High Deductible Health Plan Benefits Summary

Effective July 1, 2008 or October 1, 2008

Benefit Highlights

Coverage under The Local Choice High Deductible Health Plan 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 the High Deductible Health Plan. 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.

High Deductible Health Plan

This guide is a summary of your medical, behavioral health, employee assistance (EAP), prescription drug, and dental benefits. Your benefits are administered by Anthem Blue Cross and Blue Shield.

The High Deductible Health Plan (HDHP) features a single and family (two or more people) plan year deductible that applies to your medical, behavioral health and prescription drug benefits. **Note that the entire family deductible must be met before the plan pays for covered services for any enrolled family member.** After the deductible is met, you pay 20% coinsurance for covered services, and the plan pays 80%.

Your dental benefits are also administered by Anthem, but they are separate from your HDHP benefits. See page 6 for a description of your dental coverage.

Your High Deductible Health Plan Is HSA Compatible

Enrollment in a High Deductible Health Plan (HDHP) allows you to set up a personal Health Savings Account (HSA) through a bank or other financial institution to help you manage health care expenses or save for retirement. HSAs were created as part of Medicare reform legislation in 2003. An HSA is a tax-favored account that allows those covered by a HDHP to pay for certain qualified medical expenses tax-free. It can help you save on the cost of your health insurance and health care expenses, and also help pay for covered services before you satisfy the health plan deductible.

If you decide to set up an HSA to work with your HDHP, confer with your tax advisor, bank or other financial institution.

The following Web sites are a good place to start learning more about HSAs.

- **www.ustreas.gov/offices/public-affairs/hsa** – Provides an overview of HSAs, answers to frequently asked questions and important IRS forms and applications.
- **www.irs.gov** – Provides information about how HSAs impact your Federal taxes and qualified medical expenses (Publications 969 and 502). Search using keyword HSA.
- **www.hhs.gov** – Provides general information about HSAs and other tax-favored health plans. Search using keyword HSA.

Note: If you have an HSA, you cannot also have a Flexible Spending Account unless it is limited in scope. More information is available from tax consultants or financial institutions.

Plan Year

Your benefits are administered on a plan year of July 1 through June 30 or October 1 through September 30 for some groups.

Service Area

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

How The Plan Works

Your Medical and Behavioral Health Networks

Medical and behavioral health care is provided by medical health care providers and facilities and behavioral health care providers and facilities. Your networks are the Anthem PPO network in Virginia and the BlueCard® PPO and BlueCard Worldwide® networks outside Virginia.

There is no coverage for care outside these networks except in an emergency.

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 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 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 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 Care

You are required to have all behavioral health services pre-authorized by calling Anthem Behavioral Healthcare toll-free at **1-800-991-6045** before receiving care, or within 48 hours of an emergency admission. Anthem Behavioral Healthcare case managers certify the appropriate levels of mental health and substance abuse care based on your diagnosis and Behavioral Health Medical Necessity Criteria.

Anthem Behavioral Healthcare associates are available to assist you in locating a behavioral health provider in your network. You also may locate a behavioral health network provider on the Web at **www.anthem.com/tlc**, and click on the Provider Directory tab. Anthem Behavioral Healthcare associates are available to assist you with your behavioral health needs Monday through Friday, 8:00 a.m. to 5:00 p.m., and for emergencies 24 hours per day at **1-800-991-6045**.

Employee Assistance Program (EAP)

The EAP provides *up to* four counseling sessions per incident free of charge to you and your household members. Contact Anthem EAP toll-free at **1-800-346-5484** for more information.

Prescription Drugs

Retail Pharmacy

Your plan uses the Anthem prescription drug program. 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 deductible or 20% coinsurance after the deductible is met. Or you or your physician may request a brand name drug and you will be responsible for the following:

- **At a participating Anthem pharmacy** you will be responsible for the applicable deductible or 20% coinsurance 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 an Anthem Prescription Drug Claim Form. Reimbursement is limited to the allowable charge for the generic drug minus your deductible or coinsurance.

To obtain prescriptions at a participating retail pharmacy simply:

1. Present your identification card to your pharmacist.
2. Pay the deductible or coinsurance. The pharmacist will tell you the amount.
3. If you or your physician request a brand name drug when a generic is available, you pay the appropriate deductible or coinsurance *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 an Anthem member services representative can tell you if a drug requires prior authorization. This information also is available online at **www.anthem.com/tlc**. Select TLC HDHP under Plan Information/Employees. Then click on the Anthem Prescription link.

