

The most detailed description of benefits, exclusions and restrictions can be found in the following group policies and Certificate Booklets which can be requested by calling Customer Service.

- AHK-VA-HMOPOS-EOC (1/17) - HIX
- AHK-VA-HMOPOS-SOB-RVA2fG11 (1/17) - HIX
- AHK-VA-HMOPOS-SOB-RVA2fG2 (1/17) - HIX
- AHK-VA-HMOPOS-SOB-RVA2fS1 (1/17)-HIX
- AHK-VA-HMOPOS-SOB-RVA3B4-HSA (1/17)-HIX
- AHK-VA-HMOPOS-SOB-TVA3iS1-PrevRx (1/17)-HIX
- AHK-VA-HMO-POS-SOB-TVA2-RG56 (1/17)-HIX
- AHK-VA-HMO-POS-SOB-TVA3S204-rxF (1/17)-HIX
- AHK-VA-HMOPOS-EOC (1/17)
- AHK-VA-HMOPOS-SOB-RVA2fB1 (1/17)
- AHK-VA-HMOPOS-SOB-RVA2fG4 (1/17)
- AHK-VA-HMOPOS-SOB-RVA2fS4 (1/17)
- AHK-VA-HMOPOS-SOB-RVA2fS6 (1/17)
- AHK-VA-HMOPOS-SOB-R2fS7 (1/17)
- AHK-VA-HMOPOS-RVA3B5-HSA (1/17)
- AHK-VA-HMOPOS-SOB-TVA3iB1-HSA (1/17)
- AHK-VA-HMO-POS-SOB-TVA3iS2-PrevRx (1/17)
- AHK-VA-HMOPOS-SOB-TVA1G3 (1/17)
- AHK-VA-HMOPOS-SOB-TVA1G17 (1/17)
- AHK-VA-HMO-POS-SOB-TVA1P100 (1/17)
- AHK-VA-HMO-POS-SOB-TVA1P101 (1/17)
- AHK-VA-HMOPOS-SOB-TVA1P3 (1/17)
- AHK-VA-HMOPOS-SOB-TVA2-RG11 (1/17)
- AHK-VA-HMOPOS-SOB-TVA-2-RG38 (1/17)
- AHK-VA-HMOPOS-SOB-TVA-RG63 (1/17)
- AHK-VA-HMOPOS-SOB-TVA2-RG64 (1/17))
- AHK-VA-HMOPOS-SOB-TVA2-RG65 (1/17)
- AHK-VA-HMOPOS-SOB-TVA2-RG66 (1/17)
- AHK-VA-HMOPOS-SOB-TVA2iG1-rxA (1/17)
- AHK-VA-HMOPOS-SOB-TVA2iS2-rxA (1/17)
- AHK-VA-HMOPOS-SOB-TVA2-RS5 (1/17)
- AHK-VA-HMOPOS-SOB-TVA2-RS15 (1/17)
- AHK-VA-HMOPOS-SOB-TVA3B4-HSA (1/17))
- AHK-VA-HMOPOS-SOB-TVA3G4-PrevRx (1/17)
- AHK-VA-HMOPOS-SOB-TVA3G7-PrevRx (1/17)
- AHK-VA-HMOPOS-SOB-TVA3G1-rxF (/17)
- AHK-VA-HMOPOS-SOB-TVA3S2-HSA-rxC-PrevRx (1/17)
- AHK-VA-HMOPOS-SOB-TVA3S3-HSA-rxC-PrevRx (1/17)
- AHK-VA-HMOPOS-SOB-TVA3S30-HSA (1/17)
- AHK-VA-HMOPOS-SOB-TVA3S6-HSA-PrevRx (1/17)
- AHK-VA-HMOPOS-SOB-RVA2fG11 (1/17)
- AHK-VA-HMOPOS-SOB-RVA2fG2 (1/17)
- AHK-VA-HMOPOS-SOB-RVA2fS1 (1/17)
- AHK-VA-HMOPOS-SOB-RVA3B4 (1/17)
- AHK-VA-HMOPOS-SOB-TVA3iS1-PrevRx (1/17)
- AHK-VA-HMOPOS-SOB-TVA2-RG56 (1/17)
- AHK-VA-HMOPOS-SOB-TVA3S204-rxF (1/17)
- ABCBS-VA-PPO-COC (1/17)
- ABCBS-VA-PPO-SOB-TVA1G3 (1/17)
- ABSBS-VA-PPO-SOB-TVA1G17 (1/17)
- ABCBS-VA-PPO-SOB-TVA1P100 (1/17)
- ABCBS-VA-PPO-SOB-TVA1P101 (1/17)
- ABCBS-VA-PPO-SOB-TVA1P3 (1/17)
- ABCBS-VA-PPO-SOB-TVA2-RG11 (1/17)
- ABCBS-VA-PPO-SOB-TVA2-RG38 (1/17)
- ABCBS-VA-PPO-SOB-TVA2-RG63 (1/17)
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- ABCBS-VA-PPO-SOB-TVA2-RG66 (1/17))
- ABCBS-VA-PPO-SOB-TVA2-RS5 (1/17)
- ABCBS-VA-PPO-SOB-TVA2-RS15 (1/17)
- ABCBS-VA-PPO-SOB-TVA3B4-HSA (1/17)
- ABSBS-VA-PPO-SOB-TVA3G4-PrevRx (1/17)
- ABCBS-VA-PPO-SOB TVA3G7-PrevRx (1/17)
- ABCBS-VA-PPO-SOB-TVA3G1-rxF (1/17)
- ABCBS-VA-PPO-SOB-TVA3S2-HSA-rxC-PrevRx (1/17)
- ABCBS-VA-PPO-SOB-TVA3S3-HSA-rxC-PrevRx (1/17)
- ABCBS-VA-PPO-SOB-TVA3S30-HSA-PrevRx (1/17)
- ABCBS-VA-PPO-SOB-TVA3S30-HSA-PrevRx (1/17)
- ABCBS-VA-PPO-SOB-TVA3S6-HSA-PrevRx (1/17)

Virginia | Effective January 1, 2017

# Small Group product guide

for groups with 2 to 50 employees

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

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of by Anthem Blue Cross and Blue Shield.

These policies have exclusions and limitations to benefits and terms under which the policies may be continued in force or discontinued. For costs and complete details, contact your insurance agent or contact us. Life and Disability products underwritten by Anthem Life Insurance Company. Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem Blue Cross and Blue Shield is an independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



We put the same passion into our health, dental, vision, life and disability plans that you put into your business



**We've got** what you're looking for:

Hello, from a name you know..... **Page 4**

What's important..... **Page 7**

A new approach to care ..... **Page 10**

Affordable plan options..... **Page 17**

Taking health personally ..... **Page 30**

Meet your (health plan) match..... **Page 39**

Plans designed with you in mind ..... **Page 42**

# Welcome to Anthem for small businesses

Running a small business takes courage and a lot of hard work. You make important decisions every day. And **choosing the right health plan** is definitely one of them.

That's why we've made it easy, with plan designs that speak to who you are, how you run your business and your bottom line. And because you're choosing by Anthem Blue Cross and Blue Shield. plan, you can count on the quality and stability our customers have come to know for more than 75 years<sup>2</sup>.

Today, we want you to know, it's your purpose that's at the heart of our promise: to build the ultimate benefits package for every single type of small business and for every type of employee that works to keep your dream alive and well, every day.

Now let's find you **the perfect plan.**



## Tell us about you and your needs

- Do all of your employees work **locally**?
- Are you looking for coverage that offers **a defined copay for employees**?
- Would you consider higher deductibles for more **cost savings**?

For a little extra help with these questions, see our easy flow chart on page 40.

We're ready to help you find the perfect plan for your employees and your business. And like any great relationship, when you're happy, we're happy. And that's pretty healthy.

**So let's get to it!**

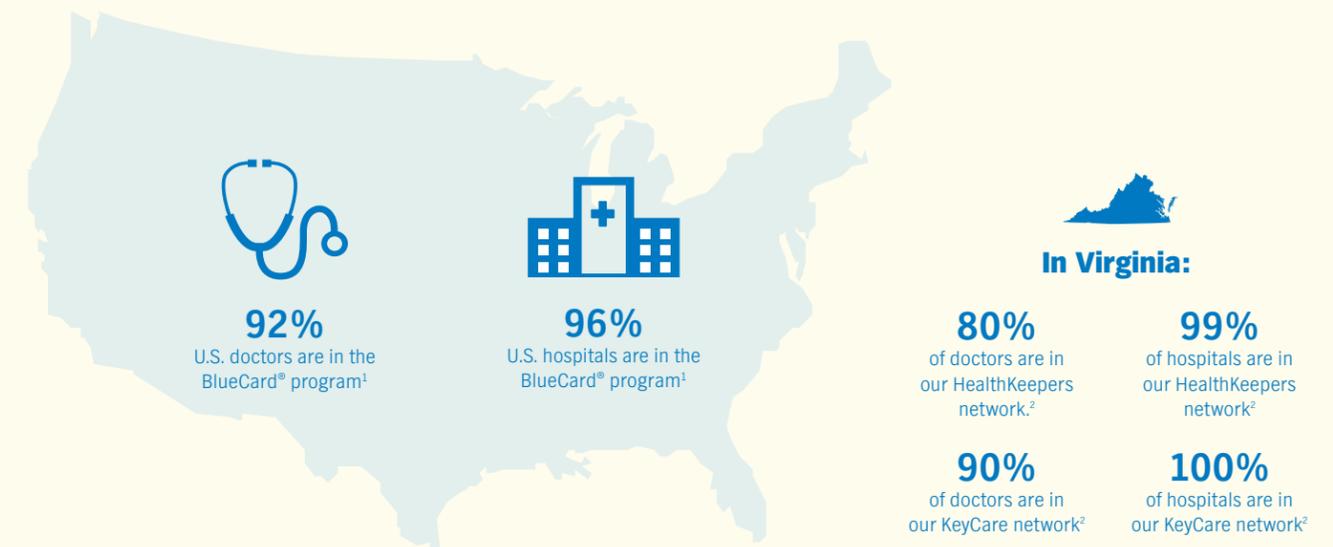
1. Anthem HealthKeepers plans are offered by HealthKeepers, Inc. All other plans noted in this piece are offered by Anthem Blue Cross and Blue Shield. Plan.  
2. Anthem Blue Cross and Blue Shield has been around for 80 years. HealthKeepers, Inc., has been around for 30 years.

Hello, from  
a name you know

# We're Anthem.

That's a name that brings local and nationwide access to care like no other.

**Get to know the power** behind a Blue Cross and Blue Shield plan.



Our local networks offer **broad access to providers** that employees can find easily online or through our mobile app. They can even get directions.

And if they live, work or play across the country, or abroad, they'll have access to doctors and hospitals through one single electronic network: BlueCard. The BlueCard program lets them use providers almost everywhere in the U.S. (in urban and rural areas alike) and in more than 170 countries and territories around the world through BlueCard Worldwide®.¹

Around the corner and around the world, we're there for you.  
That's Anthem, always.



1 Blue Cross and Blue Shield Association Media Center (bcbs.com, 2016). Internal data, January, 2017. Total number of providers refers to the number of providers for whom we may have information in our database. It is possible there may be providers who have never submitted a claim to us, are therefore not in our database and would not then be accounted for in the percentages noted in this document.



## What's important in 2017

At Anthem, every day **we're working to find a better way** for you and your employees

We think you'll like what we've done. This year, we took a good look at how we could find even more savings for our small business employers. Affordability is important to everyone, and so is the health of those around them. Here's a glimpse of what we've created.

## Now you have even **more ways to save** with new pharmacy options



Did you know that employees use their pharmacy benefit more frequently than any other health benefit? And, that the average person fills 12 prescriptions per year<sup>1</sup> and only goes to the doctor three times a year?<sup>2</sup> Because pharmacy costs make up about 20% of employer health care costs, we created the following options to help you save on your health care premiums. Take a look:

- 90-day refill at retail pharmacies** — Employees can get a 90-day supply of medication from participating local retail pharmacies. They can still get a 90-day supply through Home Delivery Pharmacy as well.
- Select Drug List** — This is a special list of drugs that meets or exceeds the Affordable Care Act (ACA) requirement to offer drugs in every category and class. Employees should talk to their doctor and review the Select Drug List to see if their drugs are on the list. If not, and an alternative option isn't available, their doctor may request an exception review. Providers may do this electronically or by fax.
- Preventive Rx** — Employees can get certain preventive drugs at a low cost share or no cost share. By making preventive drugs more affordable, employees are better able to get the drugs they need to avoid certain diseases and related complications. This benefit is designed to keep your employees healthy — and help you save on health care costs.

1. The Henry J. Kaiser Family Foundation, Retail Prescription Drugs Filled at Pharmacies (Annual per Capita) (accessed May 8, 2015).  
 2. Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics. Hyattsville, MD, 2016.

## Health and wellness incentives

We believe health care is everyday care. That means covering your employees when they need it and helping to keep them healthy today, tomorrow and always.

Sometimes a little incentive is all we need to take that extra healthy step. And that's why some of our plans offer employees and eligible dependents<sup>3</sup> financial incentives for taking simple steps to live well. Look for medical plans with "plus" in the name. These plans include our healthy support offer incentives.

### Health and wellness incentives offer easy ways to earn up to \$700 per employee, per year:

Preventive wellness exam and flu shot	\$100	Employees must complete both the wellness exam ( \$50) and the flu shot ( \$50) to receive the \$100 reward. Activities can be completed in any order. Once the second of the two activities is complete, two separate rewards will be given.
Tobacco-free certification	\$50	Employees complete the online tobacco-free certification after they register and log in at anthem.com.
Health assessment	\$50	Employees complete the online assessment after they register and log in at anthem.com. This is only available with the Preventive Plus incentive.
Online wellness toolkit	Up to \$150	Employees earn rewards by using online wellness tools that help them achieve nutrition, exercise, stress and other personal health goals. This is only available with the Healthy Support incentive.
Gym reimbursement	Up to \$400	Employees who meet reimbursement qualifications can earn up to \$200 every six months. This is only available with the Healthy Support incentive.

Incentives are paid out in gift cards. Once they complete reward activities, employees will get a letter telling them they've received a reward. The letter will have instructions on how to get their reward.

