



# Getting the Most from Your High Deductible Health Plan (HDHP) Benefits Summary

Effective July 1, 2026 or October 1, 2026



# TLC HDHP

**THIS IS A SUMMARY** of your medical, vision, behavioral health and employee assistance program (EAP), prescription drug, and dental benefits.

Your benefits are administered by Anthem Blue Cross and Blue Shield, with the exception of your dental benefits. Delta Dental of Virginia administers routine dental benefits.

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The TLC HDHP Member Handbook and this TLC HDHP Benefits Summary constitute a complete description of the benefits, exclusions, limitations, and reductions under the plan.

An electronic version of the handbook is available online at [thelocalchoice.virginia.gov](http://thelocalchoice.virginia.gov) and at [anthem.com/tlc](http://anthem.com/tlc).

## Plan Year

Your benefits are administered on a plan year basis which is July 1 through June 30, or October 1 through September 30, depending upon your renewal date.

## Who Is Eligible

- o **Active Employees and their Dependents**
- o **If offered, Retirees not eligible for Medicare and their Dependents not eligible for Medicare, and/or**
- o **Dependents of Medicare eligible Retirees who are not Medicare eligible.**

**NOTE:** Medicare eligible retirees and the Medicare eligible dependents of any retiree (Medicare eligible or otherwise), may not enroll in the High Deductible Health Plan.

The TLC HDHP has a plan year deductible that applies to your medical, behavioral health and prescription drug benefits. Deductible amounts are calculated on an individual basis for each family member. This is how the deductible works for each coverage type:

- o **One person:** If you have this coverage, you are responsible for satisfying the individual Deductible only.
- o **Two people:** Each of you must satisfy the individual Deductible.
- o **Family:** Deductible amounts for each individual member accumulate toward the family Deductible limit. However, no individual family member can contribute more than the single-only Deductible amount.

After the deductible is met, you pay 20% coinsurance for covered services, and the plan pays 80%.

Your dental benefits are administered by Delta Dental and they are separate from your TLC HDHP benefits.



## What's in Your TLC HDHP?

### Your plan includes:

- o Medical, Behavioral Health, Employee Assistance Program (EAP), and Prescription Drug benefits administered by Anthem Blue Cross and Blue Shield
- o Preventive and Comprehensive dental benefits administered by Delta Dental
- o 100% coverage for in-network preventive care, no deductible
- o Specialist visits with no referrals
- o One routine eye exam per plan year
- o In-network coverage through the Anthem PPO network in Virginia, and the BlueCard® PPO and Blue Cross Blue Shield Global Core Programs for care outside Virginia

### Out-of-Pocket Expense Limit

**In Network: \$5,000** for one person, **\$10,000** for two or more persons, each plan year.

- o If two or more people are covered by the plan, the most all of you will pay out of your pocket is \$10,000. However, no family member will pay more than \$5,000 toward the limit. Then your payments for covered in-network services are \$0.

**Out of Network: \$10,000** for one person, **\$20,000** for two or more persons, each plan year.

- o If two or more people are covered by the plan, the most all of you will pay out of your pocket is \$20,000. However, no family member will pay more than \$10,000 toward the limit. Then your payments for covered services are \$0. However, out-of-network providers may bill you for amounts above the plan's allowable charge, and payment is your responsibility.



There are separate medical out-of-pocket expense limits for in- and out-of-network services. Your medical and behavioral health deductible and coinsurance for **medical, behavioral health and prescription drugs** all count toward the limit. Once you reach the limit, you pay \$0 for covered in-network medical and behavioral health services, and covered prescription drugs for the remainder of the plan year.

These expenses do not count toward the limit:

- o Amounts above the allowable charge or plan limits
- o Services and supplies not covered by your plan
- o Copayments, coinsurance and deductibles for routine vision benefits (exception: routine eye exam for members through the end of the month they turn 19 years old) and dental services
- o Additional amount non-network providers may bill you when their charge is more than the plan's allowable charges



# TLC HDHP Benefits At-A-Glance

|  | Benefit  | You Pay  |
|--|--|----------|
| <b>Plan Year Deductible</b><br><i>(combined In and Out-of-Network)</i> | One Person   | \$3,400  |
|  | Family (two or more people)  | \$6,800  |
| <b>Plan Year Out-Of-Pocket Expense Limit (In-Network)</b>              | One Person   | \$5,000  |
|  | Family (two or more people)  | \$10,000 |
| <b>Plan Year Out-Of-Pocket Expense Limit (Out-Of-Network)</b>          | One Person   | \$10,000 |
|  | Family (two or more people)  | \$20,000 |
| <b>Out-Of-Network Benefits</b>   | Yes. Once you meet the combined deductible, you pay 40% coinsurance for medical, behavioral health and prescription drug services from Out-of-Network providers. |          |
| <b>Medical and Behavioral Healthcare when traveling</b>                | The BlueCard® PPO and BCBS Global Core programs are included for medical and behavioral healthcare outside Virginia.   |          |
| <b>Lifetime maximum</b>  | Unlimited  |          |

