

Anthem KeyCare 500 Plan Option 1

In-Network Services	You Pay
<p>Preventive Care Services</p> <p>Preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.</p> <p>* 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 <i>your</i> 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 <i>your</i> provider, which will result in a member cost share.</p>	<p>No charge*</p>
<p>Routine Vision</p> <ul style="list-style-type: none"> ○ annual routine eye exam <p><i>Plus — valuable discounts on eyewear</i></p>	

All Other In-Network Services	You Pay
<p>You will pay all the costs associated with your care until you have paid \$500 in one calendar or plan year. This is known as your deductible.</p> <ul style="list-style-type: none"> ○ If two people are covered under your plan, each of you will pay the first \$500 of the cost of your care (\$1,000 total). ○ If three or more people are covered under your plan, together you will pay the first \$1,000 of the cost of your care. However, the most one family member will pay is \$500. <p>Once you reach your deductible you pay:</p>	
<p>Doctor Visits</p> <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 * Limited to 30 combined visits per calendar or plan year for physical therapy and occupational therapy services, and 30 separate visits each per calendar or plan year for speech therapy and spinal manipulation services. <ul style="list-style-type: none"> ○ physical and occupational therapy in an office setting (30 combined visits)* ○ speech therapy visits in an office setting (30 visit limit)* ○ spinal manipulations and other manual medical intervention visits (30 visit limit)* 	<p>20% of the amount the health care professionals in our network have agreed to accept for their services</p>
<p>Labs, X-rays and Other Outpatient Services</p> <ul style="list-style-type: none"> ○ diagnostic lab services ○ diagnostic x-rays ○ dialysis ○ chemotherapy (not given orally) ○ radiation therapy ○ durable medical equipment ○ respiratory therapy ○ shots and therapeutic injections ○ medical appliances, supplies and medications, including infusion medications ○ professional ground ambulance services 	<p>20% of the amount the health care professionals in our network have agreed to accept for their services</p>
<p>Outpatient Visits in a Hospital or Facility</p> <ul style="list-style-type: none"> ○ physical therapy and occupational therapy* ○ speech therapy* ○ emergency room ○ surgery ○ physician services * Limited to 30 combined visits per calendar or plan year for physical therapy and occupational therapy services, and 30 visits per calendar or plan year for speech therapy services. 	<p>20% of the amount the health care professionals in our network have agreed to accept for their services</p>

Your benefit period may be a calendar year or a plan year. A calendar year means your benefit period runs from January through December while a plan year runs from the effective date of the plan through a 12-month period (e.g. February 1 through January 31 or July 1 through June 30). Check with your employer to learn whether your benefits will be calculated on a calendar year or plan year basis.

Option 1 10/10

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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) ○ hospice care ○ private duty nursing (\$500 maximum)* <p>*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.</p>	<p>20% of the amount the health care professionals in our network have agreed to accept for their services</p>
Inpatient Stays in a Network Hospital or Facility <ul style="list-style-type: none"> ○ semi-private room, intensive care or similar unit ○ 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 	<p>20% of the amount the health care professionals in our network have agreed to accept for their services</p>

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 \$750 in one calendar or plan 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 the first \$750 of the cost of your care (\$1,500 total). ○ If three or more people are covered under your plan, together you will pay the first \$1,500 of the cost of your care. However, the most one family member will pay is \$750. <p>Once you have reached this amount, when you receive covered services we will pay 60% 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 \$750 out-of-network deductible) and you will pay the rest of what the professional charges.</p>

Out-of-Pocket Maximums
What You Will Pay for Covered Services in One Calendar or Plan Year <p>When using network professionals</p> <p>If you are the only one covered by your plan, you will pay \$2,500 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.*</p> <ul style="list-style-type: none"> ○ If two people are covered under your plan, each of you will pay \$2,500 (\$5,000 total). ○ If three or more people are covered under your plan, together you will pay \$5,000. However, no family member will pay more than \$2,500 toward the limit. <p>When not using network professionals</p> <p>If you are the only one covered by your plan, you will pay \$3,750 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.*</p> <ul style="list-style-type: none"> ○ If two people are covered under your plan, each of you will pay \$3,750 (\$7,500 total). ○ If three or more people are covered under your plan, together you will pay \$7,500. However, no family member will pay more than \$3,750 toward the limit. <p>*The following do not count toward the calendar or plan year out-of-pocket maximum:</p> <ul style="list-style-type: none"> ○ 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 500 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.*

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.

