

**2018**  
**KEY ADVANTAGE**  
**1000**  
**BENEFITS SUMMARY**

*Effective July 1, 2018 or October 1, 2018*



# KEY ADVANTAGE 1000

The TLC Key Advantage Member Handbook and this Key Advantage 1000 Benefits Summary constitute a complete description of the benefits, exclusions, limitations, and reductions under the plan.

An electronic version of the handbook is available online at [www.thelocalchoice.virginia.gov](http://www.thelocalchoice.virginia.gov) and at [www.anthem.com/tlc](http://www.anthem.com/tlc).

## BENEFIT HIGHLIGHTS

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**THIS IS A SUMMARY** of your medical, vision, behavioral health and employee assistance (EAP), prescription drug, and dental benefits. Your benefits are administered by Anthem Blue Cross and Blue Shield, with the exception of your dental benefits. Under a separate agreement with Anthem, Delta Dental of Virginia will administer routine dental benefits.

## WHO IS ELIGIBLE

- **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 1000.

*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.

# HOW THE PLAN WORKS

## YOUR MEDICAL AND BEHAVIORAL HEALTH NETWORKS

### *Medical Benefits*

Medical 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.

### *Behavioral Health and Employee Assistance Program (EAP) Benefits*



Anthem behavioral health 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.

You are encouraged to have all behavioral health services pre-authorized by calling **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 medical necessity criteria.

The **EAP** provides up to four counseling sessions per issue free of charge to you and your household members. Contact Anthem EAP toll-free at **1-855-223-9277** for more information.

### *In-Network Care*



Your networks are the Anthem PPO network in Virginia and the BlueCard® PPO and BlueCard Worldwide® networks outside Virginia. Referrals for care are not required.

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.

### *Out-of-Network Care*

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 30% coinsurance for all covered medical and behavioral health 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.

### *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 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.

## Medical 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 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 \$5,000 per plan year for covered services. Once you have reached this amount, your payment for covered in-network services is \$0.
- If two or more people are covered by the plan, the most all of you will pay out of your pocket is \$10,000. However, no family member will pay more than \$5,000 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 \$9,000 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 or more people are covered by the plan, the most all of you will pay out of your pocket is \$18,000. However, no family member will pay more than \$9,000 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, and you are responsible for paying these costs when the out-of-pocket expense limit has been reached:**

- 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

### Retail Pharmacy

This is a **mandatory generic** program for up to a 34-day supply of covered drugs at a retail pharmacy.



You'll get the most from your drug program by using network pharmacies. Simply show your ID card and pay the appropriate copayment. Your network has more than 64,000 pharmacies across the country – including most chains and some local, independent pharmacies. Check with your pharmacy to be sure they participate, or call us at **1-800-552-2682**.

If you choose a pharmacy out of the network, you'll need to pay the total cost of the drug when you pick it up, and then file a Prescription Drug Claim Form to get reimbursed. You may be responsible for the difference between the pharmacy's charge and the plan's allowable charge for the drug.

#### **Q. Can I get a 90-day supply of my drug at a network retail pharmacy?**

Yes. You'll pay three copayments for the drug. Keep in mind that you pay **only two copayments for a 90-day supply** when you use the home delivery pharmacy.

#### **Q. Can I get a brand name drug instead of a generic?**

You have a mandatory generic drug program. However, if there is no generic equivalent for the drug, you may get the brand and pay only the applicable copayment. If there is a generic equivalent available, you may opt to use the brand, but you'll pay the brand copayment plus the difference between the brand and generic allowable charge.

#### **Q. What if I need more than a 34-day supply because I'm travelling out of the country and won't have access to a participating pharmacy?**

You can submit the Prescription Drug Refill Exception Request form to the Department of Human Resource Management (DHRM). It's available at [anthem.com/tlc](https://www.anthem.com/tlc) under Forms.

### Home Delivery Pharmacy

Switching to home delivery is simple. You can place your first order by phone or online at [anthem.com](https://www.anthem.com).

**By phone:** Call **800-355-8279**. A representative will help you with your order. Have your prescription, doctor's name, phone number, drug name and strength, and credit card handy when you call.

