

# Your summary of benefits



Anthem® Blue Cross and Blue Shield

## Premier Health

Your Plan: Blue Access Network Copay Plan

Your Network: Blue Access

**Effective: 1-1-2024**

This is a health-based medical plan with a health reimbursement account. You can use this account to help you pay for eligible medical costs. Visit our mobile app or website for more information and to check your account balance.

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
<b>Premier Health Virtual Urgent Care and Anthem Live Health Online Medical, Mental Health and Substance Use Disorders Services</b>	\$0 copay per visit deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Overall Deductible</b> The family deductible is embedded, meaning the cost shares of one family member will be applied to the per person deductible; in addition, amounts for all covered family members apply to the family deductible. No one member will pay more than the per person deductible	\$4,000 person / \$8,000 family	Not covered
<b>Overall Out-of-Pocket Limit</b> The family out-of-pocket limit is embedded, meaning the cost shares of one family member will be applied to the per person out-of-pocket limit; in addition, amounts for all covered family members apply to the family out-of-pocket limit. No one member will pay more than the per person out-of-pocket limit.	\$7,000 person / \$14,000 family	Not covered
<b>Preventive care / screenings / immunizations including Preventive Care for Chronic Conditions per IRS guidelines</b>	No charge	Not covered
<b>Office Visits</b> <b>Primary Care (PCP) / Mental Health and Substance Use Disorder Services (office)</b>  <b>Specialist Care (virtual and office)</b>	\$25 copay per visit deductible does not apply  \$45 copay per visit deductible does not apply	Not covered
<u><b>Emergency and Urgent Care</b></u> <b>Urgent Care</b>  <b>Emergency Room Facility Services</b> Your copay will be waived if admitted.	\$35 copay per visit deductible does not apply  \$350 copay per visit deductible does not apply	Not covered  Covered as In-Network
<b>Diagnostic Services including Lab, X-Ray and Advanced Diagnostic Imaging</b>	30% coinsurance after deductible is met	Not covered
<b>Inpatient and Outpatient Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</b>	30% coinsurance after deductible is met	Not covered

*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.*

Anthem Blue Cross and Blue Shield is the trade name of Community Insurance Company. Independent licensee 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.

Questions: (833) 639-1634 or visit us at [www.anthem.com](http://www.anthem.com)