Anthem

Washington County Public Schools

Vision Plan Group Policy

Take Control of Your Health

Your Anthem Plan

anthem.com

ANTHEM BLUE CROSS AND BLUE SHIELD
Richmond, Virginia

GROUP INSURANCE POLICY

This policy is issued to (Policyholder):	Washington County Public Schools
Policy Number:	41114000
Policy Effective Date:	10/01/2015
Renewal Date:	10/01/2016

Anthem Blue Cross and Blue Shield (Anthem) agrees that covered persons under this policy shall be provided the benefits set forth herein, subject to its terms and conditions for a period beginning at 12:01 a.m. on the policy date, and ending at 12:00 Midnight on the date prior to the renewal date. The policy shall renew from year to year thereafter unless, and until, the policy is terminated. The initial period and each succeeding one-year period shall each be referred to as a policy year. The policy date and the renewal date are set forth above. In consideration of the above, the policyholder agrees to pay the premiums provided for in this policy; to receive on behalf of, and deliver to, its enrollees membership cards and all notices from Anthem; and to perform the obligations imposed upon it as agent of its enrollees under this policy.

ANTHEM HEALTH PLANS OF VIRGINIA, INC.
d/b/a ANTHEM BLUE CROSS AND BLUE SHIELD

C. Burke King
President

TABLE OF CONTENTS

I. INCORPORATION OF PROVISIONS

The entire contract between the parties consists of: (a) this policy; (b) the application of the policyholder, if any; (c) the individual applications of the persons insured, if any; (d) the individual certificates issued by Anthem (certificates); and (e) any attached riders and endorsements to the policy or certificates.

The documents described in (b) through (e) above are made a part of this policy.

II. ELIGIBILITY FOR COVERAGE

Each person who is an eligible enrollee (as defined below) may be insured under the policy. The requirements for becoming insured and the requirements for insuring dependents are described in the certificates.

"Eligible enrollee" means a person who is determined to be eligible for coverage under this policy by the policyholder, consistent with guidelines set by Anthem. Unless otherwise agreed in writing by Anthem, a person may not be an eligible enrollee unless he or she:

A. is a full-time active employee of the policyholder or an entity under at least 51% common ownership with the policyholder; or

B. is eligible for continuation of coverage under state or federal law such as COBRA; or

C. is a retiree who is eligible for coverage as defined by the policyholder, when Anthem has agreed to provide retiree coverage.

The term "full-time active employee" used above means an individual (including but not limited to an owner, partner, director or officer) who works for pay or profit the number of hours to be considered full-time as defined by the Employer and approved by Anthem as of the effective date. It also includes (1) an employee who has been absent from work due to illness or injury for up to 6 months; and (2) an employee who has been absent from work due to leave of absence or layoff for up to 12 weeks.

The date on which a person becomes an eligible enrollee shall be determined by the policyholder.

The following are examples of individuals who are not eligible for coverage:

- part time employees;
- temporary employees;
- independent contractors;
- retirees, unless Anthem has agreed to provide retiree coverage as described above;
- any employee who has been absent from work due to illness or injury for more than 6 months;
- any employee who has been absent from work due to leave of absence or temporary layoff for more than 12 weeks;
- unpaid workers; and
- employees who have not met the waiting period for eligibility imposed by the policyholder, if any.

III. GENERAL PROVISIONS

A. Changes to the policy

No change in this policy will be effective until approved in writing by an Anthem officer or his or her authorized designee. No agent or representative of Anthem, other than an Anthem officer or his or her designee, may change this policy or waive any of its provisions.

B. Benefits To Which Covered Persons Are Entitled

A covered person will receive benefits for covered services set forth in this policy. The extent to which a covered person is entitled to benefits under the policy shall be determined by Anthem in its sole discretion.

C. Records of and Changes in Covered Person's Eligibility

1. The policyholder must furnish Anthem with any data required by Anthem for coverage for covered persons under this policy. In addition, the policyholder must provide prompt notice to Anthem of the effective date of any changes in a covered person's status under this policy.

2. All notices by the policyholder to Anthem must be furnished on forms approved by Anthem. The notice must include all information reasonably required by Anthem to effect changes.

3. Clerical errors or delays in recording or reporting data will not cancel coverage that would otherwise be in force or continue coverage that would otherwise terminate. Upon discovery of errors or delays, an adjustment of premiums and benefits will be made.

