

Summary of Benefits and Coverage: , , - [Plan](#) 3 ) , 3 \*3 3 ) )( ) -!) Coverage Period: 01/01/2024- 12/31/2024  
Anthem Blue Cross: Coverage for: 2(- -( 0 1 -0  
CalPERS: Select HMO Plan for CalPERS





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](#))

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## Language Access Services:

It's important we treat you fairly

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