

Virginia

Effective January 1, 2020

# Anthem Balanced Funding product guide



# Anthem Balanced Funding product details – 10 to 50

The ABF plan naming structure:

**Anthem or HealthKeepers Balanced + product type + copay or deductible/coinsurance/out-of-pocket maximum**

The below overview represents in-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [plan-summaries.anthem.com/sobdps/](https://plan-summaries.anthem.com/sobdps/).

Plan type	PPO						
Plan name	Anthem Balanced PPO 25/20%/5500	Anthem Balanced PPO 500/20%/6000	Anthem Balanced PPO 1000/20%/6000	Anthem Balanced PPO 1500/20%/6000	Anthem Balanced PPO 2000/20%/6500	Anthem Balanced PPO 2500/20%/6500	Anthem Balanced PPO 3000/20%/7000
Network	KeyCare	KeyCare	KeyCare	KeyCare	KeyCare	KeyCare	KeyCare
Contract code <sup>1</sup>	4J4G	4J4J	4J4E	4J58	4J4L	4J5C	4J4Q
Deductible <sup>2</sup> (individual/family)	\$0/\$0	\$500/\$1,500	\$1,000/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000	\$2,500/\$5,000	\$3,000/\$6,000
Coinsurance	20%	20%	20%	20%	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$5,500/\$11,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,500/\$13,000	\$6,500/\$13,000	\$7,000/\$14,000
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$30 SPC: \$50 RHC: \$30	PCP: \$30 SPC: \$50 RHC: \$30	PCP: \$40 SPC: \$75 RHC: \$40	PCP: \$40 SPC: \$75 RHC: \$40
Office visits: EPHC <sup>3</sup>	\$20	\$20	\$20	\$25	\$25	\$35	\$35
Online doctor visits: Preferred	\$10	\$10	\$10	\$15	\$15	\$15	\$15
Urgent care (facility)	\$50	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency room (facility) <sup>4</sup>	\$300	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Outpatient surgery (facility)	\$300	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	\$500 copay per day up to 4 days per admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	National with R90/Essential	National with R90/Essential	National with R90/Essential	National with R90/Essential	National with R90/Essential	National with R90/Essential	National with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1-4: No deductible	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies
Retail pharmacy: 30-day supply <sup>6</sup> (tier 1/tier 2/tier 3/tier 4)	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script

# For plans with a PreventiveRx benefit, the deductible will be waived for Tiers 1 and 2, then the applicable copay/coinsurance applies.

1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.

2 All plans have embedded deductibles, which means each family member has an individual deductible and OOP maximum. Any deductible amount contributed by an individual family member applies to the family deductible amount, but no individual family member contributes more to the family deductible than their individual deductible amount.

3 Some plans include a reduced cost share when seeing an Enhanced Personal Health Care provider (EPHC).

4 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived if the plan includes a copay for hospital admission. If the member's cost share for hospital admission is coinsurance, then the initial emergency room facility copay will not be waived.

5 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.

6 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit. Any plan that has a pharmacy copay in Tiers 1 and 2 will have a per script maximum in Tiers 3 and 4. Pharmacy plans with a deductible and coinsurance for Tiers 1 and 2 will not have a per script maximum as part of the Tier 3 and 4 benefit.

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Plan type	PPO		POS				
Plan name	Anthem Balanced PPO 4000/20%/7000	Anthem Balanced PPO 4500/30%/7000	Anthem HealthKeepers Balanced OAPOS 25/20%/5500	Anthem HealthKeepers Balanced OAPOS 500/20%/6000	Anthem HealthKeepers Balanced OAPOS 1000/20%/6000	Anthem HealthKeepers Balanced OAPOS 1500/20%/6000	Anthem HealthKeepers Balanced OAPOS 2000/20%/6500
Network	KeyCare	KeyCare	HealthKeepers	HealthKeepers	HealthKeepers	HealthKeepers	HealthKeepers
Contract code <sup>1</sup>	4J5G	4J4U	4J4A	4J4C	4J56	4J5A	4J4N
Deductible <sup>2</sup> (individual/family)	\$4,000/\$8,000	\$4,500/\$9,000	\$0/\$0	\$500/\$1,500	\$1,000/\$3,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance	20%	30%	20%	20%	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$7,000/\$14,000	\$5,500/\$11,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,000/\$12,000	\$6,500/\$13,000
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	PCP: \$40 SPC: \$75 RHC: \$40	PCP: \$40 SPC: \$75 RHC: \$40	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$30 SPC: \$50 RHC: \$30	PCP: \$30 SPC: \$50 RHC: \$30
Office visits: EPHC <sup>3</sup>	\$35	\$35	\$20	\$20	\$20	\$25	\$25
Online doctor visits: Preferred	\$15	\$15	\$10	\$10	\$10	\$15	\$15
Urgent care (facility)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	\$50	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Emergency room (facility) <sup>4</sup>	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	\$300	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	\$300	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	\$500 copay per day up to 4 days per admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	National with R90/Essential	National with R90/Essential	National with R90/Essential	National with R90/Essential	National with R90/Essential	National with R90/Essential	National with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tiers 1-4: No deductible	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies
Retail pharmacy: 30-day supply <sup>6</sup> (tier 1/tier 2/tier 3/tier 4)	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script

‡ For plans with a PreventiveRx benefit, the deductible will be waived for Tiers 1 and 2, then the applicable copay/coinsurance applies.