| Covered Services  | You Pay In-network   |                    |                |
|---|--|--------------------|----------------|
| <b>Ambulance Travel</b><br><i>No Plan Year limit</i>  | 20% coinsurance, after deductible                                    |                    |                |
| <b>Autism Spectrum Disorder</b>   | 20% coinsurance, after deductible                                    |                    |                |
| <b>Behavioral Health</b>  |  |                    |                |
| <b>Inpatient treatment</b>  | 20% coinsurance, after deductible                                    |                    |                |
| <b>Residential Treatment</b>  | 20% coinsurance, after deductible                                    |                    |                |
| <b>Partial Hospitalization (Day) Program</b>  | 20% coinsurance, after deductible                                    |                    |                |
| <b>Intensive Outpatient Treatment Program (IOP)</b>   | 20% coinsurance, after deductible                                    |                    |                |
| <b>Outpatient Treatment Program</b>   |  |                    |                |
| Facility Services   | 20% coinsurance, after deductible                                    |                    |                |
| Professional Provider Services  | 20% coinsurance, after deductible                                    |                    |                |
| <b>Chiropractic, Spinal Manipulations and Other Manual Medical Interventions</b><br>30-Visit Plan Year limit per member | 20% coinsurance, after deductible                                    |                    |                |
| <b>Dental Care (Delta Dental)</b>   |  |                    |                |
| <b>Preventive Dental Option</b><br><i>(diagnostic and preventive services only for lower premium)</i>                   | \$0  |                    |                |
| <b>Comprehensive Dental Option</b><br><i>(for higher premium)</i>   |  |                    |                |
| Dental Plan Year Deductible   | One Person<br>\$25   | Two People<br>\$50 | Family<br>\$75 |
| Plan Year Maximum (Except Orthodontics)   | \$1,500  |                    |                |
| Preventive Dental Care  | \$0  |                    |                |
| Primary Dental Care   | 20% coinsurance, after dental deductible                             |                    |                |
| Major Dental Care   | 50% coinsurance, after dental deductible                             |                    |                |
| Orthodontic Services (Includes Adult Ortho)   | 50% coinsurance, no dental deductible, with \$1,500 lifetime maximum |                    |                |
| <b>Dental Services (non-routine Medical)</b>  | 20% coinsurance, after deductible                                    |                    |                |
| <b>Diabetic Education</b>   | 20% coinsurance, after deductible                                    |                    |                |
| <b>Diabetic Equipment</b>   | 20% coinsurance, after deductible                                    |                    |                |

