

# Key Advantage 500

## BENEFITS SUMMARY

*Effective July 1, 2009 or October 1, 2009*

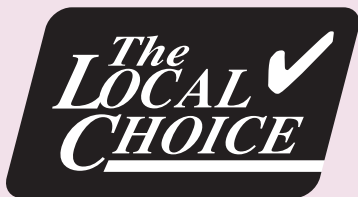
### Benefit Highlights

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#### **Coverage under The Local Choice Key Advantage 500 contract is for:**

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

*Note: Medicare eligible retirees and the Medicare eligible dependents of any retiree, Medicare eligible or otherwise, may not enroll in Key Advantage 500. If your Local Employer offers a TLC Medicare supplemental plan, be aware that participation in both Parts A and B of Medicare is required to receive maximum benefits under the Medicare supplemental plan.*





# Key Advantage 500

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

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

## Plan Year

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

## Service Area

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

## How The Plan Works

### Medical and Routine Vision (administered by Anthem)

#### **Medical**

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. Your networks are the Anthem PPO network in Virginia and the BlueCard® PPO and BlueCard Worldwide® networks outside Virginia.

You may receive care outside these networks. However, you have a separate plan year out-of-network deductible and out-of-pocket expense limit. Once you have met the out-of-network deductible, you pay 30% coinsurance for all covered medical services. Claims payments are made directly to the member, rather than to the provider. See page 2 for more information about how your out-of-pocket expense limit works both in and out of the network.

For the most current list of Anthem PPO network providers go to [www.anthem.com/tlc](http://www.anthem.com/tlc) and click on the Provider Directory tab.

#### **Medical Care When Traveling**

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

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

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

## New Routine Vision

Your routine vision benefits are now available from Blue View Vision<sup>SM</sup> – once every 12 months, instead of 24 months. The 12-month count begins on the date you receive your eye examination or purchase eyeglass frames or lenses. You may have your eye exam and purchase lenses and frames from any Blue View participating optician, optometrist or retail setting, including LensCrafters<sup>®</sup>, Target<sup>®</sup> Optical, Sears Optical<sup>SM</sup>, JCPenney<sup>®</sup> Optical, and Pearle Vision<sup>®</sup>. 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 6 for more details on your new routine vision benefits.

Go to [www.anthem.com/tlc](http://www.anthem.com/tlc) and click on the Provider Directory tab 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.

## Behavioral Health and EAP (administered by ValueOptions)

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

You may receive care outside the ValueOptions network. However, you have a separate out-of-network deductible and out-of-pocket expense limit for behavioral health services. Once you have met the out-of-network deductible, you pay 30% coinsurance for all covered medical and behavioral health services. Claims payments are made directly to the member, rather than to the provider.

### Medical and Behavioral Health Out-of-Pocket Expense Limit

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

#### *In-Network Services*

- If you are the only one covered by the plan, the most you will pay out of your pocket is \$3,000 per plan year for covered services. Once you have reached this amount, your payment for covered in-network services is \$0.
- If two people are covered by the plan, the most each of you will pay out of your pocket is \$3,000 (\$6,000 total), then your payments for covered in-network services are \$0.
- If three or more people are covered by the plan, the most all of you will pay out of your pocket is \$9,000. However, no family member will pay more than \$3,000 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 \$6,000 per plan year for covered services. Once you have reached this amount, your payment for covered services is \$0. However, out-of-network providers may bill you for amounts above the plan's allowable charge, and payment is your responsibility.
- If two people are covered by the plan, the most each of you will pay out of your pocket is \$6,000 (\$12,000 total), then your payments for covered services are \$0. However, out-of-network providers may bill you for amounts above the plan's allowable charge, and payment is your responsibility.
- If three or more people are covered by the plan, the most all of you will pay out of your pocket is \$18,000. However, no family member will pay more than \$6,000 toward the limit. Then your payments for covered services are \$0. However, out-of-network providers may bill you for amounts above the plan's allowable charge, and payment is your responsibility.

