Welcome

Important information to help you receive the most value from your Anthem Blue Cross and Blue Shield health plan.

City of St. Louis Active Employees | Effective June 20, 2021

CITY CSTLENABCBS Rev. 4/21

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A health plan you can count on

As an Anthem Blue Cross and Blue Shield member, you will continue to have access to the same doctors and hospitals without disruptions or transition of care issues. Anthem is proud to offer the superior service you have become accustomed to over our years of partnership.

Anthem's goal is to help you feel supported, appreciated, confident, and healthier. Anthem is launching new programs and technology to make sure you receive the most value from your plan.

If you want to keep the same coverage as last year, you don't need to take any action. If you would like to change plans, delete or decline coverage for yourself, add or remove dependents, or if you are an employee requesting new enrollment, please fill out the *Enrollment Application and Change Form* on page 19 and mail or deliver it to:

Department of Personnel, Employee Benefits Section
1114 Market Street, Suite 700
St. Louis, MO 63101

Email: BenefitsSection@stlouis-mo.gov

City Plans		Police Division Plans	
Phone:	314-622-5753	**Phone:**	314-589-8103
	314-622-5743		314-622-5726
Fax:	314-622-4719	**Fax:**	314-589-8110

When faxing or emailing enrollment documents please exclude Social Security numbers.

You may be eligible to apply for coverage after Open Enrollment due to a qualifying life event such as marriage, birth, loss of coverage, etc. You must request special enrollment within 31 days of a qualifying event.

Be on the look out for your new Anthem ID card to arrive in your postal mail before your new coverage starts.

Anthem looks forward to serving you again this year.

Important phone numbers:

Concierge support/ Anthem Health Guide
844-404-2102

Anthem Precertification
866-398-1922

BlueCard® Customer Service
(to locate a provider while traveling)
800-810-2583 (Blue) or anthem.com

Anthem Behavioral Services
(mental health and substance abuse administrator)
800-788-4003

Anthem Health and Wellness
866-962-1395

Express Scripts Customer Service
866-595-7317

What's new for 2021–2022

The City of St. Louis wants this to be the year that health and wellness becomes a part of your everyday life. We're proud to offer the support you need to make the journey easier.

Blue View Vision

You now have access to an expanded network of eye care doctors through Blue View Vision. You have the same coverage as last year, with more in-network options. Your annual routine vision services will continue to be covered at 100%, or subject to your deductible if enrolled in the High Deductible Plan (HDHP) option, when you visit an in-network doctor. With over 36,000 eye doctors at more than 27,000 locations, you're sure to find an eye care professional close to home or work. See page 6 for more information.

Fertility support

If you are having issues becoming pregnant, you can access testing and treatment with a lifetime maximum up to $15,000 from Anthem, and a separate lifetime maximum of $15,000 for medications through Express Scripts. Contact Anthem Health Guide at 844-404-2102 and Express Scripts at 866-595-7317 for more information. You can also receive discounts on WINFertility services through anthem.com.

$0 copay for LiveHealth Online

Visit a doctor, psychologist, therapist, or take advantage of the new Healthy Sleep program with no out-of-pocket cost in the High/Low Option plans. The HDHP option offers 10% coinsurance only after the deductible has been satisfied. See page 10 for more information.

Lark: digital diabetes prevention

Free digital health coaching to help you prevent diabetes through education, weight coaching, nutritional therapy, behavioral health screenings, and personalized guidance. See page 27 for more information.

Save money on health services with SmartShopper

SmartShopper makes it easier to compare information and costs of common healthcare services you may need. You can even earn rewards when you choose a healthcare provider known for high-quality outcomes. See page 13 for more information.

Better health is right before your eyes

It's true with Blue View Vision℠ through Anthem

Do you really need an eye exam if you're seeing just fine? Absolutely.

Eye doctors can detect eye diseases like macular degeneration and glaucoma early on. Often they're the first to find other health problems, such as high blood pressure, high cholesterol, and diabetes, through regular eye exams. That's why Anthem makes eye care easier and more affordable.

What you should do for your eyes

Have your annual vision exam

You have access to annual routine vision services through Blue View Vision benefits through Anthem. If you select an in-network vision provider, **the services will be covered at 100%** under the High/Low Option plans or subject to deductible/co-insurance on the HDHP Option plan.

Covered services include:

- Determination of refraction
- Ophthalmological examination including refraction for new and established patients, and
- A visual functional screening for visual acuity

Additional services such as eye glasses or contact lenses are not covered under your plan.

Blue View Vision can help you see better.

For more information, call 1-866-723-0515.
Go to **anthem.com** to search providers.

Plenty of choices

With Blue View Vision, you can find eye care just about anywhere.

More doctors and locations. With over 36,000 eye doctors at more than 27,000 locations, you're sure to find an eye care professional that's close to home or work.

Accessing quality care

Blue Access Choice and BlueCard®

Accessing your choice of doctors and hospitals

Anthem is pleased to offer you Blue Access Choice, the largest provider network in Missouri, where you can receive the most value for your money with lower copays and out-of-pocket costs. Featuring superior access across the city, state, and nation, the network includes nearly all of the hospitals and doctors in Missouri without the hassle of needing a referral before seeking care.

Anthem's health plans are the flexible choice:

- Anthem does not require referrals for in-network doctors and specialists, including behavioral health providers. Please note that individual specialists may have different referral requirements.
- They use a broad, money-saving provider network.
- They include out-of-network benefits.
- Mental health and substance abuse benefits are available.
- Members have full (100%) coverage for preventive care like well-visits, health screenings, and vaccinations (immunizations).
- Members can receive assistance in selecting providers that can save them money on services, such as lab or imaging tests.

Benefits to go

Blue Access Choice benefits travel with you. The BlueCard® Program through the Blue Cross and Blue Shield Association will help you find care when you're traveling throughout the country — or in more than 200 countries and territories worldwide.[1]

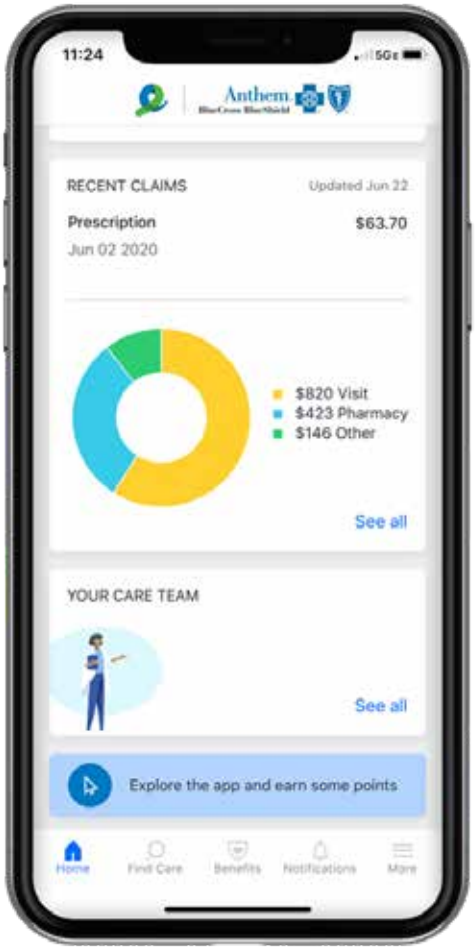
- All you have to do is call BlueCard Customer Service at 800-810-2583 (BLUE) ahead of time for help finding a participating doctor or health center near you.
- Visits to doctors or clinics that are not part of the BlueCard Program will be covered at the lower out-of-network level.
- In emergencies while traveling, you should go to the nearest hospital. Then call us, and your doctor back home, within 24 hours or as soon as possible.

