



Missouri

Effective January 1, 2023

Chamber Benefit Plan medical and specialty products



WE'RE HELPING SOLVE TODAY'S TOUGHEST HEALTHCARE CHALLENGES

By connecting individuals to the care, support, and resources they need to thrive, we're going beyond traditional health insurance to focus on a bigger whole-health picture.

We're here to support you with:



A transformative digital-first experience. Using innovative digital solutions, advanced analytics, and apps like SydneySM Health, we're simplifying and personalizing healthcare delivery.



Meaningful connections through whole-person care. Through medical, pharmacy, and specialty integration, we're leaning into whole-health programs like Wellbeing Solutions to improve outcomes and lower costs.



Collaborative expertise with our network advantage. By leveraging our partnerships, networks, and strong provider relationships, we're supporting access to high-quality, equitable care.

As your trusted partner, we're here to promote an effective healthcare strategy that reinforces innovation, integration, and collaboration.

Chamber Benefit Plan (CBP) product details – 2 to 50 employees

****NEW* for 2023***

- **PPO plans:**
 - Five (5) new PPO plan designs available on Blue Access, Blue Access Choice and Blue Preferred networks
 - PPO Urgent care copays covered at \$75 (subject to deductible for HSA plans)
- **All plans:**
 - Virtual text and virtual primary care visits with our online providers, K Health and LiveHealth Online, are covered in full (no cost share) for non-HSA plans and covered in full after deductible for HSA plans.

The following benefit charts show network benefits for select visits and/or services. Additional services rendered as part of a visit or service (including urgent care and emergency room visits) may be subject to additional cost shares.

Our PPO plans include non-network benefits with higher cost shares, including deductible, coinsurance and copays. Our Anthem Link EPO plans only include non-network benefits for emergency, urgent care or authorized services. With the Blue Preferred EPO High-Performance Network (Blue HPN) network, members receive network coverage when they visit any participating HPN provider in our HPN service areas across the U.S. Non-network and out of country coverage is limited to urgent and emergency care.

For more plan information, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit <https://plan-summaries.anthem.com/sobdps/>.

All product offerings are subject to regulatory review and approval and are subject to change.

Chamber Benefit Plan (CBP) product details – 2 to 50 employees

PPO plans

Our plans are available on three networks: Blue Access, Blue Access Choice and Blue Preferred.

Plan type	PPO		
Plan name	CBP MEWA [Network Name] PPO 1000/0%/2500 Plan 1	CBP MEWA [Network Name] PPO 1500/0%/3000 Plan 2	CBP MEWA [Network Name] PPO 2000/0%/4000 Plan 3
Network (contract code)	Blue Access (6VGE) Blue Access Choice (6VGF) Blue Preferred (6VFN)	Blue Access (6VGG) Blue Access Choice (6VGL) Blue Preferred (6VG7)	Blue Access (6VGN) Blue Access Choice (6VHO) Blue Preferred (6VG9)
Deductible ¹ (individual/family)	\$1,000/\$2,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance	0%	0%	0%
Out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$3,000/\$6,000	\$4,000/\$8,000
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC)	PCP: \$15 SPC: \$45 RHC: \$15	PCP: \$15 SPC: \$45 RHC: \$15	PCP: \$15 SPC: \$45 RHC: \$15
Medical chats and virtual primary care visits ³	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$75	\$75	\$75
Emergency room (facility)	\$300, then 0% coinsurance	\$300, then 0% coinsurance	\$300, then 0% coinsurance
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{6,7}	\$10/\$35/\$70/25% up to \$350 per script	\$10/\$35/\$70/25% up to \$350 per script	\$10/\$35/\$70/25% up to \$350 per script
Home delivery pharmacy ^{7,8}	\$25/\$105/\$210/25% up to \$350 per script	\$25/\$105/\$210/25% up to \$350 per script	\$25/\$105/\$210/25% up to \$350 per script

Footnotes

- § A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
- ‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
- 1 All plans have **embedded** deductibles and out-of-pocket maximums, which means each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
- 2 Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. NOTE: The PCP cost share does not apply to virtual primary care visits for Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.
- 3 Cost share applies to medical chats and virtual visits for primary care from our online provider K Health, through its affiliated provider groups.
- 4 Cost share applies to virtual visits from our online provider LiveHealth Online (LHO) – urgent/acute medical and behavioral health services (mental health / substance abuse). In addition, free visits for Future Moms Breastfeeding Support visits on LHO are included with all medical plans.
- 5 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
- 6 Retail 90 (R90) is included on all plans. Members can get a 90-day supply of maintenance medications from a participating retail pharmacy for drug tiers 1-3 at 3x the retail cost share.
- 7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.
- 8 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

Chamber Benefit Plan (CBP) product details – 2 to 50 employees

PPO plans

Our plans are available on three networks: Blue Access, Blue Access Choice and Blue Preferred.