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

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

## Prescription Drugs (administered by Medco)

### *Retail Pharmacy*

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

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

#### **To obtain prescriptions at a participating retail pharmacy simply:**

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

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

### *Home Delivery Pharmacy*

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

## Dental (administered by Delta Dental)

To reduce your out-of-pocket expense, choose a Delta Dental network dentist. View the DeltaPremier network of dentists at [www.deltadentalva.com](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.

# Key Advantage 500

	Benefit	In-Network	Out-of Network
<i>Deductible – per plan year (applies to certain medical services as indicated on chart)</i>	■ One person	\$500	\$1,000
	■ Two people	\$1,000	\$2,000
	■ Family (three or more people)	\$1,500	\$3,000
<i>Out-of-pocket expense limit (per plan year)</i>	■ One person	\$3,000	\$6,000
	■ Two people	\$6,000	\$12,000
	■ Family (three or more people)	\$9,000	\$18,000
<i>Out-of-network benefits</i>	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.		
<i>Medical Care When Traveling</i>	The BlueCard® PPO and BlueCard Worldwide® programs are included for medical care outside Virginia.		
<i>Lifetime maximum</i>	Unlimited		

	Covered Services	In-Network You Pay
<i>Ambulance travel</i>		20% coinsurance after deductible
<i>Behavioral health and EAP</i>	■ Inpatient treatment	
	• Facility services	20% coinsurance per stay after deductible
	• Professional provider services	\$0
	■ Outpatient visits	\$25 copayment
<i>Employee Assistance Program (EAP)</i>	■ Employee Assistance Program (EAP)	
	• Up to 4 visits per incident	\$0
<i>Dental (\$1,200 maximum per plan year, except Orthodontics)</i>	Dental plan year deductible	
	■ One person	\$25
	■ Two people	\$50
	■ Family (three or more people)	\$75
	■ Diagnostic and preventive services	\$0, no deductible
	■ Primary services	20% coinsurance after dental deductible
	■ Complex restorative	50% coinsurance after dental deductible
■ Orthodontic services (\$1,200 lifetime maximum)	50% coinsurance, no deductible	
<i>Diagnostic tests, and x-rays</i>	For specific conditions or diseases at a doctor's office, emergency room or outpatient hospital department	20% coinsurance after deductible
<i>Doctor visits (on an outpatient basis)</i>	■ Primary care physicians	\$25 copayment
	■ Specialty care providers	\$40 copayment
<i>Emergency room visits</i>	■ Facility services	20% coinsurance after deductible
	■ Professional provider services	
	• Primary care physicians	\$25 copayment
	• Specialty care providers	\$40 copayment
	■ Diagnostic tests, and x-rays	20% coinsurance after deductible
<i>Home health services (90 visit plan year limit)</i>		\$0

