

■ Ready to choose *your benefits?*

We can point you in the right direction.

City of Lynchburg and Lynchburg City Schools
2017 Anthem Medical and Prescription Drug Benefits
Effective January 1, 2017



You're ready to enroll. Let's take a look at your options.

In this guide, you'll find:

- Plan comparison information
- Frequently Asked Questions (FAQ)
- Plan details
- Your privacy and rights



Most members choose to stay with doctors in their plan, so that's what we're showing here.



Your costs if you need care

You'll get the most out of your benefits when you understand how your plan pays for your care.¹

	KeyCare 25/650 PPO PPO
Deductible Single	\$650
Deductible Family	\$1,300
Office visits Doctor/specialist	\$25 PCP/\$37.50 Specialist
Out-of-pocket limit Single	\$2,600
Out-of-pocket limit Family	\$5,200
Pharmacy	Please refer the Prescription Drug Benefit Summary within this guide (National 4 Tier Drug formulary)
Helpful information	<ul style="list-style-type: none">• Access to 96% of hospitals and 92% of doctors nationwide.• Site of Service helps you save money on lab services and surgery



Estimate your share of costs before you get care – look up common procedures on anthem.com when you become a member.

¹ This information is a general description of your benefits; it is not a contract and does not replace your Summary of Benefits. For a full disclosure of all benefits, exclusions and limitations, refer to your Summary of Benefits.

² Blue Cross and Blue Shield Association: bcbs.com/about-the-association.



You can register at [anthem.com](https://www.anthem.com) or on the **Anthem Anywhere** mobile app — your simple and convenient solution to managing your health.

Frequently asked questions (FAQ)

Can I keep my current doctor?

Yes, you can. But keep in mind that you get the most out of your benefits if you choose a doctor in your plan. Some plans cover only services from doctors in your plan, which means you pay for the full cost if you see a doctor outside of the plan. Other plans cover services from doctors outside the plan — but your plan pays more of the cost when you see a doctor in your plan. Be sure to check the details of your plan.

To find out if your doctor is in the plan, or to find a new doctor in the plan, go to our *Find a Doctor* tool on **anthem.com**. You can search by specialty and check a doctor's training, certifications and member reviews. Be ready to enter your plan name to view the doctors that serve your plan. You can also use *Find a Doctor* on your smartphone.

What prescription drugs are covered?

View the drugs we cover at www.anthem.com/VA/Nationaltier4.

And here's a tip: you'll often pay less for generic versions of higher-cost name brand drugs.

If you are sick or have a condition, you may need “specialty” drugs. Your benefits includes these types of drugs and the support you may need when you take them.

How do I use my health plan when I need care?

After you enroll, your member ID card will come in the mail. Be sure to bring it with you to the doctor. You can also show a copy of your ID card from the Anthem mobile app.

Is preventive care covered?

Yes, preventive care from a doctor in the plan is covered at 100%. It's very important to take care of your health with regular checkups even when you feel fine. So talk to your doctor about screenings and immunizations that you may need to protect your health.

Can I manage my plan and health care on anthem.com?

Yes. As soon as you become a member, you'll be able to register at **anthem.com** or on the Anthem mobile app. It's designed to help you manage your health care and your benefits simply and conveniently. Many of our members find these self-service tools helpful:

- Check on your claims.
- Find a doctor.
- Check the price of a drug and refill a prescription.
- Track your health care spending.
- Compare quality and costs at hospitals and other facilities.
- Select to receive communications by email.
- Take your Health Assessment to learn about your health risks so you can address them.

Visit [anthem.com/guidedtourtour](https://www.anthem.com/guidedtourtour) to watch a video explaining how our website can help you.

Can I use my plan when I am traveling?

When you travel, you have access to care anywhere in the country. Plus, if you are going out of the country, you have access to care abroad through the BlueCard Worldwide® program.

Do I have health and wellness benefits with my plan?

Yes. In fact, we have a set of tools and resources that can help you reach your health goals. They can also save you money on products and services for your health.

Check out these health and wellness programs your employer is providing in addition to your health benefits:

24/7 NurseLine — Our registered nurses can answer your health questions wherever you are — any time, day or night.

Future Moms — Moms-to-be get personalized support and guidance from registered nurses to help them have a healthy pregnancy, a safe delivery and a healthy baby.



Frequently asked questions (FAQ)

ConditionCare — Get the added support you may need if you have asthma, diabetes, heart disease, chronic obstructive pulmonary disease or heart failure. A nurse coach can answer questions about your health and help you reach your health goals based on your doctor's care plan. You can work with dietitians, health educators, pharmacists and social workers to reach those goals and feel your best.

How can Anthem help me save money?

You'll save money every time you go to a doctor in your plan — they've agreed to charge lower rates for Anthem members. But we'll also help save you money before you go to the doctor.

At [anthem.com](https://www.anthem.com), you can compare how much a medical procedure will cost at different locations. Plus, all members get discounts on health-related products. You can even print your own coupons for healthier groceries. Check out these cost saving programs your employer is also offering.

Home Delivery Pharmacy — You can save money and time by having your prescriptions delivered to your home.

Site of Service — If your plan includes Site of Service, you can get quality care for less money when you choose a freestanding, independent X-ray provider, ambulatory surgery center or lab from our network.

Anthem Imaging Shopper - If your doctor prescribes a CT or MRI for you, we may work with you and your doctor to help identify a lower cost facility in your area. And we can even help with scheduling your appointment.

LiveHealth Online — Using LiveHealth Online, you can have a video visit with a board-certified doctor or therapist on your smartphone, tablet or computer with a webcam. It's easy to use and there when you need it. All you have to do is sign up to use it at livehealthonline.com or download the app.

Enhanced Personal Health Care — We're helping doctors focus on the quality of care they give. They'll know your history, your specialists and your medications, and they'll coordinate your treatment with other doctors and health care providers. And, they'll get you the care you need when you need it, even after

hours. That way, they can take more time to listen to you so you don't feel as rushed.

Your plan details

In this next section, you'll find more information about your plan. 



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at eoc.anthem.com/eocdps/aso or by calling 1-800-451-1527.

Important Questions	Answers	Why this Matters:
<p>What is the overall <u>deductible</u>?</p>	<p>In-network: \$650/Individual; \$1,300/Family Out-of-network: \$780/Individual; \$1,480/Family Does not apply to: in-network preventive care, in-network doctor visits, emergency room visits, and hospice care. Copayments do not count towards the deductible.</p>	<p>You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use, except for services with a copay. Your policy deductible starts over annually on January 1st. See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u>.</p>
<p>Are there other <u>deductibles</u> for specific services?</p>	<p>No.</p>	<p>You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.</p>
<p>Is there an <u>out-of-pocket limit</u> on my expenses?</p>	<p>Yes. Medical: In-network: \$2,600 Individual; \$5,200/Family Out-of-network providers: \$5,200/Individual; \$10,400 Family</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses. Outpatient Prescription drug coverage has a separate annual calendar year out of pocket maximum of \$4,500 Individual/\$9,000 Family.</p>
<p>What is not included in the <u>medical out-of-pocket limit</u>?</p>	<p>Costs associated with prescription drugs, balance billed charge, Pre-Authorization penalties, services not deemed medically necessary, Premiums, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>
<p>Is there an overall annual limit on what the plan pays?</p>	<p>No.</p>	<p>The chart starting on page 2 describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.</p>

Questions: Call 1-800-451-1527 or visit us at www.anthem.com

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.anthem.com or call 1-800-451-1527 to request a copy.

<p>Does this plan use a network of providers?</p>	<p>Yes. For a list of participating medical providers, see www.anthem.com or call 1-800-451-1527.</p>	<p>If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.</p>
<p>Do I need a referral to see a specialist?</p>	<p>No.</p>	<p>You can see a specialist you choose for covered services without permission from this plan.</p>
<p>Are there services this plan doesn't cover?</p>	<p>Yes.</p>	<p>Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about excluded services.</p>



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use PPO **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use In-Network Provider	Your Cost If You Use Out-of-Network Provider	Limitations & Exceptions
<p>If you visit a health care provider's office or clinic</p>	<p>Primary care visit to treat an injury or illness</p>	<p>\$25 copay/visit</p>	<p>40% Coinsurance</p>	<p>No cost share for Diagnostic lab services performed as part of a Dr. office visit.</p>
	<p>Specialist visit</p>	<p>\$37.50 copay/visit</p>	<p>40% Coinsurance</p>	<p>Manipulative therapy (chiropractic care) is limited to 20 visits per calendar year. Limit is combined for in and out-of-network.</p>
	<p>Preventive care/screening/immunization</p>	<p>No cost share</p>	<p>40% Coinsurance</p>	<p>Travel immunizations are not covered.</p>

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Common Medical Event	Services You May Need	Your Cost If You Use In-Network Provider	Your Cost If You Use Out-of-Network Provider	Limitations & Exceptions
If you have a test	Diagnostic test (x-ray, blood work)	20% Coinsurance	40% Coinsurance	No cost share for Diagnostic lab services performed as part of a Dr. office visit.
	Imaging (CT/PET scans, MRIs)	20% Coinsurance	40% Coinsurance	Preauthorization required
If you need drugs to treat your illness or condition	Tier 1 – typically generics	Retail: 40% coinsurance not to exceed \$50/script, Mail order: 40% coinsurance not to exceed \$125/script	Retail: 40% coinsurance not to exceed \$50/script Mail order: not covered.	Smart90 Pharmacy Program Retail pharmacy drugs are limited to a 30-day supply. Mail order & Smart90 pharmacy <u>maintenance drugs</u> are limited to a 90-day supply.
	Tier 2 – typically preferred brand	Retail: 40% coinsurance not to exceed \$100/script, Mail order: 40% coinsurance not to exceed \$300/script	Retail: 40% coinsurance not to exceed \$100/script Mail order: not covered.	There is a separate \$4,500 Individual/\$9,000 Family calendar year limit on out of pocket expenses for prescriptions drugs. If you visit an out-of-network pharmacy, you will pay the full cost of your prescription at the pharmacy then file a drug claim for reimbursement. Reimbursement will be based on what a participating pharmacy would receive had the prescription been filled at a participating pharmacy.
	Tier 3 – typically non-preferred brand	Retail: 40% coinsurance not to exceed \$100/script, Mail order: 40% coinsurance not to exceed \$300/script	Retail: 40% coinsurance not to exceed \$100/script Mail order: not covered.	Your plan uses a preferred drug list (formulary) which identifies the status of covered drugs. Some drugs may require preauthorization, while other drugs are subject to step therapy and quantity limit requirements. If the necessary preauthorization is not obtained, the drug may not be covered. Specialty medications must be dispensed by ESI's specialty pharmacy, Accredo.
	Tier 4 – typically Specialty brand	Retail: 40% coinsurance not to exceed \$100/script, Mail order: 40% coinsurance not to exceed \$300/script	Retail: 40% coinsurance not to exceed \$100/script Mail order: not covered.	Pre-authorization required on some procedures, In and Out of Network.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center) Physician/surgeon fees	20% Coinsurance 20% Coinsurance	40% Coinsurance 40% Coinsurance	

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City of Lynchburg & Schools KeyCare 25/650

Coverage Period: 01/01/2017 – 12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Coverage Types | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use In-Network Provider	Your Cost If You Use Out-of-Network Provider	Limitations & Exceptions
If you need immediate medical attention	Emergency room services	\$65 copay/visit	\$65 copay/visit*	Copay waived if admitted. *Out of network non-emergency services subject to regular out of network cost share.
	Emergency medical transportation	20% Coinsurance	20% Coinsurance*	Ambulance services subject to medical necessity. *Out of network non-emergency services subject to regular out of network cost share.
	Urgent care	\$25 PCP/\$37.50 Specialist visit/ copay; \$65 ER Facility copay/visit	\$25 PCP/\$37.50 Specialist visit/ copay; \$65 ER Facility copay/visit*	There is no unique benefit for Urgent Care, cost share based on place of service and provider type. * Out of network non-urgent care services subject to regular out of network cost share.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% Coinsurance	40% Coinsurance	Precertification required.
	Physician/surgeon fee	20% Coinsurance	40% Coinsurance	_____none_____
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	Office Visit: \$25 copay; Facility: 20% coinsurance per visit	40% Coinsurance	No cost share for Diagnostic lab services performed as part of a Dr. office visit.
	Mental/Behavioral health inpatient services	20% Coinsurance	40% Coinsurance	Precertification is required.
	Substance use disorder outpatient services	Office Visit: \$25 copay; Facility: 20% coinsurance per visit	40% Coinsurance	No cost share for Diagnostic lab services performed as part of a Dr. office visit.
If you are pregnancy	Substance use disorder inpatient services	20% Coinsurance	40% Coinsurance	Precertification is required.
	Prenatal and postnatal care	Initial Visit: \$25 PCP/\$37.50 Spec.; Dr. Global charges: 20% Coinsurance	40% Coinsurance	No cost share for Diagnostic lab services performed as part of a Dr. office visit. Maternity services are excluded for dependent children.

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City of Lynchburg & Schools KeyCare 25/650

Coverage Period: 01/01/2017 – 12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: All Coverage Types | Plan Type: PPO

Common Medical Event	Services You May Need	Your Cost If You Use In-Network Provider	Your Cost If You Use Out-of-Network Provider	Limitations & Exceptions
If you are pregnant	Delivery and all inpatient services	20% Coinsurance	40% Coinsurance	Precertification needed for childbirth if inpatient stay exceeds 48 hours for normal delivery and 96 hours for cesarean delivery.
	Home health care	20% Coinsurance	40% Coinsurance	100 visit limit per calendar year, in and out of network combined.
If you need help recovering or have other special health needs	Rehabilitation services	20% Coinsurance	40% Coinsurance	Physical Therapy, Occupational Therapy and Speech Therapy each have a 30 visit limit per calendar year. The visit limits are combined in-network and out-of-network.
	Habilitation services	20% Coinsurance	40% Coinsurance	
	Skilled nursing care	20% Coinsurance	40% Coinsurance	30 days per admission limit per calendar yr., in and out of network combined.
	Durable medical equipment	20% Coinsurance	40% Coinsurance	Precertification is required for some services
	Hospice service	No cost share	40% Coinsurance	Precertification is required.
If your child needs dental or eye care	Eye exam	Not covered	Not covered	_____none_____
	Glasses	Not covered	Not covered	_____none_____
	Dental check-up	Not covered	Not covered	_____none_____

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Bariatric surgery
- Cosmetic surgery
- Dental care (Adult & Children), except for accidental injury
- Glasses
- Hearing aids
- Infertility treatment
- Long-term care
- Routine Eye Exams
- Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Coverage provided outside the United States. See www.BCBS.com/bluecardworldwide for information on emergency/urgent care coverage outside of the United States.
- Private-duty nursing (Limitations apply)
- Chiropractic care (spinal manipulation and medical intervention services) limited to 20 visits per calendar year.

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-800-451-1527. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov.

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Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Anthem Blue Cross and Blue Shield: Appeals, Attention Member Services, P.O. Box 27401, Richmond, VA 23279.

Express Scripts, Inc.: Attention: Pharmacy Appeals, Mail Route BL0390, 6625 West 78th Street, Bloomington, MN 55439.

You may also contact the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol/ebsa/healthreform.

Additionally, a consumer assistance program can help you file your appeal. Contact:

Virginia State Corporation Commission
Life & Health Division, Bureau of Insurance

P.O. Box 1157

Richmond, VA 23218

(877) 310-6560

<http://www.scc.virginia.gov/boi>
bureauofinsurance@scc.virginia.gov

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan or policy does provide minimum essential coverage.**

Does this Coverage Provide Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This plan or policy does provide minimum value standard coverage.**

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Language Access Services:

Si no es miembro todavía y necesita ayuda en idioma español, le suplicamos que se ponga en contacto con su agente de ventas o con el administrador de su grupo. Si ya está inscrito, le rogamos que llame al número de servicio de atención al cliente que aparece en su tarjeta de identificación.

