



**Anthem.** HealthKeepers  
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# Virginia Plan Guide for the individual market

Effective January 1, 2014



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# Anthem HealthKeepers On-Exchange Plans

	Anthem HealthKeepers Bronze DirectAccess with HSA cacd (ORUS)	Anthem HealthKeepers Bronze DirectAccess cabw (ORUQ)	Anthem HealthKeepers Bronze DirectAccess with Child Dental cdbw (ORV2)	Anthem HealthKeepers Bronze DirectAccess caam (ORUL)
<b>Network Name</b>	Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital
<b>Individual Deductible</b> (Family is 2 x Individual amount)	\$3,750	\$4,500	\$4,500	\$5,500
<b>Individual OOP Limit</b> (Includes deductible, copays, coinsurance & Rx. Family is 2 x Individual amount)	\$6,200	\$6,350	\$6,350	\$6,350
<b>Coinsurance</b>	25%	35%	35%	25%
<b>Office Visit: PCP</b>	Deductible then 25% coinsurance applies	\$35 copay per visit for first 3 office visits, then deductible and 35% coinsurance applies	\$35 copay per visit for first 3 office visits, then deductible and 35% coinsurance applies	\$40 copay per visit for first 2 office visits, then deductible and 25% coinsurance applies
<b>Office Visit: Specialist</b>	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>Outpatient Diagnostic Tests</b> (Examples: X-ray, EKG)	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>Outpatient Advanced Diagnostic Tests</b> (Examples: MRI, CT scan)	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>Preventive Care</b>	No cost to you	No cost to you	No cost to you	No cost to you
<b>Urgent Care</b>	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>Emergency Room Care</b>	Deductible then 35% coinsurance applies	Deductible then 45% coinsurance applies	Deductible then 45% coinsurance applies	Deductible then 35% coinsurance applies
<b>Hospital: Inpatient Admission</b>	Deductible then 25% (tier 1) or 50% (tier 2) coinsurance	Deductible then 35% (tier 1) or 50% (tier 2) coinsurance	Deductible then 35% (tier 1) or 50% (tier 2) coinsurance	Deductible then 25% (tier 1) or 50% (tier 2) coinsurance
<b>Hospital: Outpatient Surgery Hospital Facility</b>	Deductible then 25% (tier 1) or 50% (tier 2) coinsurance	Deductible then 35% (tier 1) or 50% (tier 2) coinsurance	Deductible then 35% (tier 1) or 50% (tier 2) coinsurance	Deductible then 25% (tier 1) or 50% (tier 2) coinsurance
<b>RX Tier 1 (Retail)</b>	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>RX Tier 2 (Retail)</b>	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>RX Tier 3 (Retail)</b>	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>RX Tier 4 (Retail)</b>	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>Dental</b>	Pediatric not covered Adult not covered	Pediatric not covered Adult not covered	Pediatric covered Adult not covered	Pediatric not covered Adult not covered
<b>Vision</b>	Pediatric covered Adult not covered	Pediatric covered Adult not covered	Pediatric covered Adult not covered	Pediatric covered Adult not covered
<b>Maternity</b>	For inpatient facility, deductible then 25% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 35% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 35% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 25% (tier 1) or 50% (tier 2) coinsurance
<b>Outpatient Mental Health and Substance Abuse</b>	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>Inpatient Mental Health and Substance Abuse*</b>	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>Chiropractic</b>	Deductible then 25% coinsurance applies (limit 30 visits per year)	Deductible then 35% coinsurance applies (limit 30 visits per year)	Deductible then 35% coinsurance applies (limit 30 visits per year)	Deductible then 25% coinsurance applies (limit 30 visits per year)
<b>Physical Therapy</b>	Deductible then 25% coinsurance applies (limit 30 visits per year PT/OT combined)	Deductible then 35% coinsurance applies (limit 30 visits per year PT/OT combined)	Deductible then 35% coinsurance applies (limit 30 visits per year PT/OT combined)	Deductible then 25% coinsurance applies (limit 30 visits per year PT/OT combined)

