

The Local Choice Health Benefits Program

AMELIA COUNTY PUBLIC SCHOOLS
KEY ADVANTAGE 500, 1000 AND
HIGH DEDUCTIBLE HEALTH PLAN (HDHP)
2015



Key Advantage 500 and 1000 and High Deductible Health Plan



- **Medical & Behavioral Health/EAP administered by Anthem**
- **Prescription Drug administered by Anthem through Express Scripts**
- **Dental administered by Delta Dental**



Access to network providers



Anthem PPO Network

100% of acute care facilities

97% of health care providers

Strong rural presence



BlueCard PPO & BlueCard Worldwide

More than 98% of all hospitals

More than 91% of all providers

Comparing plans



MEDICAL PLANS		Key Advantage 500		Key Advantage 1000		High Deductible Health Plan	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	Employee	\$500	\$1,000	\$1,000	\$2,000	\$2,800	
	Employee + 1	\$1,000	\$2,000	\$2,000	\$4,000	\$5,600	
	Employee + Family	\$1,000	\$2,000	\$2,000	\$4,000	\$5,600	
Office Visits	Doctor	\$25	30% AC after ded	\$25	30% AC after ded	20% after ded	40% AC after ded
	Specialist	\$40	30% AC after ded	\$40	30% AC after ded	20% after ded	40% AC after ded
Coinsurance		20% coinsurance	30% AC after ded	20% coinsurance	30% AC after ded	20% after ded	40% AC after ded
Out of pocket limit	Employee	\$4,000	\$7,000	\$5,000	\$9,000	\$5,000	\$10,000
	Employee + 1	\$8,000	\$14,000	\$10,000	\$18,000	\$10,000	\$20,000
	Employee + Family	\$8,000	\$14,000	\$10,000	\$18,000	\$10,000	\$20,000
Prescription Drugs	Retail	\$10/\$30/\$45/\$55	Same as in network	\$10/\$30/\$45/\$55	Same as in network	20% after ded	40% AC after ded
	Home Delivery	\$20/\$60/\$90/\$110	N/A	\$20/\$60/\$90/\$110	N/A	20% after ded	40% AC after ded

Key Advantage 500

Plan Year Deductible

Medical & Behavioral Health

In-Network

- \$500 per member
- Not more than \$1,000 per family

Out-of-Network

- \$1,000 per member
- Not more than \$2,000 per family

- In & Out of network deductibles accumulate separately
- No deductible for wellness or preventive
- Any portion of your deductible that you meet during the last quarter of the plan year (April-June) will be applied to your deductible for the new plan year.



KEY ADVANTAGE 500 PLAN YEAR OUT-OF- POCKET LIMIT

Medical & Behavioral Health

In-Network

- \$4,000 per member
- Not more than \$8,000 per family

Out-of-Network

- \$7,000 per member
- Not more than \$14,000 per family

- Out-of-pocket maximums accumulate separately for In & Out of network
- Once you reach out-of-pocket, the plan pays 100% of allowable charge
- **Applies:** medical, behavioral health, prescription drug and pediatric routine vision eye exam copayments, deductible & coinsurance
- **Does Not Apply:** dental services, adult routine vision



KeyAdvantage 1000 Plan Year Deductible

Medical & Behavioral Health

In-Network

- \$1,000 per member
- Not more than \$2,000 per family

Out-of-Network

- \$2,000 per member
- Not more than \$4,000 per family

- In & Out of network deductibles accumulate separately
- No deductible for wellness or preventive
- Any portion of your deductible that you meet during the last quarter of the plan year (April-June) will be applied to your deductible for the new plan year.



