City of Carthage, Missouri

COMMITTEE ON INSURANCE/AUDIT AND CLAIMS

September 23, 2025 - 5:30 PM
CITY HALL COUNCIL CHAMBERS

AGENDA

1. **Call to Order**
2. **Old Business**
   1. Approval of September 9, 2025 Minutes
   2. Review & Approval of the Claims Report
3. **Citizens Participation**
   (Citizens wishing to speak should notify Department Head or Committee Chair in advance)
4. **New Business**
   1. Consider and discuss health insurance renewal rates
   2. Staff Reports
5. **Adjournment**

PERSONS WITH DISABILITIES WHO NEED SPECIAL ASSISTANCE CALL 417-237-7000 (VOICE) OR 1-800-735-2466 (TDD VIA RELAY MISSOURI) AT LEAST 24 HOURS PRIOR TO MEETING

City of Carthage, Missouri
COMMITTEE ON INSURANCE/AUDIT AND CLAIMS

Sept 9, 2025 - 5:30 PM
CITY HALL COUNCIL CHAMBERS

MINUTES

1., **Call to Order**

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MEMBERS PRESENT: Ron Wells, Kate Gilpin, Beth Kang

STAFF PRESENT: City Administrator Traci Cox, HR Director Michael Miller, IT Director Michael Keith, and Deputy City Clerk Amy Taylor.

OTHER MEMBERS PRESENT:

Mr. Wells called the meeting to order at 5:30 PM.

2., **Old Business**

1. Approval of Aug 26, 2025 Minutes
   ACTION: Motion to accept/approve item 2.1. by Ms. Kang
   Motion passed with a 3:0
   AYES: Ron Wells, Kate Gilpin, Beth Kang

2. Review & Approval of the Claims Report
   ACTION: Motion to accept/approve item 2.2. by Ms. Gilpin
   Motion passed with a 3:0
   AYES: Ron Wells, Kate Gilpin, Beth Kang

3. Citizens Participation
(Citizens wishing to speak should notify Department Head or Committee Chair in advance)

4. New Business

1. Staff Reports – Ms. Cox reported the auditors will be here during the week of October 13th, which is later than usual. Ms. Kang asked if the auditors would file an extension if it might not be completed in time. Ms. Cox told her they would. She also informed the committee that one person from the committee will be

interviewed by the auditors.

5. Adjournment

ACTION: Motion to adjourn at 5:33 PM by Ms. Kang
Motion passed with a 3:0

AYES: Derek Peterson, Kate Gilpin, Ron Wells

Your Anthem Blue Cross and Blue Shield Renewal Packet

Connecting you to the coverage you need

FI (Simple Refund) renewal for:

CITY OF CARTHAGE

Group Number: MO2036

Effective January 1, 2026 through December 31, 2026

Created on:

August 20, 2025

Broker:

ASSUREDPARTNERS OF MISSOURI LLC

Anthem Sales Contact:

Stefanie Boerner

stefanie.boerner@anthem.com

Thank you for partnering with Anthem

We are deeply committed to helping your employees feel covered and confident in their healthcare. We're here to help you promote an effective healthcare strategy by working closely with you and your broker.

Our associates live and work in the same places you do. We are both members of the communities we serve and partners in helping those communities thrive. In Missouri, Anthem is proud to have:[1]

Missouri

2.1M members

1,514 associates

87 years **in the local market**

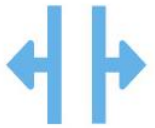
We're reimagining what's possible for every moment of health. Your renewal includes the latest innovations from Anthem to deliver:

Empathy-driven technology

131% increase

in engagement with health and wellness tools for members using our innovative Sydney℠ Health app.[2]

Whole-person care



1.45 million

gaps in care detected each month, to help prevent and intervene.[3]

Diverse networks and winning partnerships

95% of doctors

and 96% of hospitals in the U.S. are included in our PPO network, offering high-quality care.[4]

Your success is our success. We're here to help build confidence in care and support you every step of the way.

