

CA AB72- Small Group and Individual Benefit updates to meet new guidelines

July 24, 2017

Anthem has made changes to health benefit plans to meet the requirements of recent legislation passed in the state of California. Assembly Bill (AB) 72 requires the following changes.

AB72- If you receive services from an In-Network Facility at which, or as a result of which, you receive non-Emergency Covered Services provided by an Out-of-Network Provider, you will pay no more than the same cost sharing that you would pay for those same non-Emergency Covered Services received from an In-Network Provider, and you will not owe the Out-of-Network Provider more than the In-Network cost sharing for such non-Emergency Covered Services.

Here is a [sample of the letter](#) being sent to your group clients beginning late July. Communications about AB72 will also go out to your Individual Grandfathered and ACA clients by the end of July.

These changes became effective on July 1, 2017 and are reflected in the revised Evidence of Coverage (EOC).

Please contact your Anthem representative if you have questions about these changes.

This article applies to:

- California - Local and/or ANA
- Small Group and Individual (under 65)