HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

BENEFITS SUMMARY

Effective July 1, 2015 or October 1, 2015




BENEFIT HIGHLIGHTS

The LOCAL CHOICE

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

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 TLC HDHP.*

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.

THIS IS A SUMMARY of your medical, behavioral health, 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 administers your routine dental benefits.

The HDHP has a plan year deductible that applies to your medical, behavioral health and prescription drug benefits. Deductible amounts are calculated on an individual basis for each family member. This is how the deductible works for each coverage type:

One Person: If you have this coverage, you are responsible for satisfying the individual Deductible only.

Two People: Each of you must satisfy the individual Deductible.

Family: Deductible amounts for each individual member accumulate toward the family Deductible limit. However, no individual family member can contribute more than the single-only Deductible amount.

After the deductible is met, you pay 20% coinsurance for covered services, and the plan pays 80%.

Your dental benefits are administered by Delta Dental and they are separate from your HDHP benefits.

YOUR HIGH DEDUCTIBLE HEALTH PLAN IS HSA COMPATIBLE

Enrollment in a HDHP allows you to set up a personal Health Savings Account (HSA) through a bank or other financial institution to help you manage health care expenses or save for retirement. HSAs were created as part of Medicare reform legislation in 2003. An HSA is a tax-favored account that allows those covered by a HDHP to pay for certain qualified medical expenses tax-free. It can help you save on the cost of your health insurance and health care expenses, and also help pay for covered services before you satisfy the health plan deductible.

If you decide to set up an HSA to work with your HDHP, confer with your tax advisor, bank or other financial institution.

The following Web sites are a good place to start learning more about HSAs.

- **www.treasury.gov** – Provides an overview of HSAs, answers to frequently asked questions and important IRS forms and applications.
- **www.irs.gov** – Provides information about how HSAs impact your Federal taxes and qualified medical expenses (Publications 969 and 502). Search using keyword HSA.
- **www.hhs.gov** – Provides general information about HSAs and other tax-favored health plans. Search using keyword HSA.

Note: If you have an HSA, you cannot also have a Flexible Spending Account unless it is limited in scope. More information is available from tax consultants or financial institutions

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.

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**, 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** and click on Find a Doctor.

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 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 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 $10,000 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 $20,000.However, no family member will pay more than $10,000 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 deductible or coinsurance. 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 the applicable deductible or coinsurance.

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 the applicable deductible or coinsurance. If there is a generic equivalent available, you may opt to use the brand, but you'll pay the brand deductible or coinsurance 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** under Forms.

Home Delivery Pharmacy

Switching to home delivery is simple. You can place your first order by phone or online at **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 the applicable deductible or coinsurance 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 **1-800-870-6419** 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 a 90-day supply and pay the applicable deductible or coinsurance.

ROUTINE VISION BENEFITS

Your routine vision benefits are available from Blue View Vision℠ 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®, Target® Optical, Sears Optical℠, and JCPenney® 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 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.

Your dental coverage is provided separately from your HDHP benefits and has a separate deductible for coverage. 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**. 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**. 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	COMBINED IN-NETWORK & OUT-OF-NETWORK
PLAN YEAR DEDUCTIBLE *(applies as indicated)*	One Person	$2,800
	Family (two or more people)	$5,600
PLAN YEAR OUT-OF-POCKET EXPENSE LIMIT	One Person	$5,000
	Family (two or more people)	$10,000
OUT-OF-NETWORK BENEFITS	Yes. Once you meet the combined deductible, you pay 40% coinsurance for medical, behavioral health and prescription drug services from Out-of-Network providers.	
MEDICAL AND BEHAVIORAL HEALTH CARE WHEN TRAVELING	The BlueCard® PPO and BlueCard® Worldwide programs are included for medical and behavioral health care outside Virginia.	
LIFETIME MAXIMUM	Unlimited	

