

Important Renewal Information for Benefit Managers
(for groups with 1-50 employees)

Thank you once again for offering your employees health care coverage from Anthem Blue Cross and Blue Shield or its affiliate HealthKeepers, Inc. We would like to take this opportunity to let you know about some important changes affecting your plan. Changes are effective beginning **January 1, 2021** (unless otherwise noted) for renewing groups.

New products

Each year we carefully review our product portfolio to ensure it is continuing to meet the needs of our small group market. Based on the feedback we have received from our customers, we are launching some new products for new sales and renewals. For 2021, our offering will include a new suite of products called Link, which will cover certain primary care services without any cost sharing to members, as well as contain some exciting new digital features and be paired with a newly established high-performing network entitled Blue Connection. Link plans will be offered as open access EPOs. Additionally, we will be introducing several new conventional Silver and Gold plans in the PPO and POS formats, using our existing KeyCare and HealthKeepers networks, respectively. The high-level benefit attributes are noted below for in-network per individual benefits. (Coinsurance %s and ER copays are after plan deductible. For drug tier deductible treatment, please see the “prescription drugs” column.)

Plan Name	Deductible	Coinsurance	OOP	PCP	Live Health Online	Specialist	ER	O/P ASC facility	O/P hospital facility	I/P hospital facility	Prescription drugs (tiers 1-4, separated by "/")
Anthem Link Platinum Blue Connection OAEPO 500/20%/2500	\$500	20%	\$2,500	\$0	\$0	\$75	20%	\$500	20%	20%	\$15/\$50/ded then \$90/ded then \$400
Anthem Link Gold Blue Connection OAEPO 1000/20%/8000	\$1,000	20%	\$8,000	\$0	\$0	\$75	20%	\$500	20%	20%	\$15/\$50/ded then \$90/ded then \$400
Anthem Link Gold Blue Connection OAEPO 2000/20%/5000	\$2,000	20%	\$5,000	\$0	\$0	\$75	20%	\$500	20%	20%	\$15/\$50/ded then \$90/ded then \$400
Anthem Link Gold Blue Connection OAEPO 3000/20%/6000	\$3,000	20%	\$6,000	\$0	\$0	\$75	20%	\$500	20%	20%	\$15/\$50/ded then \$90/ded then \$400
Anthem Link Silver Blue Connection OAEPO 7000/30%/8400	\$7,000	30%	\$8,400	\$0	\$0	\$75	30%	\$500	30%	30%	\$15/\$50/ded then \$90/ded then \$400
Anthem HealthKeepers Gold OAPOS 3000/20%/5500	\$3,000	20%	\$5,500	\$35	\$15	\$55	\$350	\$400	20%	20%	\$15/Rx ded then \$45/Rx ded then 25%/Rx ded then 25% (Rx ded = \$250)
Anthem Gold PPO 3000/20%/5500	\$3,000	20%	\$5,500	\$35	\$15	\$55	\$350	\$400	20%	20%	\$15/Rx ded then \$45/Rx ded then 25%/Rx ded then 25% (Rx ded = \$250)
Anthem HealthKeepers Silver OAPOS 5500/20%/8000	\$5,500	20%	\$8,000	\$45	\$15	\$65	\$400	\$400	20%	20%	\$15/Rx ded then \$45/Rx ded then 25%/Rx ded then 25% (Rx ded = \$250)
Anthem Silver PPO 5500/20%/8000	\$5,500	20%	\$8,000	\$45	\$15	\$65	\$400	\$400	20%	20%	\$15/Rx ded then \$45/Rx ded then 25%/Rx ded then 25% (Rx ded = \$250)
Anthem HealthKeepers Silver OAPOS 5000/20%/7000 w/HSA	\$5,000	20%	\$7,000	20%	20%	20%	20%	20%	20%	20%	Ded/20%/20%/20%/20% (w/ PrevRx drug benefit)
Anthem Silver PPO 5000/20%/7000 w/HSA	\$5,000	20%	\$7,000	20%	20%	20%	20%	20%	20%	20%	Ded/20%/20%/20%/20% (w/ PrevRx drug benefit)

As we review our portfolio each year, we sometimes have to eliminate products for various reasons. Accordingly, the following products will no longer be available in the small group market. Groups enrolled in these plans will be transitioned to the closest possible active plan as noted in the following chart:

Plan Marketing Name (2020)	Plan Marketing Name (2021)
Anthem Bronze OAEPO 7150/40%/8150	Anthem Bronze PPO 8500/0%/8500
Anthem Gold OAEPO 2000/20%/7000	Anthem Gold PPO 2000/20%/5250
Anthem Platinum OAEPO 500/10%/3500	Anthem Platinum PPO 500/10%/4500
Anthem Silver OAEPO 3500/20%/7500	Anthem Silver PPO 4000/20%/8550
Anthem HealthKeepers Gold Pathway OAPOS 20/0%/5500	Anthem HealthKeepers Gold OAPOS 20/0%/5500
Anthem HealthKeepers Gold Pathway OAPOS 1000/20%/6500	Anthem HealthKeepers Gold OAPOS 1000/20%/5500
Anthem HealthKeepers Gold Pathway OAPOS 2000/20%/5500	Anthem HealthKeepers Gold OAPOS 2000/20%/5250
Anthem HealthKeepers Silver Pathway OAPOS 3000/20%/6850 w/HSA	Anthem HealthKeepers Silver OAPOS 3250/20%/6750 w/HSA
Anthem HealthKeepers Bronze Pathway OAPOS 5500/30%/6850 w/HSA	Anthem HealthKeepers Silver OAPOS 6000/20%/7000 w/HSA
Anthem HealthKeepers Platinum OAPOS 15/0%/3000	Anthem HealthKeepers Platinum OAPOS 10/0%/3500
Anthem Platinum PPO 15/0%/3000	Anthem Platinum PPO 10/0%/3500
Anthem HealthKeepers Platinum OAPOS 750/20%/2500	Anthem HealthKeepers Gold OAPOS 750/20%/7700
Anthem Platinum PPO 750/20%/2500	Anthem Gold PPO 750/20%/7700
Anthem HealthKeepers Silver OAPOS 3000/30%/7500	Anthem HealthKeepers Silver OAPOS 3250/20%/6750 w/HSA
Anthem Silver PPO 3000/30%/7500	Anthem Silver PPO 3250/20%/6750 w/HSA

