

Anthem HealthKeepers 15

Covered Services	You Pay
Preventive Care Services	
<ul style="list-style-type: none"> ○ well-child visits ○ immunizations ○ checkups ○ gynecological exams* <i>*Gynecological exams are covered with a PCP copay regardless of whether the member visits a PCP or specialist.</i> ○ Pap tests ○ mammograms ○ prostate exams ○ screening tests ○ Prostate Specific Antigen (PSA) test 	<p>\$15 for each visit to your PCP \$35 for each visit to a specialist</p>
Doctor Visits	
<ul style="list-style-type: none"> ○ office visits ○ urgent care visits ○ home visits ○ in-office surgery ○ voluntary family planning 	<p>\$15 for each visit to your PCP \$35 for each visit to a specialist</p>
Labs, Diagnostic X-rays and Other Outpatient Diagnostic Tests	
<ul style="list-style-type: none"> ○ diagnostic x-rays ○ lab work ○ diagnostic tests <p><i>A copay does not apply when these services are provided by the same provider on the same day as the office visit.</i></p>	<p>\$15 for each visit to your PCP \$35 for each visit to a specialist</p>
<ul style="list-style-type: none"> ○ advanced diagnostic imaging services <p><i>Your payment responsibility is waived if services are billed as a part of an emergency room visit.</i></p>	<p>\$150 for each visit</p>
Other Outpatient Services	
<ul style="list-style-type: none"> ○ hospice services ○ insulin pumps and oxygen ○ partial day mental health and substance abuse services ○ durable medical equipment (\$2,000 maximum) 	<p>No Charge</p>
<ul style="list-style-type: none"> ○ ambulance travel 	<p>\$100 per transport</p>
<ul style="list-style-type: none"> ○ home health care services 	<p>\$35 per calendar month</p>
<ul style="list-style-type: none"> ○ prosthetic devices ○ injectable medications* (excluding chemotherapy medications, allergy injections and serum dispensed in a physician's office) <i>*You will also pay an additional \$15 or \$35 office visit copayment depending on the type of provider who treats you.</i> 	<p>20% of the amount the health care professionals in our network have agreed to accept for their services</p>
Therapy Services	
<ul style="list-style-type: none"> ○ occupational therapy ○ physical therapy ○ speech therapy <p><i>Limited to 30 combined visits per calendar year for physical therapy and occupational therapy services, and 30 visits per calendar year for speech therapy services.</i></p>	<p>\$25 for each visit</p>
<ul style="list-style-type: none"> ○ chemotherapy, radiation, cardiac and respiratory therapy 	<p>\$35 for each visit</p>
<ul style="list-style-type: none"> ○ dialysis 	<p>\$35 per calendar month</p>
<ul style="list-style-type: none"> ○ spinal manipulation and manual medical therapy services (chiropractic care) <i>Limited to 30 visits per calendar year.</i> 	<p>\$25 for each visit</p>

For benefits listed with specific limits all services received during the calendar year from January 1 to December 31 for that benefit are applied to that limit.

Your Prescription Drug 8-15-30 Plan

Your Prescription Drug Benefits

Prescription coverage that's easy to understand. And, how about reducing how much you pay for your prescriptions? These are important to you—and—we're helping to make things better. But talk is cheap. Prescriptions aren't. Just look at how easy your plan is to use and the ways we're helping you save.

Your three-tier plan design

You've seen that prescription drugs come in all shapes and sizes. You probably also know they vary in cost. Prescription drugs are divided into three categories called tiers. Depending on which tier a prescribed drug falls into—that affects how much you pay.

First-tier drugs have the lowest copayment. This tier will contain low-cost or preferred medications and may include generic and single-source or multi-source brand drugs*.

Second-tier drugs have a higher copayment than those on the first tier. This tier contains preferred medications that generally are moderate in cost and may include generic and single-source and multi-source brand drugs*.

Third-tier drugs have a higher copayment than those on the second tier. This tier contains non-preferred or high-cost medications and may include generic and single-source or multi-source brand drugs*.

Drugs are assigned to tiers based upon clinical decisions made by your HMO's National Pharmacy and Therapeutics Committee whose members include nurses, pharmacists, and physicians. The HMO has sole discretion in assigning drugs to tiers and also reserves the right within its sole discretion to move any prescription drug from one tier to another.

Ways to get your prescriptions. It's simply up to you!

You can receive prescriptions in one of the following ways.