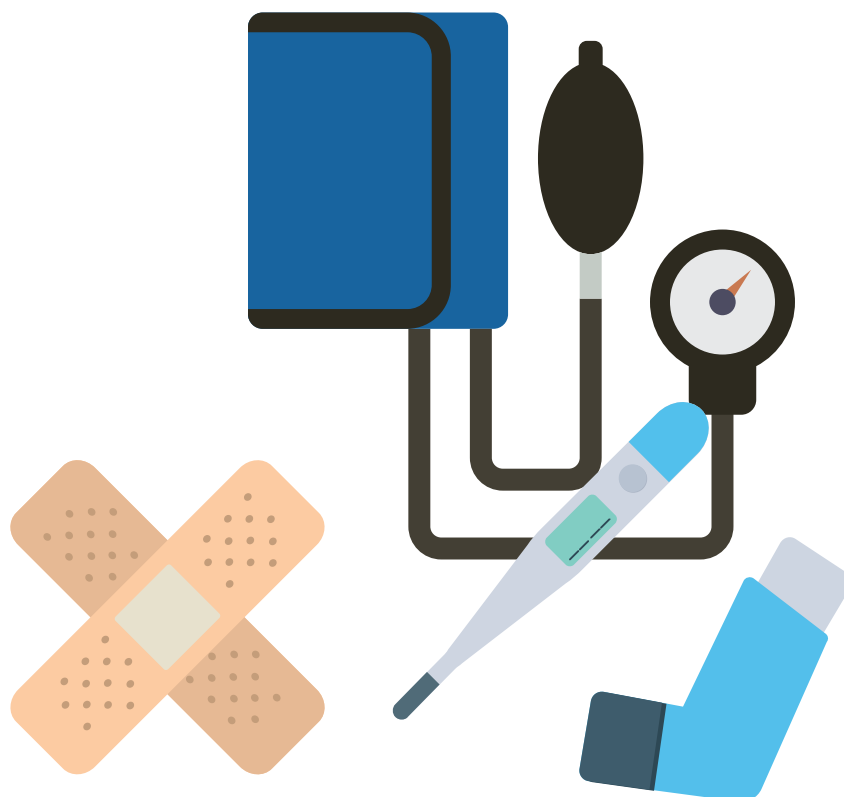
| Covered Services   | You Pay In-network  |
|--|---|
| <b>Diagnostic Tests, Labs and X-rays</b>   |   |
| Outpatient Surgery   | 20% coinsurance, after deductible   |
| Outpatient Diagnostic Services Only  | 20% coinsurance, after deductible   |
| Outpatient Emergency Room  | 20% coinsurance, after deductible   |
| <b>Dialysis Treatments</b>   |   |
| Facility Services  | 20% coinsurance, after deductible   |
| Doctor's Office  | 20% coinsurance, after deductible   |
| <b>Doctor's Visits</b> (On an Outpatient basis) (in person or online)  | 20% coinsurance, after deductible   |
| <b>Employee Assistance Program (EAP)</b><br>Up to four Visits per issue (per plan year)  | \$0   |
| <b>Early Intervention Services</b><br>(Birth to 3 years)   | 20% coinsurance, after deductible   |
| <b>Emergency Room Visits</b>   |   |
| Facility Services  | 20% coinsurance, after deductible   |
| Professional Provider Services   |   |
| Primary Care Physicians  | 20% coinsurance, after deductible   |
| Specialty Care Providers   | 20% coinsurance, after deductible   |
| Diagnostic Tests, Labs and X-rays  | 20% coinsurance, after deductible   |
| <b>Home Health Services</b><br>90-Visit Plan Year limit per member   | 20% coinsurance, after deductible   |
| <b>Home Private Duty Nurse's Services</b>  | 20% coinsurance, after deductible   |
| <b>Hospice Care Services</b>   | 20% coinsurance, after deductible   |
| <b>Hospital Services</b>   |   |
| <b>Inpatient Care</b>  |   |
| Facility Services  | 20% coinsurance, after deductible   |
| Professional Provider Services   | 20% coinsurance, after deductible   |
| Diagnostic Services  | 20% coinsurance, after deductible   |
| <b>Outpatient Care</b>   |   |
| Facility Services  | 20% coinsurance, after deductible   |
| Professional Provider Services   | 20% coinsurance, after deductible   |
| Diagnostic Tests, Labs and X-rays  | 20% coinsurance, after deductible   |
| <b>Maternity</b>   |   |
| Professional Provider Services (Prenatal and Postnatal Care)   | 20% coinsurance, after deductible   |
| <b>Hospital Services for Delivery</b><br>Delivery room, anesthesia, routine nursing care for newborn                             | 20% coinsurance, after deductible   |
| <b>Diagnostic Tests, Labs and X-rays</b>   | 20% coinsurance, after deductible   |
| <b>Medical Equipment (durable), Appliances, Formulas, Prosthetics and Supplies</b>   | 20% coinsurance, after deductible   |
| <b>Outpatient Prescription Drugs</b><br>(mandatory generic)  |   |
| <b>Retail Pharmacy</b><br>Covered drugs per 34-day supply  | 20% coinsurance, after deductible   |
| <b>Home Delivery Services (Mail Order)</b><br>Covered drugs for up to a 90-day supply  | 20% coinsurance, after deductible   |
| <b>Diabetic Supplies</b>   | 20% coinsurance, after deductible   |
| <b>Prescription Insulin Drug to Treat Diabetes</b>   | 34-day supply not to exceed \$50, no deductible<br>90-day supply not to exceed \$150, no deductible |
| <b>Shots – allergy &amp; therapeutic injections</b><br>At a doctor's office, Emergency room or<br>Outpatient hospital department | 20% coinsurance, after deductible   |

## TLC HDHP Benefits At-A-Glance (continued)

| Covered Services  | You Pay In-network                |
|---|-----------------------------------|
| <b>Skilled Nursing Facility Stays</b><br>180-day per Stay limit per member <sup>1</sup> |                                   |
| Facility Services   | 20% coinsurance, after deductible |
| Professional Provider Services  | 20% coinsurance, after deductible |
| <b>Surgery</b>  |                                   |
| <b>Inpatient</b>  |                                   |
| Facility Services   | 20% coinsurance, after deductible |
| Professional Provider Services  | 20% coinsurance, after deductible |
| Diagnostic Services   | 20% coinsurance, after deductible |
| <b>Outpatient</b>   |                                   |
| Facility Services   | 20% coinsurance, after deductible |
| Professional Provider Services  | 20% coinsurance, after deductible |
| <b>Therapy - Outpatient Services</b>  |                                   |
| <b>Cardiac Rehabilitation Therapy</b>   | 20% coinsurance, after deductible |
| <b>Chemotherapy</b>   | 20% coinsurance, after deductible |
| <b>Infusion</b> (includes IV therapy and injected chemotherapy)                         | 20% coinsurance, after deductible |
| <b>Occupational Therapy</b>   | 20% coinsurance, after deductible |
| <b>Physical Therapy</b>   | 20% coinsurance, after deductible |
| <b>Radiation Therapy</b>  | 20% coinsurance, after deductible |
| <b>Respiratory Therapy</b>  | 20% coinsurance, after deductible |
| <b>Speech Therapy</b>   | 20% coinsurance, after deductible |
| <b>Virtual Care through Sydney Health app</b>   |                                   |
| LiveHealth Online   | \$0                               |
| Video Visit with a virtual-only provider  | \$0                               |
| Virtual Wellness/Preventive Visit   | \$0                               |
| <b>Vision Correction</b><br>After surgery or accident                                   | 20% coinsurance, after deductible |
| <b>Wellness and Preventive Care Services</b>  |                                   |
| <b>Well Child</b><br>(Birth to 18 years)  |                                   |
| Office Visits at specified intervals  |                                   |
| Primary Care Physicians   | \$0, no deductible                |
| Specialty Care Providers  | \$0, no deductible                |
| Immunizations   |                                   |
| Primary Care Physicians   | \$0, no deductible                |
| Specialty Care Providers  | \$0, no deductible                |
| Screening Tests   | \$0, no deductible                |