Gym reimbursements are paid out by check. Employees must fill out verification forms, available at anthem.com and submit them.

### Options vary by product.

Check the medical plan grids to see which incentives may be available.

3. For accurate eligibility information, contact your broker or Anthem representative.

For more information about pharmacy options, please contact your broker or Anthem representative.

# A new approach to care

The kind that works better — **for everyone**

Your employees deserve a better experience getting their health care. That's why we've taken steps to build health care that works for them and you. We're working more closely with our network providers to create more convenient access to care, so your employees know we've got them covered.

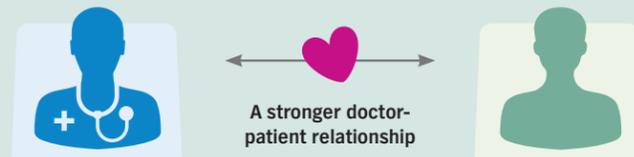


## Welcome to an exciting transformation in the doctor-patient relationship created just for Anthem members

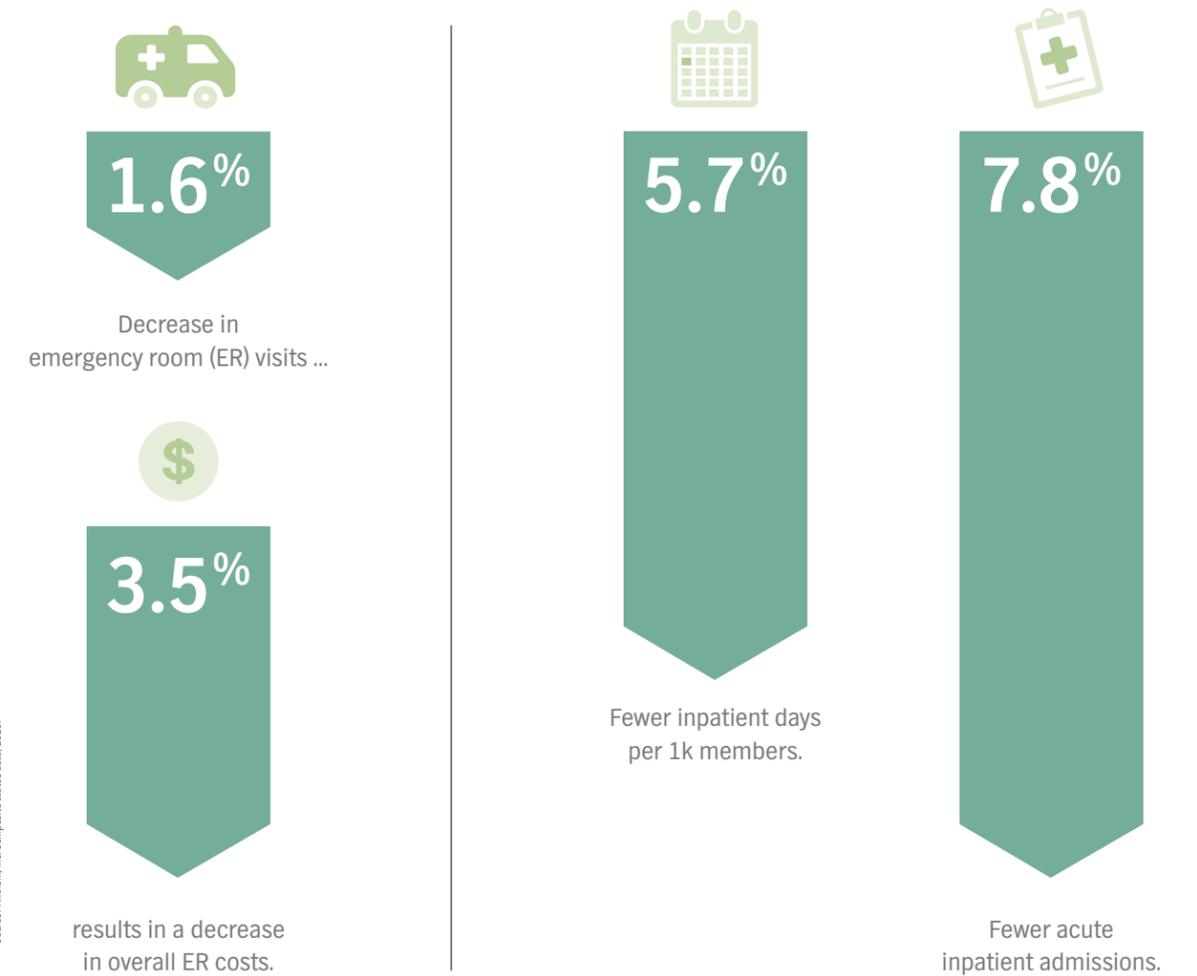
It's called **Enhanced Personal Health Care** and it's the kind of care everybody wants

We're changing the way we work with doctors by rewarding them for the quality of the health care they deliver rather than the amount of patients they see. Our new model puts patients in a unique circle of care, making them the central focus on a team approach to their overall health. We do this by:

- **Paying doctors for value over volume** when they improve patient health, meet quality standards and lower costs.
- **Giving doctors added support** with the right tools and strategies to help strengthen the doctor-patient relationship so they can spend more time with patients and coordinate their care with other doctors.
- **Improving the patient experience** with better access to a primary care physician (PCP) who cares for the whole person and becomes their health care champion and helps them navigate the health care system.



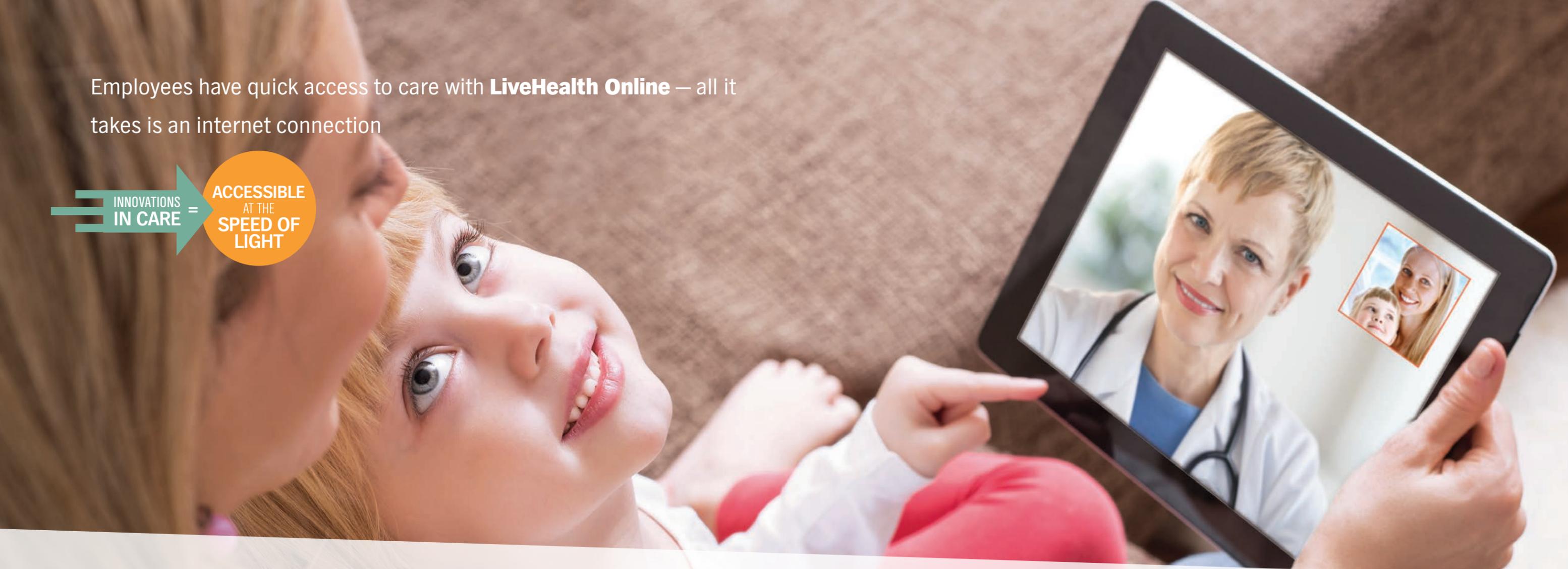
## The advantages are undeniable



The **Enhanced Personal Health Care** physician-patient relationship brings value to all of our plans; on some plans, members can benefit from from lower copays when members visit these providers.



Employees have quick access to care with **LiveHealth Online** — all it takes is an internet connection



When using **LiveHealth Online**, your employees can have face-to-face video visits with board-certified doctors or licensed psychologists and therapists right from their computer or mobile device. In just minutes, they can connect to a doctor to address common health issues. And psychologists and therapists are available by appointment in four days or less.<sup>1</sup>



To learn more, watch the videos at [livehealthonline.com](https://livehealthonline.com)

#### Benefits when seeing a **doctor** using LiveHealth Online

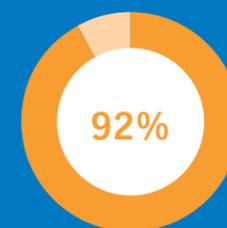
- No appointments
- Easy to use
- Board-certified doctors
- Available for nonmembers
- Doctors diagnose health issues and may prescribe medicine<sup>2</sup>
- Cost effective: \$49 or less per visit depending on the health plan

#### Benefits when seeing a **psychologist or therapist** using LiveHealth Online

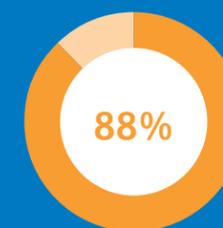
- Appointments available in four days or less<sup>1</sup>
- Easy to use
- Licensed psychologists and therapists
- Cost effective: cost is similar to an office therapy visit

Members must be at least 18 years old to see a therapist online and have their own LiveHealth Online account. Psychologists and therapists using LiveHealth Online do not prescribe medications.

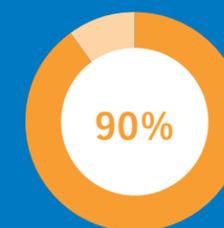
### LiveHealth Online delivers high member satisfaction<sup>3</sup>



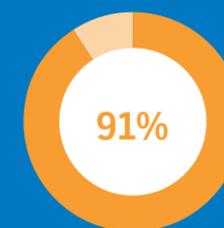
reasonable wait time



easy to use



doctors were professional and helpful



given enough time for visit

<sup>1</sup> Appointments subject to availability of a therapist.  
<sup>2</sup> Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to expand to more in the near future. Visit the home page of [livehealthonline.com](https://livehealthonline.com) to view the service map by state.  
<sup>3</sup> LiveHealth Online Consumer Post Visit Survey results, 2016.



## Affordable plan options

Designed to fit every type of business need

With health and wellness extras  
that deliver **superior long-term value**

Get ready to meet your match! No matter what the size of your business and your unique needs and preferences, you'll find the right health plan, right here. We offer a full range of high-quality plans with a wealth of solutions designed to help you control costs. Our commitment to you is to get it exactly right.

## Meet our **medical plans**

Here's a brief explanation of the types of health plans we offer.

- PPO** A **preferred provider organization** allows members to see providers in network or out of network. Members pay substantially less out of pocket when they use a provider in the PPO network. There's no need to get a referral to see a specialist.
- POS** **Point of service** allows members to see providers in the network or outside of the network. Members pay substantially less out of pocket when they use a provider in the POS network. To see a specialist, members must get a referral from their PCP.
- OA POS** **Open access point of service** allows members to see providers in the network or outside the network. Members pay substantially less out of pocket when they use a provider in the OAPOS network. No referrals are needed to see a specialist.
- HSA** A **health savings account** is a member-owned savings account that you and your employees can fund with pretax dollars to help pay for qualified health care expenses, including prescriptions.

For specific information, you can refer to the plan designs at the back of this guide.

Talk to your broker for more information about our plans.

## Whichever plan you choose, **kids dental and vision benefits are built in**

All of our Small Group medical plans include pediatric dental and vision essential health benefits for covered children<sup>1</sup> up to age 19. **Here's a look:**

### Pediatric dental essential health benefits

These dental benefits include coverage for services like preventive care and fillings as well as more extensive services like medically necessary orthodontia. Members can see any dentist in the Dental Prime network.

Pediatric <b>dental</b> essential health benefits	In network	Out of network
Diagnostic and preventive services (cleanings, exams and X-rays) – not subject to deductible	100%	70%
Basic services (fillings)	60%	50%
Endodontic, periodontal, oral surgery and major services	50%	50%
Medically necessary orthodontia (12-month waiting period)	50%	50%

Because these benefits are part of a medical plan, they share a combined deductible and out-of-pocket maximum. Diagnostic and preventive services like cleanings, exams and X-rays are not subject to the deductible, so members can take advantage of them right away. These benefits have no yearly maximum.

### Pediatric vision essential health benefits

These vision benefits include coverage for vision exams and glasses or contacts. Members can see any provider in the Blue View Vision<sup>SM</sup> network, which includes 1-800 CONTACTS<sup>®</sup>, Glasses.com, ContactsDirect, LensCrafters<sup>®</sup>, Pearle Vision<sup>®</sup>, Sears Optical<sup>SM</sup>, Target Optical<sup>®</sup> and JCPenney<sup>®</sup> Optical.

Covered children can choose from a selection of frames and contact lenses.

Pediatric <b>vision</b> essential health benefits	In network	Out of network
Routine eye exam (once every calendar year)	\$0 copay	\$30 reimbursement
Lenses – single, bifocal, trifocal (once every calendar year)	\$0 copay	\$25, \$40, \$55 reimbursement
<i>Lens treatments:</i>		
UV coating	Covered in full	N/A
Standard factory scratch coating	Covered in full	N/A
Standard polycarbonate lenses	Covered in full	N/A
Standard Transitions <sup>®</sup> lenses	Covered in full	N/A
Standard progressive lenses	Covered in full	\$40 reimbursement
Frames (once every calendar year)	\$0 copay, formulary	\$45 reimbursement
Elective contact lenses (once every calendar year – in place of eyeglasses)	\$0 copay, formulary	\$60 reimbursement
Nonelective contact lenses (once every calendar year)	Covered in full	\$210 reimbursement

1. Pediatric vision services for covered members under the age of 19 are considered essential health benefits as mandated by the Federal Affordable Care Act (ACA) as of January 1, 2014.

