

# 2023 - 2024 Benefit to Benefit Grid

Effective on your group's renewal on or after January 1, 2024



Below is an overview of changes and updates made to your medical plan which will take effect with your plan's renewal. **For a complete listing of all your benefits, limitations and exclusions, please review the complete Evidence of Coverage (EOC).** Amounts listed below are the member's responsibility to pay after any applicable In-Network (INN) or Out-of-Network (OON) deductibles (unless otherwise specified).

*Anthem benefits are subject to regulatory review and approval.*

ALL PLANS - GENERAL MANDATES UPDATE			
Item	Applies to:	Description:	Impact:
AB 988 -Mental Health: 988 Suicide and Crisis Lifeline	ALL:	Requires health plans to cover treatment of mental health and substance use disorders including, but not limited to behavioral health crisis services, provided by a 988 center or mobile crisis team regardless of whether the service is provided by an in-network or out-of-network provider. Prior authorization is not required for medically necessary treatment.	<i>Anthem Blue Cross to comply with these new requirements for plans and policies that are issued or renewed on or after September 29, 2022.</i>
SB 1207 – Health care coverage: maternal and pandemic-related mental health conditions	ALL:	Requires plans to develop a maternal mental health program consistent with sound clinical principles and processes, and include quality measures to encourage screening, diagnosis treatment and referral.	<i>Anthem Blue Cross to comply with these new requirements for plans and policies that are issued or renewed on or after January 1, 2023.</i>
SB 225 – Health care coverage: timely access to care	ALL:	Amends existing law to require plans to incorporate timely access to care standards into its quality assurance systems and incorporate specified processes. Additionally, plans must arrange for the provision of medically necessary covered services from providers outside the plan's network if unavailable within the network.	<i>Anthem Blue Cross to comply with these new requirements for plans and policies that are issued or renewed on or after January 1, 2023.</i>
SB 107 - Gender-affirming health care	ALL:	Prohibits plans from releasing medical information to a person who has requested and is authorized to receive related to a person allowing a child to receive gender-affirming health care or mental health care in response to any civil action, including a foreign subpoena, based on another state's law that authorizes a person to bring a civil action against a person or entity that allows a child to receive gender-affirming health care or mental health care.	<i>Anthem Blue Cross to comply with these new requirements for plans and policies that are issued or renewed on or after January 1, 2023.</i>

Item	Applies to:	Description:	Impact:
SB 1473 – Health care coverage	ALL:	Requires added coverage of therapeutics for COVID-19 for in-network and out of-network (OON) providers without cost sharing and without utilization management if there is a future health emergency declared by the Governor.. Language was added to eliminate the requirement to cover the cost share for testing, immunization, therapeutics, and related services by OON providers 6 months after the federal public health emergency expires. Does not include bonus payments for the use of specialized equipment or expedited processing.	<i>Anthem Blue Cross to comply with these new requirements for plans and policies that are issued or renewed on or after January 1, 2023.</i>
AB 1982 - Telehealth: dental care	ALL:	Requires plans offering a product covering dental services that offers a service via telehealth through a third-party corporate telehealth provider to report the impact of these services to the enrollees benefit limitation to the Department for each product offering the service.	<i>Anthem Blue Cross to comply with these new requirements for plans and policies that are issued or renewed on or after January 1, 2023.</i>
AB 2134 Notice of Reproductive Rights	ALL:	Applies to employees of a religious employer that does not include coverage and benefits for abortion and contraception. Requires plans to provide written notice with the following information to each enrollee, upon initial enrollment and annually thereafter: (1) the Abortion and contraception benefits or services that are not included in the enrollee’s health care service plan contract and (2) the Abortion and contraception benefits or services that may be available at no cost through the California Reproductive Health Equity Program.	<i>Anthem Blue Cross to comply with these new requirements for plans and policies that are issued or renewed on or after January 1, 2023.</i>
SB 1338 – Community Assistance, Recovery, and Empowerment (CARE) Court Program	ALL:	Requires plans to cover the cost of developing an evaluation pursuant to Welfare and Institutions Code Section 5977.1 and the provision of all health care services for an enrollee when required or recommended for the enrollee pursuant to a CARE agreement or a CARE plan approved by a court, regardless of whether the service is provided by an in-network or out-of-network provider.	<i>Anthem Blue Cross to comply with these new requirements for plans and policies that are issued or renewed on or after July 1, 2023.</i>

Item	Applies to:	Description:	Impact:
AB 2352 – Prescription drug coverage	ALL:	Requires plans that provide prescription drug benefits and maintains one or more drug formularies to furnish specified information about a prescription drug upon request by an enrollee or insured, or their prescribing provider. Requires plans to respond in real time to that request and ensure the information is current no later than one business day after a change is made. Plans are prohibited from restricting a prescribing provider from sharing the information furnished about the prescription drug or penalizing a provider for prescribing, administering, or ordering a lower cost or clinically appropriate alternative drug.	<b><i>Anthem Blue Cross to comply with these new requirements for plans and policies that are issued or renewed on or after July 1, 2023.</i></b>
SB 523 – Contraceptive Equity Act of 2022	ALL:	This bill makes various changes to expand coverage of contraceptives, including requirement to provide point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices at in-network pharmacies without cost sharing or medical management restrictions. The bill goes beyond the federal mandate to cover women’s contraceptives at no cost share, by expanding that to all members, and not just women.	<b><i>Anthem Blue Cross to comply with these new requirements for plans and policies that are issued or renewed on or after January 1, 2024.</i></b>
Cellular and Gene Therapy Services	ALL:	No mention of cellular and gene therapy coverage in the Evidence of Coverage booklet.	<b><i>Cellular and gene therapy services have been added as Covered Services to the Evidence of Coverage booklet. Review your booklet for detailed eligibility requirements for coverage.</i></b>

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