如果您是非會員並需要中文協助，請聯絡您的銷售代表或小組管理員。如果您已參保，則請使用您 ID 卡上的號碼聯絡客戶服務人員。

Kung hindi ka pa miyembro at kailangan ng tulong sa wikang Tagalog, mangyaring makipag-ugnayan sa iyong sales representative o administrator ng iyong pangkat. Kung naka-enroll ka na, mangyaring makipag-ugnayan sa serbisyo para sa customer gamit ang numero sa iyong ID card.

Doo bee a'tah ni'liigoo eí dooda'i, shikáa adoolwoł ímizimigo t'áa diné k'éjúgo, t'áa shoodí ba na'alníhí ya sidáhí bich'i naabídííkiid. Eí doo biígha daago ni ba'níja'go ho'aalagíí bich'i hodiilní. Hai'daaq iini'taago eíya, t'áa shoodí diné ya atáh halné'ígí ní béésh bee hane'í wólta' b'i'ki s'i'niilígíí b'i'kéhgo bich'i hodiilní.

_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next page.*

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$5,790
- Patient pays \$1,750

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient pays:

Deductibles	\$650
Copays	\$100
Coinsurance	\$1,000
Limits or exclusions	\$0
Total	\$1,750

Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$2,670
- Patient pays \$2,730

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient pays:

Deductibles	\$650
Copays	\$1,580
Coinsurance	\$500
Limits or exclusions	\$0
Total	\$2,730

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HIRAs) that help you pay out-of-pocket expenses.

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Language Access Services/HealthKeepers/KeyCare:

French (Français) : Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (800) 451-1527.

German (Deutsch): Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (800) 451-1527.

Greek (Ελληνικά) Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (800) 451-1527.

Gujarati (ગુજરાતી): જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કોલ કરો. (800) 451-1527.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nespòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (800) 451-1527.

18 **Hindi (हिंदी):** अगर आपके पास इस दस्तावेज़ के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कॉल करें (800) 451-1527 ।

Hmong (White Hmong): Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (800) 451-1527.

Igbo (Igbo): O bur u na i nwere ajuju o bula gbasara akwukwo a, i nwere ikike inweta enyemaka na ozi n'asusu gi na akwughị ugwo o bula. Ka gi na okowa okwu kwuo okwu, kpoo (800) 451-1527.

Ilokano (Ilokano): Nu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda karbengam a makaala ti tulong ken impormasyon babaen ti lenguaheh nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (800) 451-1527.

Indonesian (Bahasa Indonesia): Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (800) 451-1527.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (800) 451-1527

Language Access Services/HealthKeepers/KeyCare:

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(800) 451-1527 にお電話ください。

Khmer (ខ្មែរ): បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។ ដើម្បីជ្រើសរើសភាសាអ្នកបកប្រែ សូមហៅ (800) 451-1527 ។

Kirundi (Kirundi): Ugize ikibazo icyo arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rurimi rwawe ata giciro. Kugira uvugisha umusemuzi, akura (800) 451-1527.

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (800) 451-1527 로 문의하십시오.

Lao (ພາສາລາວ): ຖ້າທ່ານມີຄໍາຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ເພື່ອໄດ້ຮັບກັບສໍາມະເລັບພາສາ, ໃຫ້ໃບທາ (800) 451-1527.

Navajo (Diné): Dii naaltsoos bika'igii lahgo bina'idilkidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehjí bee nií hodoonih t'áadoo báháh ílínígóó. Ata' halné'ígíí la' bich'í' hadeesdzih nínízingo koj' hodóilnih (800) 451-1527.

Nepali (नेपाली): यदि यो कागजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ। दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (800) 451-1527

Oromo (Oromifaa): Sanadi kanaa wajjin walqabaate gaffi kamiyyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana dubaachuuf, (800) 451-1527 bilbilla.

Pennsylvania Dutch (Deutsch): Wann du Frooge iwver selle Document hoscht, du hoscht die Recht um Hilfe un Information zu griege in dei Schprooch mitaas Koscht. Um mit en Iwwersetze zu schwetze, ruff (800) 451-1527 aa.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (800) 451-1527.

Portuguese (Português): Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (800) 451-1527.

Language Access Services/HealthKeepers/KeyCare:

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਸਾਫ਼ਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੂਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (800) 451-1527 ਤੇ ਕਾਲ ਕਰੋ।

Romanian (Română): Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonic (800) 451-1527.

Russian (Русский): Если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (800) 451-1527.

Samoan (Samoa): Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou 'aia e maua se fesoasoani ma faamatalaga i lou lava gagana e aunoa ma se totogi. Ina ia talanoa i se tagata faaliliu, vili (800) 451-1527.

Serbian (Srpski): Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (800) 451-1527.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (800) 451-1527.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliiwanag, tawagan ang (800) 451-1527.

Thai (ไทย): หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่ค่าใช้จ่าย โดยโทร (800) 451-1527 เพื่อพูดคุยกับล่าม

Ukrainian (Українська): якщо у вас виникають запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладача, за телефоном: (800) 451-1527.

Urdu (اردو): اگر اس دستاویز کے بارے میں آپ کا کوئی سوال ہے، تو آپ کو مدد اور اپنی زبان میں مفت معلومات حاصل کرنے کا حق حاصل ہے۔ کسی مترجم سے بات کرنے کے لئے، پر کال کریں۔ (800) 451-1527

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (800) 451-1527.

Language Access Services/HealthKeepers/KeyCare:

אן איבערזעצער, רופט 451-1527 (800).
(אידיש) (Yiddish) אויב איר האט שאלות וועגן דעם דאקומענט, האט איר די רעכט צו באקומען דעם אינפארמאציע אין איינער שפראך אהן קיין פרייז. צו רעדן צו

Yoruba (Yorùbá): Tí o bá ní èyíkéyí ibèrè nùpa àkòsílẹ̀ yí, o ní ètọ́ láti gba ìrànwọ́ àti ìwífún ní èdè rẹ̀ lófẹ́. Bá wa ògbùfọ̀ kan sọ̀rọ̀, pe (800) 451-1527.

Anthem KeyCare 25/650 City of Lynchburg & Lynchburg City Schools 1/1/17-12/31/17

In-Network Services	You Pay
Preventive Care Services	
Preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits. * During the course of a routine screening procedure, abnormalities or problems may be identified that require immediate intervention or additional diagnosis. If this occurs, and <i>your</i> provider performs additional necessary procedures, the service will be considered diagnostic and/or surgical, rather than screening, depending on the claim for the services submitted by <i>your</i> provider, which will result in a member cost share.	No cost share*
Doctor Visits	
<ul style="list-style-type: none"> ○ office visits ○ urgent care visits <p>Office Visit Lab services and pathology performed by the same provider on the same day will be covered at 100% after the office visit copay.</p> <p>*If your physician submits one bill for prenatal, delivery, and postnatal care, services are covered as maternity delivery services. (See Inpatient stay section.)</p>	<p>\$25 for each visit to a PCP \$37.50 for each visit to a specialist</p>
<ul style="list-style-type: none"> ○ pre- and postnatal office visits* ○ home visits 	
<ul style="list-style-type: none"> ○ allergy injections 	<p>\$5 for each visit</p>
<ul style="list-style-type: none"> ○ mental health and substance abuse visits 	<p>\$25 for each visit</p>
<ul style="list-style-type: none"> ○ physical therapy visits in an office setting (30 visit limit)* ○ occupational therapy visits in an office setting (30 visit limit)* ○ speech therapy visits in an office setting (30 visit limit)* <p>*Limit does not apply to Autism Spectrum Disorder.</p>	<p>\$37.50 for each visit</p>
<ul style="list-style-type: none"> ○ spinal manipulations and other manual medical intervention visit (20 visit limit) 	<p>\$37.50 for each visit</p>
<ul style="list-style-type: none"> ○ emergency room 	<p>\$65 for each visit</p>
All Other In-Network Services	You Pay
You will pay all the costs associated with care until you have paid \$650 in one calendar or plan year. This is known as your deductible.	
<ul style="list-style-type: none"> ○ If two people are covered under your plan, each of you will pay the first \$650 of the cost of your care (\$1,300 total). ○ If three or more people are covered under your plan, together you will pay the first \$1,300 of the cost of your care. However, the most one family member will pay is \$650. <p>Once you reach your deductible you pay:</p>	
Autism Spectrum Disorder (ASD) – For children from age 2 through 10	
<ul style="list-style-type: none"> ○ diagnosis and treatment of autism spectrum disorder including: <ul style="list-style-type: none"> ○ behavioral health treatment* ○ psychiatric care ○ therapeutic care** <p>* Mental Health Services **Unlimited physical, occupational and speech therapy.</p>	<p>Member cost shares will be dependent on the services rendered.</p>
<ul style="list-style-type: none"> ○ pharmacy care ○ psychological care 	
<ul style="list-style-type: none"> ○ applied behavioral analysis <ul style="list-style-type: none"> ○ unlimited per member annual maximum 	<p>20% of the amount the health care professionals in our network have agreed to accept for their services</p>
Early Intervention – For children from birth up to age 3	
<ul style="list-style-type: none"> ○ unlimited per member per calendar year up to age 3 	<p>Member cost shares will be dependent on the services rendered.</p>
Other Outpatient Services	
<ul style="list-style-type: none"> ○ shots and therapeutic injections including infusion medications ○ dialysis ○ diagnostic lab services* ○ chemotherapy (not given orally), IV, radiation, cardiac and respiratory therapy <p>* Office Visit Lab services and pathology performed by the same provider on the same day will be covered at 100% after the office visit copay.</p>	<p>20% of the amount the health care professionals in our network have agreed to accept for their services</p>
<ul style="list-style-type: none"> ○ medical appliances, supplies and medications, ○ durable medical equipment ○ in-office surgery ○ diagnostic x-rays ○ ambulance travel 	

Your benefit period runs on a calendar year basis. A calendar year means your benefit period runs from January through December.

For benefits listed with specific limits all services received in the calendar year for that benefit are applied to that limit (whether received in or out-of-network).

01/16 ASO

In most of Virginia: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Virginia, Inc. (serving Virginia excluding the city of Fairfax, the town of Vienna and the area east of State Route 123). Independent licensee 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.

In-Network Services	You Pay
Other Outpatient Services - Continued	
<ul style="list-style-type: none"> ○ diabetic supplies, equipment and education 	Member cost shares will be dependent on the services rendered.
Outpatient Visits in a Hospital or Facility	
<ul style="list-style-type: none"> ○ physical therapy (30 visit limit)* ○ occupational therapy (30 visit limit)* ○ speech therapy (30 visit limit)* ○ partial day mental health and substance use services ○ surgery <p>*Limit does not apply to Autism Spectrum Disorder.</p>	20% of the amount the health care professionals in our network have agreed to accept for their services
Care at Home	
<ul style="list-style-type: none"> ○ home health care (100 visit limit) ○ private duty nursing limited to 16 hours per member per calendar year* <p>*Since there is no network for this service, you may be billed for the difference between what we pay for this service and the amount the private duty nursing service charged.</p>	20% of the amount the health care professionals in our network have agreed to accept for their services
<ul style="list-style-type: none"> ○ hospice care 	No cost share
Inpatient Stays in a Network Hospital or Facility	
<ul style="list-style-type: none"> ○ semi-private room, intensive care or similar unit ○ physician, nursing and other medically necessary professional services in the hospital including anesthesia, surgical and maternity delivery services. ○ skilled nursing facility care (30 day limit per admission) 	20% of the amount the health care professionals in our network have agreed to accept for their services
Out-of-Network Services	
Using Doctors, Hospitals and Other Health Care Professionals not Contracted to Provide Benefits	
<p>It's important to remember that health care professionals not in our network can charge whatever they want for their services. If what they charge is more than the fee our network health care professionals have agreed to accept for the same service, they may bill you for the difference between the two amounts. You will pay all the costs associated with the covered services outlined in this insert until you have paid \$780 in one calendar or plan year. This is called your out-of-network deductible.</p> <ul style="list-style-type: none"> ○ If two people are covered under your plan, each of you will pay the first \$780 of the cost of your care (\$1,480 total). ○ If three or more people are covered under your plan, together you will pay the first \$1,480 of the cost of your care. However, the most one family member will pay is \$780. <p>Once you have reached this amount, when you receive covered services we will pay 60% of the fee our network health care professionals have agreed to accept for the same service. You will pay the rest, including any difference between the fee our network health care professionals have agreed to accept for the same service and the amount the health care professional not in our network charges.</p>	
Out-of-Pocket Maximums	
What You Will Pay for Covered Services in One Calendar Year	
<p>When using network professionals</p> <p>If you are the only one covered by your plan, you will pay \$2,600 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.*</p> <ul style="list-style-type: none"> ○ If two people are covered under your plan, each of you will pay \$2,600 (\$5,200 total). ○ If three or more people are covered under your plan, together you will pay \$5,200. However, no family member will pay more than \$2,600 toward the limit. <p>When not using network professionals</p> <p>If you are the only one covered by your plan, you will pay \$5,200 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.*</p> <ul style="list-style-type: none"> ○ If two people are covered under your plan, each of you will pay \$5,200 (\$10,400 total). ○ If three or more people are covered under your plan, together you will pay \$10,400. However, no family member will pay more than \$5,200 toward the limit. <p>*The following do not count toward the calendar year out-of-pocket maximum:</p> <ul style="list-style-type: none"> ○ your share of the cost of outpatient prescription drugs ○ the cost of care received when the benefit limits have been reached ○ the cost of services and supplies not covered under your benefits ○ the additional amount health care professionals not in our network may bill you when their charge is more than what we pay 	

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This policy has 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. If there is a difference between this summary and the contract of coverage, the contract of coverage will prevail.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Your prescription drug plan

Anthem National 4 Tier drug formulary

Your Smart 90 Prescription Drug Plan	Tier 1 Copay	Tier 2 Copay	Tier 3 Copay	Tier 4 Copay (Specialty Drugs)
Up to a 30-day medication supply at participating retail pharmacies	40% coinsurance not to exceed \$50/script	40% coinsurance not to exceed \$100/script	40% coinsurance not to exceed \$100/script	40% coinsurance not to exceed \$100/script
Up to a 90-day medication supply delivered to your home through Anthem (ESI) Home Delivery Pharmacy	40% coinsurance not to exceed \$125/script	40% coinsurance not to exceed \$300/script	40% coinsurance not to exceed \$300/script	*40% coinsurance not to exceed \$300/script. 90 day mail order benefit only allowed for Transplant & HIV/AIDS drugs.
Up to a 90-day maintenance medication supply purchased at a Smart90 participating** retail pharmacy	40% coinsurance not to exceed \$125/script	40% coinsurance not to exceed \$300/script	40% coinsurance not to exceed \$300/script	Not Applicable

**Most specialty medications are limited to up a 30 day supply regardless of whether they are retail or mail.*

If you get the brand name drug when a generic drug is available, you will pay the applicable coinsurance based on the brand drug cost plus the difference in cost between the brand and the generic.

Prescription Drug Out of Pocket Maximum: \$4,500 Individual/\$9,000 Family (separate from the Medical out of pocket maximum)

30-Day Retail Pharmacy Network

Our network includes more than 69,000 pharmacies across the country. That means you have easy access to your prescriptions wherever you are – at work, home or even on vacation. Using pharmacies in the network will help you get the most from your drug plan. When picking up your prescription at the pharmacy, be sure to show your plan ID card.