\* Costs may vary by site of service

<b>Anthem HealthKeepers Bronze DirectAccess with HSA caas (ORUN)</b>	<b>Anthem HealthKeepers Silver DirectAccess cbky (ORVM)</b>	<b>Anthem HealthKeepers Silver DirectAccess cbjs (ORVG)</b>	<b>Anthem HealthKeepers Silver DirectAccess cbfs (ORVB)</b>	<b>Anthem HealthKeepers Silver DirectAccess cbau (ORV6)</b>
Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital
\$6,000	\$1,500	\$2,250	\$2,600	\$3,350
\$6,350	\$5,500	\$6,350	\$6,000	\$5,500
15%	30%	20%	20%	15%
Deductible and 15% coinsurance applies	<b>\$35 copay</b> per visit for first 3 office visits, then deductible and 30% coinsurance applies	<b>\$35 copay</b> , unlimited	<b>\$35 copay</b> per visit for first 3 office visits, then deductible and 20% coinsurance applies	<b>\$45 copay</b> , unlimited
Deductible and 15% coinsurance applies	Deductible and 30% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 15% coinsurance applies
Deductible and 15% coinsurance applies	Deductible and 30% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 15% coinsurance applies
Deductible and 15% coinsurance applies	Deductible and 30% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 15% coinsurance applies
No cost to you	No cost to you	No cost to you	No cost to you	No cost to you
Deductible and 15% coinsurance applies	Deductible then 30% coinsurance applies	Deductible then 20% coinsurance applies	Deductible then 20% coinsurance applies	Deductible then 15% coinsurance applies
Deductible and 15% coinsurance applies	Deductible then 40% coinsurance applies	Deductible and 30% coinsurance applies	Deductible and 30% coinsurance applies	Deductible and 25% coinsurance applies
Deductible and 15% coinsurance applies (tier 1 and tier 2)	Deductible then 30% (tier 1) or 50% (tier 2) coinsurance	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible then 15% (tier 1) or 45% (tier 2) coinsurance
Deductible and 15% coinsurance applies (tier 1 and tier 2)	Deductible then 30% (tier 1) or 50% (tier 2) coinsurance	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible then 15% (tier 1) or 45% (tier 2) coinsurance
Deductible and 15% coinsurance applies	<b>\$15 copay</b>	<b>\$15 copay</b>	<b>\$15 copay</b>	<b>\$15 copay</b>
Deductible and 15% coinsurance applies	<b>\$40 copay</b>	<b>\$40 copay</b>	<b>\$40 copay</b>	<b>\$40 copay</b>
Deductible and 15% coinsurance applies	Deductible and 30% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 15% coinsurance applies
Deductible and 15% coinsurance applies	Deductible and 30% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 15% coinsurance applies
Pediatric not covered Adult not covered	Pediatric not covered Adult not covered	Pediatric not covered Adult not covered	Pediatric not covered Adult not covered	Pediatric not covered Adult not covered
Pediatric covered Adult not covered	Pediatric covered Adult not covered	Pediatric covered Adult not covered	Pediatric covered Adult not covered	Pediatric covered Adult not covered
For inpatient facility, deductible then 15% coinsurance applies (tier 1 and tier 2)	For inpatient facility, deductible then 30% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 20% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 20% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 15% (tier 1) or 45% (tier 2) coinsurance
Deductible and 15% coinsurance applies	Deductible and 30% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 15% coinsurance applies
Deductible and 15% coinsurance applies	Deductible and 30% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 15% coinsurance applies
Deductible then 15% coinsurance applies (limit 30 visits per year)	Deductible then 30% coinsurance applies (limit 30 visits per year)	Deductible then 20% coinsurance applies (limit 30 visits per year)	Deductible then 20% coinsurance applies (limit 30 visits per year)	Deductible then 15% coinsurance applies (limit 30 visits per year)
Deductible then 15% coinsurance applies (limit 30 visits per year PT/OT combined)	Deductible then 30% coinsurance applies (limit 30 visits per year PT/OT combined)	Deductible then 20% coinsurance applies (limit 30 visits per year PT/OT combined)	Deductible then 20% coinsurance applies (limit 30 visits per year PT/OT combined)	Deductible then 15% coinsurance applies (limit 30 visits per year PT/OT combined)

