

Your Benefits

Anthem HealthKeepers- \$750/\$1,500 deductible University of Virginia Physicians Group

Covered Services	You Pay	
Preventive Care Services	UPG/UVA Network	HealthKeepers Network
Preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits. *During the course of a routine screening procedure, abnormalities or problems may be identified that require immediate intervention or additional diagnosis. If this occurs, and your provider performs additional necessary procedures, the service will be considered diagnostic and/or surgical, rather than screening, depending on the claim for the services submitted by your provider, which will result in a member cost share.	*No Charge	
Doctor Visits	UPG/UVA Network	HealthKeepers Network
<ul style="list-style-type: none"> ○ office visits ○ home visits ○ urgent care visits ○ in-office surgery ○ voluntary family planning 	\$15 for each visit to your PCP \$30 for each visit to a specialist	\$20 for each visit to your PCP \$35 for each visit to a specialist
Outpatient Mental Health and Substance Abuse	UPG/UVA Network	HealthKeepers Network
<ul style="list-style-type: none"> ○ partial day mental health and substance abuse services ○ medication management ○ individual therapy up to 30 minutes in length ○ group therapy ○ other mental health and substance abuse visits 	No charge	
Therapy Services	UPG/UVA Network	HealthKeepers Network
<ul style="list-style-type: none"> ○ physical and occupational therapy (30 combined visits)* ○ spinal manipulation and manual medical therapy services (30 visit limit) ○ speech therapy (30 visit limit)* <p><i>*Limit does not apply to Early Intervention and Autism Spectrum Disorder.</i></p>	\$30 for each visit	\$30 for each visit
Labs, Diagnostic X-rays and Other Outpatient Diagnostic Tests	UPG/UVA Network	HealthKeepers Network
<ul style="list-style-type: none"> ○ diagnostic x-rays (except advanced diagnostic imaging services) ○ diagnostic tests ○ lab work ○ mammograms 	No charge	20% after the deductible of the amount the health care professionals in our network have agreed to accept for their services
All Other In-Plan Services		
	UPG/UVA Network	HealthKeepers Network
<p>You will pay all the costs associated with your care until you have paid \$750 in one plan year. This is known as your deductible.</p> <ul style="list-style-type: none"> ○ If two people are covered under your plan, each of you will pay the first \$750 of the cost of your care (\$1,500 total). ○ If three or more people are covered under your plan, together you will pay the first \$1,500 of the cost of your care. <p>However, the most one family member will pay is \$750.</p> <p>Once you reach your deductible, you pay:</p>	\$750 per Individual \$1,500 per Family	

For the benefits listed with specific limits, all services received during the plan year from July 1 to June 30 for that benefit are applied to that limit (whether received in or out-of-plan).

All Other In-Network Services	You Pay	
Autism Spectrum Disorder (ASD) – For children from age 2 through 6	UPG/UVA Network	HealthKeepers Network
<ul style="list-style-type: none"> o diagnosis and treatment of autism spectrum disorder including: <ul style="list-style-type: none"> o behavioral health treatment* o psychiatric care o therapeutic care** o pharmacy care o psychological care <p>* <i>Mental Health Services</i> **<i>Unlimited physical, occupational and speech therapy.</i></p>	Member cost shares will be dependent on the services rendered.	
<ul style="list-style-type: none"> o applied behavioral analysis <ul style="list-style-type: none"> o unlimited per member annual maximum 	20% of the amount the health care professionals in our network have agreed to accept for their services	
Early Intervention – For children from birth up to age 3	UPG/UVA Network	HealthKeepers Network
<ul style="list-style-type: none"> o unlimited per member per plan year up to age 3 	Member cost shares will be dependent on the services rendered.	
Other Outpatient Services	UPG/UVA Network	HealthKeepers Network
<ul style="list-style-type: none"> o hospice care 	20% after the deductible of the amount the health care professionals in our network have agreed to accept for their services	
<ul style="list-style-type: none"> o diabetic supplies, equipment and education 	Member cost shares will be dependent on the services rendered.	
<ul style="list-style-type: none"> o ambulance travel o air/water transportation 	\$100 per transport* \$500 per transport* *Not subject to PY deductible	
<ul style="list-style-type: none"> o durable medical equipment o home health care (100 visits) o injectable medication* (excluding immunizations, preventive care, allergy injections and serum dispensed in a physician's office) *You will also pay an additional PCP or Specialist office visit copayment depending on the type of provider who treats you. 	20% after the deductible of the amount the health care professionals in our network have agreed to accept for their services	
<ul style="list-style-type: none"> o prosthetic devices 	30% after the deductible of the amount the health care professionals in our network have agreed to accept for their services	
Covered Services	You Pay	
Other Therapy Services	UPG/UVA Network	HealthKeepers Network
<ul style="list-style-type: none"> o chemotherapy, radiation, cardiac and respiratory therapy 	\$30 for each visit to a specialist	\$35 for each visit to a specialist
Outpatient Surgery in a Hospital or Facility	UPG/UVA Network	HealthKeepers Network
<ul style="list-style-type: none"> o surgery o advanced diagnostic imaging services 	10% after the deductible of the amount the health care professionals in our network have agreed to accept for their services	20% after the deductible of the amount the health care professionals in our network have agreed to accept for their services

