Anthem

Welcome!

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

City of St. Louis Active

Effective June 21, 2020

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A Health Plan You Can Count On

Our Continued Commitment to You

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, and to the superior service you have become accustomed to over our years of partnership.

We are proud of our more than 80-year history in St. Louis and, like you, we aren't just doing business here, we are an active part of the community.

Our goal is to help you feel supported, appreciated, confident and healthier and we are launching new programs and technology to make sure you get the most from your plan.

If you want to keep the same coverage as last year, there is no action needed from you. If you would like to change plans, delete or decline coverage for yourself, add/remove dependents or if you are a new employee, please fill out the Enrollment Application and Change Form on page 13 and mail or deliver it to:

> **Department of Personnel, Employee Benefits Section**
> **1114 Market Street, Suite 900**
> **St. Louis, MO 63101**
>
> **Fax: 314-436-7405**
> **Email: BenefitsSection@stlouis-mo.gov**

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.

We look forward to serving you again this year.

Important phone numbers:

Concierge Support/ Anthem Health Guide
844-404-2102

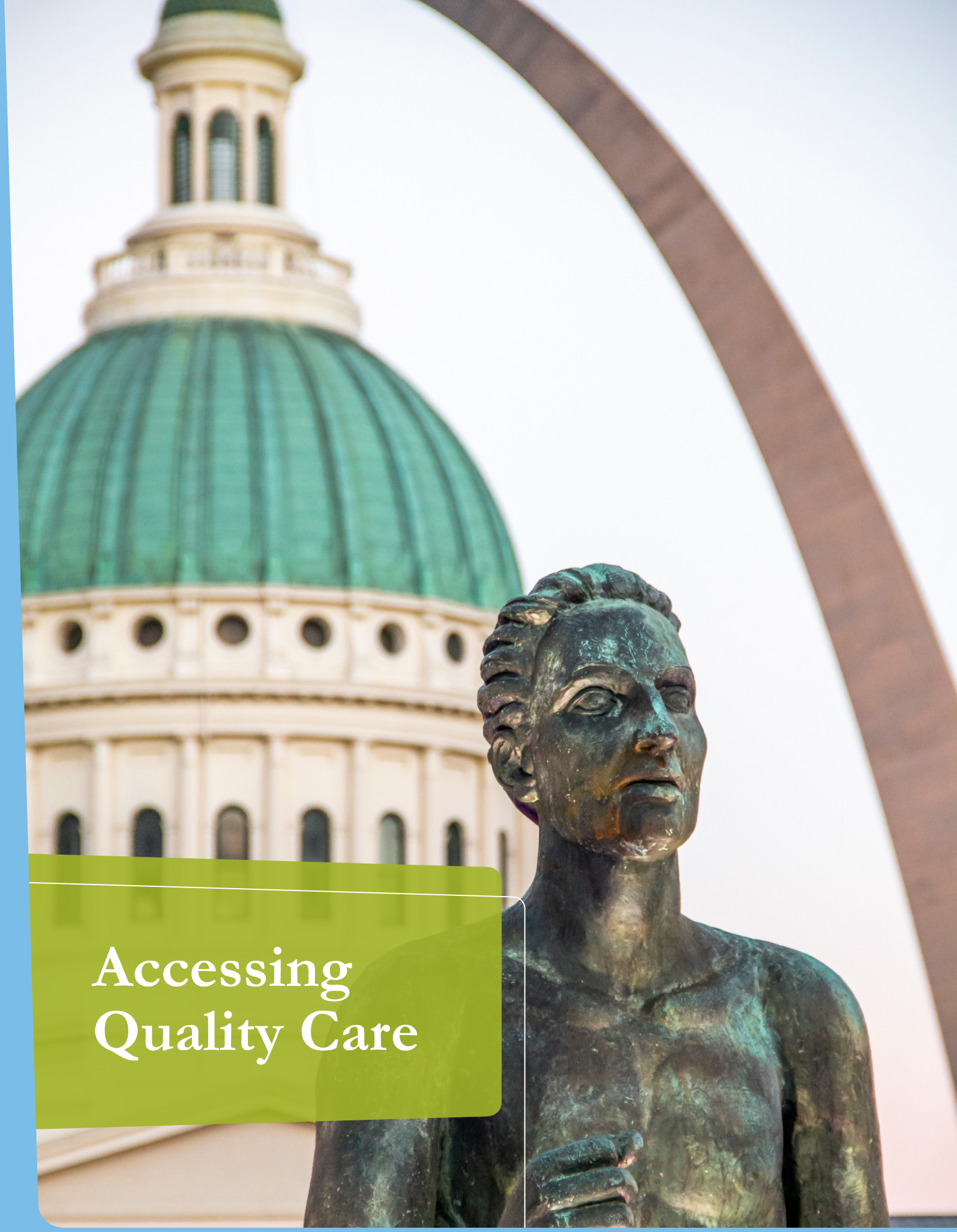
Anthem Precertification
866-398-1922

BlueCard® Customer Service
(to locate a provider while traveling)
800-810-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



Accessing Quality Care

Blue Access Choice and BlueCard®

Accessing your choice of doctors and hospitals.

We're pleased to offer you Blue Access Choice, the largest provider network in Missouri, where you can get the most for your money with lower copays and out-of-pocket costs. Featuring superior access across the City, State and Nation, our network includes nearly all of the hospitals and providers in the state without the hassle of needing a referral before seeking care.

Our health plans are the flexible choice:

- Referrals are not needed.
- They use our broad, money-saving provider network.
- They include out-of-network benefits.
- Mental health and substance abuse benefits are available.
- Members get full (100%) coverage for preventive care like well-visits, health screenings and vaccinations (immunizations).
- Members can get assistance in selecting providers that can save them money on services, such as lab or imaging tests.

Get 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 the Coverage While Traveling or Member Services number on the back of your Anthem ID card 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 17 for more details about Anthem Health Guide.

How to Find a Doctor

Finding one online is fast and easy.

With our online **Find a Doctor** tool, it's simple to look for doctors who are part of the Anthem Blue Cross and Blue Shield network. Whether you're checking to see if a family favorite is in the network or looking for someone new, it's a snap...

