



2023 Comparison Of Statewide Plans

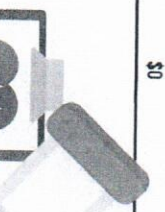
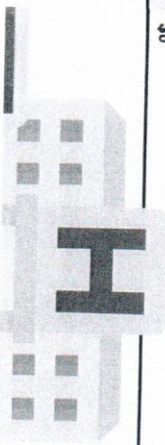
Effective July 1, 2023 or October 1, 2023

The Local Choice 2023 Comparison of Statewide Plans

	Key Advantage 250			Key Advantage 1000			High Deductible Health Plan		
Plan Year Deductible (Key Advantage: Applies to Certain Medical Services as Indicated on Chart) (IDHP: Applies to Medical, Behavioral Health, and Prescription Drug Services)	In-Network: One Person \$250 Out-of-Network: \$500	Two People See Family See Family	Family \$500 \$1,000	In-Network: One Person \$1,000 Out-of-Network: \$2,000	Two People See Family See Family	Family \$2,000 \$4,000	In-Network: One Person \$3,000 Deductible is combined for In-Network and Out-of-Network services.	Two People See Family See Family	Family \$5,000 \$6,000
Plan Year Out-of-Pocket Expense Limit	In-Network: One Person \$3,000 Out-of-Network: \$5,000	Two People See Family See Family	Family \$6,000 \$10,000	In-Network: One Person \$5,000 Out-of-Network: \$9,000	Two People See Family See Family	Family \$10,000 \$18,000	In-Network: One Person \$5,000 Out-of-Network: \$10,000	Two People See Family See Family	Family \$10,000 \$20,000
Out-of-Network Benefits	Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.			Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.			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 Care When Traveling (BlueCard)	Included			Included			Included		
Lifetime Maximum	Unlimited			Unlimited			Unlimited		
Covered Services	In-Network You Pay			In-Network You Pay			In-Network You Pay		
Ambulance Travel	20% coinsurance after deductible			20% coinsurance after deductible			20% coinsurance after deductible		
Autism Spectrum Disorder	Copayment/coinsurance determined by service received			Copayment/coinsurance determined by service received			20% coinsurance after deductible		
Behavioral Health and EAP									
Inpatient Treatment									
• Facility Services	\$400 copayment per stay			20% coinsurance after deductible			20% coinsurance after deductible		
• Professional Provider Services	\$0			\$0			20% coinsurance after deductible		
Outpatient Professional Provider Visits	\$20 copayment			\$25 copayment			20% coinsurance after deductible		
Employee Assistance Program (EAP)	4 visits per issue (per plan year)			\$0			\$0		
Dental Care									
Preventive Dental Option (diagnostic and preventive services only for lower premium)	\$0			\$0			\$0		
Comprehensive Dental Option (for higher premium)									
Dental Plan Year Deductible	One Person \$25 Two People \$50 Family \$75			One Person \$25 Two People \$50 Family \$75			One Person \$25 Two People \$50 Family \$75		
Plan Year Maximum (Except Orthodontics)	\$1,500			\$1,500			\$1,500		
• Preventive Dental Care	\$0			\$0			\$0		
• Primary Dental Care	20% coinsurance after dental deductible			20% coinsurance after dental deductible			20% coinsurance after dental deductible		
• Major Dental Care	50% coinsurance after dental deductible			50% coinsurance after dental deductible			50% coinsurance after dental deductible		
• Orthodontic Services (Includes Adult Ortho)	50% coinsurance, no dental deductible, with \$1,500 lifetime maximum			50% coinsurance, no dental deductible, with \$1,500 lifetime maximum			50% coinsurance, no dental deductible, with \$1,500 lifetime maximum		

The Local Choice 2023 Comparison of Statewide Plans (continued)

