

# HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

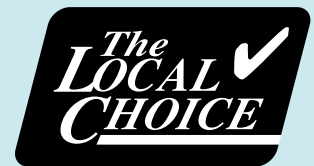
## BENEFITS SUMMARY

*Effective July 1, 2013 or October 1, 2013*



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# HIGH DEDUCTIBLE HEALTH PLAN (HDHP)



## Coverage under

### THE LOCAL CHOICE HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

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 TLC HDHP.

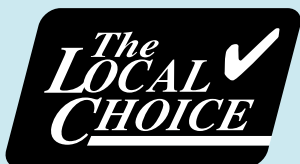
If your Local Employer offers a TLC Medicare supplemental plan, be aware that participation in both Parts A and B of Medicare is required to receive maximum benefits under the Medicare supplemental plan. Part D expenses are not covered.

## 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.



**THIS 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 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 administered by Delta Dental and they are separate from your HDHP benefits. See page 8 for a description of your dental coverage.

## YOUR HIGH DEDUCTIBLE HEALTH PLAN IS HSA COMPATIBLE

Enrollment in a 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](http://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](http://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](http://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*

# 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](http://www.anthem.com/tlc), and click on Find a Doctor.

### *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 TLC/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 encouraged to have all behavioral health services pre-authorized by calling Anthem Behavioral Healthcare toll-free at **1-855-223-9277** 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](http://www.anthem.com/tlc), and click on Find a Doctor. 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 **1-855-223-9277**.

## 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 **1-855-223-9277** 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](http://www.anthem.com/tlc). Select TLC HDHP under Tools & Information and then select the Prescription Drug Services link.

### *Home Delivery Pharmacy*

Your benefit includes access to a home delivery pharmacy. Home delivery pharmacy 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](http://www.anthem.com/tlc). Select TLC HDHP under Tools & Information and then select the Prescription Drug Services link. Home delivery pharmacy is administered by our select vendor, Express Scripts.

### *Dental Plan*



Your dental coverage is provided separately from your HDHP benefits, and has a separate deductible for coverage. Your dental plan uses the Delta Dental Premiere dental network. To reduce your out-of-pocket expenses, use network dentists. For the most current list of dental providers go to [www.deltadentalva.com](http://www.deltadentalva.com).

See page 8 for a summary of your dental plan benefits.

# BENEFITS AT-A-GLANCE

This chart shows what you pay for Deductibles, Coinsurance and Out-of-Pocket Expenses for covered services in one Plan Year.

	BENEFIT	IN-NETWORK
<b>PLAN YEAR DEDUCTIBLE</b> <i>(applies as indicated)</i>	One Person	\$1,500
	Family (two or more people)	\$3,000
<b>PLAN YEAR OUT-OF-POCKET EXPENSE LIMIT</b>	One Person	\$5,000
	Family (two or more people)	\$10,000
<b>OUT-OF-NETWORK BENEFITS</b>	None, except in an emergency.	
<b>MEDICAL AND BEHAVIORAL HEALTH CARE WHEN TRAVELING</b>	The BlueCard® PPO and BlueCard® Worldwide programs are included for medical and behavioral health care outside Virginia.	
<b>LIFETIME MAXIMUM</b>	Unlimited	

COVERED SERVICES	YOU PAY IN-NETWORK
<b>AMBULANCE TRAVEL</b> <i>No Plan Year limit</i>	20% coinsurance, after deductible
<b>AUTISM SPECTRUM DISORDER</b> 2 years to 6 years – \$35,000 Annual Limit <i>(Applies to Applied Behavioral Analysis only)</i>	20% coinsurance, after deductible
<b>BEHAVIORAL HEALTH AND EAP</b>	
<b>INPATIENT TREATMENT</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
<b>PARTIAL DAY PROGRAM</b>	20% coinsurance, after deductible
<b>OUTPATIENT TREATMENT PROGRAM</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
<b>EMPLOYEE ASSISTANCE PROGRAM</b> Up to four Visits per incident <i>(per rolling 12 months)</i>	\$0, no deductible
<b>DENTAL SERVICES (NON-ROUTINE MEDICAL)</b>	20% coinsurance, after deductible
<b>DIABETIC EQUIPMENT</b>	20% coinsurance, after deductible
<b>DIABETIC EDUCATION</b>	20% coinsurance, after deductible
<b>DIAGNOSTIC TESTS, LABS AND X-RAYS</b>	
Outpatient Surgery	20% coinsurance, after deductible
Outpatient Diagnostic Services Only	20% coinsurance, after deductible
Outpatient Emergency Room	20% coinsurance, after deductible
<b>DIALYSIS TREATMENTS</b>	
Facility Services	20% coinsurance, after deductible
Doctor's Office	20% coinsurance, after deductible
<b>DOCTOR'S VISITS</b> <i>(On an Outpatient basis)</i>	20% coinsurance, after deductible
<b>EARLY INTERVENTION SERVICES</b> <i>(birth to 3 years)</i>	20% coinsurance, after deductible

