For you and your family healthy living

Important information to help you receive the most value from your Anthem Blue Cross and Blue Shield health plans and other benefit plans

City of St. Louis Police Division Retirees

2025-2026 Plan Year, effective July 1, 2025

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A health plan you can count on

The goal of the City of St. Louis and the Anthem partnership is for Anthem Blue Cross and Blue Shield (Anthem) members to continue to have access to the same doctors and hospitals without disruptions or transition of care issues. Anthem is proud to offer the superior service you have become accustomed to over our years of partnership.

The goal of the City Health & Welfare Section is to help you feel supported, appreciated, confident, and healthier. Anthem is launching new programs and technology to make sure you receive the most value from your plan.

City Health & Welfare Section
(employee benefits)

Email: **CityEmployeeBenefits@stlouis-mo.gov**
Fax: **314-622-4719**

You may be eligible to apply for coverage after open enrollment due to a qualifying life event, such as marriage, birth, or loss of coverage. You must request special enrollment within 31 days of a qualifying event.

The City Health & Welfare Section and Anthem look forward to serving you again this year.

Important phone numbers:

Concierge support/
Anthem Health Guide
844-404-2102

Blue View Vision
866-723-0515

24/7 NurseLine
800-337-4770

Anthem Precertification
866-398-1922

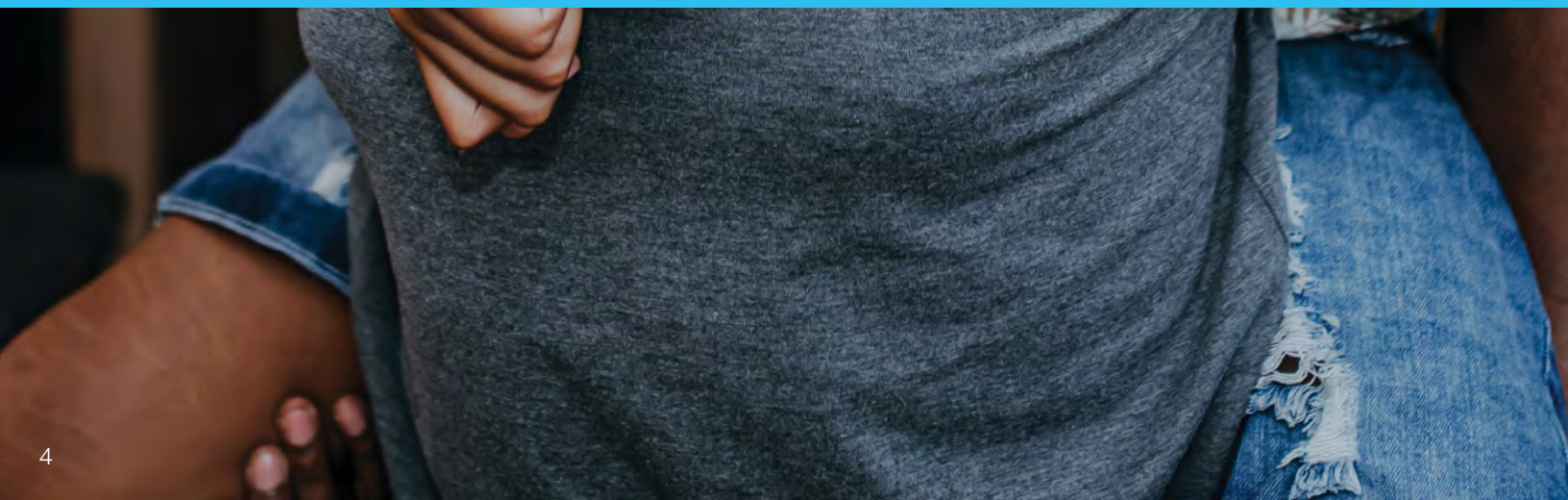
BlueCard® Customer Service
(to locate a care provider while traveling)
800-810-2583 (Blue) or **anthem.com**

Mental Health Services (behavioral health and substance abuse)
800-788-4003

Anthem Health and Wellness
866-962-1395

Express Scripts Customer Service
866-595-7317

Choosing your benefit plan



Monthly premiums

Police Division of the City of St. Louis Retiree – Blue Access® Choice PPO network — Effective July 1, 2025

Monthly deduction

	Buy-Up Plan	Base Plan	HDHP Option
Retiree (Pre 65 and Post 65 – not Medicare Eligible)			
Retiree Only	$212.23	$0.00	$0.00
Retiree + Spouse*	$1,635.55	$1,233.80	$1,086.92
Retiree + Children	$1,257.33	$905.83	$797.82
Retiree + Family*	$2,765.82	$2,213.56	$1,949.80
Spouse NO Retiree	$1,595.14	$1,382.91	$1,218.44
Child(ren) NO Retiree	$1,595.14	$1,382.91	$1,218.44

If retiree is service disabled he/she is automatically enrolled in the Buy-Up option with Retiree Only coverage at NO cost.

Benefit period is the calendar year.

To learn more about your coverage, including your rights and obligations, how to obtain medical care, what services are covered and not covered, and what portion of costs you will be required to pay, access your Health Certificate of Coverage at: **https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/documents/anthem-certificate-of-coverage.cfm**

You can also visit the City Open Enrollment web page through this link: **https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/employee-open-enrollment.cfm**

* Includes domestic partner.

Your summary of benefits

Police Division of the City of St. Louis Retiree – Blue Access® Choice PPO network — Effective July 1, 2025

	Buy-Up Plan*		Base Plan*		HDHP Option*	
Covered benefits	**Network**	**Non-network**	**Network**	**Non-network**	**Network**	**Non-network**
Deductible (single/family)	$300/ $900	$1,000/ $3,000	$800/ $2,400	$1,600/ $4,800	$3,000/ $6,000	$9,000/ $18,000
Out-of-pocket limit (single/family)	$2,000/ $6,000	$5,000/ $15,000	$5,350/ $10,700	$8,000/ $16,000	$4,000/ $6,850	$10,000/ $20,000
Doctor/home/office services (PCP/SCP)	$15/$35	30%	$25/$50	40%	10%	40%
Unlimited allergy injections	No cost share	30%	No cost share	40%	10%	40%
Diagnostic tests — Lab, X-rays, MRAs, MRIs, PETs, C-scans, nuclear cardiology imaging	No cost share	30%	No cost share	40%	10%	40%
Preventive care services						
Routine medical exams (See full list of preventive services on page 32.)	No cost share	30%	No cost share	40%	No cost share	40%
Emergency/urgent care						
ER services	$500	$500	$500	$500	10%	10%
Urgent care services	$50	30%	$50	40%		40%
Virtual care visits (page 25)	$0	N/A	$0	N/A		N/A
Inpatient and outpatient services	10%	30%	20%	40%	10%	40%
Other services						
Local ambulance	10%	10%	20%	20%	10%	10%
Hospice	No cost share	No cost share	No cost share	No cost share	10%	40%
Durable medical equipment	10%	30%	20%	40%	10%	40%
Eye exam	No cost share	30%	No cost share	40%	10%	40%

* Family coverage requires the family deductible to be met before coinsurance applies. The single deductible does not apply to family coverage (HDHP option only). Deductible(s) apply to covered services listed with a percentage (%) coinsurance.