KEY ADVANTAGE 1000 PLAN YEAR OUT-OF- POCKET LIMIT

Medical & Behavioral Health

In-Network

- \$5,000 per member
- Not more than \$10,000 per family

Out-of-Network

- \$9,000 per member
- Not more than \$18,000 per family

- Out-of-pocket maximums accumulate separately for In & Out of network
- Once you reach out-of-pocket, the plan pays 100% of allowable charge
- **Applies:** medical, behavioral health, prescription drug and pediatric routine vision eye exam copayments, deductible & coinsurance
- **Does Not Apply:** dental services, adult routine vision

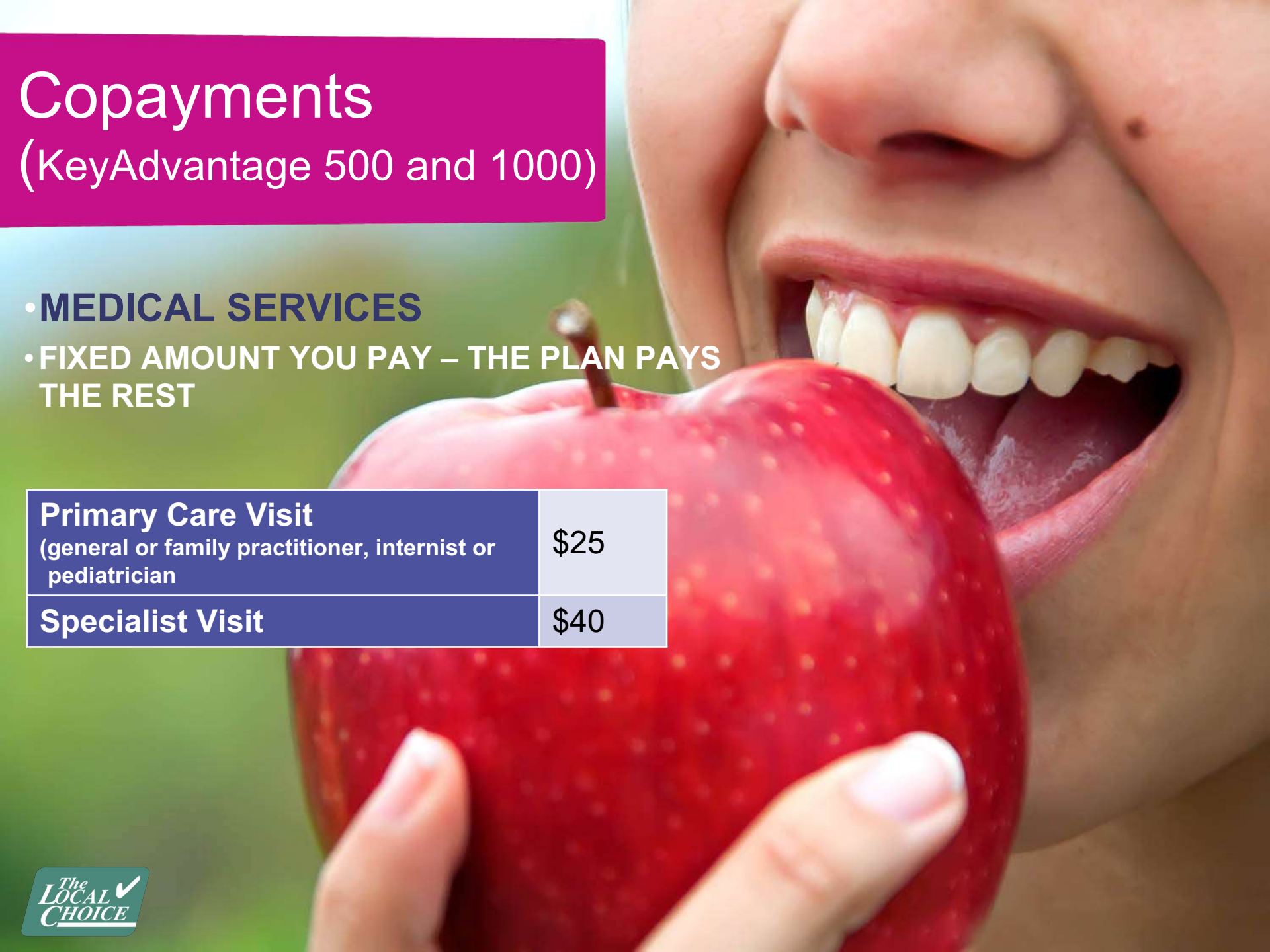




Both Key Advantage Plans

Out-of-Network Benefits

- ONCE YOU HAVE MET THE OUT-OF-NETWORK DEDUCTIBLE, YOU PAY 30% COINSURANCE FOR MEDICAL AND BEHAVIORAL HEALTH SERVICES
- COPAYMENTS DO NOT APPLY TO MEDICAL AND BEHAVIORAL HEALTH OUT-OF-NETWORK BENEFITS
- CLAIMS PAYMENTS ARE MADE DIRECTLY TO YOU, RATHER THAN TO THE PROVIDER
- COPAYMENTS AND COINSURANCE FOR ROUTINE VISION, OUTPATIENT PRESCRIPTION DRUGS AND DENTAL SERVICES WILL STILL APPLY