Plan type	PPO		
Plan name	CBP MEWA [Network Name] PPO 2500/0%/4500 Plan 4	CBP MEWA [Network Name] PPO 1500/20%/4500 Plan 5	CBP MEWA [Network Name] PPO 2000/20%/5000 Plan 6
Network (contract code)	Blue Access (6VGV) Blue Access Choice (6VGM) Blue Preferred (6VGU)	Blue Access (6VFU) Blue Access Choice (6VFP) Blue Preferred (6VGY)	Blue Access (6VG4) Blue Access Choice (6VFP) Blue Preferred (6VG2)
Deductible ¹ (individual/family)	\$2,500/\$5,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance	0%	20%	20%
Out-of-pocket maximum (individual/family)	\$4,500/\$9,000	\$4,500/\$9,000	\$5,000/\$10,000
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC)	PCP: \$15 SPC: \$45 RHC: \$15	PCP: \$15 SPC: \$45 RHC: \$15	PCP: \$15 SPC: \$45 RHC: \$15
Medical chats and virtual primary care visits ³	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$75	\$75	\$75
Emergency room (facility)	\$300, then 0% coinsurance	\$350, then 20% coinsurance	\$350, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{6,7}	\$10/\$35/\$70/25% up to \$350 per script	\$10/\$35/\$70/25% up to \$350 per script	\$10/\$35/\$70/25% up to \$350 per script
Home delivery pharmacy ^{7,8}	\$25/\$105/\$210/25% up to \$350 per script	\$25/\$105/\$210/25% up to \$350 per script	\$25/\$105/\$210/25% up to \$350 per script

Footnotes

- § A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
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- 1 All plans have **embedded** deductibles and out-of-pocket maximums, which means each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
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Chamber Benefit Plan (CBP) product details – 2 to 50 employees

PPO plans

Our plans are available on three networks: Blue Access, Blue Access Choice and Blue Preferred.

Plan type	PPO		
Plan name	CBP MEWA [Network Name] PPO 2500/20%/5500 Plan 7	CBP MEWA [Network Name] PPO 5000/0%/6500 Plan 8	CBP MEWA [Network Name] PPO 3500/20%/6500 Plan 9
Network (contract code)	Blue Access (6VFX) Blue Access Choice (6VG3) Blue Preferred (6VGW)	Blue Access (6VGZ) Blue Access Choice (6VG6) Blue Preferred (6VFZ)	Blue Access (6VFT) Blue Access Choice (6VGP) Blue Preferred (6VGJ)
Deductible ¹ (individual/family)	\$2,500/\$5,000	\$5,000/\$10,000	\$3,500/\$7,000
Coinsurance	20%	0%	20%
Out-of-pocket maximum (individual/family)	\$5,500/\$11,000	\$6,500/\$13,000	\$6,500/\$13,000
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC)	PCP: \$15 SPC: \$45 RHC: \$15	PCP: \$15 SPC: \$45 RHC: \$15	PCP: \$15 SPC: \$45 RHC: \$15
Medical chats and virtual primary care visits ³	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$75	\$75	\$75
Emergency room (facility)	\$350, then 20% coinsurance	\$300, then 0% coinsurance	\$350, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{6,7}	\$10/\$35/\$70/25% up to \$350 per script	\$10/\$35/\$70/25% up to \$350 per script	\$10/\$35/\$70/25% up to \$350 per script
Home delivery pharmacy ^{7,8}	\$25/\$105/\$210/25% up to \$350 per script	\$25/\$105/\$210/25% up to \$350 per script	\$25/\$105/\$210/25% up to \$350 per script

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Chamber Benefit Plan (CBP) product details – 2 to 50 employees