**Online:** Login to **anthem.com** and select Pharmacy under the Benefits tab. Follow the steps under Pharmacy Self Service to request a new prescription or refill a current prescription.

You pay only two copayments for a three-month supply of drugs when you use the Home Delivery service, and the medication is delivered right to your home.

## Specialty Pharmacy

### Specialty Home Delivery

Your pharmacy program includes access to Accredo, a pharmacy dedicated to providing members with specialty drugs. Specialty medications include biopharmaceutical and injectable drugs. Accredo is also a complete support program with clinicians and personal care coordinators to help members taking specialty drugs achieve the best possible outcomes from their treatments.

Contact Accredo at **1-877-886-1705** to begin using the Specialty Home Delivery service. Provide them with your doctor's name and phone number, and they'll do all the rest.

### Specialty Retail

You can also obtain your specialty drugs from a participating retail pharmacy for up to a 34-day supply, or pay three copayments for a 90-day supply.

## ROUTINE VISION BENEFITS



Your routine vision benefits are available from Blue View Vision<sup>SM</sup> once every plan year. You may have your eye exam and purchase lenses and frames from any Blue View participating optician,

optometrist or retail setting, including 1-800 CONTACTS, LensCrafters<sup>®</sup>, Target<sup>®</sup> Optical, Sears Optical<sup>SM</sup>, and JCPenney<sup>®</sup> Optical. If you receive your eye exam, eyeglass frames or lenses from a non-Blue View provider, the non-Blue View network benefits will apply. Please see page 8 for more details on your routine vision benefits.

**Go to [www.anthem.com/tlc](http://www.anthem.com/tlc) and click on Find a Doctor to find a Blue View provider near you.**

Note: If you need medical, non-routine treatment for your eyes, consult your physician or an Anthem PPO network eye specialist.

## DENTAL

### (administered by Delta Dental)

You have two choices for your dental benefits. The Comprehensive dental option is included in your plan and includes Preventive, Primary, Major and Orthodontic dental services. The Preventive option includes only the twice per plan year routine oral exam, cleaning, x-rays, sealants and fluoride for children. This option is available for a lower premium, and you must choose it by completing an enrollment form.



To reduce your out-of-pocket expense, choose a Delta Dental network dentist. View the Delta PPO and Premier networks of dentists at **[www.deltadentalva.com](http://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.

Get the details at **[www.deltadentalva.com](http://www.deltadentalva.com)**. Click on **The Local Choice** from the home page.

- View your benefits booklet
- Find a dentist
- Check claims
- Learn about good oral health

# BENEFITS AT-A-GLANCE

	BENEFIT	IN-NETWORK	OUT-OF-NETWORK
<b>PLAN YEAR DEDUCTIBLE</b> <i>(applies as indicated)</i>	One Person	\$1,000	\$2,000
	Family (two or more people)	\$2,000	\$4,000
<b>PLAN YEAR OUT-OF-POCKET EXPENSE LIMIT</b>	One Person	\$5,000	\$9,000
	Family (two or more people)	\$10,000	\$18,000
<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 out-of-network medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.		
<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 through 10 years	Copayment/coinsurance determined by service received
<b>BEHAVIORAL HEALTH</b>	
<b>INPATIENT TREATMENT</b>	20% coinsurance, after deductible
<b>RESIDENTIAL TREATMENT</b>	20% coinsurance, after deductible
<b>PARTIAL HOSPITALIZATION (DAY) PROGRAM</b>	20% coinsurance, after deductible
<b>INTENSIVE OUTPATIENT TREATMENT PROGRAM (IOP)</b>	20% coinsurance, after deductible
<b>OUTPATIENT TREATMENT PROGRAM</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	\$25 copayment
<b>CHIROPRACTIC, SPINAL MANIPULATIONS AND OTHER MANUAL MEDICAL INTERVENTIONS</b> 30-Visit Plan Year limit per member	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
<b>DENTAL CARE</b>	
<b>PREVENTIVE DENTAL OPTION</b> (diagnostic and preventive services only for lower premium)	\$0
<b>COMPREHENSIVE DENTAL OPTION</b> (for higher premium)	
Dental Plan Year Deductible	One Person \$25      Two People \$50      Family \$75
Plan Year Maximum (Except Orthodontics)	\$1,500
Preventive Dental Care	\$0
Primary Dental Care	20% coinsurance after dental deductible
Major Dental Care	50% coinsurance after dental deductible
Orthodontic Services (Includes Adult Ortho)	50% coinsurance, no dental deductible, with \$1,500 lifetime maximum

