

# How EPO plans work for your clients

Anthem Blue Cross offers an Exclusive Provider Organization, or EPO, plan in select areas to give your clients another affordable choice in health coverage.

## Access quality services within our network

Our EPO plan is an attractive option for clients concerned about costs. We've created an exclusive network to give our members favorable rates by building partnerships with premier doctors and hospitals, including Ronald Reagan UCLA Medical Center and Cedars-Sinai Medical Center in Los Angeles, Sharp Memorial Hospital in San Diego and UCSF Medical Center in San Francisco.‡

## Flexibility as well as affordability

Members have the freedom to visit any doctor within the EPO network. Plus they have access to our Pathway Providers PPO network, which includes UC Irvine Health, UCLA Health and other quality providers.‡ They don't need to choose a primary care physician or get a referral to see an in-network specialist — which can make it faster and easier to get care. However, it's important to note that an EPO plan does not cover out-of-network care, except in an emergency and urgent care.

## Valuable benefits of our EPO plans include:

- **\$0 preventive care\***— which means \$0 copays and \$0 deductibles for checkups, immunizations, screenings, mammograms, prenatal care and more
- **Doctor visits and hospital stays** within our exclusive local network
- **Prescription drug coverage** for generic and brand names
- **24/7 NurseLine** and online doctor access for medical care day or night
- **Financial help may be available**† so clients who qualify might save money with lower rates

EPO plans are offered through Covered California — and backed by the expertise associated with our brand, Anthem Blue Cross.

## Guide your clients to a name they can trust

Generations have relied on Anthem Blue Cross to help them stay healthy and protect them from high costs. Your clients can count on us, too.

When EPO plan members obtain their health care within our network, they get the advantage of

**predictable,  
affordable  
medical costs.**



# FAQs about our EPO plans

## Q What makes EPO plans affordable?

A The key is the E in EPO: exclusive. To build our exclusive network, we've partnered with a select group of leading doctors, medical groups and hospitals that are committed to keeping health care costs down.

## Q Why stick with in-network providers?

A We've negotiated favorable rates with them. This helps protect members from the higher costs other providers may charge for similar care. And, out-of-network care isn't covered (except in an emergency and urgent care), to help keep costs down.

## Q Do EPO members need to designate a primary care physician (PCP)?

A No. Unlike an HMO plan, EPO members do not need to select a PCP — and they can visit any doctor or specialist in our exclusive network at any time without a referral. They may find it more cost-effective to choose doctors with admitting privileges to our Preferred Participating (Tier 1) hospitals.

## Q How do members choose their hospitals?

A Members should work with their doctor to select a hospital. Their doctor must have admitting privileges at the selected hospital. Hospitals are designated as Preferred Participating (Tier 1) or Participating (Tier 2). Preferred Participating hospitals offer the highest member benefits (and lowest out-of-pocket costs) for covered services. Participating hospitals offer lower member benefits (and higher out-of-pocket costs).

## Q What if members need emergency care?

A Our EPO plan covers emergency treatment at any hospital, wherever members may travel within the U.S. — even if it's not in our network.

## Q How can my clients find out if their doctors are in network?

A The best way is to direct your clients to the Find a Doctor tool on [anthem.com/ca](http://anthem.com/ca) under Resources.

## We're here for you and your clients

You can assure your clients that when they choose a plan from us, they get reliable coverage from one of the nation's most recognized brands in health care. We've been trusted in California for over 75 years, and we're here to stay.

<sup>1</sup>You need to be lawfully present in the United States and reside in the plan service area to qualify for medical coverage and/or subsidies.

<sup>2</sup>Subsidies are only available for Qualified Health Plans purchased through Covered California. Anthem Blue Cross is a Qualified Health Plan issuer that offers such Plans through Covered California.

<sup>3</sup>For the most up-to-date listing of in-network providers, visit Provider Finder on [anthem.com/ca](http://anthem.com/ca).

\*Nationally recommended preventive care services received in-network have no copay and no deductible requirement.

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