

FAUQUIER COUNTY GOVERNMENT AND PUBLIC SCHOOLS  
 ANTHEM BLUE CROSS AND BLUE SHIELD  
 MEDICAL INSURANCE AND PRESCRIPTION DRUG BENEFIT SUMMARY OVERVIEW  
 EFFECTIVE JULY 1, 2010

**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.

**Unmarried dependants are covered until the end of the calendar year they turn 19; or until the end of the calendar year they turn 23, if they are a full-time student.**

<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 copay	80% of AC after \$300 copay	100% of AC after per day copay	100% of AC after per day copay
Skilled Nursing Facility	90% of AC (100 days per confinement)	80% of AC (100 days per confinement)	100% of AC (100 days per illness)	100% of AC (100 days per illness)
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 \$10 Physician/\$20 Specialist copay – no visit limit	100% of AC after \$10 Physician/\$20 Specialist copay – no visit limit	100% of AC after \$20 copay grp therapy and indivl therapy up to 30 minutes after med mgmt	100% of AC after \$20 copay grp therapy and indivl therapy up to 30 minutes after med mgmt, then \$30 all other visits
<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 Pysician/\$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	100% of AC after \$15 copay	100% of AC after \$10 copay	100% of AC after \$20 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)	90% of AC after \$100 copay  (Pre-authorization Required)	100% of AC after \$100 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% 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
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 /\$20Specialist 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>				
Physical Therapy and Occupational Therapy	100% of AC after \$10 Physician/\$20 Specialist copay (\$2,000 maximum / CY for PT and OT)	100% of AC after \$15 Physician/\$30 Specialist copay (\$2,000 maximum / CY for PT and OT)	100% of AC after \$20 copay (\$2,000 maximum/CY for PT and OT)	100% of AC after \$25 copay **See Note below for visit limits
Speech Therapy	80% of AC after \$10 Physician/\$20 Specialist copay (\$500 max/ CY)	80% of AC after \$15 Physician/\$30 Specialist copay (\$500 max/ CY)	100% of AC after \$20 copay **See note below for visit limitations	100% of AC after \$25 copay **See Note below for visit limitations
Private Duty Nursing	80% of AC (\$500 max / CY)	80% of AC (\$500 max / CY)	Not covered	Not covered
Medical Equipment	80% of AC (\$5,000 max / CY)	80% of AC (\$5,000 max / CY)	100% of AC (\$2,000 max per CY)	100% of AC (\$2,000 max per CY)