<sup>1</sup>A stay is the period from the admission to the date of discharge from a Facility. If there is less than a 90 day break between two admissions, the days allowable for the subsequent admission are reduced by the days used in the first. If there are more than 90 days between the two admissions, the days available for the subsequent admission start over for a full 180 days.

| Covered Services  | You Pay In-network |
|---|--------------------|
| <b>Routine Wellness</b><br>(18 years and older)                             |                    |
| Check-up Visit (one per Plan Year)  |                    |
| Primary Care Physicians   | \$0, no deductible |
| Specialty Care Providers  | \$0, no deductible |
| Immunizations   |                    |
| Primary Care Physicians   | \$0, no deductible |
| Specialty Care Providers  | \$0, no deductible |
| Routine Lab and X-ray Services  | \$0, no deductible |
| <b>Wellness and Preventive Care Services</b><br>(one of each per Plan Year) |                    |
| Gynecological Exam  |                    |
| Primary Care Physicians   | \$0, no deductible |
| Specialty Care Providers  | \$0, no deductible |
| Pap Test  | \$0, no deductible |
| Mammography Screening   | \$0, no deductible |
| Prostate Exam (digital rectal exam)   |                    |
| Primary Care Physicians   | \$0, no deductible |
| Specialty Care Providers  | \$0, no deductible |
| Prostate Specific Antigen Test  | \$0, no deductible |
| Colorectal Cancer Screenings  | \$0, no deductible |





## Routine Vision – Blue View Vision Network

You have an allowance for eyeglass lenses or contact lenses every plan year.  
You pay the remaining cost for frames and lenses after Your Health Plan's Reimbursement.

| Covered Services  | Blue View Vision Network (once per plan year)                           | Non-Blue View  |
|---|---|--|
| <b>Routine eye exam</b>   | You pay \$15 copayment  | Plan pays up to to \$50  |
| <b>Standard eyeglass lenses</b><br>(in lieu of contact lenses)<br>Polycarbonate lenses included at no additional cost for children under 19 years old | You pay \$20 copayment  | Plan pays up to:<br>\$50 single lenses;<br>\$75 bifocal;<br>\$100 trifocal |
| <b>Eyeglass frames</b>  | Plan pays up to \$100* retail allowance                                 | Plan pays up to \$80   |
| <b>Contact lenses<sup>1</sup></b><br>(in lieu of eyeglass lenses)   |   |  |
| Elective Conventional <sup>2</sup>  | Plan pays up to \$100 allowance then 15% discount off remaining balance | Plan pays up to \$80   |
| Elective Disposable <sup>2</sup>  | Plan pays up to \$100 allowance (no additional discount)                | Plan pays up to \$80   |
| Non-Elective <sup>2</sup>   | Covered in full   | Plan pays up to \$210  |
| <b>Retinal Imaging</b><br>At member's option can be performed at time of eye exam   | Not more than \$39  |  |
| <b>Lens options</b>   |   |  |
| UV coating, tints, standard scratch-resistant   | You pay \$15  | Not available  |
| Standard polycarbonate (Adult)  | You pay \$40  | Not available  |
| Standard progressive<br>(in addition to bifocal copayment)  | You pay \$65  | Not available  |
| Standard anti-reflective  | You pay \$45  | Not available  |
| Other add-ons<br>(i.e. high index lenses, anti-fog coating)   | You pay 20% off retail  | Not available  |

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

<sup>1</sup> Declining Balance. Your plan has a declining balance allowance. This means if you do not use your allowance all at once, the remainder will be available for you to use at a later time. However, any remaining balance will not carry over to the next benefit year. All services or supplies using the declining balance for a benefit period must be received In-Network based on where the first paid claim is incurred..

<sup>2</sup> Elective contact lenses are typically elected in lieu of eyeglass lenses. Non-Elective contact lenses are medically necessary contacts when glasses are not an option for vision.

## Your High Deductible Health Plan is HSA Compatible

Enrollment in a HDHP allows you to set up a personal Health Savings Account (HSA) through a bank or other financial institution to help you manage healthcare expenses or save for retirement. HSAs were created as part of Medicare reform legislation in 2003. An HSA is a tax-favored account that allows those covered by a HDHP to pay for certain qualified medical expenses. It can help you save on the cost of your health insurance and healthcare expenses, and also help pay for covered services before you satisfy the health plan deductible. If you decide to set up an HSA to work with your HDHP, confer with your tax advisor, bank or other financial institution.

The following web sites are a good place to start learning more about HSAs.