Smart 90 Pharmacies

Smart 90** is a unique network that offers more ways for you to get the maintenance medications you need. Maintenance medications are drugs taken on an ongoing basis for conditions such as asthma, diabetes or high cholesterol. Through Smart 90, you can choose to get a 90-day supply of medications from a participating retail pharmacy or the mail order pharmacy.

**Only certain pharmacies in our network participate in the Smart 90 program. Be sure to check with your local pharmacy to verify their participation status prior to placing your 90 day retail prescription order.

To make sure your pharmacy's in our network, visit anthem.com and select Find a Doctor which will take you to the list of providers, pharmacies and hospitals who participate in our network.

Your prescription drug plan (continued)

Home Delivery Pharmacy

Members needing maintenance medications also have the option to use our Home Delivery Pharmacy service. Our preferred Home Delivery Pharmacy, managed by Express Scripts, sends you the medicine you need, right to your door. As a home delivery customer, you'll also enjoy:

- 90-day maintenance medications for less cost than if you purchased them at a retail location
- Free standard shipping
- Access to pharmacists for drug questions
- Safe, accurate prescriptions

Ordering refills

With home delivery, you don't have to worry about running out of medication. That's because the pharmacy will let you know when it's time to order refills. You can easily order by phone, mail or online.

Specialty Pharmacy

Accredo, the Express Scripts specialty pharmacy, provides support and medicine for people with complex, long-term conditions. Most specialty medications are limited up to a 30 day supply regardless of whether they are retail or mail (Transplant and HIV/AIDS medications are covered up to a 90 day supply). They include (but are not limited to):

- Asthma
- Bleeding Disorders
- Cancer
- Cystic Fibrosis
- Crohn's Disease
- Growth Hormone
- Hepatitis
- HIV/AIDS
- Iron Overload
- Multiple sclerosis
- Psoriasis
- Pulmonary arterial hypertension
- Rheumatoid arthritis
- Respiratory syncytial virus (RSV)
- Transplant

Accredo CareLogic® programs help people with the conditions listed on this page. These programs teach you about treatment for your condition and help you understand and cope with medication and side effects. CareLogic nurses and pharmacists will schedule time with you to find out how you are doing. Nurses, pharmacists and patient care advocates work together to help improve your care. Their goal is to help you get the best results from your treatments. Call 800-870-6419 to learn about how CareLogic can help you better manage your health condition.

Drug list

Our drug list (sometimes called a formulary) is a list of prescription drugs covered by your plan. It's made up of hundreds of brand and generic drugs. We research drugs and select ones that are safe, work well and offer the best value. That's because we think it's important to cover drugs that help people stay healthy so they can work, go to school, and continue the activities of a busy life.

Sometimes we update the Drug List if new drugs come to market, or if new research becomes available. To view the current list, visit anthem.com. Click on "Customer Care" in the top-right corner. Select your state, and then click "Download Forms." You'll find the Drug List on this page. If you don't have access to a computer, you can check the status of a drug by calling Customer Service at the phone number on your plan ID card.

Preferred Generics

If you're taking a brand name drug, you could save money by switching to an effective, lower cost generic drug. Your plan covers both brand and generic (or non-brand) drugs. When you choose a generic, you'll get the effectiveness of a brand drug – but usually at a lower cost.

Your prescription drug plan (continued)

Prescription drugs will always be dispensed as ordered by your physician. If you or your doctor requests a brand name drug when a generic is available, you will pay your usual copayment for the generic drug plus the difference in the allowable charge between the generic and brand name drug.

Prior authorization

Most prescriptions are filled right away when you take them to the pharmacy. But, some drugs need our review and approval before they're covered. This process is called prior authorization. It focuses on drugs that may have:

- Risk of serious side effects
- High potential for incorrect use or abuse
- Better options that may cost you less

If your drug needs approval, your pharmacist will let you know. To check in advance, call the Customer Service phone number on your ID plan card.

Step Therapy

Step Therapy may be required for certain drugs. Step Therapy refers to the process in which you may be required to use one type of medication before benefits are available for another. Step Therapy helps you and your doctor choose drugs that are safe, affordable and right for you. When your doctor prescribes a drug that requires step therapy, a message is sent to your pharmacy. This lets the pharmacist know you must first try a different, similar drug that's covered by your plan. The pharmacist will call your doctor to get a prescription for the new drug.

Quantity Limit

Taking too much medicine or using it too often isn't safe. And it may even drive up your health care costs. That's why your plan may limit the amount of medicine that's covered for a certain length of time. For example, a drug may have a limit of 30 pills per 30 days. If you refill a prescription too soon or your doctor prescribes an amount that's higher than usual, your pharmacist will tell you.

The Drug List also includes this information. To view it, visit anthem.com. Click on "Customer Care" in the top-right corner. Select your state, and then click on "Download Forms." You'll find the Drug List on this page.

Anthem Blue Cross and its affiliate, HealthKeepers, Inc., receives financial credits from drug manufacturers based on total volume of the claims processed for their product utilized by Anthem Blue Cross and Blue Shield and Anthem HealthKeepers members. These credits are retained by Anthem Blue Cross and Blue Shield and HealthKeepers, Inc. as a part of its fee for administering the program for self-funded groups and used to help stabilize rates for fully-insured groups. Reimbursements to pharmacies are not affected by these credits.

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 and its affiliates, HealthKeepers, Inc., are 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.

This benefits overview insert is only one piece of your entire enrollment package. See the enrollment brochure for a list of your plan's exclusions and limitations and applicable policy form numbers.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This policy has 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. If there is a difference between this summary and the contract of coverage, the contract of coverage will prevail.

This list of maintenance drugs can be filled through the Home Delivery Pharmacy. Some pharmacy benefit plans may require you to fill your maintenance medication through the Home Delivery Pharmacy, managed by Express Scripts, Inc. To learn more about your drug, go to anthem.com, choose **Prescription Benefits** and select **Price a Medication**. Inclusion of a drug on this list does not guarantee coverage.

What is the Home Delivery Pharmacy?

Home delivery is a safe, easy way to get the prescription drugs you take on a regular basis (also known as maintenance drugs) sent to your home. These types of drugs are used for conditions like asthma, heartburn, high blood pressure, allergies and high cholesterol.

ANTI-INFECTIVE

Infection Drugs

amantadine
dapson

Malaria

primaquine

AUTONOMIC AND CENTRAL NERVOUS SYSTEM DRUGS

Alzheimer's Disease

Aricept
donepezil hcl
ergoloid mesylates
Exelon
galantamine
memantine hcl
Namenda
Namenda XR
Razadyne
Razadyne ER
rivastigmine

Anxiety

buspirone hcl

Depression

Aplenzin
Brisdelle
bupropion hcl
bupropion hcl sr
bupropion xl
Celexa
citalopram hbr
Cymbalta
desvenlafaxine er
duloxetine hcl
Effxor XR
Emsam
escitalopram oxalate
Fetzima
fluoxetine dr

fluoxetine hcl
fluvoxamine maleate
Forfivo XL
Irenka
Khedezla
Lexapro
Marplan
Nardil
nefazodone hcl
Parnate
paroxetine er
paroxetine hcl
Paxil
Paxil CR
Pexeva
phenelzine sulfate
Pristiq ER
Prozac
Prozac Weekly
Sarafem
sertraline hcl
tranylcypromine sulfate
venlafaxine hcl
venlafaxine hcl er
Viibryd
Wellbutrin SR
Wellbutrin XL
Zoloft
Fibromyalgia
Savella
Muscle Relaxers
Dantrium
dantrolene sodium
Myasthenia Gravis
Mestinon
pyridostigmine bromide
pyridostigmine bromide er
Parkinson's Disease
Azilect

carbidopa
carbidopa-levodopa
carbidopa-levodopa er
carbidopa-levodopa-entacapone
Comtan
Duopa
Eldepryl
entacapone
Lodosyn
Mirapex
Mirapex ER
Neupro
pramipexole
dihydrochloride
pramipexole er
Requip
Requip XL
ropinirole hcl
Rytary
selegiline hcl
Sinemet
Sinemet CR
Stalevo
Tasmar
tolcapone
Zelapar
Smoking Deterrent
Zyban

CANCER, TRANSPLANT AND OTHER IMMUNOSUPPRESSANT DRUGS

Rheumatoid Arthritis
hydroxychloroquine sulfate
Plaquenil
Ridaura

CARDIOVASCULAR DRUGS

Heart Rhythm

amiodarone hcl
Betapace
Betapace AF
Cordarone
Corlanor
disopyramide phosphate
flecainide acetate
mexiletine hcl
Multaq
Norpace
Norpace CR
Pacerone
propafenone hcl
quinidine gluconate
quinidine sulfate
Rythmol
Rythmol SR
Sorine
sotalol
sotalol af
Sotylize

Heart/Angina

Dilatrate-SR
Isochron
Isordil
isosorbide dinitrate
isosorbide mononitrate
isosorbide mononitrate er
Minitran
Nitro-Bid
Nitro-Dur
nitroglycerin
nitroglycerin patch
Nitro-Time
Heart/Blood Pressure

Accupril
Accuretic
acebutolol hcl
Aceon
Adalat CC
Adempas
Afeditab CR
Altace
amiloride hcl
amlodipine besylate
amlodipine besylate/benazepril
amlodipine/valsartan
amlodipine/valsartan/hctz
Atacand
Atacand HCT
atenolol
atenolol/chlorthalidone
Avalide
Avapro
Azor
benazepril hcl
benazepril/hctz
Benicar
Benicar HCT
betaxolol hcl
bisoprolol fumarate
bisoprolol/hctz
Bystolic
Calan
Calan SR
candesartan cilexetil
candesartan/hctz
captopril
captopril/hctz
Cardene SR
Cardizem
Cardizem CD
Cardizem LA
Cardura

Home Delivery Maintenance Drug List

Cardura XL	Matzim LA	Tiazac	<i>Heart/Congestive Heart</i>	Zocor
Cartia XT	Mavik	timolol maleate	<i>Failure</i>	<i>Peripheral Artery</i>
carvedilol	methyldopa	Toprol XL	Digitek	<i>Disease</i>
Catapres	methyldopa/hctz	Tracleer	Digox	pentoxifylline
Catapres-TTS	metoprolol succinate	trandolapril	digoxin	Ranexa
clonidine hcl	metoprolol tartrate	trandolapril/verapamil	Lanoxin	<i>Peripheral Vascular</i>
Clorpres	metoprolol/hctz	Tribenzor	<i>High Cholesterol</i>	<i>Disease</i>
Coreg	Micardis	Twynsta	Altoprev	Bidil
Coreg CR	Micardis HCT	Uptravi	amlodipine/atorvastatin	isoxsuprine hcl
Corgard	Minipress	valsartan	Antara	
Corzide	minoxidil	valsartan/hctz	atorvastatin calcium	DENTAL/ORAL CARE
Cozaar	moexipril hcl	Vaseretic	Caduet	DRUGS
diltiazem cd	moexipril/hctz	Vasotric	cholestyramine	<i>Dental Products</i>
diltiazem er	nadolol	Vasotec	cholestyramine light	Clinpro 5000
diltiazem hcl	nadolol/ bendroflumethiazide	verapamil er	Colestid	Denta 5000 Plus
Dilt-XR	nicardipine hcl	verapamil er pm	colestipol hcl	Dentagel
Diovan	Nifedical XL	verapamil hcl	Crestor	Fluorabon
Diovan HCT	nifedipine	Verelan	fenofibrate	Fluor-A-Day
doxazosin mesylate	nifedipine er	Verelan PM	fenofibric acid	Fluoride
Dutoprol	nisoldipine	Zebeta	Fenoglide	Fluoridex Daily Defense
Edarbi	Norvasc	Zestoretic	Fibricor	Fluoridex Sensitivity
Edarbyclor	Opsumit	Zestril	fluvastatin er	Relief
enalapril maleate	Orenitram ER	Ziac	fluvastatin sodium	Fluoritab
enalapril/hctz	perindopril erbumine	<i>Heart/Blood Pressure/ Water Pills</i>	gemfibrozil	Flura-Drops
Entresto	pindolol	Aldactazide	Lescol	Lozi-Flur
Epaned	prazosin hcl	Aldactone	Lescol XL	Ludent Fluoride
eprosartan mesylate	Prestalia	amiloride/hctz	Lipitor	Perio Med
Exforge	Prinivil	bumetanide	Lipofen	Prevident
Exforge HCT	Procardia	chlorothiazide	Livalo	Prevident 5000
felodipine er	Procardia XL	chlorthalidone	Lofibra	Prevident 5000 Plus
fosinopril sodium	propranolol hcl	Demadex	Lopid	SF
fosinopril/hctz	propranolol hcl er	Diuril	lovastatin	SF 5000 Plus
guanfacine hcl	propranolol/hctz	Dyazide	Lovaza	sodium fluoride
hydralazine hcl	quinapril	Dyrenium	niacin er	<i>Dry Mouth</i>
Hyzaar	quinapril/hctz	Edecrin	Niacor	cevimeline hcl
Inderal LA/XL	ramipril	eplerenone	Niaspan	Evoxac
Innopran XL	reserpine	ethacrynic acid	omega-3 acid ethyl esters	ENDOCRINE DRUGS
irbesartan	Sectral	furosemide	Pravachol	<i>Addison's Disease</i>
irbesartan/hctz	Sular	hctz	pravastatin sodium	fludrocortisone acetate
isradipine	Tarka	indapamide	Prevalite	<i>Anti-inflammatory</i>
labetalol hcl	Taztia XT	Inspra	Questran	Cortef
Letairis	Tekamlo	Lasix	Questran Light	hydrocortisone
Levatol	Tekturna	Maxzide	rosuvastatin calcium	
lisinopril	Tekturna HCT	methyclothiazide	simvastatin	<i>Bed Wetting</i>
lisinopril/hctz	telmisartan	metolazone	Tricor	DDAVP
Lopressor	telmisartan/amlodipine	Microzide	Triglide	desmopressin acetate
Lopressor HCT	telmisartan/hctz	spironolactone	Trilipix	
losartan potassium	Tenex	spironolactone/hctz	Vascepa	<i>Blood Disorder</i>
losartan/hctz	Tenoretic	toremide	Vytorin	Stimate
Lotensin	Tenormin	triamterene/hctz	Welchol	<i>Diabetes</i>
Lotensin HCT	terazosin hcl		Zetia	acarbose
Lotrel				