	<b>Covered Services</b>	<b>In-Network You Pay</b>	
	<i>Home private duty nurse's services</i>	20% coinsurance after deductible	
	<i>Hospice care services</i>	\$0	
	<b>Hospital services (including surgery)</b>		
	<ul style="list-style-type: none"> <li>■ Inpatient treatment <ul style="list-style-type: none"> <li>• Facility services</li> <li>• Professional provider services <ul style="list-style-type: none"> <li>– Primary care physicians</li> <li>– Specialty care providers</li> </ul> </li> </ul> </li> <li>■ Outpatient treatment <ul style="list-style-type: none"> <li>• Facility services</li> <li>• Professional provider services <ul style="list-style-type: none"> <li>– Primary care physicians</li> <li>– Specialty care providers</li> </ul> </li> <li>• Diagnostic tests, and x-rays</li> </ul> </li> </ul>	20% coinsurance per stay after deductible \$0 \$0 20% coinsurance after deductible \$25 copayment \$40 copayment 20% coinsurance after deductible	
	<b>Infusion services</b>		
	<ul style="list-style-type: none"> <li>■ Facility services</li> <li>■ Professional provider services</li> <li>■ Home services</li> <li>■ Infusion medications <ul style="list-style-type: none"> <li>• Outpatient settings</li> <li>• Home settings</li> </ul> </li> </ul>	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible	
	<b>Maternity</b>		
	<ul style="list-style-type: none"> <li>■ Professional provider prenatal &amp; postnatal care <ul style="list-style-type: none"> <li>• Primary care physicians</li> <li>• Specialty care providers</li> </ul> <p style="margin-left: 20px;"><i>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.</i></p> </li> <li>■ Delivery <ul style="list-style-type: none"> <li>• Primary care physicians</li> <li>• Specialty care providers</li> </ul> </li> <li>■ Hospital services for delivery (delivery room, anesthesia, routine nursing care for newborn)</li> <li>■ Diagnostic tests</li> </ul>	\$25 copayment \$40 copayment  \$0 \$0 20% coinsurance per stay after deductible 20% coinsurance after deductible	
	<b>Medical equipment, appliances, formulas and supplies</b>	20% coinsurance after deductible	
	<b>Outpatient prescription drugs (mandatory generic)</b>		
	<ul style="list-style-type: none"> <li>■ Retail up to 34-day supply*  * You may purchase up to a 90-day supply at a retail pharmacy by paying multiple copayments.</li> <li>■ Home delivery up to 90-day supply</li> </ul>	Tier 1 – \$10 copayment Tier 2 – \$20 copayment Tier 3 – \$35 copayment  Tier 1 – \$20 copayment Tier 2 – \$40 copayment Tier 3 – \$70 copayment	
	<b>Routine Vision</b>	See page 6	
	<b>Shots (allergy &amp; therapeutic injections)</b>	At doctor's office, emergency room or outpatient hospital department 20% coinsurance after deductible	
	<b>Skilled nursing facility stays (180-day per stay limit)</b>	<ul style="list-style-type: none"> <li>■ Facility services</li> <li>■ Professional provider services</li> </ul>	\$0 \$0
	<b>Spinal manipulations and other manual medical interventions (\$500 plan year limit)</b>	<ul style="list-style-type: none"> <li>■ Primary care physicians</li> <li>■ Specialty care providers</li> </ul>	\$25 copayment \$40 copayment

	Covered Services	In-Network You Pay
<b>Surgery</b>	See Hospital services	
<b>Therapy services (on an outpatient basis)</b>	<ul style="list-style-type: none"> <li>■ Cardiac Rehabilitation, Chemotherapy, Radiation, Respiratory, Occupational, Physical, and Speech therapy               <ul style="list-style-type: none"> <li>• Facility services</li> <li>• Professional provider services                   <ul style="list-style-type: none"> <li>– Primary care physicians</li> <li>– Specialty care providers</li> </ul> </li> </ul> </li> </ul>	<p>20% coinsurance after deductible</p> <p>20% coinsurance after deductible</p> <p>20% coinsurance after deductible</p>
<b>Wellness services</b>	<ul style="list-style-type: none"> <li>■ Well Child – Office visits at specified intervals through age 6               <ul style="list-style-type: none"> <li>• Primary care physicians;</li> <li>• Specialty care providers;</li> <li>• Immunizations and screening tests</li> </ul> </li> <li>■ Routine Wellness – Age 7 &amp; older               <ul style="list-style-type: none"> <li>• Annual Check-up Visit (one per plan year) –                   <ul style="list-style-type: none"> <li>– Primary care physicians;</li> <li>– Specialty care providers;</li> <li>– Immunizations, lab and x-ray services</li> </ul> </li> <li>• Routine screenings, immunizations, lab and x-ray services (outside of Annual check-up visit)</li> </ul> </li> <li>■ Preventive care – One of each per plan year               <ul style="list-style-type: none"> <li>• Gynecological exam</li> <li>• Pap test</li> <li>• Mammography screening</li> <li>• Prostate exam (digital rectal exam)</li> <li>• Prostate specific antigen test</li> <li>• Colorectal cancer screening</li> </ul> </li> </ul>	<p>No copayment, coinsurance, or deductible</p> <p>No copayment, coinsurance, or deductible</p> <p>No copayment, coinsurance, or deductible</p>