Product changes

For 2021, we have made adjustments to our small group portfolio to ensure our plans meet market needs and provide a better experience for our members. Highlights of our portfolio changes are as follows:

- Eleven new plans have been introduced, including the Link suite with free primary care, digital features and dedicated high-performance network.
- Fifteen low-membership plans have been discontinued and their membership assigned to other, continuing plans. Discontinued plans include those on the Pathway Tiered network, as well as EPO plans on the KeyCare network.
- “Site of service” benefits have been introduced to provide lower member cost shares in freestanding surgical and radiology centers as compared to hospitals where possible.
- Deductible, coinsurance and/or out-of-pocket maximum amounts have been increased in certain plans, to meet ACA metal level requirements and to maintain the plans’ competitiveness in the market.
- Benefit-level cost share changes have been made on certain plans. These changes include reductions in copays for EPHC visits and hospital-based diagnostic lab and x-rays, as well as increases in hospital surgery, hospital stay and ER copays on applicable plans.
- ABA coverage has been introduced for autism treatments.

Pharmacy changes

- Pharmacy network has been changed from National to Standard. The Standard network will exclude Walgreens, but include upcoming programs such as ZipDrug.

Local Legislative Changes

We would like to make you aware of some legislation that was passed during the Virginia legislative session that could impact groups at their renewal. Please note these are just highlights and not an exhaustive list of all state mandates passed this year.

Bill #	Title	Brief Description	Effective Date
VA HB 1251	Balance billing	Provides that when an enrollee receives emergency services from an out-of-network health care provider or receives out-of-network surgical or ancillary services at an in-network facility, the enrollee is not required to pay the out-of-network provider any amount other than the applicable cost-sharing requirement and such cost-sharing requirement cannot exceed the cost-sharing requirement that would apply if the services were provided in-network. The measure also provides that the health carrier's required payment to the out-of-network provider of the services is a commercially reasonable amount based on payments for the same or similar services provided in a similar geographic area. If such provider disputes the amount to be paid by the health carrier, the measure requires the provider and the health carrier to make a good faith effort to reach a resolution on the amount of the reimbursement. The measure provides that such provisions do not apply to an entity that provides or administers self-insured or self-funded plans; however, such entities may elect to be subject such provisions.	01/01/21
VA HB 1503	Coverage for Autism Spectrum Disorder	Requires health insurers, corporations providing health care subscription plans, and health maintenance organizations to provide coverage for the diagnosis and treatment of autism spectrum disorder under insurance policies, subscription contracts, or health care plans issued in the individual market or small group markets.	Upon plan renewal on or after 01/01/21
VA HB 66	Cost sharing payments for prescription drugs	Carrier is required to limit member cost-share payment to not more than \$50 per 30-day supply of prescription or \$150 per 90-day supply of prescription insulin regardless of the amount or type of insulin needed to fill the covered person's prescription. This cost share limit applies to in-network pharmacy coverage only.	Upon plan renewal on or after 01/01/21
VA SB 605	Enteral nutrition product medicine coverage	Requires coverage for medicines to classify medically necessary formula and enteral nutrition products as medicine and to include coverage for medically necessary formula and enteral nutrition products for covered individuals requiring treatment for an inherited metabolic disorder. Such coverage is required to be provided on the same terms and subject to the same conditions imposed on other medicines covered under the policy, contract, or plan. The measure provides that the required coverage includes any medical equipment, supplies, and services that are required to administer the covered formula or enteral nutrition products. These requirements apply only to formula and enteral nutrition products that are prescribed by a physician or other health care professional qualified to make such prescription or order for the management of an inherited metabolic disorder and are used under medical supervision.	Upon plan renewal on or after 01/01/21

Evidence of Coverage/Member Booklet updates

We update our booklets, effective for new sales and renewals, to help our members stay informed regarding their health plan benefits, as well as to make it clear what is excluded from plan coverage.

Contract Change Highlights (please refer to your contract for full terms and conditions):

- Language changes related to the new mandates discussed above.
- Addition of new section entitled Comparable Health Care Services, which discusses our SmartShopper program.
- Pharmacy home delivery option terminology updates.

- Medicare-related language revisions.
- Addition of Federal/State Taxes/Surcharges/Fees subsection to Claims Payment section.
- Exclusion changes:
 - Applied Behavioral Treatment.
 - Medicare.
 - Added exclusion for Non-Approved Facility.
- Definition changes:
 - Added definition for Applied Behavioral Analysis.
 - Provider definition updated to remove “mental health-only” restriction for clinical nurse practitioners.
 - Site of Service Provider definition added.

This renewal communication is intended to be a high level summary of the benefit changes occurring at your renewal. To get more information on any of the small group plans available:

visit <https://sbc.anthem.com> for Summaries of Benefits

visit <https://www.plan-summaries.anthem.com/sobdps> for comprehensive benefit summaries or

visit <http://anthemplancomparison.com/va> for side by side comparison of all available small group products

This insert is only one piece of your renewal material. Exclusions, limitations, related provisions and applicable policy form numbers are listed in the renewal package. These policies have exclusions and limitations to benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent or contact us.

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.

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