PPO plans

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Plan type	PPO		
Plan name	CBP MEWA [Network Name] PPO 5000/20%/7150 Plan 10	CBP MEWA [Network Name] PPO 1500/20%/9100 Plan 11 *NEW*	CBP MEWA [Network Name] PPO 2000/20%/9100 Plan 12 *NEW*
Network (contract code)	Blue Access (6VG1) Blue Access Choice (6VFQ) Blue Preferred (6VGB)	Blue Access (701U) Blue Access Choice (701X) Blue Preferred (701Z)	Blue Access (7049) Blue Access Choice (701W) Blue Preferred (702X)
Deductible ¹ (individual/family)	\$5,000/\$10,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$7,150/\$14,300	\$9,100/\$18,200	\$9,100/\$18,200
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC)	PCP: \$15 SPC: \$45 RHC: \$15	PCP: \$30 SPC: \$60 RHC: \$30	PCP: \$30 SPC: \$60 RHC: \$30
Medical chats and virtual primary care visits ³	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$75	\$75	\$75
Emergency room (facility)	\$350, then 20% coinsurance	\$350, then 20% coinsurance	\$350, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{6,7}	\$10/\$35/\$70/25% up to \$350 per script	\$15/\$50/\$90/25% up to \$350 per script	\$15/\$50/\$90/25% up to \$350 per script
Home delivery pharmacy ^{7,8}	\$25/\$105/\$210/25% up to \$350 per script	\$38/\$150/\$270/25% up to \$350 per script	\$38/\$150/\$270/25% up to \$350 per script

Footnotes

- § A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
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- 7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.
- 8 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

Chamber Benefit Plan (CBP) product details – 2 to 50 employees

PPO plans

Our plans are available on three networks: Blue Access, Blue Access Choice and Blue Preferred.

Plan type	PPO		
Plan name	CBP MEWA [Network Name] PPO 2500/20%/9100 Plan 13 *NEW*	CBP MEWA [Network Name] PPO 3500/20%/9100 Plan 14 *NEW*	CBP MEWA [Network Name] PPO 5000/20%/9100 Plan 15 *NEW*
Network (contract code)	Blue Access (705F) Blue Access Choice (705E) Blue Preferred (7020)	Blue Access (702Y) Blue Access Choice (701Y) Blue Preferred (7048)	Blue Access (702J) Blue Access Choice (701V) Blue Preferred (702W)
Deductible ¹ (individual/family)	\$2,500/\$5,000	\$3,500/\$7,000	\$5,000/\$10,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum (individual/family)	\$9,100/\$18,200	\$9,100/\$18,200	\$9,100/\$18,200
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC)	PCP: \$30 SPC: \$60 RHC: \$30	PCP: \$30 SPC: \$60 RHC: \$30	PCP: \$30 SPC: \$60 RHC: \$30
Medical chats and virtual primary care visits ³	Covered in full	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full	Covered in full	Covered in full
Urgent care (office)	\$75	\$75	\$75
Emergency room (facility)	\$350, then 20% coinsurance	\$350, then 20% coinsurance	\$350, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible	Tiers 1-4: No deductible	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{6,7}	\$15/\$50/\$90/25% up to \$350 per script	\$15/\$50/\$90/25% up to \$350 per script	\$15/\$50/\$90/25% up to \$350 per script
Home delivery pharmacy ^{7,8}	\$38/\$150/\$270/25% up to \$350 per script	\$38/\$150/\$270/25% up to \$350 per script	\$38/\$150/\$270/25% up to \$350 per script

Footnotes

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Chamber Benefit Plan (CBP) product details – 2 to 50 employees

PPO plans

Our plans are available on three networks: Blue Access, Blue Access Choice and Blue Preferred.

Plan type	PPO
Plan name	CBP MEWA [Network Name] PPO 6500/20%/9100 Plan 16
Network (contract code)	Blue Access (6VGO) Blue Access Choice (6VGC) Blue Preferred (6VGQ)
Deductible ¹ (individual/family)	\$6,500/\$13,000
Coinsurance	20%
Out-of-pocket maximum (individual/family)	\$9,100/\$18,200
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC)	PCP: \$30 SPC: \$60 RHC: \$30
Medical chats and virtual primary care visits ³	Covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full
Urgent care (office)	\$75
Emergency room (facility)	\$350, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: No deductible
Retail pharmacy: 30-day supply ^{6,7}	\$15/\$50/\$90/25% up to \$350 per script
Home delivery pharmacy ^{7,8}	\$38/\$150/\$270/25% up to \$350 per script

Footnotes

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Chamber Benefit Plan (CBP) product details – 2 to 50 employees

PPO HSA plans

Our plans are available on three networks: Blue Access, Blue Access Choice and Blue Preferred.

