

FAUQUIER COUNTY GOVERNMENT AND PUBLIC SCHOOLS  
 ANTHEM BLUE CROSS AND BLUE SHIELD  
 MEDICAL INSURANCE AND PRESCRIPTION DRUG BENEFIT SUMMARY OVERVIEW  
 EFFECTIVE JULY 1, 2011

**HealthKeepers Plans**

*Health Maintenance Organization (HMO)* - The HealthKeepers HMO Plans provide rich benefits with fixed copays. The HealthKeepers Plans require the selection of a Primary Care Physician (PCP) who will coordinate all of the member's care. When accessing care from a provider other than the member's PCP, HealthKeepers 20 members must attain a referral from their PCP. If a member does not attain the necessary referral, the services will not be covered under the HealthKeepers Plans. The members of HealthKeepers 10 Open Access do not need to attain a referral.

**KeyCare Plans**

*Preferred Provider Organization (PPO)* – The KeyCare PPO Plans provide a large network of providers and hospitals which members can access. The KeyCare Plans do not require referrals and provide both In-Network and Out-of-Network benefits. When utilizing the KeyCare benefits on an In-Network basis, members will typically pay copays and/or coinsurance. If members utilize their Out-of-Network benefits, they will first need to satisfy their calendar year deductible and then they will be reimbursed the applicable coinsurance level. Please be aware when members are using their Out-of-Network benefits, members must obtain the necessary prior authorizations for certain procedures and testing. A brief summary of the Out-of-Network benefits are listed at the bottom of the outline below; however, detailed information on the Out-of-Network benefits is available upon request.

As you review the outline of benefits for the plans, keep in mind that an important aspect of saving on your Out-of-Pocket medical expenses is using the appropriate network of Anthem Blue Cross and Blue Shield providers in the plan you select.

**Children up to the age of 26 may be covered regardless of their student status. Children will be removed from the policy at the end of the month of their 26<sup>th</sup> birthday.**

<b>MEDICAL INSURANCE</b>	<b>KEYCARE 10</b> <i>Copayment (program pays)</i>	<b>KEYCARE 15</b> <i>Copayment (program pays)</i>	<b>HEALTHKEEPERS 10</b> <b>OPEN ACCESS</b> <i>Copayment (program pays)</i>	<b>HEALTHKEEPERS 20</b> <i>Copayment (program pays)</i>
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Out-of-Pocket Maximum (stop-loss)***	\$1,000 per individual; \$2,000 per family	\$2,000 per individual; \$4,000 per family	\$1,500 per individual; \$3,000 per family	\$2,000 per individual; \$4,000 per family
Deductible	None	None	None	None
<b>INPATIENT SERVICES</b>				
Inpatient	No maximum number of days	No maximum number of days	No maximum number of days	No maximum number of days
Inpatient Hospital	90% of AC* after \$200 per confinement copay	80% of AC* after \$300 per confinement copay	100% of AC* after \$250 per confinement copay	100% of AC* after \$200 per day copay (\$1,000 maximum copay per admission)
Inpatient Provider/Doctor	90% of AC	80% of AC	100% of AC	100% of AC
Mental Health Inpatient	90% of AC after \$200 per confinement copay	80% of AC after \$300 copay	100% of AC after \$250 per confinement copay	100% of AC after \$200 per day copay (\$1,000 maximum copay per admission)
Skilled Nursing Facility	90% of AC (100 days per confinement)	80% of AC (100 days per confinement)	100% of AC	100% of AC
Pre-Hospital Admission	Call 1-800-242-7277	Call 1-800-242-7277	Done by Primary Care Physician (PCP)	Done by Primary Care Physician (PCP)
<b>PROVIDER SERVICES</b>				
Primary Care Physician	Not required	Not required	Required	Required
Referral for Specialist	Not required	Not required	Not Required	Required