# Anthem HealthKeepers On-Exchange Plans

	Anthem HealthKeepers Gold DirectAccess ccam (ORWC)	Anthem HealthKeepers Gold DirectAccess with Child Dental cdca (ORWG)	Anthem HealthKeepers Catastrophic DirectAccess (ORWL)
<b>Network Name</b>	Pathway X Tiered Hospital	Pathway X Tiered Hospital	Pathway X Tiered Hospital
<b>Individual Deductible</b> (Family is 2 x Individual amount)	\$750	\$750	\$6,350
<b>Individual OOP Limit</b> (Includes deductible, copays, coinsurance & Rx. Family is 2 x Individual amount)	\$3,500	\$3,500	\$6,350
<b>Coinsurance</b>	20%	20%	0%
<b>Office Visit: PCP</b>	\$30 copay, unlimited	\$30 copay, unlimited	\$40 copay per visit for first 3 office visits, then deductible and 0% coinsurance applies
<b>Office Visit: Specialist</b>	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 0% coinsurance applies
<b>Outpatient Diagnostic Tests</b> (Examples: X-ray, EKG)	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 0% coinsurance applies
<b>Outpatient Advanced Diagnostic Tests</b> (Examples: MRI, CT scan)	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 0% coinsurance applies
<b>Preventive Care</b>	No cost to you	No cost to you	No cost to you
<b>Urgent Care</b>	Deductible then 20% coinsurance applies	Deductible then 20% coinsurance applies	Deductible then 0% coinsurance applies
<b>Emergency Room Care</b>	Deductible and 30% coinsurance apply	Deductible and 30% coinsurance apply	Deductible and 0% coinsurance applies
<b>Hospital: Inpatient Admission</b>	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible and 0% coinsurance applies (tier 1 and tier 2)
<b>Hospital: Outpatient Surgery Hospital Facility</b>	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible and 0% coinsurance applies (tier 1 and tier 2)
<b>RX Tier 1 (Retail)</b>	\$15 copay	\$15 copay	Deductible and 0% coinsurance applies
<b>RX Tier 2 (Retail)</b>	\$40 copay	\$40 copay	Deductible and 0% coinsurance applies
<b>RX Tier 3 (Retail)</b>	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 0% coinsurance applies
<b>RX Tier 4 (Retail)</b>	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 0% coinsurance applies
<b>Dental</b>	Pediatric not covered Adult not covered	Pediatric covered Adult not covered	Pediatric not covered Adult not covered
<b>Vision</b>	Pediatric covered Adult not covered	Pediatric covered Adult not covered	Pediatric covered Adult not covered
<b>Maternity</b>	For inpatient facility, deductible then 20% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 20% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 0% coinsurance applies (tier 1 and tier 2)
<b>Outpatient Mental Health and Substance Abuse</b>	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 0% coinsurance applies
<b>Inpatient Mental Health and Substance Abuse*</b>	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 0% coinsurance applies
<b>Chiropractic</b>	Deductible then 20% coinsurance applies (limit 30 visits per year)	Deductible then 20% coinsurance applies (limit 30 visits per year)	Deductible then 0% coinsurance applies (limit 30 visits per year)
<b>Physical Therapy</b>	Deductible then 20% coinsurance applies (limit 30 visits per year PT/OT combined)	Deductible then 20% coinsurance applies (limit 30 visits per year PT/OT combined)	Deductible then 0% coinsurance applies (limit 30 visits per year PT/OT combined)