## Pharmacy benefits

Together with medical — better and easier than ever

You may not know it, but pharmacy benefits are the most widely used benefits.

At Anthem, we focus on more than just pharmacy costs — we're looking at the bigger picture — the value of better health.

We also make it easy for employees with single-sign-on access to their pharmacy benefits through [anthem.com](http://anthem.com).



By **combining medical and pharmacy** and coordinating these benefits systemwide, we are writing a prescription for **more effective and more affordable health care** for you and your employees.

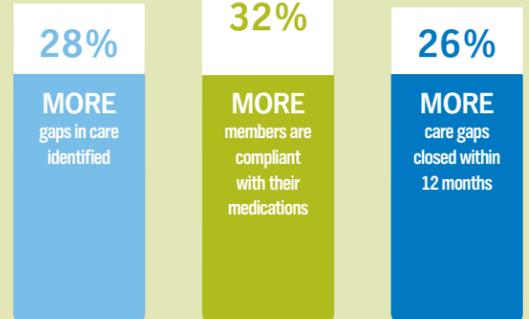
## Better health and lower costs of care begin with better medication management

With our pharmacy, clinical and cost-of-care programs, **we are helping your employees live healthier.**



Source: Outcomes for MyHealth Advantage using our pharmacy data when compared to carve-out pharmacy data. Results based on most recent, measurable 12 months (July 2014 – June 2015) of data available for clinical and cost-of-care programs for enterprise commercial business.

## The results speak for themselves



## Here's how we do it

With pharmacy and medical combined, **we can target members with specific messaging** such as cost savings for generics and therapeutic equivalents. And we can coordinate that messaging between the member and the doctor to identify and close gaps in care, switch members to more effective and less expensive drugs and communicate safety concerns.



### Medication Review

A monthly member mailing that includes recent pharmacy claims, information about current drugs they're taking, safety concerns and ways to save money.

### MyHealth Note

By combining members' medical, pharmacy and lab data with benefit information, we can make recommendations, coordinate with doctors and notify members.

## Let's get technical with pharmacy

It's easy to fill prescriptions, check copays or coinsurance and more by going to **anthem.com** or **downloading our mobile app.**

We are closing the gap between giving members information and **getting them to act on it.**



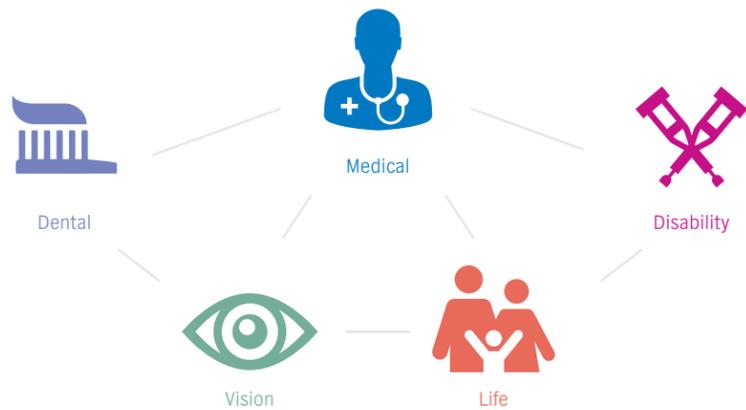
For all your health care needs,  
meet your one carrier, one solution:  
**Anthem Whole Health Connection<sup>SM</sup>**

See how our **medical, dental, vision, life and disability plans work together** for your employees' health and your bottom line.

We believe health care should serve the whole person — head to toe — at each stage of life. It should also be easy to administer, so you don't get bogged down in paperwork.

That's the Anthem **Whole Health Connection**.

Through electronic health records, we get claims and clinical data from network dentists, eye doctors, primary care physicians and care coordinators, which allows us to create more complete health profiles for our members.



**Strong alone,  
better together**

- Clinically coordinated care through our connected health plan portfolio
- Benefits from one source, so you spend less energy managing multiple plans
- Simplified enrollment, administration and claims processing
- Strong local and national networks
- Competitive pricing
- A brand you can trust

**Anthem dental**

Our Dental Prime and Dental Complete plans are built for **greater choice, better oral health** and **ultimate business** value.

**A huge network**

Access to one of the **largest dental networks in the nation**, with **122,000+** unique dentists and **328,000** access points

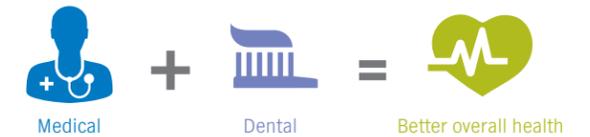


**33%**  
average savings on covered services<sup>1</sup>

**International emergency**

dental program for emergency services while traveling or working abroad

We're helping change the face of health care by simplifying how our medical and dental plans work together — delivering more complete care at an affordable cost with less hassle.



Dentists often have the first opportunity to notice early signs of a chronic disease. Our Dental Prime and Dental Complete plans offer these benefits for optimal oral and overall health.

That's why many of our plans have **100% coverage** for preventive services such as exams, cleanings and X-rays. In addition, we have automatic enrollment for an additional cleaning or periodontal treatment for members with certain health conditions who are engaged in one of our Care Management programs.

For product details, see the grid at back of this guide.

1. Average in-network claims savings for Dental Prime and Dental Complete plans, 2015.

**Pediatric dental and vision benefits are included in all of our medical plans.**

You also can purchase dental, vision, life and disability plans separately. For benefit details, please see the dental and vision grids at the back of this guide.



**Brush biopsy**

benefit to help detect oral cancer



**100% in-network coverage**

for cleanings, exams and X-rays



**Extra cleaning or periodontal treatment**

for eligible members engaged in one of our Care Management programs



**Online Dental Health Assessment**

an online tool that helps members better understand their oral health with personalized dental health scores

# Anthem vision

A clear path to overall health with Blue View Vision<sup>SM</sup>

Vision care plays a powerful role in early detection and more effective management of chronic conditions. In fact, eye exams can help identify serious conditions like diabetes, high blood pressure and high cholesterol.



When we connect Blue View Vision with our medical plans, providers can see the total health of the member, which helps them deliver better, more informed care.

### Connection of care<sup>1</sup>

- Claims and clinical data go into members' electronic health files
- Vision providers can see information quickly
- Automatic referrals go to our ConditionCare program if a health issue is found

Pediatric essential health benefits and adult vision office exam coverage are included in all of our medical plans at no additional cost. For benefit details, please see the Blue View Vision grid at the back of this guide. For a list of participating Blue View Vision providers in your area, visit [anthem.com](http://anthem.com) and select Find A Doctor.



### Big discounts

35% to 40% off extra glasses<sup>2</sup>



### Lots of doctors

Over 33,000 doctors at more than 26,000 locations nationwide



### Less hassle

Simplified administration from enrollment through claims processing

Members can use in-network benefits and get savings from:



# Let's protect your employees against the unexpected

It's time to talk about **life and disability** coverage that goes way beyond a check.

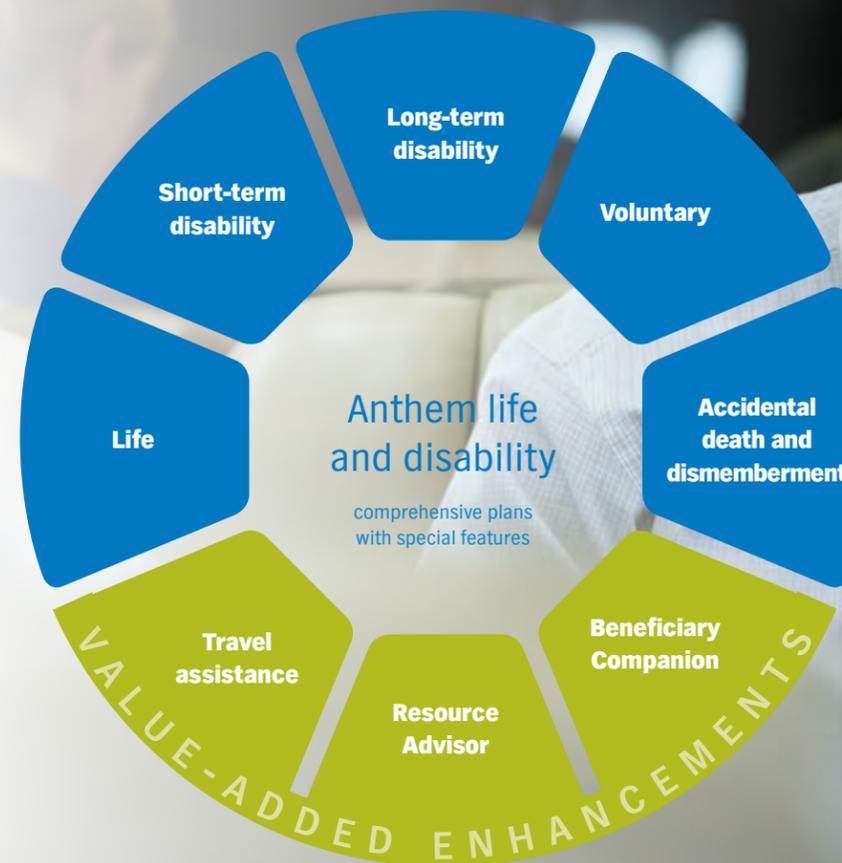
When a life-changing event happens, you can count on Anthem to be there with superior service from a caring staff, quick payment of claims and support services for employees and their families. We offer a wide variety of options, so you can tailor a benefits program to your employees' needs and your budget, all from one single point of contact.

## Anthem life and disability features

- Timely payments and support services
- Benefits employees can use before and after a loss
- Simplified benefit administration and dedicated customer service
- Support services that help employees get back to work and back to life
- Personalized service from Claims Management team

- We can help you with Social Security disability filings and approvals
- You get a designated service team with industry-leading claims turnaround times with 99.9% accuracy\*
- Enjoy identity theft recovery services on us
- All customer service calls are answered live

\*Internal data, 2015



1. Any member information, claims data and health history shared is relevant and HIPAA-compliant.  
2. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan.

At the heart of Anthem's more personalized approach to health care is **building better connections** between employers and employees, patients and doctors, people and better health.

## Life and disability

### A new way of looking at them

When it comes to life and disability insurance, we do more than just send a check. We give employees and their families valuable extras.



### Travel assistance

Members with life coverage have a safety net if an emergency arises while they're more than 100 miles away from home



### Resource Advisor

Emotional, legal and financial support for members with life and disability coverage



### Beneficiary Companion

Life coverage includes help for families after a death, dealing with death certificates, creditors and more

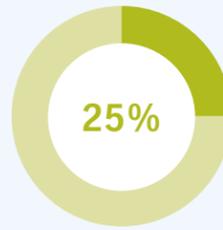


### Newborn Parenting Resources

Provides eight weeks of personal life coaching services to help new mothers transition back to work and work-life balance<sup>2</sup>

## A little coaching makes a big difference

When members engage with a medical nurse care manager, their average medical costs are \$8,000 less during their disability claim.<sup>1</sup>



lower medical costs<sup>1</sup>



Medical



Disability



Improved outcomes

## When you package disability with one of our medical plans ...

your employees are connected with teams of clinical, behavioral health, vocational rehabilitation and counseling specialists who can help them get back to life and back to work.

## You may get Guaranteed Issue!

That means some of our life and disability coverage options are available without employees having to go through health underwriting - and there are no health questionnaires to fill out.

1. Anthem Productivity Solutions Quantifying Value Study, 2015.  
2. Available with short-term disability.



You want to offer dental, vision, life and disability coverage, but you just can't cover the cost.

## That's ok. We've got another way.



paid by the employee



We understand it can be a tough balancing act. You want to offer a competitive benefits package that helps attract and retain the best employees, but your dollars only go so far.

That's why we offer a voluntary portfolio for dental, vision, life and disability plans with low minimum participation requirements: 5 enrollees for dental; 5 enrollees for vision and 10 enrollees for life and disability. You pick the plan designs and your employees choose the coverage at affordable group rates. And because the employee pays 100% of these costs, there is no negative impact on your bottom line.

For more information on how to add voluntary dental, vision, life and disability plans to your benefit package, talk to your broker.

**Voluntary plans** offer you a way to strengthen the value of your benefits plan and **improve employee satisfaction**, at no extra cost to you.



# Taking your employees' health personally

**Health and wellness** for all  
but in the end it **comes down to you**

You matter. What a great feeling to know someone's got your back, helping you and your employees stay healthy, today and tomorrow.

Our wellness team experts study the reasons why people engage in healthy behaviors, programs and activities. We take their data to heart to find better solutions that can bring your employees to optimum health and optimum performance.



## Say hello to our **Total Population Health solution**

Let's get personal. Everyone has their own unique set of health issues and goals. That's why we built our wellness programs to speak to each person — from the super healthy to those needing immediate support. Our programs are managed by a team of experts who connect members to the right programs for their specific needs. This way, no one falls through the cracks.

### Wellness programs

- Lifestyle improvement
- Preventive care alerts
- 24/7 NurseLine
- Health and wellness incentives

### Clinical programs

- Medical management
- Health coaching/advocacy
- Disease management
- Behavioral health
- Maternity
- Gaps in care

### Online resources

- Health assessment
- Discounts
- Provider cost and quality information
- Online wellness coaching
- Communication campaigns
- The Weight Center



For details on our health and wellness options, talk to your broker.



**MyHealth Advantage** is an outreach program that helps members stay current with their health care and save money. By analyzing member health data and history, the program identifies possible health risks, care gaps and savings options. Care gaps are sent to providers as well to ensure the best care possible.



**Health and wellness incentives** offer members financial rewards for getting and staying healthy. These are available with select plans and include financial incentives for taking preventive care steps (flu shots or wellness exams) to driving lifestyle changes like being or becoming tobacco free.