Your prescription drug plan

Your Prescription Drug 10-30-50 or 20% Plan	Tier 1 Copay	Tier 2 Copay	Tier 3 Copay
Up to a 30-day medication supply at participating retail pharmacies	\$10	\$30	The greater of \$50 or 20% coinsurance with a \$200 prescription maximum
Up to a 90-day medication supply delivered to your home	\$10	\$60	The greater of \$150 or 20% coinsurance with a \$400 prescription maximum

Under your plan, for third-tier drugs you'll pay the greater of the third-tier copayment or 20 percent coinsurance with a \$200 or \$400 per-prescription maximum. There will also be a \$3,500 per member per benefit year out-of-pocket maximum included with this benefit.

Retail pharmacy network

Our network includes more than 64,000 pharmacies across the country. That means you have easy access to your prescriptions wherever you are – at work, home or even on vacation. Using pharmacies in the network will help you get the most from your drug plan. When picking up your prescription at the pharmacy, be sure to show your plan ID card.

To make sure your pharmacy's in our network, visit anthem.com.

- Log in and click on "Refill a Prescription." You will be directed to the Express Scripts website.
- Click on "My Prescription Plan" in the left hand column.
- Click on "Find a Pharmacy."

Choosing a non-network pharmacy means you'll pay the full cost of your drug. Then, you may submit a claim form to be repaid. To access the form, visit anthem.com.

- Log in and select the "Refill a Prescription" link. You will be directed to the Express Scripts website.
- Click on "My Prescription Plan" in the left-hand column, then click on "Coverage & Copayments." The claim form is on this page.

Note about your pharmacy information on the web:

Express Scripts is the company that manages the operations of your drug plan. The first time you're directed to the Express Scripts website, you'll go through a brief registration. The purpose is to set your preferences for communication and privacy. You'll do this only once.

To access your pharmacy information, log on to anthem.com.

Home Delivery Pharmacy

Home delivery is for people who take medications on an ongoing basis. Our preferred Home Delivery Pharmacy, managed by Express Scripts, sends you the medicine you need, right to your door. As a home delivery customer, you'll also enjoy:

- Free standard shipping
- Access to pharmacists for drug questions
- Safe, accurate prescriptions

Your prescription drug plan (continued)

Getting started with home delivery

Switching is simple. You can order by phone, mail or fax.

By phone: Call **866-281-4279**, Monday through Friday, 8:30 a.m. to 8 p.m., Eastern time. You'll find out how much your prescription will cost and how much you can save. Have this information handy: *your* prescription, doctor's name, phone number, drug names and strengths and credit card information (including cardholder name, account number and expiration date).

By mail: Visit **anthem.com** to get an order form.

- Log in and select "Refill a Prescription." You will be directed to the Express Scripts website.
- Click on "Fill a New Prescription."
- Choose the "Print a Prescription Order Form" link. You can print the form and complete it by hand. Or you can fill out a web-based form and print it.
- Mail your completed form, prescription from your doctor, and payments 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**. It must be faxed directly from your doctor's office. If there is a question about your prescription, the pharmacy will contact your doctor.

Ordering refills

With home delivery, you don't have to worry about running out of medication. That's because the pharmacy will let you know when it's time to order refills. You can easily order by phone, mail or online:

By phone: Have your prescription label and credit card ready. Call **866-281-4279** and select "Automated Refill Order Line" option from the menu. Or press zero at any time to speak with a patient care advocate. If you are speech or hearing impaired, call **800-899-2114**. Follow the prompts to place your order.