COVERED SERVICES	YOU PAY IN-NETWORK
<b>DENTAL SERVICES (NON-ROUTINE MEDICAL)</b>	20% coinsurance, after deductible
<b>DIABETIC EDUCATION</b>	\$0
<b>DIABETIC EQUIPMENT</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	\$0
Doctor's Office	\$0
<b>DOCTOR'S VISITS</b> <i>(On an Outpatient basis)</i>	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
<b>EMPLOYEE ASSISTANCE PROGRAM (EAP)</b> Up to four Visits per issue <i>(per plan year)</i>	\$0
<b>EARLY INTERVENTION SERVICES</b> (Birth to 3 years)	Copayment/coinsurance determined by service received
<b>EMERGENCY ROOM VISITS</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>HOME HEALTH SERVICES</b> <i>90-Visit Plan Year limit per member</i>	\$0
<b>HOME PRIVATE DUTY NURSE'S SERVICES</b>	20% coinsurance, after deductible
<b>HOSPICE CARE SERVICES</b>	\$0
<b>HOSPITAL SERVICES</b>	
<b>INPATIENT CARE</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$0
Specialty Care Providers	\$0
Diagnostic Services	\$0
<b>OUTPATIENT CARE</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment

COVERED SERVICES	YOU PAY IN-NETWORK
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
<b>MATERNITY</b>	
Professional Provider Services	
Prenatal and Postnatal Care	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
Delivery	
Primary Care Physicians	\$0
Specialty Care Providers	\$0
<b>HOSPITAL SERVICES FOR DELIVERY</b>	
Delivery room, anesthesia, routine nursing care for newborn	20% coinsurance, after deductible
<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	
Tier 1	\$10 copayment
Tier 2	\$30 copayment
Tier 3	\$45 copayment
Tier 4	\$55 copayment
<b>HOME DELIVERY SERVICES (MAIL ORDER)</b>	
Covered drugs for up to a 90-day supply	
Tier 1	\$20 copayment
Tier 2	\$60 copayment
Tier 3	\$90 copayment
Tier 4	\$110 copayment
<b>DIABETIC SUPPLIES</b>	20% coinsurance, no 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</b> 180-day per Stay limit per member <sup>1</sup>	
Facility Services	\$0

<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
Professional Provider Services	\$0
<b>SURGERY</b>	
<b>INPATIENT</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$0
Specialty Care Providers	\$0
Diagnostic Services	\$0
<b>OUTPATIENT</b>	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	\$25 copayment
Specialty Care Providers	\$40 copayment
<b>THERAPY - OUTPATIENT SERVICES</b>	
<b>CARDIAC REHABILITATION THERAPY</b>	20% coinsurance, after deductible
<b>CHEMOTHERAPY</b>	20% coinsurance, after deductible
<b>INFUSION</b> (includes IV therapy and injected chemotherapy)	20% coinsurance, after deductible
<b>OCCUPATIONAL THERAPY</b>	20% coinsurance, after deductible
<b>PHYSICAL THERAPY</b>	20% coinsurance, after deductible
<b>RADIATION THERAPY</b>	20% coinsurance, after deductible
<b>RESPIRATORY THERAPY</b>	20% coinsurance, after deductible
<b>SPEECH THERAPY</b>	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</b> <sup>2</sup> (Birth to 18 years)	
Office Visits at specified intervals	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Immunizations	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Screening Tests	No copayment, coinsurance, or deductible
<b>ROUTINE WELLNESS</b> (18 years and older)	
Check-up Visit (one per Plan Year)	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Immunizations	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible

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

COVERED SERVICES	YOU PAY IN-NETWORK
Routine Lab and X-ray Services	No copayment, coinsurance, or deductible
<b>WELLNESS AND PREVENTIVE CARE SERVICES</b> (one of each per Plan Year)	
Gynecological Exam	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Pap Test	No copayment, coinsurance, or deductible
Mammography Screening	No copayment, coinsurance, or deductible
Prostate Exam (digital rectal exam)	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Prostate Specific Antigen Test	No copayment, coinsurance, or deductible
Colorectal Cancer Screenings	No copayment, coinsurance, or deductible

## ROUTINE VISION - BLUE VIEW VISION NETWORK

You have an allowance for eyeglass lenses or contact lenses every plan year. You pay the remaining cost for frames and lenses after Your Health Plan's Reimbursement.

Network	Covered Services	Blue View Vision Network	Non-Blue View
<i>Routine Vision</i> <i>Blue View Vision Network</i> (once per plan year)	<ul style="list-style-type: none"> <li>■ Routine eye exam</li> <li>■ Eyeglass lenses</li> </ul>	<p>You pay \$40 copayment</p> <p>You pay \$20 copayment</p>	<p>Plan pays up to to \$50</p> <p>Plan pays up to:</p> <ul style="list-style-type: none"> <li>\$50 single lenses;</li> <li>\$75 bifocal;</li> <li>\$100 trifocal</li> </ul>
	<ul style="list-style-type: none"> <li>■ Eyeglass frames</li> <li>■ Contact lenses (in lieu of eyeglass lenses) <ul style="list-style-type: none"> <li>● Elective<sup>1</sup></li> <li>● Non-Elective<sup>1</sup></li> </ul> </li> <li>■ Lens options <ul style="list-style-type: none"> <li>● UV coating, tints, standard scratch-resistant</li> <li>● Standard polycarbonate</li> <li>● Standard progressive (in addition to bifocal copayment)</li> <li>● Standard anti-reflective</li> <li>● Other add-ons</li> </ul> </li> </ul>	<p>Plan pays up to \$100* retail allowance</p> <p>Plan pays up to \$100 allowance then 15% discount off remaining balance</p> <p>Plan pays up to \$250 allowance</p> <p>You pay \$15</p> <p>You pay \$40</p> <p>You pay \$65</p> <p>You pay \$45</p> <p>You pay 20% off retail</p>	<p>Plan pays up to \$80</p> <p>Plan pays up to \$80</p> <p>Plan pays up to \$210</p> <p>Not available</p> <p>Not available</p> <p>Not available</p> <p>Not available</p> <p>Not available</p>

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

<sup>1</sup> Elective contact lenses are typically elected in lieu of eyeglass lenses. Non-Elective contact lenses are medically necessary contacts when glasses are not an option for vision correction, such as after cataract surgery.

# YOUR TLC TAKE CARE PACKAGE

## Wellness programs and Web tools included in your plan

### **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. 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.

### **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.

### **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.

### **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.

### **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.

## 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.

## 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.

## 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.

## WEB RESOURCES

### 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.

### THELOCALCHOICE.VIRGINIA.GOV

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

## Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

This notice has important information about your application or benefits. Look for important dates. You might need to take action by certain dates to keep your benefits or manage costs. You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

### Spanish

Este aviso contiene información importante acerca de su solicitud o sus beneficios. Busque fechas importantes. Podría ser necesario que actúe para ciertas fechas, a fin de mantener sus beneficios o administrar sus costos. Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

### Amharic

ይህ ማስታወቂያ ስለማመልከቻዎ ወይም ጥቅማ ጥቅሞችዎ ጠቃሚ መረጃ አለው። አስፈላጊ ቀናችን ይፈልጉ። ጥቅማ ጥቅሞችዎን ለማቆየት ወይም ክፍያዎችን ለመቆጣጠር በሆነ ቀን አንድ እርምጃ መውሰድ ያስፈልግዎ ይሆናል። ይህንን መረጃ እና እገዛ በቋንቋዎ በነጻ የማግኘት መብት አልዎት። ለእገዛ በመታወቂያዎ ላይ ያለውን የአባል አገልግሎቶች ቁጥር ይደውሉ። (TTY/TDD: 711)

### Arabic

يحتوي هذا الإشعار على معلومات مهمة حول طلبك أو المزايا المقدمة لك. احرص على تتبع المواعيد المهمة. قد تحتاج إلى اتخاذ إجراء قبل مواعيد محددة للاحتفاظ بالمزايا أو لإدارة التكلفة. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجانًا. يُرجى الاتصال برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة (TTY/TDD: 711).