<b>MEDICAL INSURANCE</b>	<b>KEYCARE 10 (program pays)</b>	<b>KEYCARE 15 (program pays)</b>	<b>HEALTHKEEPERS 10 OPEN ACCESS (program pays)</b>	<b>HEALTHKEEPERS 20 (program pays)</b>
<b>OUTPATIENT EXPENSES</b>				
Physician/Primary Care Office Visit	100% of AC after \$10 copay	100% of AC after \$15 copay	100% of AC after \$10 copay	100% of AC after \$20 copay
Specialist Office Visit	100% of AC after \$20 copay	100% of AC after \$30 copay	100% of AC after \$20 copay	100% of AC after \$40 copay
Diagnostic Testing	90% of AC	80% of AC	100% of AC after \$20 copay if not done at time of office visit	100% of AC after \$40 copay if not done at time of office visit
Facility/Surgery (SPU)	90% of AC after \$100 copay	80% of AC after \$100 copay	100% of AC after \$150 copay	100% of AC after \$200 copay
Mental Health	100% of AC after \$20 copay	100% of AC after \$15 copay	100% of AC after \$10 copay	100% of AC after \$20 copay
<b>WELL BABY CARE</b> (until the day the child turns 7)	100% of AC after \$10 Physician/\$20 Specialist copay	100% of AC after \$15 Physician/\$30 Specialist copay	100% after \$10 copay	100% after \$20 copay
Immunizations	100% of AC	100% of AC	100% of AC	100% of AC
<b>ROUTINE WELLNESS</b>				
Routine visits	100% of AC after \$10 copay or \$20 specialist copay	100% of AC after \$15 copay or \$30 specialist copay	100% of AC after \$10 copay or \$20 specialist copay	100% of AC after \$20 copay or \$40 specialist copay
Routine labs/x-rays	90% of AC	80% of AC	100% of AC after \$10 copay, if not done at time of office visit	100% of AC after \$20 copay, if not done at time of office visit
Radiology Services (MRI, MRS, MRA, PET, CTA, and CT Scans)	90% of AC after \$100 copay (Pre-authorization Required)	80% of AC after \$100 copay (Pre-authorization Required)	100% of AC after \$150 copay (Pre-authorization required)	100% of AC after \$100 copay (Pre-authorization Required)
Colorectal Cancer Screening	Copay/coinsurance determined by service received	Copay/coinsurance determined by service received	Copay/coinsurance determined by service received	Copay/coinsurance determined by service received
<b>WELL WOMEN EXAM</b>				
Routine GYN Exam (1/CY)	100% of AC after \$10 Physician/\$20 Specialist copay	100% of AC after \$15 Physician/\$30 Specialist copay	100% of AC after \$10 copay	100% after \$20 copay (referral not necessary; must choose from specialist list)
Mammograms	90% of AC	80% of AC	100% if /ac after \$10 copay if not done at time of office visit. \$20 copay if done at facility	100% of AC after \$20 copay if not done at time of office visit. \$40 copay if done at facility
Pap Smears	90% of AC	80% of AC	100% of AC	100% of AC
<b>MATERNITY</b>				
Pre and Post Natal Care	100% of AC after \$10 Physician/\$20 Specialist copay	100% of AC after \$15 Physician/\$30 Specialist copay	100% of AC after \$50 copay per pregnancy	100% of AC after \$200 copay per pregnancy
Diagnostic Testing	90% of AC	80% of AC	100% of AC after \$20 copay	100% of AC after \$40 copay
<b>EMERGENCIES</b>				
Emergency Room, Accidents, Medical Emergencies	Facility - 90% of AC after \$100 copay. Doctor - 100% of AC after \$10 Physician/\$20 Specialist copay	Facility - 80% of AC after \$100 copay Doctor - 100% of AC after \$15 Physician/\$30 Specialist copay	100% of AC after \$100 copay (member must contact their PCP within 48 hours after receiving care)	100% of AC after \$100 copay (member must contact their PCP within 48 hours after receiving care)
Urgent Care Services	100% of AC after \$10 Physician/\$20 Specialist copay	100% of AC after \$15 Physician/\$30 Specialist copay	100% of AC after \$10 Physician/\$20 Specialist copay	100% of AC after \$20 Physician/\$40 Specialist copay
<b>OTHER SERVICES</b>				
Chiropractic Care	100% after \$20 copay (30 visit max/CY)	100% after \$30 copay (30 visit max/CY)	100% after \$20 copay (30 visit max/CY)	100% after \$40 copay (30 visit max/CY)
Physical Therapy, Speech Therapy and Occupational Therapy**	\$20 Physician copay Facility charge of \$20 copay plus 10% coinsurance (30 visit max/CY)	\$30 Physician copay Facility charge of \$30 copay plus 20% coinsurance (30 visit max/CY)	100% of AC after \$20 copay (30 visit max/CY)	100% of AC after \$25 copay (30 visit max/CY)
Private Duty Nursing	80% of AC	80% of AC	Not covered	Not covered
Durable Medical Equipment	80% of AC	80% of AC	100% of AC	100% of AC