Plan type	PPO HSA		
Plan name	CBP MEWA [Network Name] PPO 3000/0%/4500 w/HSA Plan 1	CBP MEWA [Network Name] PPO 3500/0%/6550 w/HSA Plan 2	CBP MEWA [Network Name] PPO 3000/20%/5400 w/HSA Plan 3
Network (contract code)	Blue Access (6VG8) Blue Access Choice (6VFW) Blue Preferred (6VG5)	Blue Access (6VGR) Blue Access Choice (6VFX) Blue Preferred (6VGS)	Blue Access (6VGK) Blue Access Choice (6VGX) Blue Preferred (6VGH)
Deductible ¹ (individual/family)	\$3,000/\$6,000	\$3,500/\$7,000	\$3,000/\$6,000
Coinsurance	0%	0%	20%
Out-of-pocket maximum (individual/family)	\$4,500/\$9,000	\$6,550/\$13,100	\$5,400/\$10,800
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC)	PCP: Deductible, then \$15 SPC: Deductible, then \$45 RHC: Deductible, then \$15	PCP: Deductible, then \$15 SPC: Deductible, then \$45 RHC: Deductible, then \$15	Deductible, then 20% coinsurance
Medical chats and virtual primary care visits ³	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Virtual doctor visits: Preferred online provider ⁴	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Urgent care (office)	Deductible, then \$75	Deductible, then \$75	Deductible, then 20% coinsurance
Emergency room (facility)	Deductible, then \$300 and 0% coinsurance	Deductible, then \$300 and 0% coinsurance	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 0% coinsurance	Deductible, then 0% coinsurance	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential	Base with R90/Essential	Base with R90/Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: Medical deductible applies ‡	Tiers 1-4: Medical deductible applies ‡	Tiers 1-4: Medical deductible applies ‡
Retail pharmacy: 30-day supply ^{6,7}	\$10/\$35/\$70/25% up to \$350 per script	\$10/\$35/\$70/25% up to \$350 per script	\$10/\$35/\$70/25% up to \$350 per script
Home delivery pharmacy ^{7,8}	\$25/\$105/\$210/25% up to \$350 per script	\$25/\$105/\$210/25% up to \$350 per script	\$25/\$105/\$210/25% up to \$350 per script

Footnotes

§ A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.

‡ Deductible waived for drugs on the PreventiveRx Plus drug list.

1 All plans have embedded deductibles and out-of-pocket maximums, which means each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.

2 Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. NOTE: The PCP cost share does not apply to virtual primary care visits for Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.

3 Cost share applies to medical chats and virtual visits for primary care from our online provider K Health, through its affiliated provider groups.

4 Cost share applies to virtual visits from our online provider LiveHealth Online (LHO) – urgent/acute medical and behavioral health services (mental health / substance abuse). In addition, free visits for Future Moms Breastfeeding Support visits on LHO are included with all medical plans.

5 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.

6 Retail 90 (R90) is included on all plans. Members can get a 90-day supply of maintenance medications from a participating retail pharmacy for drug tiers 1-3 at 3x the retail cost share.

7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.

8 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

Chamber Benefit Plan (CBP) product details – 2 to 50 employees

PPO HSA plans

Our plans are available on three networks: Blue Access, Blue Access Choice and Blue Preferred.

Plan type	PPO HSA
Plan name	CBP MEWA [Network Name] PPO 5000/20%/6550 w/HSA Plan 4
Network (contract code)	Blue Access (6VGA) Blue Access Choice (6VGD) Blue Preferred (6VFR)
Deductible ¹ (individual/family)	\$5,000/\$10,000
Coinsurance	20%
Out-of-pocket maximum (individual/family)	\$6,550/\$13,100
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC)	Deductible, then 20% coinsurance
Medical chats and virtual primary care visits ³	Deductible, then covered in full
Virtual doctor visits: Preferred online provider ⁴	Deductible, then covered in full
Urgent care (office)	Deductible, then 20% coinsurance
Emergency room (facility)	Deductible, then 20% coinsurance
Hospital outpatient surgery facility	Deductible, then 20% coinsurance
Hospital inpatient admission	Deductible, then 20% coinsurance
Prescription drugs: network/drug list	Base with R90/Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1-4: Medical deductible applies ‡
Retail pharmacy: 30-day supply ^{6,7}	\$10/\$35/\$70/25% up to \$350 per script
Home delivery pharmacy ^{7,8}	\$25/\$105/\$210/25% up to \$350 per script