If you have any questions, you can call 844-404-2102 to speak to an Anthem Health Guide for personalized help maximizing your benefits. They can help you understand your Blue Access Choice network coverage or your BlueCard benefits and how to use them. See page 23 for more details about Anthem Health Guide.

1. Blue Cross Blue Shield Association, http://www.bcbs.com/already-a-member/coverage-home-and-away.html

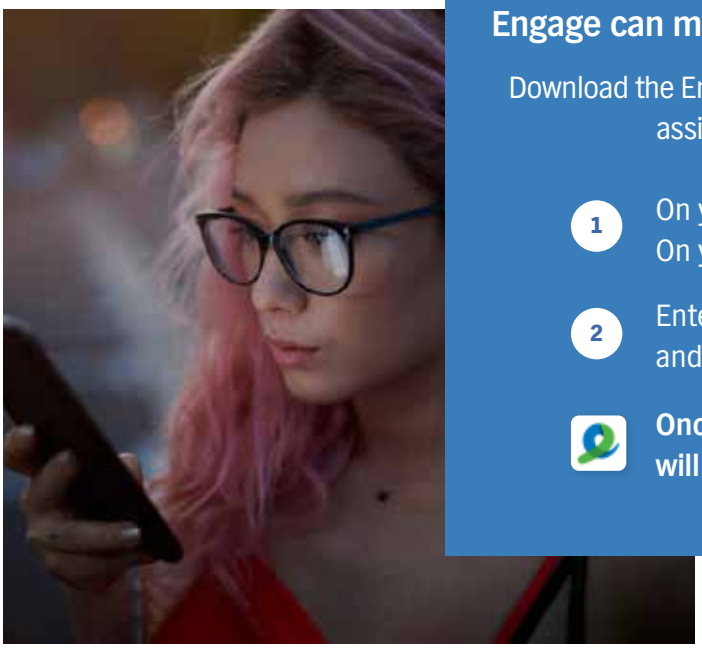
Engage

Your personalized health assistant



Engage is a personalized health assistant you can access online or using the mobile app. It connects you to the right benefits and programs, at the right time, with a click of a button.

- Clearly see your medical benefits and access your digital Anthem ID card.
- Add your wearable fitness device, such as your Fitbit or Apple Watch, to hit your well-being goals.
- Access LiveHealth Online. You can visit with a doctor on your smartphone, tablet, or computer.
- Save time and money through Anthem's health and wellness programs.
- Protect yourself from overpaying by seeing the cost of services and care before setting up a visit.



Engage can make it easier to manage your health plan

Download the Engage app to start using your personalized health assistant. **To download the Engage app:**

1. On your Apple device, open **App Store**.
   On your Android device, open **Play Store**.
2. Enter **Engage Wellbeing** into the search bar and select **Download**.
3. **Once downloaded, the Engage logo will appear on your device.**

Download on the App Store

GET IT ON Google Play

LiveHealth Online

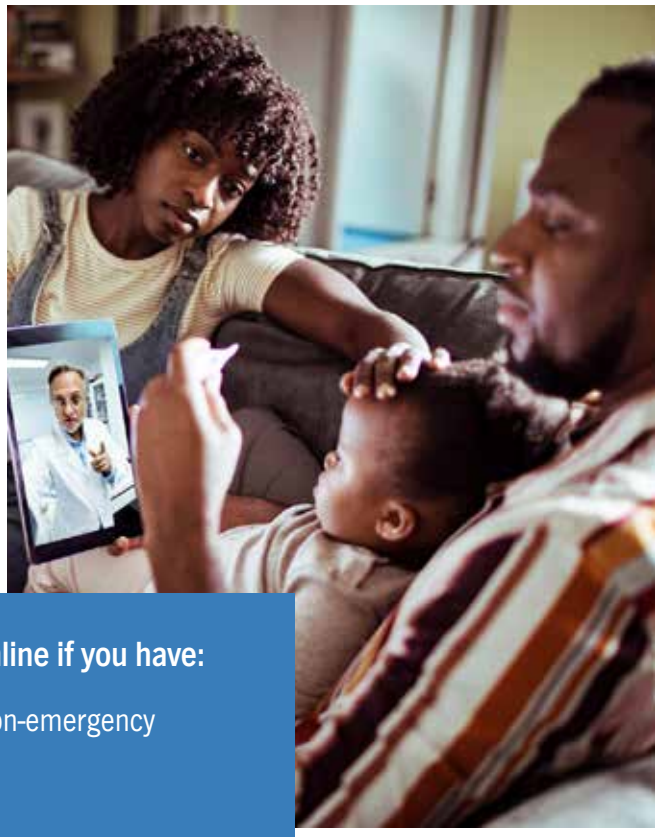
Always here for you – any time, any place

Find on ENGAGE!

Using LiveHealth Online, you can have a visit with a doctor on your smartphone, tablet, or computer.

When you're not feeling well, you want to feel better fast. With LiveHealth Online, you don't need to make an appointment.

A doctor can assess your condition, provide a treatment plan, and even send a prescription to your pharmacy, if it's needed.[1] **City of St. Louis employees on the High/Low Option plans have a $0 copay for LiveHealth Online visits. Employees on the HDHP Option plan will only pay 10% coinsurance, after the deductible is met.**



When your own doctor isn't available, use LiveHealth Online if you have:

- Pinkeye
- A cold
- The flu
- A fever
- Allergies
- A sinus infection
- And other non-emergency conditions

Behavioral health support

See a licensed therapist, psychologist, or a psychiatrist from the privacy of your home.[1] You'll receive talk therapy support, and you can see a psychiatrist who can provide medication management support.[2]

Set up a LiveHealth Online account now, so you're ready when you need to see a doctor.

You can use the Engage app to register for LiveHealth Online.

LiveHealth® ONLINE

1. Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.
2. Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Psychiatrists on LiveHealth Online will not offer counseling or talk therapy.