	Covered Services	Blue View Vision Network	Non-Blue View Network
<b>NEW Routine Vision Blue View Vision Network (once every 12 months)</b>	■ Routine eye exam	You pay \$40 copayment	Plan pays up to \$50
	■ Eyeglass lenses	You pay \$20 copayment	Plan pays up to: \$50 single lenses; \$75 bifocal; \$100 trifocal
	■ Eyeglass frames	Plan pays up to \$100* retail allowance	Plan pays up to \$80
	■ Contact lenses (in lieu of eyeglass lenses)		
	• Elective <sup>1</sup>	Plan pays up to \$100 allowance	Plan pays up to \$80
	• Non-Elective <sup>1</sup>	Plan pays up to \$250 allowance	Plan pays up to \$210
	■ Lens options		
	• UV coating, tints, standard scratch-resistant	You pay \$15	Not available
	• Standard polycarbonate	You pay \$40	Not available
	• Standard progressive	You pay \$65	Not available
• Standard anti-reflective	You pay \$45	Not available	
• Other add-ons	You pay 20% off retail	Not available	

\*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.



# Special Programs

## 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.commonhealth.virginia.gov/tlc](http://www.commonhealth.virginia.gov/tlc).

## 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.

## Future Moms

*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

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](http://www.anthem.com) > Members > Virginia site for more information.

## ValueOptions, Inc. Employee Assistance Program (EAP)

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

## Medco Special Care Pharmacy Service

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

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

## Approval Of Care At A Glance

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

### Type of Service

### Before You Receive Care

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#### Life-threatening Emergency Care

*(Such as heart attack, hemorrhaging, poisoning, loss of consciousness, convulsions, multiple or compound fractures)*

You must obtain Hospital Admission Review if admitted.  
Call Anthem Blue Cross and Blue Shield: **1-800-533-1120**

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#### Medical Inpatient Hospital Care

All hospital admissions must be coordinated by your physician and reviewed and approved in advance by Anthem. Before a hospital admission, you, your physician, a family member, or friend must call Anthem Blue Cross and Blue Shield: **1-800-533-1120**

However, if your physician does not make the call, it is your responsibility to make the call. The call must be made within 48 hours of an admission for a life-threatening emergency.

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#### 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.

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#### Prescription Drugs That Require Prior Authorization

Your physician, pharmacist, or a Medco Member Services physician representative can tell you if a drug requires prior authorization. Your physician may request approval for drugs that require prior authorization from Medco on your behalf.

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#### Behavioral Health Care

You are encouraged to have all behavioral health services preauthorized by calling ValueOptions toll-free at **1-866-725-0602** before receiving care, or within 48 hours of an emergency admission. ValueOptions care managers approve the appropriate level of care based on your diagnosis and their medical necessity criteria. You could be responsible for the entire charge if the service is not medically necessary, or for a greater share of the cost if your provider is not in the network.

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# If You Need Assistance

## Anthem Blue Cross and Blue Shield

### **Medical Care**

**1-800-552-2682**

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

*Saturday 9:00 a.m. – 1:00 p.m.*

### **24/7 Nurseline**

**1-800-337-4770**

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

## ValueOptions, Inc.

### **Behavioral Health Care and EAP**

**1-866-725-0602**

On the Web at [www.achievesolutions.net/tlc](http://www.achievesolutions.net/tlc)

## Medco Health Solutions, Inc.

### **Prescription Drugs**

**1-800-355-8279**

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

## Delta Dental of Virginia

### **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

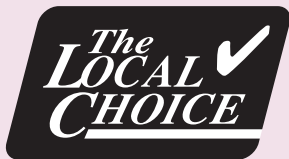
Department of Human Resource Management

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 Key Advantage 500 health benefits plan. The Key Advantage Member Handbook, along with this Benefits Summary, constitute a complete description of the benefits, exclusions, limitations, and reductions under the plan. Be sure to keep this summary with your Key Advantage Member Handbook for a full description of your coverage.*