### Bassa

Bǝi-po-po nià ke béde bǝ kpaɖe bá ni ɖe-mó-dǝfèdè mɔɔ kpáná-dè bǝ m ké dyéε dyí. M̄ me mó wé kpaɖe bǝ dyi. B̄é ni kpáná-dè bǝ ké m̄ xwa se mɔɔ b̄é m̄ ké píx̄ xwa b̄éin nyεε, ɔ mu wèin b̄é m̄ kéú ɖe bǝ ti k̄ɔ nyùin. M̄ béde dyí-b̄édèin-dèè b̄é m̄ ké bǝ nià ke kè gbo-kpá-kpá dyé ɖé m̄ bídí-wùdùün bó pídyi. Đá Mébá jè gbo-gm̄ɔ Kpòè n̄bà nià ni Dyí-dyoìn-b̄èè k̄ε, bó gbo-kpá-kpá dyé jè. (TTY/TDD: 711)

### Bengali

আপনার আবেদন বা সুবিধার বিষয়ে এই বিজ্ঞপ্তিতে গুরুত্বপূর্ণ তথ্য রয়েছে। গুরুত্বপূর্ণ তারিখগুলির জন্য দেখুন। আপনার সুবিধাগুলি বজায় রাখার জন্য বা খরচ নিয়ন্ত্রণ করার জন্য নির্দিষ্ট তারিখে আপনাকে কাজ করতে হতে পারে। বিনামূল্যে এই তথ্য পাওয়ার ও আপনার ভাষায় সাহায্য করার অধিকার আপনার আছে। সাহায্যের জন্য আপনার আইডি কার্ডে থাকা সদস্য পরিষেবা নম্বরে কল করুন। (TTY/TDD: 711)

### Chinese

本通知有與您的申請或利益相關的重要資訊。請留意重要日期。您可能需要在特定日期前採取行動以維護您的利益或管理費用。您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

### Farsi

این اطلاعیه حاوی اطلاعات مهم در مورد درخواست یا مزایای شما است. به تاریخهای مهم دقت کنید. ممکن است لازم باشد در برخی تاریخهای خاص اقدامی انجام دهید تا مزایای خود را حفظ کنید یا هزینه‌ها را مدیریت کنید. شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناسایی‌تان درج شده است، تماس بگیرید (TTY/TDD: 711).

### French

Cette notice contient des informations importantes sur votre demande ou votre couverture. Vous y trouverez également des dates à ne pas manquer. Il se peut que vous deviez respecter certains délais pour conserver votre couverture santé ou vos remboursements. Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

### German

Diese Mitteilung enthält wichtige Informationen zu Ihrem Antrag oder Ihren Beihilfeleistungen. Prüfen Sie die Mitteilung auf wichtige Termine. Möglicherweise müssen Sie bis zu einem bestimmten Datum Maßnahmen ergreifen, um Ihre Beihilfeleistungen oder Kostenzuschüsse aufrechtzuerhalten. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die auf Ihrer ID-Karte angegebene Servicenummer für Mitglieder an, um Hilfe anzufordern. (TTY/TDD: 711)

Hindi  
इस सूचना में आपके आवेदन या लाभों के बारे में महत्वपूर्ण जानकारी है। महत्वपूर्ण तिथियाँ देखें। अपने लाभ बनाए रखने या लागत का प्रबंध करने के लिए, आपको निश्चित तिथियों तक कार्रवाई करने की ज़रूरत हो सकती है। आपके पास यह जानकारी और मदद अपनी भाषा में मुफ्त में प्राप्त करने का अधिकार है। मदद के लिए अपने ID कार्ड पर सदस्य सेवाएँ नंबर पर कॉल करें। (TTY/TDD: 711)