The **ConditionCare** program teams up members with nurse coaches and other health professionals who give them holistic, integrated and seamless health management for chronic conditions including asthma, chronic obstructive pulmonary disease (COPD) and heart disease. Of those members in the program, 90% were satisfied with their ConditionCare nurse interactions and said the tools and materials were easy to understand.<sup>1</sup>



**Future Moms** helps moms-to-be have a healthy pregnancy. Experienced nurses provide individualized care for pregnant members to help ensure a full-term, healthy baby. Of those members in the program, 90% said the information and tools helped them have a healthy pregnancy.<sup>2</sup>



**24/7 NurseLine** is staffed with registered nurses who are just a phone call away at any time. Nurses can answer questions about a medical concern or help members choose the right level of care. Members can call the same phone line and listen to hundreds of health topics in the AudioHealth Library. The recordings are available in English and Spanish.



**LiveHealth Online** gives members access to board-certified doctors or licensed psychologists and therapists through live video on their smartphone, tablet or computer with a webcam. Board-certified doctors can evaluate nonemergency illnesses or conditions 24/7 for \$49 or less depending on health plan benefits.<sup>3</sup> They can even prescribe basic medications, if needed.<sup>5</sup> Licensed therapists or psychologists can help members who are stressed, worried or having a tough time. Members can schedule an appointment and connect to a professional in just a few days.<sup>4</sup>



**Case Management** nurses help members deal with complex health issues and navigate the health care system. Backed by a team of physicians, pharmacists, exercise physiologists and others — our nurses have the latest information on treatment options.



The **Cancer Care Quality Program** is an innovative quality initiative that allows oncologists to compare planned cancer treatments against evidence-based clinical criteria and potentially receive enhanced reimbursement. A goal of the program is to promote access to quality, evidence-based, affordable health care for our members and to provide the framework to begin changing the cancer care paradigm. This program also allows our members to be identified earlier for our Case Management program.

<sup>1</sup> Voice of the Customer, Year-End Annual Wellness Report for ConditionCare, 2014.

<sup>2</sup> Internal Health and Wellness Solutions Member Satisfaction Study, 2015.

<sup>3</sup> Doctors using the LiveHealth Online tool charge an average fee of \$49.

<sup>4</sup> Appointments subject to availability of a therapist.

<sup>5</sup> Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to expand to more in the near future. Visit the home page of livehealthonline.com to view the service map by state.

## Meet SB Office Supplies Company, Inc.

A story of health and wellness benefits in action



Vince, IT  
Future Moms

Vince is the go-to guy for computer issues and almost everything else technical. Always in control, no one thought he'd be such a nervous wreck when he found out his wife, Mary, was expecting. He's been hounding everyone with questions, even the mail lady. Michelle, the office manager, tells him about Anthem's Future Moms program and gives him the number. As soon as he gets home, Vince and Mary call Future Moms and are connected to Mandie, a registered nurse, who talks to them about risk factors, screenings and healthy choices for safe deliveries. Mandie is going to send them books and more resources and tells them to call anytime because Future Moms nurses are available 24/7. Mary called back twice, that night.



Georgi, Accounting  
24/7 NurseLine

Georgi's daughter, Tina, is an 8-year-old soccer fiend who never stops running and rarely gets sick. So when Georgi hears her crying at 1 a.m., she knows something's definitely wrong. Georgi calls 24/7 NurseLine and tells the nurse Tina's symptoms. The nurse says Tina's temperature is a bit too high and suggests that Georgi take her to an urgent care center. The nurse finds several in-network urgent care centers near Georgi. One of them is right around the corner. Soon Tina is back up to speed and Georgi feels like the best mom in the world because she had these great resources at her fingertips to help her child get better quickly.



Raja, Warehouse  
ConditionCare

Raja has dealt with loud warehouse workers for years. Nothing surprises or scares her, except when she feels an asthma attack coming on. Because she has Anthem, her medical claims were flagged and sent to a ConditionCare nurse, Kacey, who called Raja right away. After yelling at her crew to pipe down, Raja talked with Kacey about taking her medication, using an inhaler and avoiding triggers. Kacey promised to follow up with Raja soon, but in the meantime, she plans to send her information and helpful resources and maybe she'll even throw in some earplugs.



Mark, Sales  
LiveHealth Online

Mark is a Sales rep who loves to chat, but lately his coughing and sneezing is making everyone run and hide. He's got no time to see a doctor, so Michelle, the office manager, is brave enough to pull him into a conference room and show him how to use LiveHealth Online to visit a doctor with an app on his smartphone. Mark can't believe he's connected with a board-certified doctor in just a few minutes who gives him a diagnosis: "You have a virus. Go home, get some rest and if you don't feel better in a few days, follow up with your primary care doctor." Mark follows the doctor's directions and the whole office feels better.

## So what else can we do for you?

**A lot!** We've got great tools and resources to make managing health care easier than ever.

Like any great relationship, we'll always be right by your side to help you take the health of your employees to the next level. And we've made it easy for you to get started. **Here's what we're talking about:**

### → A wellness **toolkit** to help you create a culture of health, right at work

**Time Well Spent®** is our online health and wellness resource that has all kinds of ways to communicate important health information to your employees about specific health issues (like diabetes and asthma) and improve health with resources on weight management, quitting tobacco and eating healthy. It comes at no extra cost to you and has information on dental, vision, life and disability — and even some in Spanish. Here's just a sample:

Start your company's journey to wellness!



Health kits and challenges



Health articles



Promotional materials



Wellness calendar



Employer guide to wellness



Webinars

Go to [timewellspent.anthem.com](http://timewellspent.anthem.com)

### → Easier plan administration

**EmployerAccess at anthem.com** has everything you need for more efficient benefits administration.

Our quick, easy-to-access online tool makes it simple to enroll members, check eligibility, view your contract, check on coverage and more — in one spot. It's our job to help you save time and make doing business with us easier than ever before. View our user guides, demos and more at **anthem.com**.

With EmployerAccess, you can:



View and pay bills



Process enrollment changes



View your group's benefits



Add new subscribers

### → Help with understanding health care reform

Visit our blog at [blog.makinghealthcarereformwork.com](http://blog.makinghealthcarereformwork.com) to get answers about the Affordable Care Act (ACA), managing health costs and more.

## We've also got **all this for your employees**

### → Connect to **care anywhere** with our **mobile app** — Anthem **Anywhere**

Our **Anthem mobile app** can make it easier than ever for your employees to manage their health care. They can just download the free app and always be prepared.



Find a doctor



Get a virtual ID card



Compare provider costs and quality



Manage prescription benefits



View claims

## Download today

Available for free from [Google Play™](#) or the [App Store™](#).

### → Get care through **LiveHealth Online**

Employees can connect to a doctor or licensed psychologist or therapist and have a face-to-face video visit on their computer or mobile device.



### → Visit [anthem.com](#) for **24/7 information**

- Get tools and resources on topics like nutrition, weight loss and tobacco use
- Join online communities for added support from people with similar experiences
- Find a doctor or hospital in the network and nearby
- Compare and evaluate different hospitals for quality and cost
- Get discounts on healthy living products and services
- Order a new ID card or print a temporary one
- View benefits or check on a claim
- Submit benefit questions



### → **Connecting** with consumers

Through social media, members can get tips on how to get more value from their health plan or ask other questions about how to use their plan. The goal is to help members feel confident in their health plan, understand how it works and get the most savings.

## Just search “Ask Anthem”

Follow us for motivation, inspiration, recipes, workouts and some great healthy fun.





## It's time to meet your match

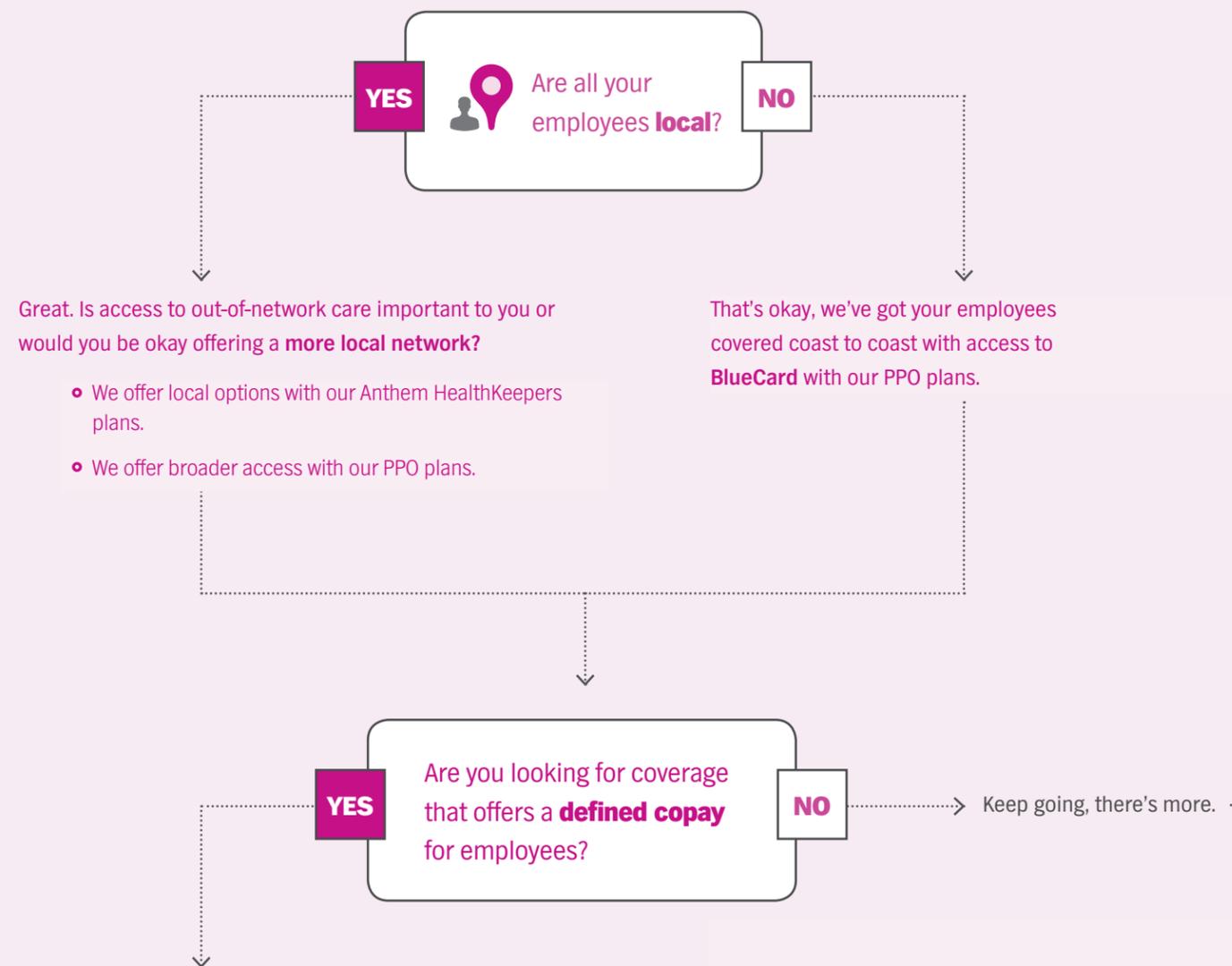
You'll find it here, in one of the most comprehensive product portfolios in the market

We know each employer has a unique mix of employees and needs. That's why we designed a variety of plan options that allow you to create the ultimate benefits package that's perfect for your group. That means meeting both your employees' needs and your budget. So let's get you started, first by finding out what's important to you.

## So what matters most to **you**?

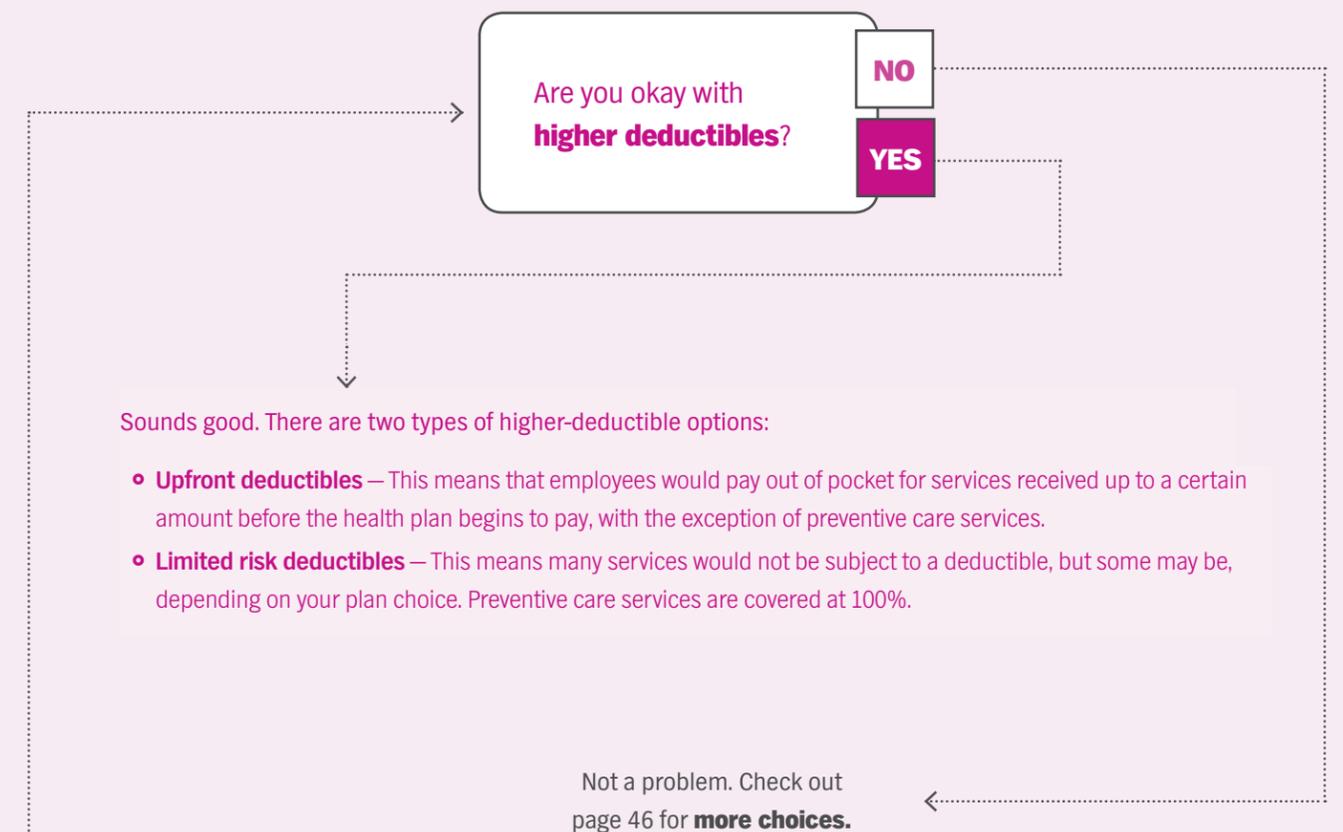
On the pages coming up you'll see our plan designs.

