

Missouri Chamber Federation Benefit Plan

Effective January 1, 2020



Plan type	Plan name	Deductible (Individual/family)	Deductible type	Coinsurance	Office visits PCP/SPC/LHO ¹	Urgent care facility ²	Emergency room facility ²	Outpatient surgery	Hospital inpatient	Out-of-pocket maximum (individual/family)	Prescription drugs — formulary ³	Prescription drugs — retail 30-day supply ⁴	Rx deductible
PPO	[Network] MCF MEWA Option 1	\$1,000/\$3,000	Embedded	0%	\$15/\$45/\$15	\$75	\$300	0% coinsurance	0% coinsurance	\$2,500/\$5,000	Traditional Open	\$10/\$35/\$70/25%	N/A
	[Network] MCF MEWA Option 2	\$1,500/\$4,500	Embedded	0%	\$15/\$45/\$15	\$75	\$300	0% coinsurance	0% coinsurance	\$3,000/\$6,000	Traditional Open	\$10/\$35/\$70/25%	N/A
	[Network] MCF MEWA Option 3	\$2,000/\$6,000	Embedded	0%	\$15/\$45/\$15	\$75	\$300	0% coinsurance	0% coinsurance	\$4,000/\$8,000	Traditional Open	\$10/\$35/\$70/25%	N/A
	[Network] MCF MEWA Option 4	\$2,500/\$7,500	Embedded	0%	\$15/\$45/\$15	\$75	\$300	0% coinsurance	0% coinsurance	\$4,500/\$9,000	Traditional Open	\$10/\$35/\$70/25%	N/A
	[Network] MCF MEWA Option 5	\$1,500/\$4,500	Embedded	20%	\$15/\$45/\$15	\$100	\$350, then 20% coinsurance	20% coinsurance	20% coinsurance	\$4,500/\$9,000	Traditional Open	\$10/\$35/\$70/25%	N/A
	[Network] MCF MEWA Option 6	\$2,000/\$6,000	Embedded	20%	\$15/\$45/\$15	\$100	\$350, then 20% coinsurance	20% coinsurance	20% coinsurance	\$5,000/\$10,000	Traditional Open	\$10/\$35/\$70/25%	N/A
	[Network] MCF MEWA Option 7	\$2,500/\$7,500	Embedded	20%	\$15/\$45/\$15	\$100	\$350, then 20% coinsurance	20% coinsurance	20% coinsurance	\$5,500/\$11,000	Traditional Open	\$10/\$35/\$70/25%	N/A
	[Network] MCF MEWA Option 8	\$5,000/\$10,000	Embedded	0%	\$15/\$45/\$15	\$75	\$300	0% coinsurance	0% coinsurance	\$6,500/\$13,000	Traditional Open	\$10/\$35/\$70/25%	N/A
	[Network] MCF MEWA Option 9	\$3,500/\$10,500	Embedded	20%	\$15/\$45/\$15	\$100	\$350, then 20% coinsurance	20% coinsurance	20% coinsurance	\$6,500/\$13,000	Traditional Open	\$10/\$35/\$70/25%	N/A
	[Network] MCF MEWA Option 10	\$5,000/\$10,000	Embedded	20%	\$15/\$45/\$15	\$100	\$350, then 20% coinsurance	20% coinsurance	20% coinsurance	\$7,150/\$14,300	Traditional Open	\$10/\$35/\$70/25%	N/A
HSA	Lumenos Health Savings MCF MEWA Option E1-c	\$3,500/\$10,500	Embedded	0%	\$15/\$45/\$15	\$75	\$300	0% coinsurance	0% coinsurance	\$6,550/\$13,100	Traditional Open	\$10/\$35/\$70/25%	Combined with medical
	Lumenos Health Savings MCF MEWA Option E2	\$2,800/\$8,400	Embedded	20%	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$5,400/\$10,800	Traditional Open	20% coinsurance	Combined with medical
	Lumenos Health Savings MCF MEWA Option E3	\$5,000/\$10,000	Embedded	20%	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	\$6,550/\$13,100	Traditional Open	20% coinsurance	Combined with medical

[Network] = Blue Access, Blue Access Choice or Blue Preferred Select. All plans listed below are available on all three networks, subject to geographic availability.

This document is intended to be a brief overview of coverage. The complete description of benefits, exclusions and member cost shares are contained in the Certificate of Coverage. In the event of a conflict between the Certificate of Coverage and this overview, the The overview above represents in-network benefits. For more plan information, including out-of-network benefits, please refer to the Summary of Benefits (SOB). To find a specific SOB for any of these plans, visit plan-summaries.anthem.com/sobdps/. terms of the Certificate of Coverage will prevail. All product offerings are subject to regulatory review and approval and are subject to change. All copayment and coinsurance costs shown in this chart are after deductible has been met, if a deductible applies.

1. An LHO visit is classified as a LiveHealth Online telemedicine visit .
2. Additional services received in Urgent care and Emergency room settings are subject to deductible and applicable coinsurance.
3. Prescription Drugs – Formulary includes the National Plus Pharmacy Network.
4. For retail 30-day prescription drugs supply, the maximum is \$300 per prescription.