



Medical Plan Comparison

Lyon County School District offers three types of medical plans to choose from. The plans are offered and administered through **Anthem**. Pharmacy coverage is embedded in each option.

Please refer to your Summary of Benefits and Coverages for full details of coverages.

	Anthem [®]	Anthem [®]	Anthem [®]
Plan Features	Base PPO \$3,500	Buy up PPO \$2,000	HDHP PPO \$3,300
	Anthem PPO	Anthem PPO	Anthem PPO
<u>Calendar Year Out-of-Pocket Max.</u> <i>Includes deductible, copays and coinsurance</i> Individual / Family maximum	\$6,600 / \$13,200	\$5,000 / \$10,000	\$5,000 / \$10,000
<u>Calendar Year Deductible</u> Individual / Family maximum	\$3,500 / \$7,000	\$2,000 / \$4,000	\$3,300 / \$6,600
<u>Preventive Care</u> <i>Routine physical exams, immunizations, etc.</i>	no charge	no charge	no charge
<u>Physician Services</u> Primary care visit Specialty visit	\$35 copay \$60 copay	\$20 copay \$40 copay	20% after deductible 20% after deductible
<u>Emergency Services</u> Emergency room visit Urgent care visit Anthem VPC	\$350 copay \$50 copay no charge	\$350 copay \$50 copay no charge	20% after deductible 20% after deductible 20% after deductible
<u>Diagnostic Lab & Imaging</u> Lab (Freestanding) X-ray MRI, PET, CT scans	\$35 copay \$60 copay \$300 copay	\$15 copay \$40 copay \$200 copay	20% after deductible 20% after deductible 20% after deductible
<u>Inpatient & Outpatient Services</u> Inpatient hospitalization Outpatient surgical care	20% after deductible 20% after deductible	20% after deductible \$500 copay	20% after deductible 20% after deductible
<u>Prescription Benefit</u> <i>In-network</i> Tier I Tier II Tier III	\$15 copay \$40 copay \$60 copay	\$15 copay \$40 copay \$60 copay	20% after deductible 20% after deductible 20% after deductible