\* Costs may vary by site of service



# Anthem HealthKeepers Off-Exchange Plans

	Anthem HealthKeepers Core DirectAccess with HSA cacd (ORUT)	Anthem HealthKeepers Core DirectAccess cabw (ORUR)	Anthem HealthKeepers Core DirectAccess with Child Dental cdbw (ORV3)	Anthem HealthKeepers Core DirectAccess caam (ORUM)
<b>Network Name</b>	Pathway Tiered Hospital	Pathway Tiered Hospital	Pathway Tiered Hospital	Pathway Tiered Hospital
<b>Individual Deductible</b> (Family is 2 x Individual amount)	\$3,750	\$4,500	\$4,500	\$5,500
<b>Individual OOP Limit</b> (Includes deductible, copays, coinsurance & Rx. Family is 2 x Individual amount)	\$6,200	\$6,350	\$6,350	\$6,350
<b>Coinsurance</b>	25%	35%	35%	25%
<b>Office Visit: PCP</b>	Deductible then 25% coinsurance applies	\$35 copay per visit for first 3 office visits, then deductible and 35% coinsurance applies	\$35 copay per visit for first 3 office visits, then deductible and 35% coinsurance applies	\$40 copay per visit for first 2 office visits, then deductible and 25% coinsurance applies
<b>Office Visit: Specialist</b>	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>Outpatient Diagnostic Tests</b> (Examples: X-ray, EKG)	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>Outpatient Advanced Diagnostic Tests</b> (Examples: MRI, CT scan)	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>Preventive Care</b>	No cost to you	No cost to you	No cost to you	No cost to you
<b>Urgent Care</b>	Deductible then 25% coinsurance applies	Deductible and 35% coinsurance applies	Deductible and 35% coinsurance applies	Deductible and 25% coinsurance applies
<b>Emergency Room Care</b>	Deductible then 35% coinsurance applies	Deductible then 45% coinsurance applies	Deductible then 45% coinsurance applies	Deductible then 35% coinsurance applies
<b>Hospital: Inpatient Admission</b>	Deductible then 25% (tier 1) or 50% (tier 2) coinsurance	Deductible then 35% (tier 1) or 50% (tier 2) coinsurance	Deductible then 35% (tier 1) or 50% (tier 2) coinsurance	Deductible then 25% (tier 1) or 50% (tier 2) coinsurance
<b>Hospital: Outpatient Surgery Hospital Facility</b>	Deductible then 25% (tier 1) or 50% (tier 2) coinsurance	Deductible then 35% (tier 1) or 50% (tier 2) coinsurance	Deductible then 35% (tier 1) or 50% (tier 2) coinsurance	Deductible then 25% (tier 1) or 50% (tier 2) coinsurance
<b>RX Tier 1 (Retail)</b>	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>RX Tier 2 (Retail)</b>	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>RX Tier 3 (Retail)</b>	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>RX Tier 4 (Retail)</b>	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>Dental</b>	Pediatric not covered Adult not covered	Pediatric not covered Adult not covered	Pediatric covered Adult not covered	Pediatric not covered Adult not covered
<b>Vision</b>	Pediatric covered Adult not covered	Pediatric covered Adult not covered	Pediatric covered Adult not covered	Pediatric covered Adult not covered
<b>Maternity</b>	For inpatient facility, deductible then 25% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 35% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 35% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 25% (tier 1) or 50% (tier 2) coinsurance
<b>Outpatient Mental Health and Substance Abuse</b>	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>Inpatient Mental Health and Substance Abuse*</b>	Deductible then 25% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 35% coinsurance applies	Deductible then 25% coinsurance applies
<b>Chiropractic</b>	Deductible then 25% coinsurance applies (limit 30 visits per year)	Deductible then 35% coinsurance applies (limit 30 visits per year)	Deductible then 35% coinsurance applies (limit 30 visits per year)	Deductible then 25% coinsurance applies (limit 30 visits per year)
<b>Physical Therapy</b>	Deductible then 25% coinsurance applies (limit 30 visit per year PT/OT combined)	Deductible then 35% coinsurance applies (limit 30 visit per year PT/OT combined)	Deductible then 35% coinsurance applies (limit 30 visit per year PT/OT combined)	Deductible then 25% coinsurance applies (limit 30 visit per year PT/OT combined)