Save up to 4% on your fully insured medical premium when adding new dental, vision, accident, critical illness, hospital indemnity or life & disability from our partner, The Standard.*

* Applies to large group clients with up to 5,000 employees. Other restrictions apply. Ask your Anthem representative for complete details.

1 Anthem internal data, Q4 2020

2 Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield ©2021-2022.

3 Anthem internal data, 2020

4 Anthem internal data, 2020, and Anthem Ebase, 2020.

Proposed fully insured benefit rates (FI Simple Refund)

CITY OF CARTHAGE
Group Number: MO2036
Effective January 1, 2026 through December 31, 2026

Quote highlights
Funding type: FI (Simple Refund)
Commission level : 3.00%

Selected Plan	Renewal Plan Designs
Network	PPO 1000 (Rx) Blue Access
	Custom

Monthly Rates, Assumed Enrollment and Total Premium

		Employees	Current rates	Renewal rates
Total	Employee	64	$640.98	***$640.98***
	Employee + Spouse	5	$1,314.44	***$1,314.44***
	Employee + Children	23	$1,089.51	***$1,089.51***
	Employee + Family	15	$1,859.21	***$1,859.21***
	Total Employees/Monthly Premium	107	$100,542	***$100,542***
	Annual Premium		$1,206,502	***$1,206,502***
	Premium Action			***0.00%***

	Current Premium	Renewal Premium
Overall Total Annual Premium	$ 1,206,502	***$ 1,206,502***
Overall Premium Action		***0.00%***

Authorized Signature: _____

By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.

Title: _____

Date: _____

Simple Refund Proposal for:
City of Carthage
1/1/26 - 12/31/2026

A Traditional Fully Insured contract remains in place with all the protections of an Insured policy. The 'Simple Refund' Proposal is a financial arrangement providing the opportunity to share in favorable experience with Anthem.

The employer pays 100% of the Fully Insured Premium throughout the entire policy year. When the policy year ends, Anthem will calculate a settlement comparing total expenses and paid premium to determine if a refund is due from Anthem.

The expenses include the following:

- For the Policy Period, incurred medical and pharmacy claims, capitated provider payments and mental health/substance abuse management fees (if applicable), state and federal assessments and any applicable InterPlan claims fees, plus an estimated claims reserve.
- Pooled claims charge less pooled claims
- Retention and other fixed costs - Anthem Administrative expense inclusive of any ACA charges, premium taxes, state and federal assessments not part of claims, broker commission etc.

At settlement time, if the Premium Refund is positive, the Group may receive a refund up to the amount shown in the following table, by making a written request to the Company within 30 days after presentation of settlement. In order to receive the settlement and any refund, the Employer must be inforce with Anthem at the time any refund would otherwise be payable.

#Es 100 - 149: 25%

Refund is limited to 10 % of Total Premium

Settlement within: *120 days following end of plan period*
Claims incurred: *1/1/26 - 12/31/2026*
Claims paid: *1/1/26 - 02/28/2027*

Premium & Plan Details:

	PPO BA 1000 (Rx)	**Fully Insured Premium**
Employee	64	$640.98
EE & Spouse	5	$1,314.44
EE & Child(ren)	23	$1,089.51
Family	15	$1,859.21
	107	$1,206,502
Annual Premium:	107	$1,206,502

This proposal expires 7-business days from the date of release.

Renewal Wellness Budget- Annual credit in the amount of $5,000.00 will be applied for the purchase of services provided from Anthem, or an outside vendor through December 31, 2026. All applicable invoices must be submitted prior to December 10, 2026. Funds will be forfeited if not used by December 31, 2026.

