

Note: All benefits are listed below as "member pays."

	Anthem KeyCare 25	Anthem KeyCare 30/1000	Anthem KeyCare 30/2000	Lumenos HSA 1651 3000/0
In-network				
Preventive Care	100% no deductible	100% no deductible	100% no deductible	100% no deductible
Deductible Individual	\$500	\$1,000	\$2,000	\$3,000
Deductible Family	\$1,000	\$2,000	\$4,000	\$6,000
Out-of-pocket maximum - individual**	\$4,000	\$4,500	\$5,500	\$4,000
Out-of-pocket maximum - family**	\$8,000	\$9,000	\$11,000	\$8,000
Coinsurance	20% after deductible	20% after deductible	20% after deductible	0% after deductible
Office Visit(PCP) Copay	\$25	\$30	\$30	0% after deductible
Office Visit(specialist) Copay	\$50	\$50	\$50	0% after deductible
Urgent Care Copay	\$50	\$50	\$50	0% after deductible
Live Health OnLine	\$15	\$20	\$20	0% after deductible (\$49 per visit)
Emergency Room Copay - facility	20% after deductible	20% after deductible	20% after deductible	0% after deductible
Inpatient - facility	20% after deductible	20% after deductible	20% after deductible	0% after deductible
Outpatient surgery - facility	20% after deductible	20% after deductible	20% after deductible	0% after deductible
Outpatient surgery - physician	20% after deductible	20% after deductible	20% after deductible	0% after deductible
Routine Vision Exam (w/Enhanced 130 25 12/24)	\$15	\$15	\$15	\$15
Out-of-network				
Deductible (individual/family)	\$750/\$1500	\$1500/\$3000	\$3000/\$6000	Combined with InNetwork
Out-of-pocket maximum (individual/family)**	\$5500/\$11000	\$6250/\$12500	\$7750/\$15500	\$6000/\$12000
Coinsurance	40% after deductible	40% after deductible	40% after deductible	20% after deductible
Routine Vision Exam (Blue View Vision)	\$30 allowance	\$30 allowance	\$30 allowance	\$30 allowance
Pharmacy Level 1				
Retail 30 day supply-Tiers 1/2/3/4	\$15/\$50/\$85/20% coinsurance with a \$250 prescription maximum. (please note that Tier 4 Specialty medication are purchased via Accredo our Specialty medication vendor)	\$15/\$50/\$85/20% coinsurance with a \$250 prescription maximum. (please note that Tier 4 Specialty medication are purchased via Accredo our Specialty medication vendor)	\$15/\$50/\$85/20% coinsurance with a \$250 prescription maximum. (please note that Tier 4 Specialty medication are purchased via Accredo our Specialty medication vendor)	Combined with Medical; All cost shares after Deductible; \$15/50/\$85/20% with a \$250 prescription maximum. (please note that Tier 4 Specialty medication are purchased via Accredo our Specialty medication vendor) Preventive RX (see Preventive List) No charge
90 day Retail-Tiers 1/2/3	\$45/\$150/\$255	\$45/\$150/\$255	\$45/\$150/\$255	\$45/\$150/\$255
90 day mail order - Tiers 1/2/3	\$38/\$125/\$213	\$38/\$125/\$213	\$38/\$125/\$213	\$38/\$125/\$213
Pharmacy Level 2				
Retail 30 day supply-Tiers 1/2/3/4	\$25/\$60/\$95/20% coinsurance with a \$300 prescription maximum. (please note that Tier 4 Specialty medication are purchased via Accredo our Specialty medication vendor)	\$25/\$60/\$95/20% coinsurance with a \$300 prescription maximum. (please note that Tier 4 Specialty medication are purchased via Accredo our Specialty medication vendor)	\$25/\$60/\$95/20% coinsurance with a \$300 prescription maximum. (please note that Tier 4 Specialty medication are purchased via Accredo our Specialty medication vendor)	Combined with Medical; All cost shares after Deductible; \$25/60/\$95/20% with a \$300 prescription maximum. (please note that Tier 4 Specialty medication are purchased via Accredo our Specialty medication vendor) Preventive RX (see Preventive List) No charge
90 day Retail-Tiers 1/2/3	\$75/\$180/\$285	\$75/\$180/\$285	\$75/\$180/\$285	\$75/\$180/\$285
90 day Mail Order - Tiers 1/2/3	\$38/\$125/\$213	\$38/\$125/\$213	\$38/\$125/\$213	\$38/\$125/\$213
EAP - Employee Assistance Program				
Face to Face Counseling	Up to 4 visits per personal situation per family member			
To contact Anthem EAP, please call toll-free at (800) 346-5484 or visit www.anthemep.com Enter your company code: Washington County				

Important notes about pharmacy and other benefits:

Enhanced Vision Benefit 130 25 12/24. Eye Exam covered with \$15 copay as shown above. Additional coverage levels for Frames etc.

Pharmacy network will be Essential Formulary.

Pharmacy Copays will be as shown above with Rx Choice (Tiered Network). Level 1 and Level 2 copays, dependent on the pharmacy

- Retail pharmacy is a 30-day supply limit, in and out-of-network benefits are combined.
- Home Delivery is a 90-day limit.
- Specialty drug benefits are covered at a 30-day supply limit, combined for in and out-of-network.

If there is a generic drug available and members purchase a brand name drug instead, J31 will be responsible for paying the brand name copayment plus the difference in cost between the cost of the generic drug and the cost of the brand name drug. (does not apply to Lumenos plans)

For benefit plans that include a separate deductible for pharmacy, the deductible is combined for Retail and Home Delivery services and for both in and out-of-network benefits.

- Any RX plan that has a copay structure for Tiers 1, 2 and 3 will have a per script maximum in Tier 4. RX plans that include a deductible and or coinsurance for Tiers 1, 2 and 3 will not have a per script max as part of the Tier 4 benefit. (does not apply to 100+ plans)

Important notes about deductible plans and out-of-pocket maximums:

* Plans noted with an asterisk next to the deductible amounts and out-of-pocket maximum are non-embedded deductible products. When it comes to deductibles, it's important to understand the difference between an embedded deductible versus a non-embedded deductible. With an embedded deductible, each family member has an individual deductible/out-of-pocket amount. Any deductible amount contributed by an individual will apply to the family deductible amount, but no individual family member is required to contribute more to the family deductible than their individual deductible amount. The out-of-pocket accumulates on an embedded basis as well. With a non-embedded deductible product, all family members have a shared deductible and out-of-pocket family maximum. The entire deductible must be satisfied before coverage can begin for any individual family member. And, the entire out-of-pocket maximum must be satisfied before the family has satisfied the out-of-pocket maximum.

** Plans with a deductible component will have the deductible included in the out-of-pocket maximum.

These policies have exclusions and limitations to benefits and terms under the policy in which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent or contact us.

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