Key Advantage 200 Benefits Summary

Effective July 1, 2007 or October 1, 2007

Benefit Highlights

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Coverage under The Local Choice Key Advantage 200 contract is for:

- **Active Employees and their Dependents**
- **Retirees not eligible for Medicare and their Dependents not eligible for Medicare, and/or**
- **Dependents of Medicare eligible Retirees who are not Medicare eligible.**

Note: Medicare eligible retirees and the Medicare eligible dependents of any retiree, Medicare eligible or otherwise, may not enroll in Key Advantage 200. If your Local Employer offers a TLC Medicare supplemental plan, be aware that participation in both Parts A and B of Medicare is required to receive maximum benefits under the Medicare supplemental plan.

Key Advantage 200

This guide is a summary of your medical, behavioral health and employee assistance (EAP), prescription drug, and dental benefits. Your benefits are administered by four health care companies as follows:

- **Medical** – Anthem Blue Cross and Blue Shield
- **Behavioral health and EAP** – ValueOptions, Inc.
- **Prescription drugs** – Medco Health Solutions, Inc.
- **Dental** – Delta Dental Plan of Virginia

Plan Year

Your benefits are administered on a plan year basis which is July 1 through June 30, or October 1 through September 30, depending upon your renewal date.

Service Area

This plan is available wherever employees and eligible retirees live or work.

How The Plan Works

Medical (administered by Anthem)

Care is provided by primary care physicians (general or family practitioner, internist or pediatrician), specialty care providers and facilities. Referrals are not needed. Higher copayments apply for specialist and facility visits. Your networks are the Anthem PPO network in Virginia and the BlueCard® PPO and BlueCard Worldwide® networks outside Virginia.

You may receive care outside these networks. However, you have a separate plan year out-of-network deductible and out-of-pocket expense limit. Once you have met the out-of-network deductible, you pay 20% coinsurance for all covered medical services. Claims payments are made directly to the member, rather than to the provider. See page 2 for more information about how your out-of-pocket expense limit works both in and out of the network.

For the most current list of Anthem PPO network providers go to **www.anthem.com/tlc**, and click on the Provider Directory tab.

Medical Care When Traveling

If you live or travel outside of Virginia, you will receive the highest level of medical benefits when you receive care from a BlueCard® PPO provider in that area. Providers who participate with other Blue Cross Blue Shield companies will accept your copayment or coinsurance at the time of service instead of requiring full payment. These providers or facilities will file claims directly to their local Blue Cross Blue Shield company for you, and have agreed to accept the allowable charge established with their local Blue Cross Blue Shield company as payment in full for their services.

BlueCard Worldwide® gives you access to doctors and hospitals for medical care in more than 200 countries and territories around the world.

Call **1-800-810-BLUE (2583)** to locate a BlueCard PPO or BlueCard Worldwide provider. Be sure to present your Anthem identification card when you receive care outside Virginia. The suitcase emblem at the top of your card indicates that your plan includes the BlueCard program.

Behavioral Health and EAP (administered by ValueOptions)

You are encouraged to have all behavioral health services preauthorized by calling ValueOptions toll-free at **1-866-725-0602** before receiving care, or within 48 hours of an emergency admission. ValueOptions care managers approve the appropriate levels of care based on your diagnosis and their medical necessity criteria. View the ValueOptions list of network providers at **www.achievesolutions.net/tlc**.

You may receive care outside the ValueOptions network. However, you have a separate out-of-network deductible and out-of-pocket expense limit for behavioral health services. Once you have met the out-of-network deductible, you pay 20% coinsurance for all covered behavioral health services. Claims payments are made directly to the member, rather than to the provider.

Medical and Behavioral Health Out-of-Pocket Expense Limit

There are separate medical and behavioral health out-of-pocket expense limits for in-network and out-of-network services. There is no out-of-pocket expense limit for prescription drug or dental services.

In-Network Services

- If you are the only one covered by the plan, the most you will pay out of your pocket is $1,500 per plan year for covered services. Once you have reached this amount, your payment for covered in-network services is $0.
- If two people are covered by the plan, the most each of you will pay out of your pocket is $1,500 ($3,000 total), then your payments for covered in-network services are $0.
- If three or more people are covered by the plan, the most all of you will pay out of your pocket is $4,500. However, no family member will pay more than $1,500 toward the limit. Then your payments for covered in-network services are $0.