Signature *Date*

This Exhibit is for Illustrative Purposes Only/Final Terms will be included in the Rider

Refundable Premium:	*Up to % shown in Table above*
Retention:	*$119.51 PCPM*
Pooled Claim Charge:	*$254.34 PCPM*
Pooled Claims Threshold:	*$90,000 per member*
Other Expenses:	*InterPlan Program Fees, State and Federal Assessments, Transplant Services Fee (IN,KY, OH,WI only), Behavioral Health Services Fee (IN only)*
Claims Exclusions:	*Claims for Transplants(HOTT states), Behavioral Health Services (IN only)*

Settlement Example #1: Claims experience comes in "less than expected"

Fully Insured/Billed Premium:		$1,206,502	
Incurred Claims:	$710,000		
Pooled Claims:	($70,000)		
Pooling Charge:	$326,568		
Retention:	$153,451		
Other Charges:	$0		
Total Charges:		$1,120,019	
Surplus/Deficit:			***$86,483***
Eligible refund percentage:			**25%**
Amount due to the Group at year-end Settlement:			***$21,620.69***

Settlement Example #2: claims experience comes in "> expected"

Fully Insured/Billed Premium:		$1,206,502	
Incurred Claims:	$850,000		
Pooled Claims:	($85,000)		
Pooling Charge:	$326,568		
Retention:	$153,451		
Other Charges:	$0		
Total Charges:		$1,245,019	
Surplus/Deficit:			***($38,517)***
Eligible refund percentage			n/a
Amount due to the Group at year-end Settlement:			***$0***

Claim projection (FI Simple Refund)

CITY OF CARTHAGE
Group Number: MO2036
Analysis period: July 1, 2024 through Jun 30, 2025
Effective January 1, 2026 through December 31, 2026

Current Subscribers	107
Current Members	200

	Medical	Rx	Total
Paid Claims	**$369,463**	**$339,673**	**$709,137**
- Less Pooled Claims ($90,000)	$1,708	$59,197	$60,905
+ IBNR Adjustment	$4,413	$1,402	$5,815
Total Claims	$372,169	$281,879	$654,048
* Trend Adjustment (Annual Med 10.90% Rx 14.70%)	1.169	1.229	
Adjusted Claims	$434,909	$346,541	$781,450
Enrolled Member Months	2,341	2,341	
Claims PMPM	**$185.78**	**$148.03**	**$333.81**
Multi-Year Claims Exp Weight	70.60%		
+ Pooled Claim Charge	$136.07	$0.00	
Experience Claims plus Pool Charge	$336.96	$143.85	
Manual Claims for Period PMPM	$324.43	$126.41	
* Claims Credibility Weighting: Experience	65.00%	65.00%	
* Claims Credibility Weighting: Manual	35.00%	35.00%	
Weighted Projected Claims PMPM	**$332.57**	**$137.75**	**$470.32**
Administrative Expenses	$43.25	$2.77	
+ CER/PCORI Fee	$0.32	$0.00	
+ Premium Tax	$1.95	$0.73	
+ Commission	$11.69	$4.37	
Total Required Premium PMPM	***$389.78***	***$145.61***	***$535.39***
Projected Member Months			***2,400***
Total Required Annual Premium			***$1,284,945***
Total Adjusted Required Premium PMPM	***$365.99***	***$136.72***	***$502.71***
Projected Member Months			***2,400***
Total Adjusted Required Annual Premium			***$1,206,499***
Current Premium			***$1,206,502***
Required Rate Action			***6.50%***
Proposed Rate Action			***0.00%***

Administrative Expense includes estimated Blue Card Fee of $2.66 PMPM

Claim projection (FI Simple Refund)

CITY OF CARTHAGE
Group Number: MO2036
Analysis period: July 1, 2023 through Jun 30, 2024
Effective January 1, 2026 through December 31, 2026

Current Subscribers	107
Current Members	200

	Medical	Rx	Total
Paid Claims	**$435,892**	**$227,596**	**$663,488**
- Less Pooled Claims ($90,000)	$0	$0	$0
+ IBNR Adjustment	$5,231	$1,138	$6,369
Total Claims	$441,123	$228,734	$669,856
* Trend Adjustment (Annual Med 10.90% Rx 14.70%)	1.296	1.411	
Adjusted Claims	$571,797	$322,632	$894,429
Enrolled Member Months	2,411	2,411	
Claims PMPM	**$237.16**	**$133.82**	**$370.98**
Multi-Year Claims Exp Weight	29.40%		

Services included and buy-up options (FI Simple Refund)

CITY OF CARTHAGE
Group Number: MO2036
Effective January 1, 2026 through December 31, 2026

Quote highlights
Funding type: Fully Insured (Simple Refund)

Included in Premiums for All Plans
Fully Insured Foundational Program
Diabetes Prevention Outreach
FI Engagement Package 200
EAP Basic 3-Visit
Renewal Wellness Budget- Annual credit in the amount of $5,000.00 will be applied for the purchase of services provided from Anthem, or an outside vendor through December 31, 2026. All applicable invoices must be submitted prior to December 10, 2026. Funds will be forfeited if not used by December 31, 2026.

