

PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem	PPO Anthem	HMO Anthem	HMO Kaiser
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Pleasant Valley School District



2023-2024	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Kaiser
	90-A \$20	80-G \$20	80-L \$30	80-M \$40	Anchor Bronze (HSA Compatible)	Premier 20	Trad HMO \$20
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$100/\$300	\$500/\$1,000	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000*	\$0/\$0	\$0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$2,000/\$4,000	\$4,000/\$8,000	\$4,000/\$8,000	\$6,350/\$12,700*	\$1,500/\$3,000	\$1,500/\$3,000

*Includes Rx

PROFESSIONAL SERVICES

Office Visit (OV) co-pay	\$20	\$20	\$30	\$40	Deductible, then 30%	\$20	\$20
Urgent Care co-pay	\$20	\$20	\$30	\$40	30%	\$20	\$20
Specialists/Consultants co-pay	\$20	\$20	\$30	\$40	30%	\$20	\$20
Prenatal, postnatal office visit co-pay	\$20	\$20	\$30	\$40	30%	\$20	\$0
Scans: CT, CAT, MRI, PET etc.	10%	20%	20%	20%	30%	\$100/test	\$0
Diagnostic X-ray & Laboratory Procedures	10%	20%	20%	20%	30%	\$0	\$0
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	Not covered	Not covered	Not covered	Not covered	50%	OV copay or hospitalization copay apply
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	\$0	\$0

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (waived if admitted)	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay	\$100	\$100
Inpatient Hospital (preauthorization required) - limits may apply	10%	20%	20%	20%	30%	\$200/admit	\$0
Outpatient Hospital	10%	20%	20%	20%	30%	\$100/admit	\$20
Surgery, Outpatient (performed in Surgery Center)	10%	20%	20%	20%	30%	\$100	\$20
Surgery, Outpatient (performed in a Hospital) - limits may apply	10%	20%	20%	20%	30%	\$100	\$20

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	10%	20%	20%	20%	30%	\$200	\$0
OUTPATIENT: Facility Based Care (preauth required)	10%	20%	20%	20%	30%	\$0	\$20

OTHER SERVICES

Acupuncture - Limits apply	10%	20%	20%	20%	30%	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro
Ambulance (Ground or Air)	10% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay	\$100	\$50
Chiropractic - Limits apply	10%	20%	20%	20%	30%	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu
Durable Medical Equipment (DME)	10%	20%	20%	20%	30%	20%	no charge
Physical and Occupational Therapy - Limits apply	10%	20%	20%	20%	30%	\$20	\$20

PHARMACY BENEFITS

Plan	5-20	7-25	9-35	9-35	Anchor Bronze Rx	7-25	Trad HMO \$20
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	none	Included w/ Medical ded	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$1,500/\$2,500	\$1,500/\$2,500	\$2,500/\$3,500	\$2,500/\$3,500	Included w/ Med OOP Max	\$1,500/\$2,500	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco \$5 at Other Network	\$0 at Costco \$7 at Other Network	\$0 at Costco \$9 at Other Network	\$0 at Costco \$9 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network	\$0 at Costco \$7 at Other Network	\$10 up to 100 day supply
Brand co-pay/30 days supply	\$20	\$25	\$35	\$35	Deductible, then \$35	\$25	\$20 up to 100 day supply
Specialty co-pay/up to 30 days supply	\$20 Must Use Navitus Mail	\$25 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail	Deductible, then \$35 (Must Use Navitus Mail)	\$25 Must Use Navitus Mail	\$20 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$50	\$0-\$60	\$0-\$90	\$0-\$90	Deductible, then \$0-\$90	\$0-\$60	\$10-\$20/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	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.