4. The policyholder is liable for the cost of all policy benefits which are provided for services rendered to a terminated covered person after his or her effective date of termination when the policyholder fails to notify Anthem of such termination on or before the termination date.

D. Amendment And Termination Of The Policy

1. Anthem may amend this policy by giving written notice to the policyholder at least 30 days in advance. However, the benefit levels or covered services specified in this policy may not be reduced under this paragraph except on any renewal date of the policy.

2. The policyholder may cancel this policy on the last day of any month by giving written notice to Anthem at least 30 days in advance.

3. This policy may be terminated, at Anthem's option, when:

    a. the policyholder does not pay the appropriate premium when due. Anthem will notify the policyholder at least 15 days prior to terminating the group policy for non-payment of a monthly premium;

    b. the policyholder fails to perform any duties required by this policy;

    c. the policyholder commits fraud or misrepresentation with respect to this policy. A covered person's coverage may be terminated for fraud or misrepresentation by the covered person with regard to his or her coverage;

d. the policyholder fails to comply with underwriting guidelines of Anthem with respect to employer contribution and participation requirements;

e. there is no longer an enrollee who lives, resides or works in Anthem's service area;

f. Anthem decides, in accordance with state law, to discontinue offering the particular type of group health coverage specified in this policy, provided that in such instance Anthem gives at least 90 days written notice of its intent to the policyholder and covered persons under the policy; or

g. Anthem decides, in accordance with state law, to discontinue offering all group health insurance coverage in this state, provided that in such instance Anthem gives at least 180 days written notice of its intent to the Virginia State Corporation Commission, the policyholder, and covered persons under the policy.

If the policyholder is an association offering coverage under this policy to its membership, Anthem may terminate coverage for any subgroup in the association upon the occurrence of any event listed in Paragraph **D.3.a.** through **D.3.e.** above if the failure is attributable to that subgroup. Also, in the event Anthem terminates the policy under Paragraphs **D.3.f.** or **D.3.g.** above, the notice requirements of those paragraphs also apply to each association subgroup.

4. Termination of the policy automatically ends all covered persons' coverage. Except as provided in Paragraphs **D.3.f.** and **D.3.g.** of this section, the policyholder must notify all covered persons of the termination of the coverage. However, coverage will end whether or not the notice is given.

E. Termination Of A Covered Person's Coverage Under This Policy

When the covered person ceases to be eligible for coverage, or the required premiums are not paid, the covered person's coverage will end. Unless otherwise agreed in writing by Anthem, the covered person's coverage will end on the last day of the month in which eligibility ends or for which payment was made, whichever is earlier.

F. Payment Of Premiums

Unless otherwise agreed to in writing by Anthem, premiums are required to be paid by the policyholder on a monthly basis by the first day of the month for which coverage is purchased. Premiums are not considered paid until they are received by Anthem. Except as provided in Paragraph **G.** of this section, Anthem will not be responsible for claims incurred by covered persons during any period for which full premiums have not been paid.

G. Grace Period

The policyholder is entitled to a grace period of 31 days for the payment of monthly premiums due except for the first month's premium. During this grace period, the policy will continue in force unless the policyholder gives written notice of termination prior to the effective date of termination. The policyholder will be liable to Anthem for any premium owed for the time the policy is in force during a grace period.

H. Incontestability

The validity of this policy shall not be contested, except for non-payment of premiums, after it has been in force for two years from the policy date indicated on the cover page. No statement made by an enrollee relating to:

- his insurability; or

- the insurability of his dependents;

shall be used in contesting the validity of the coverage of the person about whom the statement was made after coverage has been in force for a period of two years. Any such statement must be submitted in writing and signed by the enrollee.

I. Applications

A copy of the application, if any, shall be attached to the policy when issued. No written statement made by a covered person shall be used in any context unless a copy of the statement is given to the covered person, his beneficiary, or his personal representative. Any statement made by the policyholder or covered person shall be deemed a representation and not a warranty.

J. Misstatement Of Age

If the premiums charged for coverage vary by the age of the covered person, a fair adjustment of premiums shall be made if the age of the covered person has been misstated. Anthem will only be liable to adjust premiums retroactive to the last annual renewal date of this policy.