Copayments

(KeyAdvantage 500 and 1000)

- **MEDICAL SERVICES**
- **FIXED AMOUNT YOU PAY – THE PLAN PAYS THE REST**

Primary Care Visit (general or family practitioner, internist or pediatrician)	\$25
Specialist Visit	\$40



Coinsurance (Both KeyAdvantage Plans)

**20% Coinsurance AFTER
Deductible**

- Inpatient hospital (per stay)
- Outpatient hospital and ER (facility services)
- Diagnostic tests
- Shots (allergy and therapeutic injections)
- Infusion services
- Therapy services
- Ambulance travel
- Medical equipment, appliances, formulas and supplies



Routine Vision - Blue View Vision

Key Advantage 500 and 1000 Plans

Once every **Plan Year**
 More than **4,200 locations** nationwide
 Routine Vision **exam copay: \$40**

FRAMES	
Co-pay	No co-pay on frames
Standard Allowance	\$100 + 20% discount after allowance
Retail vs. Wholesale	BVV benefits based on RETAIL
Non-Discounted Frames	6 brands not covered: Bvlgari, Chanel, Maui Jim, Cartier, Gold & Wood, Pro Design
Discounts Beyond Your Allowance	Extra pair of eyeglasses: 40% discount 20% off accessories

LENSES	
Co-pay	\$20, then covered in full
Covered Lenses	Basic plastic lens, CR39 in single vision, bifocal and trifocal lenses
Impact Resistant	Covered for kids until age 19, \$40 for standard polycarbonate for adults
Progressive Lenses	\$65 for standard progressives
Lens Treatments	Fixed discount pricing for the most popular treatments

Routine Vision - Blue View Vision

Contact Lens Benefit - In Lieu of Eyeglasses

Copay	No copay on contact lenses
Contact Lens Fit & Follow-Up	Standard fitting: In-network up to \$55 in addition to the eye exam for contacts Premium fitting: In-network 10% off retail (i.e. toric and multifocal contacts)
Standard Allowance	Conventional: \$100 allowance; then 15% off the remaining balance Disposable: \$100 allowance; no additional discount Non-elective: \$250 allowance (medically necessary)
Selection	Any contact lens including disposables, conventional, hard and daily wear
Declining Balance	Members may use a portion of their allowance and come back later to use the remaining balance
Discounts Beyond Your Allowances	+15% off retail price (conventional lenses only) + Up to 20% discount off retail price of accessories + Discounted price for LASIK vision correction



BEHAVIORAL HEALTH & EAP (BOTH KEYADVANTAGE PLANS)

Inpatient treatment

- Facility services – 20% coinsurance after deductible
- Professional provider services - \$0

Outpatient provider visits

- \$25 copayment

Employee Assistance Program

- \$0 (up to 4 visits per incident)

www.AnthemEAP.com

Login: Commonwealth of Virginia



- Parenting and child care
- Marriage and relationship concerns
- Health and wellness
- Finance/legal
- Workplace issues
- Education
- Mental health
- Daily life
- Consumer education
- 70 Interactive physical and emotional assessments
- Webinars
- Live monthly seminars



Outpatient Prescription Drugs (Both KeyAdvantage Plans)



Drug Tier	Retail 34 Day Supply Copay	Home Delivery 90 Day Supply Copay
1	\$10	\$20
2	\$30	\$60
3	\$45	\$90
4	\$55	\$110

Other Pharmacy Benefit Information	
Diabetic Supplies	20% Coinsurance
Flu & Immunizations	100%
Oral Contraceptives, NUVA Ring, Ortho, EVRA Patch	100%
Mandatory Generic	



Home Delivery Pharmacy



OUR PREFERRED HOME DELIVERY PHARMACY, MANAGED BY EXPRESS SCRIPTS, SENDS YOU THE MEDICINE YOU NEED, RIGHT TO YOUR DOOR. THIS PROGRAM IS A GREAT OPTION FOR PEOPLE WHO TAKE MEDICINE ON AN ONGOING BASIS.

