

Virginia  
Effective January 1, 2019

# Anthem Balanced Funding products

# Anthem Balanced Funding product details – 10 to 250

The ABF plan naming structure:

**Anthem or HealthKeepers Balanced + product type + copay or deductible/coinsurance/out-of-pocket maximum**

The below overview represents in-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [plan-summaries.anthem.com/sobdps/](https://plan-summaries.anthem.com/sobdps/).

Plan type	PPO						POS
Plan name	Anthem Balanced PPO 25/20%/5500	Anthem Balanced PPO 500/20%/5000	Anthem Balanced PPO 1000/20%/4500	Anthem Balanced PPO 2000/20%/4000	Anthem Balanced PPO 3000/30%/6000	Anthem Balanced PPO 4500/20%/7000	Anthem HealthKeepers Balanced OAPOS 25/20%/5500
Network	KeyCare	KeyCare	KeyCare	KeyCare	KeyCare	KeyCare	HealthKeepers
Contract code <sup>1</sup>	L09Q	L09S	L09N	L09U	L09Y	LOA2	L09J
Deductible <sup>2</sup> (individual/family)	\$0/\$0	\$500/\$1,500	\$1,000/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000	\$4,500/\$9,000	\$0/\$0
Coinsurance	20%	20%	20%	20%	30%	20%	20%
Out-of-pocket maximum (individual/family)	\$5,500/\$11,000	\$5,000/\$10,000	\$4,500/\$9,000	\$4,000/\$8,000	\$6,000/\$12,000	\$7,000/\$14,000	\$5,500/\$11,000
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$30 SPC: \$50 RHC: \$30	PCP: \$50 SPC: \$75 RHC: \$50	PCP: \$40 SPC: \$75 RHC: \$40	PCP: \$25 SPC: \$50 RHC: \$25
Office visits: EPHC <sup>3</sup>	\$20	\$20	\$20	\$25	\$45	\$35	\$20
Urgent care (facility)	20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	20% coinsurance
Emergency room (facility) <sup>4</sup>	20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	20% coinsurance
Outpatient surgery (facility)	20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	20% coinsurance
Hospital inpatient admission	20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	20% coinsurance
Incentive package	Foundational (ABF)	Foundational (ABF)	Foundational (ABF)	Foundational (ABF)	Foundational (ABF)	Foundational (ABF)	Foundational (ABF)
Prescription drugs: network/drug list	National Plus with R90/Essential	National Plus with R90/Essential	National Plus with R90/Essential	National Plus with R90/Essential	National Plus with R90/Essential	National Plus with R90/Essential	National Plus with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies <sup>‡</sup>	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies <sup>‡</sup>	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies <sup>‡</sup>	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies <sup>‡</sup>	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies <sup>‡</sup>	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies <sup>‡</sup>	Tiers 1-2: No deductible Tiers 3-4: Medical deductible applies <sup>‡</sup>
Retail pharmacy: 30-day supply <sup>6</sup> (tier 1/tier 2/tier 3/tier 4)	\$10/\$40/25% up to \$200 per script/25% up to \$400 per script	\$10/\$40/25% up to \$200 per script/25% up to \$400 per script	\$10/\$40/25% up to \$200 per script/25% up to \$400 per script	\$10/\$40/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$10/\$40/25% up to \$200 per script/25% up to \$400 per script

‡ For plans with a PreventiveRx benefit, the deductible will be waived for Tiers 1 and 2, then the applicable copay/coinsurance applies.

1 Please see benefit proposal for final contract code. Plan year (PY) and Calendar year (CY) contracts share the same contract code.

2 All plans have embedded deductibles, which means each family member has an individual deductible and OOP maximum. Any deductible amount contributed by an individual family member applies to the family deductible amount, but no individual family member contributes more to the family deductible than their individual deductible amount.

3 Some plans include a reduced cost share when seeing an Enhanced Personal Health Care provider (EPHC).

4 When a member's plan requires a copay for an emergency room facility visit and the member is then directly admitted to the hospital, the initial emergency room facility visit copay will be waived if the plan includes a copay for hospital admission. If the member's cost share for hospital admission is coinsurance, then the initial emergency room facility copay will not be waived.

5 For plans with a deductible, the cost share applies after deductible for the tiers listed. For plans with a separate pharmacy deductible, the deductible is combined for retail and home delivery.

6 Retail pharmacy cost shares apply to a 30-day supply at a retail pharmacy. Members will pay more for up to a 90-day supply at home delivery and Rx 90 retail pharmacies. Specialty drug benefits are covered up to a 30-day supply limit. Any plan that has a pharmacy copay in Tiers 1 and 2 will have a per script maximum in Tiers 3 and 4. Pharmacy plans with a deductible and coinsurance for Tiers 1 and 2 will not have a per script maximum as part of the Tier 3 and 4 benefit.

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**Anthem or HealthKeepers Balanced + product type + copay or deductible/coinsurance/out-of-pocket maximum**

The below overview represents in-network benefits. For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit [plan-summaries.anthem.com/sobdps/](https://plan-summaries.anthem.com/sobdps/).