Go Mobile with Engage

To quickly search for doctors, hospitals, pharmacies and more from your mobile device, 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**.
3. If you are already registered for anthem.com, enter your **Username** and **Password** into the app.
4. If you have never registered for anthem.com, select **Register Now**.
5. After you log into the app, click the **Benefits** tab at the bottom of the screen and then select **Find a Doctor**.

Or follow these steps to search on anthem.com

1. Go to **anthem.com**
2. If you are already registered for the website, enter your **Username** and **Password** and select **Log In**.
3. If you have not registered, select **Register Now**.
4. Once you are logged in, select **Find a Doctor**.
5. Using the drop-down boxes, you can select **Type of Medical Provider**, **Specialty** and the **Location** you are looking for, you can also enter **Optional Criteria** to narrow your search.
6. Select **Search**.
7. For more information about a medical provider (such as skills and training), click on their **Name**.

If you are searching for a provider out of state:

1. Go to **anthem.com/findadoctor**
2. Click **Search as Guest**.
3. Use the drop down menus to select the following:
   a. "**What type of care are you searching for?**": select **Medical**.
   b. "**What state do you want to search in?**": select **the state you want to search in.**
   c. "**What type of plan do you want to search with?**": select **Medical (Employer-Sponsored)**
   d. "**Select a plan/network**": select **National PPO (BlueCard PPO)**
   e. Click **Continue**.
4. Complete steps 5 – 7 above.

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.

Life moves pretty fast. When you're not feeling well, you want to feel better fast. With LiveHealth Online, you don't need to make an appointment. Just sign up at **livehealthonline.com** or use the app, and see a board-certified doctor in a few minutes.

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

A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed.[2] A standard office visit cost applies when using LiveHealth Online services. A visit typically costs City of Saint Louis members on the Anthem Blue Cross and Blue Shield medical plan **$20 on the Low Option, $15 on the High Option and 10% coinsurance for the HDHP Option**.

Visit with a licensed therapist or board-certified psychiatrist

When you're feeling stressed, anxious or having a tough time coping, talk to a therapist online. In most cases, you can schedule an appointment and talk to a therapist in 4 days or less.[3] Psychiatrists can see patients 18 and over within two weeks[3] to help manage medications except controlled substances regulated by the government.[4] To schedule your appointment call **888-548-3432** seven days a week.

To download the LiveHealth Online app

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

You can use the Engage app to access LiveHealth Online with one click.
See page 21 for more information.