Home Delivery Maintenance Drug List

Actoplus Met	Januvia	<i>Osteoporosis</i>	Betoptic S	<i>Irritable Bowel/</i>
Actoplus Met XR	Jardiance	Actonel	bimatoprost	<i>Constipation/Diarrhea</i>
Actos	Jentadueto	alendronate sodium	brimonidine tartrate	alosetron hcl
Afrezza	Jentadueto XR	Atelvia	carteolol hcl	Lotronex
alogliptin	Kazano	Binosto	Combigan	<i>Laxatives</i>
alogliptin-metformin	Kombiglyze XR	Boniva	Cosopt	Kristalose
alogliptin-pioglitazone	Lantus	calcitonin-salmon	Cosopt PF	<i>Proton Pump Inhibitors</i>
Amaryl	Lantus Solostar	Fortical	Diamox Sequels	Aciphex
Apidra	Levemir	Fosamax	dorzolamide hcl	Aciphex Sprinkle
Apidra Solostar	metformin hcl	Fosamax Plus D	dorzolamide-timolol	Dexilant
Avandamet	metformin hcl er	ibandronate sodium	lopidine	esomeprazole
Avandia	Miglitol	Miacalcin	Isopto Carpine	magnesium
Bydureon	nateglinide	risedronate sodium	Istalol	esomeprazole strontium
Byetta	Nesina	risedronate sodium dr	latanoprost	lansoprazole
chlorpropamide	Novolin 70-30	<i>Paget Disease</i>	levobunolol hcl	Nexium
Cycloset	Novolin N	etidronate disodium	Lumigan	omeprazole
Duetact	Novolin R	<i>Thyroid</i>	methazolamide	omeprazole-sodium
Farxiga	Novolog	Armour Thyroid	metipranolol	bicarbonate
Fortamet	Novolog Mix 70-30	Cytomel	Neptazane	pantoprazole sodium
glimepiride	Onglyza	levothyroxine sodium	Phospholine Iodide	Prevacid
glipizide	Oseni	Levo-T	pilocarpine hcl	Prilosec
glipizide er	pioglitazone hcl	Levoxyll	Rescula	Protonix
glipizide xl	pioglitazone-glimepiride	liothyronine sodium	Simbrinza	rabeprazole sodium
glipizide-metformin	pioglitazone-metformin	methimazole	timolol maleate	Zegerid
Glucophage	hcl	Nature-Throid	Timoptic	<i>Ulcer</i>
Glucophage XR	Prandin	Np Thyroid	Timoptic-XE	Carafate
Glucotrol	Precose	propylthiouracil	Travatan Z	cimetidine
Glucotrol XL	Proglycem	Synthroid	travoprost	Cytotec
Glucovance	repaglinide	Tapazole	Trusopt	famotidine
Glumetza	repaglinide-metformin	Thyrolar	Xalatan	misoprostol
glyburide	hcl	Tirosint	Zioptan	nizatidine
glyburide micronized	Riomet	Unithroid	<i>Other Eye Drugs</i>	Pepcid
glyburide-metformin hcl	Starlix	Westhroid	atropine sulfate	ranitidine hcl
Glynase	Symlinpen 120	Wp Thyroid	Cyclogyl	sucralfate
Glyset	Symlinpen 60	EYE DRUGS	Cyclomydril	Zantac
Glyxambi	Synjardy	<i>Antibiotic</i>	cyclopentolate hcl	<i>Ulcerative Colitis</i>
Humalog	Tanzeum	neomycin/bacitracin/	Homatropaire	Apriso
Humalog Mix 50-50	tolazamide	polymyxin	homatropine	Asacol HD
Humalog Mix 75-25	tolbutamide	Neo-Polycin	Isopto Atropine	Azulfidine
Humulin 70-30	Toujeo Solostar	<i>Dry Eye</i>	Mydral	Canasa
Humulin N	Tresiba Flextouch	Restasis	Mydriacyl	Delzicol
Humulin R	Trulicity	Xiidra	tropicamide	Dipentum
Insulin Needles	Victoza	<i>Glaucoma Drugs</i>	GASTROINTESTINAL	Lialda
(Brand and generic)	Xigduo XR	acetazolamide	DRUGS	Pentasa
Insulin Pen Needles	<i>Gout</i>	Alphagan P	<i>Gallstones</i>	sulfasalazine
(Brand and generic)	allopurinol	apraclonidine hcl	Actigall	sulfasalazine dr
Insulin Syringes	probenecid	Azopt	Urso	Sulfazine
(Brand and generic)	Uloric	Betagan	Urso Forte	MUSCULOSKELETAL
Invokamet	Zyloprim	betaxolol hcl	ursodiol	DRUGS
Invokana	<i>High Prolactin Levels</i>	Betimol		<i>Muscle Relaxers</i>
Janumet	cabergoline			
Janumet XR				

Home Delivery Maintenance Drug List

baclofen	Xelitra	Ciferex	Caziant	Loryna
tizanidine hcl	Xrylix	Dermacinrx Purefolix	Chateal	Loseasonique
Zanaflex	Zorvolex	Durachol	Cryselle	Low-Ogestrel
<i>Pain/Inflammation</i>	NUTRITION, BLOOD MODIFIERS, ELECTROLYTES	Enlyte	Cyclafem	Lutera
Anaprox DS	<i>Chronic Kidney Disease</i>	Escavite D	Cyclessa	Marlissa
Arthrotec	calcitriol	Escavite LQ	Cyred	Microgestin
Celebrex	doxercalciferol	Floriva	Dasetta	Microgestin 24 FE
celecoxib	Hectorol	Floriva Plus	Daysee	Microgestin FE
Daypro	paricalcitol	foliac acid	Delyla	Minastrin 24 FE
Dermacinrx Cinlone-I	Rocaltrol	Folixapure	Desogen	Mircette
CPI	Zemplar	levocarnitine	desogestrel-ethinyl	Modicon
Dermacinrx Lexitral	<i>Potassium Supplements</i>	Macuvex	estradiol	Mono-Linyah
diclofenac sodium	Effer-K	Macuzin	desogestr-eth estrad eth	Mononessa
diclofenac sodium-	K Effervescent	Mebolic	estra	Myzilra
misoprostol	Klor-Con	Methaver	drospirenone-ethinyl	Natazia
Diclotral	Klor-Con M	multivitamins	estradiol	Necon
diflunisal	Klor-Con EF	Nascobal	Elinest	Nikki
DS Prep Pak	Klor-Con Sprinkle	Nicomide	Emoquette	norethindrone-ethin
Duexis	K-Sol	Noxifol-D3	Enpresse	estradiol
EC-Naprosyn	K-Tab	Ortho D	Enskyce	norethin-eth estra
etodolac	Micro-K	Potaba	Estarylla	ferrous fum
etodolac er	potassium bicarbonate	Puralor CI	Estrostep FE	norgestimate-ethinyl
Feldene	potassium chloride	Quflora	Falmina	estradiol
fenoprofen calcium	potassium citrate er	Revesta	Femcon FE	norgestrel-ethiny estra
Fenortho	SSKI	Virt-Vite Plus	Gianvi	Norinyl
flurbiprofen	Urocit-K	Xyzbac	Gildagia	Nortrel
ibuprofen	<i>Stroke/Peripheral Artery Disease</i>	Zavara	Gildess	Nuvaring
Inflamma-K	Aggrenox	OBSTETRICAL AND GYNECOLOGICAL DRUGS	Gildess 24 FE	Ocella
ketoprofen	Agrylin	<i>Birth Control</i>	Gildess FE	Ogestrel
Klofensaid II	anagrelide hcl	Altavera	Introvale	Orsythia
meclofenamate sodium	aspirin-dipyridamole er	Alyacen	Jolessa	Ortho Tri-Cyclen
meloxicam	Brilinta	Amethia	Juleber	Ortho Tri-Cyclen LO
Mobic	cilostazol	Amethia LO	Junel	Ortho-Cyclen
nabumetone	clopidogrel	Amethyst	Junel FE	Ortho-Novum
Nalfon	dipyridamole	Apri	Kariva	Ovcon
Naprelan	Durlaza	Aranelle	Kelnor 1-35	Philith
Naprosyn	Effient	Ashlyna	Kimidess	Pimtrea
naproxen	Persantine	Aubra	Kurvelo	Pirmella
naproxen sodium /er	Plavix	Aviane	Larin	Portia
oxaprozin	Pradaxa	Azurette	Larin FE	Previfem
Pennsaid	ticlopidine hcl	Balziva	Leena	Quartette
piroxicam	Zontivity	Bekyree	Lessina	Quasense
sulindac	<i>Therapeutic Vitamins/ Minerals and Dietary Supplements</i>	Beyaz	Levonest	Reclipsen
Sure Result DSS	Carnitor	Blisovi 24 FE	levonorgestrel-eth	Safyral
Premium Pack	Carnitor SF	Blisovi FE	estradiol	Seasonique
Tivorbex		Brevicon	levonorg-eth estrad eth	Setlakin
tolmetin sodium		Briellyn	estrad	Sprintec
Vimovo		Camrese	Levora	Sronyx
Vivlodex		Camrese LO	Lo Loestrin FE	Syeda
Voltaren			Loestrin	Tarina FE
Voltaren-XR			Loestrin FE	Tilia FE
Vopac MDS			Lomedia 24 FE	Tri-Estarylla

Home Delivery Maintenance Drug List

Tri-Legest FE	estradiol transdermal patch	Arnuity Ellipta	Cuprimine
Tri-Linyah	Estring	Asmanex	Depen
Tri-Lo-Estarylla	Estrogel	Asmanex HFA	<i>Overactive Bladder</i>
Tri-Lo-Marzia	estropipate	budesonide	darifenacin er
Tri-Lo-Sprintec	Femring	Flovent Diskus	Detrol
Trinessa	Menest	Flovent HFA	Detrol LA
Trinessa LO	Menostar	Pulmicort	Ditropan XL
Tri-Norinyl	Minivelle	Pulmicort Flexhaler	Enablex
Tri-Previfem	Premarin	Qvar	flavoxate hcl
Tri-Sprintec	Vagifem	<i>Asthma/Allergies</i>	Gelnique
Trivora	Vivelle-Dot	Accolate	Myrbetriq
Velivet	<i>Estrogen/Progestin Combinations</i>	cromolyn sodium	oxybutynin chloride
Vestura	Activella	montelukast sodium	oxybutynin chloride er
Vienna	Angeliq	Singular	Oxytrol
Viorele	Climara Pro	zafirlukast	tolterodine tartrate
Vyfemla	Combipatch	Zyflo	tolterodine tartrate er
Wera	estradiol-norethindrone acetate	Zyflo CR	Toviaz
Wymzya FE	Femhrt	<i>Bronchodilators</i>	trospium chloride
Xulane	Fyavolv	albuterol sulfate	Vesicare
Yasmin	Jevantique LO	Atrovent HFA	<i>Prostate</i>
Yaz	Jinteli	Brovana	alfuzosin hcl er
Zarah	Lopreeza	Elixophyllin	Avodart
Zenchant	Mimvey	ipratropium bromide	dutasteride
Zenchant FE	Mimvey LO	metaproterenol sulfate	dutasteride-tamsulosin
Zovia	Prefest	Perforomist	finasteride
<i>Birth Control/Progestin Only</i>	Premphase	Serevent Diskus	Flomax
Camila	Prempro	Spiriva	Jalyn
Deblitane	<i>Progestin Drugs</i>	Spiriva Respimat	Proscar
Errin	Aygestin	terbutaline sulfate	Rapaflo
Heather	medroxyprogesterone acetate	Theo-24	tamsulosin hcl
Jencycla	norethindrone acetate	Theochron	Uroxatral
Jolivet	progesterone	theophylline anhydrous	
Lyza	Provera	Tudorza Pressair	
Nora-Be	Prometrium	Vospire ER	
Nor-Q-D	RESPIRATORY DRUGS	<i>COPD</i>	
Norlyroc	<i>Asthma - Bronchodilator/Steroid Combo</i>	Anoro Ellipta	
Ortho Micronor	Advair Diskus	Arcapta Neohaler	
Sharobel	Advair HFA	Bevespi Aerosphere	
<i>Breast Cancer/Osteoporosis</i>	Dulera	Breo Ellipta	
Evista	Symbicort	Incruse Ellipta	
raloxifene hcl	<i>Asthma - Inhaled Corticosteroids</i>	Seebri Neohaler	
<i>Estrogen Drugs</i>	Aerospan	Stiolto Respimat	
Alora	Alvesco	Striverdi Respimat	
Climara		Utibron Neohaler	
Divigel		UROLOGICAL DRUGS	
Elestrin		<i>Erectile Dysfunction</i>	
Estrace		papaverine-	
estradiol		phenolamine	
		Stendra	
		<i>Kidney Function</i>	

Home Delivery Maintenance Drug List



And Its Affiliate HealthKeepers, Inc.

Generic drugs are lower case and trade/brand name drugs are capitalized.
This list does not include all maintenance drugs.
Inclusion of a drug on this drug list is not a guarantee of coverage.
Some medications, like Insulin Needles, are listed as a category and not with a specific brand or generic name.
Over-the-counter drugs (OTCs) are not included on this list.
This list may change without notice, which may affect your benefit coverage.
For more information about your drug plan, you can go to anthem.com or call Customer Service at the phone number on your ID card.
Speech and hearing impaired users (TDD/TTY) should call 800-221-6915, Monday - Friday, 8:30 a.m. - 5 p.m., Eastern time.

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Express Scripts, Inc. is a separate company that manages the pharmacy benefit services for members of our health plans.



Getting started with home delivery pharmacy

If you take prescribed medicine on a regular basis, you can get up to a 90-day supply mailed right to your door.*

Here's how to start:

Step one

Create your account and print your order form

There are two ways to do this:

- Log on to your health plan's website.
 - Register at your health plan website if you haven't done so.
 - Click **Prescription Benefits** in the *Useful Tools* box.
 - Click **Start a New Prescription**.

This takes you to the Express Scripts[®] website. You can find out how to:

- Print an order form to mail in with your prescription.
- Print a fax form to take to your doctor to fax in your prescription.
- See how much your medicine will cost.

Step two

See your doctor for a prescription for a 90-day supply of your medicine

You'll need a 90-day supply prescription for your first home delivery pharmacy order. But you should also ask your doctor to write you another prescription for a 30-day supply. This is so you

can get the 30-day supply filled at your local pharmacy while your first order is being processed.

- Your doctor can give you a prescription to mail in with your order form.
- Or, the doctor can fill out the physician fax form and fax it to the phone number on the form.

If your doctor prescribes a brand-name drug, your plan design may require the home delivery pharmacy to substitute the generic version instead.

Step three

Paying for your prescription

You can pay by e-check, check, money order or credit card. You can enroll in e-check payments, have credit cards on file through the website or call the number on your member ID card.



And Its Affiliate HealthKeepers, Inc.

Step four

Send us your prescription

You can send us your prescription in two ways:

- **Mail:** Fill out the order form and mail it with the prescription and payment (if you're using a check/money order) to the address listed on the form. Please fill out payment information on the form if you're not using a check/money order.
- **Fax:** Your doctor can complete the physician fax form and fax it to the phone number on the form.

All prescriptions and refills, including those sent in by your doctor, are processed as soon as they are received. Please don't send in your prescription unless you are ready to have it filled.

Important to know

In most cases, your medicine will be sent to your home within two weeks from the time the home delivery pharmacy gets your order. If you need your medicine sooner, call the number on your ID card to ask for your order to be sent overnight. Please allow three to five days for processing plus the shipping time. You will be charged an additional fee. Your order will be sent through the post office, UPS or FedEx. Please note, with some medicines, you may have to sign to accept delivery.