K. Individual Certificates

Anthem will at its option issue either (1) to the policyholder for delivery to each enrollee, or (2) to each enrollee a certificate setting forth:

1. The enrollee's coverage, including any limitations, reductions and exclusions applicable to the coverage;

2. To whom the insurance benefits are payable;

3. Any family member's or dependent's coverage; and

4. The conversion rights afforded under this policy.

L. Time Of Payment Of Claims

All benefits for a claim under this policy will be payable within 60 days after receipt of written notice. Written notice must include all information that Anthem needs to process a claim.

M. Claim Forms

Anthem will give forms for filing a claim to the person who makes the claim or to the policyholder to distribute. If Anthem does not send these forms within 15 days of its receipt of notice that a claim is to be filed, the person making the claim shall be deemed to comply with the time limits if he files written proof of the occurrence, including the character and extent of the loss for which the claim is made.

N. Physical Examinations And Autopsy

Anthem shall have the right:

- to examine the covered person for whom a claim is made when and as often as it may reasonably require during the pendency of a claim under the policy; and

- to make an autopsy where it is not prohibited by law.

O. Personal Benefits And Assignment Of Payment

1. A covered person may not assign the right to receive payment for covered services. Prior payments to anyone, whether or not there has been an assignment of payment, shall not waive or otherwise restrict, Anthem's right to direct future payments to a covered person or any other entity. This provision shall not apply to dentists and oral surgeons.

2. Once covered services are rendered by a provider, Anthem will not honor requests not to pay the claims submitted by the provider. Anthem will have no liability to any person because it rejects the request.

P. Brochures And/Or Identification Cards

Anthem or the policyholder may provide brochures or booklets that describe this policy's benefits. It may also provide claims filing instructions. In the event of a conflict between this policy and these documents, this policy will prevail.

Q. Applicable Law

This policy is entered into in, and is subject to the laws of, the Commonwealth of Virginia.

R. Notice

Any notice required under this policy must be in writing. Notice given to the policyholder will be sent to the policyholder's address stated in the group application. Notice given to Anthem will be sent to Anthem's address stated in the group application. Notice given to a covered person will be sent, at Anthem's option, either to the policyholder or to the covered person's address as it appears on the records of Anthem. The policyholder, Anthem, or a covered person may, by written notice, indicate a new address for giving notice.

S. Coordination Of Benefits (COB)

All benefits provided under this policy are subject to this provision. However, benefits will not be increased by this COB provision.

This provision applies if the total payment under this policy absent this provision and under any other contract is greater than the value of covered services.

1. The following definition applies to this provision:

   Other Contract means any arrangement providing health care benefits or services through:

   - group or blanket insurance coverage;

   - group Blue Cross Blue Shield, health maintenance organization, and other prepayment coverage;

- coverage under labor management trusteed plans, union welfare plans, employer organization plans, or employee benefit organization plans; and

- coverage under any tax supported or government program to the extent permitted by law.

If there is more than one *other contract,* this provision will apply separately to each. If an *other contract* has a coordination of benefits provision that applies to only part of its services, the terms of this paragraph will be applied separately to that part and to any other part.

When benefits are provided in the form of services, the reasonable cash value of each service shall be deemed the benefit.

Anthem will not determine the existence of any *other contract,* or the amount of benefits payable under any *other contract* except this policy. The payment of benefits under this policy shall be affected by the benefits payable under *other contracts* only when Anthem is given information about *other contracts.*

If the rules of this policy and the *other contract* both provide that this policy is primary, then this policy is primary. When Anthem determines that this policy is secondary under the rules described below, benefits will be coordinated so that our payment plus the other contract's payment will not exceed Anthem's maximum allowed amount for covered services.

2. Rules for determining primary/secondary status are as follows:

   a. If coverage under a contract is taken out in the name of a covered person, then that contract will be primary for that covered person. However, if the person is also entitled to Medicare, and as a result of federal law Medicare is:

      - secondary to the contract covering the person as a dependent; and

      - primary to the contract covering the person as other than a dependent (e.g., a retired employee);

   then the benefits of the contract covering the person as a dependent are determined before those of the contract covering the person as other than a dependent.

   b. For children who are covered under both parents' contracts, the following will apply:

      - The contract of the parent whose birthday occurs earlier in the calendar year will be primary.