By mail: Fill out an order form you received with a previous order. Affix your label or write the prescription refill number in the space provided. Mail the order form with the proper payment to:

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

Online: Visit **anthem.com**.

- Log in and select "Refill a Prescription". You will be directed to the Express Scripts website.
- Choose the drugs you want to refill, and click "Add Refills to Cart."
- Review the order, shipping method, payment, medical information and contact information, and make changes if needed.
- Click "Place My Order."

Specialty Pharmacy

CuraScript, the Express Scripts specialty pharmacy, provides support and medicine for people with complex, long-term conditions. They include (but are not limited to):

- Asthma
- Cancer
- Crohn's Disease

Your prescription drug plan (continued)

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

Nurses, pharmacists and patient care advocates work together to help improve your care. Their goal is to help you get the best results from your treatments.

Ordering specialty drugs

You can place your first order by phone or fax:

By phone: Call **800-870-6419**, Monday through Friday, 8 a.m. to 10 p.m., Eastern time. A patient care advocate will help you get started.

By fax: Ask your doctor to fax your prescription and a copy of your ID card to **800-824-2642**.

Ordering refills

Online: Visit **anthem.com**.

- Log in and select 'Refill a Prescription.' You will be directed to the Express Scripts website.
- Choose the drugs you want to refill, and click "Add refills to Cart."
- Review the order, shipping method, payment, medical information and contact information and make changes if needed.
- Click "Place My Order."

Note: For some drugs, you must call to order a refill.

Drug list

Our drug list (sometimes called a formulary) is a list of prescription drugs covered by your plan. It's made up of hundreds of brand and generic drugs.

We research drugs and select ones that are safe, work well and offer the best value. That's because we think it's important to cover drugs that help people stay healthy so they can work, go to school, and continue the activities of a busy life.

Sometimes we update the Drug List if new drugs come to market, or if new research becomes available. To view the current list, visit **anthem.com**. Click on "Customer Care" in the top-right corner. Select your state, then click "Download Forms." You'll find the Drug List on this page.

If you don't have access to a computer, you can check the status of a drug by calling Customer Service at the phone number on your plan ID card.

Generic drugs

Your plan covers brand and generic (or non-brand) drugs. When you choose a generic, you'll get the same effect as a brand drug – but usually at a lower cost.

Brand and generic drugs have the same active ingredient, strength and dose. And generics must meet the same high standards for safety, quality and purity.

Your prescription drug plan (continued)

Prescription drugs will always be dispensed as ordered by your physician. 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.

Why generics cost less

Developing a new drug is expensive. When a company creates a new drug, it gets a patent for up to 20 years. That means only the company that created it can sell it during that time. Once the patent expires, other companies can make copies of the same drug. These companies avoid the high costs of developing the drug – and that helps lower the price for you.

Talk to your doctor to see if a generic is right for you. Don't switch or stop taking any drugs until you talk to your doctor.

Prior authorization

Most prescriptions are filled right away when you take them to the pharmacy. But, some drugs need our review and approval before they're covered. This process is called prior authorization. It focuses on drugs that may have:

- Risk of serious side effects
- High potential for incorrect use or abuse
- Better options that may cost you less
- Rules for use with very specific conditions

If your drug needs approval, your pharmacist will let you know. To check in advance, call the Customer Service phone number on your ID plan card.

The Drug List also includes this information. To view it, visit 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 on this page.

Anthem Blue Cross and its HMO affiliate, HealthKeepers, Inc., receives financial credits from drug manufacturers based on total volume of the claims processed for their product utilized by Anthem Blue Cross and Blue Shield and Anthem HealthKeepers members. These credits are retained by Anthem Blue Cross and Blue Shield and HealthKeepers, Inc. 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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