Where to go for care

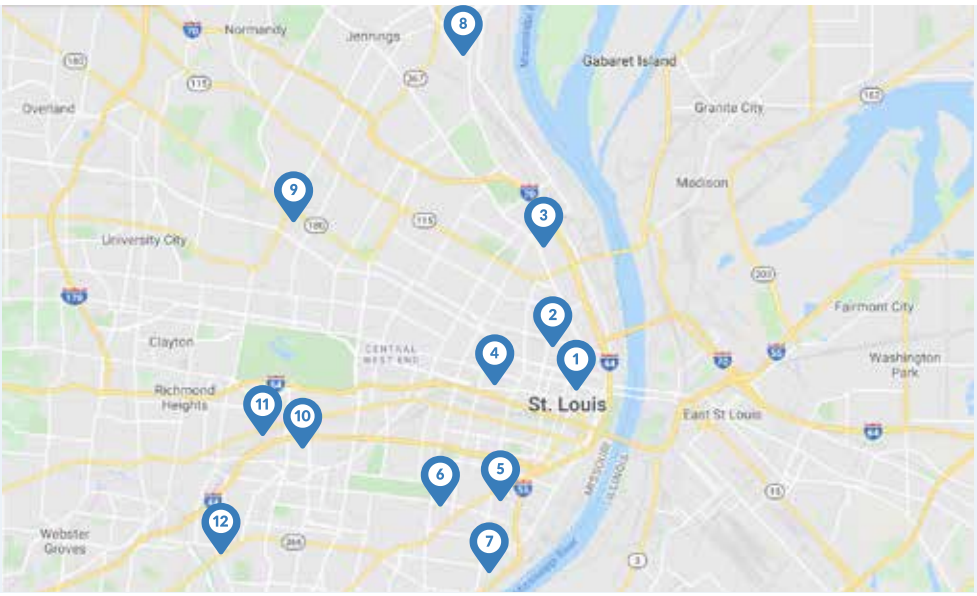
Is it really an emergency?

	Who usually provides care	Estimated average cost	When to go
LiveHealth ONLINE	Board-certified doctors	$	› Allergic reactions (minor) › Headache (minor) › Nausea or diarrhea › Cold, cough and sore throat › Sinus pain and minor fever (under 102°F) › Eye or ear pain or irritation › Burning with urination
WALK-IN DOCTOR'S OFFICE	Family practice doctors	$$	Same as walk-in clinic plus... › Asthma (mild) › Back pain › Nausea or diarrhea › Headache (minor)
WALK-IN CLINIC AT A PHARMACY OR SUPERMARKET *Located in retail stores, such as CVS or Walgreens.*	Physician assistants or nurse practitioners	$$	› Allergic reactions (minor) › Bumps, cuts, scrapes, rashes › Burning with urination › Burns (minor) › Cold, cough and sore throat › Sinus pain and minor fever (under 102°F) › Eye or ear pain or irritation › Shots
URGENT CARE CENTER	Doctors who treat conditions that should be looked at right away	$$$	Same as walk-in doctor's office plus... › Animal bites › Sprains and strains › Stitches › X-rays
EMERGENCY ROOM	Doctors trained in emergency medicine	*For non-emergencies:* $$$$	› Coughing up or vomiting blood › Symptoms feel life-threatening or disabling › Chest pain or severe shortness of breath › Major injury or broken bones › Sudden or unexplained loss of consciousness › Severe pain that cannot be controlled › If you're pregnant and having labor pain

Finding care is easy

Download the Engage app today. It's easy and fast to find doctors, retail health clinics, and urgent care centers in your plan and compare costs.

In-network urgent care centers in St. Louis



1 **24/7 Healthcare**
(Downtown St. Louis)
916 Olive Street
Saint Louis, MO 63101
314-436-9300
Open 24 hours a day, seven days a week
Telemedicine available

2 **Affinia Healthcare**
1717 Biddle Street
Saint Louis, MO 63106
314-898-1700
Mon.–Fri.: 8:30 a.m.–5:30 p.m.
Wed.: 8:30 a.m.–5 p.m.

3 **Affinia Healthcare**
4414 N. Florissant Avenue
Saint Louis, MO 63107
314-898-1700
Mon.–Fri.: 8:30 a.m.–5:30 p.m.
Wed.: 10 a.m.–7 p.m.

4 **Concentra Urgent Care**
3100 Market Street
Saint Louis, MO 63103
314-421-2557
Mon.–Fri.: 8 a.m.–5 p.m.

5 **Affinia Healthcare**
2220 Lemp Avenue
Saint Louis, MO 63104
314-814-8700
Mon.–Fri.: 8 a.m.–5:30 p.m.
Wed.: 8 a.m.–7 p.m.

6 **Total Access Urgent Care PC**
3114 S Grand Boulevard
Saint Louis, MO 63118
314-696-2178
Everyday: 8 a.m.–8 p.m.

7 **Affinia Healthcare**
3930 S. Broadway
Saint Louis, MO 63118
314-898-1700
Mon.–Fri.: 8:30 a.m.–5:30 p.m.
Wed.: 8:30 a.m.–7 p.m.

8 **Concentra Urgent Care**
8340 N. Broadway
Saint Louis, MO 63147
314-385-9563
Mon.–Fri.: 8 a.m.–5 p.m.

9 **Downtown Urgent Care**
6113 Ridge Avenue
Saint Louis, MO 63133
314-932-1213
Mon.–Sat.: 7 a.m.–7 p.m.

10 **Total Access Urgent Care PC**
2060 Hampton Avenue
Saint Louis, MO 63139
314-696-2341
Everyday: 8 a.m.–8 p.m.

11 **Concentra Urgent Care**
6542 Manchester Avenue
Saint Louis, MO 63139
314-647-0081
Mon.–Fri.: 8 a.m.–5 p.m.

12 **Total Access Urgent Care PC**
6900 Chippewa Street
Saint Louis, MO 63109
314-899-9344
Everyday: 8 a.m.–8 p.m.

Urgent care listing is not an all-inclusive list. Other locations may be available.

Save and earn with SmartShopper

Compare costs and lower your medical expenses

When you need to have a medical procedure, costs can sometimes seem unpredictable. In fact, the same test or procedure can vary by hundreds or even thousands of dollars, depending on where you go. SmartShopper can help. This program comes with your health plan, and helps you save money and receive cash back when you need a covered medical service.[1] With SmartShopper, you can shop online or call a SmartShopper Personal Assistant who can help you understand your options and can schedule your appointment.

Step one: Shop for a provider

When your doctor recommends a medical test or procedure, you can call SmartShopper at 855-231-3613, or visit **smartshopper.com.**

Step two: Receive your medical care

Receive care at one of the SmartShopper options, which are all in your plan.

Step three: Earn rewards

After your claim is paid, SmartShopper mails you a reward check within six weeks.

Shop and save on your healthcare

Register today at **smartshopper.com**. The Personal Assistant team is available at 855-231-3613 Monday to Thursday, 7 a.m. to 7 p.m. and Friday, 7 a.m. to 5 p.m. CT.

Sample procedures and rewards[2]

Procedure	Reward
Lab work	$25
Colonoscopy	Up to $150
Hernia repair	Up to $250
Knee surgery	Up to $250
Orthopedic procedure	Up to $250
Ultrasound	Up to $50

SmartShopper®

1. Reward payments may be taxable.
2. For a full list of procedures and rewards, call 1-855-231-3613 or visit smartshopper.com.

Choosing your benefit plan

Biweekly premiums

City of St. Louis Active · Blue Access® Choice PPO network · Effective June 20, 2021

	Biweekly deduction
High Option	
Employee only	$77.31
Employee + spouse*	$456.14
Employee + child(ren)	$334.38
Employee + family*	$821.12
Low Option	
Employee only	$18.28
Employee + spouse*	$245.45
Employee + child(ren)	$156.28
Employee + family*	$512.82
HDHP Option	
Employee only	$0.00
Employee + spouse*	$157.66
Employee + child(ren)	$81.14
Employee + family*	$387.23

Deductions are based on 26 pay periods.