COVERED SERVICES	YOU PAY IN-NETWORK		
AMBULANCE TRAVEL *No Plan Year limit*	20% coinsurance, after deductible		
AUTISM SPECTRUM DISORDER 2 years through 6 years	20% coinsurance, after deductible		
BEHAVIORAL HEALTH			
INPATIENT TREATMENT	20% coinsurance, after deductible		
RESIDENTIAL TREATMENT	20% coinsurance, after deductible		
PARTIAL HOSPITALIZATION (DAY) PROGRAM	20% coinsurance, after deductible		
INTENSIVE OUTPATIENT TREATMENT PROGRAM (IOP)	20% coinsurance, after deductible		
OUTPATIENT TREATMENT PROGRAM			
Facility Services	20% coinsurance, after deductible		
Medical and non-medical professional	20% coinsurance, after deductible		
CHIROPRACTIC, SPINAL MANIPULATIONS AND OTHER MANUAL MEDICAL INTERVENTIONS 30-Visit Plan Year limit per member	20% coinsurance, after deductible		
DENTAL CARE			
PREVENTIVE DENTAL OPTION (diagnostic and preventive services only for lower premium)	$0		
COMPREHENSIVE DENTAL OPTION (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		
DENTAL SERVICES (NON-ROUTINE MEDICAL)	20% coinsurance, after deductible		
DIABETIC EDUCATION	20% coinsurance, after deductible		
DIABETIC EQUIPMENT	20% coinsurance, after deductible		

COVERED SERVICES	YOU PAY IN-NETWORK
DIAGNOSTIC TESTS, LABS AND X-RAYS	
Outpatient Surgery	20% coinsurance, after deductible
Outpatient Diagnostic Services Only	20% coinsurance, after deductible
Outpatient Emergency Room	20% coinsurance, after deductible
DIALYSIS TREATMENTS	
Facility Services	20% coinsurance, after deductible
Doctor's Office	20% coinsurance, after deductible
DOCTOR'S VISITS *(On an Outpatient basis)*	20% coinsurance, after deductible
EMPLOYEE ASSISTANCE PROGRAM (EAP) Up to four Visits per issue *(per plan year)*	$0
EARLY INTERVENTION SERVICES (Birth to 3 years)	20% coinsurance, after deductible
EMERGENCY ROOM VISITS	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	20% coinsurance, after deductible
Specialty Care Providers	20% coinsurance, after deductible
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
HOME HEALTH SERVICES *90-Visit Plan Year limit per member*	20% coinsurance, after deductible
HOME PRIVATE DUTY NURSE'S SERVICES	20% coinsurance, after deductible
HOSPICE CARE SERVICES	20% coinsurance, after deductible
HOSPITAL SERVICES	
INPATIENT CARE	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
Diagnostic Services	20% coinsurance, after deductible
OUTPATIENT CARE	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
MATERNITY Professional Provider Services *(Prenatal and Postnatal Care)*	20% coinsurance, after deductible
HOSPITAL SERVICES FOR DELIVERY Delivery room, anesthesia, routine nursing care for newborn	20% coinsurance, after deductible
DIAGNOSTIC TESTS, LABS AND X-RAYS	20% coinsurance, after deductible
MEDICAL EQUIPMENT (DURABLE), APPLIANCES, FORMULAS, PROSTHETICS AND SUPPLIES	20% coinsurance, after deductible
OUTPATIENT PRESCRIPTION DRUGS (mandatory generic)	
RETAIL PHARMACY Covered drugs per 34-day supply	20% coinsurance, after deductible
HOME DELIVERY SERVICES (MAIL ORDER) Covered drugs for up to a 90-day supply	20% coinsurance, after deductible
DIABETIC SUPPLIES	20% coinsurance, after deductible
SHOTS – ALLERGY & THERAPEUTIC INJECTIONS At a doctor's office, Emergency room or Outpatient hospital department	20% coinsurance, after deductible

