



2015 COBRA

OPEN ENROLLMENT BOOKLET

**RE-ENROLLMENT
IS NOT REQUIRED**

MAKE SURE YOUR PLANS ARE
**WORKING
FOR YOU**

begins: November 24, 2014

ends: December 12, 2014

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IMPORTANT DATES & CONTACTS

2015 COBRA OPEN ENROLLMENT DATES

November 24, 2014 - December 12, 2014

COBRA OPEN ENROLLMENT BEGINS

November 24, 2014

COBRA OPEN ENROLLMENT ENDS ON DECEMBER 12, 2014

and late enrollments or changes cannot be accepted.

COBRA OPEN ENROLLMENT CHANGES:

Visit www.BenefitAdminSolutions.com

or call 1-877-775-9393

PLAN NAME	ACCOUNT NUMBER	PHONE NUMBER	WEBSITE ADDRESS
Anthem Blue Cross Blue Shield	201019	866-323-3608	www.Anthem.com
CVS/ Caremark Pharmacy	LDERX	866-332-1647	www.Caremark.com
Delta Dental Plan	700081	800-237-6060	www.DeltaDentalVA.com
VSP Vision Plan	12156678	800-877-7195 800-428-4833(TDD)	www.VSP.com
Anthem EAP & Behavioral Health	N/A	866-621-0554	www.AnthemEAP.com
Viverae Wellness Program	4487	888-848-3723	www.MyViverae.com

2015 OVERVIEW

WHAT'S NEW OR CHANGING IN 2015



In 2015, there will be a few noteworthy changes to our Medical Plans and our mission to encourage Wellness achievements.

As in the past, we are committed to transparency regarding the reasoning behind any plan design changes and enhancements, and our goal is that this overview will assist you in finalizing your benefit elections for 2015.

PLAN COSTS

Similar to the trend we saw in 2013, but at an even higher rate, the costs of the spouses on our plans are a major cost driver. In 2014, for every \$1.00 spent for a single user on our plan, a spouse uses \$2.20. As a result, we have aligned higher rate increases with the tiers which include spouses (the "employee + spouse" and the "family" tiers).

Because of these rate dynamics, please make sure to pay special attention this year when determining what plan tier makes the most sense for you and your family.

IMPORTANT WELLNESS PROGRAM INITIATIVES



In addition, we have enhanced our current Wellness program in the following ways:

- Wellness points expansion for participation in community events. An additional availability of points can be earned for competing in local race events, marathons, biking events and charity participation.
- Point challenge events will now include apps and devices. Stay tuned for updates on health challenges that specifically utilize wearable devices such as Fitbits as well as Viverae's free apps. We are teaming up with Viverae to find innovative ways to incorporate health-related technology advancements.



\$10 VIRTUAL DOCTORS VISITS, 24/7/365 VIA LIVEHEALTH ONLINE

Although this option for obtaining medical visits was previously available, we wish to re-emphasize this cost effective option for scheduling medical visits. Through LiveHealth Online, you can coordinate a face to face doctor visit 24 hours a day, seven days a week, 365 days a year with a licensed physician by using the camera function on your phone/tablet/desktop. This service is available in 44 states, 39 of which allow doctors to write prescriptions as well.

- For those participating in the medical plans, the office visit cost is only \$10!
- For those not participating in the medical plans, the office visit cost is \$49.

(This service is currently unavailable in Alabama, Alaska, Arkansas, Louisiana, Texas, and New Hampshire. Please continue to check Anthem.com for updates to the coverage map.)

MAXIMUM OUT-OF-POCKET LIMITS ON PHARMACY

In order to comply with health care reform, we have defined an out-of-pocket maximum for the pharmacy plans. We have not made any changes to the out-of-pocket maximums on the medical plans.

The pharmacy plan out-of-pocket limits are:

- \$2,000 for single only
- \$4,000 for family coverage

We hope you find this overview and the Open Enrollment resources helpful in making the important decisions surrounding your health care for 2015.

