Your summary of benefits

Anthem® Blue Cross and Blue Shield
Premier Health
Your Plan: Blue Connection HPN Copay Plan
Your Network: Blue Connection
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
Premier Health Virtual Urgent Care and Anthem Live Health Online Medical, Mental Health and Substance Use Disorders Services	$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
Overall Deductible 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 out-of-pocket limit. No one member will pay more than the per person out-of-pocket limit	$1,500 person / $3,000 family	Not covered
Overall Out-of-Pocket Limit 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
Preventive Services / Screenings / Immunizations including Preventive Care for Chronic Conditions per IRS Guidelines	No charge	Not covered
Office Visits **Primary Care (PCP) and Mental Health and Substance Use Disorder Services** *(office)*	$5 copay, deductible does not apply	Not covered
Specialist Care *virtual and office*	$20 copay, deductible does not apply	Not covered
Urgent Care	$35 copay per visit deductible does not apply	Not covered
Emergency Room	$350 copay per visit deductible does not apply	Covered as In-Network
Diagnostic Services including Lab, X-Ray, Advanced Diagnostic Imaging	10% coinsurance after deductible is met	Not covered
Inpatient and Outpatient Hospital **(Including Maternity, Mental Health and Substance Use Disorder Services)**	10% 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 Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

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