

**2017**  
**COMPARISON OF**  
**STATEWIDE PLANS**

*Effective July 1, 2017 or October 1, 2017*



# The Local Choice 2017 Comparison of Statewide Plans

	Key Advantage Expanded	Key Advantage 250
<b>Plan Year Deductible</b> (Key Advantage: Applies to Certain Medical Services as Indicated on Chart)  (HDHP: Applies to Medical, Behavioral Health, and Prescription Drug Services)	<b>In-Network:</b> One Person    Two People    Family \$100            See Family       \$200  <b>Out-of-Network:</b> \$200            See Family       \$400	<b>In-Network:</b> One Person    Two People    Family \$250            See Family       \$500  <b>Out-of-Network:</b> \$500            See Family       \$1,000
<b>Plan Year Out-of-pocket Expense Limit</b>	<b>In-Network:</b> One Person    Two People    Family \$2,000          See Family       \$4,000  <b>Out-of-Network:</b> \$3,000          See Family       \$6,000	<b>In-Network:</b> One Person    Two People    Family \$3,000          See Family       \$6,000  <b>Out-of-Network:</b> \$5,000          See Family       \$10,000
<b>Out-of-Network Benefits</b>	Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.	Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.
<b>Medical Care When Traveling (BlueCard)</b>	Included	Included
<b>Lifetime Maximum</b>	Unlimited	Unlimited

Covered Services	In-Network You Pay	In-Network You Pay
<b>Ambulance Travel</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Autism Spectrum Disorder</b> 2 years through 10 years	Copayment/coinsurance determined by service received	Copayment/coinsurance determined by service received
<b>Behavioral Health and EAP</b> <i>Inpatient treatment</i> <ul style="list-style-type: none"> <li>Facility Services</li> <li>Professional Provider Services</li> </ul> <i>Outpatient Professional Provider Visits</i>	\$200 copayment per stay \$0  \$15 copayment	\$300 copayment per stay \$0  \$20 copayment
<b>Employee Assistance Program (EAP)</b> 4 visits per issue (per plan year)	\$0	\$0
<b>Dental Care</b> <b>Preventive Dental Option</b> ( <i>diagnostic and preventive services only for lower premium</i> )	\$0	\$0
<b>Comprehensive Dental Option</b> (for higher premium)	<i>One Person    Two People    Family</i> \$25            \$50            \$75 \$1,500 \$0 20% coinsurance after dental deductible 50% coinsurance after dental deductible 50% coinsurance, no dental deductible, with \$1,500 lifetime maximum	<i>One Person    Two People    Family</i> \$25            \$50            \$75 \$1,500 \$0 20% coinsurance after dental deductible 50% coinsurance after dental deductible 50% coinsurance, no dental deductible, with \$1,500 lifetime maximum

## Key Advantage 500

## Key Advantage 1000

## High Deductible Health Plan

Key Advantage 500			Key Advantage 1000			High Deductible Health Plan		
<b>In-Network:</b>			<b>In-Network:</b>			<b>In-Network:</b>		
One Person	Two People	Family	One Person	Two People	Family	One Person	Two People	Family
\$500	See Family	\$1,000	\$1,000	See Family	\$2,000	\$2,800	See Family	\$5,600
<b>Out-of-Network:</b>			<b>Out-of-Network:</b>			Deductible is combined for In-Network and Out-of-Network services.		
\$1,000	See Family	\$2,000	\$2,000	See Family	\$4,000			
<b>In-Network:</b>			<b>In-Network:</b>			<b>In-Network:</b>		
One Person	Two People	Family	One Person	Two People	Family	One Person	Two People	Family
\$4,000	See Family	\$8,000	\$5,000	See Family	\$10,000	\$5,000	See Family	\$10,000
<b>Out-of-Network:</b>			<b>Out-of-Network:</b>			<b>Out-of-Network:</b>		
\$7,000	See Family	\$14,000	\$9,000	See Family	\$18,000	\$10,000	See Family	\$20,000

Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.

Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.

Yes. Once you meet the combined deductible you pay 40% coinsurance for medical, behavioral health and prescription drug services from Out-of-Network providers.