Please do not hesitate to contact the Anthem COBRA Department with any questions you may have at 1-877-775-9393 or Visit Anthem at www.BenefitAdminSolutions.com



ANTHEM MEDICAL PLANS

STANDARD PLANS (HIGHER DEDUCTIBLE)

Features	In-Network	Out-Of-Network
Deductible (single/ family)	\$1,000/ \$2,000	\$2,000/ \$4,000
Out-of-pocket Maximum (single/family)	\$3,000/ \$6,000	\$6,000/ \$12,000
Doctor's Office Visit	20% after deductible	40% after deductible
Specialist Office Visit	20% after deductible	40% after deductible
Urgent Care	20% after deductible	40% after deductible
Emergency Room	20% after deductible	Same as in-network if true emergency, if not, you pay 40% of charges (after deductible).
Preventive Care (exam, immunizations, GYN exam, mammogram, prostate screening, colorectal cancer screening)	Covered at 100%	40% after deductible

PREMIUM PLANS (LOWER DEDUCTIBLE)

Features	In-Network	Out-Of-Network
Deductible (single / family)	\$500/ \$1,000	\$1,000/ \$2,000
Out-of-pocket Maximum (single/family)	\$2,000/ \$4,000	\$4,000/ \$8,000
Doctor's Office Visit	20% after deductible	40% after deductible
Specialist Office Visit	20% after deductible	40% after deductible
Urgent Care	20% after deductible	40% after deductible
Emergency Room	20% after deductible	Same as in-network if true emergency, if not, you pay 40% of charges (after deductible).
Preventive Care (exam, immunizations, GYN exam, mammogram, prostate screening, colorectal cancer screening)	Covered at 100%	40% after deductible

PRESCRIPTION DRUG COVERAGE IS INCLUDED WITH BOTH MEDICAL PLANS

CVS/CAREMARK (PRESCRIPTION DRUG COVERAGE)

Retail (30 Day Supply)	You Pay
Generic	\$5
Preferred Brand	25% (\$25 min./ \$100 max.)
Non-preferred Brand	50% (\$50 min./ \$125 max.)
Specialty	\$50 co-pay / Max \$50 - 30 day limit
Out-of-Pocket Maximum	\$2,000 single \$4,000 family

Mail Order (90 Day Supply)	You Pay
Generic	\$10
Preferred Brand	\$50
Non-preferred Brand	\$100
Specialty	Not Available



MEDICAL PLANS CONTINUED

LiveHealth Online is an affordable way to visit a physician by video conference to obtain non-emergent care.

We introduced this benefit in 2014 and have received very positive feedback.

We will continue promotion of this benefit as an affordable option versus emergency room visits, as they increase the costs to the plan and, in turn, affect our plan rates!

DOWNLOAD THE APP NOW!

apple.com



play.google.com/store



LiveHealth ONLINE

ADVANTAGES OF LIVEHEALTH ONLINE:

- **\$10 co-payment** for Anthem members. Not an Anthem member? No problem, you may utilize this benefit for a \$49 co-payment.
- **Pre-register at LiveHealthOnline.com at anytime.** This will avoid delays when you need to utilize the benefit.
- **Visit a participating physician in the comfort of your own home** for you or any member of your family. Most visits are a **5 minute wait time** before you connect with a physician. Most visit times total **15 minutes**.
- **If available, your prescription will be called in to the pharmacy** selected prior to the visit and will be waiting for pick-up. (Rx dispensing is not available in all states – please check the site LiveHealthOnline.com for Rx availability).
- **If determined that a physician cannot assist you, your card on file will not be charged.** The physician will advise your next step for care. Most common uses are:
 - Cold and flu symptoms such as cough, fever and headaches
 - Allergies
 - Sinus infection
 - Family health questions
 - Sick children

OTHER INFORMATION

- You will need a video device in/on your computer. You can use your tablet, iPhone, etc.; however, the physician must be able to see you and hear you for effective results.
- Co-payments for LiveHealth Online visits DO NOT count toward your deductible or out-of-pocket maximums.
- Changes can occur at anytime within your state. Please go to LiveHealthOnline.com to register and view the most up-to-date state participation map.



Changes can occur at any time within your State. Please go to LiveHealthOnline.com to register and view the most up-to-date state participation map.

FAQ

FREQUENTLY
ASKED
QUESTIONS



WHAT IS LIVEHEALTH ONLINE?

LiveHealth Online is a convenient way for you to talk with and get treatment from a doctor at [LiveHealthOnline.com](https://www.LiveHealthOnline.com) or on your smartphone or tablet using the free app. It is secure, private, easy-to use and affordable. You can have live, instant or planned visits with doctors seven days a week, 24 hours a day. You use two-way video conferencing along with instant messaging.