Buy-Up Options	PCPM	Confirm Purchase Here
EAP Enhanced 4-Visit	*$1.32*	
EAP Enhanced 6-Visit	*$1.83*	

Spending Account & Other Buy-up Options (charged separately)	Fee Billed Per Participant Per Month	Confirm Purchase Here
Add ASA FSA, Commuter, or Dependent Care FSA*	*$3.55*	
Discounted cost of FSA buy-up (*when adding to HRA)	*$0.80*	
Discounted cost of FSA buy-up (*when adding to HSA)	*$1.15*	

Notes

- Rates are described as Per Contract Per Month (PCPM) and will be added to premiums if buy up offering is selected.
- Additional details for buy up options available upon request.
- HRA and HSA plan designs include Anthem Account Administration.
- Anthem FSA pricing is also applicable to Limited Purpose FSAs and Dependent Care FSAs.
- Applicable taxes or assessments are not reflected in the buy-up option pricing.

Authorized Signature: _____

By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.

Title: _____

Date: _____

0582760-04

Assumptions and conditions (FI Simple Refund)

CITY OF CARTHAGE

Group Number: MO2036

Effective January 1, 2026 through December 31, 2026

Quote highlights

Funding type: Fully Insured (Simple Refund)

SIC Code: 9111

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

- This contract will be issued in MO and governed by MO state legislation.
- The proposed services, rates and fees are effective from 1/1/2026 through 12/31/2026.
- The medical rates quoted herein incorporate any and all applicable discounts. If the plans or products selected are revised, by either adding or removing specialty products, the medical rates may be revised (up or down) so that the resulting rates are both adequate and reflect any applicable bundling savings or discount.
- This quote provides coverage highlights only. A specimen copy of the policy is available upon request. Benefits chosen are subject to the terms and conditions in the documents that form the contract between the group and Anthem Blue Cross and Blue Shield.
- Employers, as plan sponsors and administrators, are responsible for complying with all applicable laws.
- If subject to regulatory approval, and the applicable regulator has not yet approved, these benefits and rates may need to be adjusted.
- An employer-employee relationship must exist for all eligible employees, or the quote will not be valid.
- An eligible employee is defined as an active, permanent employee who works for pay or profit at least 30 hours a week, 50 weeks a year, as of the effective date, and who completes the waiting period for eligibility. Seasonal employees, temporary employees or employees working less than 30 hours a week are not eligible.
- Cash in-lieu-of coverage cannot be offered as part of the employer’s contribution schedule.
- Where consistent with applicable law, if the number of full-time employees falls below the minimum for a Large Group, upon request Anthem may offer the group any small group medical product for which it qualifies.
- Employees in Hawaii are not eligible for coverage under this plan.
- The proposal assumes the same enrollment for medical and drug coverages.
- The cost for our standard reporting package is included.

- This quote assumes that at least 50% of eligible employees and 75% of net eligible employees will participate in this plan (net eligible is total eligible less valid waivers). In order to encourage employee participation Anthem Blue Cross and Blue Shield recommends that the employer contribution be at minimum 50% of the employee rate for the least expensive benefit plan.
- All employees requesting waiver of coverage must submit satisfactory evidence of qualifying existing coverage.
- Anthem products quoted cannot be offered along with another carrier’s defined contribution plan.
- Anthem's rates assume no self-insuring by the employer of underlying member cost shares. The benefits purchased from Anthem must be communicated to the members without changes. A member's financial responsibilities, including, but not limited to, deductibles, coinsurance, copays, out-of-pocket maximums or, for nonparticipating providers, balance-billed charges must be paid solely by the member. The client may not partially pay, reimburse or otherwise lower the member's costs of care. Any deviation will require Anthem to reevaluate the quoted rates or cancel the offer of coverage.
- Electronic eligibility or tape feeds must be in a format compatible with Anthem's systems.
- Rates are quoted on a monthly fully insured non-refunding basis.
- This proposal expires 7-business days from the date of release or on the effective date, whichever is sooner.