Footnotes

- § A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
- ‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
- 1 All plans have **embedded** deductibles and out-of-pocket maximums, which means each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
- 2 Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. NOTE: The PCP cost share does not apply to virtual primary care visits for Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.
- 3 Cost share applies to medical chats and virtual visits for primary care from our online provider K Health, through its affiliated provider groups.
- 4 Cost share applies to virtual visits from our online provider LiveHealth Online (LHO) – urgent/acute medical and behavioral health services (mental health / substance abuse). In addition, free visits for Future Moms Breastfeeding Support visits on LHO are included with all medical plans.
- 5 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
- 6 Retail 90 (R90) is included on all plans. Members can get a 90-day supply of maintenance medications from a participating retail pharmacy for drug tiers 1-3 at 3x the retail cost share.
- 7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.
- 8 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

Chamber Benefit Plan (CBP) product details – 2 to 50 employees

Anthem Link Blue Preferred EPO plans

Plan type	EPO	
Plan name	CBP MEWA Link Blue Preferred EPO 25	CBP MEWA Link Blue Preferred EPO 500/7900
Network (contract code)	Blue Preferred EPO (6VGT)	Blue Preferred EPO (6VFS)
Deductible ¹ (individual/family)	\$0/\$0	\$500/\$1,000
Coinsurance	Limited \$	Limited \$
Out-of-pocket maximum (individual/family)	\$6,500/\$13,000	\$7,900/\$15,800
Office and virtual visits ² : Primary care (PCP)/Specialist (SPC)/ Retail health clinic (RHC)	PCP: \$25 SPC: \$50 RHC: \$25	PCP: \$25 SPC: \$50 RHC: \$25
Medical chats and virtual primary care visits ³	Covered in full	Covered in full
Virtual doctor visits: Preferred online provider ⁴	Covered in full	Covered in full
Urgent care (office)	\$50	\$50
Emergency room (facility)	\$500	Deductible, then \$500
Hospital outpatient surgery facility	\$500	Deductible, then \$500
Hospital inpatient admission	\$500 per day up to 4 days per admission	Deductible, then \$750 per admission
Prescription drugs: network/drug list	Rx Choice Tiered Network with R90/ Essential	Rx Choice Tiered Network with R90/ Essential
Pharmacy deductible ⁵ (individual/family)	Tiers 1a-4: No deductible	Tiers 1a-2: No deductible Tiers 3-4: Medical deductible applies
Retail pharmacy: 30-day supply ^{6,7}	Level 1: \$0/\$10/\$60/\$125/\$400 Level 2: \$10/\$20/\$70/\$135/\$500	Level 1: \$0/\$10/\$60/\$125/\$400 Level 2: \$10/\$20/\$70/\$135/\$500
Home delivery pharmacy ^{7,8}	\$0/\$25/\$180/\$375/\$400	\$0/\$25/\$180/\$375/\$400

Footnotes

- § A limited number of benefits use coinsurance – home dialysis, home infusion therapy, diabetic supplies, durable medical equipment (DME) and prosthetics. In plans that have a deductible, these cost shares apply after plan deductible.
- ‡ Deductible waived for drugs on the PreventiveRx Plus drug list.
- 1 All plans have embedded deductibles and out-of-pocket maximums, which means each family member has an individual deductible and OOP maximum. Any deductible or OOP maximum amount paid by an individual family member applies to the family deductible/OOP maximum amount, but no individual family member pays more to the family deductible/OOP maximum than their individual deductible/OOP maximum amount.
- 2 Primary care physician (PCP) and Specialist (SPC) cost share applies to medical office visits and virtual visits with a member's regular PCP or SPC. NOTE: The PCP cost share does not apply to virtual primary care visits for Link plans which are covered in full for non-HSA plans and subject to deductible, then covered in full for HSA plans.
- 3 Cost share applies to medical chats and virtual visits for primary care from our online provider K Health, through its affiliated provider groups.
- 4 Cost share applies to virtual visits from our online provider LiveHealth Online (LHO) – urgent/acute medical and behavioral health services (mental health / substance abuse). In addition, free visits for Future Moms Breastfeeding Support visits on LHO are included with all medical plans.
- 5 For plans with a deductible, the pharmacy cost share applies after deductible for the tiers as listed.
- 6 Retail 90 (R90) is included on all plans. Members can get a 90-day supply of maintenance medications from a participating retail pharmacy for drug tiers 1-3 at 3x the retail cost share.
- 7 Pharmacy plans may use a 4-Tier (tier 1/tier 2/tier 3/tier 4) or a 4-Tier Split (Tier 1) (tier 1a/tier 1b/tier 2/tier 3/tier 4) drug list. For plan details, please refer to the Summary of Benefits (SOB) available at <https://plan-summaries.anthem.com/sobdps/>.
- 8 Home delivery program typically covers up to a 90-day supply for drug tiers 1-3 and up to a 30-day supply for drug tier 4 (Specialty drugs).