LOG ON TO
[LIVEHEALTHONLINE.COM](https://www.LiveHealthOnline.com)
TO REGISTER

WHY WOULD I USE LIVEHEALTH ONLINE INSTEAD OF GOING TO VISIT MY DOCTOR IN PERSON?

The choice to use LiveHealth Online is different for each person. For some, busy schedules, location or other conflicts make it hard to get to the doctor's office. It also depends on the type of condition you need care or treatment for. Sometimes there's just no substitute for going to the doctor in person. But other times, the convenience of having a doctor a click away can help you get the care you need when you need it.

WHEN IS LIVEHEALTH ONLINE AVAILABLE?

Doctors are available on LiveHealth Online seven days a week, 24 hours a day, 365 days a year.

DO DOCTORS HAVE ACCESS TO MY HEALTH INFORMATION?

If you enroll and set up an account, doctors who use LiveHealth Online can access your health information and review previous treatment recommendations and information from prior LiveHealth Online visits.

If you are using LiveHealth Online for the first time, and have not enrolled or set up an account, you will be asked to answer a brief questionnaire to gather relevant health information before you speak with a doctor. This information from your online visit will be available for future LiveHealth Online visits.

LIVEHEALTH Q&A CONTINUED

HOW DOES ONLINE CARE WORK? DO I NEED AN APPOINTMENT?

Whenever you think you need to see a doctor, simply go to [LiveHealthOnline.com](https://www.livehealthonline.com) or download the free app from the Apple App Store or Google Play. Just enroll for free, set up a personal account and you are ready to see the doctor.

Establishing an account allows you to securely store your personal, health, and payment information so you can more easily connect with doctors in the future, share your health history and even schedule future online visits at times that are convenient for you. Once connected, you can talk and interact with the doctor as if you are in a private exam room.

WHAT ARE SOME OF THE MOST COMMON REASONS TO SEE A DOCTOR USING LIVEHEALTH ONLINE?

People use LiveHealth Online for a range of medical issues. The most common are cold and flu symptoms, fevers, allergies, infections and other similar illnesses.

HOW LONG DOES A LIVEHEALTH ONLINE SESSION WITH A DOCTOR USUALLY LAST?

A typical LiveHealth Online session is about 10 minutes.

HOW MUCH DOES IT COST TO USE LIVEHEALTH ONLINE?

You can see a doctor using LiveHealth Online for a \$10 co-payment per doctor visit, or \$49 if you are not enrolled in Anthem's Health Plan. You just have to enroll for free at [LiveHealthOnline.com](https://www.livehealthonline.com) or on the app, and choose a doctor to see your cost.

WILL I BE CHARGED DIFFERENT AMOUNTS FOR USING VIDEO OR INSTANT MESSAGING FEATURES?

No. The cost is the same.

WILL I BE CHARGED MORE IF I USE LIVEHEALTH ONLINE ON WEEKENDS, HOLIDAYS OR AT NIGHT?

No. The cost is the same.

HOW DO I PAY FOR A LIVEHEALTH ONLINE SESSION?

LiveHealth Online accepts Visa, MasterCard and Discover cards.

CAN I GET ONLINE CARE FROM A DOCTOR IF I'M TRAVELING OR IN ANOTHER STATE?

As long as you are located in a state where LiveHealth Online is available, you can get online care. You can also use the app on your smartphone or tablet if you aren't near your computer.

DO I HAVE WHAT I NEED TO ACCESS DOCTORS THROUGH LIVEHEALTH ONLINE?

Go to [LiveHealthOnline.com](https://www.livehealthonline.com) and click on "System Requirements."

WHO DO I GET IN TOUCH WITH IF I STILL HAVE QUESTIONS?

You can email customersupport@livehealthonline.com (include your email address and phone number) or call toll-free at **855-603-7985**.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Anthem Blue Cross and Blue Shield is the trade name of:
In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ®ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

ADDITIONAL ANTHEM HEALTH PLAN SERVICES OFFERED

EMERGENCY CARE OR QUESTIONS

If you have an emergency that LiveHealth Online cannot assist, where do you go?