Covered Services	Key Advantage 250 In-Network You Pay	Key Advantage 1000 In-Network You Pay	High Deductible Health Plan In-Network You Pay
Diabetic Education	\$0	\$0	20% coinsurance after deductible
Diabetic Equipment	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Diabetic Supplies - See Outpatient Prescription Drugs	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Diagnostic Tests and X-Rays (for specific conditions or diseases at a doctor's office, emergency room or outpatient hospital department)	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Doctor Visits - on an Outpatient Basis			
Primary Care Physicians	\$20 copayment	\$25 copayment	20% coinsurance after deductible
Specialty Care Providers	\$35 copayment	\$40 copayment	20% coinsurance after deductible
Early Intervention Services	Copayment/coinsurance determined by service received	Copayment/coinsurance determined by service received	20% coinsurance after deductible
Emergency Room Visits	\$350 copayment per visit (waived if admitted to hospital)	20% coinsurance after deductible	20% coinsurance after deductible
Facility Services			
Professional Provider Services			
- Primary Care Physicians	\$20 copayment	\$25 copayment	20% coinsurance after deductible
- Specialty Care Providers	\$35 copayment	\$40 copayment	20% coinsurance after deductible
Diagnostic Tests and X-Rays	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Home Health Services (90 visit plan year limit per member)	\$0	\$0	20% coinsurance after deductible
Home Private Duty Nurse's Services	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Hospice Care Services	\$0	\$0	20% coinsurance after deductible
Hospital Services			
Inpatient Treatment			
• Facility Services	\$400 copayment per stay	20% coinsurance after deductible	20% coinsurance after deductible
• Professional Provider Services			
- Primary Care Physicians	\$0	\$0	20% coinsurance after deductible
- Specialty Care Providers	\$0	\$0	20% coinsurance after deductible
Outpatient Treatment			
• Facility Services	\$150 copayment	20% coinsurance after deductible	20% coinsurance after deductible
• Professional Provider Services			
- Primary Care Physicians	\$20 copayment	\$25 copayment	20% coinsurance after deductible
- Specialty Care Providers	\$35 copayment	\$40 copayment	20% coinsurance after deductible
Diagnostic Tests and X-Rays	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Virtual Care through Sydney Health app			
• LiveHealth Online	\$0	\$0	Determined by services received
• Symptom Checker	no cost	no cost	no cost
• Text Chat or Video Visit with Medical Provider	\$0	\$0	\$39 or 20% coinsurance after deductible
• Virtual Wellness/ Preventive Visit	\$0	\$0	\$99 or 20% coinsurance after deductible



The Local Choice 2023 Comparison of Statewide Plans (continued)

	Key Advantage 250 In-Network You Pay	Key Advantage 1000 In-Network You Pay	High Deductible Health Plan In-Network You Pay
Covered Services			
Maternity Professional Provider Services (Prenatal & Postnatal Care) - Primary Care Physicians - Specialty Care Providers	\$20 copayment \$35 copayment If your doctor submits one bill for delivery, prenatal and postnatal care services, there is no copayment required for physician care. If your doctor bills for these services separately, your payment responsibility will be determined by the services received.	\$25 copayment \$40 copayment	20% coinsurance after deductible 20% coinsurance after deductible
Delivery - Primary Care Physicians - Specialty Care Providers Hospital Services for Delivery (Delivery Room, Anesthesia, Routine Nursing Care for Newborn) Outpatient Diagnostic Tests	\$0 \$0 \$400 copayment per stay* 20% coinsurance after deductible	\$0 \$0 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible
Medical Equipment, Appliances, Formulas, Prosthetics and Supplies	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient Prescription Drugs - Mandatory Generic Retail up to 34-day supply* *You may purchase up to a 90-day supply at a retail pharmacy by paying multiple copayments, or the coinsurance after the deductible Home Delivery Services (Mail Order) Covered Drugs for up to a 90-day Supply	Tier 1 - \$10 copayment Tier 2 - \$30 copayment Tier 3 - \$45 copayment Tier 4 - \$55 copayment Tier 1 - \$20 copayment Tier 2 - \$60 copayment Tier 3 - \$90 copayment Tier 4 - \$110 copayment	Tier 1 - \$10 copayment Tier 2 - \$30 copayment Tier 3 - \$45 copayment Tier 4 - \$55 copayment Tier 1 - \$20 copayment Tier 2 - \$60 copayment Tier 3 - \$90 copayment Tier 4 - \$110 copayment	20% coinsurance after deductible 20% coinsurance after deductible
Diabetic Supplies	20% coinsurance, no deductible	20% coinsurance, no deductible	20% coinsurance after deductible
Prescription Insulin Drugs to Treat Diabetes	34-day supply not to exceed \$50 90-day supply not to exceed \$150	34-day supply not to exceed \$50 90-day supply not to exceed \$150	34-day supply not to exceed \$50 90-day supply not to exceed \$150
Routine vision - Blue View Vision Network (Once Every Plan Year)			
Routine Eye Exam	\$35 copayment	\$40 copayment	\$15 copayment
Eyeglass Lenses	\$20 copayment	\$20 copayment	\$20 copayment
Eyeglass Frames	Up to \$100 retail allowance**	Up to \$100 retail allowance**	Up to \$100 retail allowance**
Contact Lenses (In Lieu of Eyeglass Lenses)	Up to \$100 retail allowance	Up to \$100 retail allowance	Up to \$100 retail allowance
Elective	Up to \$250 retail allowance	Up to \$250 retail allowance	Up to \$250 retail allowance
Non-Elective	Up to \$100 retail allowance	Up to \$100 retail allowance	Up to \$100 retail allowance
Upgrade Eyeglass Lenses (Available for Additional Cos	\$15	\$15	\$15
UV Coating, Tints, Standard Scratch-Resistant	\$40	\$40	\$40
Standard Polycarbonate	\$65	\$65	\$65
Standard Progressive	\$45	\$45	\$45
Standard Anti-Reflective	20% off retail	20% off retail	20% off retail
Other Add-Ons	20% off retail	20% off retail	20% off retail
Sticks - Allergy & Therapeutic Injections (At Doctor's Office, Emergency Room or Outpatient Hospital Department)	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible

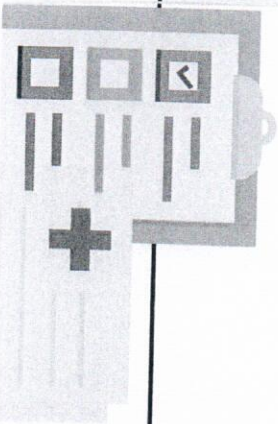
*This plan will waive the hospital copayment if the member enrolls in the maternity management pre-natal program within the first 16 weeks of pregnancy, has a dental cleaning during pregnancy and satisfactorily completes the program.

**You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.



The Local Choice 2023 Comparison of Statewide Plans (continued)

Covered Services	Key Advantage 250 In-Network You Pay	Key Advantage 1000 In-Network You Pay	High Deductible Health Plan In-Network You Pay
Skilled Nursing Facility Stays (180-Day Per Stay Limit Per Member) Facility Services	\$0	\$0	20% coinsurance after deductible
Professional Provider Services	\$0	\$0	20% coinsurance after deductible
Spinal Manipulations and Other Manual Medical Interventions (30 Visits Per Plan Year Limit Per Member) Primary Care Physicians Specialty Care Providers	\$20 copayment \$35 copayment	\$25 copayment \$40 copayment	20% coinsurance after deductible 20% coinsurance after deductible
Surgery – See Hospital Services			
Therapy Services Infusion Services, Cardiac Rehabilitation Therapy, Chemotherapy, Radiation Therapy, Respiratory Therapy, Occupational Therapy, Physical Therapy, and Speech Therapy Facility Services Professional Provider Services – Primary Care Physicians – Specialty Care Providers	20% coinsurance after deductible 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible
Wellness services Well Child (Office Visits at Specified Intervals Through Age 6) – Primary Care Physicians; – Specialty Care Providers; – Immunizations and Screening Tests	No copayment, coinsurance, or deductible	No copayment, coinsurance or deductible	No copayment, coinsurance, or deductible
Routine Wellness – Age 7 & Older • Annual Check-Up Visit (One Per Plan Year) – Primary Care Physicians – Specialty Care Providers – Immunizations, Lab and X-Ray Services • Routine Screenings, Immunizations, Lab and X-Ray Services (Outside of Annual Check-Up Visit)	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
Preventive Care (One of Each Per Plan Year) • Gynecological Exam • Pap Test • Mammography Screening • Prostate Exam (Digital Rectal Exam) • Prostate Specific Antigen Test • Colorectal Cancer Screenings	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible





Health & Wellness Programs

Be your healthy best! The TLC plans include access to a host of health and wellness programs to help you manage your health issues.

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

- Asthma
- Heart failure
- Diabetes
- Hypertension
- Coronary artery disease (CAD)
- Chronic obstructive pulmonary disease (COPD)

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 healthcare professionals, you may also opt out of the program when they call.

o **Future Moms:** Enroll and receive pre- and post-natal support. Access a nurse coach and other maternity support specially designed to help women have healthy pregnancies and healthy babies.

o **MyHealth Advantage:** Receive personalized health-related suggestions, tips, and reminders via mail or email to alert you of potential health risks, care gaps or cost-saving opportunities.

o **24/7 NurseLine & Audio Health Library:** Sometimes you need health questions answered right away - even in the middle of the night. Call 24/7 NurseLine (800-337-4770) 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.

o **CommonHealth** is the employee wellness program for The Local Choice. The main objective of CommonHealth is to promote wellness in the workplace. Yearly programs cover a variety of health and wellness subjects and are presented in a variety of formats - including onsite programs and video presentations that make it easy to participate. Not only are the programs educational and fun, they help you stay fit and healthy. For more information, visit www.commonhealth.virginia.gov/tlc.