- o [www.treasury.gov](http://www.treasury.gov) – Provides an overview of HSAs, answers to frequently asked questions and important IRS forms and applications. Search using keyword HSA.
- o [www.irs.gov](http://www.irs.gov) – Provides information about how HSAs impact your Federal taxes and qualified medical expenses (Publications 969 and 502). Search using keyword HSA.
- o [www.hhs.gov](http://www.hhs.gov) – Provides general information about HSAs and other tax-favored health plans. Search using keyword HSA.

Note: If you have an HSA, you cannot also have a Flexible Spending Account unless it is limited in scope. More information is available from tax consultants or financial institutions.



# Medical and Behavioral Health

Many of your medical and behavioral health services require 20% coinsurance after meeting a deductible. See the TLC HDHP Benefits at a Glance for the details.

## Medical providers include:

- Primary care physicians who are general or family practitioners, internists and pediatricians
- Specialists such as endocrinologists or cardiologists (No Referral Needed)

## Behavioral health providers include:

- Clinical social workers, professional counselors, clinical nurse specialists, and marriage/family therapists
- Psychologists
- Psychiatrists

To avoid higher out-of-pocket costs, always check to be sure a provider is in the network. Simply ask the provider, call Anthem Health Guide, or use Find Care at [anthem.com/tlc](https://www.anthem.com/tlc).

## Deductible

**\$3,400** for one person, **\$6,800** for two or more persons, each plan year.

## Coinsurance

- 20% coinsurance after deductible
- Zero coinsurance and no deductible for Routine Wellness and Preventive services

## Care When Traveling – out of state or worldwide

### BlueCard® PPO Program for care in the U.S.

What happens if you're traveling or living outside Virginia and you need care? You have access to care across the country through the **BlueCard® PPO Program**. This includes a large number of providers and hospitals nationwide. When you see a BlueCard program doctor or hospital you pay only your usual plan deductible, copayment or coinsurance, and the provider files your claim for you. If you go to a doctor or hospital outside the program, you'll need to pay the entire bill up front and file your own claim.

Always show your Anthem ID card when you receive services. The "PPO-in-a-suitcase" symbol shows you can get care from BlueCard PPO Program providers.



### Looking for a BlueCard PPO Program doctor or hospital?

1. Go to [bcbs.com](https://www.bcbs.com) and select **Find a Doctor**.
2. Log in to the **Sydney Health mobile app** and select *Find Care*.
3. Call Anthem Member Services at **1-800-552-2682** for help.

## Blue Cross Blue Shield Global Core Program for care outside the U.S.



### If you're outside the U.S. and need care:

- Go to [bcbsglobalcore.com](https://www.bcbsglobalcore.com) and register or login. You can also download the **Blue Cross Blue Shield Global Core app** to search for a doctor or hospital.
- Need help finding a doctor or hospital, or have questions about getting care abroad? Call the Blue Cross Blue Shield Global Core Service Center at **1-800-810-2583 (BLUE)** or call collect at **1-804-673-1177**. A service representative will help you set up a doctor visit or hospital stay. An assistance coordinator, together with a medical professional, will arrange a doctor's appointment or hospital stay, if needed.
- Contact the Blue Cross Blue Shield Global Core service center if admitted to the hospital, and call the Anthem Member Services number shown on your ID card for precertification.
- You will need to pay up front for care, then fill out a Blue Cross Blue Shield Global Core claim form. Send the form and the bill(s) to the address on the form. Download the claim form from [bcbsglobalcore.com](https://www.bcbsglobalcore.com) and enter the three-digit alpha prefix found on your ID card. Or call Blue Cross Blue Shield Global Core at **1-800-810-2583 (BLUE)** to request the form.

## Good to Know



**Medical transport** from another country to the United States (known as medical repatriation) is not covered under your plan. You may want to purchase travel insurance to cover that for you.



## Virtual Care Options through Sydney Health

Life is busy. When you need care and are short on time, you have many options for quick and convenient virtual care through the Sydney Health app. Use your smartphone to access virtual care solutions for all your physical and behavioral health needs, any hour of any day.

Services include:

- Comprehensive primary care, coordinated by a care team
- Wellness visits
- Preventive care and lab screenings
- 24/7 Urgent or sick care for common medical conditions like the flu, colds, allergies, pink eye, sinus infections, and more
- New prescriptions and refills
- Behavioral Health providers including therapists or psychologists, psychiatrists or EAP counselors
- Care for on-going conditions like diabetes, hypertension, and asthma
- Access to specialty care such as dermatologists and allergists

Log in to the Sydney Health app, and access the **Care Center** to view all the options available to you.

Note: Some options require a secondary app. You will be prompted to download the app during the account setup process.

## Employee Assistance Program (EAP)



Your EAP gives you, your covered dependents and members of your household **up to four free confidential counseling sessions per issue** each plan year.

Turn to your EAP for information and resources about:

- Emotional well-being
- Addiction and recovery
- Work and career
- Childcare and parenting
- Helping aging parents
- Financial issues (including free credit monitoring and identity theft recovery)
- Legal concerns



Learn all about your EAP services and resources. Call 1-855-223-9277 or visit online at <https://www.anthemeap.com/the-local-choice>.



## Prescription Drugs

Your prescription drug benefits are through Anthem Pharmacy, delivered by CarelonRx. It is a **mandatory generic** program.