Assumptions and conditions (FI Simple Refund)

CITY OF CARTHAGE
Group Number: MO2036
Effective January 1, 2026 through December 31, 2026

Quote highlights
Funding type: Fully Insured (Simple Refund)
SIC Code: 9111

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

• Anthem Blue Cross and Blue Shield will be the sole carrier.

• Anthem Blue Cross and Blue Shield has the right to change this proposal or these rates under any of these circumstances:
-Employees are given the option to purchase individual market insurance using cafeteria plan (Internal Revenue Code section 125) funds
-Any taxes, fees and assessments set by any statutory, regulatory or other legal authority, that in Anthem Blue Cross and Blue Shield discretion no longer makes the quote valid
-A change in contract period
-Changes in benefits, services or networks
-Change in nature of the employer's business
-Change in ownership of employer's business
-Total enrollment or enrollment distribution by membership type, product, demographics or location changes by 10% or more from that assumed when preparing pricing for this package
-COBRA enrollment exceeds 10% of total enrollment
-Legislative and/or regulatory changes or mandates that materially impact the policy or the employer's plan documents. Plan documents will include those used to create the terms of the plan.
-Changes in the terms, conditions, services or products from those assumed when developing the pricing
-A change in employee contributions of 10% or more

• The premium grace period is 30 days from the billing date.
• The renewal notification will be provided no later than 90 days before the next renewal effective date.
• An employer may choose any 4 of the plan offerings.
• This plan assumes that the employer is funding 0% of the deductible.
• Seasonal employees are not eligible.
• Retirees are not eligible.

• This quote is for domestic United States employees only. International employees are not eligible for coverage under this plan.
• A commission fee of 3.00% has been included in this proposal and will be converted to a per contract per month fee after final benefits are determined.
• Anthem Blue Cross and Blue Shield quoted rates are not valid if any other remaining carrier continues to offer age-banded rates (such as member level rating).
• This offer assumes that no class of employees will be offered an HRA integrated with individual health insurance coverage. Anthem must be notified if particular classes of employees will be offered an HRA integrated with individual health insurance coverage, and a census of those employees must be provided so that appropriate adjustments, if needed, can be made to this offer.

Assumptions and conditions (FI Simple Refund)

CITY OF CARTHAGE
Group Number: MO2036
Effective January 1, 2026 through December 31, 2026

Quote highlights
Funding type: Fully Insured (Simple Refund)
SIC Code: 9111

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

• Anthem shall provide up to one Monthly data feed to a supported outside vendor in Anthem's standard format, not to exceed 12 feeds. The charge is $1,000 for each additional feed. Each time a report is sent to a supported vendor electronically, it is considered a feed, even if the same report is sent to the same vendor monthly. For example, if monthly feeds are sent to two supported vendors, 24 electronic data feeds will have been used on an annual basis. The charge for Weekly data feeds to a single supported vendor, not to exceed 52 feeds, is $15,000 annually. The charge for Daily data feeds to a single supported vendor, not to exceed 365 feeds, is $20,000 annually. Additional fees would be required for Rx integration feeds and telemedicine.

• This renewal is contingent upon the group / plan sponsor being current with all premium or fees as of the effective date of the renewal, unless specifically agreed to in writing in advance by Anthem.

• The agent/broker does not have the authority to bind or modify the terms of this offer without prior approval of Anthem.

• Please note, any additional budgets provided in conjunction with this proposal, if applicable, must be invoiced prior to the end of the plan year in which they are allocated in order to be funded.

• HSA/HDHP plan benefits are subject to IRS guidelines and may change.

• There is a restriction on the types of eligible expenses payable under an FSA when offered alongside an HSA. Consult your tax advisor for more information.