Cost sharing refers to the portion of healthcare expenses that you are responsible for paying under this health insurance plan, aside from the monthly premium. It includes amounts such as copayments, deductibles, and coinsurance. These out-of-pocket costs are required when you receive medical care or services covered by your plan. Family cost sharing extends this concept to include the combined out-of-pocket expenses that you and your covered family members must pay. Cost sharing does not include the insurance premiums you pay, penalties, or costs for services not covered by the plan.

Choosing your medical plan

Buy-Up Plan

Highest premium with lowest out-of-pocket costs. Referrals are not required by Anthem.
You will pay a copay for most in-network services. Primary care physician - $15; specialist - $35; ER - $500; urgent care - $50; virtual visit - $0.

- In-network deductible is $300 single / $900 family.
- In-network out-of-pocket maximum is $2,000 single / $6,000 family.

Base Plan

Lower premium than High Plan, but higher out-of-pocket costs. Referrals are not required by Anthem.
You will pay a copay for most in-network services. Primary care physician - $25; specialist - $50; ER - $500; urgent care - $50; virtual visit - $0.

- In-network deductible is $800 single / $2,400 family.
- In-network out-of-pocket maximum is $5,350 single / $10,700 family.

High Deductible Health Plan (HDHP) Option

Lowest premium with highest out-of-pocket costs. Referrals are not required by Anthem.

1. You pay for all expenses until you reach your deductible. In-network deductible is $3,000 single / $6,000 family. In-network out-of-pocket maximum is $4,000 single / $6,850 family.
    a. You are responsible for all eligible expenses, such as a doctor visit or a prescription. The amount you pay will apply to your deductible.

    b. You will pay the full cost of your healthcare expenses until you meet your deductible, with the exception of preventive care, which is covered at 100% with no deductible.

    c. Virtual visits are available at 10% coinsurance after deductible is met.

2. If you cover dependents other than yourself, you pay the family deductible before the plan pays, and out-of-pocket maximum applies.
    a. For example, if you have EE+SP or EE+CH coverage, you will be responsible for paying $6,000 before the plan pays 90%.

3. Once the deductible is paid, the plan will pay 90% of each medical service, and you will pay 10%.

Vision benefits

Blue View Vision plan benefits	In your plan's network	Outside your plan's network	Frequency
Eyeglass frames			
One pair of eyeglass frames	$150 allowance, then 20% off any balance	Up to $45 reimbursement	One every calendar year
Eyeglass lenses (instead of contact lenses)			
One pair of standard plastic prescription lenses: • Single-vision lenses • Standard progressive lenses • Bifocal lenses • Trifocal lenses	 $0 copay $0 copay $0 copay $0 copay	 Up to $40 reimbursement Up to $60 reimbursement Up to $60 reimbursement Up to $80 reimbursement	One every calendar year
Eyeglass lens enhancements			
• Transition lenses (for a child under age 19) • Standard polycarbonate (for a child under age 19) • Factory scratch coating	$0 copay $0 copay $0 copay	No allowance when received outside your plan's network	Same as covered eyeglass lenses
Contact lenses (instead of eyeglass lenses)			
• Elective conventional (nondisposable); or • Elective disposable; or • Nonelective (medically necessary)	$150 allowance, 15% off any balance $150 allowance, no additional discount Covered in full	Up to $105 reimbursement Up to $105 reimbursement Up to $210 reimbursement	One every calendar year

When receiving covered eyewear from a Blue View Vision care provider, members may choose to add any of the listed lens enhancements at no added cost.

Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.

Blue View Vision℠ offers wider choices, coverage, and savings

Eye doctors can detect eye diseases like macular degeneration and glaucoma early on. Often they're the first to find other health problems, such as high blood pressure, high cholesterol, and diabetes, through regular eye exams.* That's why Anthem makes eye care easier and more affordable.

What you should do for your eyes

Have your annual vision exam

You have access to annual routine vision services with your Blue View Vision benefits through Anthem. If you select a vision care provider in your plan's network, **the services will be covered at 100%** under the Base/Buy-Up plans or subject to deductible/coinsurance on the HDHP Option plan.

Covered services include:

- Determination of refraction.
- Ophthalmological examination, including refraction for new and established patients.
- A visual functional screening for visual acuity.

3 ways to find a doctor in your plan

1. Download the **Sydney℠ Health** app, log in, and select **Find Care**.
2. Call Member Services at the number on your ID card.
3. Scan the QR code below or log in at **anthem.com** and choose **Find Care**.

Use your phone's camera to scan the QR code to download the Sydney Health app.

sydney℠

Plenty of choices

With Blue View Vision, you can find eye care just about anywhere.

More doctors and locations. With over 40,000 eye doctors at more than 30,000 locations, you're sure to find an eye care professional that's close to home or work.

* Zelis Network360® data.

Prescription drug benefits

Managed by Express Scripts®

Prescription drug benefits are managed by Express Scripts. You can receive up to a 30-day supply of covered medications filled at retail pharmacies in the National Pharmacy network. If you currently are taking a maintenance prescription, you can take advantage of Express Scripts Mail Service Pharmacy and receive, at home, up to a 90-day supply of covered medications at a lower copay than a retail pharmacy. If you have questions about your pharmacy benefits, contact Express Scripts Customer Service at **866-595-7317**, or visit **express-scripts.com**.

