We updated your health plan to meet new state laws

We updated your health plan as required to meet new laws that went into effect in California on January 1, 2021, and January 1, 2020.

We are clarifying our California Notice of Non-Discrimination.

The changes to your plan are summarized on the next page. You can view your full Evidence of Coverage by logging in to anthem.com/ca.

If you have questions about the changes or would like us to mail you a copy of your Evidence of Coverage, please speak with your company’s benefits administrator or call us at the Member Services number on your ID card.

Thank you for choosing us to help you take care of your health.

— Your Anthem team

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, Inc.
Summary of health plan changes

We made the following changes to your health plan. For full details, view your Evidence of Coverage by logging in to anthem.com/ca.

Mental health and substance use disorder benefits
California Senate Bill 855 (2020) took effect January 1, 2021. It requires health plans to cover medically necessary treatment for all mental health and substance use disorders under the same terms and conditions used for other medical conditions. This includes all mental health and substance use disorders in the most recent versions of the International Classification of Diseases or the Diagnostic and Statistical Manual of Mental Disorders. As required by the new law:

- Our health plans cover basic healthcare, intermediate care, and prescription drugs for mental health and substance use disorders. Benefits are not limited to short-term or acute treatment.
- To determine if care is medically necessary, we use current, generally accepted standards of care for mental health and substance use disorders.
- To determine if your benefits cover care (utilization review), we use criteria specific to mental health and substance use disorders.
- Our plans do not include “discretionary clauses.” These are parts of a health plan contract that give insurers the right to decide if certain benefits apply.

Pre-exposure (PrEP) and post-exposure (PEP) prophylaxis medication
California Senate Bill 159 took effect on January 1, 2020. It increases access to PrEP and PEP, drugs that help prevent human immunodeficiency virus (HIV). Based on the new law, we made the following updates to your plan:

- Our plans cover PrEP and PEP under preventive-care benefits, as recommended by the U.S. Preventive Services Task Force.
- We do not require preapproval or step therapy for PrEP or PEP, except in some circumstances allowed by law.

California required Notice of Non-Discrimination
We are clarifying our Notice of Non-Discrimination:

Anthem Blue Cross does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

In addition, appropriate auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, are also available, free of charge and in a timely manner, when those aids and services are necessary to ensure an equal opportunity for individuals with disabilities to effectively communicate with us.
Get help in your language
Language Assistance Services

Curious to know what all this says? We would be too. Here's the English version:
IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-888-254-2721. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

IMPORTANTE: ¿Puede leer esta carta? De lo contrario, podemos hacer que alguien lo ayude a leerla. También puede recibir esta carta escrita en su idioma. Para obtener ayuda gratuita, llame de inmediato al 1-888-254-2721. (TTY/TDD: 711)

Arabic

مهم: هل يمكنك قراءة هذه الرسالة؟ إذا لم تستطع، فمكننا الاستعانة بشخص ما ليساعدك على قراءتها. كما يمكنك أيضًا الحصول على هذا الخطاب مكتوبًا بالعربية.

تحصول على المساعدة المتبادلة، يرجى الاتصال فورًا بالرقم 1-888-254-2721-888-1. (TTY/TDD: 711)

Armenian

Վաղենական: Անչափ գրերով է դիմանք? մեկում է, եթե չի, կողմից են սպառնանք հետնանշում: Այս չի կարելի անվճար ենթադրելու վաղենական: Նման տեքստի տպագրության համար, կողմից են սպառնանք հետնանշում: Այս տեքստի սահմանից հետևում է մարդական հետախույզությունը 1-888-254-2721-888(711)

Chinese

重要事項：您能看懂這封信函嗎？如果您看不懂，我們能夠找人協助您。您有可能可以獲得以您的語言而寫的本信函。如需免費協助，請立即撥打1-888-254-2721。（TTY/TDD: 711）

Farsi

مهم: آیا می‌توانید این نامه را بخوانید؟ اگر نمی‌توانید، می‌توانم شخصی را به شما معرفی کنم تا در خواندن این نامه شما را کمک کند. همچنین می‌توانید این نامه را به صورت مکتوب به زبان خودتان دریافت کنید. برای دریافت کمک رایگان، همین حالا با شماره 1-888-254-2721-888-1 تماس بگیرید. (711: TTD/TTY)

Hindi

महत्वपूर्ण: क्या आप यह पता लगाते हैं? अगर नहीं, तो हम आपको इसे पढ़ने में मदद करने के लिए किसी को उल्लेख कर सकते हैं। आप यह पता लगाएं कि में लिखकर में भी सक्षम हो सकते हैं। निष्कर्ष मदद के लिए, कृपया 1-888-254-2721 पर तुरंत कॉल करें। (TTY/TDD: 711)

Hmong

TSEEEM CEEB: Koj puas muaj peev xwm nyeem tau daim ntawv no? Yog hais tias koj nxeem tis tau, peb muaj peev xwm cia lwm tus pab nxeem rau koy mloog. Tsis tas li ntawd tej zaum koj kuj iseem yuav tau txais daim ntawv no sau ua koy hom lus thiab. Txaog rau kev pab dawb, thov hu tam sim no rau tus xooy tooj 1-888-254-2721. (TTY/TDD: 711)

Japanese

重要：この書簡を読めますか？もし読めない場合には、内容を理解するための支援を受けることができます。また、この書簡を希望する言語で書いたものを入手することもできます。次の番号にいすずく電話して、無料支援を受けてください。1-888-254-2721 (TTY/TDD: 711)
That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TTY: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

#CA-DMHC-001#