**Before you go there**, here are some important questions you may want to think about:



Good news. We offer plans with immediate coverage for certain services where office visit copays are not subject to the deductible. **Look for plans with office visit copays** in the product grids that follow.

You may be eligible to offer more than one plan. Contact your broker to learn more.



Now's the time! See our plan designs ▶

# Product details

The **plan naming structure** includes these elements:

brand + metal tier + 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/).

All product offerings are subject to regulatory review and approval and are subject to change.

## Platinum plans

Plan type	Plan name	Network	Contract code (CY/PY) <sup>1</sup>	Deductible (individual/family)	Deductible type <sup>2</sup>	Coinsurance	Office visits (EPHC/PCP/SPC) <sup>3</sup>	Urgent care	Emergency room <sup>4</sup>	Outpatient surgery	Hospital inpatient	Out-of-pocket maximum (individual/family)	Incentive package	Prescription drugs – network/formulary	Prescription drugs – retail <sup>5</sup>
PPO	Anthem Platinum PPO 10/0%/3000	KeyCare	2197/2196	N/A	Embedded	0%	\$10/\$10/\$20	\$20	\$200	\$200	\$250 copayment per day to a maximum of \$750 per admission	\$3,000/\$6,000	Preventive Plus	National Plus RX 90/National	\$5/\$35/\$60/25% up to \$300 per script
	Anthem Platinum PPO 10/0%/3500	KeyCare	21AL/21AN	N/A	Embedded	0%	\$10/\$10/\$30	\$30	\$250	\$200	\$300 copayment per day to a maximum of \$900 per admission	\$3,500/\$7,000	Preventive Plus	National Plus RX 90/National	\$5/\$35/\$60/25% up to \$300 per script
	Anthem Platinum PPO 20/0%/3000	 KeyCare	202U/202W	N/A	Embedded	0%	\$10/\$20/\$40	\$40	\$250	\$200	\$300 copayment per day to a maximum of \$900 per admission	\$3,000/\$6,000	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script
POS	Anthem HealthKeepers Platinum OAPOS 10/0%/3000	HealthKeepers	2193/2192	N/A	Embedded	0%	\$10/\$10/\$20	\$20	\$200	\$200	\$250 copayment per day to a maximum of \$750 per admission	\$3,000/\$6,000	Preventive Plus	National Plus RX 90/National	\$5/\$35/\$60/25% up to \$300 per script
	Anthem HealthKeepers Platinum OAPOS 10/0%/3500	HealthKeepers	21AG/21AJ	N/A	Embedded	0%	\$10/\$10/\$30	\$30	\$250	\$200	\$300 copayment per day to a maximum of \$900 per admission	\$3,500/\$7,000	Preventive Plus	National Plus RX 90/National	\$5/\$35/\$60/25% up to \$300 per script
	Anthem HealthKeepers Platinum OAPOS 20/0%/3000	 HealthKeepers	202Q/202S	N/A	Embedded	0%	\$10/\$20/\$40	\$40	\$250	\$200	\$300 copayment per day to a maximum of \$900 per admission	\$3,000/\$6,000	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script

## Gold plans

PPO	Anthem Gold PPO 25/20%/4500	 KeyCare	203W/203Y	N/A	Embedded	20%	\$15/\$25/\$60	\$60	\$350	\$300	\$500 copayment per day to a maximum of \$1,500 per admission	\$4,500/\$9,000	Preventive Plus	National Plus RX 90/National	\$15/\$40/\$80/25% up to \$300 per script
	Anthem Gold PPO 30/30%/5500	 KeyCare	218U/218T	N/A	Embedded	30%	\$20/\$30/\$50	\$50	\$250	\$250	\$500 copayment per day to a maximum of \$1,500 per admission	\$5,500/\$11,000	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script
	Anthem Gold PPO 500/20%/5000	 KeyCare	200Z/200X	\$500/\$1,500	Embedded	20%	\$15/\$25/\$50	\$50	\$350	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$5,000/\$10,000	Preventive Plus	National Plus RX 90/National	\$15/\$40/\$80/25% up to \$300 per script
	Anthem Gold PPO 500/30%/5000	 KeyCare	2022/2024	\$500/\$1,500	Embedded	30%	\$15/\$25/\$50	\$50	\$250	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	\$5,000/\$10,000	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script
	Anthem Gold PPO 750/20%/4000	KeyCare	21AE/21AC	\$750/\$2,250	Embedded	20%	Deductible, then 20% coinsurance	\$4,000/\$8,000	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script				
	Anthem Gold PPO 1000/20%/3000	KeyCare	219C/2199	\$1,000/\$3,000	Embedded	20%	Deductible, then 20% coinsurance	\$3,000/\$6,000	Preventive Plus	National Plus RX 90/National	Deductible, then 20% coinsurance with Preventive Rx				
	Anthem Gold PPO 1000/20%/4000	 KeyCare	200Q/200N	\$1,000/\$3,000	Embedded	20%	\$15/\$25/\$50	\$50	\$300	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$4,000/\$8,000	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script
	Anthem Gold PPO 1500/20%/4000	 KeyCare	201T/201R	\$1,500/\$3,000	Embedded	20%	\$15/\$25/\$50	\$50	\$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$4,000/\$8,000	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script
	Anthem Gold PPO 1500/30%/4250	 KeyCare	2027/2025	\$1,500/\$3,000	Embedded	30%	\$10/\$20/\$60	\$60	\$250	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	\$4,250/\$8,500	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script
	Anthem Gold PPO 2000/0%/2000	KeyCare	219K/219J	\$2,000/\$4,000	Embedded	0%	Deductible, then 0% coinsurance	\$2,000/\$4,000	Preventive Plus	National Plus RX 90/National	Deductible, then 0% coinsurance with Preventive Rx				
	Anthem Gold PPO 2000/20%/3500	 KeyCare	202L/202J	\$2,000/\$4,000	Embedded	20%	\$20/\$30/\$50	\$50	\$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$3,500/\$7,000	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script

<sup>1</sup> CY = calendar year. PY = plan year. Our SHOP plans are only available as calendar year. Please see benefit proposal for final contract code.

<sup>2</sup> With an embedded deductible, each member has an individual deductible/out-of-pocket amount. Any deductible amount contributed by an individual family member will apply to the family deductible amount but no individual family member is required to contribute more to the family deductible than their individual deductible amount. The out-of-pocket accumulates on an embedded basis as well.

<sup>3</sup> Some plans include a reduced cost share when seeing an Enhanced Personal Health Care provider (EPHC). In so, it is noted as the first cost share in the Office visits/Specialist visits column.

<sup>4</sup> If a member's plan includes an emergency room facility copay and the member is directly admitted to the hospital, the emergency room facility copay is waived.

<sup>5</sup> Retail pharmacy is a 30-day supply limit. The pharmacy cost shares noted apply to retail prescription drug purchases only. If there is a generic drug available and members buy a brand name drug instead, members will be responsible for paying the brand name copay plus the difference in cost between the generic drug and the brand name drug. Any plan that has a Rx copay in tiers 1, 2 and 3 will have a per script maximum in tier 4. Rx plans that are structured with a deductible and coinsurance for tiers 1, 2, and 3 will not have a per script maximum as part of the tier 4 benefit. For benefit plans that contain a separate deductible for pharmacy, the deductible is combined for retail and home delivery and for both in-network and out-of-network benefits. Pharmacy deductible, when applicable, does not apply to Tier 1 drugs. Members will pay more for Home Delivery services and for RX 90 services. Retail and Home Delivery Pharmacy is a 90-day supply limit. Specialty drug benefits are covered at a 30-day supply limit combined for in-network and out-of-network. In-network and out-of-network benefits are combined.

The **plan naming structure** includes these elements:

brand + metal tier + 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://www.anthem.com/sobdps/)**.

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**Gold plans** (continued)

Plan type	Plan name	Network	Contract code (CY/PY) <sup>1</sup>	Deductible (individual/family)	Deductible type <sup>2</sup>	Coinsurance	Office visits (EPHC/PCP/SPC) <sup>3</sup>	Urgent care	Emergency room <sup>4</sup>	Outpatient surgery	Hospital inpatient	Out-of-pocket maximum (individual/family)	Incentive package	Prescription drugs – network/formulary	Prescription drugs – retail <sup>5</sup>	
POS	Anthem HealthKeepers Gold OAPOS 25/20%/4500	 HealthKeepers	2041/2046	N/A	Embedded	20%	\$15/\$25/\$60	\$60	\$350	\$300	\$500 copayment per day to a maximum of \$1,500 per admission	\$4,500/\$9,000	Preventive Plus	National Plus RX 90/National	\$15/\$40/\$80/25% up to \$300 per script	
	Anthem HealthKeepers Gold OAPOS 30/30%/5500	 HealthKeepers	218Z/218X	N/A	Embedded	30%	\$20/\$30/\$50	\$50	\$250	\$250	\$500 copayment per day to a maximum of \$1,500 per admission	\$5,500/\$11,000	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script	
	Anthem HealthKeepers Gold OAPOS 500/20%/5000	 HealthKeepers	2013/2012	\$500/\$1,500	Embedded	20%	\$15/\$25/\$50	\$50	\$350	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$5,000/\$10,000	Preventive Plus	National Plus RX 90/National	\$15/\$40/\$80/25% up to \$300 per script	
	Anthem HealthKeepers Gold OAPOS 500/30%/5000	 HealthKeepers	201Y/2020	\$500/\$1,500	Embedded	30%	\$15/\$25/\$50	\$50	\$250	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	\$5,000/\$10,000	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script	
	Anthem HealthKeepers Gold OAPOS 750/20%/4000	HealthKeepers	21AA/21A7	\$750/\$2,250	Embedded	20%	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$4,000/\$8,000	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script	
	Anthem HealthKeepers Gold POS 1000/0%/5000	HealthKeepers	21AS/21AU	\$1,000/\$3,000	Embedded	0%	PCP: \$25 SPC: Deductible, then \$50	Deductible, then \$50	Deductible, then \$300	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$500	\$5,000/\$10,000	N/A	National Plus RX 90/Select	Deductible, then \$15/\$50/\$90/30% up to \$500 per script
	Anthem HealthKeepers Gold OAPOS 1000/20%/3000	HealthKeepers	219E/219G	\$1,000/\$3,000	Embedded	20%	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$3,000/\$6,000	Preventive Plus	National Plus RX 90/National	Deductible, then 20% coinsurance with Preventive Rx
	Anthem HealthKeepers Gold POS 1000/20%/3000 Plus	HealthKeepers	217Y/217W	\$1,000/\$3,000	Embedded	20%	\$20 for first 3 visits, then deductible and 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$3,000/\$6,000	Healthy Support Get Active	National Plus RX 90/Select	\$15/\$40/\$80/30% up to \$500 per script
	Anthem HealthKeepers Gold OAPOS 1000/20%/4000	 HealthKeepers	200U/200T	\$1,000/\$3,000	Embedded	20%	\$15/\$25/\$50	\$50	\$300	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$4,000/\$8,000	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script
	Anthem HealthKeepers Gold OAPOS 1500/20%/4000	 HealthKeepers	201Q/201N	\$1,500/\$3,000	Embedded	20%	\$15/\$25/\$50	\$50	\$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$4,000/\$8,000	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script
	Anthem HealthKeepers Gold OAPOS 1500/30%/4250	 HealthKeepers	202C/2029	\$1,500/\$3,000	Embedded	30%	\$10/\$20/\$60	\$60	\$250	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	\$4,250/\$8,500	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script
	Anthem HealthKeepers Gold OAPOS 2000/0%/2000	HealthKeepers	219P/219N	\$2,000/\$4,000	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$2,000/\$4,000	Preventive Plus	National Plus RX 90/National	Deductible, then 0% coinsurance with Preventive Rx
	Anthem HealthKeepers Gold OAPOS 2000/20%/3500	 HealthKeepers	202G/202E	\$2,000/\$4,000	Embedded	20%	\$20/\$30/\$50	\$50	\$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$3,500/\$7,000	Preventive Plus	National Plus RX 90/National	\$10/\$35/\$70/25% up to \$300 per script
	Anthem HealthKeepers Gold POS 2000/0%/4000	HealthKeepers	2049/204B	\$2,000/\$4,000	Embedded	0%	PCP: \$20 SPC: Deductible, then \$40	Deductible, then \$40	Deductible, then \$200	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$350	\$4,000/\$8,000	N/A	National Plus RX 90/Select	Deductible, then \$15/\$50/\$90/30% up to \$500 per script

1 CY = calendar year. PY = plan year. Our SHOP plans are only available as calendar year. Please see benefit proposal for final contract code.

2 With an embedded deductible, each member has an individual deductible/out-of-pocket amount. Any deductible amount contributed by an individual family member will apply to the family deductible amount but no individual family member is required to contribute more to the family deductible than their individual deductible amount. The out-of-pocket accumulates on an embedded basis as well.

3 Some plans include a reduced cost share when seeing an Enhanced Personal Health Care provider (EPHC). If so, it is noted as the first cost share in the Office visits/Specialist visits column.

4 If a member's plan includes an emergency room facility copay and the member is directly admitted to the hospital, the emergency room facility copay is waived.

