

## Anthem BlueCare 200

In-Network Services	You Pay
<b>Preventive Care Services</b> Preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.	
<ul style="list-style-type: none"> <li>○ well-baby visits</li> <li>○ immunizations</li> <li>○ checkups</li> <li>○ screening tests</li> <li>○ gynecological exams</li> <li>○ Pap tests</li> <li>○ mammograms</li> <li>○ prostate exams</li> <li>○ Prostate Specific Antigen (PSA) tests</li> </ul> *During the course of a routine screening procedure, abnormalities or problems may be identified that require immediate intervention or additional diagnosis. If this occurs, and your provider performs additional necessary procedures, the service will be considered diagnostic and/or surgical, rather than screening, depending on the claim for the services submitted by your provider, which will result in a member cost share.	No Charge
<b>Routine Vision</b>	
<ul style="list-style-type: none"> <li>○ annual routine eye exam</li> </ul> Plus – valuable discounts on eyewear	\$15 for each visit

All Other In-Network Services	You Pay
You will pay all the costs associated with your care until you have paid \$200 in one calendar year. This is known as your deductible.	
<ul style="list-style-type: none"> <li>○ If two people are covered under your plan, each of you will pay the first \$200 of the cost of your care (\$400 total).</li> <li>○ If three or more people are covered under your plan, together you will pay the first \$400 of the cost of your care. However, the most one family member will pay is \$200.</li> </ul> Once you reach your deductible you pay:	
<b>Doctor Visits</b>	
<ul style="list-style-type: none"> <li>○ office visits</li> <li>○ urgent care visits</li> <li>○ home visits</li> <li>○ pre- and postnatal office visits</li> <li>○ mental health and substance abuse visits</li> <li>○ in-office surgery</li> <li>○ physical and occupational therapy in an office setting (30 combined visits)*</li> <li>○ speech therapy visits in an office setting (30 visit limit)*</li> <li>○ spinal manipulations and other manual medical intervention visits (30 visit limit)*</li> </ul> * Limited to 30 combined visits per calendar year for physical therapy and occupational therapy services, and 30 separate visits each per calendar year for speech therapy and spinal manipulation services.	20% of the amount the health care professionals in our network have agreed to accept for their services
<b>Labs, X-rays and Other Outpatient Services</b>	
<ul style="list-style-type: none"> <li>○ diagnostic lab services</li> <li>○ diagnostic x-rays</li> <li>○ dialysis</li> <li>○ chemotherapy (not given orally)</li> <li>○ radiation therapy</li> <li>○ durable medical equipment</li> <li>○ respiratory therapy</li> <li>○ shots and therapeutic injections</li> <li>○ medical appliances, supplies and medications, including infusion medications</li> <li>○ professional ground ambulance services</li> </ul>	20% of the amount the health care professionals in our network have agreed to accept for their services
<b>Outpatient Visits in a Hospital or Facility</b>	
<ul style="list-style-type: none"> <li>○ physical therapy and occupational therapy*</li> <li>○ speech therapy*</li> <li>○ emergency room</li> <li>○ surgery</li> </ul> * 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.	20% of the amount the health care professionals in our network have agreed to accept for their services

For the benefits listed with specific limits, all services received during the calendar year from January 1 to December 31 for that benefit (whether received in-network or out-of-network) are applied to that limit. Covered services that are received during the last three months of the calendar year that are applied to your deductible may also be applied to the deductible required for the following year

In-Network Services	You Pay
<b>Care at Home</b>	
<ul style="list-style-type: none"> <li>○ home health care visits by a nurse or aide (90 visits)</li> <li>○ hospice care</li> <li>○ private duty nursing (\$500 maximum)*  <i>*Since there is no network for this service, you may be billed for the difference between what we pay for this service and the amount the private duty nursing service charged.</i></li> </ul>	20% of the amount the health care professionals in our network have agreed to accept for their services
<b>Inpatient Stays in a Network Hospital or Facility</b>	
<ul style="list-style-type: none"> <li>○ semi-private room, intensive care or similar unit</li> <li>○ physician, nursing and other medically necessary professional services in the hospital including anesthesia, surgical and maternity delivery services</li> <li>○ skilled nursing facility care (100 days for each admission)</li> <li>○ mental health and substance abuse partial-day treatment programs</li> </ul>	20% of the amount the health care professionals in our network have agreed to accept for their services

Out-of-Network Services
<b>Using Doctors, Hospitals and Other Health Care Professionals not Contracted to Provide Benefits</b>
It's important to remember that health care professionals not in our network can charge whatever they want for their services. If what they charge is more than the fee our network health care professionals have agreed to accept for the same service, they may bill you for the difference between the two amounts.
If you go to an eye care professional not in our network for your routine eye examination, we will pay \$30 (whether or not you have reached the \$200 deductible) and you will pay the rest of what the professional charges.