Step Therapy* New Program

Step Therapy is a program for people who take prescription drugs regularly to treat medical conditions and it is designed to direct you to safe, clinically appropriate, and the most cost-effective prescriptions for your treatment. In Step Therapy, drugs are grouped in categories:

First-line drugs — Step 1. These are lower-cost brand drugs proven to be safe, effective, and affordable. In most cases, they provide the same health benefit as a more expensive drug, but at a lower cost. You must try a first-line drug first.

Second-line drugs — Step 2 and Step 3 are drugs that are typically brand name drugs. They are best suited for the few patients who don't respond to first-line medications. These are the most expensive option.

Starting July 1, 2025, when members refill a prescription or fill a new prescription, Express Scripts will let you know if Step Therapy applies to your specific medication. **Step Therapy will not impact every medication.** Those individuals who are impacted will need to work with their doctor to be placed on the alternative (most of the time a generic) medication that works for them or will need to go through the prior authorization process by having their doctor contact Express Scripts. For further assistance with your prescription coverage questions, contact Express Scripts by calling the number on your Member ID card.

Therapeutic Resource Centers

Under the pharmacy benefit, you'll have access to Express Scripts' Therapeutic Resource Centers (TRC). With TRCs, pharmacists are grouped by specialty to better focus on diseases such as diabetes and pulmonary and cardiovascular disease. The TRC also has specialist pharmacists who are experts in complex conditions, such as cancer and multiple sclerosis. These pharmacists are available to answer questions about drug interactions, side effects, risks, and benefits of a medication. They are also available to offer tips to help you take your medication as prescribed. You can access a specialist pharmacist by calling Express Scripts' Contact Center and requesting counseling from a specialist pharmacist.

Express Scripts digital tools

Express Scripts offers access to digital tools that help you manage your pharmacy benefit from anywhere. You can access these tools at express-scripts.com or by using the Express Scripts app. Once you register, you will be able to:

- Refill your mail-order prescriptions or set up auto refills.
- Track your order.
- Find a participating pharmacy in your area.
- Check medication prices.
- Set up dose reminders.

Sign up for automatic refills

Automatic refills from Express Scripts Pharmacy help make managing your medications and managing your life a little easier. With automatic refills, you don't have to remember to order a refill each time, making it easier to stay on track with your medication. Express Scripts Pharmacy will even call your doctor when you're out of refills. To enroll in automatic refills, use the Express Scripts app or **express-scripts.com/rx**.

Scan the QR code to download the Express Scripts app.

Prescription drug benefits

Present your Anthem ID card at a participating pharmacy and your 30-day copay per prescription is:

	Buy-Up Plan	Base Plan	HDHP Option[1]
Generic prescription	$8	$10	$10 after deductible is met
Preferred brand-name prescription	$45	$45	$35 after deductible is met
Nonpreferred brand-name prescription	$55	$75	$60 after deductible is met
Compound drugs	20% coinsurance up to max of $90 per prescription	20% coinsurance up to max of $90 per prescription	20% coinsurance up to max of $90 per prescription after deductible is met

Your 90-day copay for mail order is:[2]

	Buy-Up Plan	Base Plan	HDHP Option[1]
Generic prescription	$8	$20	$25 after deductible is met
Preferred brand-name prescription	$45	$90	$87.50 after deductible is met
Nonpreferred brand-name prescription	$55	$150	$150 after deductible is met

Compound drugs are not available through mail order.
Medical and pharmacy deductibles and out-of-pocket maximum amounts are combined.

Your prescription drug plan includes mandatory generics

This means that if you want a brand-name drug and a generic equivalent is available, you may still receive the brand-name drug; however, your out-of-pocket cost will be greater. In this instance, you will pay the brand-name copay plus the difference of the cost between the generic and brand-name drug.

The 2025 formulary for drugs covered through your plan Is available by scanning the QR code or going online to **https://www.stlouis-mo.gov/government/departments/personnel/divisions/employee-benefits/documents/preferred-drug-list-exclusions.cfm**

1 Subject to the HDHP option's medical deductible, listed on page 6.
2 These copays only are available through mail order. If you receive a 90-day supply at the retail pharmacy, you will pay three times the 30-day copay

Accredo Pharmacy provides your specialty and specialty injectable prescription benefits

Specialty and injectable drugs:

- 30-day supply limit
- Refills through specialty pharmacy only (mail order)

You can reach Accredo Pharmacy by calling **877-222-7336**.

Your 30-day copay per specialty prescription is:

	Buy-Up Plan	Base Plan	HDHP Option[1]
Specialty prescription	$100	$100	$90 after deductible is met

Specialty medication manufacturers often provide copay assistance for patients prescribed their medication. Through the SaveOnSP program, Express Scripts and Accredo will proactively identify if copay assistance is available for your medication. You will be contacted by SaveOnSP and will pay $0 for your specialty medication if you are eligible. If your prescription drug is eligible for SaveOnSP, you will receive a series of letters and phone calls from SaveOnSP. It is IMPORTANT that you reply to SaveOnSP to discuss how this program will impact your specialty copay. If you are contacted by SaveOnSP and you do not enroll, you will be responsible for the entire cost of your medication.

Compound drugs

Compound drugs are drugs that are made by mixing ingredients (prescription and/or over the counter) together to make a formulation that's not readily available or that may not be approved by the Food and Drug Administration, to suit a particular patient's needs.

- Many compound drugs that have little or no proven clinical value are excluded from coverage.
- Approved compound drugs will require a prior authorization from your doctor.
- Anyone using approved compound drugs will be required to pay 20% coinsurance, up to $90 per prescription.

Noncovered medications

Certain brand-name medications, as well as compound drugs that contain certain ingredients, may not be covered under the plan. If you fill a prescription for a noncovered brand-name or compound medication, you will be responsible for the full cost of the medication, and that cost will not be applied to your out-of-pocket maximum. Talk with your doctor about prescribing an alternative covered medication.

Drugs that are excluded under the plan may be covered if approved in advance through a formulary exception process initiated by your doctor and managed by Express Scripts, on the basis that: 1) the drug is medically necessary and essential to your health and safety and/or 2) all covered formulary drugs comparable to the excluded drug have been tried.

What's new for 2025-2026

Community Connected Care is your advocate for support

Anthem works to help people who need it most. It's why your health plan now gives you access to Community Connected Care — a trained network of local community-based care coordinators to help people who have unmet health and social needs.

Care coordinators from GroundGame.Health live in your community and are available to connect you to nearby resources for support with physical and mental health advocacy and family needs.