### Q. Can I get a 90-day supply of my drug at a network retail pharmacy?

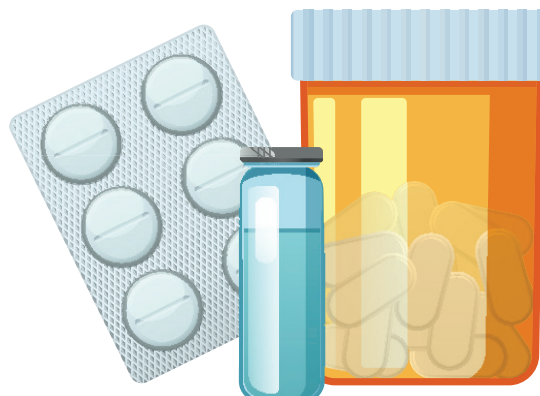
Yes. You'll pay applicable deductible or coinsurance.

### Q. Can I get a brand name drug instead of a generic?

You have a mandatory generic drug program. However, if there is no generic equivalent for the drug, you may get the brand and pay only the applicable deductible or coinsurance. If there is a generic equivalent available, you may opt to use the brand, but you'll pay the applicable deductible or coinsurance plus the difference between the brand and generic allowable charge.

### Q. What if I need more than a 34-day supply because I'm travelling out of the country and won't have access to a participating pharmacy?

You can submit the Prescription Drug Refill Exception Request form to the Department of Human Resource Management (DHRM). It's available at [anthem.com/tlc](https://www.anthem.com/tlc) under Forms.



## Retail Pharmacy

Your retail pharmacy network has more than 67,000 pharmacies across the country – including most chains and some local, independent pharmacies. To check if your pharmacy is in the network, simply ask your pharmacist, go to [anthem.com](https://www.anthem.com), or call us at **1-833-267-3108**.

When you use a network pharmacy, you pay only the applicable deductible or coinsurance. If you choose an out-of-network pharmacy, you'll need to pay the total cost of the drug when you pick it up, and then file a Prescription Drug Claim Form to get reimbursed for the applicable benefit. You may be responsible for the difference between the pharmacy's charge and the plan's allowable charge for the drug.

## Home Delivery Pharmacy

Switching to home delivery is simple. You can place your first order by phone or online at [anthem.com](https://www.anthem.com).

**By phone:** Call **1-833-267-3108**. A representative will help you with your order. Have your prescription, doctor's name, phone number, drug name and strength, and credit card handy when you call.

**Online:** Login to [anthem.com](https://www.anthem.com) and select Pharmacy under My Plans to request a new prescription or refill a current prescription. Use your online Pharmacy tools to set up automatic refills, compare drug costs, and get details about medications.



## Specialty Pharmacy

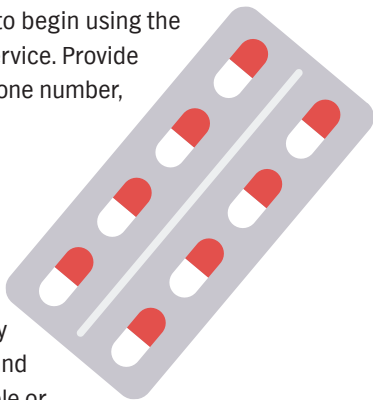
### Specialty Home Delivery

Your pharmacy program includes access to home delivery of specialty drugs. Specialty medications include biopharmaceutical and injectable drugs.

Contact **1-833-267-3108** to begin using the Specialty Home Delivery service. Provide your doctor's name and phone number, and we'll do all the rest.

### Specialty Retail

You can also obtain your specialty drugs from a participating retail pharmacy for up to a 34-day supply, or a 90-day supply and pay the applicable deductible or coinsurance.



## Prior Authorization

*(required for some prescriptions)*

Most prescriptions are filled right away when you take them to the pharmacy. However, some drugs need to be reviewed before they are covered. This process is called Prior Authorization. It focuses on drugs that may have:

- o A risk of side effects or harmful effects when taken with other drugs
- o The potential for incorrect use or abuse
- o Options that cost you less and may work better
- o Rules for use with certain health conditions

If Prior Authorization is needed, your doctor must submit the request. A decision whether the drug will be covered is usually made within 24-48 hours from the time of the request.



Need help? Call Anthem Pharmacy at **1-833-267-3108**. Available 24/7/365.

## Managing Prescription Drug Costs

- o **Dose Optimization** typically means increasing the drug dose or amount so that you only have to take it once a day.
- o **Quantity Limits** ensure a drug is prescribed according to Federal Drug Administration (FDA) and industry standards.
- o **Step Therapy** is used for certain drugs to help you and your doctor choose the drug that's right for you by trying certain drugs first in a step-by-step process.



For more details, see the **Prescription Drug Plan** brochure or your plan Member Handbook at [anthem.com/tlc](http://anthem.com/tlc).

