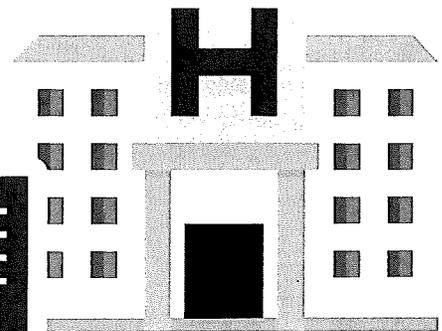
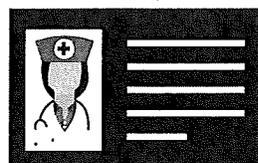
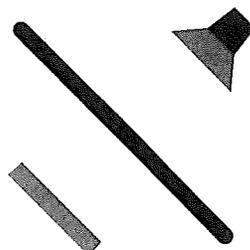


The Local Choice 2020 Comparison of Statewide Plans

	Key Advantage Expanded			Key Advantage 250		
Plan Year Deductible (Key Advantage: Applies to Certain Medical Services as Indicated on Chart) (HDHP: Applies to Medical, Behavioral Health, and Prescription Drug Services)	In-Network:			In-Network:		
	One Person	Two People	Family	One Person	Two People	Family
	\$100	See Family	\$200	\$250	See Family	\$500
	Out-of-Network:			Out-of-Network:		
	\$200	See Family	\$400	\$500	See Family	\$1,000
Plan Year Out-of-pocket Expense Limit	In-Network:			In-Network:		
	One Person	Two People	Family	One Person	Two People	Family
	\$2,000	See Family	\$4,000	\$3,000	See Family	\$6,000
	Out-of-Network:			Out-of-Network:		
	\$3,000	See Family	\$6,000	\$5,000	See Family	\$10,000
Out-of-Network Benefits	Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.			Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.		
Medical Care When Traveling (BlueCard)	Included			Included		
Lifetime Maximum	Unlimited			Unlimited		
Covered Services	In-Network You Pay			In-Network You Pay		
Ambulance Travel	20% coinsurance after deductible			20% coinsurance after deductible		
Autism Spectrum Disorder	Copayment/coinsurance determined by service received			Copayment/coinsurance determined by service received		
Behavioral Health and EAP <i>Inpatient treatment</i>						
• Facility Services	\$300 copayment per stay			\$400 copayment per stay		
• Professional Provider Services	\$0			\$0		
<i>Outpatient Professional Provider Visits</i>	\$15 copayment			\$20 copayment		
Employee Assistance Program (EAP) 4 visits per issue (per plan year)	\$0			\$0		
Dental Care Preventive Dental Option (<i>diagnostic and preventive services only for lower premium</i>)	\$0			\$0		
Comprehensive Dental Option (<i>for higher premium</i>)	<i>One Person</i>	<i>Two People</i>	<i>Family</i>	<i>One Person</i>	<i>Two People</i>	<i>Family</i>
Dental Plan Year Deductible	\$25	\$50	\$75	\$25	\$50	\$75
Plan Year Maximum (Except Orthodontics)	\$1,500			\$1,500		
• Preventive Dental Care	\$0			\$0		
• Primary Dental Care	20% coinsurance after dental deductible			20% coinsurance after dental deductible		
• Major Dental Care	50% coinsurance after dental deductible			50% coinsurance after dental deductible		
• Orthodontic Services (Includes Adult Ortho)	50% coinsurance, no dental deductible, with \$1,500 lifetime maximum			50% coinsurance, no dental deductible, with \$1,500 lifetime maximum		

The Local Choice 2020 Comparison of Statewide Plans (continued)

Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 250 In-Network You Pay
Diabetic Education	\$0	\$0
Diabetic Equipment	20% coinsurance after deductible	20% coinsurance after deductible
Diabetic Supplies - See Outpatient Prescription Drugs		
Diagnostic Tests and X-rays (for specific conditions or diseases at a doctor's office, emergency room or outpatient hospital department)	20% coinsurance, no deductible	20% coinsurance after deductible
Doctor Visits - on an Outpatient Basis <i>Primary Care Physicians</i> <i>Specialty Care Providers</i>	\$15 copayment \$25 copayment	\$20 copayment \$35 copayment
Early Intervention Services	Copayment/coinsurance determined by service received	Copayment/coinsurance determined by service received
Emergency Room Visits <i>Facility Services</i>	\$250 copayment per visit (waived if admitted to hospital)	\$350 copayment per visit (waived if admitted to hospital)
<i>Professional Provider Services</i> - Primary Care Physicians - Specialty Care Providers <i>Diagnostic Tests and X-rays</i>	\$15 copayment \$25 copayment 20% coinsurance, no deductible	\$20 copayment \$35 copayment 20% coinsurance after deductible
Home Health Services (90 visit plan year limit per member)	\$0	\$0
Home Private Duty Nurse's Services	20% coinsurance after deductible	20% coinsurance after deductible
Hospice Care Services	\$0	\$0
Hospital Services <i>Inpatient Treatment</i> • Facility Services • Professional Provider Services - Primary Care Physicians - Specialty Care Providers	\$300 copayment per stay \$0 \$0	\$400 copayment per stay \$0 \$0
<i>Outpatient Treatment</i> • Facility Services • Professional Provider Services - Primary Care Physicians - Specialty Care Providers <i>Diagnostic Tests and X-Rays</i>	\$100 copayment \$15 copayment \$25 copayment 20% coinsurance, no deductible	\$150 copayment \$20 copayment \$35 copayment 20% coinsurance after deductible
LiveHealth Online (Online doctor's visits)	\$0	\$0

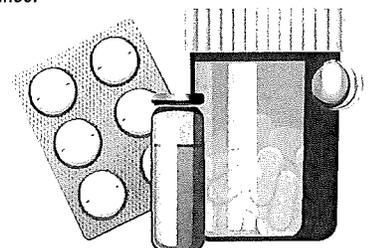


The Local Choice 2020 Comparison of Statewide Plans (continued)

Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 250 In-Network You Pay
Maternity <i>Professional Provider Services (Prenatal & Postnatal Care)</i> - Primary Care Physicians - Specialty Care Providers	\$15 copayment \$25 copayment If your doctor submits one bill for delivery, prenatal and postnatal care services, there is no copayment required for physician care. If your doctor bills for these services separately, your payment responsibility will be determined by the services received.	\$20 copayment \$35 copayment
Delivery - Primary Care Physicians - Specialty Care Providers <i>Hospital Services for Delivery (Delivery Room, Anesthesia, Routine Nursing Care for Newborn)</i> <i>Outpatient Diagnostic Tests</i>	\$0 \$0 \$300 copayment per stay* 20% coinsurance, no deductible	\$0 \$0 \$400 copayment per stay* 20% coinsurance after deductible
Medical Equipment, Appliances, Formulas, Prosthetics and Supplies	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient Prescription Drugs - Mandatory Generic <i>Retail up to 34-day supply*</i> *You may purchase up to a 90-day supply at a retail pharmacy by paying multiple copayments, or the coinsurance after the deductible <i>Home Delivery Services (Mail Order)</i> Covered Drugs for up to a 90-Day Supply	Tier 1 - \$10 copayment Tier 2 - \$30 copayment Tier 3 - \$45 copayment Tier 4 - \$55 copayment Tier 1 - \$20 copayment Tier 2 - \$60 copayment Tier 3 - \$90 copayment Tier 4 - \$110 copayment	Tier 1 - \$10 copayment Tier 2 - \$30 copayment Tier 3 - \$45 copayment Tier 4 - \$55 copayment Tier 1 - \$20 copayment Tier 2 - \$60 copayment Tier 3 - \$90 copayment Tier 4 - \$110 copayment
Diabetic Supplies	20% coinsurance, no deductible	20% coinsurance, no deductible
Routine vision - Blue View Vision Network (Once Every Plan Year) <i>Routine Eye Exam</i> <i>Eyeglass Lenses</i> <i>Eyeglass Frames</i> <i>Contact Lenses (In Lieu of Eyeglass Lenses)</i> • Elective • Non-Elective <i>Upgrade Eyeglass Lenses (Available for Additional Cost)</i> • UV Coating, Tints, Standard Scratch-Resistant • Standard Polycarbonate • Standard Progressive • Standard Anti-Reflective • Other Add-Ons	\$25 copayment \$20 copayment Up to \$100 retail allowance** Up to \$100 retail allowance Up to \$250 retail allowance \$15 \$40 \$65 \$45 20% off retail	\$35 copayment \$20 copayment Up to \$100 retail allowance** Up to \$100 retail allowance Up to \$250 retail allowance \$15 \$40 \$65 \$45 20% off retail
Shots - Allergy & Therapeutic Injections (At Doctor's Office, Emergency Room or Outpatient Hospital Department)	20% coinsurance, no deductible	20% coinsurance after deductible