Do you need support? It's free, it's easy, and it's discreet. Visit **groundgame.health/anthem** to learn more and connect with someone who can help.

Healthcare that supports the LGBTQIA+ community

Trusting and feeling comfortable with your doctor is important for everyone. Inclusive Care can connect you to the medical and emotional support you or a family member may be seeking.

What Inclusive Care provides beyond traditional healthcare

Our service and clinical teams help you access medical and behavioral health support.

We're committed to serving you

Or goal is for every member to feel welcomed, respected, and valued. Healthcare should instill confidence and support your total health. This is why we created Inclusive Care — to offer exceptional healthcare services that suit your individual needs.

To learn more about Inclusive Care:

Call Member Services at **844-404-2102**.

Find program details on **anthem.com** or the **Sydney Health** app under *My Health Dashboard*. Go to **My Health Dashboard**, select **My Programs,** and then **View All** to access information on Inclusive Care.

Be confident in your diagnosis — request a virtual second opinion

When you're diagnosed with a serious health issue or your doctor recommends surgery, it's normal to have questions and concerns. That's why your Anthem health plan includes access to our Virtual Second Opinion program.

Anthem Virtual Second Opinion is partnered with My Medical Ally, leaders in connecting people with best-in-class doctors. Since the sessions are conducted via phone, tablet, or computer, you eliminate travel, allowing you to stay close to family and friends for support.

Receiving a second opinion from a best-in-class facility and specialist can help you feel confident in your diagnosis, understand the pros and cons of treatment options, and make informed decisions.

This program is sponsored by your employer and is available at no cost to you. For a Virtual Second Opinion, call My Medical Ally at 888-361-3944, Monday through Friday, 8 a.m. to 8 p.m. CT.

Living healthy

Health and wellness

Free health and wellness programs to support you along the way

Your health plan goes beyond covering doctor visits. Anthem's portfolio of health and wellness programs are included in your benefit plan and available at no extra cost to you.

Omada

Omada is a personalized program with one-on-one coaching, specialist support, and smart devices to help members lose weight, manage diabetes, lower blood pressure, or get joint and muscle relief. The program is available at no additional cost to eligible employees and spouses who are covered under the Anthem medical plan. Visit **omadahealth.com/cityofstl** to get started.

Once you activate your account, you will receive:

- Connected devices at additional cost, like a wireless scale or blood pressure monitor.
- Dedicated, personal support from a professional health coach or hypertension specialist.
- Weekly lessons to help you make changes that fit your life and unique needs.
- Peer communities to share the journey and cheer you on.

Mental health resources

Life can be busy, and sometimes it can be challenging to keep up. That's why, as a part of your healthcare benefits, you have access to mental support resources. You can use the Find Care tool on the Sydney Health app or anthem.com to find in-person care or virtually visit with a therapist, counselor, psychologist, or psychiatrist 24/7 for stress, substance abuse, depression, anxiety, and other mental and emotional needs.

You can also access mental health resources at no additional cost in the Sydney Health app by selecting the **Programs** tab under *My Health Dashboard*, including:

- Emotional Well-being Resources — a program that provides tools and resources to help you and your eligible dependents manage addiction, depression, anxiety, sleep problems, chronic pain, and stress.
- Behavioral Health Case Management — a program that allows you to receive consults or referrals for conditions such as depression, anxiety, or bipolar disorder.
- Autism Spectrum Disorder — a program that provides confidential support for your entire family and helps you understand care options if you have a child with Autism Spectrum Disorder (ASD).

Building Healthy Families

Whether you're trying to conceive, expecting a child, or raising young children, Building Healthy Families offers personalized, digital support to help each family navigate their unique journey. After you select your plan, you can sign up for Building Healthy Families by visiting the Sydney Health app or anthem.com, selecting **Featured Programs**, and then choosing **Building Healthy Families**.

ConditionCare

You may need added support if you have asthma, diabetes, heart disease, chronic obstructive pulmonary disease, or heart failure. A nurse coach can answer questions about your health and help you reach your health goals based on your doctor's care plan. After you select your plan, you can sign up for ConditionCare by calling **866-962-1395**.

ComplexCare

If you have a serious health condition or a number of health issues that need extra care, a nurse coach will help answer your questions, work to coordinate your care, and help you electively use your health benefits. After you select your plan, you can sign up for ComplexCare by calling **866-962-1395**.

A digital coach for your health

Well-being Coach can help you reach your health goals

When you're trying to live a healthy life, extra support can make all the difference. With Well-being Coach, you'll have 24/7 access to digital coaching for personalized guidance through text chat.

Coaching support includes:

- 24/7 access to a digital coach through text chat.
- Support for losing weight and keeping it off.
- Support for quitting tobacco before, during, and after establishing a quit date.
- Feedback on food choices, general nutrition, and meal planning.
- Activity tracking and recommendations.
- Help for well-being issues, such as mindfulness and sleep.

Well-being Coach is here to encourage and inspire as you change old habits and embrace a healthier life. It's available at no additional cost.

Start today by downloading the Sydney Health app from the App Store® or Google Play™

Then tap the Sydney chat icon at the bottom and enter **Well-being Coach**.

Download on the App Store

GET IT ON Google Play

sydney℠

Scan the QR code to access digital coaching through the Sydney Health app.

Earn up to $200 in rewards

Engagement 200

All city employees enrolled in the City medical plan are eligible.

Activities Complete these activities today to earn rewards quickly!	
Activity	**Reward**
Log in to your Anthem account	$5
Connect to a fitness or lifestyle device	$5
Update your contact information	$10
Complete a health assessmnet	$20
Health Programs Earn rewards as you improve your health!	
Complete action plans for eating healthy, weight management, and physical activities.	**Up to $25** ($5 per action plan)
Track your steps	**Up to $60** ($2 per 50,000 steps tracked)
Well-being coach — Weight management	**$25** Reward is available to those with a body mass index (BMI) of 30 or higher.
Well-being coach — Tobacco Cessation	**$25**
ConditionCare: for those with obstructive pulminary disease, asthma, diabetes, or congestive heart failure.	**Up to $50**
Building healthy families: Support is available wherever you are in your family planning process.	**Up to $40**
Preventive Care These are automatically submitted through insurance claims with rewards posting in about 60 days.	
Annual preventive or well-woman exam	**$25**
Annual cholesterol test	**$20** Reward is available to men ages 35 years and older and women ages 40 years and older with a full cholesterol (lipid) panel.
Colorectal cancer screening	**$25** Reward is available for ages 45 and older.
Routine mammogram	**$25** Reward is available for women ages 40–74.
Annual eye exam	**$25**
Annual flu shot	**$20**

2025-2026

Program ends according to your medical plan end date.