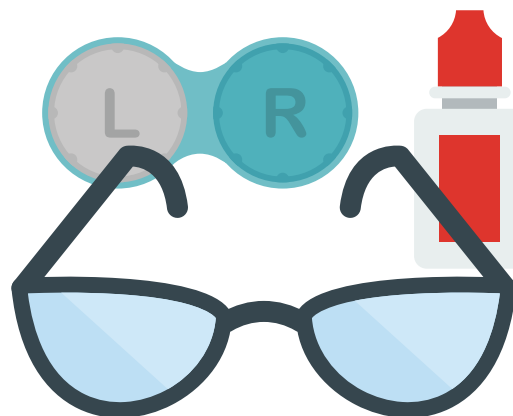


## Routine Vision Benefits

Your routine vision benefits are available from Blue View Vision™ once every plan year. You may have your eye exam and purchase lenses and frames from any Blue View participating optician, optometrist or retail setting, including 1-800 CONTACTS, LensCrafters®, and Target® Optical. You may also use your in-network benefits to order eyewear online at [Glasses.com](http://Glasses.com) and [ContactsDirect.com](http://ContactsDirect.com). If you receive your eye exam, eyeglass frames or lenses from a non-Blue View provider, the non-Blue View network benefits will apply. Please see page 6 for more details on your routine vision benefits.

Go to [anthem.com/tlc](http://anthem.com/tlc) and click on **Find Care** to find a **Blue View provider near you**.

Note: If you need medical, non-routine treatment for your eyes, consult your physician or an Anthem PPO network eye specialist.





## Dental

(administered by Delta Dental)

You have two choices for your dental benefits. The Comprehensive dental option includes Preventive, Primary, Major, and Orthodontic dental services. The Preventive option is available for a lower premium but only includes the twice per plan year routine oral exam, cleaning, x-rays, sealants, and fluoride for children. You indicate your dental option when you make your enrollment selection.

To reduce your out-of-pocket expense, choose a Delta Dental network dentist. View the Delta PPO and Premier networks of dentists at [deltadentalva.com](http://deltadentalva.com). Claims will be handled by the

dentist's office and you will be responsible only for the dental deductible and coinsurance that applies to the covered care you receive. If you go to a non-network dentist, you pay the dental deductible and coinsurance plus any amount above the allowable charge that the dentist may bill you.

When you anticipate dental charges over \$250, have your Delta Dental dentist file a pre-determination (pre-treatment) estimate.

Get the details at [deltadentalva.com](http://deltadentalva.com). Click on **The Local Choice** from the home page.

- View your benefits booklet
- Find a dentist
- Check claims
- Learn about good oral health



## Health & Wellness Programs

Your TLC HDHP plan includes access to personalized plan/benefit guidance via **Anthem Health Guide**. A team of care professionals can connect you to a host of free and confidential health and wellness programs to help guide you in managing your health issues. Conveniently talk via phone call, chat session, email, or schedule a call back through your computer or mobile device.

- **ConditionCare:** Take advantage of free and confidential support to manage these conditions:
  - Asthma (CAD)
  - Chronic obstructive pulmonary disease (COPD)
  - Coronary artery disease
  - Diabetes
  - Heart failure
  - Hypertension

You may receive a call from ConditionCare. While you're encouraged to enroll and take advantage of help from registered nurses and other healthcare professionals, you may also opt out of the program when they call.

- **Building Healthy Families:** Building Healthy Families provides personalized, on-demand health support for members who are pregnant, postpartum, or raising young children. Building Healthy Families is available via the Sydney Health app and delivers access to online educational articles, videos, health trackers, and personalized coaching via phone or chat.
- **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.
- **24/7 NurseLine & Audio Health 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.

### Additional Wellness Programs

These programs are free for covered members and are accessible through these individual service providers.

#### Hello Heart

A digital heart health program that helps eligible members track blood pressure and better understand how daily habits impact heart health using an easy-to-use app. Members who qualify receive a Hello Heart blood pressure monitor at no cost.

#### Virta

A medically supported nutrition program that helps members lose weight and improve their health using real food and one-on-one coaching. It's designed to fit your lifestyle and may be available to you at no cost.

#### Hinge Health

A virtual physical therapy program that can help reduce everyday joint and muscle aches, recover from an injury, and relieve pelvic pain and discomfort. Get personalized care with a dedicated team via the Hinge Health app, offering tailored plans, quick exercise sessions, and easy communication.

#### Catapult Health

Catapult Health's VirtualCheckup® combines simple at-home testing with a face-to-face video consultation with a licensed healthcare provider, all done at a time and location of your choice. Test results are reviewed and sent to your PCP, and a Personal Action Plan is developed for you.

# We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

## Spanish

Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

## Chinese

您有權免費獲得透過您使用的語言提供的幫助。請撥打您的 ID 卡片上的會員服務電話號碼。若您為視障人士，還可索取本文件的其他格式版本。

## Vietnamese

Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bị khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

## Korean

귀하는 자국어로 무료 지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

## Tagalog

May karapatan ka na makakuha ng tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

## Russian

Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

## Armenian

Դուք իրավունք ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

## Farsi

"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات اعضا (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." دچار اختلال بینایی هستید؟ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

## French

Vous pouvez obtenir gratuitement de l'aide dans votre langue. Il vous suffit d'appeler le numéro réservé aux membres qui figure sur votre carte d'identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d'autres formats.