\* Costs may vary by site of service

<b>Anthem HealthKeepers Core DirectAccess with HSA caas (ORUP)</b>	<b>Anthem HealthKeepers Essential DirectAccess cbky (ORVN)</b>	<b>Anthem HealthKeepers Essential DirectAccess cbjs (ORVH)</b>	<b>Anthem HealthKeepers Essential DirectAccess cbfs (ORVC)</b>	<b>Anthem HealthKeepers Essential DirectAccess cbau (ORV7)</b>
Pathway Tiered Hospital	Pathway Tiered Hospital	Pathway Tiered Hospital	Pathway Tiered Hospital	Pathway Tiered Hospital
\$6,000	\$1,500	\$2,250	\$2,600	\$3,350
\$6,350	\$5,500	\$6,350	\$6,000	\$5,500
15%	30%	20%	20%	15%
Deductible and 15% coinsurance applies	<b>\$35 copay</b> per visit for first 3 office visits, then deductible and 30% coinsurance applies	<b>\$35 copay</b> , unlimited	<b>\$35 copay</b> per visit for first 3 office visits, then deductible and 20% coinsurance applies	<b>\$45 copay</b> , unlimited
Deductible and 15% coinsurance applies	Deductible then 30% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 15% coinsurance applies
Deductible and 15% coinsurance applies	Deductible then 30% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 15% coinsurance applies
Deductible and 15% coinsurance applies	Deductible then 30% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 15% coinsurance applies
No cost to you	No cost to you	No cost to you	No cost to you	No cost to you
Deductible and 15% coinsurance applies	Deductible then 30% coinsurance applies	Deductible then 20% coinsurance apply	Deductible then 20% coinsurance apply	Deductible then 15% coinsurance apply
Deductible and 15% coinsurance applies	Deductible then 40% coinsurance applies	Deductible and 30% coinsurance applies	Deductible and 30% coinsurance applies	Deductible and 25% coinsurance applies
Deductible and 15% coinsurance applies (tier 1 and tier 2)	Deductible then 30% (tier 1) or 50% (tier 2) coinsurance	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible then 15% (tier 1) or 45% (tier 2) coinsurance
Deductible and 15% coinsurance applies (tier 1 and tier 2)	Deductible then 30% (tier 1) or 50% (tier 2) coinsurance	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible then 15% (tier 1) or 45% (tier 2) coinsurance
Deductible and 15% coinsurance applies	<b>\$15 copay</b>	<b>\$15 copay</b>	<b>\$15 copay</b>	<b>\$15 copay</b>
Deductible and 15% coinsurance applies	<b>\$40 copay</b>	<b>\$40 copay</b>	<b>\$40 copay</b>	<b>\$40 copay</b>
Deductible and 15% coinsurance applies	Deductible then 30% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 15% coinsurance applies
Deductible and 15% coinsurance applies	Deductible then 30% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 15% coinsurance applies
Pediatric not covered Adult not covered	Pediatric not covered Adult not covered	Pediatric not covered Adult not covered	Pediatric not covered Adult not covered	Pediatric not covered Adult not covered
Pediatric covered Adult not covered	Pediatric covered Adult not covered	Pediatric covered Adult not covered	Pediatric covered Adult not covered	Pediatric covered Adult not covered
For inpatient facility, deductible then 15% coinsurance applies (tier 1 and tier 2)	For inpatient facility, deductible then 30% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 20% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 20% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 15% (tier 1) or 45% (tier 2) coinsurance
Deductible and 15% coinsurance applies	Deductible then 30% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 15% coinsurance applies
Deductible and 15% coinsurance applies	Deductible then 30% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 15% coinsurance applies
Deductible then 15% coinsurance applies (limit 30 visits per year)	Deductible then 30% coinsurance applies (limit 30 visits per year)	Deductible then 20% coinsurance applies (limit 30 visits per year)	Deductible then 20% coinsurance applies (limit 30 visits per year)	Deductible then 15% coinsurance applies (limit 30 visits per year)
Deductible then 15% coinsurance applies (limit 30 visit per year PT/OT combined)	Deductible then 30% coinsurance applies (limit 30 visit per year PT/OT combined)	Deductible then 20% coinsurance applies (limit 30 visit per year PT/OT combined)	Deductible then 20% coinsurance applies (limit 30 visit per year PT/OT combined)	Deductible then 15% coinsurance applies (limit 30 visit per year PT/OT combined)

