

Your summary of benefits



Anthem® HealthKeepers Inc.

Your Plan: Virginia Private Colleges: Plan 9 HMO-POS Open Access

Your Network: HealthKeepers

This Schedule provides just a summary of the Covered Expenses, Limitations and Exclusions under the Plan. All benefits below are subject to the Plan's terms and conditions, including Deductibles, Coinsurance, In Network discounts and Allowable Charges, as set forth in the Plan Document to which this Schedule is attached. Please read this Schedule only in conjunction with the Plan Document.

Benefits payable by the Plan may change depending upon whether Covered Services are obtained from a Participating Provider. The list of Participating Providers may change from time to time. A list of Participating Providers is located at <http://www.anthem.com>. Therefore, it is important to verify that the Provider who is treating you is currently a Participating Provider.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
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	\$25 copay per visit	30% coinsurance after medical deductible is met
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Questions: (833) 597-2358 or visit us at www.anthem.com

VA/LG/Virginia Private Colleges: Plan 9 HMO-POS Open Access/480T/01-01-2025

Covered Medical Benefits

Cost if you use an In-
Network Provider

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
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Other Services in an Office

Allergy Testing

\$25 PCP/\$50 Spec.

copay per vis12 0 0 12S84 755.52 0.2 Tm()TjETEMC /P

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Skilled Nursing Care (facility) <i>Coverage for Inpatient rehabilitation and skilled nursing services is limited to 100 days combined per admission. Limit is combined In-Network and Non-Network.</i>	No charge	30% coinsurance after medical deductible is met
Hospice	No charge	30% coinsurance after medical deductible is met
Durable Medical Equipment	No charge	30% coinsurance after medical deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period. Limit is combined In-Network and Non-Network.</i>	No charge	30% coinsurance after medical deductible is met
Hearing Aids <i>One hearing aid per hearing impaired ear per 36 months, for adults and children, includes wearable and bone anchored hearing aids. \$2,500 benefit maximum.</i>	No charge	30% coinsurance after medical deductible is met

Autism Spectrum Disorder (ASD)

Therapeutic Care: unlimited physical, occupational and speech Therapy.

Office Visit: \$25 for each visit
Outpatient Facility: \$25 f43 0 (i9)acl visit

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Applied Behavioral Analysis

Covered Prescription Drug Benefits

Cost if you use an In-
Network Pharmacy

Cost if you use a
Non-Network

Covered Prescription Drug Benefits

Cost if you use an In-
Network Pharmacy

Cost if you use a
Non-Network
Pharmacy

Tier 3 - Typically Non-Preferred Brand
Per 30

[Redacted]

[Redacted]

Notes:

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Language Access Services:

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 597-2358

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Language Access Services:

(833) 597-2358.

Polish (polski): :SU\$DGNMNDNLFKNROZHNSWDEPQFKQLQLHMVPRGRNKHQWHPPDV\$UDEZGREH\$DWQHR
XNDQLDSRPRFRUDLQIRUPDFMLZLPMNRSRURPDZDyWDFHPDGRSRGQRHU(833) 597-
2358.

(833) 597-2358

(833) 597-2358.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 597-2358.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 597-2358.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận hỗ trợ và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Nếu quý vị cần hỗ trợ, hãy gọi (833) 597- 2358.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we o