## Arabic

لك الحق في الحصول على مساعدة بلغتك مجاناً. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

## Japanese

お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

## Haitian

Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòm tou.

## Italian

Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

## Polish

Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

## Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਵਿੱਚ ਮਦਦ ਹਾਸਲ ਕਰਨ ਦਾ ਿਅਧਕਾਰ ਹੈ। ਬਸ ਆਪਣੀ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

## TTY/TTD:711




## It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800-368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

# Quick Access to Your Plan






## [Anthem.com/tlc](https://www.anthem.com/tlc)

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

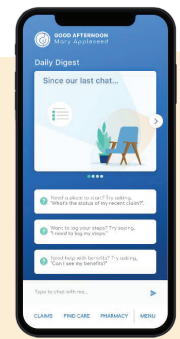
-  Download your health benefits summary and member handbook
-  Find a doctor and urgent care
-  Learn about your Employee Assistance Program (EAP)


## [Anthem.com](https://www.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

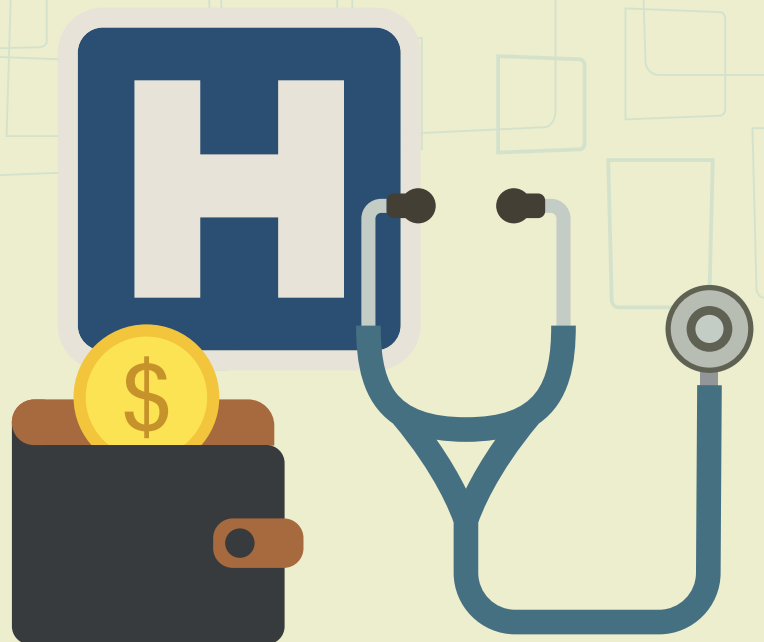
## Sydney Health mobile app



 Log in using your [anthem.com](https://www.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
-  Connect easily to virtual care
-  Track your health goals and fitness

Visit [www.thelocalchoice.virginia.gov](https://www.thelocalchoice.virginia.gov) to view the Summary of Benefits and Coverage for your plan.



# Who To Contact Quick Reference

|   |   |
|---|---|
| <b>Anthem Health Guide</b> <ul style="list-style-type: none"> <li>Medical Customer Service</li> <li>Health and Wellness Programs</li> </ul> | <b>1-800-552-2682</b>   <a href="https://www.anthem.com/tlc">anthem.com/tlc</a>   |
| <b>Anthem Behavioral Health and Employee Assistance Program (EAP)</b>   | <b>1-855-223-9277</b>   <a href="https://www.anthemep.com/the-local-choice">https://www.anthemep.com/the-local-choice</a>   |
| <b>Anthem ID Card Order Line</b>  | <b>1-866-587-6713</b>   |
| <b>BlueCard PPO</b><br><i>(coverage outside Virginia)</i>   | <b>1-800-810-2583</b>   <a href="https://bcbs.com">bcbs.com</a>   |
| <b>Blue Cross Blue Shield Global Core</b><br><i>(coverage outside of the U.S.)</i>  | <b>1-800-810-2583</b>   <a href="https://bcbsglobalcore.com">bcbsglobalcore.com</a>   |
| <b>Delta Dental</b>   | <b>1-888-335-8296</b>   <a href="https://deltadentalva.com">deltadentalva.com</a>   |
| <b>Anthem Pharmacy</b>  | <b>1-833-267-3108</b>   <a href="https://www.anthem.com/tlc">anthem.com/tlc</a>   |
| <b>Virtual Care Options including LiveHealth Online</b>   | <b>Sydney Health App or <a href="https://www.anthem.com/tlc">anthem.com/tlc</a></b>   |
| <b>The Local Choice</b>   | <b>Commonwealth of Virginia<br/>                 Department of Human Resource Management<br/>                 101 N. 14th Street - 13th Floor<br/>                 Richmond, VA 23219<br/> <a href="mailto:tlc@dhrm.virginia.gov">tlc@dhrm.virginia.gov</a></b> |

**Eligibility questions?** If you have questions about eligibility for the TLC health benefits program, please contact your Benefits Administrator for further information.



Language Access Services - (TTY/TDD: 711)

(Spanish) - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.

(Korean) - 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오.

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