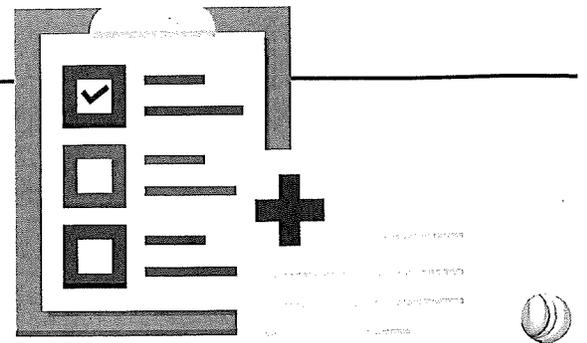
*This plan will waive the hospital copayment if the member enrolls in the maternity management pre-natal program within the first 18 weeks of pregnancy, has a dental cleaning during pregnancy and satisfactorily completes the program.

**You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.



The Local Choice 2020 Comparison of Statewide Plans (continued)

Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 250 In-Network You Pay
Skilled Nursing Facility Stays (180-Day Per Stay Limit Per Member)		
<i>Facility Services</i>	\$0	\$0
<i>Professional Provider Services</i>	\$0	\$0
Spinal Manipulations and Other Manual Medical Interventions (30 Visits Per Plan Year Limit Per Member)		
<i>Primary Care Physicians</i>	\$15 copayment	\$20 copayment
<i>Specialty Care Providers</i>	\$25 copayment	\$35 copayment
Surgery - See Hospital Services		
Therapy Services <i>Infusion Services, Cardiac Rehabilitation Therapy, Chemotherapy, Radiation Therapy, Respiratory Therapy, Occupational Therapy, Physical Therapy, and Speech Therapy</i>		
<i>Facility Services</i>	20% coinsurance after deductible	20% coinsurance after deductible
<i>Professional Provider Services</i>		
- Primary Care Physicians	20% coinsurance after deductible	20% coinsurance after deductible
- Specialty Care Providers	20% coinsurance after deductible	20% coinsurance after deductible
Wellness services <i>Well Child (Office Visits at Specified Intervals Through Age 6)</i>		
- Primary Care Physicians;	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
- Specialty Care Providers;		
- Immunizations and Screening Tests		
<i>Routine Wellness - Age 7 & Older</i>		
• Annual Check-Up Visit (One Per Plan Year)	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
- Primary Care Physicians		
- Specialty Care Providers		
- Immunizations, Lab and X-Ray Services		
• Routine Screenings, Immunizations, Lab and X-Ray Services (Outside of Annual Check-Up Visit)	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
<i>Preventive Care (One of Each Per Plan Year)</i>		
• Gynecological Exam	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
• Pap Test		
• Mammography Screening		
• Prostate Exam (Digital Rectal Exam)		
• Prostate Specific Antigen Test		
• Colorectal Cancer Screenings		