5 Retail pharmacy is a 30-day supply limit. The pharmacy cost shares noted apply to retail prescription drug purchases only. If there is a generic drug available and members buy a brand name drug instead, members will be responsible for paying the brand name copay plus the difference in cost between the generic drug and the brand name drug. Any plan that has a Rx copay in tiers 1, 2 and 3 will have a per script maximum in tier 4. Rx plans that are structured with a deductible and coinsurance for tiers 1, 2, and 3 will not have a per script maximum as part of the tier 4 benefit. For benefit plans that contain a separate deductible for pharmacy, the deductible is combined for retail and home delivery and for both in-network and out-of-network benefits. Pharmacy deductible, when applicable, does not apply to Tier 1 drugs. Members will pay more for Home Delivery services and for RX 90 services. Retail and Home Delivery Pharmacy is a 90-day supply limit. Specialty drug benefits are covered at a 30-day supply limit combined for in-network and out-of-network. In-network and out-of-network benefits are combined.

The **plan naming structure** includes these elements:

brand + metal tier + 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://www.anthem.com/sobdps/).

All product offerings are subject to regulatory review and approval and are subject to change.

### Silver plans

Plan type	Plan name	Network	Contract code (CY/PY) <sup>1</sup>	Deductible (individual/family)	Deductible type <sup>2</sup>	Coinsurance	Office visits (EPHC/PCP/SPC) <sup>3</sup>	Urgent care	Emergency room <sup>4</sup>	Outpatient surgery	Hospital inpatient	Out-of-pocket maximum (individual/family)	Incentive package	Prescription drugs – network/formulary	Prescription drugs – retail <sup>5</sup>
PPO	Anthem Silver PPO 2000/50%/7150 	KeyCare	201L/201H	\$2,000/\$4,000	Embedded	50%	\$35/\$50/\$75	\$75	\$350	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	\$7,150/\$14,300	Preventive Plus	National Plus RX 90/National	\$15/\$40/\$80/25% up to \$300 per script
	Anthem Silver PPO 4000/20%/6850 	KeyCare	2018/2015	\$4,000/\$8,000	Embedded	20%	\$25/\$40/\$60	\$60	\$300	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$6,850/\$13,700	Preventive Plus	National Plus RX 90/National	\$15/\$40/\$80/25% up to \$300 per script
POS	Anthem HealthKeepers Silver POS 1500/35%/5500 Plus	HealthKeepers	2186/218A	\$1,500/\$3,000	Embedded	35%	\$35 for first 3 visits, then deductible and 35% coinsurance	Deductible, then 35% coinsurance	Deductible, then \$250	Deductible, then 35% coinsurance	Deductible, then 35% coinsurance	\$5,500/\$11,000	Healthy Support Get Active	National Plus RX 90/Select	\$500 deductible, then \$15/\$40/\$80/30% up to \$500 per script
	Anthem HealthKeepers Silver OAPoS 2000/50%/7150 	HealthKeepers	2016/201D	\$2,000/\$4,000	Embedded	50%	\$35/\$50/\$75	\$75	\$350	Deductible, then 50% coinsurance	Deductible, then 50% coinsurance	\$7,150/\$14,300	Preventive Plus	National Plus RX 90/National	\$15/\$40/\$80/25% up to \$300 per script
	Anthem HealthKeepers Silver POS 2500/30%/5000 Plus	HealthKeepers	2183/2182	\$2,500/\$5,000	Embedded	30%	\$25 for first 3 visits, then deductible and 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then \$250	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	\$5,000/\$10,000	Healthy Support Get Active	National Plus RX 90/Select	\$250 deductible, then \$15/\$40/\$80/30% up to \$500 per script
	Anthem HealthKeepers Silver POS 3000E/0%/5000	HealthKeepers	200K/200M	\$3,000/\$6,000	Embedded	0%	Deductible, then \$20/\$40	Deductible, then \$40	Deductible, then \$250	Deductible, then \$200	Deductible, then \$350	\$5,000/\$10,000	N/A	National Plus RX 90/Select	Deductible, then \$15/\$50/\$90/30% with Preventive Rx
	Anthem HealthKeepers Silver POS 3000/20%/5000 Plus	HealthKeepers	218D/218F	\$3,000/\$6,000	Embedded	20%	\$30 for first 3 visits, then deductible and 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$5,000/\$10,000	Healthy Support Get Active	National Plus RX 90/Select	\$250 deductible, then \$15/\$40/\$80/30% up to \$500 per script
	Anthem HealthKeepers Silver POS 3500/0%/7000	HealthKeepers	200D/200F	\$3,500/\$7,000	Embedded	0%	PCP: \$20 SPC: Deductible, then \$40	Deductible, then \$40	Deductible, then \$300	Deductible, then 0% coinsurance	Deductible, then \$500	\$7,000/\$14,000	N/A	National Plus RX 90/Select	Deductible, then \$15/\$50/\$90/30% up to \$500 per script
Anthem HealthKeepers Silver OAPoS 4000/20%/6850 	HealthKeepers	201B/201A	\$4,000/\$8,000	Embedded	20%	\$25/\$40/\$60	\$60	\$300	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$6,850/\$13,700	Preventive Plus	National Plus RX 90/National	\$15/\$40/\$80/25% up to \$300 per script	
PPO CDHP	Anthem Silver PPO 2700E/20%/4500 w/HSA	KeyCare	202Y/2030	\$2,700/\$5,400	Embedded	20%	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$4,500/\$9,000	Preventive Plus	National Plus RX 90/National	Deductible, then \$15/\$40/\$80/25% with Preventive Rx
	Anthem Silver PPO 2700E/30%/4750 w/HSA	KeyCare	203A/203C	\$2,700/\$5,400	Embedded	30%	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	\$4,750/\$9,500	Preventive Plus	National Plus RX 90/National	Deductible, then \$15/\$40/\$80/30% with Preventive Rx
	Anthem Silver PPO 3500/0%/6550 w/HSA	KeyCare	21A0/21A2	\$3,500/\$7,000	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$6,550/\$13,100	Preventive Plus	National Plus RX 90/National	Deductible, then 20% coinsurance with Preventive Rx
	Anthem Silver PPO 4000E/0%/4000 w/HSA	KeyCare	219W/219Y	\$4,000/\$8,000	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$4,000/\$8,000	Preventive Plus	National Plus RX 90/National	Deductible, then 0% coinsurance with Preventive Rx
POS CDHP	Anthem HealthKeepers Silver OAPoS 2700E/20%/4500 w/HSA	HealthKeepers	2032/2034	\$2,700/\$5,400	Embedded	20%	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$4,500/\$9,000	Preventive Plus	National Plus RX 90/National	Deductible, then \$15/\$40/\$80/25% with Preventive Rx
	Anthem HealthKeepers Silver OAPoS 2700E/30%/4750 w/HSA	HealthKeepers	2036/2038	\$2,700/\$5,400	Embedded	30%	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	\$4,750/\$9,500	Preventive Plus	National Plus RX 90/National	Deductible, then \$15/\$40/\$80/30% with Preventive Rx
	Anthem HealthKeepers Silver OAPoS 3500/0%/6550 w/HSA	HealthKeepers	21A5/21A4	\$3,500/\$7,000	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$6,550/\$13,100	Preventive Plus	National Plus RX 90/National	Deductible, then 20% coinsurance with Preventive Rx
	Anthem HealthKeepers Silver OAPoS 4000E/0%/4000 w/HSA	HealthKeepers	219S/219U	\$4,000/\$8,000	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$4,000/\$8,000	Preventive Plus	National Plus RX 90/National	Deductible, then 0% coinsurance with Preventive Rx

1 CY = calendar year. PY = plan year. Our SHOP plans are only available as calendar year. Please see benefit proposal for final contract code.

2 With an embedded deductible, each member has an individual deductible/out-of-pocket amount. Any deductible amount contributed by an individual family member will apply to the family deductible amount but no individual family member is required to contribute more to the family deductible than their individual deductible amount. The out-of-pocket accumulates on an embedded basis as well.

3 Some plans include a reduced cost share when seeing an Enhanced Personal Health Care provider (EPHC). In so, it is noted as the first cost share in the Office visits/Specialist visits column.

4 If a member's plan includes an emergency room facility copay and the member is directly admitted to the hospital, the emergency room facility copay is waived.

5 Retail pharmacy is a 30-day supply limit. The pharmacy cost shares noted apply to retail prescription drug purchases only. If there is a generic drug available and members buy a brand name drug instead, members will be responsible for paying the brand name copay plus the difference in cost between the generic drug and the brand name drug. Any plan that has a Rx copay in tiers 1, 2 and 3 will have a per script maximum in tier 4. Rx plans that are structured with a deductible and coinsurance for tiers 1, 2, and 3 will not have a per script maximum as part of the tier 4 benefit. For benefit plans that contain a separate deductible for pharmacy, the deductible is combined for retail and home delivery and for both in-network and out-of-network benefits. Pharmacy deductible, when applicable, does not apply to Tier 1 drugs. Members will pay more for Home Delivery services and for RX 90 services. Retail and Home Delivery Pharmacy is a 90-day supply limit. Specialty drug benefits are covered at a 30-day supply limit combined for in-network and out-of-network. In-network and out-of-network benefits are combined.

The **plan naming structure** includes these elements:

brand + metal tier + 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://www.anthem.com/sobdps/)**.

All product offerings are subject to regulatory review and approval and are subject to change.

### Bronze plans

Plan type	Plan name	Network	Contract code (CY/PY) <sup>1</sup>	Deductible (individual/family)	Deductible type <sup>2</sup>	Coinsurance	Office visits (EPHC/PCP/SPC) <sup>3</sup>	Urgent care	Emergency room <sup>4</sup>	Outpatient surgery	Hospital inpatient	Out-of-pocket maximum (individual/family)	Incentive package	Prescription drugs – network/formulary	Prescription drugs – retail <sup>5</sup>
POS	Anthem HealthKeepers Bronze POS 5900/0%/6850 Plus	HealthKeepers	217P/217Q	\$5,900/\$11,800	Embedded	0%	\$35 for first 3 visits, then deductible and 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then \$250	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$6,850/\$13,700	Healthy Support Get Active	National Plus RX 90/Select	\$500 deductible, then \$15/\$40/\$80/30% up to \$500 per script
PPD CDHP	Anthem Bronze PPO 6550E/0%/6550 w/HSA	KeyCare	204M/204P	\$6,550/\$13,100	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$6,550/\$13,100	Preventive Plus	National Plus RX 90/National	Deductible, then 20% coinsurance
POS CDHP	Anthem HealthKeepers Bronze POS 5000E/40%/6550 w/HSA	HealthKeepers	218N/218Q	\$5,000/\$10,000	Embedded	40%	Deductible, then \$30/\$50	Deductible, then \$50	Deductible, then \$300	Deductible, then \$300	Deductible, then \$500	\$6,550/\$13,100	N/A	National Plus RX 90/Select	Deductible, then \$15/\$50/\$90/40%
	Anthem HealthKeepers Bronze POS 6250E/0%/6550 Plus w/HSA	HealthKeepers	218L/218K	\$6,250/\$12,500	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$6,550/\$13,100	Healthy Support Get Active	National Plus RX 90/Select	Deductible, then 30% coinsurance
	Anthem HealthKeepers Bronze OAPOS 6550E/0%/6550 w/HSA	HealthKeepers	204H/204K	\$6,550/\$13,100	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$6,550/\$13,100	Preventive Plus	National Plus RX 90/National	Deductible, then 20% coinsurance

### SHOP plans

POS	Anthem HealthKeepers Silver X POS 2000/0%/5000	HealthKeepers	200G	\$2,000/\$4,000	Embedded	0%	Deductible, then \$30/\$60	Deductible, then \$60	Deductible, then \$300	Deductible, then \$300	Deductible, then \$500	\$5,000/\$10,000	N/A	National Plus RX 90/Select	Deductible, then \$15/\$50/\$90/30%
	Anthem HealthKeepers Gold X OAPOS 3000/0%/4000 	HealthKeepers	201V	\$3,000/\$6,000	Embedded	0%	\$10/\$15/\$35	\$35	\$250	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$4,000/\$8,000	Preventive Plus	National Plus RX 90/National	\$15/\$40/\$80/25% up to \$300 per script
	Anthem HealthKeepers Silver X OAPOS 4500E/0%/6000	HealthKeepers	21AP	\$4,500/\$9,000	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$6,000/\$12,000	Preventive Plus	National Plus RX 90/National	\$15/\$40/\$80/25% up to \$300 per script
	Anthem HealthKeepers Gold Pathway X POS 500/20%/5000 Plus	Pathway X Tiered Hospital	217T	\$500/\$1,500	Embedded	20%	\$20 for first 3 visits, then deductible and 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$5,000/\$10,000	Healthy Support Get Active	National Plus RX 90/Select	\$15/\$40/\$80/30% up to \$500 per script
	Anthem HealthKeepers Gold Pathway X POS 1000/20%/2900 Plus	Pathway X Tiered Hospital	202M	\$1,000/\$3,000	Embedded	20%	\$20 for first 3 visits, then deductible and 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then \$250	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	\$2,900/\$5,800	Healthy Support Get Active	National Plus RX 90/Select	\$15/\$40/\$80/30% up to \$500 per script
	Anthem HealthKeepers Silver Pathway X POS 2000/30%/6750 Plus	Pathway X Tiered Hospital	217Z	\$2,000/\$4,000	Embedded	30%	\$30 for first 3 visits, then deductible and 30% coinsurance	Deductible, then 30% coinsurance	Deductible, then \$250	Deductible, then 30% coinsurance	Deductible, then 30% coinsurance	\$6,750/\$13,500	Healthy Support Get Active	National Plus RX 90/Select	\$15/\$40/\$80/30% up to \$500 per script
POS CDHP	Anthem HealthKeepers Bronze Pathway X POS 6550E/0%/6550 Plus w/HSA	Pathway X Tiered Hospital	218G	\$6,550/\$13,100	Embedded	0%	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	\$6,550/\$13,100	Healthy Support Get Active	National Plus RX 90/Select	Deductible, then 20% coinsurance

1 CY = calendar year. PY = plan year. Our SHOP plans are only available as calendar year. Please see benefit proposal for final contract code.

2 With an embedded deductible, each member has an individual deductible/out-of-pocket amount. Any deductible amount contributed by an individual family member will apply to the family deductible amount but no individual family member is required to contribute more to the family deductible than their individual deductible amount. The out-of-pocket accumulates on an embedded basis as well.

3 Some plans include a reduced cost share when seeing an Enhanced Personal Health Care provider (EPHC). In so, it is noted as the first cost share in the Office visits/Specialist visits column.

