

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Premier Health

Your Plan: Blue Connection HPN HDHP Plan

Your Network: Blue Connection

Effective: 1-1-2024

This is a health-based medical plan with a health savings account. You can use this account to help you pay for eligible medical costs.

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 non-embedded, meaning the cost shares of all family members apply to one family deductible. The per member deductible applies to individuals enrolled under single-only coverage.	\$2,500 person / \$5,000 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 member 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 member out-of-pocket limit.	\$7,000 person / \$14,000 family	Not covered
Preventive care / screenings / immunizations including Preventive Care for Chronic Conditions per IRS guidelines	No charge	Not covered
Office Visits Primary Care (PCP) / Mental Health & Substance Use Disorder Services (office) Specialist Care (virtual and office)	10% coinsurance after deductible is met	Not covered
Urgent Care Emergency Room Care	10% coinsurance after deductible is met 10% coinsurance after deductible is met	Not covered 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 Services (Including Maternity, Mental Health and Substance Abuse Use Disorder Service)	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