* Includes domestic partner

Your summary of benefits

City of St. Louis Active · Blue Access® Choice PPO network · Effective June 20, 2021

	High Option		Low Option		HDHP Option*	
Covered benefits	**Network**	**Non-network**	**Network**	**Non-network**	**Network**	**Non-network**
Deductible (single/family)	$300/ $900	$2,000/ $6,000	$800/ $2,400	$2,000/ $6,000	$3,000/ $6,000	$9,000/ $18,000
Out-of-pocket limit (single/family)	$2,500/ $5,000	$5,000/ $10,000	$5,000/ $10,000	$10,000/ $20,000	$4,000/ $6,850	$10,000/ $20,000
Physician home and office services (PCP/SCP)						
Unlimited allergy injections	$15/$40	40%	$20/$50	50%	10%	40%
Diagnostic tests –	No cost share	40%	No cost share	50%	10%	40%
Lab, X-rays, MRAs, MRIs, PETS, C-scans, nuclear cardiology imaging	No cost share	40%	No cost share	50%	10%	40%
Preventive care services						
Routine medical exams (see full list of preventive services on page 24.)	No cost share	40%	No cost share	50%	No cost share	40%
Emergency/urgent care						
ER services	$500	$500	$500	$500	10%	10%
Urgent care services	$50	40%	$50	$50		40%
LiveHealth Online (page 10)	$0	N/A	$0	N/A		N/A
Inpatient and outpatient services	10%	40%	20%	50%	10%	40%
Other services						
Local ambulance	10%	10%	20%	20%	10%	10%
Hospice	No cost share	No cost share	No cost share	No cost share	10%	10%
Durable medical equipment	10%	40%	20%	50%	10%	10%
Vision services	No cost share	40%	No cost share	50%	10%	40%

To learn more about your coverage, including your rights and obligations, how to obtain medical care, what services are covered and not covered, and what portion of costs you will be required to pay, access your Health Certificate of Coverage at:
https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/documents/anthem-certificate-of-coverage.cfm.

You can also view the Anthem plan summary documents at:
https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/anthem-summary-of-benefits.cfm.

Benefit period is based on plan year.

* Family coverage requires the family deductible to be met before coinsurance applies. The single deductible does not apply to family coverage. (HDHP option only). Deductible(s) apply to covered services listed with a percentage (%) coinsurance.

Prescription drug benefits

Managed by Express Scripts®

Prescription drug benefits are managed by Express Scripts. You can receive up to a 30-day supply of covered medications filled at retail pharmacies in the National Pharmacy network. If you currently are taking a maintenance prescription, you can take advantage of Express Scripts Mail Service Pharmacy and receive, at home, up to a 90-day supply of covered medications at a lower copayment than a retail pharmacy. If you have questions about your pharmacy benefits, contact Express Scripts Customer Service at 866-595-7317, or visit **express-scripts.com**.

Present your Anthem ID card at a participating pharmacy and your 30-day copayment per prescription is:

	High Option	Low Option	HDHP Option*
Generic prescription	$10	$10	$10 after deductible met
Preferred brand-name prescription	$25	$30	$35 after deductible met
Non-preferred brand-name prescription	$45	$60	$60 after deductible met
Compound drugs	20% coinsurance up to max of $90 per Rx	20% coinsurance up to max of $90 per Rx	20% coinsurance up to max of $90 per Rx after deductible met

Your 90-day copayment for mail order is:**

	High Option	Low Option	HDHP Option*
Generic prescription	$20	$20	$25 after deductible met
Preferred brand-name prescription	$50	$60	$87.50 after deductible met
Non-preferred brand-name prescription	$90	$120	$150 after deductible met

Compound drugs are not available through mail order

Medical and pharmacy deductibles and out-of-pocket maximum amounts are combined.

* Subject to the HDHP option's medical deductible listed on page 16.

** These copayments only are available through mail order. If you receive a 90-day supply at the retail pharmacy, you will pay three-times the 30-day copayment.

Your prescription drug plan includes mandatory generics

This means that if you want a brand-name drug, and a generic equivalent is available, you may still receive the brand-name drug; however, your out-of-pocket cost will be greater. In this instance, you will pay the brand-name copayment plus the difference of the cost between the generic and brand-name drug.

Accredo Pharmacy provides your specialty and specialty injectable prescription benefits

Specialty and injectable drugs:

- 30-day supply limit
- Refills through specialty pharmacy only (mail order)
- Accredo Specialty Pharmacy telephone: 877-222-7336

Your 30-day copayment per specialty prescription is:

	High Option	Low Option	HDHP Option*
Specialty prescription	$60	$90	$90 after deductible met

Specialty medication manufacturers often provide copay assistance for patients prescribed their medication. Through the SaveOnSP program, Express Scripts and Accredo will proactively identify if copay assistance is available for your medication. You will be contacted by SaveOnSP and will pay $0 for your specialty medication if you are eligible. If your prescription drug is eligible for SaveOnSP, you will receive a series of letters and phone calls from SaveOnSP. It is IMPORTANT that you reply to SaveOnSP to discuss how this program will impact your specialty copay. If you are contacted by SaveOnSP and you do not enroll, you will be responsible for the entire cost of your medication.

Compound drugs

Compound drugs are drugs that are made by mixing ingredients (prescription and/or over-the-counter) together to make a formulation that's not readily available or that may not be approved by the Food and Drug Administration, to suit a particular patient's needs.

- Many compound drugs that have little or no proven clinical value are excluded from coverage.
- Approved compound drugs will require a prior authorization from your doctor.
- Anyone using approved compound drugs will be required to pay 20% coinsurance, up to $90 per prescription.

Non-covered medications

Certain brand-name medications as well as compound drugs that contain certain ingredients may not be covered under the plan. If you fill a prescription for a non-covered brand-name or compound medication you will be responsible for the full cost of the medication and that cost will not be applied to your out-of-pocket maximum. Talk with your physician about prescribing an alternative covered medication.

Drugs that are excluded under the plan may be covered if approved in advance through a formulary exception process initiated by your physician and managed by Express Scripts, on the basis that the drug is: 1) medically necessary and essential to your health and safety and/or 2) all covered formulary drugs comparable to the excluded drug have been tried.

The 2021 formulary for drugs covered through your plan can be found at
https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/documents/preferred-drug-list-exclusions.cfm

* Subject to the HDHP option's medical deductible listed on page 16.

