Your Anthem Benefits

Anthem 🐨

Anthem KeyCare 30

In-Networ	k Services	You Pav
Preventive Care Services		
Preventive care services that meet the requirements of federa and physician visits.	al and state law, including certain screenings, immunizations	
* 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		No charge
will be considered diagnostic and/or surgical, rather than scre	ening, depending on the claim for the services submitted by	
your provider, which will result in a member cost share. Routine Vision		
o annual routine eye exam		A.F.C. 1. 1.11
Plus valuable discounts on eyewear		\$15 for each visit
Doctor Visits		
o office visits	 pre- and postnatal office visits* 	ADD () 111 DOD
 urgent care visits *If your physician submits one bill for prenatal, delivery, a 	o home visits	\$30 for each visit to a PCP or specialist
delivery services. (See Inpatient stay section.)	and positiatal care, services are covered as materinty	specialist
o mental health and substance abuse office visit		No charge
All Other In-Ne	etwork Services	You Pay
	paid \$1,000 in one calendar or plan year. This is known as your (
• If two people are covered under your plan, each of you will		
 If three or more people are covered under your plan, togetr pay is \$1,000. 	her you will pay the first \$2,000 of the cost of your care. However	, the most one family member will
Once you reach your deductible you pay:		
Autism Spectrum Disorder (ASD) – For children from age	2 through 6	
 diagnosis and treatment of autism spectrum disorder inclu 		
 behavioral health treatment* 	 pharmacy care 	
 psychiatric care 	 psychological care 	Member cost shares will be
 therapeutic care** 		dependent on the services rendered.
* Mental Health Services		rendered.
**Unlimited physical, occupational and speech therapy.		
 applied behavioral analysis 		20% of the amount the health
 Imited to a \$35,000 per member annual maximur 	n	care professionals in our
		network have agreed to accept for their services
Early Intervention – For children from birth through age 2		
		Member cost shares will be
o unlimited per member per calendar year up to age 3		dependent on the services
		rendered.
Other Outpatient Services		
o shots and therapeutic injections	o physical and occupational therapy visits in an office	20% of the amount the health
 medical appliances, supplies and medications, including infusion medications 	setting o speech therapy visits in an office setting	care professionals in our network have agreed to accept
 o durable medical equipment 	o dialysis	for their services
o diagnostic lab services	o diagnostic x-rays	
o in –office surgery	o ambulance travel	
o chemotherapy (not given orally), IV, radiation, cardiac and		
o spinal manipulation and other manual medical intervention	visits (30 visit limit)	
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Your benefit period is calendar year. A calendar year means your benefit period runs from January through December.

For benefits listed with specific limits all services received in the calendar year or plan year for that benefit are applied to that limit (whether received in or out-ofnetwork).

O diabelic supplies, equipment and education dependent on the service rendered. dependent on the service dependent on the service rendered. dependent on the service	In-Network Services Other Outpatient Services - Continued	You Pay
o physical therapy and occupational therapy 20% of the amount the I o spech therapy 20% of the amount the I o spech therapy 20% of the amount the I o emergency room 50 surgery Care at Home 0 o how health care 20% of the amount the I o private duty numing limited to 16 hours per member per calendar year* 20% of the amount the I care at Home 0 o private duty numing limited to 16 hours per member per calendar year* 20% of the amount the I care professionals in ou network for this service, you may be billed for the difference between what we pay for this service and the physica duty numing amount the Pit accer professionals in ou network have agreed to physican, numing and ther medically necessary professional services in the hospital including anesthesia, surgical and other medically necessary professionals not Contracted to Provide Benefits Using Doctors, Hospitals and Other Health Care Professionals not Contracted to Provide Benefits 20% of the amount he le our network health care professionals not accept for the same service. Hrung was 11 you for the difference between the two and to the medical physican, unsais explosed and the ordical physican, unsais explosed and the ordical physican, unsais explosed and the not court professionals not accept for the same service. If what they charge is mo than the fer our network health care professionals not accept for the same service. If what they charge is mo than the fer our network health care professionals have agreed to accept for the same service. Now ph	·	Member cost shares will be dependent on the services rendered.
o spectnesh brangi 20% of the amount the i o partial day mental health and substance abuse services and professionals in our network have agreed to on their services o surgery box surgery box surgery Care at Home 0 hospice care care professionals in our network have agreed to for their services o private duty nursing limited to 16 hours per member per calendar year* "Since there is an network for this service, you may be billed for the difference between what we pay for this service and the forthal services and professionals for Facility 20% of the amount the i care professionals in the private duty nursing service charged. o private duty nursing and other medically necessary professional services in the hospital including anesthesia, surgical and the medically necessary professionals not in our network Services 20% of the amount the i care professionals in the our network service. Out-of-Network Services Ut-of-Network Services 20% of the amount the i care professionals in the our network can charge whatever they want for their services. If what they charge is mo finan the feau metwork health care professionals not in our network can charge whatever they may bill you for the difference between the two and you will apy at the first \$1,500 of the cost of your care. Vow will pay all the costs associated with the covered services outlined in this insert until you have paid \$1,500 in one calendar year. This is called your out-elvork health care professionals not in our network charge. O if the our metwork health care professionals not in our		
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 the cost of services and supplies not covered under your Anthem KeyCare 30 plan the additional amount health care professionals not in our network may bill you when their charge is more than what we pay 	 the cost of care received when the benefit limits have been reached the cost of services and supplies not covered under your Anthem KeyCare 30 plan 	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.		orm 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. bro17.16.2015

Your Anthem Benefits