Chamber Benefit Plan (CBP) Dental plan options

Anthem Dental plans fill gaps in care that many dental plans don't. All plans include a carry-over option, composite (tooth-colored) fillings, implants, and Accidental Dental Injury coverage. Members with certain health conditions also receive additional dental benefits including extra cleanings, periodontal treatment and more through our Anthem Whole Health Connection benefit to promote better overall health and wellness.

Plan name	Employer Sponsored								
	Design type	Annual benefit maximum	Annual deductible ¹ (ind/fam)	Diagnostic/preventive (INN/OON)	Basic (INN/OON)	Major ² (INN/OON)	Endodontic/periodontal/oral surgery	Ortho ²	Out-of-network reimbursement
MEWA Essential Choice Classic MO-C20	Active	\$1,000	\$50/\$150	100% / 80%	80%/60%	50% / 50%	Major	Not covered	MAC
MEWA Essential Choice Classic MO-C7	Passive	\$1,000	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Major	Children only \$1,000	90th
MEWA Essential Choice Classic MO-C3	Passive	\$1,000	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Major	Not covered	90th
MEWA Essential Choice Classic MO-C5	Passive	\$1,000	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Basic	Children only \$1,000	90th
MEWA Essential Choice Classic MO-C1	Passive	\$1,000	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Basic	Not covered	90th
MEWA Essential Choice Classic MO-C36	Passive	\$1,500	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Basic	Children only \$1,500	90th
MEWA Essential Choice Classic MO-C9	Passive	\$1,500	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Basic	Not covered	90th
MEWA Essential Choice Enhanced MO-E25	Passive	\$2,000	\$50/\$150	100% / 100%	90%/90%	60% / 60%	Basic	Not covered	90th

Plan name	Voluntary								
	Design type	Annual benefit maximum	Annual deductible ¹ (ind/fam)	Diagnostic/preventive (INN/OON)	Basic (INN/OON)	Major ² (INN/OON)	Endodontic/periodontal/oral surgery	Ortho ²	Out-of-network reimbursement
MEWA Essential Choice Voluntary MO-V20	Active	\$1,000	\$50/\$150	100% / 80%	80%/60%	50% / 50%	Major	Not covered	MAC
MEWA Essential Choice Voluntary MO-V1	Passive	\$1,000	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Basic	Not covered	90th
MEWA Essential Choice Voluntary MO-V5	Passive	\$1,000	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Basic	Children only \$1,000	90th
MEWA Essential Choice Voluntary MO-V9	Passive	\$1,500	\$50/\$150	100% / 100%	80%/80%	50% / 50%	Basic	Not covered	90th

INN = In-network or Network

OON = Out-of-network or Non-network

MAC = Maximum allowable charge

¹ Deductible is waived for diagnostic and preventive services.

² **Employer-sponsored** plans have no waiting period for major services or orthodontia (if covered). **Voluntary** plans have a 12-month waiting period for major services or orthodontia (if covered).



Not seeing the plan you're looking for?
Our complete Essential Choice dental portfolio is now available. Ask your Anthem representative for more details.

Chamber Benefit Plan (CBP) Vision plan options¹

Saving money is important to you and your employees. And convenience and choice are right up there, too. That's why Blue View VisionSM is a clear winner for both of you. Ours is one of America's biggest vision networks, so it's easy for your employees to find an eye care provider online or close to their home or work. And our network discounts keep out-of-pocket costs down. Members save an average of 63% in the Blue View Vision Network!

Plan availability

Employer plans:

- Participation guidelines apply. Please see final quote for details.