LiveHealth® ONLINE

Download on the App Store

GET IT ON Google Play

Where to Go for Care

Is it really an emergency?

Knowing where to go for medical care can save you lots of time and money – not to mention, get you the best care for your situation. We've created these general guidelines to help you determine the right place for you or a family member when the unexpected happens.

The emergency room (ER) shouldn't be your first stop – unless there's a true emergency. Here's a checklist:

- Are your symptoms severe and/or life-threatening?
- Did they occur suddenly and without warning?
- Is there excessive bleeding, extreme pain, shortness of breath or broken bones?
- Using your best judgment, do you believe there may be serious impairment to bodily functions or serious dysfunction of a bodily organ/part without immediate medical attention?

If you answered yes to any of these questions, call "911" or go to your nearest emergency room.

For access to some of the best coordination of care and claims processing, contact Anthem Blue Cross and Blue Shield within 24 hours or as soon as possible.

Am I covered for emergency care?

Yes, your health plan covers emergency care – defined as healthcare services provided in an emergency facility or setting for conditions meeting emergency criteria.

Still not sure whether you need emergency care? You have options:

- Call your doctor
- Use LiveHealth Online to visit with a doctor on your smartphone, tablet or computer. Visit **livehealthonline.com** or use the **Engage** app to start a consultation.
- Call the 24/7 NurseLine at 866-962-1395. Our registered nurses can answer your health questions and help you decide where to go for care.
- Visit an urgent care center or medical clinic. Urgent care facilities are often open for extended hours. See page 7 for locations of Urgent Care Centers in St. Louis City.

What is urgent care?

While both urgent and emergency care situations are serious, urgent care is for medical symptoms, pain or conditions that require immediate medical attention, but are not severe or life-threatening and do not require use of a hospital or ER. Urgent care conditions include, but are not limited to: earache, sore throat, rash, sprained ankle, flu and fever not higher than 104°.

Am I covered for urgent care?

Typically, urgent care is covered if it's provided in a non-ER setting by an in-network provider.

If you need urgent care and your primary care physician is unable to see you right away, you should pursue care appropriate to your situation – regardless of what your benefits will pay.

You can use the Engage app to search for urgent care facilities near you. See page 21 for more information.

In-Network Urgent Care Centers in St. Louis City

1 **24/7 Healthcare**
(Downtown St. Louis)
916 Olive Street
Saint Louis, MO 63101
314-436-9300 / 636-253-3000
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 p.m.
Wed.: 8:30 a.m.–7 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 **Urgent Care for Kids**
4100 Forest Park Avenue
Saint Louis, MO 63108
314-932-7333
Mon.–Fri.: 5 p.m.–9 p.m.

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

8 **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.

