Medical

Your 2021-2022 plan overview

If you have questions call 1-833-332-0798 or visit us at <u>student.anthem.com/</u> student/schools/mizzou.



School of Medicine - University of Missouri Health Student Health Insurance Plan

Here are highlights of your Anthem Student Advantage plan benefits, plus important dates and costs of coverage. For more information, please review the plan certificate.

Who's eligible

- Registered medical students attending classes or participating in an internship or other practical training program are eligible to enroll in the Plan.
- Covered students may also enroll their lawful spouse and/or dependent children up to the age of 26.



How to use your plan

- > You can first seek services at Student Health Center, or;
- > Access an Anthem in-network provider at anthem.com/find-care/, or;
- For life-threatening or emergency situation, call 911 or go to your local hospital emergency center.

요를 ID Cards

Keep your health care information within arm's reach with a digital ID card. Your digital ID card is available on anthem.com or the Sydney Health mobile app when you register with your student ID on your plan effective date. Print a copy of your card anytime or show it to your doctor from your smartphone. Your digital ID card is always available when you need it.

Coverage dates and cost (Columbia Medical School Rates)

| Session | Enrollment Deadline | Student | Student & Spouse | Student & Child(ren) | Student, Spouse & Child(ren) |
|---------------------------------------|------------------------|---------|---------------------|-------------------------|---------------------------------|
| Fall 8/1/2021 - 12/31/2021 | 9/6/2021 | \$1,732 | \$3,444 | \$3,444 | \$5,156 |
| Spring/Summer 1/1/2022 - 7/31/2022 | 2/7/2022 | \$2,392 | \$4,764 | \$4,764 | \$7,136 |

Rates and Benefits are pending Missouri Department of Insurance approval.

What's covered

| Covered Services | Cost if you use an In-Network Provider | Cost if you use an Out-of-Network Provider | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--|
| Deductible | \$400 per person | \$800 per person | |
| Coinsurance | 20% | 50% | |
| Out-of-pocket maximum | \$7,500 student / \$15,000 family | Unlimited student / Unlimited family | |
| Primary care doctor visits | \$20 copay per visit; 20% coinsurance after deductible is met | 50% coinsurance after deductible is met | |
| Preventive care screenings & immunizations | No charge | 30% coinsurance after deductible is met | |
| Specialist care visits | \$40 copay per visit; 20% coinsurance after deductible is met | 50% coinsurance after deductible is met | |
| Urgent care | 20% coinsurance after deductible is met | 50% coinsurance after deductible is met | |
| Emergency room facility services | \$200 copay per visit; 20% coinsurance after deductible is met | Covered as In-Network | |
| Emergency room doctor and other services | 20% coinsurance after deductible is met | Covered as In-Network | |
| Prescription drugs Tiers 1-3: Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). No coverage for non- formulary drugs. | Tier 1: \$15 copay per prescription (retail only). \$30 copay per prescription (home delivery only). | Tier 1: \$15 copay per prescription (retail only). | |
| | Tier 2: \$40 copay per prescription (retail only). \$80 copay per prescription (home delivery only). | Tier 2: \$40 copay per prescription (retail only). | |
| Tier 4: Covers up to a 30 day supply (retail pharmacy and home delivery program). No coverage for non- | Tier 3: \$65 copay per prescription (retail only). \$130 copay per prescription (home delivery only). | Tier 3: \$65 copay per prescription (retail only). | |
| formulary drugs. | Tier 4: \$100 copay per prescription (retail only). \$100 copay per prescription (home delivery only). | Tier 4: \$100 copay per prescription (retail only). | |



Important contacts

| Customer Service | 1-833-332-0798 |
|----------------------------------|-----------------------|
| Find a doctor | anthem.com/find-care/ |
| Emergency travel services | 1-833-511-4763 |
| Anthem Student Advantage Website | t.anthem.com/welcome |

Anthem Blue Cross and Blue Shield is the trade name of Anthem Insurance Companies, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Anthem 🗟 🕅 | STUDENT ADVANTAGE