Anthem HealthKeepers

Anthem HealthKeepers 25/30

Typically when you receive your care in a health care professional's office, you will pay a set fee as noted below. When services are received at a hospital or facility, you will pay 30% of the cost that the network hospital or facility has agreed to accept for their services.

Covered Services	You Pay
Preventive Care	
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	
o office visits o urgent care visits o home visits o in-office surgery o voluntary family planning	$25 for each visit to your PCP* $50 for each visit to a specialist
Labs, Diagnostic X-rays and Other Outpatient Diagnostic Tests	
o diagnostic x-rays o lab work o diagnostic tests **This fee is not required when these services are provided by the same professional on the same day as the office visit.*	$25 for each visit to your PCP $50 for each visit to a specialist 30% for each visit to a hospital or facility
o advanced diagnostic imaging services *Your payment responsibility is waived if services are billed as a part of an emergency room visit.*	$150 for each visit 30% for each visit to a hospital or facility
Other Outpatient Services	
o hospice services o durable medical equipment o insulin pumps and oxygen	No Charge
o ambulance travel	$100 per transport
o home health care services	$50 per calendar month
o dialysis	$50 per calendar month
o prosthetic devices	30% of the amount the health care professionals in our network have agreed to accept for their services
o injectable medications (excluding chemotherapy medications, allergy injections and serum dispensed in a physician's office) *You will also pay an additional $25 or $50 office visit copayment depending on the type of provider who treats you.*	20% of the amount the health care professionals in our network have agreed to accept for their services
Therapy Service	
o occupational o speech o physical *Limited to 30 combined visits per calendar year for physical therapy and occupational therapy services, and 30 visits per calendar year for speech therapy services.*	$25 for each visit to a specialist 30% for each visit to a hospital or facility
o chemotherapy o cardiac o radiation o respiratory *Only one payment is required for intravenous services that occur within a calendar month when rendered at home or an ambulatory infusion center..*	$50 for each visit to a specialist's office 30% for each visit to a hospital or facility
o spinal manipulation and manual medical therapy services *Limited to 30 visits per calendar year.*	$25 for each visit

For benefits listed with specific limits all services received during the calendar year from January 1 and December 31 for that benefit are applied to that limit.

Covered Benefits	You Pay
Outpatient Infusion Services	
o facility	30% for each visit to a hospital or facility
o ambulatory infusion centers	$50 per calendar month for IV services
o home services	$50 per calendar month for IV services
Outpatient Surgery in a Hospital or Facility	
o surgery	30% for each visit to a hospital or facility
Inpatient Stays in a Hospital or Facility	
o semi-private room o skilled nursing facility (100 days for each admission) o private room when approved when approved in advance o intensive or coronary care unit	30% for each visit to a hospital or facility
Maternity	
o all routine outpatient pre- and postnatal care (excluding inpatient stays)	$300 per pregnancy
o diagnostic tests o ultrasounds o non-stress tests and other fetal monitor procedures	$50 for each visit to a specialist's office 30% for each visit to a hospital or facility
Outpatient Mental Health and Substance Abuse Services	
o office visits	$25 for each visit
o outpatient facility (including partial day treatment and intensive outpatient programs) o outpatient facility professional provider services	No charge
Routine Vision	
o annual routine eye exam *Plus valuable discounts on eyewear*	$15 for each visit
Emergency Care and Out of the Service Area Urgent Care	
o urgent care visits	$50 for each visit
o true emergency care visits in or out of the service area	30% for each visit to an emergency room

Out-of-Pocket Maximums

What You Will Pay for Covered Services in One Calendar Year (January 1 - December 31)

If you are the only one covered by your plan, you will pay $3,000 for covered services outlined in this insert. Once you have reached this amount, your payment for the covered services outlined in this insert is $0, except for services listed below.

- o If two people are covered under your plan, each of you will pay $3,000 ($6,000 total).
- o If three or more people are covered under your plan, together you will pay $6,000. However, no family member will pay more than $3,000 toward the limit.

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

- o the costs associated with vision benefits
- o the cost of prescription drugs
- o the cost of dental benefits
- o 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.