

Virginia

Effective January 1, 2021

Anthem Balanced Funding product guide



Anthem Balanced Funding product details – 10 to 99

The ABF plan naming structure includes these elements:

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/.

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Anthem Link Blue Connection (Blue HPN) EPO plans

Primary care, LiveHealth Online and retail health clinics covered in full (no member cost share).

With the Blue Connection High-Performance Network (Blue HPN), members receive in-network coverage when they visit any participating HPN provider in our HPN service areas across the U.S. Out-of-network and out of country coverage is limited to urgent and emergency care. To find Blue Connection (Blue HPN) providers, visit anthem.com/find-care/ or ask your Anthem representative for details.

Plan type	EPO			
Plan name	Anthem Link Balanced Blue Connection OAEPO 500/20%/4000 [□]	Anthem Link Balanced Blue Connection OAEPO 1000/20%/8000 [□]	Anthem Link Balanced Blue Connection OAEPO 2000/20%/5000 [□]	Anthem Link Balanced Blue Connection OAEPO 3000/20%/6000 [□]
Network	Blue Connection	Blue Connection	Blue Connection	Blue Connection
Contract code ¹	5SA1	5SA3	5SA5	5SA7
Deductible ² (individual/family)	\$500/\$1,500	\$1,000/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000
Coinsurance	20%	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$4,000/\$8,000	\$8,000/\$16,000	\$5,000/\$10,000	\$6,000/\$12,000
Office visits: EPHC ³	Not applicable	Not applicable	Not applicable	Not applicable
Office visits: Primary care (PCP)/ Specialist (SPC) ⁴ /retail health clinic (RHC)	PCP: Covered in full SPC: \$75 RHC: Covered in full	PCP: Covered in full SPC: \$75 RHC: Covered in full	PCP: Covered in full SPC: \$75 RHC: Covered in full	PCP: Covered in full SPC: \$75 RHC: Covered in full
Online doctor visits: LiveHealth Online ⁵	Covered in full	Covered in full	Covered in full	Covered in full
Urgent care (facility)	\$100	\$100	\$100	\$100
Emergency room (facility) ⁶	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: ambulatory outpatient surgery center	\$500	\$500	\$500	\$500
Independent facility: X-ray and ultrasound	\$75	\$75	\$75	\$75
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	\$250	\$250	\$250	\$250
Hospital outpatient surgery facility	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 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential
Pharmacy deductible ⁷ (individual/family)	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply ⁸ (tier 1/tier 2/tier 3/tier 4)	\$15/\$50/\$90/\$400	\$15/\$50/\$90/\$400	\$15/\$50/\$90/\$400	\$15/\$50/\$90/\$400

[□] Site of Service plan may have reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

[‡] 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 or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.

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

⁴ Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

⁵ Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits.

⁶ 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.

⁷ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

⁸ 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 and a coinsurance in Tiers 3 and 4 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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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/.

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KeyCare PPO plans

Plan type	PPO						
Plan name	Anthem Balanced PPO 25/20%/6000 [□]	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 ¹	5S8L	5S8N	5S8J	5S9C	5S8Q	5S9G	5S8U
Deductible ² (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)	\$6,000/\$12,000	\$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: EPHC ³	\$15	\$15	\$15	\$20	\$20	\$30	\$30
Office visits: Primary care (PCP)/ Specialist (SPC) ⁴ /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
Online doctor visits: LiveHealth Online ⁵	\$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) ⁶	\$400	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: ambulatory outpatient surgery center	\$250	\$400	\$400	\$400	\$400	\$400	\$400
Independent facility: X-ray and ultrasound	\$50	\$75	\$75	\$75	\$75	\$75	\$75
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	\$100	\$200	\$200	\$200	\$200	\$200	\$200
Hospital outpatient surgery facility	\$350	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	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential
Pharmacy deductible ⁷ (individual/family)	Tiers 1-4: No deductible	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply ⁸ (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

□ Site of Service plan may have reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

‡ 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 or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.

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

4 Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

5 Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits.

6 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.

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8 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 and a coinsurance in Tiers 3 and 4 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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KeyCare PPO plans

Plan type	PPO		PPO HSA				
Plan name	Anthem Balanced PPO 4000/20%/7500 ^Q	Anthem Balanced PPO 4500/30%/8550 ^Q	Anthem Balanced PPO 2800/10%/6500 w/HSA	Anthem Balanced PPO 4000/20%/6500 w/HSA	Anthem Balanced PPO 5000/30%/7000 w/HSA	Anthem Balanced PPO 6000/30%/7000 w/HSA	Anthem Balanced PPO 7000/0%/7000 w/HSA
Network	KeyCare	KeyCare	KeyCare	KeyCare	KeyCare	KeyCare	KeyCare
Contract code ¹	5S9L	5S8Y	5S9U	5S9Z	5S96	5S9Q	5S92
Deductible ² (individual/family)	\$4,000/\$8,000	\$4,500/\$9,000	\$2,800/\$5,600	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000	\$7,000/\$14,000
Coinsurance	20%	30%	10%	20%	30%	30%	0%
Out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$8,550/\$17,100	\$6,500/\$13,000	\$6,500/\$13,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
Office visits: EPHC ³	\$30	\$30	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Office visits: Primary care (PCP)/ Specialist (SPC) ⁴ /retail health clinic (RHC)	PCP: \$40 SPC: \$75 RHC: \$40	PCP: \$40 SPC: \$75 RHC: \$40	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Online doctor visits: LiveHealth Online ⁵	\$15	\$15	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Urgent care (facility)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Emergency room (facility) ⁶	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Independent facility: ambulatory outpatient surgery center	\$400	\$400	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	\$75	\$75	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	\$200	\$200	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential
Pharmacy deductible ⁷ (individual/family)	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]
Retail pharmacy: 30-day supply ⁸ (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	20%	20%	30%	30%	0%