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

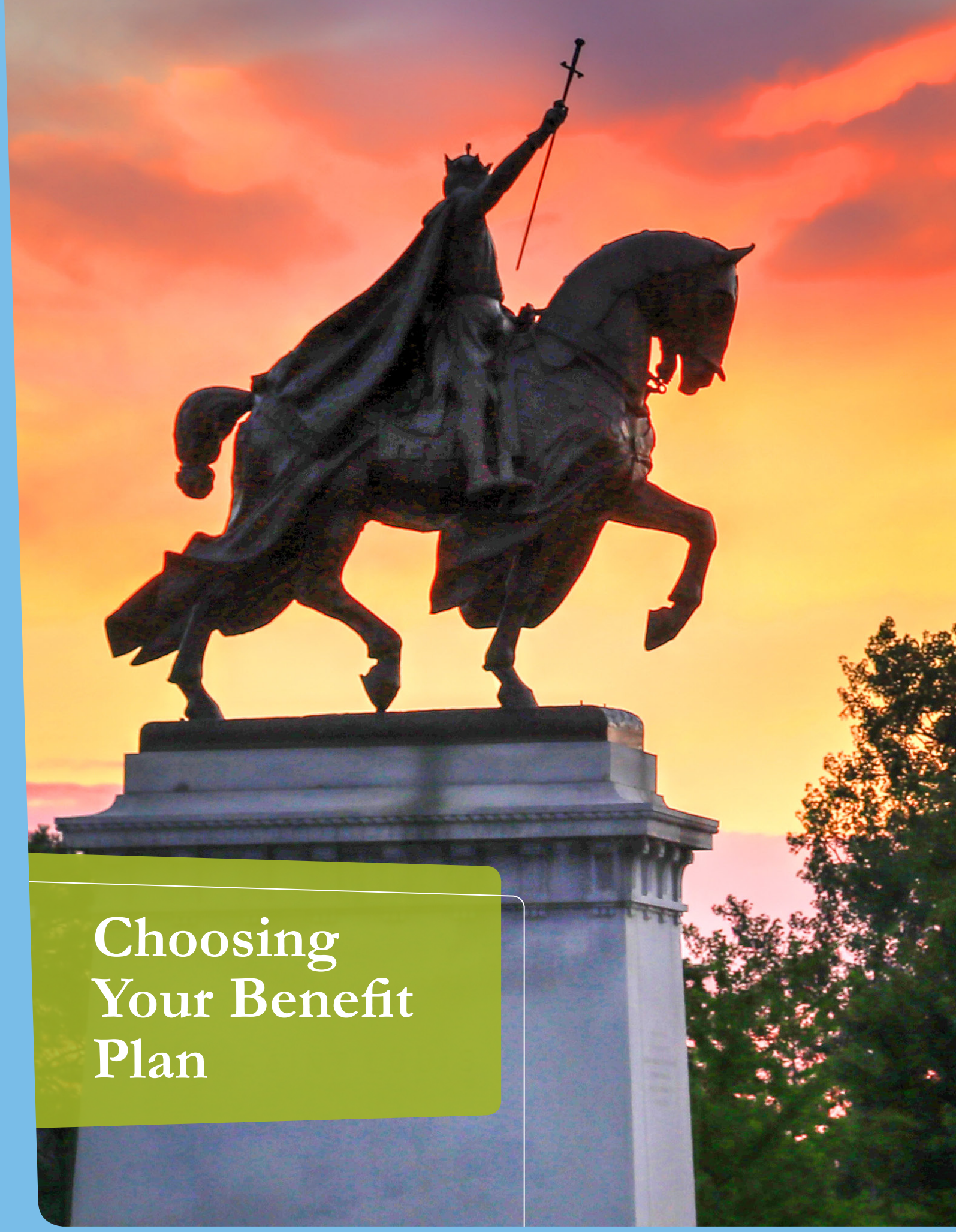
10 **North City Urgent Care**
6113 Ridge Avenue
Saint Louis, MO 63133
314-932-1213
Mon.–Sat.: 7 a.m.–7 p.m.

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

12 **Fast Track Medical LLC**
5701 Chippewa Street
Saint Louis, MO 63109
314-921-7300
Everyday: 8 a.m.–8 p.m.

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

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



Choosing Your Benefit Plan

Biweekly Premiums

City of St. Louis Active · Blue Access® Choice PPO Network · Effective June 21, 2020

	Biweekly Deduction
High Option	
Employee Only	$71.77
Employee + Spouse*	$423.55
Employee + Child(ren)	$310.48
Employee + Family*	$762.46
Low Option	
Employee Only	$16.98
Employee + Spouse*	$227.91
Employee + Child(ren)	$145.11
Employee + Family*	$476.17
HDHP Option	
Employee Only	$6.05
Employee + Spouse*	$146.40
Employee + Child(ren)	$75.32
Employee + Family*	$359.58

Rates 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 21, 2020

	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)	$15/$40	40%	$20/$50	50%	10%	40%
Unlimited Allergy injections	No cost share	40%	No cost share	50%	10%	40%
Diagnostic Tests – 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 pages 18 & 19.)	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%	10%	40%
LiveHealth Online (page 5)	$15	N/A	$20	N/A	10%	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%	40%
Durable Medical Equipment	10%	40%	20%	50%	10%	40%
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 get 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.

Deductible(s) apply to covered services listed with a percentage (%) coinsurance.

* Family coverage requires the family deductible to be met before coinsurance applies. The single deductible does not apply to family coverage. (HDHP Option Only)

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 the 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 the 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 medical insurance 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

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

Your prescription drug plan includes mandatory generics.

This means, if you want the 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 for specialty prescription is:

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

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.

PLEASE REFER TO YOUR 2020 FORMULARY FOR COVERED DRUGS THROUGH YOUR PLAN AT

https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/documents/preferred-drug-list-exclusions.cfm

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
☐ 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 NO LONGER NEEDED.