City of St. Louis

Enrollment Application and Change Form

Anthem

☐ New Coverage ☐ Request for Change ☐ End Coverage Due to a Qualifying Event

1 MEMBER INFORMATION

Last Name	First Name	MI	Sex ☐ Male ☐ Female	Date of Birth	Social Security Number	Marital Status ☐ Single ☐ Married ☐ Domestic Partner

Home Address	City	State	Zip Code	Home Phone Number ( )

Employer Name	Department	Email Address		Work Phone Number
City of St. Louis			☐ Active ☐ Retired (Date _____)	( )

2 TYPE OF MEDICAL COVERAGE

☐ **High Plan**
☐ **Low Plan**
☐ **High Deductible Health Plan**
☐ I decline coverage for myself
☐ I decline coverage for my dependents
Reason: ☐ covered under another plan
☐ Other: _____
(see sections 6&7)

***Note: If you are declining coverage for yourself or your dependents, because of coverage under other health coverage, you are required to complete this section. Your failure to do so may cause you or your dependents to be considered a late enrollee and you will have to wait to enroll during the next open enrollment period.**

3 WHO SHOULD BE COVERED

☐ Member Only
☐ Member Plus Spouse/ Domestic Partner
☐ Member Plus Child(ren)
☐ Member Plus Family

TYPE OF CHANGE

☐ Add Spouse/Child (complete Sec.5)
☐ Terminate Spouse/Child (complete Sec. 5)
☐ Address (enter above)
☐ Name Change (complete Sec.5)
☐ Reinstatement – Reason

☐ **Surviving Spouse – Former Member SSN** _____
☐ **COBRA Continuee – Former Member SSN**
☐ Other _____

HIPAA Qualifying Event Date of qualifying event: ____/____/_____.
☐ Marriage, ☐ Birth, ☐ Adoption, ☐ Legal Guardianship, Other _____

5 COVERAGE INFORMATION

(A) Add (T) Term (C) Chg	Last Name	First Name	MI	Dependent SSN	Date of Birth (MM/DD/YY)	Sex	Other Insurance	Disabled
	Member							
	Spouse					☐ M ☐ F	☐ Y ☐ N	
	Child 1					☐ M ☐ F	☐ Y ☐ N	☐ Y ☐ N
	Child 2					☐ M ☐ F	☐ Y ☐ N	☐ Y ☐ N
	Child 3					☐ M ☐ F	☐ Y ☐ N	☐ Y ☐ N

6 OTHER INSURANCE

On the day your coverage begins, will you, your spouse, or any of your dependents be covered under any other health plan or policy including another Anthem plan, Medicare or Medicaid?. . . . . ☐ Y ☐ N
Is another person legally responsible for coverage for your children? . . . . . ☐ Y ☐ N
If you answered yes to either of the questions above, please complete the following:

Person's Name with Other Health Plan		Social Security Number
Date of Birth	Sex	Other Company's Name and Phone Number
Other Company's Policy Number and Effective Date		
Medicare Number	Part A Effective Date	Part B Effective Date

7 AUTHORIZATION

On behalf of myself and anyone enrolled on or added to this form ("Us"), I authorize any health care professional or entity to give Anthem Blue Cross and Blue Shield and its affiliates (and the employer) or any of their designees, any and all records or information pertaining to medical history or services rendered to Us for any administrative purpose, including evaluation of an application or a claim, and for any analytical or research purposes. I also authorize on behalf of Us the use of a Social Security Number for purpose of identification. I understand and agree that any omissions or incorrect statements made on this application may invalidate my and/or my dependents' coverage. I further understand that coverage will become effective only on the date specified by the Insurer or Plan Administrator after it has been approved by the Insurer or Plan Administrator and after the full premium has been paid. By signing this form, I hereby certify that all the information provided is true and correct. If my employer's plan is a contributory plan, I direct my employer to deduct the amount of any required contribution from my pay.

NOTICE OF ENROLLMENT RIGHTS

I understand that if I and/or my dependents, if any, waive coverage and desire to participate in the plan at a later date, I and/or my dependents will have to wait until the next open enrollment period, unless I and/or my dependents have a qualifying event. I further understand that if I decline enrollment for myself or my dependents (including my spouse) because of other health coverage, I may in the future be able to enroll myself or my dependents in this plan, provided that I request enrollment within 31 days after such coverage ends. In addition, if a new dependent relationship forms as a result of marriage, birth, adoption or placement for adoption, I may be able to enroll myself and my dependents provided that I request enrollment within 31 days after such marriage, birth, adoption, or placement for adoption.

Health Insurance or medical services benefits provided or administered by Healthy Alliance Life Insurance Company d/b/a Anthem Blue Cross and Blue Shield.

X Signature Date

8 TO BE COMPLETED BY EMPLOYER

Date of Hire	Date Submitted	Health/Change Eff. Date	Health Plan	SUBGROUP	Employer Signature
			Blue Access Choice (STL Area)		

Choosing Your Medical Plan

High Option – Highest premium with lowest out-of-pocket costs. Referrals are not required by Anthem.

- You will pay a co-pay for most in-network services. Primary Care Physician - $15; Specialist - $40; ER - $500; Urgent Care - $50; LiveHealth Online - $0.
- In-network deductible is $300 single / $900 family.
- In-network out-of-pocket maximum is $2,500 single / $5,000 family.

Low Option – Less premium than High Plan, but higher out-of-pocket costs. Referrals are not required by Anthem.

- You will pay a co-pay for most in-network services. Primary Care Physician - $20; Specialist - $50; ER - $500; Urgent Care - $50; LiveHealth Online - $0.
- In-network deductible is $800 single / $2,400 family.
- In-network out-of-pocket maximum is $5,000 single / $10,000 family.

High Deductible Health Plan Option – Lowest premium with highest out of pocket costs. Referrals are not required by Anthem.

1. You pay for all expenses until you reach your deductible. In-network deductible is $3,000 single / $6,000 family. In-network out-of-pocket maximum is $4,000 single / $6,850 family.
   - You are responsible for all eligible expenses, such as a doctor visit or a prescription. The amount you pay will apply to your deductible.
   - You will pay the full cost of your healthcare expenses until you meet your deductible, with the exception of Preventative Care which is covered at 100% with no deductible.
   - LiveHealth Online visits are available at 10% coinsurance after deductible is met.
2. If you cover anyone other than yourself, you pay the family deductible before the plan pays and out-of-pocket maximum applies.
   - For example, if you have EE+SP or EE+CH coverage, you will be responsible for paying $6,000 before the plan pays 90%.
3. Once the deductible is paid, the plan will pay 90% of each medical service and you will pay 10%.

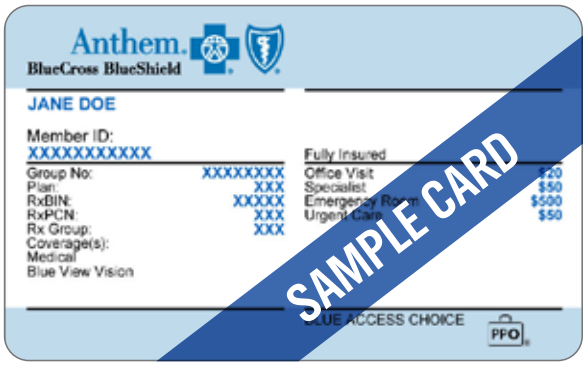
Using your health plan

Member ID card and EOB

Understanding your plan specifics

You will receive a new member ID card that reflects your 2021–2022 benefits. Every person on your plan, including you, your spouse, and/or dependents will each receive their own ID card.