4 If a member's plan includes an emergency room facility copay and the member is directly admitted to the hospital, the emergency room facility copay is waived.

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## Dental Prime and Dental Complete

### Plans with more coverage choices

When we created the Dental Prime and Dental Complete plans, we made sure they could be custom fit. That means lots of choices in coverage, including options for:

- Dental implants.
- Composite (tooth-colored) fillings on any tooth, not just the front teeth.
- Orthodontic benefits for kids and adults, or kids only.
- Annual maximum carryover, which lets members carry over some unused benefits to the next year.

Pediatric dental essential health benefits (EHBs) are included with your medical plan. You can also add adult dental coverage or supplement the pediatric dental EHBs to a higher level of coverage by purchasing one of our stand-alone plans.

See the grid that follows for more information.

### Value, Classic and Enhanced dental plans

For groups of 2 to 50, we offer a choice of dental plans that use our network. You can choose from our Value, Classic and Enhanced levels. So you can select the level that fits your needs and budget:

- *Value dental plans* cover the basics like cleanings, exams, X-rays and fillings.
- *Classic dental plans* cover basic dental services, as well as most major services.
- *Enhanced dental plans* have the most coverage, with choices for higher levels of coverage/annual maximums and lower coinsurance for members.

In addition, we also offer voluntary dental plans, which allow you to offer dental coverage to your employees without adding to your expenses. And our voluntary plans only require that five or more employees enroll.

### 2017 Dental Prime and Dental Complete plans (new business only)

In 2017, we will be offering the below dental plans. These dental plans allow for streamlined administration providing groups that have Anthem medical and Anthem dental with the convenience of one bill, one payment.

	Value	Classic		Enhanced		Voluntary	
	Passive	Passive	Active	Passive	Active	Passive	Active
Diagnostic and preventive services (in network/out of network)	100%/100%	100%/100%	100%/80%	100%/100%	100%/80%	100%/100%	100%/80%
Basic services (in network/out of network)	80%/80%	80%/80%	80%/60%	90%/90%	90%/80% or 90%/70%	80%/80%	80%/60%
Major services (in network/out of network)	Not covered	50%/50%	50%/50%	60%/60%	60%/50%	50%/50%	
Endodontic, periodontal and oral surgery services (in network/out of network)	Not covered or 80%/80%	80%/80% or 50%/50%	80%/60% or 50%/50%	90%/90%	90%/80% or 90%/70%	50%/50%	
Dental implants	Not covered	Not covered or covered		Covered		Not covered or covered	
Posterior composites	Benefit as amalgam or covered	Covered		Covered		Covered	
Orthodontia	Not covered	Not covered, 50% children only or 50% adults and children		Not covered or 50% children only		Not covered or 50% children only	
Annual deductible (per person/family)	\$50/\$150	\$50/150		\$25/\$75 or \$50/\$150		\$50/\$150	
Annual benefit maximum and orthodontia maximum	\$1,000	\$1,000 \$1,250, \$1,500 or \$2,000		\$1,500, \$2,000 or \$2,500		\$1,000, \$1,250, \$1,500 or \$2,000	
Waiting periods (major and orthodontia)	No waiting period	No waiting period		No waiting period		Major: 12 months Orthodontia: None or 12 months	
Annual maximum carryover	Not included	Not included or included		Not included or included		Not included or included	
Out-of-network reimbursement	MAC, 90th or 80th	MAC, 90th or 80th		80th or 90th		MAC, 90th or 80th	
Dental network	Prime or Complete	Prime or Complete		Complete		Complete	

### Participation Guidelines:

- Groups of 2 - 4: 100% of eligible employees not covered under dental plan must enroll
- Groups of 5 or more: Minimum 60% participation
- Orthodontia: Minimum of 10 enrolled employees
- Minimum of 5 enrolled, with no participating percentage requirement

The above is a summary. See the *Certificate of Coverage* with the *Schedule of Benefits* and any riders associated with the plan for complete coverage details and related terms and conditions.

**For renewing business, please contact your broker or Anthem representative for a complete copy of the plan options available.**

## Blue View Vision coverage

### Stand-alone plans (2 to 50 employees)

Plan	Copay <sup>1</sup> for		Frequency				
	Eye exam/ Eyeglass lenses	Frames/Contact lenses allowance <sup>2</sup>	Eye exam	Eyeglass lenses	Frames	Contact lenses	
Full service	A1	\$10/\$0	\$130/\$130	Once per calendar year			
	A2	\$15/\$0	\$120/\$115	Once per calendar year			
	A3	\$10/\$10	\$130/\$130	Once per calendar year			
	A4	\$10/\$20	\$130/\$130	Once per calendar year			
	A5	\$20/\$20	\$130/\$130	Once per calendar year			
	A6	\$10/\$25	\$130/\$130	Once per calendar year			
	B1	\$10/\$0	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
	B2	\$10/\$20	\$100/\$100	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
	B3	\$10/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
	B4	\$20/\$20	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
	B5	\$10/\$10	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
	B6	\$10/\$25	\$130/\$130	Once per calendar year	Once per calendar year	Once every other calendar year	Once per calendar year
	C1	\$10/\$0	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
	C2	\$10/\$20	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
	C3	\$20/\$20	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
	C4	\$25/\$0	\$120/\$115	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
	C5	\$10/\$20	\$100/\$100	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
	C6	\$20/\$20	\$100/\$100	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year
C7	\$20/\$20	\$130/\$80	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year	
C8	\$10/\$25	\$130/\$130	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year	
C9	\$30/\$30	\$100/\$100	Once per calendar year	Once every other calendar year	Once every other calendar year	Once every other calendar year	
Material only	M01	Not covered/\$10	\$130/\$130	Not covered	Once per calendar year	Once per calendar year	Once per calendar year
	M02	Not covered/\$10	\$130/\$130	Not covered	Once per calendar year	Once every other calendar year	Once per calendar year
	M03	Not covered/\$0	\$130/\$130	Not covered	Once per calendar year	Once per calendar year	Once per calendar year
	M04	Not covered/\$20	\$130/\$130	Not covered	Once per calendar year	Once every other calendar year	Once per calendar year
	M05	Not covered/\$20	\$130/\$130	Not covered	Once per calendar year	Once per calendar year	Once per calendar year
	M06	Not covered/\$0	\$130/\$130	Not covered	Once per calendar year	Once every other calendar year	Once per calendar year
Exam only <sup>3</sup>	E01	\$0/Not covered	Not covered	Once per calendar year	Not covered	Not covered	Not covered
	E02	\$5/Not covered	Not covered	Once per calendar year	Not covered	Not covered	Not covered
	E03	\$10/Not covered	Not covered	Once per calendar year	Not covered	Not covered	Not covered
	E04	\$15/Not covered	Not covered	Once per calendar year	Not covered	Not covered	Not covered
	E05	\$20/Not covered	Not covered	Once per calendar year	Not covered	Not covered	Not covered

<sup>1</sup> Above amounts reflect in-network copays and allowances.

<sup>2</sup> Benefits include coverage for member's choice of eyeglass lenses or contact lenses, but not both. Nonelective contacts covered in full.

<sup>3</sup> Retention plans only.



Pediatric vision is included in all of our Small Group medical plans. Some plans may also include adult office visit vision benefits.

For more information, contact your broker or Anthem representative.

# Exclusions and limitations

Request a copy of the *Combined Evidence of Coverage/Member Booklet* for comprehensive details on covered services, exclusions and limitations. These exclusions and limitations will apply to all members enrolled in any of the products described in this guide unless otherwise noted.

All exclusions and limitations are subject to regulatory review and approval.

## 1. Abortion

Services, supplies, prescription drugs, and other care for elective (voluntary) abortions and/or fetal reduction surgery.

- a) This exclusion does not apply to therapeutic abortions, which are abortions performed to save the life of the mother or as a result of incest or rape.

## 2. Acts of war, disasters or nuclear accidents

In the event of a major disaster, epidemic, war, or other event beyond our control, we will make a good faith effort to give you covered services. We will not be responsible for any delay or failure to give services due to lack of available facilities or staff:

- a) Benefits will not be given for any illness or injury that is a result of war, service in the armed forces, a nuclear explosion, nuclear accident, release of nuclear energy, a riot or civil disobedience.

## 3. Administrative charges:

- a) Charges to complete claim forms.
- b) Charges to get medical records or reports.
- c) Membership, administrative, or access fees charged by doctors or other providers. Examples include, but are not limited to, fees for educational brochures or calling you to give you test results.

## 4. Alternative/complementary medicine

Services or supplies for alternative or complementary medicine. This includes, but is not limited to:

- a) Acupuncture
- b) Holistic medicine
- c) Homeopathic medicine
- d) Hypnosis
- e) Aroma therapy
- f) Massage and massage therapy
- g) Reiki therapy
- h) Herbal, vitamin or dietary products or therapies
- i) Naturopathy
- j) Thermography
- k) Orthomolecular therapy
- l) Contact reflex analysis
- m) Bioenergetic synchronization technique (BEST)
- n) Iridology — study of the iris

- o) Auditory integration therapy (AIT)

- p) Colonic irrigation

- q) Magnetic innervation therapy

- r) Electromagnetic therapy

- s) Neurofeedback/biofeedback

## 5. Applied Behavioral Treatment

Including but not limited to applied behavioral analysis and intensive behavior interventions unless required by law.

## 6. Before effective date or after termination date

Charges for care you get before your effective date or after your coverage ends, except as written in this plan.

## 7. Certain providers

Services you get from providers that are not licensed by law to provide covered services as defined in this booklet. Examples include, but are not limited to, masseurs or masseuses (massage therapists), physical therapist technicians, and athletic trainers.

## 8. Charges over the maximum allowed amount

Charges over the maximum allowed amount for covered services.

## 9. Charges not supported by medical records

Charges for services not described in your medical records.

## 10. Clinically equivalent alternatives

Certain prescription drugs may not be covered if you could use a clinical equivalent drug, unless required by law. Clinically equivalent means drugs that for most members will give you similar results for a disease or condition. If you have questions about whether a certain drug is covered and which drugs fall into this group, visit our website at [www.anthem.com](http://www.anthem.com). If you or your doctor believes you need to use a different prescription drug, please have your doctor or pharmacist get in touch with us. We will cover the other prescription drug only if we agree that it is medically necessary and appropriate over the clinically equivalent drug. We will review benefits for the prescription drug from time to time to make sure the drug is still medically necessary.

## 11. Complications of non-covered services

Care for problems directly related to a service that is not covered by this plan. Directly related means that the care took place as a direct result of the non-covered service and would not have

taken place without the non-covered service.

## 12. Contraceptives

Contraceptive devices including diaphragms, intra uterine devices (IUDs), and implants (this exclusion only applies if employer group has qualified to opt out of this coverage).

## 13. Cosmetic services

Treatments, services, prescription drugs, equipment, or supplies given for cosmetic services. Cosmetic services are meant to preserve, change, or improve how you look. No benefits are available for surgery or treatments to change the texture or look of your skin or to change the size, shape or look of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts).

This exclusion does not apply to:

- a) Surgery or procedures to correct deformity caused by disease, trauma, or previous therapeutic process.
- b) Surgery or procedures to correct congenital abnormalities that cause functional impairment.
- c) Surgery or procedures on newborn children to correct congenital abnormalities.

## 14. Court-ordered testing

Court-ordered testing or care unless medically necessary.

## 15. Custodial care

Custodial care, convalescent care or rest cures. This exclusion does not apply to hospice services.

## 16. Delivery charges

Charges for delivery of prescription drugs.

## 17. Dental services:

- a) Dental care for members age 19 or older.
- b) Dental services or health care services not specifically listed as covered in this booklet (including any hospital charges, prescription drug charges and dental services or supplies that do not have an American Dental Association Procedure Code, unless covered by the medical benefits of this plan.
- c) Services of anesthesiologists, unless required by law.
- d) Anesthesia services (such as intravenous and non-intravenous conscious sedation, analgesia, and general anesthesia) are not covered when given separate from a covered oral surgery services, except as required by law.
- e) Dental services, appliances or restorations that are necessary to alter, restore or maintain occlusion: includes, increasing vertical dimension, replacing or stabilizing tooth structure lost by attrition, realignment of teeth, and gnathologic recordings.

- f) Occlusal procedures.

- g) Dental services provided solely for the purpose of improving the appearance of your teeth when your teeth structure and function are satisfactory and no pathologic conditions (such as cavities) exist.

- h) Case presentations.

- i) Athletic mouth guards

- j) Enamel microabrasion and odontoplasty.

- k) Retreatment or additional treatment necessary to correct or relieve the results of treatment previously covered under the plan.

- l) Bacteriologic tests for determination of periodontal disease or pathologic agents, unless covered by the medical benefits of this plan.

- m) The controlled release of therapeutic agents or biologic modifiers used to aid in soft tissue and osseous tissue regeneration.

- n) Collection of oral cytology sample via scraping of the oral mucosa, unless covered by the medical benefits of this plan.

- o) Separate services billed when they are an inherent component of another covered service.

- p) Services for the replacement of an existing partial denture with a bridge, unless the partial denture cannot satisfactorily restore the case.

- q) Incomplete services where the final permanent appliance (denture, partial bridge) or restoration (crown, filling has not been placed.

- r) Additional, elective or enhanced prosthodontic procedures including, but not limited to, connector bar(s), stress breakers and precision attachments.

- s) Placement or removal of sedative filling, base or liner used under a restoration that is billed separately from a restoration procedure (such as a filling).

- t) Pulp vitality tests.

- u) Adjunctive diagnostic tests.

- v) Incomplete root canals.

- w) Cone beam images.

- x) Anatomical crown exposure.

- y) Temporary anchorage devices.

- z) Sinus augmentation.

- aa) Oral hygiene instructions.

- bb) Removal of pulpal debridement, pulp cap, post, pins, resorbable or nonresorbable filling materials and the procedures used to prepare and place materials in the canals (tooth roots).

- cc) Root canal obstruction, internal root repair of perforation defects, incomplete endodontic treatment and bleaching of discolored teeth.

