

Blue Access® – Blue Access® Choice and Blue Preferred® Select

Options	Network								Urgent care/ER		Non-network				Prescription drug
	Office visit PCP/SCP	Deductible single/family	Inpatient facility	Outpatient surgery: hosp/alt. care	Outpatient other	IP/OP professional	Out-of-pocket limit single	Out-of-pocket limit family	In-network urgent care	Emergency room services	Deductible single/family	Covered services coinsurance	Out-of-pocket limit single	Out-of-pocket limit family	Options
1	\$20/\$40	\$1,000/\$3,000	0%	0%	0%	0%	\$4,000	\$8,000	\$75	\$250	\$2,000/\$6,000	30%	\$8,000	\$16,000	AT, AJ, AK, AL
2	\$20/\$40	\$500/\$1,500	20%	20%	20%	20%	\$4,000	\$8,000	\$75	\$200/20%	\$1,000/\$3,000	50%	\$8,000	\$16,000	AT, AJ, AK, AL
3	\$25/\$50	\$1,500/\$4,500	0%	0%	0%	0%	\$4,000	\$8,000	\$75	\$250	\$4,000/\$12,000	50%	\$8,000	\$16,000	AT, AJ, AK, AL
4	\$25/\$50	\$1,000/\$3,000	10%	10%	10%	10%	\$4,000	\$8,000	\$75	\$250/10%	\$3,000/\$6,000	30%	\$8,000	\$16,000	AT, AJ, AK, AL
5	\$20/\$40	\$1,000/\$3,000	20%	20%	20%	20%	\$5,000	\$10,000	\$75	\$200/20%	\$2,000/\$6,000	50%	\$10,000	\$20,000	AT, AJ, AK, AL
6	\$25/\$50	\$1,500/\$4,500	10%	10%	10%	10%	\$5,000	\$10,000	\$75	\$250/10%	\$4,000/\$12,000	30%	\$10,000	\$20,000	AT, AJ, AK, AL
7	\$25/\$50	\$2,000/\$6,000	0%	0%	0%	0%	\$4,000	\$8,000	\$75	\$250	\$4,000/\$12,000	30%	\$8,000	\$16,000	AT, AJ, AK, AL
8	\$25/\$50	\$2,500/\$7,500	0%	0%	0%	0%	\$6,000	\$12,000	\$75	\$250	\$5,000/\$15,000	30%	\$12,000	\$24,000	AT, AJ, AK, AL
9	\$20/\$40	\$1,500/\$4,500	20%	20%	20%	20%	\$6,000	\$12,000	\$75	\$200/20%	\$3,000/\$9,000	50%	\$12,000	\$24,000	AT, AJ, AK, AL
10	\$30/\$50	\$3,000/\$9,000	0%	0%	0%	0%	\$6,000	\$12,000	\$75	\$200	\$6,000/\$18,000	30%	\$12,000	\$24,000	AT, AJ, AK, AL
11	\$20/\$40	\$2,500/\$7,500	20%	20%	20%	20%	\$6,000	\$12,000	\$75	\$200/20%	\$5,000/\$15,000	50%	\$12,000	\$24,000	AT, AJ, AK, AL
12	20%/20%	\$1,500/\$4,500	20%	20%	20%	20%	\$6,600	\$13,200	20%	\$250/20%	\$3,000/\$9,000	50%	\$13,200	\$26,400	AT, AJ, AK, AL

This document is intended to be a brief overview of coverage. The complete description of benefits, exclusions and member cost shares are contained in the Certificate of Coverage. In the event of a conflict between the Certificate of Coverage and this overview, the terms of the Certificate of Coverage will prevail.

Blue Access – Blue Access Choice and Blue Preferred Select (cont.)