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Plan type	POS				PPO HSA		
Plan name	Anthem HealthKeepers Balanced OAPOS 2500/20%/6500	Anthem HealthKeepers Balanced OAPOS 3000/20%/7000	Anthem HealthKeepers Balanced OAPOS 4000/20%/7000	Anthem HealthKeepers Balanced OAPOS 4500/30%/7000	Anthem Balanced PPO 2800/10%/6500 w/HSA	Anthem Balanced PPO 5000/30%/6850 w/HSA <sup>5</sup>	Anthem Balanced PPO 6000/30%/6600 w/HSA
Network	HealthKeepers	HealthKeepers	HealthKeepers	HealthKeepers	KeyCare	KeyCare	KeyCare
Contract code <sup>1</sup>	4J5E	4J4S	4J5J	4J4W	4J5Q	4J52	4J5L
Deductible <sup>2</sup> (individual/family)	\$2,500/\$5,000	\$3,000/\$6,000	\$4,000/\$8,000	\$4,500/\$9,000	\$2,800/\$5,600	\$5,000/\$10,000	\$6,000/\$12,000
Coinsurance	20%	20%	20%	30%	10%	30%	30%
Out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000	\$6,500/\$13,000	\$6,850/\$13,700	\$6,600/\$13,200
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	PCP: \$40 SPC: \$75 RHC: \$40	PCP: \$40 SPC: \$75 RHC: \$40	PCP: \$40 SPC: \$75 RHC: \$40	PCP: \$40 SPC: \$75 RHC: \$40	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Office visits: EPHC <sup>3</sup>	\$35	\$35	\$35	\$35	Not applicable	Not applicable	Not applicable
Online doctor visits: Preferred	\$15	\$15	\$15	\$15	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Urgent care (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Emergency room (facility) <sup>4</sup>	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance
Prescription drugs: network/drug list	National with R90/Essential	National with R90/Essential	National with R90/Essential	National with R90/Essential	National with R90/Essential	National with R90/Essential	National with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tier 1: No deductible Tiers 2-4: Medical deductible applies	Tiers 1-4: Medical deductible applies <sup>‡</sup>	Tiers 1-4: Medical deductible applies <sup>‡</sup>	Tiers 1-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply <sup>6</sup> (tier 1/tier 2/tier 3/tier 4)	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	20%	20%	0%

<sup>‡</sup> For plans with a PreventiveRx benefit, the deductible will be waived for Tiers 1 and 2, then the applicable copay/coinsurance applies.

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Plan type	PPO HSA	POS HSA			
Plan name	Anthem Balanced PPO 6700/0%/6700 w/HSA	Anthem HealthKeepers Balanced OAPOS 2800/10%/6500 w/HSA	Anthem HealthKeepers Balanced OAPOS 5000/30%/6850 w/HSA <sup>6</sup>	Anthem HealthKeepers Balanced OAPOS 6000/30%/6600 w/HSA	Anthem HealthKeepers Balanced OAPOS 6700/0%/6700 w/HSA
Network	KeyCare	HealthKeepers	HealthKeepers	HealthKeepers	HealthKeepers
Contract code <sup>1</sup>	4J4Y	4J5S	4J54	4J5N	4J50
Deductible <sup>2</sup> (individual/family)	\$6,700/\$13,400	\$2,800/\$5,600	\$5,000/\$10,000	\$6,000/\$12,000	\$6,700/\$13,400
Coinsurance	0%	10%	30%	30%	0%
Out-of-pocket maximum (individual/family)	\$6,700/\$13,400	\$6,500/\$13,000	\$6,850/\$13,700	\$6,600/\$13,200	\$6,700/\$13,400
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Office visits: EPHC <sup>3</sup>	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Online doctor visits: Preferred	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Urgent care (facility)	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Emergency room (facility) <sup>4</sup>	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Outpatient surgery (facility)	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	National with R90/Essential	National with R90/Essential	National with R90/Essential	National with R90/Essential	National with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1-4: Medical deductible applies <sup>†</sup>	Tiers 1-4: Medical deductible applies <sup>†</sup>	Tiers 1-4: Medical deductible applies <sup>†</sup>	Tiers 1-4: Medical deductible applies <sup>†</sup>	Tiers 1-4: Medical deductible applies <sup>†</sup>
Retail pharmacy: 30-day supply <sup>6</sup> (tier 1/tier 2/tier 3/tier 4)	0%	20%	20%	0%	0%

<sup>†</sup> For plans with a PreventiveRx benefit, the deductible will be waived for Tiers 1 and 2, then the applicable copay/coinsurance applies.

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# We're in this together

## Let us help you save more time

Thank you for letting us partner with you. We understand that providing health benefits is an important decision for small businesses. That's why we're doing everything we can to offer the highest-quality coverage while keeping costs down. And we're right by your side to help make things simpler for you through the process.

### Easier than ever

Our plans were put together with small businesses in mind – they're simple to understand, administer and use!

**Questions?** We're here to help. Call your Anthem representative.



And Its Affiliate HealthKeepers, Inc.

[anthem.com](http://anthem.com)

This brochure refers to the Booklet form numbers: ABCBS-VA-PPO-ABF (1/20) and AHK-VA-HMOPOS-ABF (1/20).

This is not a contract or policy. This guide is not a contract with Anthem Blue Cross and Blue Shield (Anthem). If there is any difference between this guide and the Booklet, Member Booklet, Summaries of Benefits, and related amendments, the provisions of the Booklet, Member Booklet, Summaries of Benefits and related amendments will govern. For more information, please call your broker or Anthem representative.

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