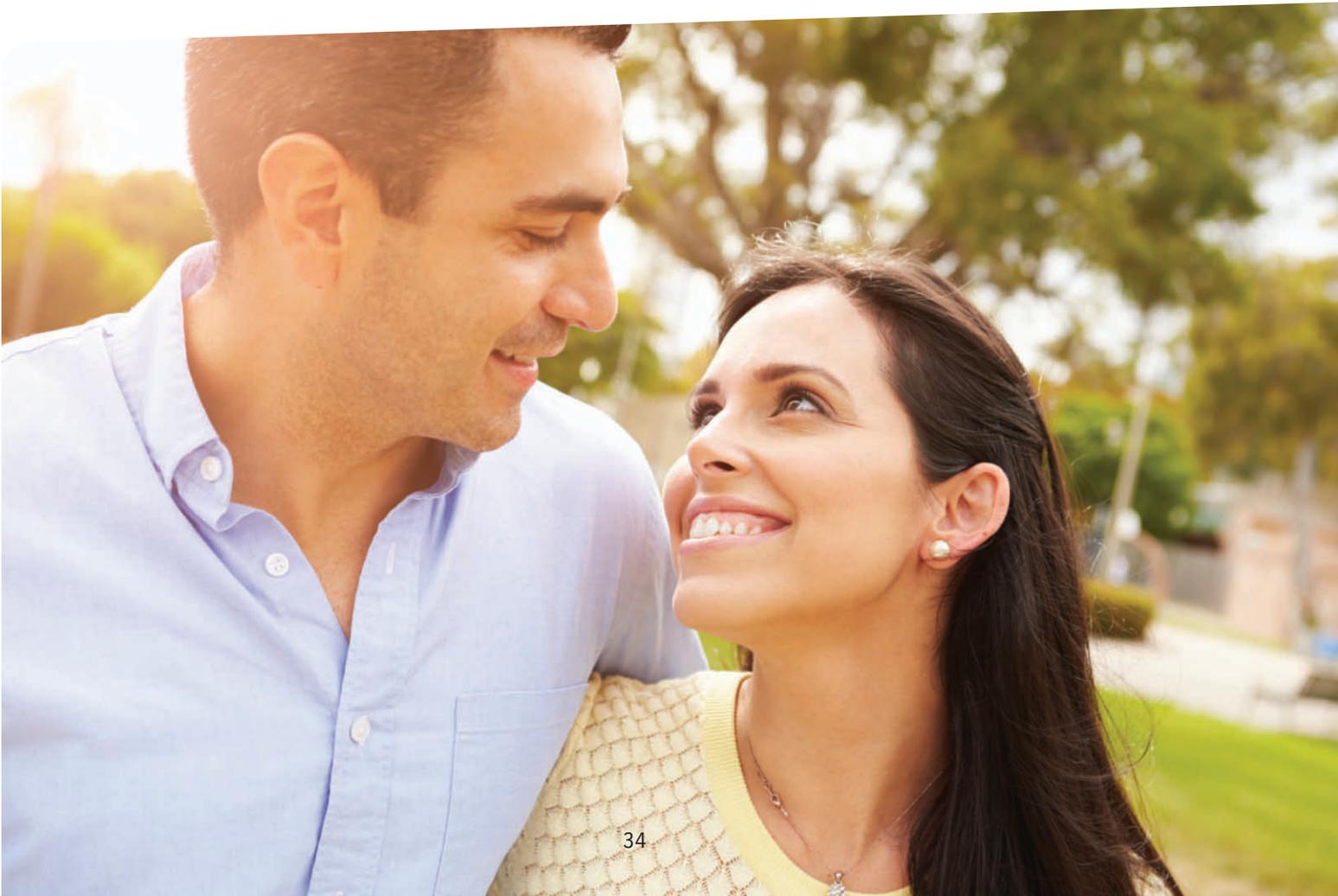
Need help getting started?

Call the phone number on your ID card. You will be transferred to the home delivery pharmacy. They can help you get started.

*Based on drug benefit plan design.

*Express Scripts is a separate company that manages pharmacy services and benefits on behalf of health plan members.

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Prior Authorization Drug List

Most prescriptions are filled right away when you take them to the pharmacy. But some drugs need to be reviewed by your health plan before they're covered. This process is called prior authorization. Prior authorization focuses on drugs that may have a risk of side effects, a risk of harmful effects when taken with other drugs, potential for incorrect use or abuse, better options that may cost you less and work better, and rules for use with certain health conditions. The drugs listed below need to be reviewed and approved by your health plan before they're covered.*

CATEGORY	DRUG NAME
Antineoplastics	Abraxane
Analgesic, Anti-inflammatory or Antipyretic	Abstral
	Actemra
Endocrine	Acthar H.P.
Anti-Infective Agents	Actimmune
Analgesic, Anti-inflammatory or Antipyretic	Actiq
	Adcetris
Cardiovascular Therapy Agents	Adcirca
Central Nervous System Agents	Addyi
Cardiovascular Therapy Agents	Adempas
Hematological Agents	Advate
	Advate H
	Advate L
	Advate M
	Advate Sh
	Advate Uh
Antineoplastics	Afinitor
	Afinitor Disperz
Endocrine	Afrezza
Hematological Agents	Afstyla
Dermatological	Aldara
Metabolic Disease Enzyme Replacement Agents	Aldurazyme
Antineoplastics	Alecensa
	Alimta
Gastrointestinal Therapy Agents	Aloxi
Hematological Agents	Alphanate
	Alphanine Sd
	Alprolix
Multiple Sclerosis Agents	Ampyra
Endocrine	Androderm
	Androgel
Central Nervous System Agents	Apokyn
Respiratory Therapy Agents	Aralast Np
Hematological Agents	Aranesp
Analgesic, Anti-inflammatory or Antipyretic	Arcalyst
	armodafinil
Antineoplastics	Arzerra
Multiple Sclerosis Agents	Aubagio
Cardiovascular Therapy Agents	Auvi-Q
Antineoplastics	Avastin
Genitourinary Therapy	Avodart
Multiple Sclerosis Agents	Avonex Administration Pack
	Avonex Pen

CATEGORY	DRUG NAME
Endocrine	Axiron
Antineoplastics	azacitidine
Antidotes and other Reversal Agents	Bal in Oil
Hematological Agents	Bebulin
Antineoplastics	Beleodaq
Hematological Agents	Benefix
Analgesic, Anti-inflammatory or Antipyretic	Benlysta
	Berinert
Multiple Sclerosis Agents	Betaseron
Antineoplastics	bexarotene
Biologicals	Bivigam
Antineoplastics	Blincyto
	Bosulif
Locomotor System	Botox
	Botox Cosmetic
Dermatological	bp
Chemical Dependency, Agents to Treat	Bunavail
Metabolic Modifiers	Buphenyl
Chemical Dependency, Agents to Treat	buprenorphine-naloxone
Antineoplastics	Cabometyx
Antidotes and other Reversal Agents	Calcium Disodium Versenate
	capecitabine
	Caprelsa
Biologicals	Carimune Nf Nanofiltered
Antineoplastics	Ceenu
Metabolic Modifiers	Cerdelga
Metabolic Disease Enzyme Replacement Agents	Cerezyme
Antidotes and other Reversal Agents	Chemet
Gastrointestinal Therapy Agents	Cholbam
Drugs to treat Erectile Dysfunction	Cialis
Analgesic, Anti-inflammatory or Antipyretic	Cimzia
	Cinqair
Respiratory Therapy Agents	Cinryze
Hematological Agents	Coagadex
	Colchicine
Gout and Hyperuricemia Therapy	Colcrys
	Cometriq
Antineoplastics	Copaxone
Multiple Sclerosis Agents	Copaxone
Hematological Agents	Corifact

CATEGORY	DRUG NAME
Cardiovascular Therapy Agents	Corlanor
Dermatological	Cosentyx 150Mg
	Cosentyx 300Mg
Antineoplastics	Cotellic
Anti-Infective Agents	Cresemba
Central Nervous System Agents	Cymbalta
Antineoplastics	Cyramza
Central Nervous System Agents	D.H.E.45
Anti-Infective Agents	Daklinza
	Daraprim
Antineoplastics	Darzalex
Dermatological	Denavir
Antidotes and other Reversal Agents	Desferal
Gastrointestinal Therapy Agents	Diclegis
Dermatological	diclofenac sodium
Central Nervous System Agents	dihydroergotamine mesylate
Antineoplastics	Docetaxel
	Doxil
	doxorubicin hcl liposomal
Central Nervous System Agents	Duopa
Analgesic, Anti-inflammatory or Antipyretic	Durlaza
Genitourinary Therapy	dutasteride
	dutasteride-tamsulosin
Locomotor System	Dysport
Endocrine	Egrifta
	Elaprase
Metabolic Disease Enzyme Replacement Agents	Elelyso
Antineoplastics	Eligard
Hematological Agents	Eloctate
Analgesic, Anti-inflammatory or Antipyretic	Embeda
Antineoplastics	Emcyt
Gastrointestinal Therapy Agents	Emend
Antineoplastics	Empliciti
Analgesic, Anti-inflammatory or Antipyretic	Enbrel
Cardiovascular Therapy Agents	Entresto
Gastrointestinal Therapy Agents	Entyvio
Anti-Infective Agents	Epclusa
Hematological Agents	Epogen
Cardiovascular Therapy Agents	epoprostenol sodium
Antineoplastics	Erbix
	Erivedge
	Erwinaze
Respiratory Therapy Agents	Esbriet
Central Nervous System Agents	eszopiclone
Locomotor System	Euflexxa
Antidotes and other Reversal Agents	Exjade
Ophthalmic Agents	Eylea
Antineoplastics	Farydak
Hematological Agents	Feiba Nf
Chemicals-Pharmaceutical Adjuvants	fentanyl citrate
Analgesic, Anti-inflammatory or Antipyretic	Fentora

CATEGORY	DRUG NAME
Antidotes and other Reversal Agents	Ferriprox
Genitourinary Therapy	finasteride
Cardiovascular Therapy Agents	Firazyr
Biologicals	Flebogamma Dif
Central Nervous System Agents	flibanserin
Cardiovascular Therapy Agents	Flolan
	Forteo
Endocrine	Fortesta
	Fulyzaq
Gastrointestinal Therapy Agents	Gamastan S-D
	Gammagard Liquid
	Gammagard S-D
	Gammaked
	Gammaplex
	Gamunex
	Gamunex-C
Gastrointestinal Therapy Agents	Gattex
Antineoplastics	Gazyva
Endocrine	Genotropin
Locomotor System	Genvisc 850
Multiple Sclerosis Agents	Gilenya
Antineoplastics	Gilotrif
Respiratory Therapy Agents	Glassia
Multiple Sclerosis Agents	Glatopa
	Gleevec
Antineoplastics	Gleostine
	Granix
Hematological Agents	Grastek
Biologicals	Halaven
Antineoplastics	Halaven
Anti-Infective Agents	Harvoni
Hematological Agents	Helixate Fs
	Hemofil-M
Antineoplastics	Herceptin
Central Nervous System Agents	Hetlioz
Antineoplastics	Hexalen
Biologicals	Hizentra
Central Nervous System Agents	Horizant
Hematological Agents	Humate-P
Endocrine	Humatrope
Gastrointestinal Therapy Agents	Humira
	Humira Pediatric
Locomotor System	Hyalgan
Antineoplastics	Hycamtin
Endocrine	hydroxyprogesterone caproate
Biologicals	Hyqvia
Analgesic, Anti-inflammatory or Antipyretic	Hysingla Er
Antineoplastics	Ibrance
	Iclusig
Hematological Agents	Idelvion
Analgesic, Anti-inflammatory or Antipyretic	Ilaris
Ophthalmic Agents	Iluvien
Antineoplastics	imatinib mesylate
	Imbruvica
Dermatological	imiquimod

CATEGORY	DRUG NAME
Anti-Infective Agents	Incivek
Endocrine	Increlex
Antineoplastics	Inlyta Intron A
Central Nervous System Agents	Irenka
Antineoplastics	Iressa Istodax
Anti-Infective Agents	itraconazole
Antineoplastics	Ixempra
Hematological Agents	Ixinity
Antidotes and other Reversal Agents	Jadenu
Antineoplastics	Jakafi
Genitourinary Therapy	Jalyn
Ophthalmic Agents	Jetrea
Cardiovascular Therapy Agents	Juxtapid Kalbitor
Respiratory Therapy Agents	Kalydeco
Metabolic Disease Enzyme Replacement Agents	Kanuma
Locomotor System	Keveyis
Antineoplastics	Keytruda
Analgesic, Anti-inflammatory or Antipyretic	Kineret
Hematological Agents	Koate-Dvi Kogenate Fs
Endocrine	Korlym
Hematological Agents	Kovaltry
Gout and Hyperuricemia Therapy	Krystexxa
Metabolic Modifiers	Kuvan
Cardiovascular Therapy Agents	Kynamro
Antineoplastics	Kyprolis
Analgesic, Anti-inflammatory or Antipyretic	Lazanda
Multiple Sclerosis Agents	Lemtrada
Antineoplastics	Lenvima
Cardiovascular Therapy Agents	Letairis
Hematological Agents	Leukine
Antineoplastics	leuprolide acetate
Dermatological	Lidovir
Anti-Infective Agents	linezolid
Antineoplastics	Lipodox lomustine Lonsurf
Ophthalmic Agents	Lucentis
Metabolic Disease Enzyme Replacement Agents	Lumizyme
Central Nervous System Agents	Lunesta
Endocrine	Lupaneta Pack Lupron Depot Lupron Depot-Ped
Antineoplastics	Lynparza
Central Nervous System Agents	Lyrica
Ophthalmic Agents	Macugen
Endocrine	Makena
Antineoplastics	Mekinist
Hematological Agents	Mircera

CATEGORY	DRUG NAME
Gout and Hyperuricemia Therapy	Mitigare
Central Nervous System Agents	modafinil
Hematological Agents	Monoclalte-P Mononine
Locomotor System	Monovisc
Hematological Agents	Mozobil
Locomotor System	Myobloc
Metabolic Disease Enzyme Replacement Agents	Myozyme Naglazyme
Endocrine	Natesto Natpara
Hematological Agents	Neulasta Neumega Neupogen
Antineoplastics	Nexavar Ninlaro
Endocrine	Norditropin Flexpro Norditropin Nordiflex
Hematological Agents	Novoeight Novoseven Rt
Anti-Infective Agents	Noxafil
Hematological Agents	Nplate
Respiratory Therapy Agents	Nucala
Immunosuppressive Agents	Nulojix
Central Nervous System Agents	Nuplazid
Endocrine	Nutropin Nutropin Aq Nutropin Aq Nuspin
Central Nervous System Agents	Nuvigil
Hematological Agents	Nuwiq Obizur
Hepatobiliary System Treatment Agents	Ocaliva
Biologicals	Octagam
Endocrine	octreotide acetate
Antineoplastics	Odomzo Ofev
Anti-Infective Agents	Olysis
Endocrine	Omnitrope
Antineoplastics	Oncaspar
Anti-Infective Agents	Onmel
Analgesic, Anti-inflammatory or Antipyretic	Onsolis
Antineoplastics	Opdivo
Cardiovascular Therapy Agents	Opsumit
Biologicals	Oralair
Analgesic, Anti-inflammatory or Antipyretic	Orencia Orencia Clickject
Cardiovascular Therapy Agents	Orenitram Er
Respiratory Therapy Agents	Orkambi
Locomotor System	Orthovisc
Endocrine	Osphena
Analgesic, Anti-inflammatory or Antipyretic	Otezla Otrexup
Ophthalmic Agents	Ozurdex
Dermatological	Pacnex MX

CATEGORY	DRUG NAME
Anti-Infective Agents	Pegasys
	Pegasys Proclick
	Peg-Intron
	Peg-Intron Redipen
Antineoplastics	Perjeta
Dermatological	Picato
Multiple Sclerosis Agents	Plegridy
Antineoplastics	Pomalyst
Cardiovascular Therapy Agents	Praluent Pen
	Praluent Syringe
Analgesic, Anti-inflammatory or Antipyretic	Prialt
Biologicals	Privigen
Hematological Agents	Procrit
	Profilnine Sd
Respiratory Therapy Agents	Prolastin C
Endocrine	Prolia
Hematological Agents	Promacta
Genitourinary Therapy	Proscar
Central Nervous System Agents	Provigil
Antineoplastics	Purixan
Anti-Infective Agents	Qualaquin
	quinine sulfate
Biologicals	Ragwitek
Analgesic, Anti-inflammatory or Antipyretic	Rasuvo
Metabolic Modifiers	Ravicti
Hematological Agents	Recombinate
Gastrointestinal Therapy Agents	Remicade
Cardiovascular Therapy Agents	Remodulin
	Repatha Sureclick
	Repatha Syringe
	Revatio
Antineoplastics	Revlimid
Hematological Agents	Riastap
Antineoplastics	Rituxan
Hematological Agents	Rixubis
	Ruconest
Endocrine	Saizen
	Sandostatin
	Sandostatin Lar Depot
	Serostim
	Signifor
	Signifor LAR
Cardiovascular Therapy Agents	sildenafil citrate
Analgesic, Anti-inflammatory or Antipyretic	Simponi
	Simponi Aria
Cardiovascular Therapy Agents	simvastatin
Antineoplastics	Sipuleucel-T Provenge
Anti-Infective Agents	Sitavig
	Sivextro
Dermatological	sodium sulfacetamide/sulfur
	Solaraze
Hematological Agents	Soliris
Endocrine	Somatuline Depot
	Somavert
Anti-Infective Agents	Sovaldi
	Sporanox