Visit a pharmacy

Visit a participating pharmacy and your Anthem HealthKeepers identification card is all you need to access your benefits for your outpatient prescription drugs. With your card you can receive up to a 30-day supply of covered medication from any participating retail pharmacy. Thousands of pharmacies participate in Virginia, including most major chains. To find participating pharmacies near you:

- Go to anthem.com, click on Find a Doctor and then select Find a pharmacy near you.
- Call Anthem HealthKeepers Member Services (as listed on your ID card).

Get home delivery

With NextRx, our mail order pharmacy, you can receive up to a 90-day supply of your covered maintenance medications (such as a medication for high blood pressure or high cholesterol), and your prescription is delivered directly to your home. NextRx mail order is easy to use and you'll receive simple, step-by-step instructions once you are enrolled.

Your source for specialty drugs

Specialty drugs are high-cost, injected, infused, oral or inhaled medications (including therapeutic biological products) that are used to treat chronic or complex illnesses or conditions. Often, these drugs require special handling such as temperature-controlled packaging and overnight delivery. Your PrecisionRx Specialty Solutions pharmacy will fill both mail order and retail (when available) prescriptions. With PrecisionRx Specialty Solutions, you get the convenience of a full-service pharmacy dedicated to improving healthy outcomes.

* Single-source drugs are manufactured by only one manufacturer while multi-source drugs are manufactured by several.

Your Prescription Drug 8-15-30 Plan

See the chart below for how much you'll pay by drug tier category

For medications you need when you are not in the hospital, you can receive...	First-tier Your Copayment	Second-tier Your Copayment	Third-tier Your Copayment
Up to a 30-day medication supply from participating retail pharmacies	\$8	\$15	\$30
Up to a 90-day medication supply delivered to your home	\$8	\$30	\$90

Preparing to talk to your doctor is important, and you may want to have a list of the most commonly used drugs by tier to bring with you to your appointment. Simply visit anthem.com to download our list of the most commonly used prescription drugs.

Get a little extra care from our participating pharmacies

Every time you have a prescription filled at a participating pharmacy, your pharmacist helps safeguard your health with an automatic drug-to-drug interaction check. This confidential comparison between the prescription you've requested and prescriptions you've had filled at other participating pharmacies can help avoid unsafe interactions. It's a special feature available only when you visit participating pharmacies.

Trust your generics

If you've ever wondered if generic drugs are just as good as brands, rest assured—they are. The standards set by the U.S. Food and Drug Administration (FDA) require that the active ingredients in generic drugs be chemically identical to their brand-name counterparts and equal in safety, strength, and effectiveness.

The FDA also requires the same review and approval process as for existing brand name drugs.

Why are generics often cheaper?

Generics are often cheaper because they're based on existing FDA-approved brand-name drugs, and manufacturers don't have to pay as much for research, development, or advertising. Your prescription drug copayments are designed so that you'll pay less out-of-pocket when your prescriptions are filled with generic drugs. So for less money, you get an equally effective medication. Participating pharmacies will always dispense a generic drug if a generic drug is available. If you or your doctor requests a brand-name drug when a generic is available, you will pay your usual copayment for the generic drug plus the difference in the allowable charge between the generic and brand name drug.

Covered Services	You Pay
Outpatient Infusion Services	
○ facility	\$35 for each visit
○ ambulatory Infusion Centers	\$35 per calendar month for IV services
○ home services	\$35 per calendar month for IV services
Outpatient Surgery in a Hospital or Facility	
○ surgery	\$150 for each visit
Inpatient Stays in a Hospital or Facility	
○ skilled nursing facility (100 days for each admission)	20% of the amount network health care professionals have agreed to accept for their services
○ semi-private room ○ private room when approved when approved in advance ○ intensive or coronary care unit	\$200 per day (not to exceed \$1,000) for an admission
Maternity	
○ all routine outpatient pre- and postnatal care (excluding inpatient stays)	\$100 per pregnancy
○ diagnostic testing (such as ultrasounds, non-stress tests and other fetal monitor procedures)	\$35 for each visit
Outpatient Mental Health and Substance Abuse	
○ medication management ○ individual therapy up to 30 minutes in length ○ group therapy	\$20 for each visit
○ other mental health and substance abuse visits	\$30 for each visit
Routine Vision	
○ annual routine eye exam	\$15 for each visit
<i>Plus valuable discounts on eyewear</i>	
Emergency Care and Out of the Service Area Urgent Care	
○ urgent care visits	\$35 for each visit
○ true emergency care visits in our out of the service area <i>*Waived if admitted directly to the hospital.</i>	\$150 for each visit to an emergency room*

Out-of-Pocket Maximums
What You Will Pay for Covered Services in One Calendar Year (January 1 - December 31)
If you are the only one covered by your plan, you will pay \$2,000 for covered services outlined in this insert. Once you have reached this amount, your payment for the covered services outlined in this insert is \$0, except for services listed below.
○ If two people are covered under your plan, each of you will pay \$2,000 (\$4,000 total).
○ If three or more people are covered under your plan, together you will pay \$4,000. However, no family member will pay more than \$2,000 toward the limit.
The following do not count toward the calendar year out-of-pocket maximum. You will still need to pay:
○ the costs associated with vision benefits
○ the cost of prescription drugs
○ the cost of dental benefits
○ the cost of care received when the benefit limits have been reached

Some benefits may be subject to balance billing, if provided by a non-participating provider. For more information on balance billing, see the enrollment brochure.