AS A HOME DELIVERY CUSTOMER, YOU'LL ALSO ENJOY:

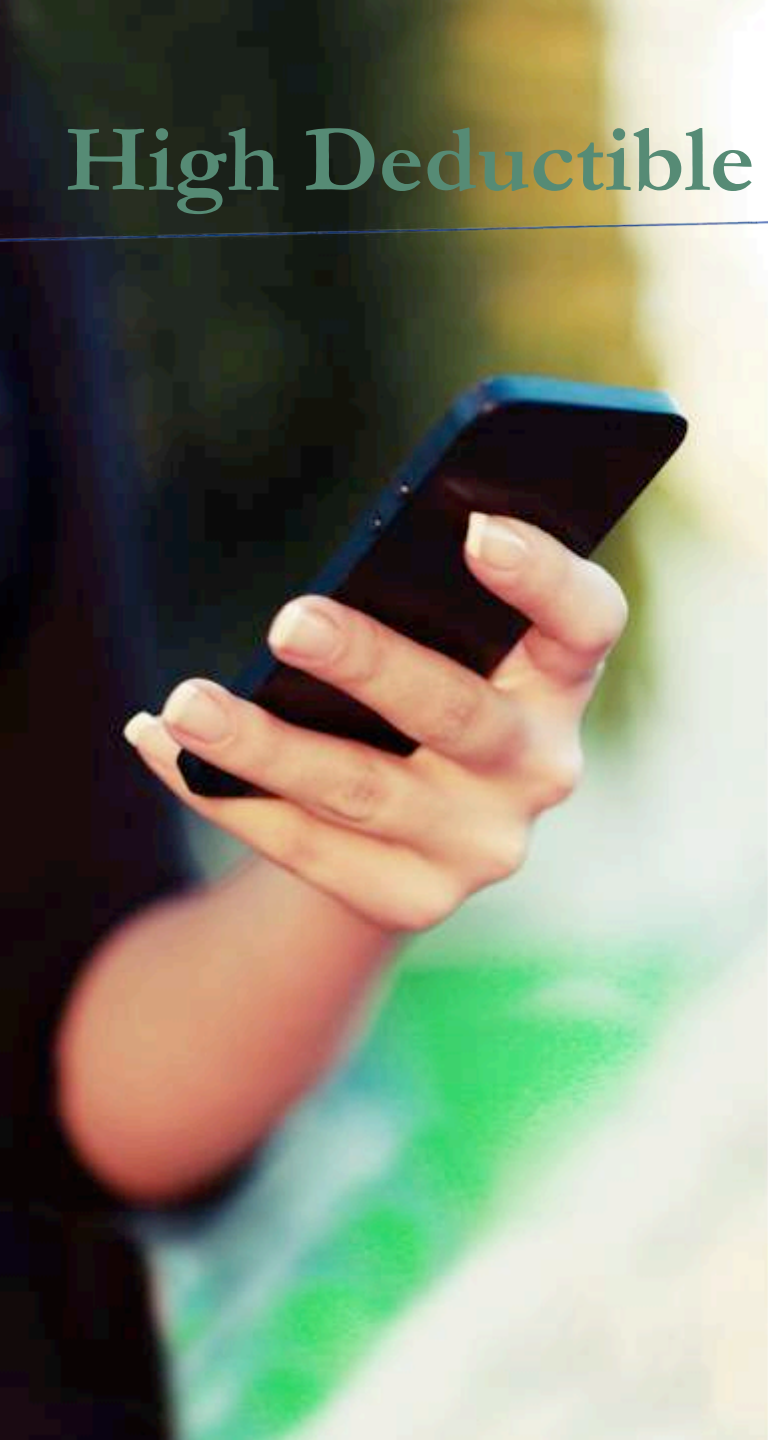
- FREE STANDARD SHIPPING
- ACCESS TO PHARMACISTS FOR DRUG QUESTIONS
- SAFE, ACCURATE PRESCRIPTIONS
- CONVENIENT REFILL PROCESS. THE PHARMACY WILL LET YOU KNOW WHEN IT'S TIME TO ORDER REFILLS.