CATEGORY	DRUG NAME
Antineoplastics	Sprycel
Biologicals	Standardized Timothy Grass
Dermatological	Stelara
Antineoplastics	Stivarga
Metabolic Disease Enzyme Replacement Agents	Stremsiq
Endocrine	Striant
Chemical Dependency, Agents to Treat	Suboxone
Analgesic, Anti-inflammatory or Antipyretic	Subsys
Dermatological	Sumaxin
Locomotor System	Supartz
	Supartz Fx
Endocrine	Supprelin La
Antineoplastics	Sutent
	Sylvant
Biologicals	Synagis
Endocrine	Synarel
Locomotor System	Synvisc
	Synvisc-One
Antidotes and other Reversal Agents	Syprine
Antineoplastics	Tafinlar
	Tagrisso
Dermatological	Taltz Autoinjector
	Taltz Autoinjector (2 Pack)
	Taltz Autoinjector (3 Pack)
	Taltz Syringe
	Taltz Syringe (2 Pack)
Taltz Syringe (3 Pack)	
Antineoplastics	Tarceva
	Targretin
	Tasigna
Central Nervous System Agents	Tasmar
Antineoplastics	Taxotere
Multiple Sclerosis Agents	Tecfidera
Anti-Infective Agents	Technivie
Antineoplastics	Temodar
	temozolomide
Endocrine	Testim
	Testopel
	testosterone
Central Nervous System Agents	tetrabenazine
Endocrine	Tev-Tropin
Anti-Infective Agents	Thalomid
Genitourinary Therapy	Thiola
Dermatological	tl 4.25% bpo MX
Central Nervous System Agents	tolcapone
Antineoplastics	Torisel
Cardiovascular Therapy Agents	Tracleer
Antineoplastics	Treanda
	Trelstar La
Hematological Agents	Tretten
Antineoplastics	Tykerb
Multiple Sclerosis Agents	Tysabri
Cardiovascular Therapy Agents	Tyvaso
	Uptravi

CATEGORY	DRUG NAME
Dermatological	Valchlor
Anti-Infective Agents	Vancocin Hcl vancomycin hcl
Antineoplastics	Vantas Vectibix Velcade
Cardiovascular Therapy Agents	Veletri
Antineoplastics	Venclexta
Cardiovascular Therapy Agents	Ventavis
Anti-Infective Agents	Vfend
Gastrointestinal Therapy Agents	Viberzi
Anti-Infective Agents	Victrelis
Antineoplastics	Vidaza
Anti-Infective Agents	Viekira Pak
Metabolic Disease Enzyme Replacement Agents	Vimizim
Antineoplastics	Vistogard
Chemical Dependency, Agents to Treat	Vivitrol
Endocrine	Vogelxo
Anti-Infective Agents	voriconazole
Antineoplastics	Votrient
Metabolic Disease Enzyme Replacement Agents	Vpriv
Hematological Agents	Wilate
Antineoplastics	Xalkori
Analgesic, Anti-inflammatory or Antipyretic	Xeljanz Xeljanz XR
Antineoplastics	Xeloda
Central Nervous System Agents	Xenazine
Locomotor System	Xeomin
Dermatological	Xerese
Endocrine	Xgeva
Locomotor System	Xiaflex

CATEGORY	DRUG NAME
Anti-Infective Agents	Xifaxan
Antineoplastics	Xofigo
Respiratory Therapy Agents	Xolair
Antineoplastics	Xtandi
Metabolic Modifiers	Xuriden
Hematological Agents	Xyntha
Hematological Agents	Xyntha Solofuse
Central Nervous System Agents	Xyrem
Antineoplastics	Yervoy Zaltrap
Hematological Agents	Zarxio
Metabolic Modifiers	Zavesca
Antineoplastics	Zelboraf
Respiratory Therapy Agents	Zemaira
Dermatological	Zencia
Anti-Infective Agents	Zepatier
Cardiovascular Therapy Agents	Zocor
Analgesic, Anti-inflammatory or Antipyretic	Zohydro Er
Antineoplastics	Zoladex
Endocrine	zoledronic acid
Antineoplastics	Zolinza
Endocrine	Zomacton Zometa Zorbtive
Dermatological	Zovirax
Chemical Dependency, Agents to Treat	Zubsolv
Dermatological	Zyclara
Antineoplastics	Zydelig Zykadia Zytiga
Anti-Infective Agents	Zyvox

This drug list only applies to the National Drug List.

*Due to varying health benefit plans, inclusion of a drug and related items on the drug list is not a guarantee of coverage. Please refer to the prescription drug benefit description of coverage, limitations and exclusions.

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Rev. 7/16



Get the right care with specialty pharmacy

A specialty pharmacy can work with you to help you get the best health results from the drug you take. Be sure to use a network specialty pharmacy because the drug you take may not be covered if you use a pharmacy that's not in the network.

Treat long-term health issues with the medicines you need

What is a specialty pharmacy?

If you have a long-term health condition that needs to be treated with complex drugs, our specialty pharmacy program is just what you need. Specialty drugs come in many forms like pills, liquids, injections (shots), infusions or inhalers for people with long-term health problems. These drugs often need special storage and handling, and may be given to you by a doctor or nurse. A specialty pharmacy is for people with health problems such as:

- Asthma
- Bleeding disorders
- Cancer
- Crohn's disease
- Cystic fibrosis
- Growth hormone deficiency
- Hepatitis
- HIV/AIDS
- Iron overload
- Living with a transplant
- Multiple sclerosis
- Psoriasis
- Pulmonary arterial hypertension
- Rheumatoid arthritis
- Respiratory syncytial virus (RSV)

We're here to help

You don't have to manage your health condition by yourself. Specialty pharmacy experts can help you get the best results from your treatments.

- Pharmacists can tell you more about your condition, how your drugs work and any side effects. They can also answer urgent drug questions after hours.
- Nurses are available 24/7 to help you stay on track with your medicine. They'll make sure you take it just how the doctor wants. They will also help you with any side effects.
- Care coordinators can help answer questions about insurance, paying for your drugs, getting refills and much more.

Sometimes, a specialty drug is covered through the prescription benefit of a health care plan, while in other cases, a specialty drug will be covered through the medical benefit of a plan.

* This is not a complete list of conditions treated by specialty drugs.

Getting started with a specialty drug covered under your pharmacy benefit

Accredo Specialty Pharmacy is the network pharmacy for your specialty drug prescription benefit. Be sure to use Accredo because the drug you take may not be covered if you use a different pharmacy that's not in the network. To see a list of specialty drugs that need to be filled by Accredo, log on at anthem.com and go to your personalized pharmacy page.

You can easily switch to Accredo by calling the member phone number below, or your doctor can fax a copy of your prescription to Accredo. A care representative will work with you and your doctor to start the steps to fill your specialty drug prescription.

Accredo Specialty Pharmacy

Member phone number: 1-800-870-6419

Physician fax: 1-800-824-2642

Monday through Friday, 8 a.m. to 11 p.m., ET, and
Saturday, 8 a.m. to 5 p.m., ET

After Accredo gets your prescription from the doctor, a care coordinator will call you to set up delivery of your medicine on a day that is good for you. A care coordinator must speak with you to get your approval before sending your drug.

When you sign up with Accredo, you can call the member phone number above if you have questions like how to administer the drug or ways to manage side effects. Nurses and pharmacists are available 24/7 to take your call.

Getting started with a specialty drug covered under your medical benefit

If you take a specialty drug as an injection or infusion in a doctor's office or hospital outpatient clinic, we may review it for coverage under your medical benefit. Specialty drugs covered through your medical plan can be filled by CVS Specialty Pharmacy.

Your doctor should work with CVS Specialty Pharmacy to start the steps to get you the drug you need. CVS Specialty Pharmacy will call you to talk about your medicine and your cost share. The pharmacy must get your approval before the drug can be sent to you or your doctor's office.

Questions?

To see personalized pharmacy benefit information, log in at anthem.com. If you haven't signed up on the site yet, you'll have to do that first. After you log in, choose the **Chat with Us** icon to ask questions. You can also call us at the Member Services number on your ID card.

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Prescription management wherever you are

Access Anthem's online pharmacy tools at home or on the go



Manage everything you want and need to know about your prescription benefits in one place. It's easy. It's convenient. From getting your prescriptions filled to receiving health alert notifications and more, you can find it all by using our prescription benefit tools on anthem.com.

Get started

On anthem.com, choose **Prescription Benefits** and log in. On the Pharmacy homepage, choose an option to access our easy-to-use prescription tools. For some tools, you will be redirected to Express Scripts, the company that helps support your prescription drug benefits.

1 Search your drug lists

We've added a drug search tool that automatically takes you to the drug list that applies to your benefit plan. You can search your drug lists for up-to-date information, such as:

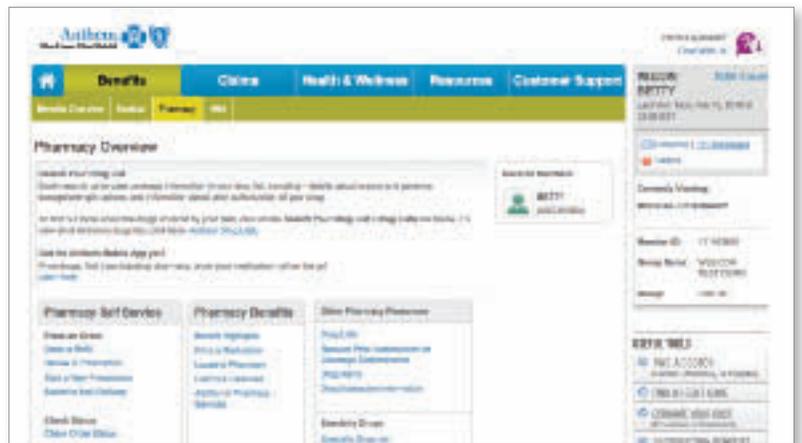
- Tier status
- Clinical programs including quantity limits, dose optimization, prior authorization and step therapy
- Therapeutic class and category

2 Find a pharmacy in your network

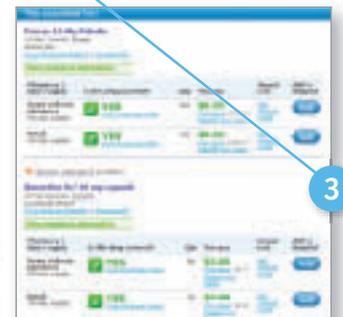
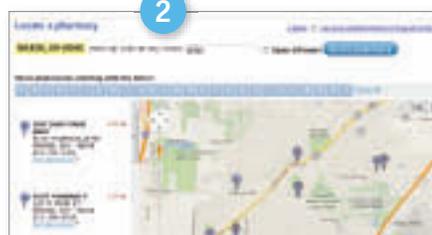
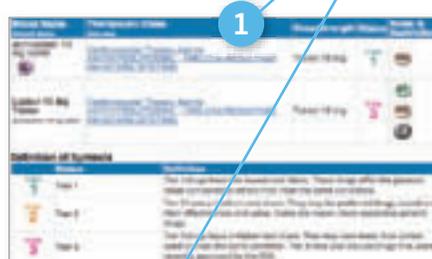
With the **Locate a Pharmacy** tool, enter your ZIP Code and let us know if you want to see pharmacies that are open 24-hours a day or not, then choose Search. You'll see a list of nearby pharmacies in your network, including pharmacies where you can fill a 90-day supply (depending on your benefit), or you can view them on a map.

3 Find out how much a drug will cost

With the **Price a Medication** tool, you can search for a brand or generic drug by name. Just enter the name of the drug and choose Search. You'll see lower-cost options for the generic version of a brand drug, how much your plan pays and any out-of-pocket costs. Plus, the tool allows you to see costs for retail versus home delivery.



Pharmacy homepage



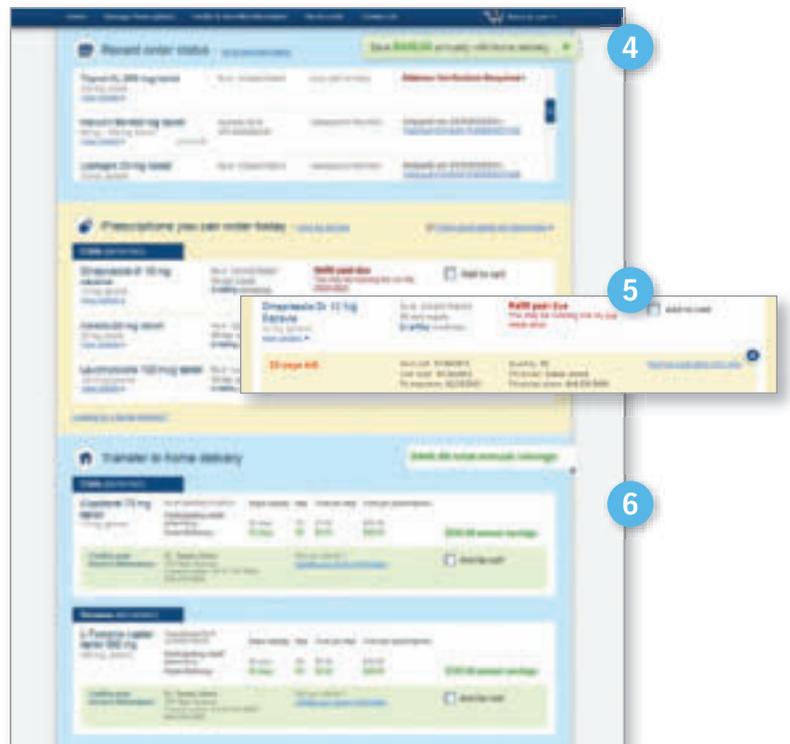
4 Check your prescription order status

Receive more accurate expected order ship date(s) as well as more concise and consistent messaging when an order has a delay.

5 Refill and renew prescriptions

6 Transfer to home delivery

Get home delivery for the whole family on eligible prescriptions.

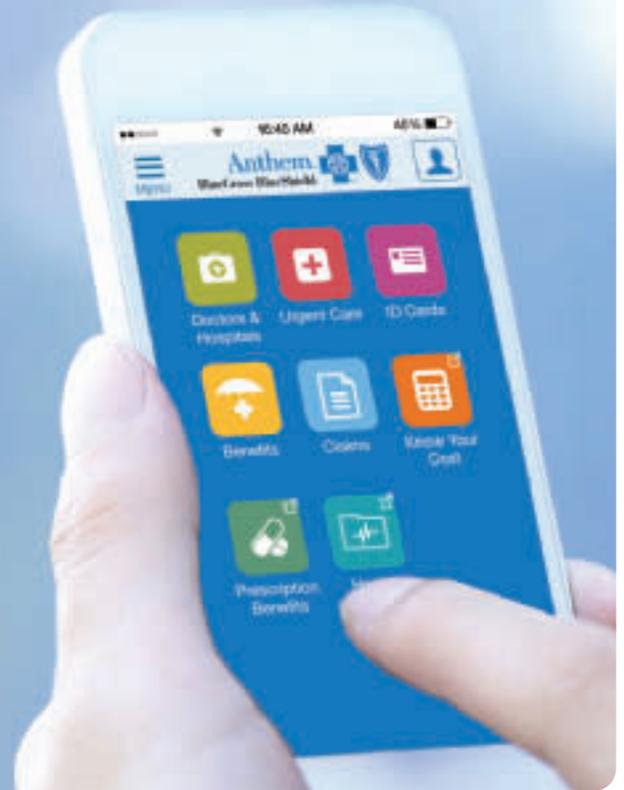


You can even find many of the same helpful tools on your mobile device, so you can manage your drug benefit wherever you are. Think of the new pharmacy tools on anthem.com as a one-stop-shop for many of your prescription benefit needs. You can also:

- Price a medication.
- Change the auto refill settings.
- Switch to home delivery.
- Make payments and view payment history.
- Get member ID cards.
- Learn about drug and health news.
- Set communication preferences.