- You will pay a co-pay for most in-network services. Primary Care Physician - $15; Specialist - $40; ER - $500; Urgent Care - $50; LiveHealth Online - $15.
- 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 NO LONGER NEEDED.

- You will pay a co-pay for most in-network services. Primary Care Physician - $20; Specialist - $50; ER - $500; Urgent Care - $50; LiveHealth Online - $20.
- 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 NO LONGER NEEDED.

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.
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%.

This sheet is not a contract or policy with Healthy Alliance Life Insurance Company d/b/a 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. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

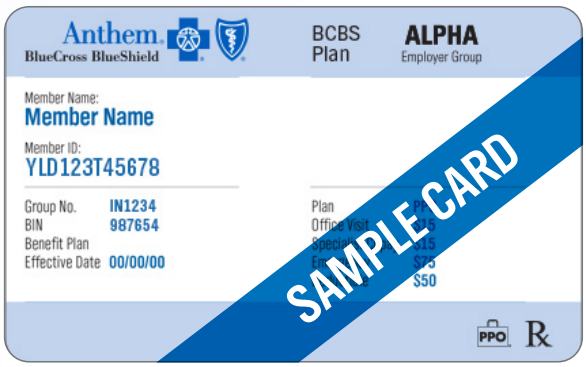
Using Your Health Plan

Member ID Card and EOB

Understanding your plan specifics.

If you keep your current plan, you will not receive a new ID card. If you change plans this year, you will receive a new member ID card that reflects your 2020 - 2021 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 numbers, 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 at anthem.com and through 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**.

Your Explanation of Benefits (EOB)

Our 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 and offer custom tips to help you find more appropriate sites of 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 21 for more details.

Anthem Health Guide

Helping you stay involved in your health.

Our concierge customer service program helps you stay involved in your health, access the care that's right for you and get more 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**.

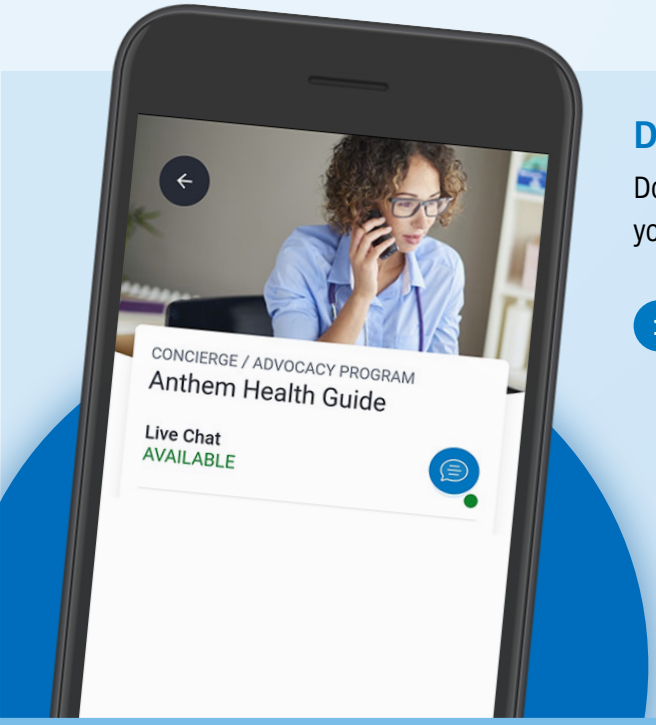
Where technology meets the human touch

Using technology that analyzes our 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 due health screenings.

Our guides are able to:

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

Just use the Engage app or call 844-404-2102



Download the Engage app to get started

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

Preventive Care – Covered at 100%

Take care of yourself.

Getting regular checkups and exams can help you stay healthy and catch problems early — when they're easier to treat.

That's why our health plans offer all the preventive care services and immunizations below — at no cost to you.[5] As long as you see a doctor or use a pharmacy in the plan, you won't have to pay anything for these services and immunizations. If you want to visit a doctor or pharmacy outside the plan, you may have to pay out of pocket.

Not sure which services make sense for you? Talk to your doctor. He or she can help you figure out what you need.

Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you have services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to determine what's causing those symptoms.