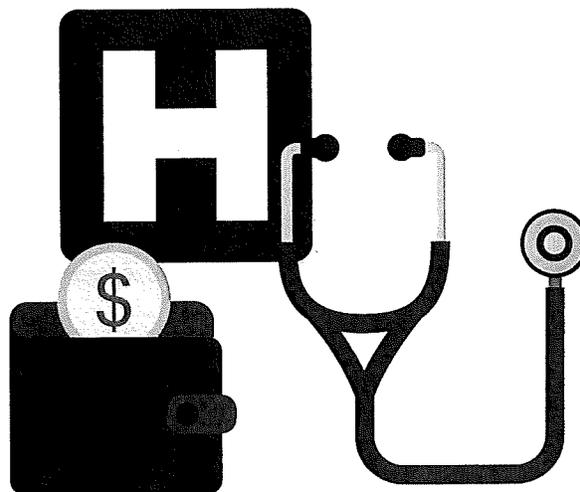


Health & Wellness Programs

Be your healthy best! The TLC plans include access to a host of health and wellness programs to help you manage your health issues.

- o **Sydney:** The **Sydney mobile app** acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. Download from the App Store (iOS) or Google Play (Android).
 - Find care and check costs
 - View and use digital ID cards
 - Check all benefits and view claims
- o **ConditionCare:** Take advantage of free and confidential support to manage these conditions:
 - Asthma
 - Heart failure
 - Diabetes
 - Hypertension
 - Chronic obstructive pulmonary disease (COPD)
 - High cholesterol
 - Coronary artery disease (CAD)
 - Metabolic syndrome
 - Obesity

You may receive a call from ConditionCare if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. While you're encouraged to enroll and take advantage of help from registered nurses and other health care professionals, you may also opt out of the program when they call.
- o **Future Moms:** Enroll and receive pre- and post-natal support. Access a nurse coach and other maternity support specially designed to help women have healthy pregnancies and healthy babies.
- o **MyHealth Advantage:** Receive personalized health-related suggestions, tips, and reminders via mail or email to alert you of potential health risks, care gaps or cost-saving opportunities.
- o **Staying Healthy Reminders:** Receive yearly reminders of important checkups, tests, screenings, immunizations, and other preventive care needs for you and your family.
- o **24/7 NurseLine & Audio Health Tape Library:** Sometimes you need health questions answered right away - even in the middle of the night. Call 24/7 NurseLine (800-337-4770) to speak with a nurse. Or use the Audio Health Library if you want to learn about a health topic on your own. Your call is always free and completely confidential.



See more information on Health & Wellness programs at www.anthem.com/tlc.

Quick Access to Your Plan

Anthem.com/tlc

Your dedicated website for health benefits documents, no log in needed

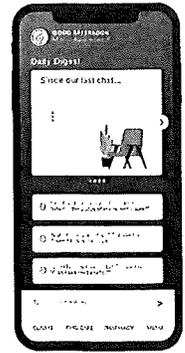
-  Download your health benefits summary and member handbook
-  Find a doctor and urgent care
-  Register for LiveHealth Online video doctor visits
-  Learn about your Employee Assistance Program (EAP)

Anthem.com

Log in to your confidential and secure account

-  View your claims
-  Download your ID card
-  Find a doctor and urgent care
-  Refill prescriptions online
-  Compare costs for hundreds of medical procedures

Sydney mobile app

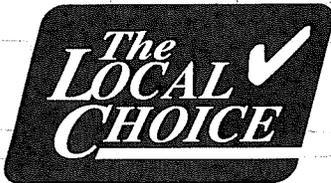


 Log in using your anthem.com username and password to:

-  View your ID card
-  See all your medical and pharmacy benefits in one place
-  Use the chatbot to get answers and resources quickly

thelocalchoice.virginia.gov

This is your resource for forms, BES information and member notifications.



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