Virginia Private Colleges Benefits Consortium, Inc.

Health Plan Document
and
Summary Plan Description

PPO Plans 2-7 and 12

Amended and Restated Effective
January 1, 2024

Section 6 Prescription Drug Care 31

Section 7 Covered Services.....34

Section 8 Limitations and Exclusions on Covered Services 53

Section 9 Coordination of Benefits 57

Section 10 Coordination of Benefits with Medicare 60

Section 11 Subrogation, Reimbursement and Third-Party Recovery 61

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Section 13 Statement of ERISA Rights.....77
Z] À / v (} Œ u š] } v } µ š W Œ š]] ‰ v š [• W o v v v ( ] š •
v (} Œ W Œ š]] ‰ v š [• Z] P Z š •

Section 14 General Provisions.....79

Important Phone Numbers

Anthem Member Services

By Telephone:

CarelonRx Pharmacy Member Services

Customer Service:

Virginia Private Colleges Benefits Consortium, Inc.

Tim Klopfenstein, Executive Director:

Section 2
Plan Identifying Information

Name of the Plan

^ W o v _ •

Type of Plan

Funding Medium and Type of Plan Administration

v š Z u o µ Œ } • • v o µ ^ Z] o ~ ^ v š Z

Section 3
The Provider Network

3.1 ID Card

3.2 Covered Providers and Facilities

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3.5 Out of Area Services

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‰ Œ } À] Œ • š Z š Z À } v š Œ š µ o P Œ Œ u } À v] š ~ Œ] X _ X U Á] š Œ Z š ^ Z o } o o |
v l } Œ o µ ^ Z] o >] v •] v š Z š } š Z Œ P } P Œ ‰ Z] Œ ~ ^ , } • š o µ _
d Z W o v [•

3.6 The BlueCard® Program and Negotiated Arrangements for National Accounts

Non-participating health care providers outside š Z W Service Area

Member Liability Calculation.

P v Œ o o Ç • } v] š Z Œ š Z , } • š o µ [• v } v

Helpful tip the Participant travels receives

the

Participant sees ‰ Œ } À] Œ Á Z }] • v } š ‰ y+` š y.ƒ¿! šñ ñ rPE!•G% @W•>`- v š

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Claim Filing

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v š [•

3.11 Approvals of Care Involving an Ongoing Course of Treatment/Concurrent Care

Providers or Facilities	Allowable Charges

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šZ W Œš]]‰ vš[•

3.21 If Participant Changed Plans Within the Year

30 days

[

R Spouse Upon Marriage (Special Enrollee).

31 days

R Court Order or Decree.

31 days

R Qualified Medical Child Support Order.

· Dependent Contributions

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4.3 Loss of Alternate Health Coverage (Special Enrollees)

31-day [

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&}Œ]• o Z]o }vo Ç U •]Pv]() vš }•š]v Œ • }(šZ]• o

4.4 Special Enrollment Based on Children§ Health Insurance Program (CHIP)

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4.5 Change in Status

W Œ š]] ‰ v š [• ‰ Œ] ‰ v š • • Z } µ o Œ (Œ š } š Z D u Œ [• ‰

R Recipients under Qualified Medical Child Support Orders.

[

R Children Born To or Placed for Adoption During COBRA Period.

[

R Participants and Dependents after FMLA.

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if all of

the following conditions are met

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Caution:

Notice P 11.04 Tf af* EM(o)-5[(N)4e Wr q nuoN4e W* n BT /F1 11.04 Tf 1

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· Length of Continuation Coverage.

· Period of Continuation Coverage for Participants.

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i.e.

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· Limitation on Participant §s Rights to COBRA Continuation Coverage.

R

60 days

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5.3 USERRA Coverage

Participants Have Rights Under Both COBRA and USERRA W Œ š]] ‰ v š [•

Period of Absence	Return to Work Requirement

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7.3 Covered Services

- Allergy Services.
- Ambulance Service.

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- Blood Plasma.

- Breast Reduction Surgery.

- Cervical Cancer Screening.

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- Cleft Lip and Related Conditions.

- Colorectal Cancer Screening.

R

R

X Early Intervention Services.

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- Immunization.
- Lymphedema.
- Mammography.
- Mastectomy or related procedure.
- Maternity Expenses.

- Medical Records.

- Mental Health Conditions or Substance Use Disorders.

R Inpatient Treatment.

[

R Partial Day Mental Health Conditions and Substance Use Disorder Programs.

R Outpatient

f

f

- Oxygen.

- Rape or Incest.
- Reconstructive Surgery Following Mastectomy.

  R

  R

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  R
- Respiratory Therapy.
- Scalp Hair Prosthesis.
- Self-Inflicted Injury.
- Skilled Nursing Facility/Extended Care Facility/Rehabilitation Facility.

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- Speech Therapy.

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- Telemedicine.

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o] u • µ u] • •] } v v ‰ ‰ Œ } À o ‰ Œ } • • X

- Transportation by Railroad or Scheduled Commercial Airline.

- Vision Exams.
- Wigs or Scalp Hair Prosthesis.

Section 8
Limitations and Exclusions on Covered Services

8.1 Limitations and Exclusions

The Plan shall not pay for any service, procedure or supply incurred by the Covered Person, unless it is specifically listed as a Covered Expense under Section 7. The Plan also excludes the following specific items and exclusions:

- Abortion.