- **Call your Dr.** – Your Dr. is the one to see for most care needs as she or he will tell you if they can see you or suggest if you need to visit the emergency room.
- **24/7 NurseLine** – If your Dr. is not available and you are not sure where to go for care, call the 24/7 NurseLine at **1-800-700-9184**.
A registered nurse can assist with questions such as:
 - Can the problem be treated at home?
 - Do I need to see my doctor?
 - Should I head straight to the emergency room?
- **Retail health clinic** – This is a clinic staffed by health care experts who give basic health care services to “walk-in” patients that are mainly located in a major pharmacy or retail store.
- **Walk-in doctor’s office** – This physician’s office does not require you to be an existing patient or have an appointment and handle mostly routine care.
- **Urgent care center** – A group of physicians who treat conditions that should be looked at right away, but are not as bad as emergencies.

BLUECARD WORLDWIDE

“Your passport to health care outside the U.S.”. Anthem offers BlueCard Worldwide for health benefits when you travel outside the United States. The BlueCard Worldwide Program assists you with locating doctors and hospitals in nearly 200 countries and territories around the world. Visit bluecardworldwide.com for details on accessing care.



FUTURE MOMS PROGRAM

Anthem 
Health. Join In.SM

FUTURE MOMS PROGRAM

Having a healthy baby is every mom's goal. And it starts with a healthy pregnancy. You want to make the right choices and take care of yourself so you can reach that goal. But it's not always easy to do it alone.

That's why there's Future Moms. It's a program that can answer your questions, help you make good choices and follow your health care provider's plan of care. And it can help you have a safe delivery and a healthy child. Sign up as soon as you know you're pregnant.

Just call Anthem's toll-free number at **1-866-323-3608**. A registered nurse will help you get started.

You can expect to obtain the following information:

- A toll-free number you can use to talk to a nurse coach any time, any day, about your pregnancy.
- A nurse may also call you from time to time to see how you're doing.
- A book that shows changes you can expect for you and your baby during the next nine months.
- A screening to check your health risk for depression or early delivery.
- Other useful tools to help you, your doctor and your Future Moms nurse keep track of your pregnancy and help you make healthier choices.
- Free phone calls with pharmacists, nutritionists and other specialists, if needed.
- A booklet with tips to help keep you and your new baby safe and well.

Other helpful information on labor and delivery, including options and how to prepare.

ANTHEM HEALTH PLAN SERVICES OFFERED, CONTINUED

E-TOOLS

- Estimate your cost

- Hospital costs and quality information at your fingertips.
- Make informed decisions and save money by comparing the price for certain procedures at hospitals and clinics in your area. You can also compare hospital quality and safety ratings. To search for your cost:
 - Select "Facility Cost & Quality" and "Get Started"
 - Insert the type of category, procedure, who the procedure is for and the location.
 - Compare up to four doctors to find out what you would pay (your estimated out-of-pocket cost).

- Claims look-up

- Get claims information easily
- Stay on top of your medical claims by looking online. You can see how much your health benefits paid or how much you have to pay. You may also choose to get an e-mail when a claim has been worked on instead of getting a notice by mail. To look up a claim:
 - Click "Check Claim Status"
 - You can also go to "Benefits & Claims" and view your recent claims

- Explanation of Benefits

- How much do I owe for a medical claim?
- Did I meet my deductible?

It's all explained in detail on your Explanation of Benefits. It explains:

- Issue date
- Provider of services
- Paid amount
- It is not your responsibility to pay
- It is your responsibility to pay
- Allowed amount
- Your medical deductible applied to date
- Customer Service information

SLEEP MANAGEMENT PROGRAM

Sleep study programs have been prescribed for more and more people each year. Anthem offers a Sleep Management Program that can save you hundreds of dollars by performing the sleep study in the comfort of your home. Please contact Anthem at **1-866-323-3608**.

IMAGING SERVICES

Imaging services are increasing in cost each year. The Landmark & Dominion Enterprises health plan require precertification prior to obtaining high cost imaging services such as CT Scans & MRI's. If your Dr. prescribes this service for you and has contacted Anthem for precertification, you will receive a call from an Anthem representative to explain how you may be able to save hundreds of dollars by using an Imaging Service provider versus utilizing a hospital.

COMPARE QUALITY & COSTS

Compare hospitals quality of care and costs at hospitals & other facilities on Anthem.com before you seek care.

BEHAVIORAL HEALTH

Dealing with complex mental health and medical conditions can be confusing and frustrating. But you don't have to face them alone. The program's care managers are licensed mental health professionals. They'll work closely with you to make a plan that can help you meet your mental health requests and tackle any barriers that might get in the way. The care managers will also make sure that all of your doctors and anyone else providing care are all working together so that you get the best care. They'll also help you get the most value from your health plan benefits. If you receive a telephone message at your home from a Behavioral Counselor, please return their call so that they can assist you or your dependent's need. Contact the Behavioral Health Resource Center by calling **1-866-621-0554** at any time of the day or night.