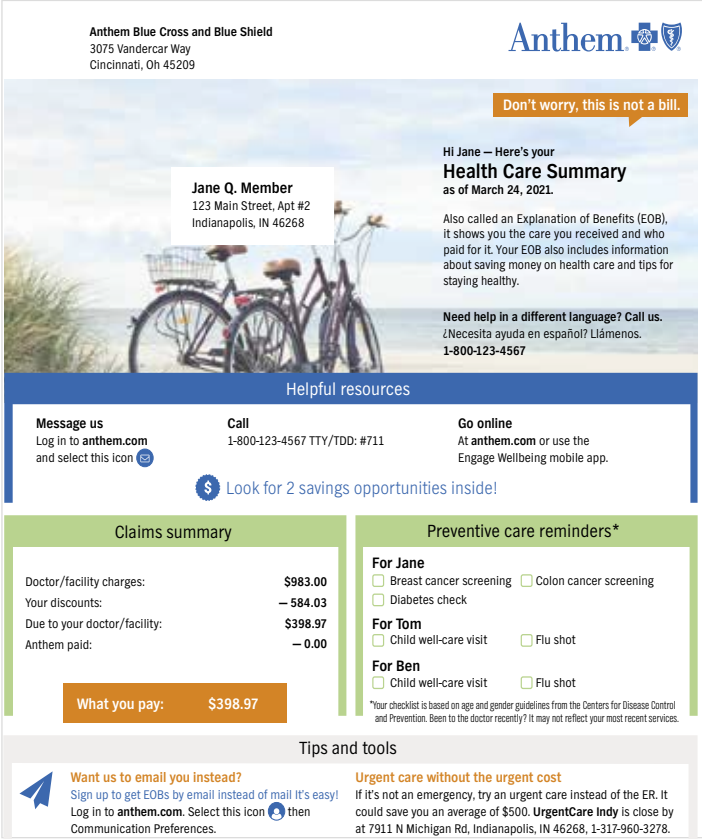
Your card has plan information including your member ID, group number, important phone numbers, and websites you may need as you use your benefits. It's important to keep your card with you at all times to make sure your claims are processed correctly without delay.



Here's a look at your new member ID card

Your member ID card is also available for online viewing through the Engage app:

1. On your Apple device, open **App Store**. On your Android device, open **Play Store**.
2. Enter **Engage Wellbeing** into the search bar and select **Download**.



Your Explanation of Benefits (EOB)

Anthem's EOBs make it easier for you to know what's been paid by your plan, how much you owe, and where to go with questions. EOBs also include a year-to-date summary so you know how close you are to your deductible and out-of-pocket maximum. They offer custom tips to help you find appropriate sites for care. Each person on your plan, including you, your spouse, and/or dependents will receive their own EOB after receiving medical care. **You will only receive an EOB in the mail if you owe a payment.** All other EOBs will be available electronically only.

You can use the Engage app to check your benefits, view your ID card, and access your EOBs.

See page 9 for more details.

Anthem Health Guide

Helping you stay involved in your health

Anthem's concierge customer service program helps you stay involved in your health, access the care that's right for you, and receive the greatest value from your benefits. A live Anthem Health Guide is available to help you 24 hours a day, seven days a week in the Engage app, or by calling 844-404-2102. To access Anthem Health Guide, simply open your **Engage** app, select the **Benefits** tab at the bottom of the screen, scroll down to select **Anthem Health Guide,** and click to **call** or **chat**.

Where technology meets the human touch

Using technology that analyzes Anthem's benefits and claims database, Anthem Health Guides receive alerts when certain keywords are used. This allows Health Guides to provide personalized guidance, tailored specifically to you and your unique situation. Your Health Guide may be able to remind, recommend, or even help you make an appointment for health screenings.

Health guides are able to:

- Connect you to programs and needed support
- Assist you 24 hours a day, seven days a week
- Compare costs and find in-network doctors
- Spot medical gaps in care, such as routine exams and screenings

You can use the Engage app or call 844-404-2102 to speak to a Health Guide.

Access Anthem Health Guide in Engage

Download the Engage app to access Anthem Health Guide and start using your personalized assistant. **To download the Engage app:**

1. On your Apple device, open **App Store**. On your Android device, open **Play Store**.
2. Enter **Engage** into the search bar and select **Download**.

Once downloaded, the Engage logo will appear on your device.

Download on the App Store | GET IT ON Google Play

Stay on top of your health

Use your preventive care benefits

Regular checkups and exams can help you stay healthy and catch problems early, when they are easier to treat. Anthem's health plans offer all the preventive care services and immunizations below at no cost to you.[1] As long as you use an in-network doctor, pharmacy, or lab, you will not have to pay anything. If you use providers that are not in your plan, you may have out-of-pocket costs.

If you are not sure which services make sense for you, talk to your doctor.

Preventive versus diagnostic care

Preventive care helps protect you from becoming sick. If your doctor recommends services even though you have no symptoms, that is preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to find out what is causing your symptoms.

Adult preventive care

Preventive physical exams, screenings, and tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)[2]
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection, and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision
- Hearing screening
- Height, weight, and body mass index (BMI)
- Human immunodeficiency virus (HIV) screening and counseling
- Lung cancer screening for those ages 55 to 80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years
- Obesity-related screening and counseling
- Prostate cancer, including digital rectal exam and prostatespecific antigen (PSA) test
- Sexually transmitted infections screening and counseling
- Tobacco use-related screening and behavioral counseling
- Tuberculosis screening
- Screening and counseling for interpersonal and domestic violence

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA1 and BRCA2 when certain criteria are met
- Primary care intervention to promote breastfeeding support, supplies, and counseling[3]
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- Human papillomavirus (HPV) screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV, and depression
- Pelvic exam and Pap test, including screening for cervical cancer

Immunizations:

- Diphtheria, tetanus, and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

Child preventive care

Preventive physical exams, screenings, and tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight, and BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24 with fair skin about lowering their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use-related screening and behavioral counseling
- Vision screening when done as part of a preventive care visit

Immunizations:

- Diphtheria, tetanus, and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

1. The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your Certificate of Coverage or call the Member Services number on your ID card.
2. You may be required to obtain preapproval for these services.
3. Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

The preventive care services listed above are recommendations of the Affordable Care Act (ACA) and therefore are subject to change. They may not be right for every person. Ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule.

* CDC-recognized Diabetes Prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

Living healthy

Health and wellness

Free health and wellness programs to support you along the way

Your health plan goes way beyond covering doctor's visits. Anthem's portfolio of health and wellness programs are included in your benefit plan and available at no extra cost to you.

Wondr Health (formerly Naturally Slim)

A leading digital behavioral counseling program that has proven to be a game-changer in health improvement and disease prevention. It's a clinically proven solution to help you reduce your Metabolic Syndrome (MetS) risk through weight loss. Wondr Health is available to employees, spouses, and dependents covered under the plan. Visit **www.naturallyslim.com/STLCity** to learn more.

Livongo

A special program that provides tools, insights, and coaching to make living with diabetes or hypertension easier. When you enroll in the Livongo Diabetes program you'll receive a connected glucose meter, unlimited strips, and real-time support when you need it from certified educators.