Out-of-Pocket Maximums
<b>What You Will Pay for Covered Services in One Calendar Year (January 1 - December 31)</b>
If you are the only one covered by your plan, you will pay \$1,000 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.*
<ul style="list-style-type: none"> <li>○ If two people are covered under your plan, each of you will pay \$1,000 (\$2,000 total).</li> <li>○ If three or more people are covered under your plan, together you will pay \$2,000. However, no family member will pay more than \$1,000 toward the limit.</li> </ul>
*The following do not count toward the calendar year out-of-pocket maximum:
<ul style="list-style-type: none"> <li>○ your share of the cost of prescription drugs and routine vision care</li> <li>○ the cost of care received when the benefit limits have been reached</li> <li>○ the cost of services and supplies not covered under your Anthem BlueCare 200 plan</li> <li>○ the additional amount health care professionals not in our network may bill you when their charge is more than what we pay</li> </ul>

*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.*

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Anthem Blue Cross and Blue Shield believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections of the Affordable Care Act apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Anthem Blue Cross and Blue Shield at the telephone number printed on the back of your member identification card, or contact your group benefits administrator if you do not have an identification card. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. For nonfederal governmental plans, you may also contact the U.S. Department of Health and Human Services at [www.healthcare.gov](http://www.healthcare.gov).

# Your prescription drug benefits

## Pharmacy network

Anthem's prescription drug program manages more than 400 million prescriptions each year. With a broad retail pharmacy network, home delivery and a specialty unit that dispenses high-cost, biotech therapies, our comprehensive approach helps you manage your pharmacy benefits.

Some members have a tiered drug list/formulary, or list of covered medications, which assigns drugs to specific tiers based on cost. Tier 1 drugs have the most affordable copay. Tier 2 drugs cost slightly more, and Tier 3 drugs have the highest copay amounts.

<b>Your Prescription Drug 8-15-30 Plan</b>	<b>Tier 1 Copay</b>	<b>Tier 2 Copay</b>	<b>Tier 3 Copay</b>
Up to a 30-day medication supply at participating retail pharmacies	\$8	\$15	\$30
Up to a 90-day medication supply delivered to your home	\$8	\$30	\$90

## Retail pharmacies

Our retail pharmacy network includes more than 62,000 pharmacies throughout the United States. That means you have convenient access to your prescriptions wherever you are – at home, work or even on vacation. To find out if your pharmacy participates in our network, contact Customer Care at the phone number listed on your member ID card. Or, visit [anthem.com](http://anthem.com) for a list of participating pharmacies.

Most plans allow you to get up to a 30-day supply of covered medications at a retail pharmacy.

Simply show your ID card at the pharmacy and pay the appropriate copay. You'll get the most from your benefits by using a participating retail pharmacy. Choosing a non-network pharmacy means you'll pay the full cost of the prescription. Then, you must submit a claim form to our pharmacy program for reimbursement, based on your benefit.

## Home delivery pharmacy

Home delivery is for people who take medications on an ongoing basis. Our preferred home delivery pharmacy, operated by Express Scripts, delivers the medications you need, right to your door. You can easily refill home delivery prescriptions by phone, fax, mail or online. And, view benefit information 24/7 at [anthem.com](http://anthem.com).

As a home delivery customer, you'll also enjoy:

- Free standard shipping
- Personal prescription counseling
- Direct access to licensed pharmacists
- Our 99.99 percent accuracy rate plus multiple safety checks by licensed pharmacists
- Experienced Customer Care associates to answer benefit questions

## Switch and save

Plus, you may even save money. Here's an example:

**If you have a \$20 copay:**

- Pay \$60 for a 90-day supply at a retail pharmacy.
- Pay \$40 for the same 90-day supply, using home delivery.

# Your prescription drug benefits

- The savings can really add up, especially if you're taking multiple medications. Plus, we dispense money-saving generic medications unless you or your doctor request otherwise.

## Getting started with home delivery

Switching to home delivery is simple. Choose from one of the following methods:

- **By phone:** Call **866-281-4279**, Monday through Friday, 8:30 a.m. to 8 p.m., Eastern time, to get your free cost-savings estimate. You'll find out how much your prescription will cost and how much you'll save. *Be sure to have the following information handy:* prescription information, doctor's name, phone number, medication names/strengths and credit card information (including cardholder name, account number and expiration date).
- **By mail:** To get an order form, call the Customer Care number on your member ID card. Or, download a form from **anthem.com**. Print the form and mail your completed order form, original prescription and payment information to:

Home Delivery Pharmacy  
PO Box 66785  
St. Louis MO 63166-6785

- **By fax:** Have your doctor fax your prescription information to 800-600-8105. The prescription must be faxed directly from your doctor's office. If there is a question about your prescription(s), we'll contact your doctor.