Women's preventive care

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met[6]
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)[7,8]
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening[8]
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV[8]
- Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or healthcare reform law). They may not be right for every person, so 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. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

Adult preventive care

Preventive physical exams
Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)
- 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[9]
- Hearing screening
- Height, weight and body mass index (BMI)
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years[6]
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic related screening and counseling

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
Screening 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[9]

Immunizations:

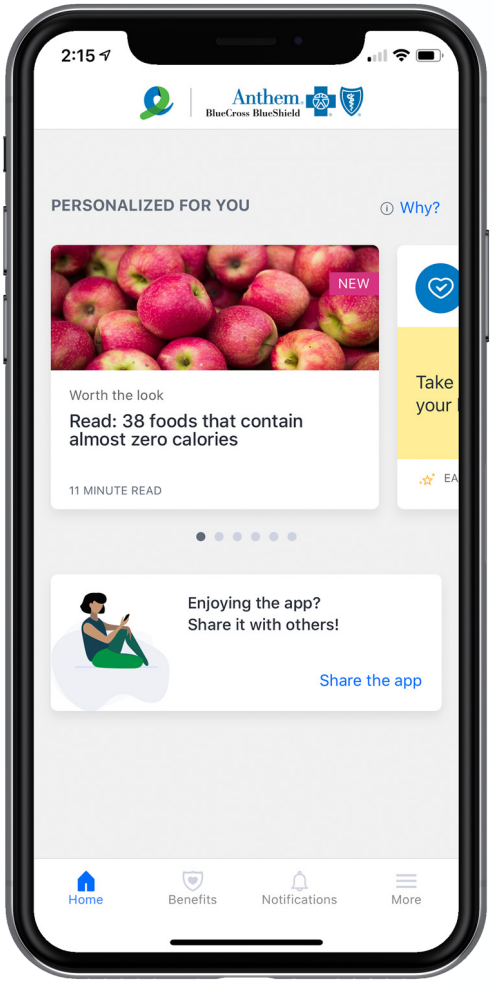
- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

* CDC-recognized Diabetes Prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

Living Healthy

Anthem Engage

Your personalized health assistant.



ENGAGE

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

With Engage you can:

- Clearly see your medical benefits and access your digital Anthem insurance 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 our health and wellness programs.
- Protect yourself from overpaying by seeing the cost of services and care before setting up a visit.

Ready to Get Started?

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** 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

Health & Wellness

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.

Naturally Slim

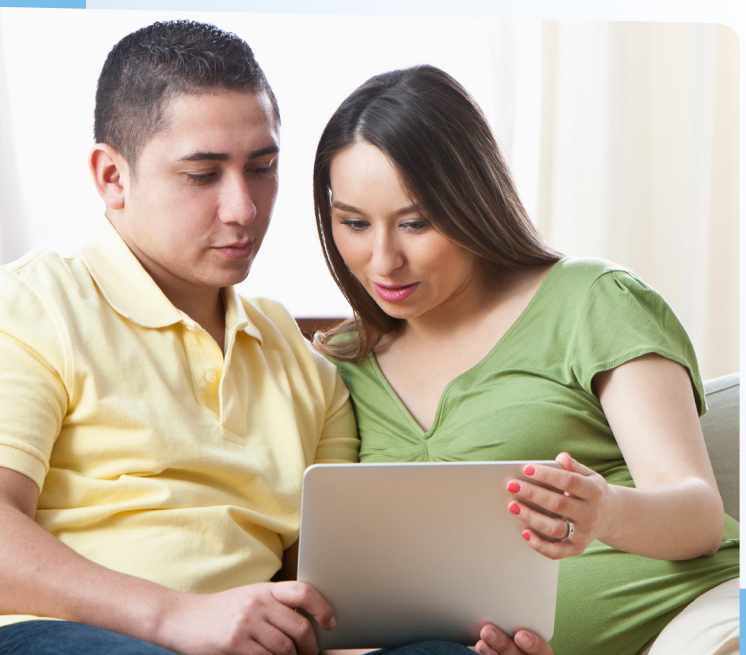
A leading digital behavioral counseling program with an unique curriculum that has proven to be a game-changer in health improvement and disease prevention. It's a clinically-proven solution to help you reduce your Metabolic Syndrome (MetS) risk through weight loss. Naturally Slim is available to employees, spouses and dependents covered under the plan. Contact the Employee Benefits Section for more information.