• Medicare enrollees cannot contribute to a new HSA plan i.e. if a member has an existing HSA then they become eligible/actively participating in Medicare they can still use that HSA but they cannot put more money into it.

• Anthem's rates assume no self-insuring or funding by the employer or third-party payors of underlying member cost shares. The benefits purchased from Anthem must be communicated to the members without changes. A member's financial responsibilities, including, but not limited to, deductibles, coinsurance, copays, out-of-pocket maximums or, for nonparticipating providers, balance-billed charges, must be paid solely by the member. Neither the client nor a third party payor may partially pay, reimburse, or otherwise lower the member's costs of care. Any deviation will require Anthem to reevaluate the quoted rates or cancel the offer of coverage.

Authorized Signature: _____
Title: _____
Date: _____

Your summary of benefits

Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access PPO1000

Your Network: Blue Access

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge medical deductible does not apply
Mental Health & Substance Use Disorder Services	No charge medical deductible does not apply
Specialist care	$50 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	$1,000 person / $3,000 family	$2,000 person / $6,000 family
Overall Out-of-Pocket Limit	$5,000 person / $10,000 family	$10,000 person / $20,000 family
The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit. All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit (excluding Out-of-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services). In-Network and Out-of-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.		
Doctor Visits (virtual and office) *You are encouraged to select a Primary Care Physician (PCP). For members up to age 19, visits with In-Network Providers for primary care, and mental health and substance use disorder services are covered at no charge.*		
Primary Care (PCP) and Mental Health and Substance Use Disorder Services *virtual and office*	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Specialist Provider *virtual and office*	$50 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Other Practitioner Visits		
Maternity Doctor services (prenatal/postpartum care and delivery)	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Chiropractic Services *Coverage is limited to 26 visits per benefit period.*	50% coinsurance medical deductible does not apply	Not covered
Other Services in an Office		
Allergy Testing *When Allergy injections are billed separately by network providers, the member is responsible for a $10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Prescription Drugs *Dispensed in the office*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Surgery	$50 copay per visit medical deductible does not apply‡	50% coinsurance after medical deductible is met
Preventive care / screenings / immunizations	No charge	50% coinsurance after medical deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	Cost share is based on the setting services are received.
Diagnostic Services Lab		
Office	No charge	50% coinsurance after medical deductible is met
Reference Lab	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Diagnostic Services X-Ray		
Office	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Diagnostic Services Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Freestanding Radiology Center	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Emergency and Urgent Care		
Urgent Care *includes doctor services. Additional charges may apply depending on the care provided.*	$50 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Emergency Room Facility Services *Your copay will be waived if admitted.*	$300 copay per visit medical deductible does not apply	Covered as In-Network
Emergency Room Doctor and Other Services	No charge	Covered as In-Network
Ambulance *Authorized Out-of-Network non-emergency ambulance services are limited to an Anthem maximum payment of $50,000 per trip. The $50,000 limit does not apply to air ambulance services.*	20% coinsurance after medical deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Doctor Services	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Outpatient Surgery		
Facility Fees		
Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Ambulatory Surgical Center	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Physician and other services *including surgeon fees*		
Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Ambulatory Surgical Center	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)		
Facility Fees	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Human Organ and Tissue Transplants *Cornea transplants are treated as medical procedures, with benefits and cost sharing determined by the setting in which the services are received.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Physician and other services *including surgeon fees*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Therapy Services		
Rehabilitation and Habilitation services *including physical, occupational and speech therapies.* *Coverage for physical and occupational therapies is limited to 40 visits combined per benefit period. Limit includes manipulative treatment when performed by someone other than a Chiropractor. Speech therapy has no visit limit. Benefit limit does not apply when performed as part of Early Intervention.*		
Office	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Pulmonary rehabilitation		
Office	$50 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Cardiac rehabilitation *Coverage is limited to 36 visits per benefit period.*		
Office	$50 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Dialysis/Hemodialysis		
Office	$50 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Chemo/Radiation Therapy		
Office	$50 copay per visit medical deductible does not apply‡	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Skilled Nursing Care (facility) *Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Inpatient Hospice	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Additional Services, Equipment and Devices **Durable Medical Equipment**	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Prosthetic Devices	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Wigs *Coverage for wigs is limited to 1 item after cancer treatment per benefit period.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Hearing Aids *Coverage for hearing aids is limited to children 1 through 17 years of age, with one hearing aid per ear every 36 months. Newborn hearing aids no limit.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable

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Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
Prescription Drug Coverage **Network:** ***Base Network*** **Drug List:** ***Essential*** *Drugs not included on the Essential drug list will not be covered.*		
Day Supply Limits: **Retail Pharmacy** *30 day supply (cost shares noted below)* **Retail 90 Pharmacy** *90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.* **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.*		
Tier 1 - Typically Generic	$10 copay per prescription (retail) and $25 copay per prescription (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 2 - Typically Preferred Brand	$35 copay per prescription (retail) and $105 copay per prescription (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	$60 copay per prescription (retail) and $180 copay per prescription (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic)	25% coinsurance up to $350 per prescription (retail and home delivery)	50% coinsurance (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.		

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Children's Vision exam (up to age 19) *Limited to 1 exam per benefit period.*	No charge	$0 copayment up to plan's Maximum Allowed Amount
Adult Vision exam (age 19 and older) *Limited to 1 exam per benefit period.*	No charge	Reimbursed Up to $42

Notes:

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using Out-of-Network Providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible / copayment / coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing an Out-of-Network Provider, the member is responsible for any balance due after the plan payment.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- Screening and diagnostic imaging for the detection of breast cancer, including diagnostic mammograms, 3D mammography, breast ultrasounds and MRIs are covered in full as required by state mandate.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- ‡ You will pay your PCP or Specialist office visit copay for certain services provided in their office.
- The representations of benefits in this document are subject to Missouri Department of Insurance, Financial Institutions and Professional Registration (DIFP) approval and are subject to change.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Questions: (833) 578-4436 or visit us at www.anthem.com

Your Plan: Anthem Blue Access PPO1000

Your Network: Blue Access

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date

We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document

Spanish
Usted tiene derecho a obtener asistencia en su idioma sin cargo. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación ¿Tiene alguna deficiencia visual? También puede solicitar este documento en otros formatos.

Chinese
您有權免費獲得使用您的語言提供的協助。只需撥打印於您的 ID 卡上的會員服務部電話號碼即可。視力障礙？您也可以索取本文件的其他格式。

Vietnamese
Quý vị có quyền nhận trợ giúp bằng ngôn ngữ của mình, miễn phí. Quý vị chỉ cần gọi đến số điện thoại của Ban Dịch vụ Thành viên trên thẻ ID của quý vị. Quý vị bị khiếm thị? Quý vị cũng có thể yêu cầu các định dạng khác của tài liệu này.

Korean
귀하는 귀하의 언어로 된 도움을 무료로 받을 권리가 있습니다. 귀하의 ID 카드에 있는 가입자 서비스 번호로 전화하십시오. 시각 장애인이신가요? 다른 형식으로 된 이 문서를 요청하실 수 있습니다.

Tagalog
May karapatan kang makakuha ng tulong na nasa iyong wika nang libre. Tawagan lang ang numero ng Member Services na nasa iyong ID card. May kapansanan sa paningin? Maaari ka ring humingi ng iba pang mga format ng dokumentong ito.

Russian
У вас есть право на бесплатное получение помощи на вашем родном языке. Просто позвоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. У вас проблемы со зрением? Вы также можете запросить этот документ в других форматах.

French Creole
Ou gen dwa jwenn èd nan lang ou gratis. Jis rele nimewo Sèvis Manm ki sou Kat ID ou a gratis Gen pwoblèm vizyèl? Ou ka mande tou pou lòt fòma nan dokiman sa a.

Arabic
لك الحق في الحصول على هذه المعلومات والحصول على المساعدة بلغتك مجانًا. فقط اتصل برقم خدمات الأعضاء الموجود على بطاقة هويتك. هل تعاني من ضعف البصر؟ يمكنك أيضًا طلب تنسيقات أخرى لهذه الوثيقة.