      - When parents are separated or divorced, the following special rules will apply:

         - If the parent with custody has not remarried, that parent's contract will be primary.

         - If the parent with custody has remarried, that parent's contract will be primary and the stepparent's contract will be secondary. The benefits of the contract of the parent without custody will be determined last.

         - The rules listed above may be changed by a court decree:

- A court decree that orders one of the parents to be responsible for health care expenses will cause that parent's contract to be primary, but only if the entity providing the benefits in this case is notified of the court decree before applying benefits.

- If the court decree does not state that one of the parents is responsible for health care expenses and both parents have joint custody, the contract of the parent whose birthday occurs earlier in the calendar year will be primary.

- If the other contract includes the gender rule, then that rule will be used instead of the rules listed above. The gender rule states that the father's contract will be primary for the children.

c. If there are situations not covered above, then the contract that has been in effect the longest period of time (without interruption) will be primary. There is an exception to this rule. The contract that covers a working employee (or his dependent) will be primary. The policy of a laid-off employee, a retired employee, or a person on continuation of coverage options under federal or state law will be secondary.

d. If another policy has different rules from those listed above other than the gender rule, that policy will be primary.

If payments should have been made under this policy under the rules of this provision, but they have been made under any *other contract,* Anthem may pay an entity (provider, other carrier, etc.) that has paid any amounts it determines will meet the intent of this provision. These amounts shall be deemed to be benefits paid under this policy. Upon this payment, Anthem will no longer be liable under this policy.

T. Right Of Recovery

1. Anthem shall have the right to recover any overpayment of benefits from persons or organizations that Anthem has determined to have realized benefits from the overpayment:

   - any persons to or for whom such payments were made;
   - any insurance company;
   - a facility or provider; or
   - any other organization.

2. The enrollee, on behalf of covered persons enrolled under his or her family coverage, shall cooperate with Anthem to secure its rights to recover the excess payments.

U. Company's Continuing Rights

On occasion, Anthem may not insist on strict performance of all terms of this policy. Failure to apply terms or conditions does not mean Anthem waives or gives up any future rights under this policy.

V. Claims Experience

Upon request by the policyholder, Anthem will provide the policyholder a complete record of the claims paid under this policy. This record shall include all claims incurred for the lesser of:

1. the period of time since the policy was issued or issued for delivery; or

2. the period of time since the policy was last renewed, reissued or extended, if already issued.

This record will be made available promptly to the policyholder upon request made not less than thirty (30) days prior to the date upon which the premiums or contractual terms of the policy may be amended.

W. Covered Persons Entitled To Medicaid Benefits

If a covered person is also entitled to benefits under a state Medicaid program:

1. Payments for covered services rendered to the covered person will be made in accordance with any assignment of rights made by or on behalf of such covered person as required by Medicaid.

2. To the extent that payment has been made under Medicaid for covered services, payment of benefits under this policy will be made in accordance with any state law which provides that the state has acquired the rights with respect to a covered person for payment for such services.

The policyholder shall not take into account whether an individual is entitled to Medicaid when determining whether the individual is an eligible enrollee or eligible dependent.

X. Independent Corporation

By accepting this policy, the policyholder agrees to the following:

1. This agreement constitutes a contract solely between the policyholder and Anthem.

2. Anthem is an independent corporation operating under a license from the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans (the Association).

3. Anthem is permitted to use the Blue Cross and Blue Shield Service Marks in a portion of the Commonwealth of Virginia.

4. Anthem is not contracting as the agent of the Association.

5. The policyholder acknowledges that it has not entered into this agreement based upon representations by any person other than Anthem or its agents and representatives and that no person, entity, or organization other than Anthem shall be held accountable or liable for any of Anthem's obligations created under this policy.

6. This paragraph shall not create any additional obligations whatsoever on the part of Anthem other than those obligations created under other provisions of this policy.

Y. Rate Stabilization Credit Program

During the term of this policy, Anthem may establish a rate stabilization credit program. Under this program, during the years of favorable claims experience the policyholder may receive a credit which may be used to offset future claims experience. The amount of the credit, if any, shall be established by Anthem at its sole discretion in accordance with its underwriting guidelines. The credit may be used by Anthem to stabilize future rate increases, but it may not be taken by the policyholder in the form of a refund. If the policyholder terminates coverage with Anthem, unused credit shall not be paid to the policyholder.