Redeem rewards — Log in to **anthem.com** or the **Sydney Health** app, go to **My Health Dashboard > My Rewards** to view and redeem awards.

Questions regarding your rewards?
Contact Anthem at **866-755-2680.**

Accessing quality care

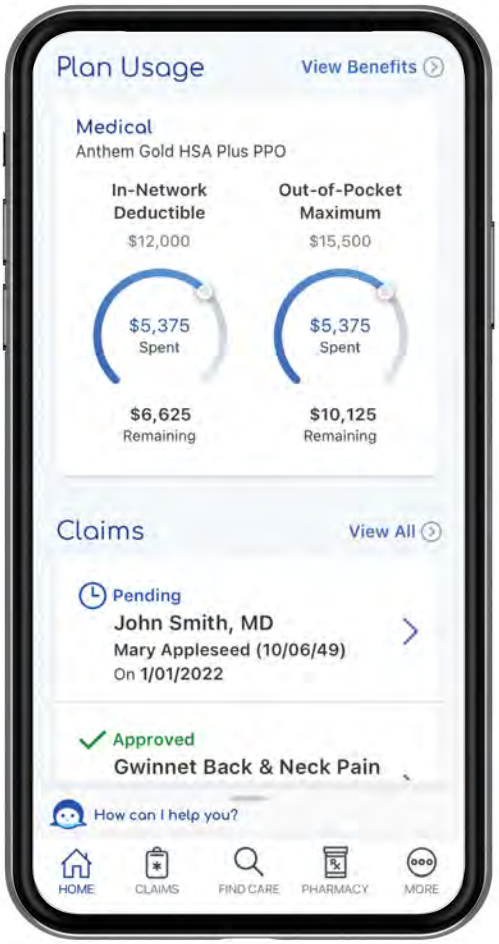
Sydney Health app

Guiding you to better health and clear plan information

Sydney Health, our all-in-one app

Sydney Health brings your information together in one convenient place, guiding you to better health and making it easier to find the health plan details you need. The app:

- Provides personalized recommendations for your preventive care services.
- Tracks your health goals and fitness.
- Guides you with insights based on your history and changing health needs.
- Empowers you with tools to check costs and compare doctors and healthcare facilities.
- Gives you instant access to your medical, pharmacy, vision, and dental benefits.
- Stores your Member ID card so you can show, email, or fax it right from your phone.
- Provides answers quickly through real-time live chat with Anthem Health Guides and nurses.
- Connects you directly to care for primary and urgent care needs through video and text visits with doctors.
- Shows your recent claims, what's covered, and what you may owe for care.



Start using Sydney Health today

sydney℠

Scan the QR code to download the Sydney Health app.

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Virtual text and video visits powered by K Health.

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

Blue Access Choice and BlueCard®

Accessing your choice of doctors and hospitals

Anthem is pleased to offer you Blue Access Choice, the largest care provider network in Missouri, where you can receive the most value for your money with lower copays and out-of-pocket costs. Featuring superior access across the city, state, and nation, the network includes nearly all of the hospitals and doctors in Missouri, without the need for a referral before seeking care.

Anthem's health plans are the flexible choice

- Anthem does not require referrals for in-network doctors and specialists, including mental healthcare providers. Individual specialists may have different referral requirements.
- Anthem plans use a broad, money-saving care provider network.
- Anthem plans include out-of-network benefits.
- Members have access to mental health and substance abuse benefits.
- Members have full (100%) coverage for preventive care, like well-visits, health screenings, and vaccinations.
- Members can receive assistance in selecting care providers that can save them money on services, such as labs or imaging tests.

Benefits to go

Blue Access Choice benefits travel with you. The BlueCard® program through the Blue Cross Blue Shield Association will help you find care when you're traveling throughout the country — or in more than 190 countries and territories worldwide.* Here's how it works:

- Call BlueCard Customer Service at **800-810-2583** (BLUE) ahead of time for help finding a participating doctor or health center near you.
- Visits to doctors or clinics that are not part of the BlueCard program will be covered at the lower out-of-network level.
- In emergencies while traveling, go to the nearest hospital. Then call us, and your doctor back home, within 24 hours or as soon as possible.

If you have questions, you can call 844-404-2102 to speak to an Anthem Health Guide for personalized help maximizing your benefits. They can help you understand your Blue Access Choice network coverage or your BlueCard benefits and how to use them. See page 30 for more details about Anthem Health Guide.