Included

Included

Included

Unlimited

Unlimited

Unlimited

## In-Network You Pay

## In-Network You Pay

## In-Network You Pay

20% coinsurance after deductible

20% coinsurance after deductible

20% coinsurance after deductible

Copayment/coinsurance determined by service received

Copayment/coinsurance determined by service received

20% coinsurance after deductible

20% coinsurance after deductible

20% coinsurance after deductible

20% coinsurance after deductible

\$0

\$0

20% coinsurance after deductible

\$25 copayment

\$25 copayment

20% coinsurance after deductible

\$0

\$0

\$0

\$0

\$0

\$0

One Person	Two People	Family	One Person	Two People	Family	One Person	Two People	Family
\$25	\$50	\$75	\$25	\$50	\$75	\$25	\$50	\$75
\$1,500			\$1,500			\$1,500		
\$0			\$0			\$0		
20% coinsurance after dental deductible			20% coinsurance after dental deductible			20% coinsurance after dental deductible		
50% coinsurance after dental deductible			50% coinsurance after dental deductible			50% coinsurance after dental deductible		
50% coinsurance, no dental deductible, with \$1,500 lifetime maximum			50% coinsurance, no dental deductible, with \$1,500 lifetime maximum			50% coinsurance, no dental deductible, with \$1,500 lifetime maximum		

# The Local Choice 2017 Comparison of Statewide Plans (continued)

Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 250 In-Network You Pay
<b>Diabetic Education</b>	\$0	\$0
<b>Diabetic Equipment</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Diabetic Supplies - See Outpatient Prescription Drugs</b>		
<b>Diagnostic Tests and X-rays</b> (for specific conditions or diseases at a doctor's office, emergency room or outpatient hospital department)	10% coinsurance, no deductible	10% coinsurance after deductible
<b>Doctor Visits – on an Outpatient Basis</b> <i>Primary Care Physicians</i> <i>Specialty Care Providers</i>	\$15 copayment \$25 copayment	\$20 copayment \$35 copayment
<b>Early Intervention Services</b>	Copayment/coinsurance determined by service received	Copayment/coinsurance determined by service received
<b>Emergency Room Visits</b> <i>Facility Services</i>  <i>Professional Provider Services</i> – Primary Care Physicians – Specialty Care Providers <i>Diagnostic Tests and X-rays</i>	\$100 copayment per visit (waived if admitted to hospital)  \$15 copayment \$25 copayment 10% coinsurance, no deductible	\$150 copayment per visit (waived if admitted to hospital)  \$20 copayment \$35 copayment 10% coinsurance after deductible
<b>Home Health Services</b> (90 visit plan year limit per member)	\$0	\$0
<b>Home Private Duty Nurse's Services</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Hospice Care Services</b>	\$0	\$0
<b>Hospital Services</b> <i>Inpatient Treatment</i> • Facility Services • Professional Provider Services – Primary Care Physicians – Specialty Care Providers  <i>Outpatient Treatment</i> • Facility Services • Professional Provider Services – Primary Care Physicians – Specialty Care Providers <i>Diagnostic Tests and X-Rays</i>	\$200 copayment per stay  \$0 \$0  \$100 copayment  \$15 copayment \$25 copayment 10% coinsurance, no deductible	\$300 copayment per stay  \$0 \$0  \$150 copayment  \$20 copayment \$35 copayment 10% coinsurance after deductible
<b>Infusion Services</b> <i>Facility Services</i> <i>Professional Provider Services</i> <i>Home Services</i> <i>Infusion Medications</i> – Outpatient Settings – Home Settings	10% coinsurance after deductible 10% coinsurance after deductible 10% coinsurance after deductible  10% coinsurance after deductible 10% coinsurance after deductible	10% coinsurance after deductible 10% coinsurance after deductible 10% coinsurance after deductible  10% coinsurance after deductible 10% coinsurance after deductible

Key Advantage 500 In-Network You Pay	Key Advantage 1000 In-Network You Pay	High Deductible Health Plan In-Network You Pay
\$0	\$0	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
\$25 copayment \$40 copayment	\$25 copayment \$40 copayment	20% coinsurance after deductible 20% coinsurance after deductible
Copayment/coinsurance determined by service received	Copayment/coinsurance determined by service received	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
\$25 copayment \$40 copayment 20% coinsurance after deductible	\$25 copayment \$40 copayment 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
\$0	\$0	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
\$0 \$0	\$0 \$0	20% coinsurance after deductible 20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
\$25 copayment \$40 copayment 20% coinsurance after deductible	\$25 copayment \$40 copayment 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible
20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible
20% coinsurance after deductible 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible

# The Local Choice 2017 Comparison of Statewide Plans (continued)

Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 250 In-Network You Pay
<b>Maternity</b> <i>Professional Provider Services (Prenatal &amp; Postnatal Care)</i> – Primary Care Physicians – Specialty Care Providers  <i>Delivery</i> – Primary Care Physicians – Specialty Care Providers  <i>Hospital Services for Delivery (Delivery Room, Anesthesia, Routine Nursing Care for Newborn)</i>  <i>Outpatient Diagnostic Tests</i>	\$15 copayment \$25 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.  \$0 \$0 \$200 copayment per stay*  10% coinsurance, no deductible	\$20 copayment \$35 copayment  \$0 \$0 \$300 copayment per stay*  10% coinsurance after deductible
<b>Medical Equipment, Appliances, Formulas, Prosthetics and Supplies</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Outpatient Prescription Drugs - Mandatory Generic</b> <i>Retail up to 34-day supply*</i> *You may purchase up to a 90-day supply at a retail pharmacy by paying multiple copayments, or the coinsurance after the deductible  <i>Home Delivery Services (Mail Order)</i> Covered Drugs for up to a 90-Day Supply	Tier 1 - \$10 copayment Tier 2 - \$30 copayment Tier 3 - \$45 copayment Tier 4 - \$55 copayment  Tier 1 - \$20 copayment Tier 2 - \$60 copayment Tier 3 - \$90 copayment Tier 4 - \$110 copayment	Tier 1 - \$10 copayment Tier 2 - \$30 copayment Tier 3 - \$45 copayment Tier 4 - \$55 copayment  Tier 1 - \$20 copayment Tier 2 - \$60 copayment Tier 3 - \$90 copayment Tier 4 - \$110 copayment
<b>Diabetic Supplies</b>	20% coinsurance, no deductible	20% coinsurance, no deductible
<b>Routine vision - Blue View Vision Network</b> (Once Every Plan Year) <i>Routine Eye Exam</i> <i>Eyeglass Lenses</i> <i>Eyeglass Frames</i> <i>Contact Lenses (In Lieu of Eyeglass Lenses)</i> <ul style="list-style-type: none"> <li>• Elective</li> <li>• Non-Elective</li> </ul> <i>Upgrade Eyeglass Lenses (Available for Additional Cost)</i> <ul style="list-style-type: none"> <li>• UV Coating, Tints, Standard Scratch-Resistant</li> <li>• Standard Polycarbonate</li> <li>• Standard Progressive</li> <li>• Standard Anti-Reflective</li> <li>• Other Add-Ons</li> </ul>	\$25 copayment \$20 copayment Up to \$100 retail allowance**  Up to \$100 retail allowance Up to \$250 retail allowance  \$15 \$40 \$65 \$45 20% off retail	\$35 copayment \$20 copayment Up to \$100 retail allowance**  Up to \$100 retail allowance Up to \$250 retail allowance  \$15 \$40 \$65 \$45 20% off retail
<b>Shots – Allergy &amp; Therapeutic Injections</b> (At Doctor's Office, Emergency Room or Outpatient Hospital Department)	10% coinsurance, no deductible	10% coinsurance after deductible
<b>Skilled Nursing Facility Stays</b> (180-Day Per Stay Limit Per Member) <i>Facility Services</i>  <i>Professional Provider Services</i>	\$0  \$0	\$0  \$0

\*This plan will waive the hospital copayment if the member enrolls in the maternity management pre-natal program within the first trimester of pregnancy, has a dental cleaning during pregnancy and satisfactorily completes the program.

\*\*You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.

**Key Advantage 500  
In-Network You Pay**

**Key Advantage 1000  
In-Network You Pay**

**High Deductible Health Plan  
In-Network You Pay**

\$25 copayment  
\$40 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.

\$25 copayment  
\$40 copayment

20% coinsurance after deductible  
20% coinsurance after deductible

\$0  
\$0  
20% coinsurance after deductible

\$0  
\$0  
20% coinsurance after deductible

20% coinsurance after deductible  
20% coinsurance after deductible  
20% coinsurance after deductible

20% coinsurance after deductible

20% coinsurance after deductible

20% coinsurance after deductible

20% coinsurance after deductible

20% coinsurance after deductible

20% coinsurance after deductible

Tier 1 - \$10 copayment  
Tier 2 - \$30 copayment  
Tier 3 - \$45 copayment  
Tier 4 - \$55 copayment