Igbo  
Ọkwa a nwere ozi di mkpa gbasara akwụkwọ anamachọihe ma ọ bụ elele gi. Chọgharịa ụbọchị ndi di mkpa. ! nwere ike ime ihe n'ụfọdụ ụbọchị iji dowe elele gi ma ọ bụ jikwaa ọnụego. ! nwere ikike inweta ozi a yana enyemaka n'asụsụ gi n'efu. Kpọọ nomba Ọrụ Onye Otu di na kaadi NJ gi maka enyemaka. (TTY/TDD: 711)

Korean  
이 공지사항에는 귀하의 신청서 또는 혜택에 대한 중요한 정보가 있습니다. 중요 날짜를 살펴 보십시오. 혜택을 유지하거나 비용을 관리하기 위해 특정 마감일까지 조치를 취해야 할 수 있습니다. 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Russian  
Настоящее уведомление содержит важную информацию о вашем заявлении или выплатах. Обратите внимание на контрольные даты. Для сохранения права на получение выплат или помощи с расходами от вас может потребоваться выполнение определенных действий в указанные сроки. Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Tagalog  
May mahalagang impormasyon ang abisong ito tungkol sa inyong aplikasyon o mga benepisyo. Tukuyin ang mahahalagang petsa. Maaaring may kailangan kayong gawin sa ilang partikular na petsa upang mapanatili ang inyong mga benepisyo o mapamahalaan ang mga gastos. May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Urdu  
یہ نوٹس آپ کی درخواست یا فائدوں کے بارے میں اہم معلومات پر مشتمل ہے۔ اہم تاریخیں دیکھیے۔ اپنے فائدوں یا لاگتوں کو منظم کرنے کے لیے آپ کو بعض تاریخوں پر اقدام کرنے کی ضرورت ہو سکتی ہے۔ آپ کو اپنی زبان میں مفت ان معلومات اور مدد کے حصول کا حق ہے۔ مدد کے لیے اپنے آئی ڈی کارڈ پر موجود ممبر سروس نمبر کو کال کریں۔ (TTY/TDD:711)

Vietnamese  
Thông báo này có thông tin quan trọng về đơn đăng ký hoặc quyền lợi bảo hiểm của quý vị. Hãy tìm các ngày quan trọng. Quý vị có thể cần phải có hành động trước những ngày nhất định để duy trì quyền lợi bảo hiểm hoặc quản lý chi phí của mình. Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Yoruba  
Àkíyèsí yí ní iwífún pàtàkì nípa ibéèrè tàbí àwọn ànfàní rẹ. Wá déèti pàtàkì. O le ní láti gbé ìgbésè ní déèti kan pàtó láti tójú àwọn ànfàní tàbí sàkóso iye owó rẹ. O ní ètò láti gba iwífún yí kí o sì sèrànwọ ní èdè rẹ lẹfẹ́. Pe Nọmbà àwọn ipèsè ọmọ-ẹgbé lórí káadi idánimọ rẹ fún irànwọ. (TTY/TDD: 711)

### It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

A background of various medical icons in a light red color, including a blood pressure cuff, a stethoscope, a pair of glasses, a first aid kit, a heart with a pulse line, a hospital building, a bandage, and a prescription symbol (Rx).

## IF YOU NEED ASSISTANCE

### **ANTHEM BLUE CROSS AND BLUE SHIELD**

#### **Anthem Member Services**

*(medical, outpatient pharmacy and routine vision)*

**1-800-552-2682**

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

Saturday 9:00 a.m. – 1:00 p.m.

[www.anthem.com/tlc](http://www.anthem.com/tlc)

#### **Anthem Behavioral Healthcare and Employee Assistance Program**

**1-855-223-9277**

[www.anthememap.com](http://www.anthememap.com)

*(Company Name: Commonwealth of Virginia)*

#### **24/7 Nurseline**

**1-800-337-4770**

#### **LiveHealth Online**

[LiveHealthOnline.com](http://LiveHealthOnline.com)

### **DELTA DENTAL OF VIRGINIA**

#### **Routine Dental Care**

**1-888-335-8296**

[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

[www.thelocalchoice.virginia.gov](http://www.thelocalchoice.virginia.gov)

