

Virginia

2021 Life and disability plans (2-50 employees)

For extra support, our life and disability plans offer Resource Advisor, which includes behavioral, financial and legal counseling, as well as helpful online services and tools for the whole family.

Life AD & D	Benefits amount	Salary-based
Groups with 2-9	\$15,000/\$25,000/\$30,000/\$50,000	1x salary (\$100,000 maximum)
Groups with 10-50	Minimum: \$15,000 Maximum: \$350,000	1x, 2x or 3x salary (\$25,000 minimum, \$350,000 maximum)
Dependent Life included at employer's option	\$10,000 spouse/\$5,000 child \$5,000 spouse/\$2,500 child \$20,000 spouse/\$10,000 child ¹	N/A

Basic Life benefit amounts of \$10,000 are available for groups that also purchase Optional Supplemental Life
¹ only available to groups of 10-100.

Optional and voluntary Life	Benefits amount	Salary-based
Groups with 10-50	Minimum: \$25,000 Maximum: \$300,000	1x, 2x or 3x salary (\$300,000 maximum)
Dependent life included at employer's option	Spouse coverage \$10,000 to \$50,000 in increments of \$5,000	Child coverage: \$5,000, \$10,000 or \$15,000 for each child

AD&D included.

Short-term disability (STD)	Benefit
Groups with 2-50	Salary-based plans of 50%, 55%, 60% or 67%. ¹ Flat benefit plan of \$200 or \$250 per week. ²

¹ 2-9, 50%, 55% plans not available; 67% plans must be non-contributory. 40% plan available for groups of 10+ at UW discretion.
² For groups of 10+, \$100 or \$150/week available at UW discretion.

Voluntary short-term disability (VSTD)	Benefit
Groups with 10-50	Salary-based plans of 50%, 55% or 60%. Flat benefit plan of \$200 or \$250 per week.

Long-term disability (LTD)	Benefit
Groups with 2-9	Salary-based plans of 60%
Groups with 10-50	Salary-based plans of 50%, 60% or 67%. ¹

¹ 67% plans must be non-contributory. 40% available at UW discretion.

Voluntary long-term disability (VLTD)	Benefit
Groups with 10-50	Salary-based plans of 50% or 60%

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

Exclusions and limitations



Health · Pharmacy · Dental · Vision · Life · Disability

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. 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.

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.

2. Administrative charges:

- Charges to complete claim forms.
- Charges to get medical records or reports.
- 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.

3. Alternative/complementary medicine

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

- Acupuncture
- Holistic medicine
- Homeopathic medicine
- Hypnosis
- Aroma therapy
- Massage and massage therapy
- Reiki therapy
- Herbal, vitamin or dietary products or therapies
- Naturopathy
- Thermography
- Orthomolecular therapy
- Contact reflex analysis
- Bioenergetic synchronization technique (BEST)
- Iridology – study of the iris
- Auditory integration therapy (AIT)
- Colonic irrigation
- Magnetic innervation therapy
- Electromagnetic therapy
- Neurofeedback/Biofeedback

4. Before effective date or after termination date

Charges for care you get before your effective date or after your coverage ends.

5. Certain providers

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

6. Charges over the maximum allowed amount

Charges over the maximum allowed amount for covered services.

7. Charges not supported by medical records

Charges for services not described in your medical records.

8. Chiropractic/manipulation therapy

Any treatment or service not authorized by American Specialty Health Network (applies to Anthem Blue Cross and Blue Shield plans).

9. Complications of noncovered 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 noncovered service and would not have taken place without the noncovered service.

10. 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 or are given for psychiatric, psychological, or social reasons. 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:

- Surgery or procedures to correct deformity caused by disease, trauma, or previous therapeutic process.
- Surgery or procedures to correct congenital abnormalities that cause functional impairment.
- Surgery or procedures on newborn children to correct congenital abnormalities. The plan will not consider the patient's mental state in deciding if surgery is cosmetic.

11. Court-ordered testing

Court-ordered testing or care unless medically necessary.