Tier 1 - \$10 copayment  
Tier 2 - \$30 copayment  
Tier 3 - \$45 copayment  
Tier 4 - \$55 copayment

20% coinsurance after deductible

Tier 1 - \$20 copayment  
Tier 2 - \$60 copayment  
Tier 3 - \$90 copayment  
Tier 4 - \$110 copayment

Tier 1 - \$20 copayment  
Tier 2 - \$60 copayment  
Tier 3 - \$90 copayment  
Tier 4 - \$110 copayment

20% coinsurance after deductible

20% coinsurance, no deductible

20% coinsurance, no deductible

20% coinsurance after deductible

\$40 copayment  
\$20 copayment  
Up to \$100 retail allowance\*\*

\$40 copayment  
\$20 copayment  
Up to \$100 retail allowance\*\*

\$15 copayment  
\$20 copayment  
Up to \$100 retail allowance\*\*

Up to \$100 retail allowance  
Up to \$250 retail allowance

Up to \$100 retail allowance  
Up to \$250 retail allowance

Up to \$100 retail allowance  
Up to \$250 retail allowance

\$15  
\$40  
\$65  
\$45  
20% off retail

\$15  
\$40  
\$65  
\$45  
20% off retail

\$15  
\$40  
\$65  
\$45  
20% off retail

20% coinsurance after deductible

20% coinsurance after deductible

20% coinsurance after deductible

\$0

\$0

20% coinsurance after deductible

\$0

\$0

20% coinsurance after deductible

# The Local Choice 2017 Comparison of Statewide Plans (continued)

Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 250 In-Network You Pay
<b>Spinal Manipulations and Other Manual Medical Interventions</b> (30 Visits Per Plan Year Limit Per Member) <i>Primary Care Physicians</i> <i>Specialty Care Providers</i>	\$15 copayment \$25 copayment	\$20 copayment \$35 copayment
<b>Surgery – See Hospital Services</b>		
<b>Therapy Services</b> <i>Cardiac Rehabilitation Therapy, Chemotherapy, Radiation Therapy, Respiratory Therapy, Occupational Therapy, Physical Therapy, and Speech Therapy</i> Facility Services Professional Provider Services – Primary Care Physicians – Specialty Care Providers	10% coinsurance after deductible  10% coinsurance after deductible 10% coinsurance after deductible	10% coinsurance after deductible  10% coinsurance after deductible 10% coinsurance after deductible
<b>Wellness services</b> <i>Well Child (Office Visits at Specified Intervals Through Age 6)</i> – Primary Care Physicians; – Specialty Care Providers; – Immunizations and Screening Tests  <i>Routine Wellness – Age 7 &amp; Older</i> • Annual Check-Up Visit (One Per Plan Year) – Primary Care Physicians – Specialty Care Providers – Immunizations, Lab and X-Ray Services • Routine Screenings, Immunizations, Lab and X-Ray Services (Outside of Annual Check-Up Visit)  <i>Preventive Care (One of Each Per Plan Year)</i> • Gynecological Exam • Pap Test • Mammography Screening • Prostate Exam (Digital Rectal Exam) • Prostate Specific Antigen Test • Colorectal Cancer Screenings	No copayment, coinsurance, or deductible  No copayment, coinsurance, or deductible  No copayment, coinsurance, or deductible  No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible  No copayment, coinsurance, or deductible  No copayment, coinsurance, or deductible  No copayment, coinsurance, or deductible



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**Key Advantage 500  
In-Network You Pay**

**Key Advantage 1000  
In-Network You Pay**

**High Deductible Health Plan  
In-Network You Pay**

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\$25 copayment  
\$40 copayment

\$25 copayment  
\$40 copayment

20% coinsurance after deductible  
20% coinsurance after deductible

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20% coinsurance after deductible

20% coinsurance after deductible

20% coinsurance after deductible

20% coinsurance after deductible  
20% coinsurance after deductible

20% coinsurance after deductible  
20% coinsurance after deductible

20% coinsurance after deductible  
20% coinsurance after deductible

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No copayment, coinsurance, or deductible

No copayment, coinsurance, or deductible

No copayment, coinsurance, or deductible

No copayment, coinsurance, or deductible

No copayment, coinsurance, or deductible

No copayment, coinsurance, or deductible

No copayment, coinsurance, or deductible

No copayment, coinsurance, or deductible

No copayment, coinsurance, or deductible

No copayment, coinsurance, or deductible

No copayment, coinsurance, or deductible

No copayment, coinsurance, or deductible

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# Your TLC Take Care Package – Wellness Programs and Web Resources Included in Your Plan