New this benefit year, when you enroll in the Livongo Hypertension program, you'll receive a blood pressure monitor that automatically uploads your blood pressure readings to your secure online account, as well as support from coaches when you need it.

Livongo is available to employees and dependents, but participation is limited. To learn more or to join visit **ready.livongo.com/STLCITY/begin** or call Livongo Member Support at **800-945-4335** and mention registration code **STLCITY**.

Lark Diabetes Prevention Program

Free digital health coaching to help you address prediabetes and prevent type 2 diabetes through education, weight coaching, nutritional therapy, behavioral health screenings, and personalized guidance. Find out if you qualify for the program by taking a one-minute quiz at **lark.com/anthem**.

myStrength

Life can be busy, and sometimes it's hard to keep up. That's why as a part of your healthcare benefits you have access to myStrength, a free online and mobile program that supports emotional health and well-being. The program's tools and resources are available to help you and your eligible dependents manage addiction, depression, anxiety, sleep problems, chronic pain, and stress. Access myStrength in the Engage app.

Well-Being Coach

You can receive assistance with your personal health journey. A live health coach can help support you when you are ready to make meaningful changes in your health. Whether it's to quit smoking, start exercising, or push past a weight-loss plateau, you can access the lifestyle coaching you need by phone or online chat. See page 29 for more details.

Future Moms

Parents-to-be receive personalized support and guidance from registered nurses for a healthy pregnancy, a safe delivery, and a healthy baby. After you select your plan, you can sign up for Future Moms by calling 866-962-1395.

ConditionCare

You may need added support if you have asthma, diabetes, heart disease, chronic obstructive pulmonary disease, or heart failure. A nurse coach can answer questions about your health and help you reach your health goals based on your doctor's care plan. After you select your plan, you can sign up for ConditionCare by calling 866-962-1395.

ComplexCare

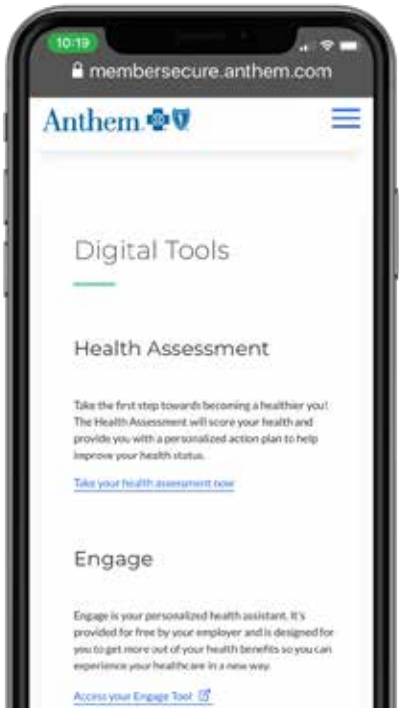
If you have a serious health condition or a number of health issues that need extra care, a nurse coach will help answer your questions, work to coordinate your care, and help you effectively use your health benefits. After you select your plan, you can sign up for ComplexCare by calling 866-962-1395.

The City of St. Louis offers a robust Employee Wellness Program

Visit **www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/employee-wellness/documents/employee-screenings.cfm** throughout the year for the latest information about all of the wellness offerings available to City of St. Louis members, including:

- **Biometric screenings**. Complete a healthy screening on multiple dates and locations.
- **Siteman mammography van**. Onsite cancer screenings available on multiple dates and locations.
- **Flu shots**. Onsite flu shots available at multiple locations and dates.

It's all the health and wellness program information you need, in one place.



Earn $25 by taking an online health assessment!

Take the assessment by December 31, 2021 and earn a $25 gift card. If you didn't earn your gift card in 2020, follow the steps below:

1. Open the **Engage app** or go to **www.engage-wellbeing.com**.
2. Select **Benefits** from the navigation bar.
3. Scroll down, click **Your Health Quiz,** and then **Go**.
4. You may be prompted to log into **anthem.com** or register as a new user.
5. Scroll down to **WebMD Health Risk Assessment** and click **Learn More**.
6. Under **Take the First Step**, click **Start your assessment**, and then **Take it now**.

Limit one gift card per employee.

Well-Being Coach

With Well-Being Coach, it's *your* personal health journey

Your coaches are ready to support you.

Staying healthy can feel like a full-time job — especially when you have an ongoing health condition or a busy schedule.

What if you had a coach or even a whole coaching team to answer that quick question, and keep you on track, motivated, and successful? What if you could reach your coaches by phone or online chat, anywhere? With Well-being Coach, you can — and at no extra cost to you!

1

You and your coach will identify habits you want to change.

2

You will develop custom action plans to make those changes.

3

You will determine what kind of resources and support you need.

When you use Well-being Coach, you're starting a journey

Setting goals, building relationships, trying new challenges, and changing how you feel.

Helping you each step of the way

Each well-being coach is specially trained to help you meet your health goals. Take a look at what you can do:

- Help quitting tobacco or losing weight.
- Connect using click to chat or by phone.
- Access resources and materials that will support you in meeting your goals.

Ready to begin your personal health journey?

Well-Being Coach is available in the Engage app. After you download the Engage app, choose **Well-Being Coach** in the **Benefits** tab and you'll be on your way.

Frequently asked questions

Are there changes this year?

Yes, there are enhanced benefits and added new programs. See page 5 for a list of enhancements.

Do I need to complete an enrollment/ change form this year?

No. If you want to continue to have the same coverage as you have had in the past, you do not need to complete an enrollment form. If you are currently in the High Option plan, you will be automatically enrolled in the High Option plan; if you are in the Low Option plan, you will automatically be enrolled in the Low Option; if you are in the HDHP Option plan, you will automatically be enrolled in the HDHP Option plan. If you want to change, add or drop coverage for yourself, or add or drop dependents, you will need to complete an enrollment form and submit it to the Department of Personnel, Employee Benefits Section, 1114 Market, Suite 700. Faxed or emailed documents are acceptable. Email to, **BenefitsSection@stlouis-mo.gov** or for City Plans fax to, 314-622-4719 or for Police Division Plans fax to 314-589-8110. When faxing or emailing enrollment documents please exclude Social Security numbers.

When will changes for the current enrollment period become effective?

All changes become effective June 20, 2021. The premiums this year are for 26 pay periods.

Will there be open enrollment meetings this year?

No, there are no general meetings scheduled. If you need help please feel free to reach out to:

Your Anthem Health Guide at 844-404-2102.

Your Employee Benefits Section at **BenefitsSection@stlouis-mo.gov** or

City Plans: 314-622-5753 or 314-622-5743
Police Division Plans: 314-589-8103 or 314-622-5726.

Will I receive a new ID card at open enrollment?

Yes, you will receive a new member ID card that reflects your 2021–2022 benefits. Every person on your plan, including you, your spouse, and/or dependents will each receive their own ID card.

Can I add my dependents during the open enrollment period?