For other services offered by Anthem Health Plans, please visit www.Anthem.com

ANTHEM SOCIAL MEDIA – Facebook, YouTube, Twitter, Pintrest & Blogging!



POWERME

PowerME stands as a symbol of our dedication to providing insight and resources to both live well and work well. By providing a comprehensive Wellness Program, we are committed to keeping you healthy, happy and empowered. This is a vital part of our overall benefits program.

All COBRA (former employee) participants are eligible and encouraged to participate in the Wellness Program.

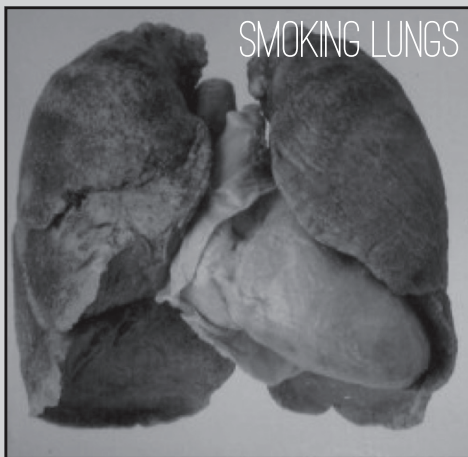
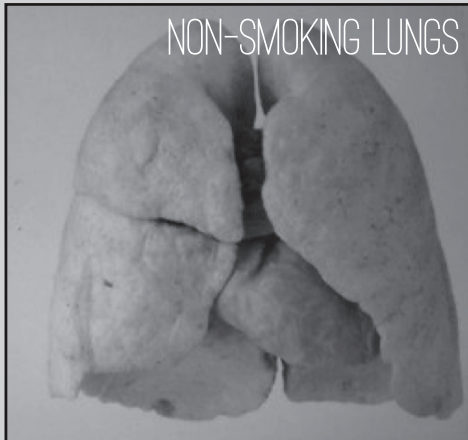
The Company will continue to partner with **Viverae** (viv-AIR-a), a leading corporate wellness vendor, to host our 2015 Wellness Program. Viverae provides a unique experience through a secure website that provides in-depth and intuitive online health tools, webinars, education and health challenges.

- Access the Viverae member site at www.MyViverae.com (a username and password is required).
- You will manage your program activities through your member page.

All programs are confidential and HIPAA compliant.

Any information shared with Viverae will not be disclosed, except in accordance with HIPAA laws. Your Protected Health Information (PHI), or confidential data within your Viverae member page, will not be shared.

TOBACCO USAGE INFORMATION



This image is old and unnecessary, and so are the extra health claims that go with it. The U.S. Surgeon General's report on smoking and health concluded that the direct cost to medical care for adult smokers has reached \$130 billion annually. The number of deaths linked to smoking and the exposure to second hand smoke has nearly reached 500,000 annually.

Medical evidence shows that active smoking is now causally associated with age-related macular degeneration, diabetes, colorectal cancer, liver cancer, adverse health outcomes in cancer patients and survivors, tuberculosis, erectile dysfunction, orofacial clefts in infants, ectopic pregnancy, rheumatoid arthritis, inflammation, and impaired immune function. In addition, exposure to second hand smoke has now been causally associated with an increased risk for stroke.

To assist you in seeking to improve your physical health by quitting tobacco usage, we are committed to providing you with strong resources to achieve your goal. First, the Employee Assistance Program which can be found on www.ASK4HR.com provides guidance to employees prepared to quit the habit. Second, if you are a participant in the Wellness Program, Vivarae will coordinate a Targeted Program specifically for you which can include the use of health coaches to keep you on track along the way.

To clarify questions as to whether tobacco usage includes the use of E-cigarettes, the answer is yes. E-cigarettes contain nicotine and nicotine is derived from tobacco. As a result, E-cigarettes are a tobacco product.

Remember, we want you to experience the benefits of a non-smoking/non-nicotine lifestyle. After only one month of living tobacco free:

- You will soon be able to exercise or perform activities with less shortness of breath.
- Your clothes, your body, your car and your home will smell better.
- Your sense of taste and smell will return to normal.
- The stains on your teeth and fingernails will start to fade.