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## [LiveHealthOnline.com](https://livehealthonline.com)

Use your smartphone, tablet or computer to see a board-certified doctor in minutes – anytime, day or night. **LiveHealth Online** is a fast and easy way to get medical care for common medical conditions like the flu, colds, allergies, sinus infections, and more. The cost is the same as what you pay for a PCP visit. You can also see a therapist or psychologist through **LiveHealth Online Psychology**. In most cases, you can get an appointment for counseling within four days or less. And now you can use **LiveHealth Online EAP** to access your four free EAP counseling sessions. Contact Anthem EAP to learn more. Go to [livehealthonline.com](https://livehealthonline.com) or download the app so you'll be ready whenever you need these **LiveHealth Online** services.

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## Employee Assistance Program (EAP) 855-223-9277

Your EAP includes up to 4 free confidential counseling sessions per issue for you, your covered dependents and members of your household. It's also a valuable source for information about emotional well-being, childcare and elder care resources, financial and legal issues, and more. Tap into all your EAP has to offer at [anthem.com/tlc](https://anthem.com/tlc). Choose the EAP link, enter Commonwealth of Virginia as your company, and select The Local Choice.

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## Future Moms 800-828-5891

Expecting? Enroll in **Future Moms** within the first trimester (14 weeks) for free pre- and post-natal support to help ensure a healthy pregnancy. It's there for you, your spouse or other covered dependents. Since no two pregnancies are alike, count on **Future Moms** for your first and any subsequent pregnancies. Once your baby is born, take advantage of online visits with a certified lactation consultant, counselor or registered dietitian at no extra cost to you through **LiveHealth Online**! Sign up at [livehealthonline.com](https://livehealthonline.com) or download the app, then sign up for **Future Moms with Breastfeeding Support**. Take advantage of personalized support to help you with breastfeeding techniques, learn about baby hunger cues, foods to avoid, and more.

**Key Advantage Expanded or Key Advantage 250 members:** Enroll within the first trimester (14 weeks) and have a dental cleaning during pregnancy, and your plan will waive the hospital copayment for delivery.

## 24/7 NurseLine & Audio Health Tape Library 800-337-4770

Sometimes you need health questions answered right away – even in the middle of the night. Call 24/7 NurseLine to speak with a nurse. Or use the Audio Health Library if you want to learn about a health topic on your own. Your call is always free and completely confidential.

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## ConditionCare 800-445-7922

Take advantage of free and confidential support to manage these conditions:

Asthma	Heart failure
Diabetes	Hypertension
Chronic obstructive pulmonary disease (COPD)	High cholesterol
Coronary artery disease (CAD)	Metabolic syndrome
Obesity	

You may receive a call from ConditionCare if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. While you're encouraged to enroll and take advantage of help from registered nurses and other health care professionals, you may also opt out of the program when they call.

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### **Quit for Life Tobacco Cessation 866-784-8454**

This nationally acclaimed program is free, confidential, and it works! When you're ready to be tobacco free, you don't have to quit alone. Call or go to [www.quitnow.net/commonwealth](http://www.quitnow.net/commonwealth) to get all the help you need.

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### **MyHealth Advantage**

You may receive a MyHealth Note in the mail. It's our way of reminding you about important health screenings and other medical reminders. It also gives you a convenient summary of your recent medical claims, prescriptions and money saving health care tips.

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### **[Anthem.com/tlc](http://Anthem.com/tlc)**

This is your "go to" site for detailed information about your plan, including benefit summaries and your member handbook. No login or registration is needed.

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## **Web Resources**

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### **[Anthem.com](http://Anthem.com)**

Be sure to register at [anthem.com](http://anthem.com) so you can access your personal, confidential plan information including claims. You can Find a Doctor, print a temporary ID card, order home delivery prescriptions refills, and check your claims from here. Use the Estimate Your Cost tool to compare costs at different facilities for more than 400 medical procedures.

***Go mobile!*** Be sure to download the Anthem Blue Cross and Blue Shield app to your smart phone. It's great to be able to find a doctor or the nearest Urgent Care Center on the go. Log in to the app and see all the other things you can do right from your phone.

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### **[thelocalchoice.virginia.gov](http://thelocalchoice.virginia.gov)**

This is your resource for forms, BES information and member notifications.

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