Mail Service Pharmacy

WellPoint NextRx (formerly AnthemRx Direct) is your mail service pharmacy. It 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. Go to **www.anthem.com/tlc**. Select TLC HDHP under Plan Information/Employees. Then click on the Anthem Prescription link.

Dental Plan

Your dental coverage is provided separately from your HDHP benefits, and has a separate deductible for coverage. Your dental plan uses the Anthem dental network. To reduce your out-of-pocket expenses, use network dentists. For the most current list of dental providers go to **www.anthem.com/tlc**, and click on the Provider Directory tab.

See page 6 for a summary of your dental plan benefits.

High Deductible Health Plan

	Benefit	
Deductible – per plan year (applies to medical, behavioral health, and prescription drug services)	▲ One person ▲ Family (two or more people)	$1,200 $2,400
Out-of-pocket expense limit (per plan year)	▲ One person ▲ Family (two or more people)	$5,000 $10,000
Out-of-network benefits	None, except in an emergency.	
Medical Care When Traveling	The BlueCard® PPO and BlueCard Worldwide® programs are included for medical care outside Virginia.	
Lifetime maximum	None	

	Covered Services	In-Network You Pay
Ambulance travel		20% coinsurance after deductible
Behavioral health and EAP	▲ Inpatient treatment • *Facility services* • *Professional provider services* ▲ Outpatient visits ▲ Employee Assistance Program (EAP) • *Up to 4 visits per incident*	 20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible $0, no deductible
Diagnostic tests, and x-rays	For specific conditions or diseases at a doctor's office, emergency room or outpatient hospital department	20% coinsurance after deductible
Doctor visits (on an outpatient basis)		20% coinsurance after deductible
Emergency room visits	▲ Facility services ▲ Professional provider services ▲ Diagnostic tests, and x-rays	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible
Home health services (90 visits per plan year limit)		20% coinsurance after deductible
Home private duty nurse's services		20% coinsurance after deductible
Hospice care services		20% coinsurance after deductible
Hospital services (including surgery)	▲ Inpatient treatment • *Facility services* • *Professional provider services* ▲ Outpatient treatment • *Facility services* • *Professional provider services* • *Diagnostic tests, and x-rays*	 20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible
Infusion services	▲ Facility services ▲ Professional provider services ▲ Home services ▲ Infusion medications • *Outpatient settings* • *Home settings*	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible

	Covered Services	In-Network You Pay
Maternity	▲ Professional provider prenatal & postnatal care & delivery	20% coinsurance after deductible
	▲ Hospital services for delivery (delivery room, anesthesia, routine nursing care for newborn)	20% coinsurance after deductible
	▲ Diagnostic tests	20% coinsurance after deductible
Medical equipment, appliances, formulas and supplies		20% coinsurance after deductible
Outpatient prescription drugs (mandatory generic)	▲ Retail up to 34-day supply	20% coinsurance after deductible
	▲ Retail up to 90-day supply	20% coinsurance after deductible
	▲ Mail service up to 90-day supply	20% coinsurance after deductible
Shots (allergy & therapeutic injections)	At doctor's office, emergency room or outpatient hospital department	20% coinsurance after deductible
Skilled nursing facility stays (180-day per stay limit)	▲ Facility services	20% coinsurance after deductible
	▲ Professional provider services	20% coinsurance after deductible
Spinal manipulations and other manual medical interventions ($500 plan year limit)		20% coinsurance after deductible
Surgery	See Hospital services	
Therapy services (on an outpatient basis)	▲ Cardiac rehabilitation therapy, chemotherapy, radiation therapy, and respiratory therapy	
	• *Facility services*	20% coinsurance after deductible
	• *Professional provider services*	20% coinsurance after deductible
	▲ Occupational therapy visits, physical therapy visits, and speech therapy visits	
	• *Facility services*	20% coinsurance after deductible
	• *Professional provider services*	20% coinsurance after deductible
Wellness services	▲ Well Child – Office visits at specified intervals through age 6	
	• *Primary care physicians; Specialty care providers; Immunizations and screening tests*	$0, no deductible
	▲ Routine Wellness – Age 7 & older	
	• *Annual Check-up Visit (one per plan year); Primary care physicians; Specialty care providers; Immunizations, lab and x-ray services*	$0, no deductible
	• *Routine screenings, immunizations, lab and x-ray services (outside of Annual check-up visit)*	$0, no deductible
	▲ Preventive care – One of each per plan year	$0, no deductible
	• *Gynecological exam*	
	• *Pap test*	
	• *Mammography screening*	
	• *Prostate exam (digital rectal exam)*	
	• *Prostate specific antigen test*	
	• *Colorectal cancer screening*	