Options	Network								Urgent care/ER		Non-network				Prescription drug
	Office visit PCP/ SCP	Deductible single/family	Inpatient facility	Outpatient surgery: hosp/alt. care	Outpatient other	IP/OP professional	Out-of-pocket limit single	Out-of-pocket limit family	In-network urgent care	Emergency room services	Deductible single/family	Covered services coinsurance	Out-of-pocket limit single	Out-of-pocket limit family	Options
13	\$25/\$50	\$2,500/ \$7,500	30%	30%	30%	30%	\$6,600	\$13,200	\$75	\$250/30%	\$5,000/ \$15,000	50%	\$13,200	\$26,400	AT, AJ, AK, AL
14	20%/20%	\$2,500/ \$5,000	20%	20%	20%	20%	\$6,600	\$13,200	20%	\$250/20%	\$6,000/ \$18,000	40%	\$13,200	\$26,400	AT, AJ, AK, AL
15	\$30/\$50	\$3,000/ \$9,000	20%	20%	20%	20%	\$6,600	\$13,200	\$75	\$250/20%	\$6,000/ \$18,000	50%	\$13,200	\$26,400	AT, AJ, AK, AL
16	\$30/\$50	\$5,000/ \$10,000	0%	0%	0%	0%	\$6,600	\$13,200	\$50	\$300	\$10,000/ \$20,000	30%	\$13,200	\$26,400	AT, AJ, AK, AL
17	\$30/\$50	\$5,000/ \$10,000	20%	20%	20%	20%	\$6,600	\$13,200	\$75	\$250/20%	\$10,000/ \$20,000	50%	\$13,200	\$26,400	AT, AJ, AK, AL
18	\$30/\$50	\$5,350/ \$10,700	20%	20%	20%	20%	\$6,600	\$13,200	\$75	\$250/20%	\$10,700/ \$21,400	40%	\$13,200	\$26,400	AT, AJ, AK, AL

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Missouri Group size 51 plus



Blue Preferred® Plus POS

Options	Network								Urgent care/ER		Non-network				Prescription drug
	Office visit PCP/ SCP	Deductible single/family	Inpatient facility	Outpatient surgery: hosp/alt. care	Outpatient other	IP/OP professional	Out-of-pocket limit single	Out-of-pocket limit family	In-network urgent care	Emergency room services	Deductible single/family	Covered services coinsurance	Out-of-pocket limit single	Out-of-pocket limit family	Options
1	\$25/\$50	\$0	20%	20%	20%	20%	\$2,500	\$5,000	\$75	\$200	\$1,000/ \$3,000	40%	\$5,000	\$10,000	AT, AJ, AK, AL
2	\$25/\$50	\$0	30%	30%	30%	30%	\$3,500	\$7,000	\$75	\$200	\$1,000/ \$3,000	50%	\$7,000	\$14,000	AT, AJ, AK, AL
3	\$30/\$60	\$0	30%	30%	30%	30%	\$4,500	\$9,000	\$75	\$200	\$1,000/ \$3,000	50%	\$9,000	\$18,000	AT, AJ, AK, AL
4	\$30/\$60	\$0	30%	30%	30%	30%	\$5,500	\$11,000	\$75	\$200	\$1,000/ \$3,000	50%	\$11,000	\$22,000	AT, AJ, AK, AL
5	\$30/\$60	\$0	30%	30%	30%	30%	\$6,500	\$13,000	\$75	\$200	\$1,000/ \$3,000	50%	\$13,000	\$26,000	AT, AJ, AK, AL

Prescription drug plans

Options	Retail copays	Home delivery	Non-network copays	Out-of-pocket limit
AJ	\$15/\$45/\$75/25% w/ \$200 max	\$15/\$112/\$225/25% w/ \$200 max	50% (min \$75)	Combined OOP with medical
AT	\$15/\$45/\$75/25% w/ \$400 max	\$15/\$112/\$225/25% w/ \$400 max	50% (min \$75)	Combined OOP with medical
AK	\$10/\$25/\$45/25% w/ \$200 max	\$10/\$65/\$135/25% w/ \$200 max	50% (min \$45)	Combined OOP with medical
AL	\$10/\$35/\$60/25% w/ \$200 max	\$10/\$90/\$180/25% w/ \$200 max	50% (min \$60)	Combined OOP with medical

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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.