GETTING STARTED WITH HOME DELIVERY:

- ORDER BY MAIL OR FAX FROM PHYSICIAN. ORDERS SHOULD ARRIVE WITHIN 14 DAYS OF THE DATE ORDER IS RECEIVED.
- NEW MAIL ORDER FORMS WILL BE AVAILABLE AT ANTHEM.COM/TLC



High Deductible Health Plan

A close-up photograph of a person's hand holding a black smartphone. The background is blurred, showing green foliage.

A **consumer driven** statewide health plan that provides the opportunity for participants to be more involved in managing their health care dollars.

Can be combined with a tax-free **Health Savings Account (HSA)** through a bank or other financial institution.

Plan Year Deductible

Medical, Behavioral Health and Prescription Drugs

Plan Year Deductible

- \$2,800 for single
- \$5,600 for family (2 or more persons)

- Amount you pay first, then you pay coinsurance.
- Deductible is combined for in-network and out-of-network.
- No deductible for routine vision or wellness and preventive.
- Deductible amounts for each individual member accumulate toward the family deductible limit. However, no individual family member can contribute more than the single-only deductible amount.



PLAN YEAR OUT-OF-POCKET LIMIT

Medical & Behavioral Health

In-Network

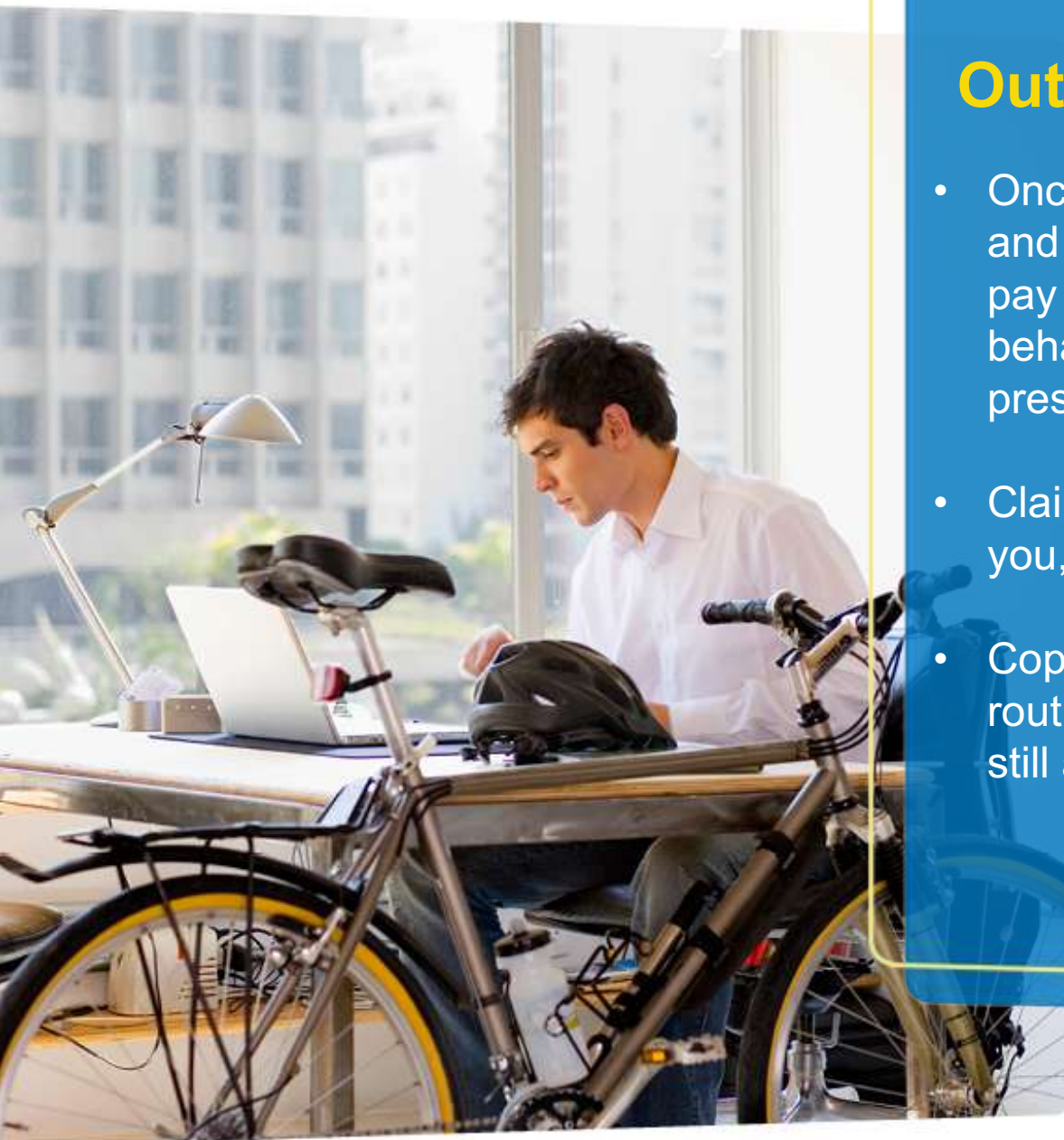
- \$5,000 per member
- Not more than \$10,000 per family