Plan name	Employer-sponsored					
	Copay (eye exam/ eyeglass lenses)	Allowance (frames/ contact lenses)	Eye exam (frequency)	Eyeglass lenses (frequency)	Frames (frequency)	Contact lenses (frequency)
MEWA FS.A.10.0.130.130	\$10 / \$0	\$130 / \$130	Once every CY	Once every CY	Once every CY	Once every CY
MEWA FS.A.10.10.150.150	\$10 / \$10	\$150 / \$150	Once every CY	Once every CY	Once every CY	Once every CY
MEWA FS.A.10.25.150.150	\$10 / \$25	\$150 / \$150	Once every CY	Once every CY	Once every CY	Once every CY
MEWA FS.B.10.10.150.150	\$10 / \$10	\$150 / \$150	Once every CY	Once every CY	Once every other CY	Once every CY
MEWA FS.B.10.20.130.130	\$10 / \$20	\$130 / \$130	Once every CY	Once every CY	Once every other CY	Once every CY
MEWA FS.B.10.25.130.130	\$10 / \$25	\$130 / \$130	Once every CY	Once every CY	Once every other CY	Once every CY
MEWA FS.B.10.25.150.150	\$10 / \$25	\$150 / \$150	Once every CY	Once every CY	Once every other CY	Once every CY
MEWA FS.B.20.20.130.130	\$20 / \$20	\$130 / \$130	Once every CY	Once every CY	Once every other CY	Once every CY
MEWA FS.C.20.20.130.130	\$20 / \$20	\$130 / \$130	Once every CY	Once every other CY	Once every other CY	Once every other CY
MEWA FS.C.20.20.150.150	\$20 / \$20	\$150 / \$150	Once every CY	Once every other CY	Once every other CY	Once every other CY
Blue View Vision Exam MEWA Rider²	\$20 / \$50	\$0 / \$0	Once every CY	Not covered	Not covered	Not covered

¹ Plans cover non-network benefits. Only one plan may be selected.

² This plan only available as Employer-sponsored. The plan cannot be paired with any other standalone vision plan. If purchased, all members enrolling in medical must also enroll in the vision exam rider. Low-cost, access to Blue View Vision network – including all the materials and discounts that come with our network.



Chamber Benefit Plan (CBP) Life and Disability plans

For extra support, our life and disability plans offer Resource Advisor, which includes counseling by phone, face-to-face or LiveHealth Online; financial and legal counseling; online tools for the whole family and Perks at Work discounts on goods and services to help employees stay healthy and more. Travel Assistance is included with all life plans to give your employees help with emergency medical evacuations, lost baggage and more.*

Basic life / Accidental death and dismemberment (AD&D)

	Group size 2-9	Group size 10-50
Life benefit amounts	Flat dollar amount: \$15,000 / \$20,000 / \$25,000 / \$30,000 / \$35,000 / \$40,000 / \$45,000 / \$50,000 Salary-based amount: 1x employee salary up to a maximum of \$100,000	Flat dollar amount: from \$15,000 to \$350,000 Salary-based amount: 1x, 2x or 3x salary up to a maximum of \$350,000
Accidental death and dismemberment (AD&D) benefits (included with Life)	Available to employee only. Equal to life benefit. Includes seat belt benefit, airbag benefit, education benefit and repatriation benefit, coma benefit and common carrier benefit.	
Dependent life	Child coverage begins on the 15th day following birth and ends at 26 years. Dependent coverage cannot be more than 50% of employee life amount. \$10,000 spouse/\$5,000 each child \$5,000 spouse/\$2,500 each child	\$20,000 spouse/\$10,000 each child \$10,000 spouse/\$5,000 each child \$5,000 spouse/\$2,500 each child

*All Travel Assistance services must be arranged in advance by Generali Global Assistance in order to be covered.

Supplemental/Voluntary life and Accidental death and dismemberment (AD&D)

	Group size 10-50
Life benefit amounts	Available as increments, employee salary-based or flat dollar amount. Minimum of \$25,000 to a maximum of \$300,000.
Accidental death and dismemberment (AD&D) benefits (included with Life)	Available to employee only. Equal to life benefit. Includes seat belt benefit, airbag benefit, education benefit and repatriation benefit, coma benefit and common carrier benefit.
Dependent life	Child coverage begins on the 15th day following birth and ends at 26 years. Dependent coverage can not be more than 50% of employee life amount. Spouse: \$10,000 to \$50,000 Child: \$5,000 / \$10,000 / \$15,000

Short-term disability

Short-term disability coverage integrates with your Anthem health benefit to improve employee health and productivity. We refer disability claimants with certain chronic conditions and maternity claims to appropriate medical care management programs. It helps reduce disability costs, increase engagement in health and wellness programs to reduce cost of care, and improve the overall member experience.