Plan type	POS					PPO HSA	
Plan name	Anthem HealthKeepers Balanced OAPOS 500/20%/5000	Anthem HealthKeepers Balanced OAPOS 1000/20%/4500	Anthem HealthKeepers Balanced OAPOS 2000/20%/4000	Anthem HealthKeepers Balanced OAPOS 3000/30%/6000	Anthem HealthKeepers Balanced OAPOS 4500/20%/7000	Anthem Balanced PPO 5000/30%/7000 w/HSA	Anthem Balanced PPO 6550/0%/6550 w/HSA
Network	HealthKeepers	HealthKeepers	HealthKeepers	HealthKeepers	HealthKeepers	KeyCare	KeyCare
Contract code <sup>1</sup>	L09L	LOAE	L09W	LOA0	LOA4	LOAA	LOA6
Deductible <sup>2</sup> (individual/family)	\$500/\$1,500	\$1,000/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000	\$4,500/\$9,000	\$5,000/\$10,000	\$6,550/\$13,100
Coinsurance	20%	20%	20%	30%	20%	30%	0%
Out-of-pocket maximum (individual/family)	\$5,000/\$10,000	\$4,500/\$9,000	\$4,000/\$8,000	\$6,000/\$12,000	\$7,000/\$14,000	\$7,000/\$14,000	\$6,550/\$13,100
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$30 SPC: \$50 RHC: \$30	PCP: \$50 SPC: \$75 RHC: \$50	PCP: \$40 SPC: \$75 RHC: \$40	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Office visits: EPHC <sup>3</sup>	\$20	\$20	\$25	\$45	\$35	Not applicable	Not applicable
Urgent care (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Emergency room (facility) <sup>4</sup>	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Outpatient surgery (facility)	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 20% coinsurance	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Incentive package	Foundational (ABF)	Foundational (ABF)	Foundational (ABF)	Foundational (ABF)	Foundational (ABF)	Foundational (ABF)	Foundational (ABF)
Prescription drugs: network/drug list	National Plus with R90/Essential	National Plus with R90/Essential	National Plus with R90/Essential	National Plus with R90/Essential	National Plus with R90/Essential	National Plus with R90/Essential	National Plus with R90/Essential
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Retail pharmacy: 30-day supply <sup>6</sup> (tier 1/tier 2/tier 3/tier 4)	\$10/\$40/25% up to \$200 per script/25% up to \$400 per script	\$10/\$40/25% up to \$200 per script/25% up to \$400 per script	\$10/\$40/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	\$15/\$45/25% up to \$200 per script/25% up to \$400 per script	30%	0%

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Plan name	Anthem HealthKeepers Balanced OAPOS 5000/30%/7000 w/HSA	Anthem HealthKeepers Balanced OAPOS 6550/0%/6550 w/HSA
Network	HealthKeepers	HealthKeepers
Contract code <sup>1</sup>	LOAC	LOA8
Deductible <sup>2</sup> (individual/family)	\$5,000/\$10,000	\$6,550/\$13,100
Coinsurance	30%	0%
Out-of-pocket maximum (individual/family)	\$7,000/\$14,000	\$6,550/\$13,100
Office visits: Primary care (PCP)/ Specialist (SPC)/retail health clinic (RHC)	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
Office visits: EPHC <sup>3</sup>	Not applicable	Not applicable
Urgent care (facility)	Deductible, then 30% coinsurance	Deductible, then 0% coinsurance
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Incentive package	Foundational (ABF)	Foundational (ABF)
Prescription drugs: network/drug list	National Plus with R90/Essential	National Plus with R90/Essential
Pharmacy deductible <sup>5</sup> (individual/family)	Tiers 1-4: Medical deductible applies <sup>†</sup>	Tiers 1-4: Medical deductible applies <sup>†</sup>
Retail pharmacy: 30-day supply <sup>6</sup> (tier 1/tier 2/tier 3/tier 4)	30%	0%

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## Together, we make a real difference!

We want to thank you, again, for trusting us with the health of your employees. We know that offering health coverage is a big and very important decision for your business. This valuable coverage is one we're committed to in every way – from helping your employees get and stay healthy to helping you, and them, save as much as possible through lower cost plan and care options. If you ever have any questions, please feel free to call your Anthem representative.

Our purpose is to transform health care with trusted and caring solutions. And it's great that we can do this together!



**[anthem.com](https://www.anthem.com)**

This brochure refers to the Booklet form numbers: ABCBS-VA-PPO-ABF (1/19) and AHK-VA-HMOPOS-ABF (1/19).

This is not a contract or policy. This guide is not a contract with Anthem Blue Cross and Blue Shield (Anthem). If there is any difference between this guide and the Booklet, Member Booklet, Summaries of Benefits, and related amendments, the provisions of the Booklet, Member Booklet, Summaries of Benefits and related amendments will govern. For more information, please call your broker or Anthem representative.

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