Livongo

A special program that provides tools, insights and coaching to make living with diabetes easier. When you enroll in the Livongo program you'll get a connected glucose meter, unlimited strips and real-time support when you need it from Certified Diabetes Educators. Livongo is available to employees, but participation is limited. To learn more or to join visit **now.livongo.com/STLCITY** or call Livongo Member Support at **800-945-4335** and mention registration code **STLCITY**.

myStrength

Life gets 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 eligible dependents manage addiction, depression, anxiety, sleep problems, chronic pain and stress. To download the myStrength app, search **myStrength** in the App or Play Store.



Well-Being Coach

Get 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 get the lifestyle coaching you need by phone or online chat. See page 24 for more details.

Future Moms

Moms-to-be get personalized support and guidance from registered nurses to help them have 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

Get the added support you may need 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

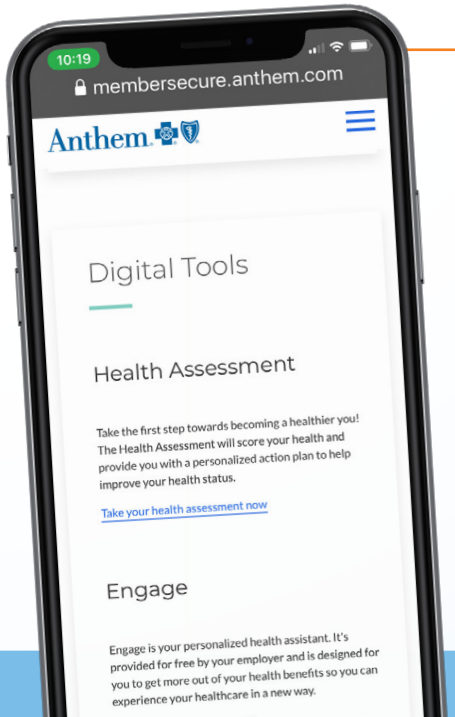
If you have a serious health condition or a number of health issues that need extra care, a nurse coach will help answer your questions, work to coordinate your care, and help you effectively use your health benefits. After you select your plan, you can sign up for ComplexCare by calling 866-962-1395.

The City of St. Louis offers an Employee Wellness Program funded through a partnership with BJC.

Visit **www.stlouis-mo.gov/employee-wellness** throughout the year for the latest information about all of the wellness offerings available to City of St. Louis members, including:

- Biometric Screenings – earn up to a $75 gift card by completing a healthy screening on multiple dates and locations.
- Siteman Mammography Van – onsite cancer screenings available on multiple dates and locations
- Flu Shots – free flu vaccinations for members

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



New for 2020

Earn $25 by taking an online Health Assessment!

It's quick and easy to take the assessment and earn a $25 gift card. Follow these steps:

1. Log into the **Engage** app
2. Select the **Benefits** tab from the navigation bar
3. Scroll down and click on **Your Health Quiz** to complete the health assessment
4. You may be prompted to log into **anthem.com** or create an account.

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? And 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'll develop custom action plans to make those changes.
3. You'll figure out what kind of resources and support you need.

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

From setting goals and building relationships to 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:

- Get help quitting tobacco or losing weight.
- Connect via 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 part of the Engage app. So be sure to register at **engage-wellbeing.com** or download the Engage app. See page 21 for more details. Then, choose **Well-Being Coach** in the **Benefits** tab and you'll be on your way.

Frequently Asked Questions

Are there changes this year?

We have enhanced benefits to include allergy shots at no cost to you, unlimited home health visits and more. See page 10 for an overview of all the benefits being offered.

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, you will be automatically enrolled in the High Option; if you are in the Low Option, you will automatically be enrolled in the Low Option; if you are in the HDHP, you will automatically be enrolled in the HDHP. If you want to change, add or drop coverage for yourself or add or drop depenents, you will need to complete an enrollment form and submit it to the Department of Personnel, Employee Benefits Section, 1114 Market, Suite 900. Faxed or emailed documents are acceptable. Fax to, 314-436-7405 or email to, **BenefitsSection@stlouis-mo.gov**. 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 21, 2020. The premiums this year are for 26 pay periods.

Will there be open enrollment meetings this year?

No, there are no general meeting scheduled, however, should 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 314-622-5753 or 314-622-5743 or 314-589-8104

Will I receive a new ID card at open enrollment?