12. Custodial care

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

13. Dental exclusions:

- Dental care for members age 19 or older when pediatric but not adult dental benefits are included in plan.
- Dental services not listed as covered in this booklet.
- Services of anesthesiologists, unless required by law.
- Intravenous and nonintravenous conscious sedation, analgesia, and general anesthesia when given separate from a covered oral surgery services and given by a dentist or by an employee of the dentist when the service is performed in his or her office who is certified in their profession to provide anesthesia services.
- Dental services, appliances or restorations that are necessary to alter, restore or maintain occlusion, including, but not limited to: increasing vertical dimension, replacing or stabilizing tooth structure lost by attrition, realignment of teeth, periodontal splinting and gnathologic recordings.
- Canal prep and fitting of preformed dowel and post.
- Temporary, provisional or interim crown.
- Occlusal procedures.
- Onlays or permanent crowns when the tooth does not have decay, fracture or has been endodontically treated.

- j) Services or supplies that have the primary purpose of improving the appearance of your teeth. This includes, but is not limited to, tooth whitening agents or tooth bonding and veneer covering of the teeth.
- k) Case presentations.
- l) Athletic mouth guards, enamel microabrasion and odontoplasty.
- m) Retreatment or additional treatment necessary to correct or relieve the results of treatment previously covered under the plan.
- n) Bacteriologic tests for determination of periodontal disease or pathologic agents.
- o) The controlled release of therapeutic agents or biologic modifiers used to aid in soft tissue and osseous tissue regeneration.
- p) Cytology sample collection – collection of oral cytology sample via scraping of the oral mucosa.
- q) Separate services billed when they are an inherent component of another covered service.
- r) Pin retention is not covered when billed separately from restoration procedure.
- s) Services for the replacement of an existing partial denture with a bridge.
- t) Incomplete, interim or temporary services, including, but not limited to, fixed prosthetic appliances (dentures, partials or bridges).
- u) Additional, elective or enhanced prosthodontic procedures including but not limited to, connector bar(s), stress breakers and precision attachments.
- v) Temporary procedures or interim stabilization.
- w) Placement or removal of sedative filling, base or liner used under a restoration when it is billed separately from a restoration procedure.
- x) Pulp vitality tests.
- y) Adjunctive diagnostic tests.
- z) Analgesia, analgesia agents, anxiolysis nitrous oxide, medicines, or drugs for nonsurgical or surgical dental care.
- aa) Incomplete root canals.
- bb) Cone beam images.
- cc) Anatomical crown exposure.
- dd) Temporary anchorage devices.
- ee) Sinus augmentation.
- ff) Oral hygiene instructions.
- gg) Repair or replacement of lost/broken appliances.
- hh) Removal of pulpal debridement, pulp cap, post, pin(s), resorbable or non-resorbable filling material(s) and the procedures used to prepare and place material(s) in the canals (root).
- ii) Root canal obstruction, internal root repair of perforation defects, incomplete endodontic treatment and bleaching of discolored teeth. (Additional exclusions when coverage for adult dental has been embedded in the coverage.)
- jj) Any material grafted onto bone or soft tissue, including procedures necessary to guided tissue regeneration.
- kk) Initial installation of an implant(s), full or partial dentures or fixed bridgework to replace a tooth (teeth) which was extracted prior to becoming a covered person under this plan. This exclusion will not apply for any member who has been continuously covered for more than 24 months.
- ll) Coverage for congenitally missing teeth for members age 19 and older. This exclusion will not apply for any member who has been continuously covered for more than 24 months.
- mm) Dental implant maintenance or repair to an implant or implant abutment.
Orthodontic care for members age 19 and older.

14. Educational services

Services or supplies for teaching, vocational, or self-training purposes.

15. Experimental or Investigational services

Services or supplies that we find are Experimental/Investigational. This also applies to services related to Experimental/Investigational services,

whether you get them before, during, or after you get the Experimental/ 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/investigational.

16. Eyeglasses and contact lenses

Eyeglasses and contact lenses to correct your eyesight unless listed as covered. This exclusion does not apply to lenses needed after a covered eye surgery.

17. Eye exercises

Orthoptics and vision therapy.

18. 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.

19. 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.

20. 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:

- a) Cleaning and soaking the feet.
- b) Applying skin creams to care for skin tone.
- c) 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 members with diabetes or vascular disease.

21. Foot orthotics

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

22. Foot surgery

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

23. 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.