Covered Services	You Pay	
Inpatient Stays in a Hospital or Facility	UPG/UVA Network	HealthKeepers Network
<ul style="list-style-type: none"> ○ semi-private room ○ private room when approved when approved in advance ○ intensive or coronary care unit <p><i>*You do not have to pay another inpatient copay if you are readmitted for the same or related condition within less than 72 hours from when you went home.</i></p>	<p>\$300 per admission* *Not subject to PY deductible</p>	<p>\$600 per admission* *Not subject to PY deductible</p>
<ul style="list-style-type: none"> ○ mental health and substance abuse inpatient semi-private room, intensive care, or similar unit 	<p>\$300 per admission* *Not subject to PY deductible</p>	
<ul style="list-style-type: none"> ○ skilled nursing facility (100 days for each admission) 	<p>20% after the deductible of the amount the health care professionals in our network have agreed to accept for their services</p>	
<ul style="list-style-type: none"> ○ physician, nursing, and other medically necessary professional services in the hospital including anesthesia, surgical, and maternity delivery services 	<p>0% after the deductible of the amount the health care professionals in our network have agreed to accept for their services</p>	<p>20% after the deductible of the amount the health care professionals in our network have agreed to accept for their services</p>
Maternity	UPG/UVA Network	HealthKeepers Network
<ul style="list-style-type: none"> ○ all routine pre- and postnatal care (excluding inpatient stays) 	<p>0% of the amount the health care professionals in our network have agreed to accept for their services</p>	<p>20% after the deductible of the amount the health care professionals in our network have agreed to accept for their services</p>
<ul style="list-style-type: none"> ○ maternity ultrasounds 	<p>0% of the amount the health care professionals in our network have agreed to accept for their services</p>	<p>20% after the deductible of the amount the health care professionals in our network have agreed to accept for their services</p>
Routine Vision	BlueView Vision Provider	
<ul style="list-style-type: none"> ○ an annual routine eye exam <i>Plus valuable discounts on eyewear</i> 	<p>\$15 for each visit</p>	
Emergency Care and Out of the Service Area Urgent Care	UPG/UVA Network	UPG/UVA Network
<ul style="list-style-type: none"> ○ urgent care visits 	<p>\$15 for each visit to your PCP \$30 for each visit to a specialist</p>	<p>\$20 for each visit to your PCP \$35 for each visit to a specialist</p>
<ul style="list-style-type: none"> ○ true emergency care visits in or out of the service area <i>*Waived if admitted directly to the hospital.</i> 	<p>\$300* for each visit to an emergency room* *Not subject to PY deductible</p>	

Out-of-Plan Services

Deductible for services received from out-of-plan health care professionals

You will pay all of the costs associated with covered services until you pay \$750 in one plan year. If two or more people are covered under your health plan, each member will be responsible for paying the first \$750 toward covered services within a plan year.

- If two people are covered under your plan, each of you will pay the first \$750 of the cost of your care (\$1,500 total).
- If three or more people are covered under your plan, together you will pay the first \$1,500 of the cost of your care. However, the most one family member will pay is \$750.

Once this amount has been reached, we will pay 70% of the amount doctors, hospitals and other health care professionals have agreed to accept for the same covered services.

If you go to an eye care professional not in our network for your routine eye examination, we will pay \$30 (whether or not you have reached the \$500 plan year out-of-plan deductible) and you will pay the rest of what the professional charges.

In addition, you may seek spinal manipulation and manual medical therapy services (chiropractic care) from a provider not in our network without first meeting the out-of-plan deductible.

Out-of-Pocket Maximums

What You Will Pay for Covered Services in One Plan Year (July 1 – June 30)

When using in-plan professionals (Tier 1 and Tier 2 combined)

If you are the only one covered by your plan, you will pay \$5,000 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.

- If two people are covered under your plan, each of you will pay \$5,000 (\$10,000 total).
- If three or more people are covered under your plan, together you will pay \$10,000. However, no family member will pay more than \$5,000 toward the limit.

When using out-of-plan professionals

If you are the only one covered by your plan, you will pay \$5,000 for covered services outlined in this insert. Once you have reached this amount, your payment for covered services is \$0, except for those services listed below that do not count toward the annual out-of-pocket maximum.

- If two people are covered under your plan, each of you will pay \$5,000 (\$10,000 total).
- If three or more people are covered under your plan, together you will pay \$10,000. However, no family member will pay more than \$5,000 toward the limit.

The following do not count toward the plan year out-of-pocket maximum. You will still need to pay:

- the costs associated with vision benefits
- the cost of prescription drugs
- the cost of dental benefits
- the cost of care received when the benefit limits have been reached

Some benefits may be subject to balance billing, if provided by a non-participating provider. For more information on balance billing, see the enrollment brochure.

This benefits overview insert is only one piece of your entire enrollment package.

See the enrollment brochure for a list of your plan's exclusions and limitations and applicable policy form numbers.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.