

Anthem KeyCare 15 Plus

In-Network Services	You Pay
Preventive Care Services	
<ul style="list-style-type: none"> ○ immunizations ○ checkups ○ gynecological exams ○ prostate exams 	\$ 0
<ul style="list-style-type: none"> ○ well-baby visits 	<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"> ○ annual routine eye exam <i>Plus – valuable discounts on eyewear</i> 	\$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 ○ physical and occupational therapy in an office setting (combined \$2,000 maximum) ○ speech therapy visits in an office setting (\$500 maximum) ○ spinal manipulations and other manual medical intervention visits (\$500 maximum) <p><i>*If your physician submits one bill for prenatal, delivery, and postnatal care, services are covered as maternity delivery services. (See Inpatient stay section.)</i></p>	<p>\$15 for each visit to a family or general practitioner, internist or pediatrician</p> <p>\$30 for each visit to a specialist</p>
Labs, X-rays and Other Outpatient Services	
<ul style="list-style-type: none"> ○ lab services ○ Pap tests ○ Prostate Specific Antigen (PSA) tests ○ screening tests ○ infusion services ○ shots and therapeutic injections ○ dialysis ○ chemotherapy ○ radiation and respiratory therapy 	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 <i>*Your payment responsibility is waived if services are billed as part of an emergency room visit.</i> 	\$150 for each visit*
<ul style="list-style-type: none"> ○ mammograms 	\$30 for each visit
<ul style="list-style-type: none"> ○ medical appliances, supplies and medications, including infusion medications ○ durable medical equipment (\$5,000 maximum) ○ professional ground ambulance services (\$3,000 maximum) 	20% of the amount of the health care professionals in our network have agreed to accept for their services
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

For benefits listed with specific limits all services received during the calendar year from January 1 and December 31 for that benefit are applied to that limit (whether received in or out-of-network).

In-Network Services	You Pay
Care at Home	
<ul style="list-style-type: none"> ○ home health care visits by a nurse or aide (90 visits) 	20% of the amount the health care professionals in our network have agreed to accept for their services
<ul style="list-style-type: none"> ○ hospice care 	No charge
<ul style="list-style-type: none"> ○ 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> 	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 <i>*You do not have to pay another \$300 if you are readmitted within 90 days of the day you went home.</i> 	\$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 <i>*If your physician submits one bill for prenatal, delivery, and postnatal care, services are covered as maternity delivery services.</i> 	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

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.

- If two people are covered under your plan, each of you will pay the first \$400 of the cost of your care (\$800 total).
- If three or more people are covered under your plan, together you will pay the first \$800 of the cost of your care. However, the most one family member will pay is \$400.

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 our 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 out-of-network deductible) and you will pay the rest of what the professional charges.

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 those 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 those 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.*

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 Anthem plan's National Pharmacy and Therapeutics Committee whose members include nurses, pharmacists, and physicians. The plan 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 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 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.

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.

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 plan's limit
- drugs used mainly for cosmetic purposes
- drugs that are experimental, investigational, or not approved by the FDA
- cost of medicine that exceeds the allowable charge for that prescription
- weight loss drugs
- infertility drugs
- stop smoking aids
- 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
- refills dispensed after one year from the date of the original prescription order
- 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 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.

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.

*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.*

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

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.

**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. 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.

Coverage for Domestic Partners



Your group has chosen to add coverage for domestic partners, as defined by your group's eligibility requirements. This coverage expands the definition of eligible dependents that is indicated on page 12 of your Anthem KeyCare enrollment brochure [MVABR6790A (07/09)] or Anthem BlueCare enrollment brochure [MVABR6789 (07/09)]. 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 other related provisions can be found in the enrollment brochure.

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 (07/09)] or Anthem BlueCare enrollment brochure [MVABR6789 (07/09)].

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.