Ready to check out your pharmacy benefits online?

Log in or create an account on anthem.com and choose Prescription Benefits to get started.



Take care of yourself. Use your preventive care benefits.



And Its Affiliate HealthKeepers, Inc.

Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans offer the services listed in this preventive care flier at no cost to you.¹ When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24, with fair skin, about ways to lower their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening² when done as part of a preventive care visit

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met³
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)^{4,5}
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening⁵
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV⁵
- Pelvic exam and Pap test, including screening for cervical cancer

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s).

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield and its affiliate HealthKeepers, Inc. If there is any difference between this sheet and the group policy, the provisions of the group policy will govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations.

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit and CT colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision²
- Hearing screening
- Height, weight and BMI
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years⁶
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles) for those 60 years and older

A word about pharmacy items

For 100% coverage of over-the-counter (OTC) drugs and other pharmacy items listed below, the person receiving the item(s) must meet the age and other specified criteria. You need to work with your in-network doctor or other health care provider to get a prescription for the item(s) and take the prescription to an in-network pharmacy. Even if the item(s) do not “need” a prescription to purchase them, if you want the item(s) covered at 100%, you have to have the prescription.

Child preventive drugs and other pharmacy items — age appropriate:

- Dental fluoride varnish to prevent tooth decay of primary teeth for children from birth to 5 years old
- Fluoride supplements for children from birth through 6 years old
- Iron supplements for children 6-12 months

Adult preventive drugs and other pharmacy items — age appropriate:

- Aspirin use for the prevention of cardiovascular disease including aspirin for men ages 45-79 and women ages 55-79
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Tobacco cessation products including select generic prescription drugs, select brand-name drugs with no generic alternative, and FDA-approved over-the-counter products, for those 18 and older
- Vitamin D for men and women over 65

Women’s preventive drugs and other pharmacy items — age appropriate:

- Contraceptives including generic prescription drugs, brand-name drugs with no generic alternative, and over-the-counter items like female condoms or spermicides^{5,7}
- Low dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women 55 years old or younger
- Breast cancer risk-reducing medications following the U.S. Preventive Services Task Force criteria (such as tamoxifen and raloxifene)⁶

1 The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your *Certificate of Coverage* or call the Customer Service number on your ID card.

2 Some plans cover additional vision services. Please see your contract or *Certificate of Coverage* for details.

3 Check your medical policy for details.

4 Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.

5 This benefit also applies to those younger than 19.

6 You may be required to get prior authorization for these services.

7 A cost share may apply for other prescription contraceptives, based on your drug benefits.

LiveHealth Online

Easy, fast doctor visits. All from the comfort of your own computer or mobile device.

Talk to a doctor today, tonight, anytime — 365 days a year. Just sign up at livehealthonline.com or on the free mobile app.



Anthem. 
BlueCross BlueShield
And Its Affiliate HealthKeepers, Inc.

LiveHealth[®]
O N L I N E

Now you can get the health care you need without all the hassle

Have a health question? Feeling under the weather? With LiveHealth Online, you don't have to deal with scheduling an appointment or long wait times at the urgent care center. In fact, you don't even have to leave your home or office. Using LiveHealth Online, you can see a doctor who can answer questions, make a diagnosis, and even prescribe basic medications, when needed.*

With LiveHealth Online, you get:

- Immediate doctor visits through live video.
- Your choice of board-certified doctors.
- Private, secure and convenient online visits.

What are the qualifications of the doctors you see using LiveHealth Online?

- Board-certified.
- Average 15 years practicing medicine.
- Mostly primary care physicians.
- Specially trained for online visits.

When can you use LiveHealth Online?

As always, you should call 911 with any emergency. Otherwise, you can use LiveHealth Online whenever you have a health concern and your own doctor isn't available. Doctors are available 24 hours a day, seven days a week, 365 days a year. Some of the most common uses include:

- Cold and flu symptoms such as a cough, fever and headaches
- Allergies
- Sinus infections and more!

Start a conversation now

Just enroll for free at livehealthonline.com or on the app, and you're ready to see a doctor.

Sign up for LiveHealth Online today!

It's quick and easy to sign up just go to livehealthonline.com or download the mobile app.

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play.google.com/store



* As legally permitted in certain states.

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

HealthKeepers, Inc. is an independent licensee 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.



The ins and outs of coverage

Knowing that you have health care coverage that meets your and your family's needs is reassuring.

But part of your decision in choosing a plan also requires understanding:

- Who can be enrolled.
- How coverage changes are handled.
- What's not covered by your plan.
- How your plan works with other coverage.

Who can be enrolled

You can choose coverage for you alone or family coverage that includes you and any of the following family members:

- Your spouse
- Your children age 26 or younger, which includes:
 - A newborn, natural child or a child placed with you for adoption
 - A stepchild, or
 - Any other child for whom you have legal guardianship

Coverage will end on the last day of the month in which they turn 26.

Some children have mental or physical challenges that prevent them from living independently. The dependent age limit does not apply to these enrolled children as long as these challenges were present before they reached age 26.

1. On the employer level – which impacts you, as well as all employees under your employer's plan – your plan can be . . .

renewed	canceled	changed	when . . .
•			Your employer maintains its status as an employer, remains located in our service area, meets our guidelines for employee participation and premium contribution, pays the required health care premiums and does not commit fraud or misrepresent itself.
	•		Your employer makes a bad payment, voluntarily cancels coverage (30-day advance written notice required), is unable (after being given at least a 30-day notice) to meet eligibility requirements to maintain a group plan, or still does not pay the required health care premium (after being given a 31-day grace period and at least a 15-day notice).
	•		We decide to no longer offer the specific plan chosen by your employer (you'll get a 90-day advance notice) or if we decide to no longer offer any coverage in Virginia (you'll get a 180-day advance notice).
		•	Your employer and you received a 30-day advance written notice that the coverage was being changed (services added to your plan or the copayment amounts decreased). Copayments can be increased or services can be decreased only when it is time for your group to renew its Lumenos coverage.

2. On an individual level – factors that apply to you and covered family members – your plan can be . . .

renewed	canceled	when . . .
•		You maintain your eligibility for coverage with your employer, pay your required portion of the health care premium and do not commit fraud or misrepresent yourself.
	•	You purposely give wrong information about yourself or your dependents when you enroll. Cancellation is effective immediately.
	•	You lose your eligibility for coverage, don't make required payments or make bad payments, commit fraud, are guilty of gross misbehavior, don't cooperate with coordination of benefits recoveries, let others use your ID card, use another member's ID card or file false claims with us. Your coverage will be canceled after you receive a written notice from us.



The ins and outs of coverage

(continued)

Special enrollment periods

Typically, you are only allowed to enroll in your employer's health plan during certain eligibility periods, such as when it is first offered to you as a "new hire" or during your employer's open enrollment period when employees can make changes to their benefits for an upcoming year. But there may be instances other than these situations in which you may be eligible to enroll. For example, if the first time you are offered coverage and you state in writing that you don't want to enroll yourself, your spouse or your covered dependents because you have coverage through another carrier or group health plan, you may be able to enroll your family later if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage. But, you must ask to be enrolled within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents.

However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. Finally, if you or your dependents' coverage under Medicaid or the State Children's Health Insurance Program (SCHIP) is terminated as a result of a loss of eligibility, or if you or your dependents become eligible for premium assistance under a state Medicaid or SCHIP plan, a special enrollment period of 60 days will be allowed. To request special enrollment or obtain more information, contact your employer.

When you're covered by multiple plans

If you're fortunate enough to be covered by more than one health plan, you may not be so thrilled about the paperwork hassles that can come with it when you're trying to figure out which plan should pay for what. Our Coordination of Benefits (COB) program helps ensure that you receive the benefits due and avoid overpayment by either carrier. Because up-to-date, accurate information is the key to our Coordination of Benefits program, you can expect to receive a COB questionnaire on an annual basis. Timely response to these questionnaires will help avoid delays in claims payment.

If you are covered by two different group health plans, one is considered primary and the other is considered secondary. The primary carrier is the first to pay a claim and provide reimbursement according to plan allowances; the secondary carrier then provides reimbursement, typically covering the remaining allowable expenses.



The ins and outs of coverage

(continued)

Determining the primary versus secondary carrier

See the chart below for how determination gets made over which health plan is the primary carrier. The term “participant” is used and means the person who is signing up for coverage:

When a person is covered by two group plans, and	Then	Primary	Secondary
One plan does not have a COB provision	The plan without COB is	●	
	The plan with COB is		●
The person is the participant under one plan and a dependent under the other	The plan covering the person as the participant is	●	
	The plan covering the person as a dependent is		●
The person is the participant in two active group plans	The plan that has been in effect longer is	●	
	The plan that has been in effect the shorter amount of time is		●
The person is an active employee on one plan and enrolled as a COBRA participant for another plan	The plan in which the participant is an active employee is	●	
	The COBRA plan is		●
The person is covered as a dependent child under both plans	The plan of the parent whose birthday occurs earlier in the calendar year (known as the birthday rule) is	●	
	The plan of the parent whose birthday is later in the calendar year is		●
	Note: When the parents have the same birthday, the plan that has been in effect longer is	●	
The person is covered as a dependent child and coverage is stipulated in a court decree	The plan of the parent primarily responsible for health coverage under the court decree is	●	
	The plan of the other parent is		●
The person is covered as a dependent child and coverage is not stipulated in a court decree	The custodial parent’s plan is	●	
	The noncustodial parent’s plan is		●
The person is covered as a dependent child and the parents share joint custody	The plan of the parent whose birthday occurs earlier in the calendar year is	●	
	The plan of the parent whose birthday is later in the calendar year is		●
	Note: When the parents have the same birthday, the plan that has been in effect longer is	●	



The ins and outs of coverage

(continued)

How benefits apply when Medicare-eligible

Some people under age 65 are eligible for Medicare in addition to any other coverage they may have. The following chart shows how payment is coordinated under various scenarios:

When a person is covered by Medicare and a group plan, and	Then	Your plan	Medicare is primary
Is a person who is qualified for Medicare coverage due solely to end-stage renal disease (ESRD-kidney failure)	During the 30-month Medicare entitlement period	●	
	Upon completion of the 30-month Medicare entitlement period		●
Is a disabled member who is allowed to maintain group enrollment as an active employee	If the group plan has more than 100 participants	●	
	If the group plan has fewer than 100 participants		●
Is the disabled spouse or dependent child of an active full-time employee	If the group plan has more than 100 participants	●	
	If the group plan has fewer than 100 participants		●
Is a person who becomes qualified for Medicare coverage due to ESRD after already being enrolled in Medicare due to disability	If Medicare had been secondary to the group plan before ESRD entitlement	●	
	If Medicare had been primary to the group plan before ESRD entitlement		●

Recovery of overpayments

If health care benefits are inadvertently overpaid, reimbursement for the overpayment will be requested. Your help in the recovery process would be appreciated. We reserve the right to recover any overpayment from:

- Any person to or for whom the overpayments were made.
- Any health care company.
- Any other organization.



The following services and supplies will not be covered under your plan.

The ins and outs of coverage

(continued)

What's not covered (exclusions)

When it comes to your health, you're the final decision maker about what services you need to get and where you should get them. But, in order for us to keep the cost of health care as low as possible for both you and your employer, we have to exclude certain services. The following list of services and supplies are excluded from coverage by your health plan and will not be covered in any case.

Applied behavioral therapy treatment

Your coverage does not include benefits for applied behavioral treatment (including but not limited to applied behavior analysis and intensive behavior interventions) unless otherwise covered by law.

Biofeedback therapy

Over-the-counter **convenience** and hygienic items including, but not limited to, adhesive removers, cleansers, underpads, and ice bags

Certain prescription drugs if you could use a **clinically equivalent drug**, unless required by law. If you have questions about whether a certain drug is covered and which drugs fall into this group, visit our website at anthem.com. If you or your doctor believes you need to use a different prescription drug, please have your doctor 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.

Cosmetic surgery or procedures, including complications that result from such surgeries and/or procedures. Cosmetic surgeries and procedures are performed mainly to improve or alter a person's appearance, including body piercing and tattooing. However, a cosmetic surgery or procedure does not include a surgery or procedure to correct deformity caused by disease, trauma, or a previous therapeutic process. Cosmetic surgeries and/or procedures also do not include surgeries or procedures to correct congenital abnormalities that cause

functional impairment. We will not consider the patient's mental state in deciding if the surgery is cosmetic.

Delivery charges for the delivery of prescription drugs.

Your coverage does not include benefits for the following **dental or oral surgery services**:

- Shortening or lengthening of the mandible or maxillae for cosmetic purposes.
- Surgical correction of malocclusion or mandibular retrognathia unless such condition creates significant functional impairment that cannot be corrected with orthodontic services.
- Dental appliances required to treat TMJ pain dysfunction syndrome or correct malocclusion or mandibular retrognathia.
- Medications to treat periodontal disease.
- Treatment of natural teeth due to diseases.
- Treatment of natural teeth due to accidental injury unless you submitted a treatment plan to us for prior approval. No approval of a plan of treatment by us is required for emergency treatment of a dental injury.
- Biting and chewing related injuries unless the chewing or biting results from a medical or mental condition.
- Restorative services and supplies necessary to promptly repair, remove, or replace sound natural teeth.
- Extraction of either erupted or impacted wisdom teeth.
- Anesthesia and hospitalization for dental procedures and services except as specified as otherwise being covered.
- Oral surgeries or periodontal work on the hard and/or soft tissue that supports the teeth meant to help the teeth or their supporting structures.
- Periodontal care, prosthodontal care or orthodontic care.



The ins and outs of coverage

(continued)

Donor searches for organ and tissue transplants, including compatibility testing of potential donors who are not immediate, blood-related family members (parent, child, sibling)

Educational, vocational or self management training purposes, except as otherwise specified as being covered or when received as part of covered preventive care.

Experimental/investigative procedures, as well as services related to or complications from such procedures except for clinical trial costs for cancer as described by the National Cancer Institute. This will not prevent a member from being able to appeal Anthem's decision that a service is not experimental/investigative.

Family planning

- Artificial insemination services, in vitro fertilization or any other types of artificial or surgical means of conception, including drugs administered in connection with these procedures
- Drugs used to treat infertility
- Any services or supplies provided to a person not covered that is in connection with a surrogate pregnancy, including, but not limited to, the bearing of a child by another woman for an infertile couple
- Services to reverse voluntarily induced sterility

Services for palliative or cosmetic foot care

- Flat foot conditions
- Support devices, arch supports, foot inserts, orthopedic and corrective shoes that are not part of a leg brace and fittings, castings and other services related to devices of the feet
- Foot orthotics
- Subluxations of the foot
- Corns, calluses and care of toenails (except in treatment for patients with diabetes or vascular disease)
- Bunions (except capsular or bone surgery)

- Fallen arches, weak feet, chronic foot strain
- Symptomatic complaints of the feet

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.