COVERED SERVICES	YOU PAY IN-NETWORK
SKILLED NURSING FACILITY STAYS 180-day per Stay limit per member[1]	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
SURGERY	
INPATIENT	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
Diagnostic Services	20% coinsurance, after deductible
OUTPATIENT	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	20% coinsurance, after deductible
THERAPY – OUTPATIENT SERVICES	
CARDIAC REHABILITATION THERAPY	20% coinsurance, after deductible
CHEMOTHERAPY	20% coinsurance, after deductible
INFUSION (includes IV therapy and injected chemotherapy)	20% coinsurance, after deductible
OCCUPATIONAL THERAPY	20% coinsurance, after deductible
PHYSICAL THERAPY	20% coinsurance, after deductible
RADIATION THERAPY	20% coinsurance, after deductible
RESPIRATORY THERAPY	20% coinsurance, after deductible
SPEECH THERAPY	20% coinsurance, after deductible
VISION CORRECTION After surgery or accident	20% coinsurance, after deductible
WELLNESS AND PREVENTIVE CARE SERVICES	
WELL CHILD[2] (Birth to 18 years)	
Office Visits at specified intervals	
Primary Care Physicians	$0, no deductible
Specialty Care Providers	$0, no deductible
Immunizations	
Primary Care Physicians	$0, no deductible
Specialty Care Providers	$0, no deductible
Screening Tests	$0, no deductible
ROUTINE WELLNESS (18 years and older)	
Check-up Visit (one per Plan Year)	
Primary Care Physicians	$0, no deductible
Specialty Care Providers	$0, no deductible
Immunizations	
Primary Care Physicians	$0, no deductible
Specialty Care Providers	$0, no deductible
Routine Lab and X-ray Services	$0, no deductible

[1] 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.

[2] See member handbook for immunization schedule.

COVERED SERVICES	YOU PAY IN-NETWORK
WELLNESS AND PREVENTIVE CARE SERVICES (one of each per Plan Year)	
Gynecological Exam	
Primary Care Physicians	$0, no deductible
Specialty Care Providers	$0, no deductible
Pap Test	$0, no deductible
Mammography Screening	$0, no deductible
Prostate Exam (digital rectal exam)	
Primary Care Physicians	$0, no deductible
Specialty Care Providers	$0, no deductible
Prostate Specific Antigen Test	$0, no deductible
Colorectal Cancer Screenings	$0, no deductible

ROUTINE VISION – BLUE VIEW VISION NETWORK

You have an allowance for eyeglass lenses or contact lenses each 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
Routine Vision Blue View Vision Network *(once per plan year)*	■ Routine eye exam	You pay $15 copayment	Plan pays up to 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[1]	Plan pays up to $100 allowance then 15% discount off remaining balance	Plan pays up to $80
	• Non-Elective[1]	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 *(in addition to bifocal copayment)*	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.

[1] 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

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 issues, and more. Tap into all your EAP has to offer at anthem.com/tlc. Choose the EAP link, enter Commonwealth of Virginia as your company, and select The Local Choice.

27/7 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.

LiveHealthOnline.com

No time to wait for an appointment? No problem. See a doctor 24/7 from your computer or mobile device. All you need is the LiveHealth Online app or a computer with a webcam to see a doctor from your home, the office, or anywhere. Enroll now so you'll be ready to use LiveHealth Online next time you need to see a doctor right away. Your PCP copayment or coinsurance will apply for the cost of the visit.

Future Moms 800-828-5891

Expecting? Enroll in Future Moms 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, be sure to enroll whether it's your first or third baby that's on the way.

ConditionCare 800-445-7922

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

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

Anthem.com

Be sure to register at 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.

IF YOU NEED ASSISTANCE

ANTHEM BLUE CROSS AND BLUE SHIELD

Anthem Member Services
(medical and outpatient pharmacy)
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

Anthem Behavioral Healthcare and Employee Assistance Program
1-855-223-9277
www.anthemeap.com
(Company Name: Commonwealth of Virginia)

24/7 Nurseline
1-800-337-4770

LiveHealthOnline
LiveHealthOnline.com

DELTA DENTAL OF VIRGINIA

Routine Dental Care
1-888-335-8296
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
www.thelocalchoice.virginia.gov

NOTE: This is not a policy. This is a brief summary of the TLC High Deductible Health Plan (HDHP). The TLC HDHP 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 TLC HDHP Member Handbook for a full description of your coverage.

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