See more information on Health & Wellness programs at www.anthem.com/tlc.

Virtual Care Options through Sydney Health

Life is busy. When you need care and are short on time, you have many options for quick and convenient virtual care through the Sydney Health app.

- o **No Cost Symptom Checker** - Compare your symptoms to our vast database and get quick answers and suggestions.
- o **Medical Text Chat and Video Visit** - Use the secure in-app text feature to get answers fast. Launch a video visit with a doctor for an urgent care need or ongoing health issue, get prescriptions, labs, referrals, and a plan of care.
- o **Virtual Wellness Visit** - Take care of your preventive care needs without stepping foot in a doctor's office.
- o **LiveHealth Online services** - use your device to set up an appointment with a specialist or see an urgent care provider 24/7.
 - **LiveHealth Online Medical** - 24/7 care for common medical conditions like the flu, colds, allergies, pink eye, sinus infections, and more
 - **LiveHealth Online Psychology** - See a therapist or psychologist
 - **LiveHealth Online Psychiatry** - See a psychiatrist for medication management
 - **LiveHealth Online EAP** - Access your free EAP counseling sessions
 - **LiveHealth Online Healthy Sleep** - Access board certified sleep specialists
 - **LiveHealth Online Dermatology** - 24/7 access to a dermatologist for common skin conditions

Employee Assistance Program (EAP)

Your EAP gives you, your covered dependents and members of your household **up to four free confidential counseling sessions per issue** each plan year.

Turn to your EAP for information and resources about:

- o Emotional well-being
- o Addiction and recovery
- o Work and career
- o Childcare and parenting
- o Helping aging parents
- o Financial issues (including free credit monitoring and identity theft recovery)
- o Legal concerns
- o Smoking cessation

Quick Access to Your Plan






[Anthem.com/tlc](https://www.anthem.com/tlc)

Your dedicated website for health benefits documents, no log in needed

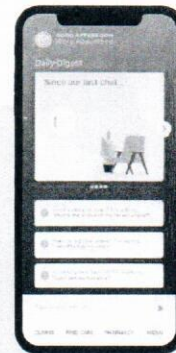
-  Download your health benefits summary and member handbook
-  Find care
-  Register for *LiveHealth Online* video doctor visits
-  Learn about your Employee Assistance Program (EAP)

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



Log in to your confidential and secure account

-  View your claims
-  Download your ID card
-  Find care
-  Refill prescriptions online
-  Compare costs for hundreds of medical procedures

Sydney Health mobile app

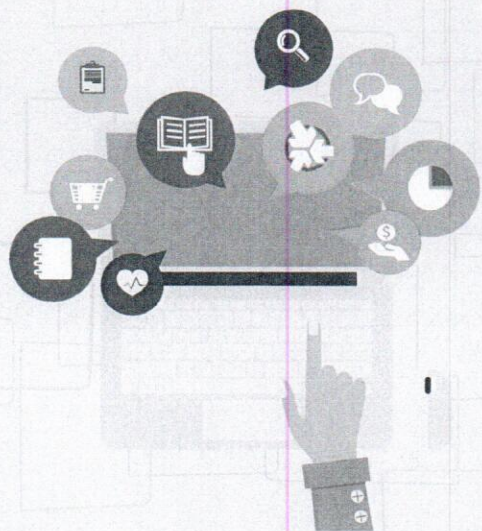


Log in using your [anthem.com](https://www.anthem.com) username and password to:

-  View your ID card
-  See all your medical and pharmacy benefits in one place
-  Use the chatbot to get answers and resources quickly
-  Connect easily to care
-  Track your health goals and fitness

[thelocalchoice.virginia.gov](https://www.thelocalchoice.virginia.gov)

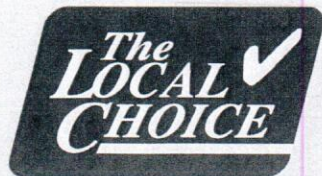
This is your resource for forms, Cardinal information and member notifications.



Explore a comprehensive and personalized view of your company's benefit offerings, view and pay your Anthem bill, and get the latest news through **EmployerAccess**.

Getting started

- Identify the main administration contact or *Site Administrator* for your business. They will register for EmployerAccess and be responsible for adding additional users.
- Register at employer.anthem.com/eea.
- You will receive an email to complete the registration process.
- Once you're registered, download the EmployerAccess app for benefits management, news and alerts on the go.



Language Access Services - (TTY/TDD: 711)

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