

Anthem KeyCare 15 Plus Plan



In-network services	You pay
Routine wellness	
<ul style="list-style-type: none"> • an annual checkup visit • wellness screening tests 	<ul style="list-style-type: none"> • an annual gynecological exam • prostate exams
No charge	
<ul style="list-style-type: none"> • well baby visits • immunizations (no charge when given to children under 7) 	<p>\$15 for each visit to a family or general practitioner, internist or pediatrician</p> <p>\$30 for each visit to a specialist</p>
Routine vision	
<ul style="list-style-type: none"> • an annual routine eye examination <p>Plus — valuable discounts on eyewear</p>	\$15 for each visit
Doctor visits	
<ul style="list-style-type: none"> • office visits • urgent care visits • home visits • pre- and postnatal office visits • mental health and substance abuse visits • in-office surgery 	<ul style="list-style-type: none"> • physical and occupational therapy visits in an office setting (combined \$2,000 maximum) • speech and therapy visits in an office setting (\$500 maximum) • spinal manipulations and other manual medical intervention visits (\$500 maximum)
\$15 for each visit to a family or general practitioner, internist or pediatrician	
\$30 for each visit to a specialist	
Labs, x-rays and other outpatient services	
<ul style="list-style-type: none"> • lab services • Pap tests • an annual Prostate Specific Antigen (PSA) test for men age 40 and older • screening tests for children under age 7 	<ul style="list-style-type: none"> • shots and therapeutic injections • dialysis • chemotherapy, radiation and respiratory therapy • infusion services
No charge	
<ul style="list-style-type: none"> • diagnostic x-rays 	\$30 for each visit
<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>	\$150 for each visit*
<ul style="list-style-type: none"> • an annual mammogram for members age 35 and older 	\$30 for each visit
<ul style="list-style-type: none"> • medical appliances, supplies and medications, including infusion medications • durable medical equipment (\$5,000 maximum) 	<ul style="list-style-type: none"> • professional ground ambulance services (\$3,000 maximum)
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.

In-network services	You pay
Outpatient visits in a hospital or facility	
<ul style="list-style-type: none"> physical therapy and occupational therapy (combined \$2,000 maximum) speech therapy (\$500 maximum) 	\$30 for each visit
<ul style="list-style-type: none"> emergency room surgery <p><i>* For the services billed by the doctor, you will pay an additional \$15 or \$30 depending on the type of doctor who treats you.</i></p>	\$150 for each visit
Care at home	
<ul style="list-style-type: none"> home health care visits by a nurse or aide (90 visits) hospice care 	No charge
<ul style="list-style-type: none"> private duty nursing (\$500 maximum)* <p><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></p>	20% of the amount the health care professionals in our network have agreed to accept for their services
Inpatient stays in a network hospital or facility	
<ul style="list-style-type: none"> semi-private room, intensive care or similar unit <p><i>*You do not have to pay another \$300 if you are readmitted within 90 days of the day you went home.</i></p>	\$300 plus 20% for each admission*
<ul style="list-style-type: none"> physician, nursing and other medically necessary professional services in the hospital including anesthesia, surgical and maternity delivery services skilled nursing facility care (100 days for each admission) mental health and substance abuse partial day treatment programs 	20% of the amount the health care professionals in our network have agreed to accept for their services
Out-of-network services	
Using doctors, hospitals and other health care professionals not contracted to provide benefits	
<p>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. You will pay all the costs associated with the covered services outlined in this insert until you have paid \$400 in one calendar year. This is called your out-of-network deductible.</p> <ul style="list-style-type: none"> If two people are covered under your plan, each of you will pay \$400 (\$800 total). If three or more people are covered under your plan, together you will pay \$800. However, no family member will pay more than \$400 toward the limit. <p>Once you have reached this amount, when you receive covered services we will pay 70% of the fee our network health care professionals have agreed to accept for the same service. You will pay the rest, including any difference between the fee out network health care professionals have agreed to accept for the same service and the amount the health care professional not in our network charges. 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 \$400 deductible) and you will pay the rest of what the professional charges.</p>	

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.

Out-of-pocket maximums

What you will pay for covered services in one calendar year (January 1 – December 31)

When using network professionals

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 covered services is \$0, except for services listed below that do not count toward the annual out-of-pocket maximum.*

- 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.

When not using network professionals

If you are the only one covered by your plan, you will pay \$4,000 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for services listed below that do not count toward the annual out-of-pocket maximum.*

- If two people are covered under your plan, each of you will pay \$4,000 (\$8,000 total).
- If three or more people are covered under your plan, together you will pay \$8,000. However, no family member will pay more than \$4,000 toward the limit.

*The following do not count toward the calendar year out-of-pocket maximum:

- your share of the cost of prescription drugs and routine vision care
- the cost of care received when the benefit limits have been reached
- the cost of services and supplies not covered under your Anthem KeyCare 15 Plus plan
- the additional amount health care professionals not in our network may bill you when their charge is more than what we pay

**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.**