Yes, you can add eligible dependents during enrollment period unless they meet specific eligibility guidelines. **You must include Social Security numbers for all covered dependents. You will also need to submit dependent documentation if you are adding a dependent. If you are planning to retire before the next open enrollment period in 2022, you must add your dependent(s) at this time and provide dependent documentation if you wish to have them covered on COBRA or a retiree plan.** Domestic partners are included as dependents if an *Affidavit of Domestic Partnership* has been signed by both partners, notarized, and approved by the Department of Personnel. To access the *Affidavit of Domestic Partnership*, use this link: **https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/upload/2020-1202-Dependent-Verification-Requirements.pdf**.

How do I know if my doctor is in Anthem's network?

You can search for in-network doctors, hospitals and other healthcare facilities in the **Engage** app. See page 9 for more information about the **Engage** app.

Are there changes to the Express Scripts prescription drug plan?

No, there are no changes to the prescription drug plan this year. Information regarding Express Scripts, including the current formulary, is included for your review. The 2021 formulary can be accessed on the City of St. Louis website at **https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/documents/preferred-drug-list-exclusions.cfm**.

What is a High Deductible Health Plan (HDHP) and how does it work?

A High Deductible Health Plan (HDHP) is a health benefits plan with lower premiums and higher deductibles. You can use any doctor or hospital and you do not need to choose a primary care physician or receive referrals. Preventive care is covered at 100%, with no deductible. All other services are subject to deductible and coinsurance, and your out-of-pocket expenses will be higher than if you are enrolled in the High or Low Options.

Do I really have to pay the full cost of medical and pharmacy services with the high deductible health plan before I meet the deductible?

Yes. You will pay for all covered healthcare services until you reach your deductible, except in-network preventive care services which are paid at 100% and not subject to deductible.

In the HDHP Option plan, how do the deductible, coinsurance, and maximum out-of-pocket work if my plan covers me and my family?

If you enroll in the HDHP Option plan as employee and spouse, employee and child(ren), or family coverage, any one person in the family can meet the full family deductible and/or family out-of-pocket maximum. The single deductible does not apply when more than one person is enrolled from a family. Once the deductible is satisfied by one or any combination of members in a family, all medical expenses incurred by your family members will be subject to coinsurance. The coinsurance will apply to all eligible medical expenses until one or any combination of family members has met the total family out-of-pocket amount. Once that has been met, the plan will pay 100% of all qualified medical and prescription drug expenses.

Do I need to choose a primary care physician and obtain a referral to see a specialist in the High, Low, or HDHP Option plan?

No. You have the freedom to use any doctor or hospital without choosing a primary care physician or receiving referrals. Call your Anthem Health Guide for assistance in finding a doctor at 844-404-2102.

Will I have fewer provider choices depending on which plan I select? Is my doctor in the network?

You can see any doctor you want in any of the plan offerings. You save money when you choose doctors (including specialists) and hospitals in the network. These providers have agreed to charge lower rates. If you receive care outside of the Anthem network, you will be covered but it may cost more money. You can use the **Engage** app to search for in-network doctors to meet your needs. See page 9 for more details about the **Engage** app.

How do I add a new baby as a dependent?

Contact Employee Benefits within 31 days of a baby's birth to update your dependent information. Your coverage change will retroactively go back to the baby's date of birth.

Where do I send completed forms?

All completed forms must be sent to the Department of Personnel, Employee Benefits Section, 1114 Market Street, Suite 700, St. Louis, MO 63101. Faxed or emailed documents are acceptable. Email to, **BenefitsSection@stlouis-mo.gov** or for City Plans fax to, 314-622-4719 or for Police Division Plans fax to 314-589-8110. **When faxing or emailing enrollment documents please exclude Social Security numbers.**

Who do I contact if I have questions about my healthcare coverage for the current open enrollment?

Anthem	844-404-2102
Express Scripts	866-595-7317
Accredo	877-222-7336 (specialty drug benefit information)

Can I manage my healthcare on the web?

Yes, Anthem offers a variety of tools and resources to keep you connected to your health plan wherever you are. If you haven't done so already, download the **Engage** app for self-service at your fingertips:

- Check your claim status
- Find a Doctor
- Compare quality and costs
- Track your healthcare spending

You can also visit **anthem.com** to access these tools. You can manage your pharmacy coverage at **express-scripts.com**.

Important employee benefits contacts and websites

Department of Personnel, Employee Benefits Section

Website: https://www.stlouis-mo.gov/employee-benefits

Email: BenefitsSection@stlouis-mo.gov

City Plans
Phone: 314-622-5753
314-622-5743
Fax: 314-622-4719

Police Division Plans
Phone: 314-589-8103
314-622-5726
Fax: 314-589-8110

City of St. Louis employee wellness programs

https://www.stlouis-mo.gov/employee-wellness

For additional plan documents and notices, visit

https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/medical-insurance.cfm

Healthcare terminology

Common definitions you may need to know

Healthcare and its terminology can be confusing. This healthcare terminology glossary provides common definitions you may need while using your health plan.

Premium – The periodic amount that Members and the City must pay for the plan.

Covered (cover or coverage) – A service or supply specified in the summary plan description for which benefits will be furnished, subject to the deductible(s) and other requirements for payment by the plan, when rendered by a provider. A charge for a covered service will be considered to have been incurred on the date the service or supply was provided to the member. Eligibility for payment of benefits, including obstetrical benefits without limitations, will be determined by benefit eligibility on the date the service is received.

Copayment – A fixed amount (for example, $25) members pay for a covered healthcare service, usually when they receive the service. The amount can vary by the type of covered healthcare service and the plan selected. Your copayment counts towards your deductible and out-of-pocket maximum.

Deductible – The amount of money you must pay out of your own pocket, before your plan starts to cover part of your costs (coinsurance).

Coinsurance – Members' share of the costs of a covered healthcare service, calculated as a percentage (for example, 10% for in-network services) of the allowed amount for the service. Your plan starts to cover part of your costs after your deductible is met.

Network – The facilities, providers, and suppliers the plan has contracted with to provide healthcare services.

Qualifying life event – A change in your life — like a new marriage, having a baby, or losing health coverage — that can make you eligible for a Special Enrollment Period, allowing you to enroll in health insurance outside the yearly Open Enrollment Period. There are four basic types of qualifying life events: loss of health coverage such as losing a job; changes in household such as marriage or having a baby; changes in residence such as moving to a different state; other events such as citizenship or income changes.

In-network medical provider – A provider who has a contract with the plan to provide services to members at a discount.

Out-of-network medical provider – No arrangement has been made with a healthcare service provider for cost containment. If the cost of a covered service exceeds the out-of-network rate, the member will be responsible for such excess.

Out-of-pocket maximum – The most members pay during a benefit period before the plan begins to pay 100% of the allowed amount, which includes your deductible and medical and pharmacy copayments. This maximum does not include: (1) members' premium; (2) balance-billed charges; and (3) healthcare services and prescription drugs the plan does not cover.

High Deductible Health Plan (HDHP) – An HDHP is a benefits plan with lower premiums and higher deductibles. You can use any doctor or hospital and you do not need to choose a primary care physician or receive referrals. All services are subject to deductible and coinsurance, except for preventive care services, covered at 100%.

Notes

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.

The SmartShopper program is provided by Sapphire Digital an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program. Rewards are for select procedures only and reward payments may be taxable.

Cover image provided by the City of St. Louis.