

City of Republic Employee Benefits Effective 1/1/2023

Health Care Plan—Anthem Blue Cross Blue Shield

The chart below is a simple summary of the plan. Please review the complete summary of benefits for the new plans carefully so you understand the benefits covered under the Health Plan.

	Anthem Blue Preferred EPO Cox Only*	Anthem Blue Access PPO Mercy/Cox	Anthem Blue Access PPO Mercy/Cox
<u>Premium Per Pay Period*</u> Employee Only Emp + Spouse Emp + Child(ren) Family	\$0.00 \$121.38 \$134.50 \$391.17	\$0.00 \$180.07 \$195.46 \$496.31	\$9.89 \$198.06 \$214.13 \$528.53
Annual Deductible In-Network Out of Network	Individual/Family \$3,000/\$6,000 Not covered	Individual/Family \$3,000/\$6,000 \$10,000/\$20,000	Individual/Family \$2,000/\$4,000 \$6,000/\$12,000
Out of Pocket Max In-Network Out of Network	Individual/Family \$7,500/\$15,000 Not covered	Individual/Family \$6,500/\$13,000 \$20,000/\$40,000	Individual/Family \$4,000/\$6,000 \$12,000/\$24,000
Co-Insurance Max In-Network Out of Network	Individual/Family 25% covered Not covered	Individual/Family \$3,500/\$7,000 \$10,000/\$20,000	Individual/Family \$2,000/\$4,000 \$6,000/\$12,000
Office Visit In-Network Out of Network	Primary/Specialist \$50/\$75 copay Not covered <u>Lab/xray towards ded/coins</u>	Primary/Specialist \$30/\$70 copay 50% after deductible <u>Lab/xray towards ded/coins</u>	Primary/Specialist \$30/\$70 copay 50% after deductible <u>Lab/xray towards ded/coins</u>
Preventive Care In-Network Out of Network	Covered at 100% Not covered	Covered at 100% 50% after deductible	Covered at 100% 50% after deductible
Urgent Care In-Network Out of Network	\$75 copay Not covered	\$50 copay 50% after deductible	\$50 copay 50% after deductible
Emergency Room	Deductible then \$500	Deductible then \$250	Deductible then \$250
Prescription Drug Benefit Retail (Tier 1/2/3/4)	\$10/\$60/\$125/ \$400 copay after deductible	\$15/\$40/\$75/25% w/ \$250 max	\$15/\$40/\$75/25% w/ \$250 max

*Will not cover Barnes Jewish Hospital

Dental Plan—Guardian Dental

Good oral care enhances overall health and well-being. Problems with the teeth and gums are common and easily treated. Keep your teeth healthy and your smile bright with the City of Republic dental benefit plan.

Please visit www.GuardianAnytime.com to confirm your Dentist's tiered participation

A summary of the costs and benefits are listed below.

	Monthly Premium	Employer Cost	Employee Cost	Employee Cost Per Pay Period*
<i>Employee Only</i>	\$25.64	\$25.64	\$0.00	\$0.00
<i>Employee & Spouse</i>	\$52.45	\$25.64	\$26.81	\$13.41
<i>Employee & Child(ren)</i>	\$58.40	\$25.64	\$32.76	\$16.38
<i>Family</i>	\$91.60	\$25.64	\$65.96	\$32.98

<i>This is intended to be a summary of benefits. For detailed benefit coverage and frequency refer to the dental certificate (to be provided)</i>	<i>In-Network Platinum Dentist</i>	<i>In-Network Gold/Silver Dentist</i>	<i>Out-of-Network Dentist (90% of Reasonable and Customary Charges)</i>
<i>Deductible</i>	\$50 per person; max \$150 per family	\$50 per person; max \$150 per family	\$50 per person; max \$150 per family
<i>Preventive Dental Services:</i> <i>Examples: Cleanings, Exams, Fluoride, Bitewing X-rays</i>	Plan Pays 100% up to calendar year maximum; deductible waived	Plan Pays 100% up to calendar year maximum; deductible waived	Plan Pays 100% up to calendar year maximum; deductible waived
<i>Basic Dental Services:</i> <i>Examples: Fillings, Root Canal, Periodontal, Oral Surgery</i>	Plan Pays 100% after deductible up to calendar year maximum	Plan Pays 80% after deductible up to calendar year maximum	Plan Pays 80% after deductible up to calendar year maximum
<i>Major Dental Services:</i> <i>Examples: Bridges, Crowns, Dentures</i>	Plan Pays 60% after deductible to calendar year maximum	Plan Pays 50% after deductible to calendar year maximum	Plan Pays 50% after deductible to calendar year maximum
<i>Calendar Year Maximum Benefit</i>	\$2,000 per person	\$2,000 per person	\$2,000 per person
<i>Orthodontia</i>	Plan Pays 50% up to lifetime maximum for children up to age 19	Plan Pays 50% up to lifetime maximum for children up to age 19	Plan Pays 50% up to lifetime maximum for children up to age 19
<i>Lifetime Maximum Benefit</i>	\$1,000 per person	\$1,000 per person	\$1,000 per person

Voluntary Vision Plan—Anthem Vision

Regular eye examinations can not only determine your need for corrective eyewear, but also may detect general health problems in their earliest stages. Protection for the eyes should be a priority to everyone.

Go to <https://www.anthem.com/find-care/>

	<i>Employee Cost Per Pay Period* Full Service Plan</i>	<i>Employee Cost Per Pay Period* Materials Only Plan</i>
<i>Employee Only</i>	\$2.89	\$2.01
<i>Employee & Spouse</i>	\$5.79	\$4.02
<i>Employee & Child(ren)</i>	\$4.91	\$3.41
<i>Family</i>	\$8.09	\$5.62

<i>This is intended to be a summary of benefits. For detailed benefit coverage and frequency refer to the dental certificate (to be provided)</i>	<i>In-Network Provider Benefits Full Service Plan</i>	<i>In-Network Provider Benefits Materials Only Plan</i>
<i>Comprehensive Eye Exam</i>	\$10 copay	Not covered*
<i>Materials/Eyewear</i>	\$25 copay	\$25 copay
<i>Standard Corrective Lenses</i> - <i>Single Vision</i> - <i>Lined Bifocal</i> - <i>Lined Trifocal</i> - <i>Lenticular</i>	Covered after eyewear copay (Lenses allowed once every 12 months)	Covered after eyewear copay (Lenses allowed once every 12 months)
<i>Additional Lens Upgrades: Progressive lenses, Anti-reflective coating, etc.</i>	Costs for these upgrades will be listed in the employee enrollment guide	Costs for these upgrades will be listed in the employee enrollment guide
<i>Frame Allowance</i>	Covered up to \$130 after eyewear copay (Frame allowed once every 24 months)	Covered up to \$130 after eyewear copay (Frame allowed once every 24 months)
<i>Contact Lenses</i>	Covered up to \$130	Covered up to \$130
<i>Contact Lens Fitting Fee</i>	Covered in full after \$30 co-pay	Not covered

*Please see Anthem Health for Vision Exam coverage.