Dental Benefits

Plan Pays $1,500 Maximum Per Person Each Plan Year (Applies to all covered dental services except Orthodontic Services)		In-Network You Pay
Deductible – per plan year	▲ One person ▲ Two people ▲ Family (three or more people)	$25 $50 $75
Diagnostic and preventive services	Twice-a-year visits to the dentist for oral examinations, x-rays, and cleanings	$0, no deductible
Primary services	Fillings, oral surgery, periodontal services, scaling, repair of dentures, root canals, and other endodontic services, and recementing of existing crowns and bridges	20% coinsurance after deductible
Complex restorative	Inlays, onlays, crowns, dentures, bridges, relining dentures for a better fit, and implants	50% coinsurance after deductible
Orthodontic services (Plan pays $1,500 maximum per lifetime per enrolled member)	Services to correct a handicapping malocclusion (a severe deviation from the normal range of positioning of the teeth), tooth guidance and harmful habit appliances, interceptive treatment, surgical exposure of unerupted teeth when performed for orthodontic purposes, orthodontic x-rays, and orthodontic evaluations when no treatment is initiated.	50% coinsurance, no deductible
Out-of-network care	For services by a non-network dentist, you pay the applicable deductible or coinsurance plus any amounts above the allowable charge. Claims payments are made directly to the member, unless the member assigns benefits to the provider.	

Special Programs

24/7 Nurseline

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 24/7 Nurseline 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**.

Future Moms (formerly Baby Benefits)

Future Moms 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 *Future Moms* 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.

ConditionCare (formerly Better Prepared)

At no additional cost, your plan includes *ConditionCare*—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 *ConditionCare* 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.

PrecisionRx Specialty Solutions

Anthem's *PrecisionRx Specialty Solutions* is a pharmacy dedicated to providing members with specialty medications. (Specialty medications include biopharmaceutical and injectable drugs). But beyond simply dispensing drugs, *PrecisionRx Specialty Solutions* is a complete support program with clinicians and personal care coordinators to help all our members taking specialty drugs achieve the best possible outcomes from their treatments.

You can begin using *PrecisionRx Specialty Solutions* with one easy call to **1-800-870-6419**. You will provide *PrecisionRx* with your doctor's name and phone number, and they'll do all the rest. From that point forward, you will receive all your specialty medications from *PrecisionRx*. You will also be paired with a personal care coordinator who will help provide any support you need throughout your treatment.

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 Medical Emergency *(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 Hospital Admissions Review	All medical 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.
Behavioral Health Care Pre-Authorization and Hospital Admission Review	You are required to have all behavioral health services, including hospital admission review, pre-authorized by calling Anthem Behavioral Healthcare toll-free at **1-800-991-6045** before receiving care, or within 48 hours of an emergency admission. Anthem Behavioral Healthcare case managers certify the appropriate levels of mental health and substance abuse care based on your diagnosis and Behavioral Health Medical Necessity Criteria.
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 an Anthem Member Services representative can tell you if a drug requires prior authorization. Your physician may request approval for drugs that require prior authorization from Anthem on your behalf.

If You Need Assistance

Anthem Blue Cross and Blue Shield

- **Anthem Member Services**
  1-800-552-2682
- **24/7 Nurseline**
  1-800-337-4770
- **Anthem Behavioral Healthcare**
  1-800-991-6045
- **Employee Assistance Program**
  1-800-346-5484

On the Web at **www.anthem.com/tlc**
Online pharmacy at **www.anthemprescription.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 High Deductible Health Plan. The High Deductible Health Plan Member Handbook provides a complete description of the benefits, exclusions, limitations, and reductions under the plan.