

2023-2024

	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser
	HIGH 90/10	LOW 80/20	CALIFORNIA CARE	SELECT	VIVITY	
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$500/\$1,000	\$1,000/\$2,000	\$0/\$0	\$0/\$0	\$0/\$0	\$0
Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$1,000/\$3,000	\$3,000/\$6,000	\$1,500/\$3,000	\$1,500/\$3,000	\$1,000/\$2,000	\$1,500/\$3,000

PROFESSIONAL SERVICES

Office Visit (OV) co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$20	\$30	\$20	\$20	\$20	\$20
Urgent Care co-pay	\$20	\$30	\$20	\$20	\$20	\$20
Specialists/Consultants co-pay	\$20	\$30	\$20	\$20	\$20	\$20
Prenatal, postnatal office visit co-pay	\$20	\$30	\$20	\$20	\$20	\$0
Scans: CT, CAT, MRI, PET etc.	10%	20%	\$100/test	\$100/test	\$100/test	\$0
Diagnostic X-ray & Laboratory Procedures	10%	20%	\$0	\$0	\$0	\$0
Infertility (Refer to Plan Document)	Not covered	Not covered	50%	50%	50%	Co-pay applies
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	\$0	\$0	\$0	\$0

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (copay waived if admitted)	10% \$100 co-pay	20% \$100 co-pay	\$100	\$100	\$200	\$100
Inpatient Hospital (preauthorization required) - limits may apply	10%	20%	\$200/admit	\$200/admit	0%	\$0
Outpatient Hospital	10%	20%	\$100/admit	\$100/admit	0%	\$20
Surgery, Outpatient (performed in Surgery Center)	10%	20%	\$100	\$100	0%	\$20
Surgery, Outpatient (performed in a Hospital) - limits may apply	10%	20%	\$100	\$100	0%	\$20

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	10%	20%	\$200	\$200	0%	\$0
OUTPATIENT: Facility Based Care (preauth required)	10%	20%	\$0	\$0	\$0	\$20

OTHER SERVICES

Ambulance (Ground or Air)	10% \$100 co-pay	20% \$100 co-pay	\$100	\$100	\$100	\$50
Acupuncture - Limits apply	10% Uses ASH Network	20% Uses ASH Network	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro	\$10/30 visits (through ASH) combined w/chiro
Chiropractic - Limits apply	10% Uses ASH Network	20% Uses ASH Network	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu	\$10/30 visits (through ASH) combined w/acu
Durable Medical Equipment (DME)	10%	20%	20%	20%	0%	no charge
Physical and Occupational Therapy - Limits apply	10%	20%	\$20	\$20	\$20	\$20
Hearing Aids	10% and Amount in excess of \$700 allowance/24 months	20% and Amount in excess of \$700 allowance/24 months	50% Coinsurance 1 device per ear/36 months	50% Coinsurance 1 device per ear/36 months	50% Coinsurance 1 device per ear/36 months	amount in excess of \$500 allowance every 36 months

PHARMACY BENEFITS

Plan	9-35	9-35	9-35	9-35	9-35	\$10-\$30 (30 day) (Non-Marketed)
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i>	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	\$2,500/\$3,500	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$9 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$9 at Other Network	\$10 up to 30 day supply
Brand co-pay/30 days supply	\$35	\$35.00	\$35.00	\$35.00	\$35.00	\$30 up to 30 day supply
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$30 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$0-\$90	\$20-\$60 up to 100 day supply
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Kaiser Mail Order Pharmacy

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.