Summary of Benefits and Coverage: (44( )3 Plan / 23 (4 /5 &2 / 2 $ 2) 3 Coverage Period: 01/01/2024– 12/31/2024
Anthem Blue Cross:
CalPERS: Select HMO Plan for CalPERS
Coverage for: . $))$5 , -),

/2- /2). &(2- 4)/. /54,)-)4 4)/. 3 . $ 04)/. 3 3 plan /20/,) $/ 5- . 4 4www.anthem.com/ca/calpers

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Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services)

/3- 4) 352 2 . 4, 2 $5,4 . 4, (+ &(+

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Language Access Services:

It’s important we treat you fairly

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