Out-of-Network Services

- If you are the only one covered by the plan, the most you will pay out of your pocket is $3,000 per plan year for covered services. Once you have reached this amount, your payment for covered services is $0. However, out-of-network providers may bill you for amounts above the plan's allowable charge, and payment is your responsibility.
- If two people are covered by the plan, the most each of you will pay out of your pocket is $3,000 ($6,000 total), then your payments for covered services are $0. However, out-of-network providers may bill you for amounts above the plan's allowable charge, and payment is your responsibility.
- If three or more people are covered by the plan, the most all of you will pay out of your pocket is $9,000. However, no family member will pay more than $3,000 toward the limit. Then your payments for covered services are $0. However, out-of-network providers may bill you for amounts above the plan's allowable charge, and payment is your responsibility.

The following do not count toward the out-of-pocket expense limit in or out of network, and you are responsible for paying these costs when the out-of-pocket expense limit has been reached:

- Copayments
- Prescription drug and dental services
- Cost of care in excess of benefit limits
- Cost of services and supplies not covered under the plan
- Additional amount non-network providers may bill you when their charge is more than the plan's allowable charge

Prescription Drugs (administered by Medco)

Retail Pharmacy

This is a **mandatory generic** outpatient prescription drug program. If a generic equivalent exists for a brand name drug, you have two choices. You may request the generic and pay only the copayment. Or you or your physician may request a brand name drug and you will be responsible for the following:

- ▲ **At a participating pharmacy** you will be responsible for the applicable copayment plus the difference between the allowable charge for the generic equivalent and the brand name drug.
- ▲ **At a non-participating pharmacy** you pay the total price for the drug and then file a Prescription Drug Direct Reimbursement Claim Form. Reimbursement is limited to the allowable charge for the generic drug minus your copayment.

To obtain prescriptions at a participating retail pharmacy simply:

1. Present your identification card to your pharmacist.
2. Pay the appropriate copayment. The pharmacist will tell you the amount of your copayment.
3. If you request a brand name drug when a generic is available, you pay the appropriate copayment *plus* the difference between the generic and the brand name allowable charge.

Some drugs require Prior Authorization before they are dispensed. Your physician, pharmacist, or a Medco Member Services representative can tell you if a drug requires prior authorization.

Home Delivery Pharmacy

The *Medco By Mail* home delivery service is a convenient, cost-effective way to obtain up to a 90-day supply of medications you take routinely (such as medication for high blood pressure or high cholesterol). Your medications are delivered directly to your home. You will receive a Home Delivery Pharmacy packet with your prescription drug identification card when you enroll in the plan. Go to **www.medco.com** to order refills, check the status of an order, price and compare medication costs, review prescription history and much more.

Dental (administered by Delta Dental)

To reduce your out-of-pocket expense, choose a Delta Dental network dentist. View the DeltaPremier network of dentists at **www.deltadentalva.com**. Claims will be handled by the dentist's office and you will be responsible only for the dental deductible and coinsurance that applies to the covered care you receive. If you go to a non-network dentist, you pay the dental deductible and coinsurance plus any amount above the allowable charge that the dentist may bill you.

When you anticipate dental charges over $250, have your Delta Dental dentist file a pre-determination (pre-treatment) estimate.

Key Advantage 200

	Benefit		
Deductible – per plan year (applies to certain medical services as indicated on chart)		*In-Network*	*Out-of-Network*
	▲ One person	$200	$400
	▲ Two people	$400	$800
	▲ Family (three or more people)	$600	$1,200
Out-of-pocket expense limit (per plan year)		*In-Network*	*Out-of-Network*
	▲ One person	$1,500	$3,000
	▲ Two people	$3,000	$6,000
	▲ Family (three or more people)	$4,500	$9,000
Out-of-network benefits	Yes. Once you meet the out-of-network deductible, you pay 20% coinsurance for medical and behavioral health services. Copayments do not apply to out-of-network medical and behavioral health services.		
Medical Care When Traveling	The BlueCard® PPO and BlueCard Worldwide® programs are included for medical care outside Virginia.		
Lifetime maximum	Unlimited		