Out-of-Network

- \$10,000 per member
- Not more than \$20,000 per family

- Out-of-pocket maximums accumulate separately for In & Out of network
- Once you reach out-of-pocket, the plan pays 100% of allowable charge
- **Applies:** medical, behavioral health, prescription drug and pediatric routine vision eye exam copayments, deductible & coinsurance
- **Does Not Apply:** dental services, adult routine vision





Out-of-Network Benefits

- Once you have met the combined in and out of network deductible, you pay 40% coinsurance for medical, behavioral health and outpatient prescription drugs
- Claims payments are made directly to you, rather than to the provider
- Copayments and coinsurance for routine vision and dental services will still apply

Coinsurance



20% Coinsurance

What the member pays for most covered medical, behavioral health and pharmacy services once the deductible is met.





Routine Vision - Blue View Vision High Deductible Health Plan



Once every **Plan Year**
More than **4,200 locations** nationwide
Routine Vision **exam copay: \$15**

FRAMES	
Co-pay	No co-pay on frames
Standard Allowance	\$100 + 20% discount after allowance
Retail vs. Wholesale	BVV benefits based on RETAIL
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Employee Assistance Program (EAP)



Employees and household members get confidential telephone assistance and in-person referrals

- Unlimited [24/7 toll-free access](#)
- [4 in-person visits](#) for employees
- Sessions are applied [per incident per year](#) so members can use the EAP for multiple reasons and receive the full benefit each time
- [List of EAP providers](#) is available by calling our toll-free number and/or by using the provider search on our website



Outpatient Prescription Drugs



Retail Up to 34-day supply	20% coinsurance after deductible
Retail Up to 90-day supply	20% coinsurance after deductible
Home Delivery Up to 90-day supply	20% coinsurance after deductible

Other Pharmacy Benefit Information	
Diabetic Supplies	20% Coinsurance
Flu & Immunizations	100%
Oral Contraceptives, NUVA Ring, Ortho, EVRA Patch	100%



Home Delivery Pharmacy



Our preferred Home Delivery Pharmacy, managed by Express Scripts, sends you the medicine you need, right to your door. This program is a great option for people who take medicine on an ongoing basis.

As a home delivery customer, you'll also enjoy:

- Free standard shipping
- Access to pharmacists for drug questions
- Safe, accurate prescriptions
- Convenient refill process. The pharmacy will let you know when it's time to order refills.

