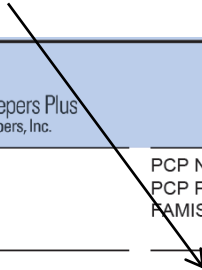




Anthem HealthKeepers Plus
Offered by HealthKeepers, Inc.

FAMIS Low Copay Schedule

This is your copay schedule if you are a FAMIS member with \$2/\$2 listed on the PCP/Specialist line of your member ID card:



Anthem HealthKeepers Plus Offered by HealthKeepers, Inc.		FAMIS Family Access Member ID Anthem Health Services	
Member ID		PCP Name	
		PCP Phone	
		FAMIS ID	
Group Number	HKP00200	PCP/Specialist	\$2/\$2
BC/BS Plan	923	Outpatient	\$2
Rx Bin Number	003858	Inpatient	\$15
Rx PCN Number	A4	Emergency	\$2
Rx Group Number	WQWA	Rx	\$2 (up to a 34-day supply)
			\$4 (35 to 90-day supply)

These copays don't apply to you if:

- Your ID card has \$0 or \$5 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 \$5/\$5. If this is the case, please see the \$5 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		\$15 per visit
Outpatient hospital care		\$2 per visit (waived if admitted)
Emergency room services for an emergency		\$2 per visit (if visit is found to be a nonemergency, member must pay nonemergency copayment below)
Emergency room services for a nonemergency		\$10 per visit
Skilled nursing facility care		\$15 per visit
Home health services		\$2 per visit
PCP	Outpatient visit in office or hospital	\$2 per visit
Other specialty health plan services, including maternity services		\$0
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		\$2 per visit
Speech pathology/occupational therapy		\$2 per visit (\$15 if inpatient visit)
Diagnostic tests, X-rays and lab services		\$2 per visit
Durable Medical Equipment (including orthotics and prosthetics)		\$2 per item
Medical transportation		\$2 per transport
Outpatient prescription drugs (mandatory generic)	Up to 31-day supply	\$2 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"> • \$2 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		\$2 per hearing aid
Chiropractic services		\$2 per visit
Mental health services	<ul style="list-style-type: none"> • Outpatient visit • Inpatient 	<ul style="list-style-type: none"> • \$2 per visit • \$15 per visit
Substance abuse services	<ul style="list-style-type: none"> • Outpatient hospital services • Inpatient and partial days of care 	<ul style="list-style-type: none"> • \$2 per visit • \$15 per visit
Private duty nursing services		\$2 per visit
Therapy services	<ul style="list-style-type: none"> • Renal dialysis • Chemotherapy • Radiation Therapy • Intravenous Therapy • Inhalation Therapy 	\$2 per visit (if outpatient) \$15 per visit (if inpatient)
Annual copay limit		\$180 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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