

Anthem Blue Cross Blue Shield Healthkeepers 15 Plan (HMO)

Effective Date: October 1, 2009

Health Maintenance Organization (HMO) - The HealthKeepers HMO Plans provide rich benefits with fixed copays. The HealthKeepers Plans require the selection of a Primary Care Physician (PCP).

HEALTH INSURANCE	HEALTHKEEPERS 15
Out-of-Pocket Max	\$2,000 per individual; \$4,000 per family
Deductible	None
Physician Office Co-pay	PCP - \$15.00 copay Specialist - \$35.00 copay
Routine Wellness	\$15.00 co-pay 1 visit per year per member
WELL BABY CARE (until the day the child turns 7)	100% of AC after \$15 copay
Immunizations	100% of AC after \$15 copay- If given at time of office visit, there is no separate co-pay
INPATIENT SERVICES	
Inpatient Hospital	100% of AC* after \$200 per day copayment (\$1,000 maximum copay per admission)
Inpatient Provider/Doctor	100% of AC
Mental Health Inpatient	100% of AC* after \$200 per day copayment (\$1,000 maximum copay per admission)
Skilled Nursing Facility	20% co-insurance (100 days per confinement)
Pre-Hospital Admission	Done by Primary Care Physician

HEALTH INSURANCE	HEALTHKEEPERS 15
PROVIDER SERVICES	
Primary Care Physician	Required
Referral for Specialist	Required
OUTPATIENT EXPENSES	
Specialist Office Visit	100% of AC after \$35 copay
Diagnostic Testing	100% of AC after copay if not done at time of office visit
Advanced Diagnostic	100% after \$150 copay for MRI, MRA, MRS, CTA, CT and PET scans
Facility/Surgery (OP)	100% after \$150 opay
Mental Health	- medication management, individual therapy up to 30 minutes, group therapy \$20 co-pay - other mental health and substance abuse visits \$30 co-pay
ROUTINE WELLNESS	
Routine visits and screenings	100% of AC after \$15 copay with PCP, \$30 for Specialist
Immunizations	100% of AC after \$15 copay
Routine labs/x-rays	100% after \$15 copay if not done at time of office visit
WELL WOMEN EXAM	
Routine GYN Exam (1/cy)	100% after \$15 copay (referral not necessary; must choose from specialist list)
Mammograms	100% of AC after \$35 copay if not done at time of office visit
Pap Smears	100% of AC after \$15 copay

HEALTH INSURANCE	HEALTHKEEPERS 15
MATERNITY	
Pre & Post Natal Care Delivery	100% of AC after \$100 copay, per pregnancy
Diagnostic Testing	100% of AC after \$35 copay
EMERGENCIES	
Emergency Room, Accidents, Medical Emergencies	100% of AC after \$150 copay (member must contact their PCP within 48 hours after receiving care)
OTHER SERVICES	
Physical Therapy, or Occupational Therapy	100% of AC after \$25 copay (limited to 30 combined PT/OT visits per CY)
Private Duty Nursing	Not covered
Medical Equipment	100% of AC (\$2,000 max per C/Y)
Ground Ambulance Services	\$100 co-pay (must be pre-authorized, pre-authorization not required if an emergency)
Speech Therapy	100% of AC after \$25 copay (limited to 30 ST visits per CY)
ROUTINE VISION (Blue View Vision Network)	100% of AC after \$15 copay, (discounts on frames & lenses) \$30 out of network allowance
OUT-OF-NETWORK BENEFITS	Emergency Coverage Only

PHARMACY BENEFITS

HEALTH INSURANCE	For HealthKeepers (employee pays)	
PRESCRIPTION DRUG	Up to 30-day Medication Supply	Up to 90-day Medication Supply
	<i>From Retail Pharmacy</i>	<i>Home Delivery Service</i>
Tier 1 Medications	\$10 copay	\$20 copay
Tier 2 Medications	\$20 copay after deductible	\$40 copay after deductible
Tier 3 Medications	\$35 or 20% of script cost (\$200 per script maximum)	\$70 or 20% of script cost (\$400 per script maximum)
Out-of-Pocket Maximum	\$3500 per member	

* AC- allowable charge

***Out-of-Pocket Maximum (Stop-Loss) - You and the plan share copayment responsibilities only up to the annual Out-of-Pocket Maximum. Beyond that limit, the plan covers 100% of allowable charges for covered services through the end of the calendar year. The annual Out-of-Pocket Limit for your plan is indicated above for each plan being offered. Please reference your handbook for expenses that apply toward the Out-of-Pocket Maximum.

Please be advised this is an illustrative summary for informational purposes only. The applicable Medical Plan Booklet will be distributed to all employees who enroll in the health care program. The aforementioned Medical Plan Booklet will provide a thorough description of your benefit plan.

Monthly Healthkeepers 15 Rates

	Total Premium	County Portion	<u>Employee Portion</u>
Employee ONLY	\$526.72	\$435.00	\$91.72
Employee + 1 Child	\$685.78	\$435.00	\$250.78
Employee + Children	\$726.28	\$435.00	\$291.28
Employee + Spouse	\$912.27	\$490.00	\$422.27
FAMILY	\$1,037.54	\$490.00	\$547.54

For questions or claims please contact Customer Service at
1.804.358.7390 or 1.800.421.1880
Website: www.anthem.com

