Your Summary of Benefits

City of St. Louis Retirees · Blue Access® Choice PPO Network · Effective July 1, 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	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	$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)