French
Vous avez le droit d'obtenir de l'aide dans votre langue gratuitement. Appelez simplement le numéro du Services membres figurant sur votre carte d'identité. Vous êtes une personne malvoyante ? Vous pouvez également demander à accéder à ce document dans d'autres formats.

Persian
شما حق دارید به زبان خود به صورت رایگان کمک بگیرید. فقط با شماره خدمات اعضا مندرج در کارت عضویت خود تماس بگیرید. آیا دچار اختلال بینایی هستید؟ همچنین می‌توانید فرمت‌های دیگر این سند را درخواست کنید.

Armenian
Դուք իրավունք ունեք անվճար օգնություն ստանալու ձեր լեզվով: Պարզապես զանգահարեք ձեր ID քարտի վրա գտնվող Անդամների սպասարկման համարին: Տեսողության խանգարում ունեցո՞ղ եք: Կարող եք նաև խնդրել այս փաստաթղթի այլ ձևաչափեր:

Japanese
あなたにはあなたの言語で無料で支援を受ける権利があります。ID カードに記載されている会員サービス番号にお電話ください」視覚障害をお持ちですか？他の形式でこの文書を要求することもできます。

Italian
Hai il diritto di ricevere assistenza gratuita nella tua lingua. Basta chiamare il numero del Servizio Membri presente sulla tua tessera identificativa. Hai problemi di vista? È possibile richiedere anche altri formati di questo documento.

German
Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Rufen Sie einfach die Nummer des Mitgliederservices auf Ihrer ID-Karte an. Sehbehindert? Sie können dieses Dokument auch in anderen Formaten anfordern.

Polish
Masz prawo do bezpłatnej pomocy w swoim języku. Wystarczy zadzwonić pod numer Biura Obsługi Klienta podany na karcie identyfikacyjnej. Masz wadę wzroku? Możesz również poprosić o inne formaty tego dokumentu.

Pennsylvania Dutch
Du hoscht's Recht fer Hilf griege in dei Schprooch fer nix. Duh yuscht die Member Services Number uffrufe uff dei ID Card. Hoscht Druwwel fer sehne? Du kannscht des do Schreiwes in en differnter Weg griege so as du's besser sehne kannscht.

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate, on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Engagement Package 200

Eligible members can earn up to $200 by engaging in programs designed to meet their specific needs — whether they are already healthy or looking for more support managing a condition. See below for a comparison of Plan Year 2025 and Plan Year 2026 rewards.

Preventative Care		
Activity	**Plan Year 2025**	**Plan Year 2026**
Annual preventive wellness exam or well-woman exam	$25	$25
Mammogram	$25	$25
Colorectal cancer screening	$25	$25
Annual eye exam	$25	$25
Flu shot	$20	$20
Cholesterol test	$20	$20
NEW: A1c lab test	-	$10
Condition Management		
Activity	**Plan Year 2025**	**Plan Year 2026**
Condition Care	$50*	$50*
Building Healthy Families	$40*	$40*
NEW: Microalbumin and eGFR diabetic lab test	-	$10
NEW: LDL or Lipid diabetic lab test	-	$10
NEW: Diabetes-related foot exam	-	$25
Well-being Coach Telephonic: Tobacco Cessation Program	$25	$25
Well-being Coach Telephonic: Weight Management Program	$25	$25
Wellness		
Activity	**Plan Year 2025**	**Plan Year 2026**
Track steps	$60*	$60*
Complete action plans	$25*	$25*
Log in to anthem.com or the Sydney Health app	$5	$20*
Complete Health Assessment	$20	$20
Use Well-being Coach Digital	$20*	$20*
Update contact information	$10	$15
NEW: Log daily nutrition	-	$12*
NEW: Select a Primary Care Physician (PCP) in FindCare	-	$10
NEW: Participate in Emotional Well-being Resources	-	$5
NEW: Contact Anthem Employee Assistance Program (EAP)**	-	$5
Connect a device	$5	$5

* To reach full earning potential, an individual must complete activity milestones.

** The EAP incentive is not included for New York Fully Insured groups.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

Carelon Health, Inc. is a separate company providing care management services on behalf of your health plan.