<b>COVERED SERVICES</b>	<b>YOU PAY IN-NETWORK</b>
<b>EMERGENCY ROOM VISITS</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	20% coinsurance, after deductible
Specialty Care Providers	20% coinsurance, after deductible
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>HOME HEALTH SERVICES</b> <i>90-Visit Plan Year limit per member</i>	20% coinsurance, after deductible
<b>HOME PRIVATE DUTY NURSE'S SERVICES</b>	20% coinsurance, after deductible
<b>HOSPICE CARE SERVICES</b>	20% coinsurance, after deductible
<b>HOSPITAL SERVICES</b>	
<b>INPATIENT CARE</b>	
Facility Services	20% coinsurance per stay after deductible
Professional Provider Services	20% coinsurance, after deductible
Diagnostic Services	20% coinsurance, after deductible
<b>OUTPATIENT CARE</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>MATERNITY</b>	
Professional Provider Services prenatal and postnatal care	20% coinsurance, after deductible
<b>HOSPITAL SERVICES FOR DELIVERY</b> Delivery room, anesthesia, routine nursing care for newborn	20% coinsurance after delivery
<b>DIAGNOSTIC TESTS, LABS AND X-RAYS</b>	20% coinsurance, after deductible
<b>MEDICAL EQUIPMENT (DURABLE), APPLIANCES, FORMULAS, PROSTHETICS AND SUPPLIES</b>	20% coinsurance, after deductible
<b>OUTPATIENT PRESCRIPTION DRUGS</b> (mandatory generic)	
<b>RETAIL PHARMACY</b> Covered drugs per 34-day supply	20% coinsurance, after deductible
<b>HOME DELIVERY SERVICES (MAIL ORDER)</b> Covered drugs for up to a 90-day supply	20% coinsurance, after deductible
<b>DIABETIC SUPPLIES</b>	20% coinsurance, after deductible
<b>SHOTS - ALLERGY &amp; THERAPEUTIC INJECTIONS</b> At a doctor's office, Emergency room or Outpatient hospital department	20% coinsurance, after deductible
<b>SKILLED NURSING FACILITY STAYS<sup>1</sup></b> 180-day per Stay limit per member	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible

<sup>1</sup>A stay is the period from the admission to the date of discharge from a facility. If there is less than a 90 day break between two admissions, the days allowable for the subsequent admission are reduced by the days used in the first. If there are more than 90 days between the two admissions, the days available for the subsequent admission start over for a full 180 days.

COVERED SERVICES	YOU PAY IN-NETWORK
<b>SURGERY</b>	
<b>INPATIENT</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
Diagnostic Services	20% coinsurance, after deductible
<b>OUTPATIENT</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
<b>THERAPY - OUTPATIENT SERVICES</b>	
<b>CARDIAC REHABILITATION THERAPY</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
<b>CHEMOTHERAPY</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
<b>CHIROPRACTIC, SPINAL MANIPULATIONS AND OTHER MANUAL MEDICAL INTERVENTIONS</b> 30-Visit Plan Year limit per member	20% coinsurance, after deductible
<b>INFUSION (IV THERAPY)</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
Home Health Services	20% coinsurance, after deductible
<b>INFUSION MEDICATIONS</b>	
Outpatient Settings	20% coinsurance, after deductible
Home Settings	20% coinsurance, after deductible
<b>OCCUPATIONAL THERAPY</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	20% coinsurance, after deductible
Specialty Care Providers	20% coinsurance, after deductible
<b>PHYSICAL THERAPY</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	20% coinsurance, after deductible
Specialty Care Providers	20% coinsurance, after deductible
<b>RADIATION THERAPY</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
<b>RESPIRATORY THERAPY</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible



COVERED SERVICES	YOU PAY IN-NETWORK
<b>SPEECH THERAPY</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	20% coinsurance, after deductible
Specialty Care Providers	20% coinsurance, after deductible
<b>VISION CORRECTION</b> After surgery or accident	20% coinsurance, after deductible
<b>WELLNESS AND PREVENTIVE CARE SERVICES</b>	
<b>WELL CHILD<sup>2</sup></b> (birth to 18 years)	
Office Visits at specified intervals	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Immunizations	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Screening Tests	\$0, no deductible
<b>ROUTINE WELLNESS</b> (19 years and older)	
Check-up Visit (one per Plan Year)	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Immunizations	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Routine Lab and X-ray Services	\$0, no deductible
<b>WELLNESS AND PREVENTIVE CARE SERVICES</b> (one of each per Plan Year)	
Gynecological Exam	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Pap Test	\$0, no deductible
Mammography Screening	\$0, no deductible
Prostate Exam (digital rectal exam)	
Primary Care Physicians	\$0, no deductible
Specialty Care Providers	\$0, no deductible
Prostate Specific Antigen Test	\$0, no deductible
Colorectal Cancer Screenings	\$0, no deductible

<sup>2</sup>See member handbook for immunization schedule.

## 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
<b>Deductible – per plan year</b>	■ One person	\$25
	■ Two people	\$50
	■ Family (three or more people)	\$75
<b>Diagnostic and preventive services</b>	Twice-a-year visits to the dentist for oral examinations, x-rays, and cleanings	\$0, no deductible
<b>Primary services</b>	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
<b>Complex restorative</b>	Inlays, onlays, crowns, dentures, bridges, relining dentures for a better fit, and implants	50% coinsurance after deductible
<b>Orthodontic services (Plan pays \$1,500 maximum per lifetime per enrolled member)</b>	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
<b>Out-of-network care</b>	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.	

## SPECIALTY PHARMACY

Your Anthem benefit includes access to *CuraScript*, a pharmacy dedicated to providing members with specialty medications. (Specialty medications include biopharmaceutical and injectable drugs). But beyond simply dispensing drugs, *CuraScript* 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 *CuraScript* with one easy call to **1-800-870-6419**. You will provide *CuraScript* 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 *CuraScript*. 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
<p><b>LIFE-THREATENING EMERGENCY CARE</b></p> <p><i>(Such as heart attack, hemorrhaging, poisoning, loss of consciousness, convulsions, multiple or compound fractures)</i></p>	<p>You must obtain Hospital Admission Review if admitted. Call Anthem Blue Cross and Blue Shield: <b>1-800-533-1120</b></p>
<p><b>MEDICAL INPATIENT HOSPITAL CARE</b></p>	<p>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: <b>1-800-533-1120</b>.</p> <p>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.</p>
<p><b>MEDICAL SERVICES THAT REQUIRE MEDICAL NECESSITY REVIEW</b></p>	<p>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.</p>
<p><b>PRESCRIPTION DRUGS THAT REQUIRE PRIOR AUTHORIZATION</b></p>	<p>Your physician, pharmacist, or a 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.</p>
<p><b>BEHAVIORAL HEALTH CARE PRE-AUTHORIZATION AND HOSPITAL ADMISSION REVIEW</b></p>	<p>You are encouraged to have all other behavioral health services pre-authorized by calling Anthem Behavioral Healthcare toll-free at <b>1-855-223-9277</b> 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.</p>

# IF YOU NEED ASSISTANCE

## ANTHEM BLUE CROSS AND BLUE SHIELD

### Anthem Member Services

**1-800-552-2682**

Monday through Friday 8:00 a.m. – 6:00 p.m.

Saturday 9:00 a.m. – 1:00 p.m.

### Anthem Behavioral Healthcare and Employee Assistance Program

**1-855-223-9277**

### 24/7 Nurseline

**1-800-337-4770**

On the Web at [www.anthem.com/tlc](http://www.anthem.com/tlc)

## DELTA DENTAL OF VIRGINIA

### Routine Dental Care

**1-888-335-8296**

On the Web at [www.deltadentalva.com](http://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](http://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.*