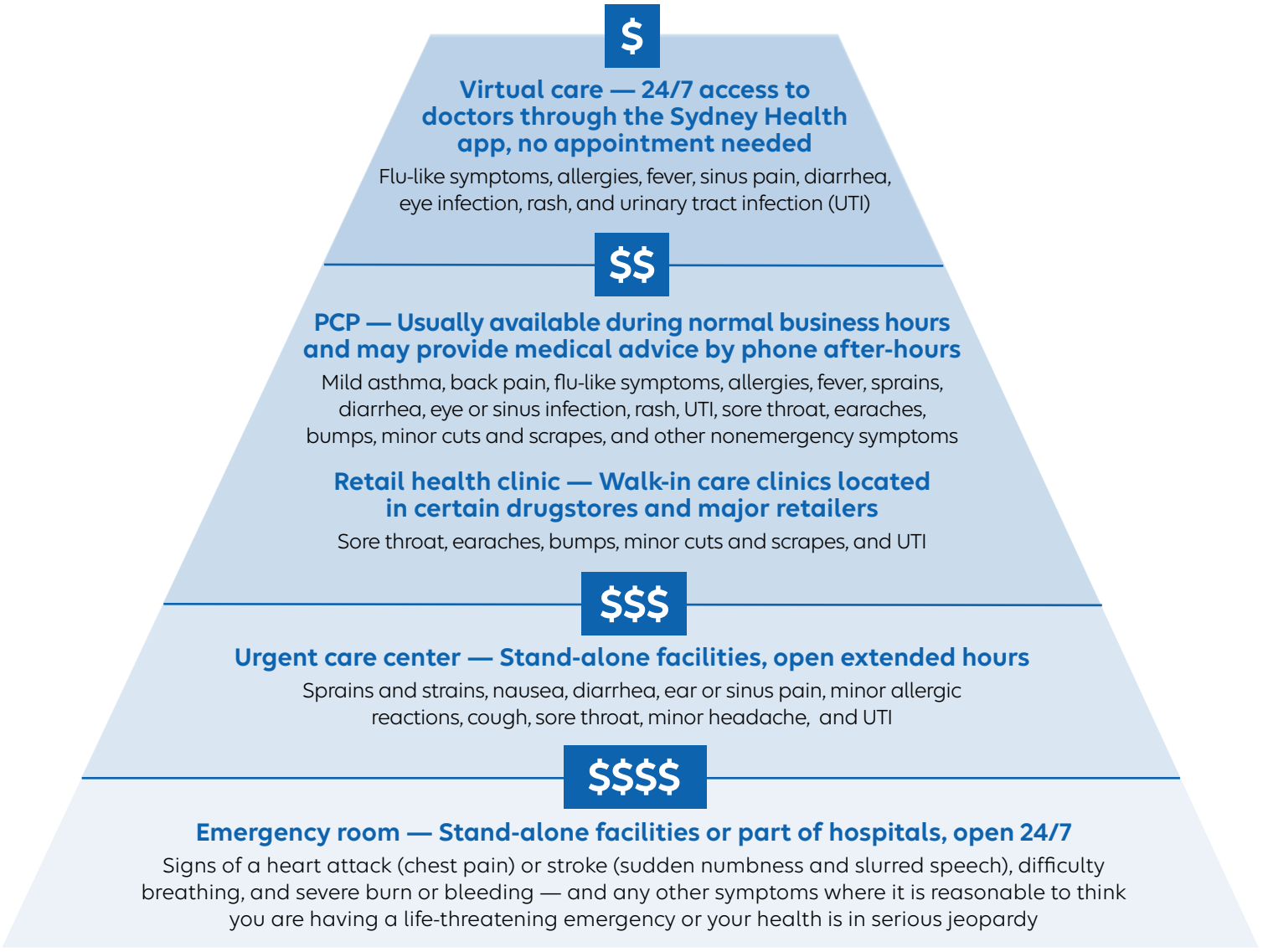
* Blue Cross and Blue Shield Association: About (accessed February 2024): bcbsglobal.com.

Where to go for care

Knowing where to go can save you time and money

When you need care right away, the emergency room (ER) might be the first place that comes to your mind. However, the ER may not be the best choice in every situation. You have options when you have a sudden need for care, and knowing what they are can help you save time and money — and feel better sooner.

Going to the ER or calling 911 is always your best option for emergencies. If it's not an emergency, you can see your primary care provider (PCP), have a virtual visit with a doctor, or go to a retail health clinic or urgent care center. This chart compares those options:*

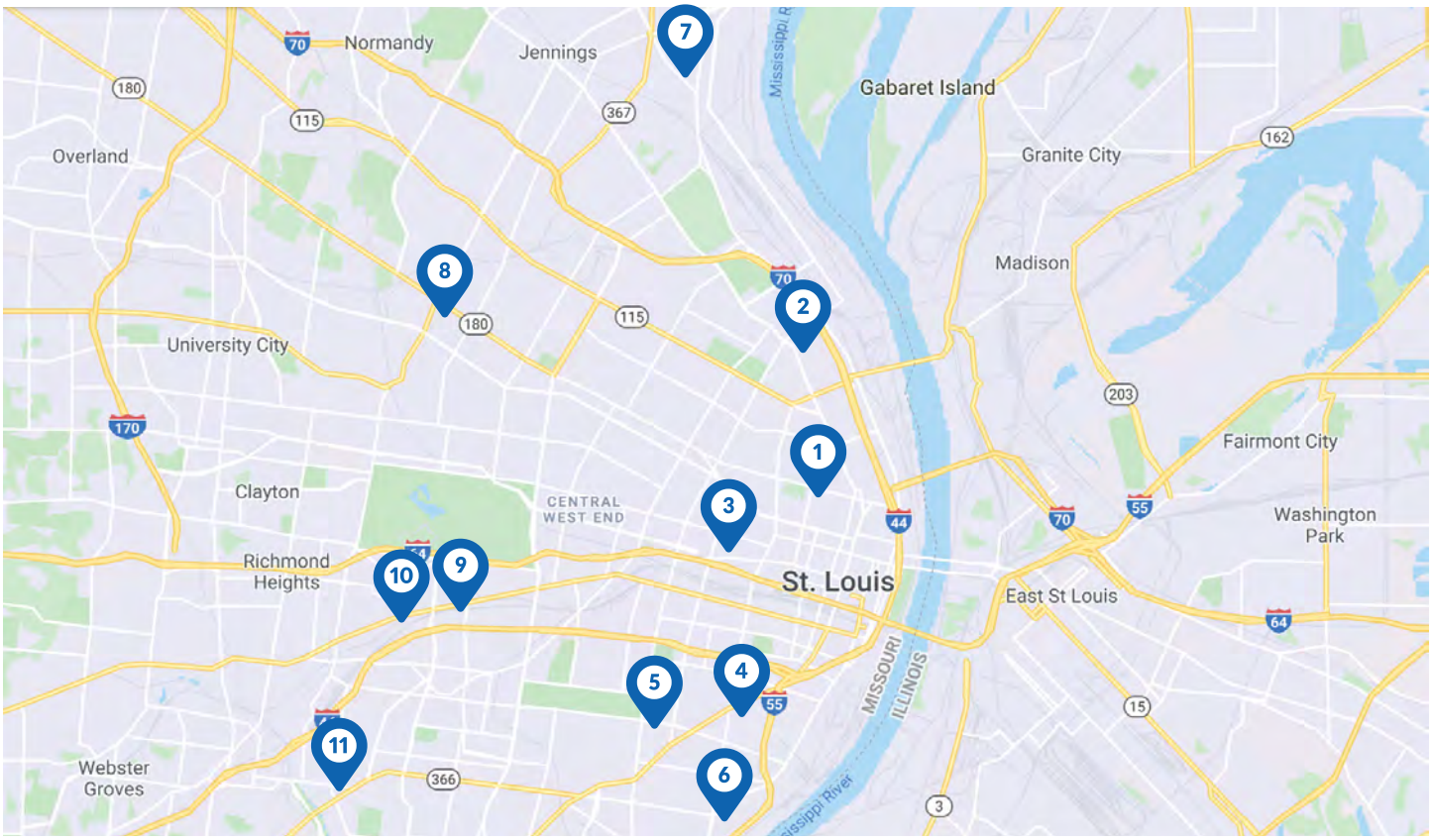


Finding care is easy

Download the **Sydney Health** app today to find doctors, retail health clinics, and urgent care centers in your plan and compare costs.

