



# Key Advantage

Notification of Changes to Your Member Handbook  
The Local Choice Health Benefits Program  
Commonwealth of Virginia, Department of Human Resource Management

**Keep this notification with your Key Advantage Member Handbook and the appropriate Benefits Summary Insert, for a full and complete description of your coverage.** You or your Benefits Administrator may view and print the most current member handbook from The Local Choice Web site at [www.thelocalchoice.virginia.gov](http://www.thelocalchoice.virginia.gov).

## Changes Effective July 1, 2009 (and October 1, 2009 for certain school groups)

### Key Advantage Expanded, 200, 300 and 500

**1) Routine vision through Anthem's Blue View Vision network is added to all Key Advantage plans.**

Your coverage includes routine vision benefits through the Blue View Vision network of providers. Providers include ophthalmologists, optometrists, opticians and many retail locations. Benefits are available once every 12 months, including a routine eye exam at your specialty provider copayment level. The plan includes allowances for eyeglass frames and lenses, contact lenses and additional discounts on eyewear after plan allowances have been exhausted.

See your Key Advantage Benefits Summary insert for more details.

**2) The following information is added to "Change in Your number of eligible family members" in the "Enrollment and Changes" section of this member handbook.**

- birth, adoption or placement for adoption\*\*

\*\* Placement, or being placed, for adoption means the assumption and retention of a legal obligation for total or partial support of a child by a person with whom the child has been placed in anticipation of the child's adoption. The child's placement for adoption with such person ends upon the termination of such legal obligation. An agreement for full or partial support of a child will constitute a legal obligation only if the obligation is enforceable in a court of competent jurisdiction, which depends on the facts and circumstances associated with the agreement. The employee must be party to the support agreement and the agreement must extend beyond the obligation to provide medical coverage.

Enrollment and Changes  
Member Handbook, page 83 (Web copy)  
Member Handbook, page 79 (Printed copy)

**3) The following information is added to the “Enrollment and Changes” section of this member handbook.**

**Additional Special Enrollment Rights**

If You are eligible for health coverage, but not covered in a group health plan, there are two additional circumstances under the Health Insurance Portability and Accountability Act (HIPAA) that will permit You to enroll. You may enroll when:

- You or your dependent lose coverage in Medicaid or the State Children’s Health Insurance Program (CHIP) and You request coverage under the plan within 60 days of the time your coverage ends; or
- You or your dependent become eligible for a Medicaid or CHIP premium assistance subsidy and You request coverage under the plan within 60 days after your eligibility is determined.

Enrollment and Changes  
Member Handbook, page 83 (Web copy)  
Member Handbook, page 79 (Printed copy)

**Key Advantage Expanded**

**1) Outpatient Facility and Emergency Room copayments change to \$100.**

**2) A separate plan year Out-of-Network deductible and out-of-pocket expense limit is added, as follows:**

Out-of-Network Deductible: \$200/one person; \$400/two people; \$600/family

Out-of-Network Out-of-Pocket Expense Limit: \$2,000/one person; \$4,000/two people; \$6,000/family

There is no change to the In-Network deductible or out-of-pocket expense limit.

**3) Therapies will be subject to the plan year deductible and 10% coinsurance. This includes the following therapies:**

Cardiac Rehabilitation	Occupational Therapy	Respiratory Therapy
Chemotherapy	Physical Therapy	Speech Therapy
Infusion (IV) Therapy	Radiation Therapy	

Covered therapy services will be applied to the out-of-pocket expense limit. There are still no limits on these covered therapies.

**4) This is to clarify that the Out-of-Network 25% payment reduction does not count toward the out-of-pocket expense limit.**

**Key Advantage 200**

- 1) **Outpatient Facility and Emergency Room copayments change to \$150.**
- 2) **The coinsurance for Out-of-Network benefits changes to 30%.**
- 3) **Therapies will be subject to the plan year deductible and 10% coinsurance. This includes the following therapies:**

Cardiac Rehabilitation	Occupational Therapy	Respiratory Therapy
Chemotherapy	Physical Therapy	Speech Therapy
Infusion (IV) Therapy	Radiation Therapy	

Covered therapy services will be applied to the out-of-pocket expense limit. There are still no limits on these covered therapies.

**Key Advantage 300**

- 1) **Therapies will be subject to the plan year deductible and 20% coinsurance. This includes the following therapies:**

Cardiac Rehabilitation	Occupational Therapy	Respiratory Therapy
Chemotherapy	Physical Therapy	Speech Therapy
Infusion (IV) Therapy	Radiation Therapy	

Covered therapy services will be applied to the out-of-pocket expense limit. There are still no limits on these covered therapies.

**Key Advantage 500**

- 1) **Therapies will be subject to the plan year deductible and 20% coinsurance. This includes the following therapies:**

Cardiac Rehabilitation	Occupational Therapy	Respiratory Therapy
Chemotherapy	Physical Therapy	Speech Therapy
Infusion (IV) Therapy	Radiation Therapy	

Covered therapy services will be applied to the out-of-pocket expense limit. There are still no limits on these covered therapies.