BREAKING FREE FROM TOBACCO



Breaking Free from Tobacco offered through Viverae is a program designed to educate and support tobacco cessation goals through making long-term behavior changes. This program facilitates lifestyle change by concentrating specifically on the behaviors necessary to successfully stop using tobacco. The lessons and activities build on each other in order to give participants the necessary tools to make behavior changes.

The program is designed to be a 4-week commitment. The member begins the program by attending the first lesson via on-demand webinar. After completing the requirements for the specific lesson and a minimum of 7 days, the member may move on to the next lesson. At the end of each lesson, the member will take a quiz assessing their understanding of the lesson's information. The member must pass the quiz with a score of 70 or above to move forward.

BREAKING FREE FROM TOBACCO

1. Back to Basics

This lesson reviews the basics of tobacco cessation, including health consequences of tobacco use and benefits of a tobacco-free life.

2. The Core

The second lesson will examine personal reasons for tobacco use and strategies to develop a plan to quit.

3. Take Action

In this third lesson, tobacco users are encouraged to take action on tobacco cessation by goal setting and making environment changes.

4. Next Steps

The final lesson emphasizes the importance of setting a quit date and reviews strategies to stay tobacco-free for a lifetime.



(EAP) EMPLOYEE ASSISTANCE PROGRAM

Dominion Enterprises and Landmark Media Enterprises' goal is to provide you with benefit programs to live healthy and well. The Company offers an Employee Assistance Program through Anthem providing 24 hour access to you and your household members.

The EAP is a confidential information, support and referral service offering tools and resources designed to help meet the challenges of modern life. You can access this program by logging on to www.anthemEAP.com or dialing toll free at **1-866-621-0554**.



Easy & 100% CONFIDENTIAL, four free face-to-face counselor sessions (excluding MD's) and many other resources to include:

- Adoption
- Legal Issues
- Child Care
- Travel
- College Life
- Moving & Relocation
- Older Adults
- Education
- Parenting
- Financial Issues
- Personal Concerns
- Health & Wellness
- Children's Topics
- Working Well
- Weight
- Management
- Relationship & Family Issues
- Well-Being and Mental Health
- Resource Finders for Child Care, Elder Care, Legal Services, Cancer Centers, Retirement Facilities, Schools

This is just a brief example of what's available on your EAP site!

Log in today to take advantage of this terrific resource:

www.anthemEAP.com

Click the **LOGIN button** in the Member's Box

Dominion employees: Program name is **DOMINION**

Landmark employees: Program name is **LANDMARK**

Prefer to call? Contact the Anthem EAP at **1-866-621-0554**

DENTAL PLAN



Landmark Media Enterprises' and Dominion Enterprises' Dental Insurance Plan is administered by Delta Dental.

Delta Dental provides one of the largest networks of participating dentists as well as advanced dental benefits covering preventive, basic and major dental services.

The information provided outlines Delta Dental's levels of coverage. All employees who elect Delta Dental coverage will receive a dental ID card in the mail shortly after Open Enrollment ends if making changes or enrolling for the first time in dental benefits.



ANNUAL MAXIMUM BENEFIT:

- \$1,500 maximum benefit per individual per calendar year

ORTHODONTIA MAXIMUM BENEFIT:

- \$1,500 maximum benefit per individual lifetime

PREVENTIVE & DIAGNOSTIC CLASS 1:

100% COVERED (DOES NOT APPLY TO ANNUAL MAXIMUM)

- **Oral Exams & Cleanings** - 2 per calendar year and bitewing X-rays
- **Full mouth/panelpipse X-rays** - Limit of 1 every 5 years
- **Fluoride Applications** - 2 per calendar year up to age 19
- **Sealants** - Dependents under age 16. One application per tooth every 5 years
- **Space Maintainers** - Dependents under age 14
- **Periodontal Maintenance (Cleanings)** - 2 per benefit year in addition to regular cleanings
- **Healthy Smile, Healthy You Program**
- **No deductible**

BASIC RESTORATIVE CLASS 2: 80% COVERED

- **Fillings:** Amalgam (silver) and composite (white) fillings - Composite white fillings are limited to upper and lower 6 front teeth
- **Stainless Steel Crowns** - Participants under age 14
- **Oral Surgery** - Simple extractions, impactions, and other surgical procedures including wisdom teeth
- **Denture Repair & Recementation** of crowns, bridges and dentures
- **Endodontics/Root Canal Therapy**
- **Periodontic Services** - scaling and root planing, soft tissue and bony surgery
- **General Anesthesia;** Oral Surgery
- **\$50 Deductible** Per Individual Per Year