# Anthem HealthKeepers Off-Exchange Plans

	Anthem HealthKeepers Preferred DirectAccess ccam (ORWD)	Anthem HealthKeepers Preferred DirectAccess with Child Dental cdda (ORWH)	Anthem HealthKeepers Catastrophic DirectAccess (ORWM)
<b>Network Name</b>	Pathway Tiered Hospital	Pathway Tiered Hospital	Pathway Tiered Hospital
<b>Individual Deductible</b> (Family is 2 x Individual amount)	\$750	\$750	\$6,350
<b>Individual OOP Limit</b> (Includes deductible, copays, coinsurance & Rx. Family is 2 x Individual amount)	\$3,500	\$3,500	\$6,350
<b>Coinsurance</b>	20%	20%	0%
<b>Office Visit: PCP</b>	\$30 copay, unlimited	\$30 copay, unlimited	\$40 copay per visit for first 3 office visits, then deductible and 0% coinsurance applies
<b>Office Visit: Specialist</b>	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 0% coinsurance applies
<b>Outpatient Diagnostic Tests</b> (Examples: X-ray, EKG)	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 0% coinsurance applies
<b>Outpatient Advanced Diagnostic Tests</b> (Examples: MRI, CT scan)	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 0% coinsurance applies
<b>Preventive Care</b>	No cost to you	No cost to you	No cost to you
<b>Urgent Care</b>	Deductible and 20% coinsurance apply	Deductible and 20% coinsurance apply	Deductible and 0% coinsurance applies
<b>Emergency Room Care</b>	Deductible and 30% coinsurance applies	Deductible and 30% coinsurance applies	Deductible and 0% coinsurance applies
<b>Hospital: Inpatient Admission</b>	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible then 0% coinsurance applies (tier 1 and tier 2)
<b>Hospital: Outpatient Surgery Hospital Facility</b>	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible then 20% (tier 1) or 50% (tier 2) coinsurance	Deductible then 0% coinsurance applies (tier 1 and tier 2)
<b>RX Tier 1 (Retail)</b>	\$15 copay	\$15 copay	Deductible and 0% coinsurance applies
<b>RX Tier 2 (Retail)</b>	\$40 copay	\$40 copay	Deductible and 0% coinsurance applies
<b>RX Tier 3 (Retail)</b>	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 0% coinsurance applies
<b>RX Tier 4 (Retail)</b>	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 0% coinsurance applies
<b>Dental</b>	Pediatric not covered Adult not covered	Pediatric covered Adult not covered	Pediatric not covered Adult not covered
<b>Vision</b>	Pediatric covered Adult not covered	Pediatric covered Adult not covered	Pediatric covered Adult not covered
<b>Maternity</b>	For inpatient facility, deductible then 20% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 20% (tier 1) or 50% (tier 2) coinsurance	For inpatient facility, deductible then 0% coinsurance applies (tier 1 and tier 2)
<b>Outpatient Mental Health and Substance Abuse</b>	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 0% coinsurance applies
<b>Inpatient Mental Health and Substance Abuse*</b>	Deductible and 20% coinsurance applies	Deductible and 20% coinsurance applies	Deductible and 0% coinsurance applies
<b>Chiropractic</b>	Deductible then 20% coinsurance applies (limit 30 visits per year)	Deductible then 20% coinsurance applies (limit 30 visits per year)	Deductible then 0% coinsurance applies (limit 30 visits per year)
<b>Physical Therapy</b>	Deductible then 20% coinsurance applies (limit 30 visit per year PT/OT combined)	Deductible then 20% coinsurance applies (limit 30 visit per year PT/OT combined)	Deductible then 0% coinsurance applies (limit 30 visit per year PT/OT combined)

\* Costs may vary by site of service





# Exclusions and Limitations

## Exclusions

This list includes some of the more common services not covered by these plans:

- Acupuncture
- Allergy tests and treatment, except as spelled out in your Evidence of Coverage
- Artificial insemination, fertilization, infertility drugs or sterilization reversal
- Artificial and mechanical hearts
- Alternative or complementary medicine
- Bariatric surgery, unless optional benefit rider has been purchased
- Benefits covered by Medicare or a governmental program
- Breast reduction or augmentation mammoplasty is excluded unless associated with breast reconstruction surgery following a medically necessary mastectomy resulting from cancer
- Care provided by a member of your family
- Care received in an emergency room that is not emergency care, except as specified in your Evidence of Coverage
- Charges incurred prior to the effective date of coverage or after the termination date of coverage
- Charges greater than the maximum allowable amount (charges exceeding the amount HealthKeepers recognizes for services)
- Comfort and/or convenience items
- Cosmetic surgery and/or treatment that's primarily intended to improve your appearance
- Custodial care
- Dental, except as described in your Evidence of Coverage
- Educational services, except as mandated
- Experimental or investigative treatment
- Non-chemical additions such as gambling, spending, religious
- Nutritional and dietary supplements
- Over-the-counter drugs, devices or products
- Pharmacy except as spelled out in your Evidence of Coverage
- Routine foot care
- Sclerotherapy (a medical procedure used to eliminate varicose veins and spider veins)
- Services we determine aren't medically necessary
- Sex transformation surgery
- TMJ and Craniomandibular Joint Disorder. Covered services do not include fixed or removable appliances that involve movement or repositioning of the teeth, repair of teeth (fillings) or prosthetics (crown, bridges, dentures).
- Vision except as described in your Evidence of Coverage
- Weight loss programs or treatment of obesity except as mandated
- Workers' compensation

## Limitations

These services are limited as described below:

- Therapy services
  - Physical/Occupational therapy - 30 combined visits per member per year
  - Speech therapy - 30 visits per member per year
- Chiropractic - 30 visits for manipulation per member per year
- Home health care - 100 visits per member per year
- Private duty nursing provided in a home care setting - 16 hours per member per year
- Skilled nursing facility - 100 days per stay

\*All plans available with optional bariatric surgery coverage for an additional premium.





This piece refers to Policy form #s VA\_HMHS(1/14), VA\_HMHS(1/14)ONHIX, Schedule of benefits forms VA\_SB\_BRZ\_3750\_ORUT (1/14), VA\_SB\_BRZ\_4500\_ORUR (1/14), VA\_SB\_BRZ\_5500\_ORUM (1/14), VA\_SB\_BRZ\_6000\_ORUP (1/14), VA\_SB\_SLV\_1500\_ORVN (1/14), VA\_SB\_SLV\_2250\_ORVH (1/14), VA\_SB\_SLV\_2600\_ORVC (1/14), VA\_SB\_SLV\_3350\_ORV7 (1/14), VA\_SB\_GLD\_750\_ORWD (1/14), VA\_SB\_GLD\_750\_PD\_ORWH (1/14), VA\_SB\_CAT\_6350\_ORWM (1/14), VA\_SB\_BRZ\_3750\_ORUS (1/14) ONHIX, VA\_SB\_BRZ\_4500\_ORUQ (1/14) ONHIX, VA\_SB\_BRZ\_4500\_PD\_ORV2 (1/14) ONHIX, VA\_SB\_BRZ\_5500\_ORUL (1/14) ONHIX, VA\_SB\_BRZ\_6000\_ORUN (1/14) ONHIX, VA\_SB\_SLV\_1500\_ORVM (1/14) ONHIX, VA\_SB\_SLV\_2250\_ORVG (1/14) ONHIX, VA\_SB\_SLV\_2600\_ORVB (1/14) ONHIX, VA\_SB\_SLV\_3350\_ORV6 (1/14) ONHIX, VA\_SB\_GLD\_750\_ORWC (1/14) ONHIX, VA\_SB\_GLD\_750\_PD\_ORWG (1/14) ONHIX, VA\_SB\_CAT\_6350\_ORWL (1/14) ONHIX and rider form VA\_Bariatric (1/14).

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