	Covered Services	In-Network You Pay
Ambulance travel		20% coinsurance after deductible
Behavioral health and EAP	▲ Inpatient treatment	
	• *Facility services*	$300 copayment per stay
	• *Professional provider services*	$0
	▲ Outpatient visits	$20 copayment
	▲ Employee Assistance Program (EAP)	
	• *Up to 4 visits per incident*	$0
Dental ($1,200 maximum per plan year, except Orthodontics)	Dental plan year deductible	
	▲ One person	$25
	▲ Two people	$50
	▲ Family (three or more people)	$75
	▲ Diagnostic and preventive services	$0, no deductible
	▲ Primary services	20% coinsurance after dental deductible
	▲ Complex restorative	50% coinsurance after dental deductible
	▲ Orthodontic services ($1,200 lifetime maximum)	50% coinsurance after dental deductible
Diagnostic tests, and x-rays	For specific conditions or diseases at a doctor's office, emergency room or outpatient hospital department	10% coinsurance after deductible
Doctor visits (on an outpatient basis)	▲ Primary care physicians	$20 copayment
	▲ Specialty care providers	$35 copayment
Emergency room visits	▲ Facility services	$100 copayment per visit (waived if admitted)
	▲ Professional provider services	
	• *Primary care physicians*	$20 copayment
	• *Specialty care providers*	$35 copayment
	▲ Diagnostic tests, and x-rays	10% coinsurance after deductible
Home health services (90 visit plan year limit)		$0

	Covered Services	In-Network You Pay
Home private duty nurse's services		20% coinsurance after deductible
Hospice care services		$0
Hospital services (including surgery)	▲ Inpatient treatment	
	• *Facility services*	$300 copayment per stay
	• *Professional provider services*	
	• *Primary care physicians*	$0
	• *Specialty care providers*	$0
	▲ Outpatient treatment	
	• *Facility services*	$100 copayment
	• *Professional provider services*	
	• *Primary care physicians*	$20 copayment
	• *Specialty care providers*	$35 copayment
	• Diagnostic tests, and x-rays	10% coinsurance after deductible
Infusion services	▲ Facility services	$0
	▲ Professional provider services	$0
	▲ Home services	$0
	▲ Infusion medications	
	• *Outpatient settings*	$0
	• *Home settings*	$0
Maternity	▲ Professional provider prenatal & postnatal care	
	• *Primary care physicians*	$20 copayment
	• *Specialty care providers*	$35 copayment
	If your doctor submits one bill for delivery, prenatal and postnatal care services, there is no copayment required for physician care. If your doctor bills for these services separately, your payment responsibility will be determined by the services received.	
	▲ Delivery	
	• *Primary care physicians*	$0
	• *Specialty care providers*	$0
	▲ Hospital services for delivery (delivery room, anesthesia, routine nursing care for newborn)	$300 copayment per stay
	▲ Diagnostic tests	10% coinsurance after deductible
Medical equipment, appliances, formulas and supplies		20% coinsurance after deductible
Outpatient prescription drugs (mandatory generic)	▲ Retail up to 34-day supply*	Tier 1 – $10 copayment
	* *You may purchase up to a 90-day supply at a retail pharmacy by paying multiple copayments.*	Tier 2 – $20 copayment Tier 3 – $35 copayment
	▲ Home delivery up to 90-day supply	Tier 1 – $20 copayment Tier 2 – $40 copayment Tier 3 – $70 copayment
Shots (allergy & therapeutic injections)	At doctor's office, emergency room or outpatient hospital department	10% coinsurance after deductible
Skilled nursing facility stays (180-day per stay limit)	▲ Facility services	$0
	▲ Professional provider services	$0