Z. Out-of-Area Services

The provisions of the BlueCard Program do not apply to routine vision care benefits.

Anthem has a variety of relationships with other Blue Cross and/or Blue Shield Licensees referred to generally as "Inter-Plan Programs." Whenever members access health care services outside the geographic area Anthem serves, the claim for those services may be processed through one of these Inter-Plan Programs and presented to Anthem for payment in accordance with the rules of the Inter-Plan Programs policies then in effect. The Inter-Plan Programs available to members under this policy are described generally below.

Typically, members, when accessing care outside the geographic area Anthem serves, obtain care from health care providers that have a contractual agreement (i.e., are "participating providers") with the local Blue Cross and/or Blue Shield Licensee in that other geographic area ("Host Blue"). In some instances, members may obtain care from non-participating health care providers. Anthem's payment practices in both instances are described below.

1. BlueCard® Program

   Under the BlueCard® Program, when members access covered health care services within the geographic area served by a Host Blue, Anthem will remain responsible to Anthem's for fulfilling our contractual obligations. However, in accordance with applicable Inter-Plan Programs policies then in effect, the Host Blue will be responsible for providing such services as contracting and handling substantially all interactions with its participating health care providers. The financial terms of the BlueCard Program are described generally below. Individual circumstances may arise that are not directly covered by this description; however, in those instances, our action will be consistent with the spirit of this description.

   Liability Calculation Method Per Claim
   The calculation of the member liability on claims for covered health care services processed through the BlueCard Program, will be based on the lower of the participating health care provider's billed covered charges or the negotiated price made available to Anthem by the Host Blue. Host Blues may use various methods to determine a negotiated price, depending on the terms of each Host Blue's health care provider contracts. The negotiated price made available to Anthem by the Host Blue may represent a payment negotiated by a Host Blue with a health care provider that is one of the following:

   - (i) an actual price. An actual price is a negotiated payment without any other increases or decreases, or

   - (ii) an estimated price. An estimated price is a negotiated payment reduced or increased by a percentage to take into account certain payments negotiated with the provider and other claim- and non-claim-related transactions. Such transactions may include, but are not limited to, anti-fraud and

abuse recoveries, provider refunds not applied on a claim-specific basis, retrospective settlements, and performance-related bonuses or incentives; or

- (iii) an average price. An average price is a percentage of billed covered charges representing the aggregate payments negotiated by the Host Blue with all of its health care providers or a similar classification of its providers and other claim- and non-claim-related transactions. Such transactions may include the same ones as noted above for an estimated price.

Host Blues using either an estimated price or an average price may, in accordance with Inter-Plan Programs policies, prospectively increase or reduce such prices to correct for over- or underestimation of past prices (i.e., prospective adjustments may mean that a current price reflects additional amounts or credits for claims already paid to providers or anticipated to be paid to or received from providers). However, the amount paid by the member is a final price; no future price adjustment will result in increases or decreases to the pricing of past claims. The BlueCard Program requires that the price submitted by a Host Blue to Anthem is a final price irrespective of any future adjustments based on the use of estimated or average pricing.

A small number of states require a Host Blue either (i) to use a basis for determining member liability for covered health care services that does not reflect the entire savings realized, or expected to be realized, on a particular claim or (ii) to add a surcharge. Should the state in which health care services are accessed mandate liability calculation methods that differ from the negotiated price methodology or require a surcharge, Anthem would then calculate member liability in accordance with applicable law.

Return of Overpayments
Under the BlueCard Program, recoveries from a Host Blue or its participating health care providers can arise in several ways, including, but not limited to, anti-fraud and abuse recoveries, health care provider/hospital audits, credit balance audits, utilization review refunds, and unsolicited refunds. In some cases, the Host Blue will engage a third party to assist in identification or collection of recovery amounts. The fees of such a third party may be netted against the recovery. Recovery amounts determined in this way will be applied in accordance with applicable Inter-Plan Programs policies, which generally require correction on a claim-by claim or prospective basis.

2. Non-Participating Health Care Providers Outside Anthem's Service Area

Member Liability Calculation
When covered health care services are provided outside of Anthem's service area by non-participating health care providers, the amount(s) a member pays for such services will generally be based on either the Host Blue's non-participating health care provider local payment or the pricing arrangements required by applicable state law. In these situations, the member may be responsible for the difference between the amount that the non-participating health care provider bills and the payment Anthem will make for the covered services as set forth in this paragraph.