Getting started with home delivery:

- Order by mail or fax from physician. Orders should arrive within 14 days of the date order is received.
- New mail order forms will be available at anthem.com/tlc





Behavioral Health & EAP

Inpatient treatment

- Facility services – 20% coinsurance after deductible
- Professional provider services – 20% coinsurance after deductible

Outpatient provider visits

- 20% coinsurance after deductible

Employee Assistance Program

- \$0 (up to 4 visits per incident)

You are now connected to Live Health

Your Appointment: 1/1/17

Video



Chat

Live Health: I will make sure...

Healthcare & Health: It really makes sense to the position of why we look at...

Live Health: I have completed a follow up with the patient...

Healthcare & Health: (The patient has a...)

Healthcare & Health: (The patient has a...)

Live Health: A great patient...

Healthcare & Health: (The patient has a...)

Phone

Live Health: (The patient has a...)

Healthcare & Health: (The patient has a...)

LiveHealth Online.

See a doctor 24/7 with
LiveHealth Online

- 20% coinsurance after deductible
- Use your computer or mobile device to see a doctor from your home, the office or anywhere
- Choice of credentialed providers
- Accessibility anytime, anywhere
- No appointments or waiting rooms

Anthem Mobile App



[Legal](#)

[Privacy](#)

[Version](#)

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Available on iPhones and Android smartphones

Use the app to:

- Find a doctor or locate a hospital or emergency room
- Get to an urgent care center fast with maps and driving directions
- View your ID card
- Prescription drug tools include:
 - Prescription refills and renewals
 - Order status
 - Pharmacy care alerts
 - Transfer a prescription drug from retail to home delivery
 - Drug Information

www.anthem.com/tlc



Home

Benefits

Health & Wellness

Resources & Tools

Welcome

The Local Choice employees, family members, and retirees

Traveling Soon?

Use your [BlueCard Program](#) when traveling outside Virginia

Discounts for You

Take advantage of the many health & wellness [discounts](#) available to you

Tap into Your EAP

[Enter](#) Commonwealth of Virginia after login



News

The Latest for You

- [Learn how to download our mobile apps](#)

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Other Programs & Info

- [24/7 NurseLine - 1-800-337-4770](#)
- [Health Care Reform and you](#)

Review

Your Health Benefits

- [Review your benefit options](#)

[Member Log In](#)
Secure Account Access

Customer Support

[Customer Support](#)
1-800-552-2682

[Email Us](#)

Resources & Tools

[Find A Doctor, Pharmacy, Hospital or Urgent Care](#)

[Find Forms](#)

[Estimate Your Cost for a Procedure](#)

[Check Claims Status](#)

Member Handbooks
Benefit Information
Find A Doctor
Check Claims Status
Special Programs
Estimate Costs
Health & Wellness
Discounts

EVERYONE DESERVES A HEALTHY SMILE

THAT'S THE
TROOTH[®].COM



 DELTA DENTAL[®]

Dental Options



	Preventive Dental	Comprehensive Dental
Benefits	You Pay	You Pay
Dental Plan Year Deductible	\$0	\$25 one person, \$50 two people, \$75 family
Plan Year Maximum (except Orthodontics)	No plan year maximum	\$1,500
Preventive Dental Care (routine oral exam and cleaning twice per plan year, x-rays, sealants and fluoride for children)	\$0	\$0
Primary Dental Care (fillings, root canal, simple extractions, periodontic services, etc.)	N/A	20% coinsurance after deductible
Major Dental Care (crowns, inlays, onlays, dentures and fixed bridges)	N/A	50% coinsurance after deductible
Orthodontic Services (for children and adults)	N/A	50% coinsurance, no dental deductible, with \$1,500 lifetime maximum

Website Capabilities:

- View tutorial & web guide
- Check benefits & eligibility
- Find participating dentists
- Check claims status
- Email Customer Service
- Download forms & information
- Research oral health information
- ***Live Chat Option!***
- ***Cost Estimator Feature!***
- ***Visit us at www.deltadentalva.com***



Mobile App: benefits on the go!



24/7 access to benefits information anywhere, any time

Your oral health is important to Delta Dental – and to your overall health! We want to make it easy for you to make the most of your dental benefits so you can maximize your health, wherever you are.

Mobile App gives you access to:

- dentist search
- claims
- coverage
- *and even a toothbrush timer!*



Get the App



Thank You

for being part of our TLC family