This benefits overview insert is only one piece of your entire enrollment package.

See the enrollment brochure for a list of your plan's exclusions and limitations and applicable policy form numbers.

The ins and outs of coverage

By now you should have a good understanding of how your prescription benefits work. It's also important that you take the time to read this section. While your prescription drug plan covers most prescription medications, certain medications require advance approval, a select few require approval if certain amounts are prescribed, and some may not be covered.

What's covered

That's easy. Except for those drugs listed in the next section, prescription drugs that are considered necessary to treat your medical condition are covered. For example, if you have diabetes, your home blood glucose monitors, lancets, and blood glucose test strips are covered.

In addition, compound medications (as long as at least one ingredient is a prescription drug), growth hormones, and syringes and needles for prescription injections are covered. If you are prescribed birth control: diaphragms, birth control pills, and other FDA-approved prescription contraception are covered.

What's not covered

Your health care coverage is designed to cover most, but not all prescription drugs. Your health plan limits coverage of prescription drugs to only those listed on the Anthem formulary. Most prescription drugs are listed on this formulary, however, certain prescription drugs with clinically equivalent alternatives may be excluded. The following list of services and supplies will not be covered by your prescription drug benefit:

- over-the-counter drugs
- any per unit, per month quantity over the specified limit
- drugs prescribed primarily for a cosmetic purpose
- drugs that are experimental, investigational, or not approved by the FDA
- cost of medicine that exceeds the allowable charge for that prescription
- drugs for weight loss
- therapeutic devices or appliances
- injectable prescription drugs that are supplied by a provider other than a pharmacy
- charges to inject or administer drugs
- drugs not dispensed by a licensed pharmacy
- drugs not prescribed by a licensed provider
- any refill dispensed after one year from the date of the original prescription order
- stop smoking aids
- infertility medications
- medications used to treat sexual dysfunction
- medicine covered by workers' compensation, Occupational Disease Law, state or government agencies, or medicine furnished by any other drug or medical service

About your costs

Your Anthem HealthKeepers health coverage includes a feature that limits the amount you have to pay each year in copayments. The expenses you pay for prescription drugs do not count toward that limit. Your per-prescription costs—including copayments and any additional costs you pay if you request a brand-name drug—cannot be waived even if you meet your annual copayment maximum.

Note on Prior Authorization

Some drugs require prior authorization. Go to anthem.com, select Member on the blue panel, then Virginia, and Search the Drug List. For further information, call Member Services at the number on your ID card.

HealthKeepers, Inc., Peninsula Health Care, Inc., and Priority Health Care, Inc. receive financial credits from drug manufacturers based on total volume of the claims processed for their product utilized by Anthem members. These credits are retained by these companies as a part of its fee for administering the program for self-funded groups and used to help stabilize rates for fully-insured groups. Reimbursements to pharmacies are not affected by these credits.

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See the enrollment brochure for a list of your plan's exclusions and limitations and applicable policy form numbers.*



WELCOME TO BLUE VIEW VISION!

Good news—your vision plan is flexible and easy to use.

This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



Blue View VisionSM

Your Blue View Vision network

Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision's network also includes convenient retail locations, many with evening and weekend hours, including LensCrafters[®], Target Optical[®], JCPenney[®] Optical, Sears OpticalSM, and Pearle Vision[®] locations. Best of all – when you receive care from a Blue View Vision participating provider, you receive the greatest benefits and money-saving discounts.

Out-of-network services

Did we mention we're flexible? You can choose to receive care outside of the Blue View Vision network. You simply get an allowance toward the eye exam and you pay the rest. (Network benefits and discounts will not apply.) Just pay in full at the time of service and then file a claim for reimbursement.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION CARE SERVICES

Annual routine eye exam (*once every calendar year*)

IN-NETWORK

\$15 copayment

OUT-OF-NETWORK

\$30 allowance

DISCOUNTS

When you visit a participating Blue View Vision eye care professional or vision center, you'll pay the discount price for as many pairs of eyeglasses and/or supplies of conventional (non-disposable) contact lenses as you would like. Take advantage of these savings –it means more money in your pocket!