	Covered Services	In-Network You Pay
Spinal manipulations and other manual medical interventions ($500 plan year limit)	▲ Primary care physicians ▲ Specialty care providers	$20 copayment $35 copayment
Surgery	See Hospital services	
Therapy services (on an outpatient basis)	▲ Cardiac rehabilitation therapy, chemotherapy, radiation therapy, and respiratory therapy	
	• *Facility services*	$0
	• *Hospital services*	$0
	• *Professional provider services*	$0
	▲ Occupational therapy visits, physical therapy visits, and speech therapy visits	
	• *Hospital services*	$35 copayment
	• *Professional provider services*	
	• *Primary care physicians*	$20 copayment
	• *Specialty care providers*	$35 copayment
Wellness services	▲ Well Child – Office visits at specified intervals through age 6	
	• *Primary care physicians*	$20 copayment
	• *Specialty care providers*	$35 copayment
	• *Immunizations and screening tests*	10% coinsurance, no deductible
	▲ Routine Wellness – Age 7 & older	
	• *Annual Check-up Visit*	
	• *Primary care physicians*	$20
	• *Specialty care providers*	$35
	• *Immunizations, lab and x-ray services**	10% coinsurance, no deductible
	* *Your health plan pays 90% coinsurance up to $500 per plan year for routine wellness immunizations, lab and x-ray services*	
	▲ Preventive care – One of each per plan year	
	• *Gynecological exam*	
	• *Primary care physicians*	$20 copayment
	• *Specialty care providers*	$35 copayment
	• *Pap test*	10% coinsurance, no deductible
	• *Mammography screening – Age 35 or older*	10% coinsurance, no deductible
	• *Prostate exam (digital rectal exam) – Age 40 or older*	
	• *Primary care physicians*	$20 copayment
	• *Specialty care providers*	$35 copayment
	• *Prostate specific antigen test – Age 40 or older*	10% coinsurance, no deductible
	• *Colorectal cancer screening – Age 40 or older*	10% coinsurance, no deductible

Special Programs

New 24-Hour Nurse Line

What do you do when it's midnight and your child develops a high fever? Or you're out of town for the holidays, you don't feel well, and need to find a doctor? Help is just a phone call away. The Anthem 24-Hour Nurse Line is there for you 24 hours a day, seven days a week, every day of the year. Just call **1-800-337-4770** and you can speak to an experienced registered nurse who is trained to help you with your medical questions. You can also choose from a selection of over 400 recorded health topics to learn more about specific medical conditions, their effects, and current prevention and treatment guidelines. Take advantage of this new service. It's completely confidential and free to you and your family.

CommonHealth Wellness Program

This program is designed to make a positive difference in your health by integrating health awareness into the workplace. CommonHealth features a variety of medical screenings including cholesterol and blood pressure; fitness classes and challenges; health education programs and other activities. For more information, visit **www.tlccommonhealth.com**.

Baby Benefits℠

Baby Benefits is a prenatal program available at no cost to covered participants. This program is designed to help women have healthy pregnancies and to help reduce the chances of a premature delivery. A *Baby Benefits* nurse consultant works with the mother-to-be and her physician during the pregnancy to determine what may be needed to help achieve a full-term delivery.

As soon as pregnancy is confirmed, sign up for the program by calling 1-800-828-5891. You will receive:

- ▲ a kit containing educational material on how to get proper prenatal care and identify signs of premature labor;
- ▲ a risk appraisal to identify signs of premature labor; and
- ▲ a special birth kit.

Anthem Better Prepared℠ (Disease Management)

At no additional cost, your plan includes *Anthem Better Prepared*—a program designed to help you better understand and manage the following chronic conditions: asthma, congestive heart failure, coronary artery disease, diabetes, chronic obstructive pulmonary disease, and metabolic syndrome. To register in this voluntary, confidential program, simply call our care management nurse consultants at **1-800-445-7922**. Enrolled members receive 24-hour access to registered nurses who can answer health questions, provide information about the most current treatment options and work with your physician to reinforce the prescribed plan of care. The goal of *Anthem Better Prepared* is to help members understand and better manage their health condition for improved quality of life.

SpecialOffers@Anthem

This program offers members discounts on a wide variety of health and wellness products and services. Take advantage of special offers on vitamins and supplements, health care books and tapes, weight-loss programs, baby and maternity products, and acupuncture, massage therapy and chiropractic services. Visit **www.anthem.com** >Members > Virginia site for more information.