Services for surgical treatments of **gynecomastia** for cosmetic purposes

Health club memberships, exercise equipment, charges from a physical fitness instructor or personal trainer, or any other charges for activities, equipment, or facilities used for developing or maintaining physical fitness, even if ordered by a physician. This exclusion also applies to health spas.

Hearing aids or for examinations to prescribe or fit hearing aids, except for cochlear implants, are not covered.

Home care services

- Homemaker services (except as rendered as part of Hospice care)
- Maintenance therapy
- Food and home-delivered meals
- Custodial care and services

Hospital services

- Guest meals, telephones, televisions, and any other convenience items received as part of your inpatient stay
- Care by interns, residents, house physicians, or other facility employees that are billed separately from the facility
- A private room, unless it is medically necessary

Immunizations required for travel or work, unless such services are received as part of the covered preventive care services

Refills of **lost or stolen drugs**.

Maternity services for dependent children



The ins and outs of coverage

(continued)

Medical equipment (durable), appliances, devices and supplies as outlined below:

- items that have both a non-therapeutic and therapeutic use, including but not limited to exercise equipment; air conditioners, humidifiers, and purifiers; hypoallergenic bed linens, bed boards; whirlpool baths; handrails, ramps, elevators and stair glides; telephones; adjustments made to a vehicle; foot orthotics; and changes made to a home or place of business;
- 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;
- non-medically necessary enhancements to standard equipment and devices; and
- supplies, equipment and appliances that include comfort, luxury, or convenience items or features that exceed what is medically necessary. Reimbursement will be based on the maximum allowed amount for the standard item which is a covered service, serves the same purpose, and is medically necessary. Any expense that exceeds the maximum allowed amount for the standard item will be the member's responsibility.

Medical equipment (durable) that is not appropriate for use in the home.

Services or supplies deemed not **medically necessary** as determined by us at our sole discretion. Notwithstanding this exclusion, all preventive care services and hospice care services described in the benefits summary that is included in this booklet are covered. This exclusion shall not apply to services you receive on any day of inpatient care that is determined by us to be not medically necessary if such services are received from a professional provider who does not control whether you are treated on an inpatient basis or as an outpatient, such as a pathologist, radiologist, anesthesiologist or consulting physician. Additionally this exclusion shall not apply to inpatient services rendered by your admitting or attending physician other than inpatient evaluation and management services provided to you notwithstanding this exclusion. Inpatient evaluation and management services include routine visits by your admitting or attending physician for purposes of reviewing patient status, test results, and patient medical records. Inpatient evaluation and

management visits do not include surgical, diagnostic, or therapeutic services provided by your admitting or attending physician. Also, this exclusion shall not apply to the services rendered by pathologists, radiologists, or anesthesiologists in an (i) outpatient hospital setting (ii) emergency room or (iii) ambulatory surgery setting. However, this exception does not apply if and when any such pathologist, radiologist or anesthesiologist assumes the role of attending physician. This will not prevent a member from being able to appeal our decision that a service is not medically necessary.



Experimental ... or not?

Many of our medical directors and staff actively participate in a number of national health care committees that review and recommend new experimental or investigative treatments for coverage. To be approved for coverage, the service or product must have:

- Regulatory approval from the Food and Drug Administration.
- Been put through extensive research study to find all the benefits and possible harms of the technology.
- Benefits that are far better than any potential risks.
- At least the same or better effectiveness as any similar service or procedure already available.
- Been tested enough so that we can be certain it will result in positive results when used in real cases.



The ins and outs of coverage

(continued)

Mental health and substance use

- Inpatient stays for environmental changes
- Cognitive rehabilitation therapy
- Educational therapy
- Vocational and recreational activities
- Coma stimulation therapy
- Services for sexual deviation and dysfunction
- Treatment of social maladjustment without signs of a psychiatric disorder
- Remedial or special education services

Nutrition counseling and related services, except when provided as part of diabetes education, mental health treatment of an eating disorder or when received as part of a covered preventive care services visit or screening.

Nutritional and/or dietary supplements, except as specifically listed in this enrollment brochure or as required by law. This exclusion includes, but is not limited to, those nutritional formulas and dietary supplements that can be purchased over the counter, which by law do not require either a written prescription or dispensing by a licensed pharmacist.

Obesity services and supplies related to weight loss or dietary control, including complications that directly result from such surgeries and/or procedures. This includes weight reduction therapies/activities, even if there is a related medical problem. Notwithstanding provisions of other exclusions involving cosmetic surgery to the contrary, services rendered to improve appearance (such as abdominoplasties, panniculectomies, and lipectomies), are not covered services even though the services may be required to correct deformity after a previous therapeutic process involving gastric bypass surgery.

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

Organ or tissue transplants, including complications caused by them, except when they are considered medically necessary, have received pre-authorization, and are not considered experimental/investigative. Autologous bone marrow transplants for breast cancer are covered only when the

procedure is performed in accordance with protocols approved by the institutional review board of any United States medical teaching college. These include, but are not limited to, National Cancer Institute protocols that have been favorably reviewed and used by hematologists or oncologists who are experienced in high-dose chemotherapy and autologous bone marrow transplants or stem cell transplants. This procedure is covered despite the exclusion in the plan of experimental/investigative services.

Paternity testing

Prescription drug benefits

- Administrative charges: Charges for the administration of any drug except for covered immunizations as approved by us or the Pharmacy Benefits Manager.
- Clinically-equivalent alternatives - certain prescription drugs may not be covered if a member could use a clinically equivalent drug, unless required by law. "Clinically equivalent" means drugs that for most members will give 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 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.

- Compound drugs: Compound drugs unless all of the ingredients 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 multi-source, non-proprietary vehicles and/or pharmaceutical adjuvants.



The ins and outs of coverage

(continued)

- 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.
- Delivery charges: Charges for delivery of prescription drugs.
- 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 the doctor. This exclusion does not apply to drugs used with diagnostic services, drugs used during chemotherapy in the office, or drugs covered under the medical supplied benefit; those would be covered services.
- Drugs not on the Anthem prescription drug list (a formulary): You can get a copy of this list by calling us or visiting us at anthem.com. If you or your doctor believes you need a certain prescription drug not on the list, please refer to the "prescription drug benefits at a retail or home delivery (mail order) pharmacy" section in your post enrollment *Evidence of Coverage* for details on requesting an exception.
- 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.
- Drugs over the 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.
- Drugs over the quantity prescribed or refills after one year: Drugs in amounts over the quantity prescribed, or for a refill given more than one year after the date of the original prescription order.
- 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.
- Gene therapy as well as any drugs, procedures, health care services related to it that introduce or relate to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material.
- Infertility treatments: Drugs used in assisted reproductive technology procedures to achieve conception (e.g., IVF, ZIFT, GIFT).
- 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 drugs at a retail pharmacy or home delivery (mail service) pharmacy benefit may be covered under the medical equipment (durable) or medical supplies benefit.
- Items covered the medical supplies and medications benefit: Allergy desensitization products or allergy serum. While not covered under the "prescription drugs at a retail pharmacy or home delivery (mail service) pharmacy" benefit, these items may be covered under the medical supplies and medications benefit.
- Mail-order providers other than our home delivery mail-order provider: Prescription drugs dispensed by any mail order provider other than our mail order provider unless we must cover them by law.
- Non-approved drugs: Drugs not approved by the FDA.
- Off label use: Off label use, unless we must cover the use by law or if we, or the Pharmacy Benefits Manager, approve it.
- Onychomycosis drugs: Drugs for Onychomycosis (tonail fungus), except when we allow it to treat members who are immuno-compromised or diabetic.
- 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 under federal law with a prescription.



The ins and outs of coverage

(continued)

- Syringes: Hypodermic syringes except when given for use with insulin and other covered self-injectable drugs and medicine.
- Weight loss drugs: Any drug mainly used for weight loss. 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.

Your coverage does not include benefits for **private duty nurses** in an inpatient setting.

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

Rest cures, custodial, residential or domiciliary care and services. Whether care is considered residential will be determined based on factors such as whether you receive active 24-hour skilled professional nursing care, daily physician visits, daily assessments, and structured therapeutic service.

Services or supplies or devices:

- Not listed as covered under your health plan
- Not prescribed, performed, or directed by a provider licensed to do so.
- Received before the effective date or after a covered person's coverage ends.
- Services prescribed, ordered, referred by or received from a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.
- Benefits for charges from stand-by physicians in the absence of covered services being rendered.
- Telephone consultations, charges for not keeping appointments, or charges for completing claim forms.

Services or supplies if provided or available to a member:

- Under the Medicare program or under any similar program authorized by state or local laws or regulations or any future amendments to them. This exclusion does not apply to those laws or regulations which make the government

program the secondary payor after benefits under this plan have been paid.

- Provided under a U.S. government program or a program for which the federal or state government pays all or part of the cost. This exclusion does not apply to health benefits plans for civilian employees or retired civilian employees of the federal or state government.

Services for which a charge is not usually made including those services for which you would not have been charged if you did not have health care coverage services or benefits for:

- Amounts above the allowable charge for a service
- Neurofeedback, and related diagnostic tests
- Penile implants

Services or supplies if they are received from providers not licensed by law to provide services. Examples include masseurs (massage therapists), physical therapist technicians and athletic trainers.

Benefits for services or supplies to treat **sexual dysfunction** (male and female sexual problems). This includes medical and mental health services.

Skilled nursing facility stays

- Treatment of psychiatric conditions and senile deterioration
- Facility services during a temporary leave of absence from the facility
- A private room unless it is medically necessary

Smoking cessation programs not affiliated with us

Spinal manipulation and manual medical interventions for an illness or injury other than musculoskeletal conditions.

Telemedicine

Non-interactive telemedicine services, including audio-only telephone, electronic mail message, facsimile transmissions or online questionnaire.



The ins and outs of coverage

(continued)

Therapies

- Physical therapy, occupational therapy, or speech therapy to maintain or preserve current functions if there is no chance of improvement or reversal except for children under age 3 who qualify for early intervention services
- Group speech therapy
- Group or individual exercise classes or personal training sessions
- Recreation therapy including, but not limited to, sleep, dance, arts, crafts, aquatic, gambling, and nature therapy

Services for treatment of varicose veins or telangiectatic dermal **veins** (spider veins) by any method (including sclerotherapy or other surgeries) when services are rendered for cosmetic purposes

Vision services

- For members through age 18, there is no benefit for frames or contact lenses purchased outside of our formulary.
- Vision services or supplies, unless needed due to eye surgery and accidental injury
- Routine vision care and materials
- Services for radial keratotomy and other surgical procedures to correct refractive defects such as nearsightedness, farsightedness and/or astigmatism. This type of surgery includes keratoplasty and Lasik procedure
- Services for vision training and orthoptics
- Tests associated with the fitting of contact lenses, unless the contact lenses are needed due to eye surgery or to treat accidental injury
- Sunglasses or safety glasses and accompanying frames of any type

- Any non-prescription lenses, eyeglasses or contacts, or Plano lenses or lenses that have no refractive power
- Any lost or broken lenses or frames
- Cosmetic lens options that are not otherwise specifically listed as covered.
- Services needed for employment or given by a medical department, clinic, or similar service provided or maintained by the employer or any government entity
- Any other vision services not specifically listed as covered

Waived cost shares

Your coverage does not include waived cost shares out-of-plan. For any service in 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.

Weight loss programs whether or not they are pursued under medical or physician supervision, unless specifically listed as covered. This exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers®, Jenny Craig®, LA Weight Loss®) and fasting programs.

Services or supplies if they are for **work-related** injuries or diseases when the employer must provide benefits by federal, state, or local law or when that person has been paid by the employer. This exclusion applies even if you waive your right to payment under these laws and regulations or fail to comply with your employer's procedures to receive the benefits. It also applies whether or not the covered person reaches a settlement with his or her employer or the employer's insurer or self insurance association because of the injury or disease.



Let's talk about your privacy and rights

As a member, you have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. And you also have certain rights and responsibilities when receiving your health care.

To learn more about how we protect your privacy, your rights and responsibilities when receiving health care and your rights under the Women's Health and Cancer Rights Act, go to www.anthem.com/memberrights. To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To decide if we'll cover a treatment, procedure or hospital stay, we use a process called Utilization Management (UM). UM is a program that lets us make sure you're getting the right care at the right time. Licensed health care professionals review information your doctor has sent us to see if the requested care is medically needed. These reviews can be done before, during or after a member's treatment. UM also helps us decide if the services will be covered by your health plan.

We also use case managers. They're licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

To learn more about how we help manage your care, visit www.anthem.com/memberrights. To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special Enrollment Rights

There are certain situations when you can enroll in a plan outside the open enrollment period. Open enrollment usually happens only once a year. That's the time you can enroll in a plan or make changes to it. If you choose not to enroll during open enrollment, there are special cases when you're allowed to enroll yourself and your dependents. Special enrollment is allowed:

- **If you had another health plan that was canceled.** If you, your dependents or your spouse are no longer eligible for

other coverage (or if the employer stops contributing to your health plan), you may be able to enroll with us. You must enroll within 31 days after the other coverage ends (or after the employer stops paying for it).

- For example: You and your family are enrolled through your spouse's coverage at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in a plan.
- **If you have a new dependent.** This could mean a life event like marriage, birth, adoption or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you got married, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
 - You (or your eligible dependents) lose Medicaid or CHIP coverage because you're no longer eligible.
 - You (or eligible dependents) become eligible to get help from Medicaid or SCHIP for paying part of the cost.



You've got health goals.
We've got your back.

If you need more information

KeyCare PPO Member Services 1-800-451-1527



And Its Affiliate HealthKeepers, Inc.

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, please contact your insurance agent or contact us. The most detailed description of benefits, exclusions and restrictions can be found in the following publications which are issued upon initial enrollment or at renewal for KeyCare or Lumenos plans. If you have questions, please contact your agent, Group Administrator, or member services at 800-451-1527 or 804-358-1551 if calling from the Richmond area: Group Policy GP-1 (7/02), GP-TOC, GP-ELIG (1/14) and GP-GEN (1/17), PP-INTRO (1/17), P-TOC (1/15), P-SB6 (1/17), P-SB7 (1/17), P-WORKS (1/17), P-COVERED (1/17), P-EXCL (1/17), P-CLAIMS (1/17), P-COB (1/16), P-ENR (1/15), P-ENDS (1/17), P-INFO (1/17), P-RIGHTS (1/17), P-DEF (1/17), P-EXH-A (1/17), P-INDEX (1/14). Enrollment application used for these plans: 490773 (7/15). This is not a contract or policy. This brochure is not a contract with Anthem Blue Cross and Blue Shield. It is a summary of benefits available through Anthem KeyCare offered by Anthem Blue Cross and Blue Shield. If there is any difference between this brochure and the group policy, the provisions of the group policy will govern. Anthem Blue Cross and Blue Shield's service area for the sale of its policies is the Commonwealth of Virginia excluding the city of Fairfax, the town of Vienna and the area east of State Route 123. However, Anthem Blue Cross and Blue Shield's provider networks include doctors, hospitals and other health care professionals located in those areas and in other contiguous regions outside of the Anthem Blue Cross and Blue Shield service area. Life and Disability products underwritten by Anthem Life Insurance Company. For more information, please call Member Services at 800-451-1527 or 804-358-1551 from the Richmond calling area. Member Services may also be contacted at P.O. Box 27401 Richmond, VA 23279-7401.

Express Scripts, Inc. is a separate company that provides pharmacy services and pharmacy benefit management services on behalf of health plan members.

The Healthy Lifestyles programs are administered by Healthways, Inc., an independent company.