* The care options and list of symptoms are not all inclusive. If possible, consult your PCP for more guidance.

In-network urgent care centers in St. Louis



1. Affinia Healthcare

1717 Biddle Street
St. Louis, MO 63106

314-898-1700

Monday through Friday
8:30 a.m. to 5:30 p.m.

2. Affinia Healthcare

4414 N. Florissant Avenue
St. Louis, MO 63107

314-898-1700

Monday through Friday
8:30 a.m. to 5:30 p.m.

3. Concentra Urgent Care

3100 Market Street
St. Louis, MO 63103

314-421-2557

Monday through Friday
8:00 a.m. to 8:00 p.m.

4. Affinia Healthcare

2220 Lemp Avenue
St. Louis, MO 63104

314-814-8700

Monday through Friday
8:30 a.m. to 5:30 p.m.

5. Total Access Urgent Care PC

3114 S. Grand Boulevard
St. Louis, MO 63118

314-696-2178

Every day
8:00 a.m. to 8:00 p.m.

6. Affinia Healthcare

3930 S. Broadway
St. Louis, MO 63118

314-898-1700

Monday through Friday
8:00 a.m. to 5:30 p.m.

7. Concentra Urgent Care

8340 N. Broadway
St. Louis, MO 63147

314-385-9563

Monday through Friday
8:00 a.m. to 8:00 p.m.

8. North City Urgent Care

6113 Ridge Avenue
St. Louis, MO 63133

314-932-1213

Monday through Friday
7:00 a.m. to 7:00 p.m.

9. Total Access Urgent Care PC

2060 Hampton Avenue
St. Louis, MO 63139

314-696-2341

Every day
8:00 a.m. to 8:00 p.m.

10. Concentra Urgent Care

6542 Manchester Avenue
St. Louis, MO 63139

314-647-0081

Monday through Friday
8:00 a.m. to 5:00 p.m.

11. Total Access Urgent Care PC

6900 Chippewa Street
St. Louis, MO 63109

314-899-9344

Every day
8:00 a.m. to 8:00 p.m.

Urgent care listing is not an all-inclusive list. Other locations may be available.

Save and earn with SmartShopper

Compare costs and lower your medical expenses

When you need to have a medical procedure, costs can sometimes seem unpredictable. In fact, the same test or procedure can vary by hundreds or even thousands of dollars, depending on where you go. SmartShopper can help. This program comes with your health plan, and helps you save money and receive cash back when you need a covered medical service. With SmartShopper, you can shop online or call a SmartShopper Personal Assistant who can help you understand your options and can schedule your appointment.

Step one: Shop for a care provider

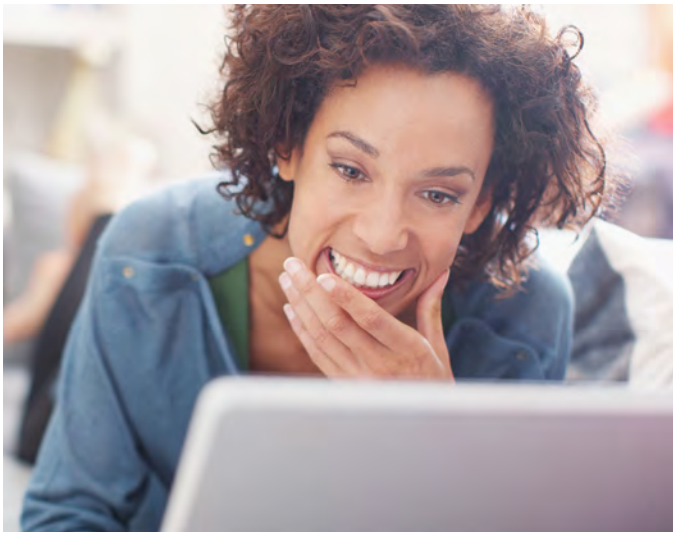
When your doctor recommends a medical test or procedure, you can call SmartShopper at **855-231-3613**, or visit **smartshopper.com**.

Step two: Receive your medical care

Receive care at one of the SmartShopper options, which are all in your plan.

Step three: Earn rewards

After your claim is paid, SmartShopper mails you a reward check within six weeks.



SmartShopper®

Shop and save on your healthcare

Register today at **smartshopper.com**.
The Personal Assistant team is available at **855-231-3613,** Monday through Thursday, 7 a.m. to 7 p.m. and Friday, 7 a.m. to 5 p.m. CT.

Sample procedures and rewards*

Procedure	Reward
Lab work	$25
Colonoscopy	Up to $150
Hernia repair	Up to $250
Knee surgery	Up to $250
Orthopedic procedure	Up to $250
Ultrasound	Up to $50

For a full list of procedures and rewards, call **855-231-3613** or visit smartshopper.com.

* Reward payments may be taxable.

The SmartShopper program is provided by Sapphire Digital, an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program. Rewards are for select procedures only, and reward payments may be taxable.

Using your health plan

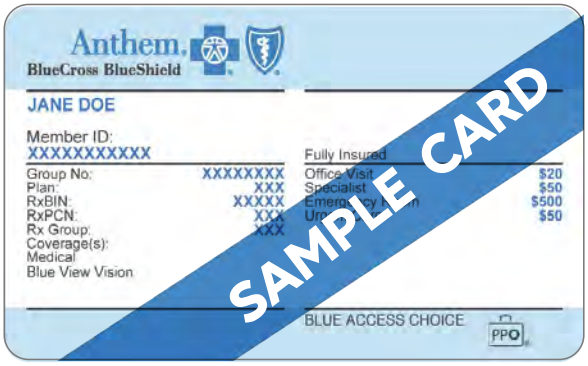
Member ID card and explanation of benefits

Understanding your plan specifics

Your card has plan information, including your Member ID, group number, important phone numbers, and websites you may need as you use your benefits. It's important to keep your card with you at all times to make sure your claims are processed correctly and without delay.

Here's a look at your Member ID card

Your Member ID card is also available for online viewing through the Sydney Health app. Select **ID Cards** at the top of the Sydney Health app.