BLUE VIEW VISION ADDITIONAL SAVINGS

Eye Glass Frame*

Contact Lenses**

Conventional (non-disposable)

Standard Plastic Lenses*

Single Vision
Bifocal
Trifocal

Eyeglass Lens Options/Upgrades* – For those who like to add an extra touch to their eyewear!

UV Coating
Tint (Solid and Gradient)
Standard Scratch-Resistance
Standard Polycarbonate
Standard Progressive (Add-on to bifocal)
Standard Anti-Reflective Coating

Other Add-ons and Services

Includes some non-prescription sunglasses, lens cleaning supplies, contact lens solutions and eyeglass cases, etc.

MEMBER SAVINGS

35% discount off retail*

15% off retail price

You Pay: \$50
You Pay: \$70
You Pay: \$105

You Pay: \$15
You Pay: \$15
You Pay: \$15
You Pay: \$40
You Pay: \$65
You Pay: \$45

20% off retail price

Discounts are subject to change without notice.

* If frames, lenses or lens options are purchased separately, members get a 20% discount instead.

**Discount does not apply to fitting fees or services.

WELCOME TO BLUE VIEW VISION!

Good news—your vision plan is flexible and easy to use.

This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



And – there's more! You also get access to discounts on other vision services through SpecialOffers. Visit anthem.com/specialoffers to learn more about these valuable savings.

Laser vision correction surgery

Glasses or contacts may not be the answer for every person. That's why we offer further savings with discounts on refractive surgery. Pay a discounted amount per eye for LASIK or PRK Laser Vision correction. For more information go to SpecialOffers at anthem.com/specialoffers and select Vision Care.

USING YOUR BLUE VIEW VISION PLAN

The Blue View Vision network is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. Your out-of-pocket expenses related to the vision benefits do not count toward your annual out-of-pocket limit and are never waived, even if your annual out-of-pocket limit is reached.

This benefit overview insert is only one piece of your entire enrollment package. Exclusions and limitations are listed in the enrollment brochure. Offered by HealthKeepers, Inc., Peninsula Health Care, Inc., and Priority Health Care, Inc. Independent licensees of the Blue Cross and Blue Shield Association. Anthem HealthKeepers and Blue View Vision are registered marks of the Blue Cross and Blue Shield Association.

Morbid Obesity



Anthem HealthKeepers

Your group has chosen coverage for morbid obesity services that deviates from the exclusion listed on page 22 of your Anthem HealthKeepers enrollment brochure [MVABR6793A (7/09) for HealthKeepers, Inc.]; [MVABR6791A (7/09) for Peninsula Health Care, Inc.]; and [MVABR6792A (7/09) for Priority Health Care, Inc.].

Treatment of morbid obesity coverage is covered through gastric bypass surgery or such other methods as may be recognized by the National Institutes of Health as effective treatment for the long-term reversal of morbid obesity for a patient who:

- Weighs at least 100 pounds over or twice the ideal body weight for frame, age, height and gender as specified in the 1983 Metropolitan Life Insurance tables;
- Has a body mass index (BMI) equal to, or greater than, 35 kilograms per meter squared with comorbidity or coexisting medical conditions such as hypertension, cardiopulmonary conditions, sleep apnea or diabetes; or
- Has a BMI of 40 kilograms per meter squared without such comorbidity.

Coverage does not include weight control dietary supplements or weight loss medications, unless such supplements or medications are recognized by the National Institutes of Health as effective treatment for the long-term reversal of morbid obesity for patients meeting the requirements specified above.

This flyer is a summary of the benefits available to members under the optional Anthem HealthKeepers Morbid Obesity benefit. This insert is only one piece of your information package. Exclusions, limitations and other related provisions can be found in the enrollment brochure.

This insert is only one piece of your enrollment package. Exclusions, limitations and applicable policy numbers can be found in the enrollment brochure.

Coverage for Domestic Partners



Anthem HealthKeepers

Your group has chosen to add coverage for domestic partners, as defined by your employer's eligibility requirements. This coverage expands the definition of eligible dependents that is indicated on page 12 of your enrollment brochure [MVABR6793A (7/09) for HealthKeepers, Inc.]; [MVABR6791A (7/09) for Peninsula Health Care, Inc.]; and [MVABR6792A (7/09) for Priority Health Care, Inc.]. For more information about eligibility requirements for domestic partners and their children, please contact your group benefits administrator.

This insert is only one piece of your enrollment package. Exclusions, limitations and applicable policy numbers can be found in the enrollment brochure.