If you keep your current plan, you will not receive a new ID card. If you change plans this year, you will receive a new member ID card that reflects your 2020 - 2021 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 at this time. If you do not add your dependents at this time, you cannot add them until the next open 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 2021, you must add your dependent(s) at this time 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 the following link: **https://www.stlouis-mo.gov/government/departments/personnel/documents/affidavit-of-domestic-partnership.cfm**. You may also contact Employee Benefits for additional information.

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

You can use the **Find a Doctor** on **anthem.com** to search for in-network doctors. See page 4 for more details.

Are there changes to the Express Scripts prescription drug plan?

No, there are no changes to the prescription drug plan this year. However, information regarding Express Scripts, including the current formulary, is included for your review. The 2020 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 and how does it work?

A High Deductible Health Plan (HDHP) is a health insurance 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. Preventative Care is covered at 100%, 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 Preventative Care Services which are paid at 100% and not subject to deductible.

In the high deductible health 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 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 plan?

No. You have the freedom to use any doctor or hospital without being required to choose a primary care physician or receive 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 our network, you will be covered but it may cost more money. You can use the **Find a Doctor** tool on **anthem.com** or the **Engage** app to find in-network doctors to meet your needs.

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 900, St. Louis, MO 63101. Faxed or emailed documents are acceptable. Fax to, 314-436-7405 or email to, BenefitsSection@stlouis-mo.gov. When faxing or emailing enrollment documents please exclude Social Security numbers.

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

Anthem	844-404-2102
Express Scripts	800-451-6245 (Formulary and Prescription Drug Benefit Information)
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.

Employee Benefits Important Contacts and Websites:

City of St. Louis Employee Benefits

Contact Information:

314-622-5753
314-622-5743
314-613-7084
314-589-8104

BenefitsSection@stlouis-mo.gov

City of St. Louis Employee Benefits

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

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

Vision Benefits

Eye exams can improve more than your vision

Even if you can see well, regular eye exams are important to help keep your eyes healthy — and catch other health problems early. Eye exams can[10]:

- Diagnose diseases that can lead to vision loss, such as glaucoma and cataracts.
- Help spot other life-threatening health problems such as diabetes, high blood pressure and certain cancers.

Finding out about these problems early means you can get treatment sooner, increase your chances of a successful recovery and lower your out-of-pocket costs.

What You Should Do for Your Eyes

Get your annual vision exam

Employees enrolled in the City Medical Plans through Anthem Blue Cross and Blue Shield have access to annual routine vision services through their medical coverage. If you select an in-network vision provider—**the services will be covered at 100%** under the Base/Buy Up/Low/High plan or subject to deductible/co-insurance on the High Deductible Health Plan (HDHP).

Here's what you need to do:

Be sure to schedule your exam with an in-network vision provider and tell them that claims should be submitted under your **Anthem Blue Cross and Blue Shield medical plan**.

Protect your eyes

Protect your eyes by wearing sunglasses that block 100% of UV rays and position lights, TVs and screens to reduce glare and avoid straining and tiring your eyes.

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 medical plan.

Diabetes can put your vision at risk!

Proper vision care can stop more than **90%** of vision loss and blindness due to diabetic retinopathy, but more than **50%** of diabetics don't get annual eye exams.[11]

Healthcare Terminology

Common definitions you may need to know.

We understand that health insurance and its terminology can be confusing. We have created this Healthcare Terminology glossary with some of the most 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.

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

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.

Network – The facilities, Providers and suppliers the Plan has contracted with to provide Healthcare Services.

Qualifying Life Event – A change in your situation — like getting married, 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 getting married 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 calendar year before the Plan begins to pay 100% of the Allowed Amount. 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 health insurance 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 Preventative Care Services, covered at 100%.

1. Blue Cross Blue Shield Association, http://www.bcbs.com/already-a-member/coverage-home-and-away.html
2. Prescription availability is defined by physician judgment.
3. Appointments subject to availability.
4. 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.
5. 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.
6. You may be required to get preapproval for these services.
7. Check your medical policy for details.
8. Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.
9. Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.
10. Transitions Healthy Sight Working For You website: Eye Exams Can Save Your Sight (accessed January 2020): healthysightworkingforyou.org.
11. CDC website. Keep an Eye on Your Vision Health (accessed January 2020): cdc.gov.

LiveHealth Online is the trade name of Health Management Corporation.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

In Missouri, (excluding 30 counties in the Kansas City area) Anthem Blue Cross and Blue Shield is the trade name of 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. 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.

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