^Q Site of Service plan may have reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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⁴ Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

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⁷ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

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HealthKeepers POS plans

Plan type	POS						
Plan name	Anthem HealthKeepers Balanced OAPOS 25/20%/6000 [Ⓐ]	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 [Ⓐ]	Anthem HealthKeepers Balanced OAPOS 2500/20%/6500 [Ⓐ]	Anthem HealthKeepers Balanced OAPOS 3000/20%/7000 [Ⓐ]
Network	HealthKeepers	HealthKeepers	HealthKeepers	HealthKeepers	HealthKeepers	HealthKeepers	HealthKeepers
Contract code ¹	5S8E	5S8G	5S9A	5S9E	5S8S	5S9J	5S8W
Deductible ² (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)	\$6,000/\$12,000	\$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: EPHC ³	\$15	\$15	\$15	\$20	\$20	\$30	\$30
Office visits: Primary care (PCP)/ Specialist (SPC) ⁴ /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
Online doctor visits: LiveHealth Online ⁵	\$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) ⁶	\$400	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Independent facility: ambulatory outpatient surgery center	\$250	\$400	\$400	\$400	\$400	\$400	\$400
Independent facility: X-ray and ultrasound	\$50	\$75	\$75	\$75	\$75	\$75	\$75
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	\$100	\$200	\$200	\$200	\$200	\$200	\$200
Hospital outpatient surgery facility	\$350	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	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential
Pharmacy deductible ⁷ (individual/family)	Tiers 1-4: No deductible	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply ⁸ (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

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HealthKeepers POS plans

Plan type	POS		POS HSA				
Plan name	Anthem HealthKeepers Balanced OAPOS 4000/20%/7500 ²	Anthem HealthKeepers Balanced OAPOS 4500/30%/8550 ²	Anthem HealthKeepers Balanced OAPOS 2800/10%/6500 w/HSA	Anthem HealthKeepers Balanced OAPOS 4000/20%/6500 w/HSA	Anthem HealthKeepers Balanced OAPOS 5000/30%/7000 w/HSA	Anthem HealthKeepers Balanced OAPOS 6000/30%/7000 w/HSA	Anthem HealthKeepers Balanced OAPOS 7000/0%/7000 w/HSA
Network	HealthKeepers	HealthKeepers	HealthKeepers	HealthKeepers	HealthKeepers	HealthKeepers	HealthKeepers
Contract code ¹	5S9N	5S90	5S9W	5S9X	5S98	5S9S	5S94
Deductible ² (individual/family)	\$4,000/\$8,000	\$4,500/\$9,000	\$2,800/\$5,600	\$4,000/\$8,000	\$5,000/\$10,000	\$6,000/\$12,000	\$7,000/\$14,000
Coinsurance	20%	30%	10%	20%	30%	30%	0%
Out-of-pocket maximum (individual/family)	\$7,500/\$15,000	\$8,550/\$17,100	\$6,500/\$13,000	\$6,500/\$13,000	\$7,000/\$14,000	\$7,000/\$14,000	\$7,000/\$14,000
Office visits: EPHC ³	\$30	\$30	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Office visits: Primary care (PCP)/ Specialist (SPC) ⁴ /retail health clinic (RHC)	PCP: \$40 SPC: \$75 RHC: \$40	PCP: \$40 SPC: \$75 RHC: \$40	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Online doctor visits: LiveHealth Online ⁵	\$15	\$15	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Urgent care (facility)	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Emergency room (facility) ⁶	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Independent facility: ambulatory outpatient surgery center	\$400	\$400	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Independent facility: X-ray and ultrasound	\$75	\$75	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Independent facility: advanced diagnostic imaging (MRI, CT scan, etc.)	\$200	\$200	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 10% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential	Standard with R90/Essential
Pharmacy deductible ⁷ (individual/family)	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]	Tiers 1-4: Medical deductible applies [‡]
Retail pharmacy: 30-day supply ⁸ (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	20%	20%	30%	30%	0%

¹ Site of Service plan may have reduced cost shares for laboratory services received at an independent lab; radiology and advanced diagnostic imaging services received at an independent radiology center; and outpatient surgery received at an ambulatory surgical center.

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

³ Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.

⁴ All plans have **embedded** deductibles, which means each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.

⁵ Some plans include a reduced cost share when seeing an Enhanced Personal Health Care provider (EPHC).

⁶ Specialist (SPC) cost share applies to specialist office and LiveHealth Online (LHO) specialist visits.

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⁸ Cost share applies to LiveHealth Online primary care medical doctor visits and behavioral health (mental health / substance abuse) visits.

⁹ 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.

¹⁰ For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

¹¹ 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 and a coinsurance in Tiers 3 and 4 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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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.



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