MAJOR RESTORATIVE CLASS 3: 60% COVERED

- **Prostodontics/dentures/bridges** - Once every 5 years, and only when an existing prosthesis cannot be rendered serviceable.
- **Crowns** - one per tooth every 7 years, and only when an existing crown cannot be rendered serviceable.
- **Implants**
- **\$50 Deductible** Per Individual Per Year

ORTHODONTICS - CLASS 4: 50% COVERED

- **Orthodontic workup** including x-rays, diagnostic casts and treatment plan
- **\$50 Deductible** Per Individual Per Lifetime

SEE THE DENTAL PLAN SUMMARY FOR SPECIFIC COVERAGE DETAILS

VISION PLANS



THE VISION PLAN OFFERS YOU TWO LEVELS OF COVERAGE

Landmark Media Enterprises' and Dominion Enterprises' Vision Plans are administered by VSP (Vision Service Plan) and offers two options with different levels of coverage. The two options are the Standard Plan and the Premium Plan. Each has an in-network and out-of-network benefit. The plan is designed to protect your visual wellness, so certain cosmetic or elective eyewear options may not be covered. However, extra discounts and savings are available. Be sure to ask your doctor about what is truly covered before selecting eyewear and cosmetic options. Visit VSP's website at www.vsp.com or call **1-800-877-7195** to learn about their discount program and obtain a list of in-network doctors.



¹ Based on plan year beginning 1/1/15. ² Your plan provides a 20% discount on non-covered complete pairs of prescription glasses. Services must be received within 12 months from the same VSP doctor who provided the last covered eye exam. ³ You may choose contacts or glasses, but not both. Our plan includes a 15% discount off the cost of your contact lens exam (fitting and evaluation) when obtained from a VSP doctor.

STANDARD PLAN

Eye Examination | One every 12 months¹

- \$10 co-pay
- Covered if going to VSP doctor
- Up to \$50 reimbursed for out-of-network doctor

Frames² | One every 24 months¹

- \$120 Allowance
- Wide selection covered if going to VSP doctor
- Up to \$70 reimbursed for out-of-network doctor

Lenses² | One every 12 months¹

- \$25 co-pay
- Single vision, bifocal, and trifocal lenses are covered if going to VSP doctor
- Up to \$50 for single vision lenses, \$75 for bifocal lenses or \$100 for trifocal lenses reimbursed for out-of-network doctor

Contact Lenses³ (instead of glasses) | One every 12 months¹

- No co-pay
- Covered up to \$120 if going to VSP doctor
- Up to \$105 reimbursed for out-of-network doctor

PREMIUM PLAN

Eye Examination | One every 12 months¹

- \$10 co-pay
- Covered if going to VSP doctor
- Up to \$50 reimbursed for out-of-network doctor

Frames² | One every 24 months¹

- \$200 allowance
- Wide selection covered if going to VSP doctor
- Up to \$70 reimbursed for out-of-network doctor

Lenses² | One every 12 months¹

- \$25 co-pay
- Up to \$50 for single vision lenses, \$75 for bifocal lenses or \$100 for trifocal lenses reimbursed for out-of-network doctor
- Anti-Reflective Coating Included
- Polycarbonate included
- Single vision, bifocal, trifocal and progressive lenses are covered if going to VSP doctor

Contact Lenses³ (instead of glasses) | One every 12 months¹

- No co-pay
- Covered up to \$200 if going to VSP doctor
- Up to \$105 reimbursed for out-of-network doctor

2015 COBRA OPEN ENROLLMENT FREQUENTLY ASKED QUESTIONS

Q. WHO IS ELIGIBLE?

- COBRA participants, their qualified dependents, who enroll and make timely payments. Qualified dependents include the employee's spouse, same-sex domestic partner (if you reside in a state that does not recognize same-sex marriage), and children attaining age 26 (for the company's medical plans only).
- Full-time student verification must be provided for dependents over age 19, or up to age 23 if a full-time student (carrying at least 12 credit hours) for dental and vision. If your child is already on the medical plan and you have already sent in the Fall 2014 schedule of classes, you do not need to re-send this schedule. However, you must send the Spring 2015 schedule as soon as it becomes available (many students are registering before Thanksgiving). The Spring 2015 schedule is due to Anthem COBRA Department by January 1, 2015.
- A dependent that was deemed physically or mentally disabled prior to the age 19 qualifies for medical, dental or vision, regardless of age with supporting documentation. If your dependent is not eligible for benefits through Landmark and/or Dominion, they may be eligible for coverage through the Affordable Care Act Marketplace. Please visit www.HealthCare.gov for more information.

