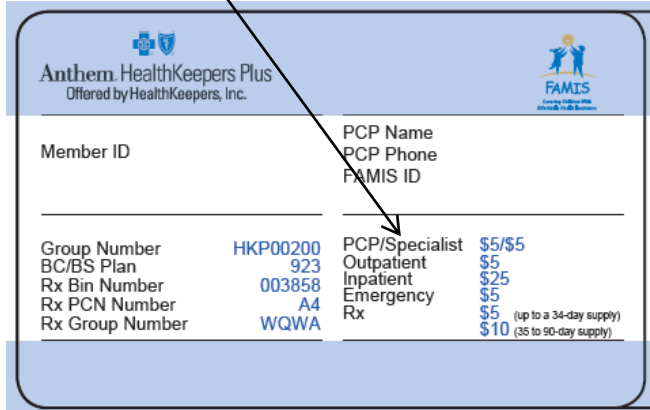




Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

FAMIS High Copay Schedule

This is your copay schedule if you are a FAMIS member with \$5/\$5 listed on the PCP/Specialist line of your member ID card:



These copays don't apply to you if:

- Your ID card has \$0 or \$2 for the PCP/Specialist line.
- Your ID card has \$0/\$0. If this is the case, you do not need a copay schedule.
- Your ID card has \$2/\$2. If this is the case, please see the \$2 copay schedule in this packet.

Once you reach your yearly family copay limit of \$180, you won't have any copays until the beginning of the next calendar year.

Have questions? We're a call away.

If you have any questions or if the other copay schedules are missing from your new member packet, just call our Member Services team at 1-800-901-0020 (TTY 711). We're here to help.

Benefit	Service	Copay
Inpatient hospital care		\$25 per confinement
Outpatient hospital care		\$5 per visit
Emergency room care services for an emergency		\$5 per visit (if visit is found to be a nonemergency, member must pay nonemergency copayment below)
Emergency room care services for a nonemergency		\$25 per visit
Skilled nursing facility care		\$25 per confinement
Home health services		\$5 per visit
PCP and other specialty health plan care	Outpatient visit in office or hospital	\$5 per visit (waived for maternity services)
Preventive care and immunizations	<ul style="list-style-type: none"> • Prenatal care visit • Well-baby care visit • Immunizations • Yearly pap test • Mammogram testing and reading • Lead testing 	<ul style="list-style-type: none"> • \$0 • \$0 • \$0 • \$0 • \$0 • \$0
Family planning services		\$5 per visit
Physical/occupational therapy and speech pathology services		\$5 per visit
Diagnostic tests, X-rays and lab services		\$5 per visit
Durable health care equipment (including orthotics and prosthetics)		\$5 per item
Medical transportation		\$5 per transport
Outpatient prescription drugs (mandatory generic)	Up to 31-day supply	\$5 per prescription

Benefit	Service	Copay
Vision services	<i>Once every 24 months:</i> <ul style="list-style-type: none"> • Routine eye exam • Eyeglass frames (one pair) • Eyeglass lenses (one pair) <i>Single vision</i> <i>Bifocal</i> <i>Trifocal</i> <ul style="list-style-type: none"> • Contacts 	<ul style="list-style-type: none"> • \$5 per visit • \$25 reimbursed <i>\$35 reimbursed</i> <i>\$50 reimbursed</i> <i>\$88.50 reimbursed</i> <ul style="list-style-type: none"> • \$100 reimbursed
Hearing aids		\$5 per hearing aid
Chiropractic services		\$5 per visit
Mental health services	<ul style="list-style-type: none"> • Outpatient visit only • Inpatient mental health services 	<ul style="list-style-type: none"> • \$5 per visit • \$25 per confinement
Substance abuse services	<ul style="list-style-type: none"> • Outpatient hospital services • Inpatient and partial days of care 	<ul style="list-style-type: none"> • \$5 per visit • \$25 per confinement
Private duty nursing services		\$5 per visit
Therapy services	<ul style="list-style-type: none"> • Renal dialysis • Chemotherapy • Radiation therapy • Intravenous therapy • Inhalation therapy 	\$5 per visit (outpatient) \$25 per confinement (inpatient)
Annual copay limit		\$350 per family

No copays will be charged to American Indian and Alaska Native members.

Enclosures: Get help in another language
Nondiscrimination notice

www.anthem.com/vamedicaid

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