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- Acupuncture or Acupressure.
- After Termination.
- Alternative Medicine.
- Biofeedback.
- Blood Donor Expenses.
- Charges.
- Claim Forms.
- Complications of Non-Covered Services.

- Dental.

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- Foot Care

R Foot Orthotics

R Foot Surgery

- Foreign Travel.
- Governmental Benefits.

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- Hypnotism.
- Late Submittal Claims.

- Luxury Equipment.

[i.e.

- Music Therapy.

- No Legal Obligation.

- Non-Licensed Provider.

- Non-Prescription Drugs.

. · Personal Comfort.

· Prior to Effective Date.

· Professional Services.

· Radial Keratotomy or Refractive Keratoplasty.

· Related Provider.

· Reversal of Sterilization.

· Rest Home.

Section 9
Coordination of Benefits

9.1 Definitions

- Allowable Expenses.
- Claim Determination Period.

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9.5 Payment to Other Carriers

Section 11
Subrogation, Reimbursement and Third-Party Recovery

11.1 Benefits Subject to this Provision

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}Œ Z]•lZ Œ o P o Œ ‰Œ • vš š]À [• šš}Œv Ç[• (• v }•š• ••}] š

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šš}Œv Ç[• (• v }•š•X šš}Œv Ç•[(• u Ç ‰ Ç o (Œ}u šZ C

}À Œ W Œ•}v[• šš}Œv Ç ÁZ} Œ]À • vÇ •µ Z Œ }À ŒÇ v }

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11.7 Rights of Recovery

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Section 12
Claims and Payments

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12.7 Timely Filing of Claims

12.8 Complaint and Appeal Process

W Œ š]] ‰ v š • [

12.10 Claims Procedures

12.10.1 Types of Claims and Timeframes for Deciding Initial Claims

- Pre-Service Claims

12.10.2 Notification of Initial Benefit Decision

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š Z W Œ š]] ‰ v š [•

š Z W Œ š]] ‰ v š [•

12.11 Appeal Procedures

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12.12 First Level of Appeal t Internal Appeals

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šZ W Œš]]‰ vš[•

šZ W Œš]]‰ vš[•

· Z ‰ š] vš[• v u U Œ •• v š o ‰Z}v vµu ŒV
· dZ W Œš]]‰ vš[• šZ W Œš]]‰ vš[•

d Z W Œ š]] ‰ v š [• š Z W Œ š]] ‰ v š [•

12.15 Timeframe for Deciding Benefit Appeals

12.16 Decision by the Named Fiduciary

12.17 Notice in Writing

} À Œ W Œ • } v [• Œ] ∀ š Z W o v [•

12.18 Administrative Record

12.19 Time Limits on Legal Action

12.25 Assignment of Payment

v š Z u [• U

[• š Z W o v [• } Œ š Z [•

Section 13
Statement of ERISA Rights

13.1 Receive Information About W Œ š]]‰ v š [• Plan and Benefits

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13.2 v (} Œ W Œ š]]‰ v š [• Z] P Z š •

W Œ š]]‰ v š [•

13.3 Prudent Actions by Plan Fiduciaries

W Œ š]]‰ v š [•

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W Œ š]]‰ v š [•

W Œ š]]‰ v š [•

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13.4 Questions

W Œ š]] ‰ v š [•

Section 14
General Provisions

14.1 Verification

14.2 Limitation of Rights

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14.3 Severability

Section 15
Plan Administrator Duties and Powers

15.1 Appointment of Plan Administrator

15.2 Powers of Plan Administrator

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15.3 Outside Assistance

15.4 Delegation of Powers

Section 16
Amendments, Terminations and Mergers

16.1 Right to Amend, Merge or Consolidate

16.2 Right to Terminate

16.3 Effect on Benefits

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Glossary

Actively at Work [

Activities of Daily Living

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Applied Behavioral Analysis

Approved Disability Leave

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Approved Leave of Absence

Approved Sabbatical

Attained Age

Bariatric Surgery

Benefit Year

Benefit Year Maximum Benefit

Birthing Center

Calendar Year

Case Management

Claims Administrator

COBRA

COBRA Continuation Coverage or Continuation Coverage

Code

Coinsurance

· Child.

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x Disabled Child.

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Disability

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Extended Care Facility

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Family

Generic Drugs

Genetic Information U]v(}Œu š]}v }µš•µ Z]v]À] µ o

High Dose

Home Health Care Services

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Home Health Care Agency

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Hospice Care

Hospital

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} À Œ W Œ • } v [•

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Note:
Right to Choose [. [[

Medicare

Member

Network

Other Facility Provider

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Special Enrollee

Specialist

Spinal Manipulation Treatment

Tier 3 Drugs ~ ^ (} Œ u Œ ŏ WÇŒ ^ Ę } Œ Œ Œ v • _ • Z À Z] P Z Œ } • š • Z Œ š Z v

Tier 4 drugs ~ (} Œ u Œ o Ç ^ ^ ‰] o š Ç _ • Z À Z] P Z Œ } • š • Z Œ š Z v d] Œ ï

Appendix B
Summary of Benefits for Plans 2-7 and 12

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