Q. WHY DO SPOUSES COST MORE?

Medical claims are reviewed on a look back period of 15 months. After an actuarial review, utilization and costs have proven higher for spouses. Last year we reported that spousal costs were about \$1.50 for every \$1.00 an employee spends. Over the past two years, statistics revealed that spouses use the plan at a much higher rate of \$2.20 for every \$1.00 we spend for an employee or COBRA participant.

Q. WHAT DO I NEED TO KNOW ABOUT LIVEHEALTHONLINE.COM?

- LiveHealthOnline.com allows you to..... receive non-emergency care quickly and inexpensively without visiting your doctor's office.
- Most states allow the doctors to send prescriptions directly to the pharmacy of your choice. See LiveHealthOnline.com for an updated listing of states.
- LiveHealthOnline.com offers a free mobile app. Just search for LiveHealth Online Mobile by American Well. It will also link your existing account to your mobile account if that is necessary. This app allows secure video conferencing from your mobile device.
- Anthem participants pay only \$10 per visit. Remember the \$10 co-payment does not go toward your deductible or out-of-pocket maximum.
- Not enrolled in the company sponsored Anthem medical plan? No problem, you can use LiveHealthOnline.com and pay only \$49 per visit.

Q. WHAT DOCUMENTATION DO I NEED TO QUALIFY FOR SAME-SEX SPOUSE COVERAGE?

- You will be required to provide proof of the marriage.

Q. WHEN DO THE CHANGES TAKE EFFECT?

- All benefits begin January 1, 2015. If you are enrolling for the first time in a medical or dental plan, medical, prescription and dental cards will be mailed to your home. The Vision Service Plan does not require ID cards.



2015 COBRA OPEN ENROLLMENT FREQUENTLY ASKED QUESTIONS

Q. WHEN CAN I CHANGE MY ENROLLMENT OPTIONS AGAIN?

- The options you choose now will remain in effect throughout 2015. Changes outside of the 2015 Open Enrollment period are not permitted unless you incur a qualifying event or status change during the year.

Q. WHAT IS A QUALIFYING EVENT OR STATUS CHANGE?

- A qualifying event occurs when you notify BenefitsAdminSolutions.com within 30 days of one of the following events with supporting documentation:
 - You marry, legally separate or divorce
 - Your spouse, or other dependent, passes away
 - You have a child, adopt a child or become legal guardian of a child
 - Child no longer eligible
 - You, your spouse or your dependent become eligible or lose eligibility for benefits (ex: part-time employee becomes full-time, or obtain other coverage, etc.)
 - Your spouse changes jobs or your spouse's Open Enrollment occurs
 - You go on - or return from - an unpaid medical leave of absence
 - Domestic Partner Job Change
 - Domestic Partner Open Enrollment
 - Domestic Partner coverage Gain or Loss
 - Domestic Partnership Begin/End
 - Domestic Partner Passes Away

Q. WHY IS THERE NOW A SEPARATE OUT-OF-POCKET MAXIMUM FOR THE PRESCRIPTION DRUG PLAN, AND HOW DOES IT AFFECT HOW MUCH I WILL HAVE TO PAY OUT-OF-POCKET?

- The CVS/Caremark Summary explains the specific co-payments and/or co-insurance for generic, preferred and non-preferred drugs including mail order prescriptions. The Patient Protection and Affordable Care Act (PPACA) 2015 mandates that out-of-pocket maximums must be defined for health and prescription care plans not to exceed \$6,600 individual & \$13,200 family. The prescription plan 2015 out-of-pocket maximums are \$2,000 individual & \$4,000 family. Combined with the medical plans out-of-pocket maximums, we are well below the ACA mandate.

Q. WHO DO I CONTACT IF I HAVE QUESTIONS REGARDING THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)?

- Please visit www.HealthCare.gov for all questions regarding the PPACA.