							

AD = After Deductible — *per prescription, up to \$250

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	ANTHEM SOLUTION PPO 3500/30/50/30		ANTHEM PPO HSA-H 2000/3200/5000 20/40				ANTHEM PPO HSA 3200/20		ANTHEM PPO HSA 4500/20	
COVERED MEDICAL BENEFITS	IN-NETWORK	NON-NETWORK	IN-NETWORK		NON-NETWORK		IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK
ANNUAL LIMITS										
Overall Deductible: Individual	\$3,500	\$10,500	\$2,000		\$6,000		\$3,200	\$9,600	\$4,500	\$13,500
Overall Deductible: Family	\$7,000	\$21,000	\$3,200 individual	\$5,000 family	\$6,000 individual	\$12,000 family	\$6,400	\$19,200	\$9,000	\$27,000
Maximum Out-of-Pocket: Individual	\$6,350	\$19,050	\$4,000		\$12,000		\$5,500	\$16,500	\$7,000	\$21,000
Maximum Out-of-Pocket: Family	\$12,700	\$38,100	\$4,000 individual	\$8,000 family	\$12,000 individual	\$24,000 family	\$11,000	\$33,000	\$14,000	\$42,000
PHYSICIAN SERVICES										
Preventive/Screenings/Immunizations	No Charge	50% AD	No Charge		40% AD		No Charge	40% AD	No Charge	50% AD
Primary/Specialist Care Visit	\$30 /\$50	50% AD	20% AD		40% AD		20% AD	40% AD	20% AD	50% AD
Prenatal and Post-natal Care	\$30	50% AD	20% AD		40% AD		20% AD	40% AD	20% AD	50% AD
Virtual Visits from LiveHealth Online	\$0	n/a	\$0 AD		n/a		\$0 AD	n/a	\$0 AD	n/a
Basic Lab and X-Ray	30% AD	50% AD	20% AD		40% AD		20% AD	40% AD	20% AD	50% AD
Complex Imaging	30% AD	50% AD	20% AD		40% AD		20% AD	40% AD	20% AD	50% AD
Acupuncture/Chiropractic	\$30	50% AD	20% AD		40% AD		20% AD	40% AD	20% AD	50% AD
HOSPITALIZATION										
Inpatient	30% AD	50% AD	20% AD		40% AD		20% AD	40% AD	20% AD	50% AD
Outpatient Surgery	30% AD	50% AD	20% AD		40% AD		20% AD	40% AD	20% AD	50% AD
Urgent Care	\$30	50% AD	20% AD		40% AD		20% AD	40% AD	20% AD	50% AD
Emergency Room (waived if admitted)	\$150+30% AD	Covered as In-Network	20% AD		Covered as In-Network		20% AD	Covered as In-Network	20% AD	Covered as In-Network
Emergency Room Professional Services	30% AD	Covered as In-Network	20% AD		Covered as In-Network		20% AD	Covered as In-Network	20% AD	Covered as In-Network
PRESCRIPTIONS										
PRESCRIPTIONS DEDUCTIBLE	Not applicable		Combined with Medical				Combined with Medical		Combined with Medical	
Tier 1a: typically lower cost generic	\$5	50%*	\$5 AD		40% AD*		\$5 AD	40% AD*	\$5 AD	50% AD*
Tier 1b: typically generic	\$20	50%*	\$15 AD		40% AD*		\$15 AD	40% AD*	\$15 AD	50% AD*
Tier 2: typically preferred brand	\$40	50%*	\$40 AD		40% AD*		\$40 AD	40% AD*	\$40 AD	50% AD*
Tier 3: typically non-preferred brand	\$60	50%*	\$60 AD		40% AD*		\$60 AD	40% AD*	\$60 AD	50% AD*
Tier 4: typically specialty (brand and generic)	30%*	50%*	30% AD*		40% AD*		30% AD*	40% AD*	30% AD*	50% AD*
OPTIONAL RIDER										
Infertility Services	50%, up to \$15,000 for medical and \$10,000 for pharmacy expenses									

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PPO Plan Underwriting Guidelines Advantage Anywhere | Large Groups | Effective 01.01.24

	OFFERED TO			OFFERED ALONGSIDE		REQUIREMENTS
	Out-of-Area ¹	Existing PPO ²	In-Area	Staff-model HMO	Network-model HMO	PPO Participation
Sole-carrier HMO scenario	YES	Subject to underwriting review	NO	N/A	N/A	PPO enrollment not to exceed 40% of combined PPO/WHA HMO enrollment
Two-carrier HMO scenario	YES	Subject to underwriting review	NO	YES	NO	PPO enrollment not to exceed 40% of combined PPO/WHA HMO enrollment
Three-carrier HMO scenario	YES	NO	NO	YES	YES	PPO enrollment not to exceed 40% of combined PPO/WHA HMO enrollment

- ¹ Out of area (OOA) with WHA in a sole-, two- or three-carrier scenario: PPO is offered to those employees who reside outside all HMO carrier service areas. All must enroll in PPO or waive coverage.
- ² Existing PPO participants in a sole- or two-carrier scenario (subject to underwriting approval): PPO is offered to current PPO participants of the replaced carrier and to those who reside outside all HMO carrier service areas. All must enroll in PPO or waive coverage.

GROUP REQUIREMENTS

- Age grid rates will apply to large groups with less than 10 enrolled on PPO.
- WHA reserves the right to re-rate if final enrollment differs more than 10% from quote.
- Proposed rates hold for quoted effective date only. WHA cannot quote PPO to replace Anthem plans within a group.
- In multiple-carrier scenarios, the PPO quoted option is contingent upon meeting WHA's HMO minimum requirement.
- Group must maintain at least 10 HMO subscribers in order to provide a PPO option.
- At least 51% of group eligible employees must be employed in California.
- Employee/Employer relationship must exist and be documented. All enrollees must be actively at work in order to receive a quote.
- Employer contributions must be no less than the HMO plan and meet general minimum requirements as set forth under the HMO plan.

*Employee counts must be determined by the employer and consistent with California Health & Safety Code section 1357.500 et seq., 45 CFR 155.20, and all other applicable statutes and regulations.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Western Health Advantage

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