	Group size 2-9	Group size 10-50
Benefit payments	Flat dollar amount of \$250 per week; or 60% or 67%* of weekly earnings up to the maximum weekly benefit	Flat dollar amount of \$200 or \$250 per week; or 50%, 55%, 60% or 67%* of weekly earnings up to the maximum weekly benefit
Maximum weekly benefits	\$200 to \$1,350	\$200 to \$2,000
Elimination period	Benefits can begin on the 1st day for disability injury and 8th day for disability illness, 8th day for disability injury and 8th day for disability illness or 15th day for disability injury and 15th day for disability illness.	Benefits can begin on the 1st day for disability injury and 8th day for disability illness, 8th day for disability injury and 8th day for disability illness or 15th day for disability injury and 15th day for disability illness.
Maximum benefit periods	13 or 26 weeks	Standard options: 13 or 26 weeks Other options to coordinate with LTD benefits: 9, 11, 12, 22, 24 or 25 weeks

*67% option must be non-contributory (employer pays 100% toward the premium cost).

Voluntary short-term disability (VSTD)

	Group size 10-50
Benefit payments	Flat dollar amount: \$200 or \$250 per week Salary-based amount: 50%, 55% or 60% of weekly earnings
Maximum weekly benefits	\$200 to \$1,500
Elimination period	Benefits can begin on the 1st day for disability injury and 8th day for disability illness, 8th day for disability injury and 8th day for disability illness or 15th day for disability injury and 15th day for disability illness.
Maximum benefit periods	Standard options: 13 or 26 weeks Other options to coordinate with LTD benefits: 9, 11, 12, 22, 24 or 25 weeks
Pre-existing condition	3/12 or 12/12

Long-term disability

	Group size 2-9	Group size 10-50
Benefit payments	60% of monthly earnings up to the maximum monthly benefit	50%, 60% or 67%* of monthly earnings up to the maximum monthly benefit
Maximum monthly benefits	\$3,000 / \$6,000	\$1,000 to \$6,000
Elimination period (days)	90/180	90/180
Maximum benefit period	to age 65 / 5-year reducing benefit duration / 2-year reducing benefit duration	to Social Security normal retirement age (SSNRA)
Pre-existing condition	12/6/24	3/6/12, 3/12, 12/6/24, 12/24

*67% option must be non-contributory (employer pays 100% toward the premium cost).

Voluntary long-term disability (VLTD)

	Group size 10-50
Benefit payments	50% or 60% of monthly earnings
Maximum monthly benefits	\$1,000 to \$6,000
Elimination period (days)	90/180
Maximum benefit period	to Social Security normal retirement age (SSNRA)
Pre-existing condition	3/6/12, 3/12, 12/6/24, 12/24

Additional information for Basic life and AD&D, Short-term disability and Long-term disability coverage:

- Plan availability based on group's SIC.
- All product offerings are subject to regulatory review and approval and are subject to change.

When you package disability with one of our medical plans your employees are connected with teams of clinical, behavioral health, vocational rehabilitation and counseling specialists who can help them get back to life and back to work.

MOVING FORWARD, TOGETHER

Delivering the future of healthcare, today

Thank you for the opportunity to be your trusted partner in health. We understand providing benefits is an important decision for small businesses. That's why we are committed to earning your confidence by offering transformative solutions to help simplify care, improve access and affordability, and achieve better health for your employees and their families.

By always asking more of ourselves, we strive to build and deliver the healthcare of tomorrow for your employees, right now. We look forward to collaborating to elevate the health of your employees and your business.

We're here to help. Call your Anthem representative.



www.anthem.com

This is not a contract or policy. This guide is not a contract with Anthem Blue Cross and Blue Shield (Anthem). If there is any difference between this guide and the Booklet, Member Booklet, Summaries of Benefits and related amendments, the provisions of the Booklet, Member Booklet, Summaries of Benefits and related amendments will govern. For more information, please call your broker or Anthem representative.

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