Your explanation of benefits (EOB)

Anthem's EOBs make it easier for you to know what's been paid by your plan, how much you owe, and where to go with questions. EOBs also include a year-to-date summary so you know how close you are to your deductible and out-of-pocket maximum. They offer custom tips to help you find appropriate sites for care. Each person on your plan, including you, your spouse, and/or dependents, will receive their own EOB after receiving medical care. You will only receive an EOB in the mail if you owe a payment. All other EOBs will be available electronically only.

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You can use the Sydney Health app to check your benefits, view your ID card, and access your EOBs. See page 23 for more details.

Anthem Health Guide

A caring team to help guide you

Healthcare benefits can seem complicated or challenging to understand. That's why you have a team of concierge-level customer service experts who are ready to answer questions, advocate for your health, and explain how to use your benefits. You can call a health guide or chat from your mobile device using our Sydney Health app.

Anthem Health Guides are here to help

Health guides are team members hand-picked for their kindness and understanding, their ability to listen and find a solution, all while also helping you feel less overwhelmed.

Health guides are experts at:

One-call resolution. Our guides use advanced technology to see your whole healthcare picture while talking to you or advocating for you. They understand you are busy and may not have time for multiple conversations so their goal is to find the solution in the first call. Health guides take a comprehensive and personal approach, not only to help with your immediate needs but also anticipate future questions.

Advocating for you. Health guides bring knowledge and experience to help make sure you are receiving the care you need. They will help break down barriers and eliminate "homework" for you, like calling care providers about billing discrepancies, so you can focus on your health. If you need help finding a care provider, guides can match you with an in-network care provider that suits your needs. They can also help you save money by comparing costs for care at different hospitals.

Coordinating care for better health. Many people see more than one doctor. Health guides can connect you to health professionals who will help coordinate with doctors and other members of your care team. They can remind you of important preventive care, and even help schedule appointments for you. They also have in-depth knowledge about the programs and preventive care services that are part of your benefits, and they work closely with nurses, health coaches, and social workers to provide support uniquely suited to you.

Anthem Health Guide is here to give you personalized help when you need it most. That way you can focus on what is most important: your health.

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You can use the Sydney Health app or call **844-404-2102** to speak to an Anthem Health Guide.

Stay on top of your health

Use your preventive care benefits

Regular checkups and exams can help you stay healthy and catch problems early, when they are easier to treat. Anthem's health plans offer all the preventive care services and immunizations below at no cost to you.[1] As long as you use an in-network doctor, pharmacy, or lab, you will not have to pay anything. If you use care providers who are not in your plan, you may have out-of-pocket costs.

If you are not sure which services to use, talk to your doctor.

Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you receive services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to determine what's causing those symptoms.

Adult preventive care

General preventive physical exams, screenings, and tests (all adults):

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels screening
- Colorectal cancer screenings, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)[2,3]
- Depression screening
- Diabetes screening (type 2)[4]
- Eye chart test for vision[5]
- Hepatitis B virus (HBV) screening for people at increased risk of infection
- Hearing screening
- Height, weight, and body mass index (BMI) measurements
- Hepatitis C virus (HCV) screening
- Human immunodeficiency virus (HIV): screening and counseling
- Interpersonal and domestic violence: screening and counseling
- Lung cancer screening for those ages 50 to 80 who have a history of smoking 20 packs or more per year and still smoke, or who have quit within the past 15 years[2]
- Obesity: related screening and counseling[4]
- Prostate cancer screenings, including digital rectal exam
- and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening

Women's preventive care:[6]

- Breast cancer screenings, including exam, mammogram, and genetic testing for BRCA1 and BRCA2 when certain criteria are met[7]
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling[8,9]
- Contraceptive (birth control) counseling
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- Human papillomavirus (HPV) screening[9]
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Interpersonal and domestic violence: screening and counseling
- Pelvic exam and Pap test, including screening forcervical cancer
- Pregnancy screenings, including gestational diabetes hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV, and depression[9]
- Well-woman visits

Immunizations:

- Diphtheria, tetanus, and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Meningococcal (meningitis)
- Monkeypox and/or smallpox (at risk)
- Pneumococcal (pneumonia)
- Severe acute respiratory syndrome coronavirus [2] (SARS-CoV-2) (COVID-19)
- Varicella (chickenpox)
- Zoster (shingles)

Child preventive care

Preventive physical exams, screenings, and tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure screening
- Cervical dysplasia screening
- Cholesterol and lipid (fat) levels screening
- Depression screening
- Development and behavior screening
- Diabetes screening (type 2)
- Hearing screening
- Height, weight, and BMI measurements
- Hemoglobin or hematocrit (blood count) screening
- Lead testing
- Newborn screening
- Obesity: related screening and counseling
- Oral (dental health) assessment, when done as part of a preventive care visit
- Sexually transmitted infections: related screening and counseling
- Skin cancer counseling for those ages 6 months to 24 years with fair skin
- Tobacco use: related screening and behavioral counseling
- Vision screening, when done as part of a preventive care visit[5]

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type B (HIB)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Meningitis
- Measles, mumps, and rubella (MMR)
- Pneumonia
- Polio
- Rotavirus
- Severe acute respiratory syndrome coronavirus [2] (SARS-CoV-2) (COVID-19)
- Whooping cough

1 The range of preventive care services covered at 100% when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents, and women supported by Health Resources and Services Administration (HRSA) guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your Certificate of Coverage or call the Member Services number on your ID card.

2 You may be required to receive preapproval for these services.

3 The follow-up colonoscopy after a positive stool-based or direct visualization (such as a CT colonography or fl exible sigmoidoscopy) colorectal cancer screening is considered a screening colonoscopy, meaning it is paid at 100% (so you pay no share of the cost) when provided by a doctor in the plan's network.

4 The Centers for Disease Control and Prevention (CDC)-recognized diabetes prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

5 Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.

6 Keep in mind, these recommendations are categorized by "men" and "women," and are driven by biological sex (male and female) rather than gender identity. Meet with your doctor to determine which recommendations best apply to you based on individual factors, such as your sex assigned at birth and current anatomy.

7 Check your medical policy for details.

8 Breast pumps and supplies must be purchased from suppliers or retailers in your plan's network for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

9 This benefit also applies to those younger than age 19.

City of St. Louis Police Division Retirees

2025-2026 Plan Year, effective July 1, 2025