- dd) For dental services received prior to the effective date of this plan or received after the

## Exclusions and limitations

coverage under this plan has ended.

ee) Dental services given by someone other than a licensed provider (dentist or physician) or their employees.

ff) Implant services, including maintenance or repair to an implant or implant abutment.

gg) Dental services for which you would have no legal obligation to pay in the absence of this or like coverage.

hh) For any condition, disease, defect, ailment or injury arising out of and in the course of employment if benefits are available under the Workers' Compensation Act or any similar law. This exclusion applies if a member receives the benefits in whole or in part. This exclusion also applies whether or not the member claims the benefits or compensation. It also applies whether or not the member recovers from any third party.

### 18. Drugs over quantity or age limits.

Drugs in quantities which are over the plan limits set by this plan or which are over any age limits set by us.

### 19. Drugs over the quantity prescribed or refills after one year.

Drugs in amounts over the quantity prescribed, or for any refill given more than one year after the date of the original prescription order.

### 20. Drugs prescribed by providers lacking qualifications/certifications.

Prescription drugs prescribed by a provider that does not have the necessary qualifications, including certifications, as determined by us.

### 21. Drugs that do not need a prescription

Drugs that do not need a prescription by federal law (including drugs that need a prescription by state law but not by federal law) except for injectable insulin.

### 22. Educational services

Services or supplies for teaching, vocational, or self-training purposes, except as listed in this booklet.

### 23. Experimental or investigational services

Services or supplies that we find are experimental or investigational. This also applies to services related to experimental or investigational services, whether you get them before, during, or after you get the experimental or investigational service or supply:

- The fact that a service or supply is the only available treatment will not make it a covered service if we conclude it is experimental or investigational.

### 24. Eyeglasses and contact lenses

Eyeglasses and contact lenses to correct your eyesight unless listed as covered in this booklet. This exclusion does not apply to lenses needed after a covered eye surgery or accidental injury.

### 25. Eye exercises

Orthoptics and vision therapy.

### 26. Eye surgery

Eye surgery to fix errors of refraction, such as near-sightedness. This includes, but is not limited to, LASIK, radial keratotomy or keratomileusis, and excimer laser refractive keratectomy.

### 27. Family members

Services prescribed, ordered, referred by or given by a member of your immediate family, including your spouse, child, brother, sister, parent, in-law or self.

### 28. Foot care

Routine foot care unless medically necessary. This exclusion applies to cutting or removing corns and calluses; trimming nails; cleaning and preventive foot care, including, but not limited to:

- Cleaning and soaking the feet.
- Applying skin creams to care for skin tone.
- Other services that are given when there is not an illness, injury or symptom involving the foot.

This exclusion does not apply to the treatment of corns, calluses, and care of toenails for patients with diabetes or vascular disease.

### 29. Foot orthotics

Foot orthotics, orthopedic shoes or footwear or support items unless used for an illness affecting the lower limbs, such as severe diabetes.

### 30. Foot surgery

Surgical treatment of flat feet; subluxation of the foot; weak, strained, unstable feet; tarsalgia; metatarsalgia; hyperkeratoses.

### 31. Free care

Services you would not have to pay for if you didn't have this plan. This includes, but is not limited to, government programs, services during a jail or prison sentence, services you get from Workers' Compensation, and services from free clinics.

If Workers' Compensation benefits are not available to you, this exclusion does not apply. This exclusion will apply if you get the benefits in whole or in part. This exclusion also applies whether or not you claim the benefits or compensation, and whether or not you get payments from any third party.

### 32. Gene therapy

Gene therapy as well as any drugs, procedures, health care services related to it that introduce or is related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material.

### 33. Health club memberships and fitness services

Health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or

facilities used for physical fitness, even if ordered by a Doctor. This exclusion also applies to health spas.

### 34. Hearing aids

Hearing aids or exams to prescribe or fit hearing aids, unless listed as covered. This exclusion does not apply to cochlear implants.

### 35. Home care:

- Services given by registered nurses and other health workers who are not employees of or working under an approved arrangement with a home health care provider.
- Food, housing, homemaker services and home delivered meals.

### 36. Infertility treatment

Treatment related to infertility.

### 37. Lost or stolen drugs

Refills for lost or stolen drugs

### 38. Maintenance therapy

Rehabilitative Treatment given when no further gains are clear or likely to occur. Maintenance therapy includes care that helps you keep your current level of function and prevents loss of that function, but does not result in any change for the better. This exclusion does not apply to Habilitative services.

### 39. Medical equipment, devices and supplies:

- Replacement or repair of purchased or rental equipment because of misuse, abuse, or loss/theft.
- Surgical supports, corsets, or articles of clothing unless needed to recover from surgery or injury.
- Nonmedically necessary enhancements to standard equipment and devices.
- Supplies, equipment, and appliances that include comfort, luxury or convenience items or features that exceed what is medically necessary in a member's situation. Reimbursement will be based on the maximum allowable amount for a standard item that is a covered service, serves the same purpose, and is medically necessary. Any expense that exceed the maximum allowable amount for the standard item which is a covered service is the member's responsibility.

### 40. Medicare

Services for which benefits are payable under Medicare Parts A, and/or B, or would have been payable if you had applied for Parts A and/or B when you became eligible due to age, except as required by federal law. If you do not enroll in Medicare Part B when you become eligible due to age, we will calculate benefits as if you had enrolled. You should sign up for Medicare Part B as soon as possible to avoid large out-of-pocket costs.

### 41. Missed or canceled appointments

Charges for missed or canceled appointments.

### 42. Non-medically necessary services

Services we conclude are not medically necessary. This includes services that do not meet our medical policy, clinical coverage, or benefit policy guidelines.

### 43. Nutritional or dietary supplements

Nutritional and/or dietary supplements, except as described in this booklet or that we must cover by law. This exclusion includes, but is not limited to, nutritional formulas and dietary supplements that you can buy over the counter and those you can get without a written prescription or from a licensed pharmacist.

### 44. Off label use.

Off label use, unless we must cover it by law or if we approve it.

### 45. Out-of-network care (Anthem HealthKeepers POS plans)

Services from a provider that is not in our network. This does not apply to emergency care, urgent care or authorized services.

### 46. Oral surgery

Extraction of teeth, surgery for impacted teeth and other oral surgeries for to treat the teeth or bones and gums directly supporting the teeth, except as listed in this booklet.

### 47. Personal care and convenience:

- Items for personal comfort, convenience, protection, cleanliness such as air conditioners, humidifiers, water purifiers, sports helmets, raised toilet seats, and shower chairs
- First aid supplies and other items kept in the home for general use (bandages, cotton-tipped applicators, thermometers, petroleum jelly, tape, nonsterile gloves, heating pads)
- Home workout or therapy equipment, including treadmills and home gyms
- Pools, whirlpools, spas, or hydrotherapy equipment
- Hypoallergenic pillows, mattresses, or waterbeds
- Residential, auto, or place of business structural changes (ramps, lifts, elevator chairs, escalators, elevators, stair glides, emergency alert equipment, handrails).

### 48. Prescription benefit exclusions

Certain items are not covered under the prescription drug Retail or Home Delivery (Mail Order) Pharmacy benefit:

- Administration charges**  
Charges for the administration of any drug except for covered immunizations as approved by us or the Pharmacy Benefit Manager (PBM).
- Compound drugs**  
Compound drugs unless all of the ingredients

## Exclusions and limitations

are FDA-approved and require a prescription to dispense, and the compound medication is not essentially the same as an FDA-approved product from a drug manufacturer. Exceptions to non-FDA approved compound ingredients may include multisource, nonproprietary vehicles and/or pharmaceutical adjuvants.

### c) **Contraceptives**

Contraceptive drugs, injectable contraceptive drugs and patches unless we must cover them by law (this exclusion only applies if employer group has qualified to opt out of this coverage).

### d) **Contrary to approved medical and professional standards**

Drugs given to you or prescribed in a way that is against approved medical and professional standards of practice.

### e) **Delivery charges**

Charges for delivery of prescription drugs.

### f) **Drugs given at the provider's office/facility**

Drugs you take at the time and place where you are given them or where the prescription Order is issued. This includes samples given by a doctor. This exclusion does not apply to drugs used with a diagnostic service, drugs given during chemotherapy in the office or drugs covered under the medical and surgical supplies benefit — they are covered services.

### g) **Drugs not on the Anthem prescription drug list** (a formulary)

You can get a copy of the list by calling us or visiting our website at anthem.com.

### h) **Drugs prescribed by providers lacking qualifications/certifications**

Prescription drugs prescribed by a provider who does not have the necessary qualifications, including certifications, as determined by us.

### i) **Drugs that do not need a prescription**

Drugs that do not need a prescription by federal law (including drugs that need a prescription by state law, but not by federal law), except for injectable insulin. This exclusion does not apply to over-the-counter drugs that we must cover under federal law when recommended by the U.S. Preventive Services Task Force and prescribed by a physician.

### j) **Drugs over quantity or age limits**

Drugs in quantities which are over the limits set by the plan, or which are over any age limits set by us.

### k) **Drugs over the quantity prescribed or refills after one year**

Drugs in amounts over the quantity prescribed, or for any refill given more than one year after the date of the original prescription order.

### k) **Gene therapy**

Gene therapy as well as any drugs, procedures, health care services related to it that introduce or is related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material.

### l) **Infertility drugs**

Drugs used in assisted reproductive technology procedures to achieve conception (e.g., IVF, ZIFT, GIFT.)

### m) **Items covered as durable medical equipment (DME)**

Therapeutic DME, devices and supplies except peak flow meters, spacers, and blood glucose monitors. Items not covered under the prescription drug benefit at a retail or home delivery (mail order) pharmacy benefit may be covered under the durable medical equipment and medical devices benefit.

### n) **Items covered under the allergy services benefit**

Allergy desensitization products or allergy serum. While not covered under the prescription drug benefit at a retail or home delivery (mail order) pharmacy benefit, these items may be covered under the allergy services benefit.

### o) **Home delivery providers other than the PBM's home delivery provider**

Prescription drugs dispensed by any home delivery provider other than the PBM's home delivery provider, unless we must cover them by law.

### p) **Non-approved drugs**

Drugs not approved by the FDA.

### q) **Off-label use**

Off-label use, unless we must cover the use by law or if we, or the PBM, approve it.

### r) **Onychomycosis drugs**

Drugs for onychomycosis (toenail fungus) except when we allow it to treat Members who are immuno-compromised or diabetic.

### s) **Over-the-counter items**

Drugs, devices and products, or prescription legend drugs with over-the-counter equivalents and any drugs, devices or products that are therapeutically comparable to an over-the-counter drug, device, or product. This includes prescription legend drugs when any version or strength becomes available over the counter. This exclusion does not apply to over-the-counter products that we must cover as a preventive care benefit under federal law with a prescription.

### t) **Sexual-dysfunction drugs**

Drugs to treat sexual or erectile problems.

### u) **Syringes**

Hypodermic syringes except when given for use with insulin and other covered self-injectable drugs and medicine.

### v) **Weight-loss drugs**

Any drug mainly used for weight loss

### 49. **Private-duty nursing**

Private-duty nursing services, unless listed as covered in this booklet. Your coverage does not include benefits for private-duty nurses in the inpatient setting.

### 50. **Prosthetics**

Prosthetics for sports or cosmetic purposes. This includes wigs and scalp hair prosthetics.

### 51. **Residential accommodations**

Residential accommodations to treat medical or behavioral health conditions, except when provided in a hospital, hospice, skilled nursing facility or residential treatment center

### 52. **Services received outside of Virginia (Anthem HealthKeepers POS plans)**

Services received by a provider outside of Virginia. This does not apply to emergency or urgent care, or covered services approved in advance by us.

### 53. **Sexual dysfunction**

Services or supplies for male or female sexual problems.

### 54. **Stand-by charges**

Stand-by charges of a doctor or other provider.

### 55. **Sterilization**

Services to reverse elective sterilization (this exclusion applies to all except for those employer groups who qualify to opt out of this coverage).

### 56. **Sterilization**

For female sterilization or reversal of sterilization (this exclusion only applies if the employer group has qualified to opt out of this coverage).

### 57. **Surrogate mother services**

Services or supplies for a person not covered under this plan for a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).

### 58. **Telemedicine**

Non-interactive telemedicine services, such as audio-only telephone conversations, electronic mail message, fax transmissions or online questionnaire.

### 59. **Temporomandibular joint treatment**

Fixed or removable appliances which move or reposition the teeth, fillings, or prosthetics (crowns, bridges, dentures).

### 60. **Travel costs**

Mileage, lodging, meals, and other member-related travel costs except as described in this plan.

### 61. **Vein treatment**

Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes.

### 62. **Vision services:**

- Eye-glass lenses, frames, or contact lenses for members age 19 and older, unless listed as covered in this booklet.
- Safety glasses and accompanying frames.
- For two pairs of glasses in lieu of bifocals.
- Plano lenses (lenses that have no refractive power).
- Lost or broken lenses unless the member has reached their normal interval for service when seeking replacements.
- Vision services not listed as covered in this booklet.
- Cosmetic lenses or options, such as special lens coatings or non-prescription lenses, unless specifically listed as covered.
- Blended lenses.
- Oversize lenses.
- Sunglasses and accompanying frames.
- For services or supplies combined with any other offer, coupon or in-store advertisement, or for certain brands of frames where the manufacturer does not allow discounts.
- For vision services for pediatric members, no benefits are available for frames or contact lenses not on the Anthem formulary.
- Services and materials not meeting accepted standards of optometric practice or services that are not performed by a licensed provider.

### 63. **Waived cost-shares out of network**

For any service for which you are responsible under the terms of this plan to pay a copayment, coinsurance or deductible, and the copayment, coinsurance or deductible is waived by an out-of-network provider.

### 64. **Weight-loss programs**

Programs, whether or not under medical supervision, unless listed as covered in this booklet. This exclusion includes, but is not limited to, commercial weight-loss programs (Weight Watchers®, Jenny Craig®, LA Weight Loss®) and fasting programs.

### 65. **Weight-loss surgery**

Bariatric surgery. This includes, but is not limited to, Roux-en-Y (RNY), Laparoscopic gastric bypass surgery or other gastric bypass surgery (surgeries that lower stomach capacity and divert partly digested food from the duodenum to the jejunum, the section of the small intestine extending from the duodenum), or gastroplasty, (surgeries that reduce stomach size), or gastric banding procedures.