Exceptions

In some exception cases, Anthem may pay claims from non-participating health care providers outside of Anthem's service area based on the provider's billed charge, such as in situations where a member did not have reasonable access to a participating provider, as determined by Anthem in Anthem's sole and absolute discretion or by applicable state law. In other exception cases, we may pay such a claim based on the payment we would make if Anthem were paying a non-participating provider inside of Anthem's service area, as described elsewhere in this policy, where the Host Blue's corresponding payment would be more than Anthem's in-service area non-participating provider payment, or in our sole and absolute discretion, we may negotiate a payment with such a provider on an exception basis. In any of these exception situations, the member may be responsible for the difference between the amount that the non-participating health care provider bills and payment Anthem will make for the covered services as set forth in this paragraph.

AA. Grandfathered Health Plans

By accepting this policy, the policyholder agrees to the following: In the event policyholder maintains a grandfathered health plan(s), as that term is used in the Patient Protection and Affordable Care Act ("PPACA"), policyholder shall not make any changes to such plan(s), including, but not limited to, changes with respect to employer contribution levels, without providing Anthem with advance written notice of the intent to change such plan(s). Making changes to grandfathered plans without notice to Anthem may result in the plan(s) losing grandfathered status and significant penalties and/or fines to policyholder and Anthem. In the event policyholder implements changes to its plan(s) and does not provide advance notice to Anthem, policyholder agrees to hold harmless Anthem from any penalties, fines or other costs assessed against Anthem and to reimburse Anthem for any such penalties, fines or other costs.

Additionally, at each renewal after September 23, 2010, policyholder shall affirm in writing, upon reasonable request of Anthem, that it has not made changes to its plan(s) that would cause the plan(s) to lose it/their grandfathered status.

The following Notice is required by the Virginia Bureau of Insurance and applies to the portion of the group underwritten and administered by Anthem Blue Cross and Blue Shield.

NOTICE OF PROTECTION PROVIDED BY VIRGINIA LIFE, ACCIDENT AND SICKNESS INSURANCE GUARANTY ASSOCIATION

This notice provides a brief summary of the Virginia Life, Accident and Sickness Insurance Guaranty Association ("the Association") and the protection it provides for policyholders. This safety net was created under Virginia law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that a life, annuity or health insurance company licensed in the Commonwealth of Virginia becomes financially unable to meet its obligations and is taken over by its Insurance Department. If this should happen, the Association will typically arrange to continue coverage and pay claims, in accordance with Virginia law, with funding from assessments paid by other life and health insurance companies licensed in the Commonwealth of Virginia.

The basic protections provided by the Association are:

Life Insurance

- $300,000 in death benefits
- $100,000 in cash surrender or withdrawal values

Health Insurance

- $500,000 in hospital, medical and surgical insurance benefits
- $300,000 in disability [income] insurance benefits
- $300,000 in long-term care insurance benefits
- $100,000 in other types of health insurance benefits

Annuities

- $250,000 in withdrawal and cash values

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is $350,000, except for hospital, medical and surgical insurance benefits, for which the limit is increased to $500,000.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Virginia law.

To learn more about the above protections, please visit the Association's website at www.valifega.org or contact:

VIRGINA LIFE, ACCIDENT AND SICKNESS
INSURANCE GUARANTY ASSOCIATION
c/o APM Management Services, Inc.
1503 Santa Rosa Road, Suite 101

Henrico, VA 23229-5105
804-282-2240

STATE CORPORATION COMMISSION
Bureau of Insurance
P. O. Box 1157
Richmond, VA 23218-1157
804-371-9741
Toll Free Virginia only: 1-800-552-7945
http://www.scc.virginia.gov/boi/index.aspx

Insurance companies and agents are not allowed by Virginia law to use the existence of the Association or its coverage to encourage you to purchase any form of insurance. When selecting an insurance company, you should not rely on Association coverage. If there is any inconsistency between this notice and Virginia law, then Virginia law will control.

Anthem Blue Cross and Blue Shield
2015 Staples Mill Road
Post Office Box 27401
Richmond, VA 23279

10/01/2015

Date Created 10/26/15 14:35:01

20151001_VPWashingtonCountyKC25