ValueOptions, Inc. Employee Assistance Program (EAP)

The EAP provides *up to* four counseling sessions per incident free of charge to covered participants. Your behavioral health provider will determine the number of sessions (up to four) that are appropriate for your care. Contact ValueOptions toll-free at **1-866-725-0602** for more information.

Medco Special Care Pharmacy Service

When you receive your specialty prescription drugs through the *Medco By Mail* home delivery pharmacy, the *Medco Special Care Pharmacy* program provides you with personal counseling from nurses, registered pharmacists and patient care representatives who are trained in specialty medications. Specialty medications are drugs such as Procrit® to treat anemia, Betaseron® for multiple sclerosis and Enbrel® or Remicade® for rheumatoid arthritis. The program includes 24-hour access to a *Medco Special Care Pharmacy* pharmacist and free supplies needed to administer your medicine, such as needles and syringes.

Call toll-free **1-800-803-2523** to order your specialty medication. Medco will then call your doctor for a new prescription. Or if you prefer, your doctor's office may call the *Medco Special Care Pharmacy* directly at **1-800-987-4904**. More information is available at **www.medco.com**.

Approval Of Care At A Glance

It's important to review and understand the rules shown below. Following them will help you use your benefits to your best advantage and minimize your out-of-pocket medical expenses.

Type of Service	Before You Receive Care
Life-threatening Emergency Care *(Such as heart attack, hemorrhaging, poisoning, loss of consciousness, convulsions, multiple or compound fractures)*	You must obtain Hospital Admission Review if admitted. Call Anthem Blue Cross and Blue Shield: **1-800-533-1120**
Medical Inpatient Hospital Care	All hospital admissions must be coordinated by your physician and reviewed and approved in advance by Anthem. Before a hospital admission, you, your physician, a family member, or friend must call Anthem Blue Cross and Blue Shield: **1-800-533-1120** However, if your physician does not make the call, it is your responsibility to make the call. The call must be made within 48 hours of an admission for a life-threatening emergency.
Medical Services That Require Medical Necessity Review	To determine if a service requires medical necessity review, contact your physician or Anthem Member Services. This process is also called pre-authorization. You could be responsible for the full cost of a service that requires medical review if it is not authorized in advance.
Prescription Drugs That Require Prior Authorization	Your physician, pharmacist, or a Medco Member Services representative can tell you if a drug requires prior authorization. Your physician may request approval for drugs that require prior authorization from Medco on your behalf.
Behavioral Health Care	You are encouraged to have all behavioral health services preauthorized by calling ValueOptions toll-free at **1-866-725-0602** before receiving care, or within 48 hours of an emergency admission. ValueOptions care managers approve the appropriate level of care based on your diagnosis and their medical necessity criteria. You could be responsible for the entire charge if the service is not medically necessary, or for a greater share of the cost if your provider is not in the network.

If You Need Assistance

Anthem Blue Cross and Blue Shield

Medical Care
1-800-552-2682
Monday through Friday 8:00 a.m. – 6:00 p.m.
Saturday 9:00 a.m. – 1:00 p.m.

New 24-Hour Nurse Line
1-800-337-4770

On the Web at **www.anthem.com**

ValueOptions, Inc.

Behavioral Health Care and EAP
1-866-725-0602

On the Web at **www.achievesolutions.net/tlc**

Medco Health Solutions, Inc.

Prescription Drugs
1-800-355-8279

On the Web at **www.medco.com**

Delta Dental of Virginia

Dental Care
1-888-335-8296

On the Web at **www.deltadentalva.com**

The Local Choice

The Local Choice Health Benefits Program
Commonwealth of Virginia
Department of Human Resource Management
101 North 14th Street – 13th Floor
Richmond, VA 23219
(804) 786-6460

On the Web at **www.thelocalchoice.virginia.gov**

NOTE: This is not a policy. This is a brief summary of the Key Advantage 200 health benefits plan. The Key Advantage Member Handbook, along with this Benefits Summary, constitute a complete description of the benefits, exclusions, limitations, and reductions under the plan. Be sure to keep this summary with your Key Advantage Member Handbook for a full description of your coverage.