## Ordering home delivery refills

With home delivery, you don't have to worry about running out of medication. That's because we'll call to let you know when you're running low. You can easily reorder by phone, online or by mail:

- **By phone:** Have your prescription label and credit card ready. Call **866-281-4279** and select the "Automated Refill Order Line" option from the menu, or press zero at any time to speak to a care coordinator. If you are speech or hearing impaired, call **800-899-2114**. Follow the prompts to place your order.
- **Online:** Go to **anthem.com**, log in and click on the Refill a Prescription link.
- **By mail:** Complete an order form you received with a previous order. Affix your label or write the prescription refill number in the area provided. Mail the order form with the proper payment to:

Home Delivery Pharmacy  
PO Box 66785  
St. Louis MO 63166-6785

## Specialty Pharmacy

Specialty medications are the fastest growing segment of U.S. drug spending today. These breakthrough biotech drugs are revolutionizing care for people with these medication needs. CuraScript, the Express Scripts specialty pharmacy, offers a robust, personalized support program for people with chronic and complex conditions. These conditions may include, but aren't limited to:

- Asthma
- Cancer
- Crohn's Disease
- Gaucher's Disease

# Your prescription drug benefits

- Hemophilia
- Hepatitis C
- HIV/AIDS
- Infertility
- Multiple sclerosis
- Primary immune deficiency
- Psoriasis
- Pulmonary arterial hypertension
- Rheumatoid arthritis
- Respiratory syncytial virus (RSV)
- Transplant

Patient care advocates, registered nurses and clinical pharmacists work together to provide disease-specific care management. They'll coordinate specialty pharmacy activities to help improve the quality and cost of care. And, they'll do everything they can to help you achieve the best possible outcomes from your treatments.

## Ordering specialty medications

You can order specialty medications by phone or fax:

- **By phone:** Call **800-870-6419** to verify your information. Patient care advocates are available Monday through Friday, 8 a.m. to 10 p.m., Eastern time.
- **By fax:** You can have your doctor fax your prescription(s) and a copy of your ID card to **800-824-2642**.

## Drug list/formulary

Anthem's drug list/formulary is a list of brand and generic medications that are approved by the U.S. Food and Drug Administration (FDA) and covered by your plan. We're committed to providing you with access to quality medications at a price you can afford. Through detailed research, we find drugs with the highest success rates that also help lower the cost of care.

Our Pharmacy and Therapeutics (P&T) Committee then reviews and selects these medications for their safety, effectiveness and value. The P&T Committee includes a large group of doctors and pharmacists who are not employees of Anthem Blue Cross and Blue Shield. This group and other professionals are responsible for the decisions surrounding our drug list/formulary.

Medications on the drug list/formulary are subject to periodic review. To view the current list, visit [anthem.com](http://anthem.com). Click on Customer Care in the top-right corner. Select your state, then click on Download Forms. You'll find the drug list in the Forms Library. You can also call the phone number on your member ID card to check a specific drug.

## Generic medications

Our drug list/formulary includes money-saving generics, as well as brand medications. By choosing a generic, you get the same effect as the brand drug – but normally at a lower cost.

Generic and brand drugs have the same active ingredient, strength and dose. The FDA requires generics to meet the same high standards for purity, quality, safety and strength.

Even though the active ingredient of a generic is identical to its brand counterpart, manufacturers may use different inactive ingredients. This could affect the color, shape and size. But because generics must meet the same FDA standards as brand drugs, you can feel confident the generic is just as safe and effective. Ask your doctor if a generic is right for you.

# Your prescription drug benefits

## Prior authorization

Most prescriptions are filled right away when you take them to the pharmacy. However, some drugs need our review and approval before they're covered. This process, called prior authorization, helps ensure drugs are used as recommended by the FDA. Prior authorization focuses mainly on drugs that may have:

- Risk of serious side effects or dangerous drug interactions
- High potential for incorrect use or abuse
- Better alternatives that may cost you less
- Restrictions for use with very specific conditions

If your doctor prescribes a drug that requires prior authorization, we'll send an electronic notice to your pharmacy. This lets the pharmacist know that additional health information is needed for review. By monitoring the use of certain drugs, prior authorization helps keep you safe and make your medications affordable. To check if your medication requires prior authorization, visit [anthem.com](http://anthem.com) or call the number on your member ID card.

*Anthem Blue Cross and Blue Shield receives 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 Anthem 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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Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem Blue Cross and Blue Shield and its affiliated HMO, HealthKeepers, Inc., are independent licensees of the Blue Cross and Blue Shield Association. \*ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

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**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 Vision<sup>SM</sup>

**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 Optical<sup>SM</sup>, 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**

**Savings on eyewear and accessories**

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.

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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](http://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](http://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. Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. An independent licensee of the Blue Cross and Blue Shield Association. \*Registered marks Blue Cross and Blue Shield Association. Blue View Vision is a service mark of the Blue Cross and Blue Shield Association.

## Morbid Obesity Coverage



Your group has chosen coverage for morbid obesity services that deviates from the exclusion listed on page 22 of your Anthem KeyCare enrollment brochure [MVABR6790A (10/10)] or Anthem BlueCare enrollment brochure [MVABR6789 (10/10)].

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 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.**