

Keenan

Redlands Unified School District
Anthem HMO Plan Comparison

	Current	Current
Effective Date	07/01/2025	07/01/2025
Renewal Date	07/01/2026	07/01/2026
Carrier	Anthem Blue Cross	Anthem Blue Cross
Plan Name	HMO 30 w/Chiro - \$250/500 Brand Deductible (\$15/40/80 Rx)	DHMO 500 Select w/Chiro - \$250/500 Brand Deductible (\$15/40/80 Rx)
Benefit Summary	Eligible Employees	Eligible Employees
General Plan Information		
Annual Deductible/Individual	\$0	\$500
Annual Deductible/Family	\$0	\$1,000
Coinsurance	100%	100%
Office Visit/Exam	\$30 copay	\$40 copay
Outpatient Specialist Visit	\$30 copay	\$40 copay
Annual Out-of-Pocket Limit/Individual	\$500 Rx not included	\$1,500 Rx not included
Annual Out-of-Pocket Limit/Family	\$1,500 Rx not included	\$4,500 Rx not included
Deductible Included in Out-of-Pocket Limits	N/A	Yes
Lifetime Plan Maximum	Unlimited	Unlimited
Primary Care Physician Election Required	Yes	Yes
Outpatient Services		
Preventive Services		
Well-Child Care	100%	100%
Immunizations	100%	100%
Well Woman Exams	100%	100%
Mammograms	100%	100%
Adult Periodic Exams with Preventive Tests	100%	100%
Diagnostic X-Ray and Lab Tests	100% \$30 copay for CT/SPECT/PET/MRA/MRI	100% \$40 copay for CT/SPECT/PET/MRA/MRI
Maternity Care		
Pregnancy and Maternity Care (Pre-Natal Care)	\$30 copay	\$40 copay
Inpatient Hospital Services		
Inpatient Hospitalization	100%	\$250 admit fee after deductible is met
Pre-Authorization of Services Required	Yes	Yes
Semi-Private Room & Board; Including Services and Supplies	100%	100%
Surgical Services		
Outpatient Facility Charge	100%	100% after \$250 copay per admit after deductible has been met
Emergency Services		
Emergency Room	\$100 copay waived if admitted	\$100 copay waived if admitted

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Benefit Summary	Eligible Employees	Eligible Employees
Ambulance		
Air	100%	100%
Ground	100%	100%
Urgent Care		
Urgent Care Facility	\$30 copay	\$40 copay
Mental Health Benefits		
Inpatient Care	100% (subject to utilization review; waived for emergency admissions)	100% (subject to utilization review; waived for emergency admissions)
Outpatient Care	100% (Behavioral Health treatment for autism or pervasive development disorders require pre-service review.)	100% (Behavioral Health treatment for autism or pervasive development disorders require pre-service review.)
Prescription Drug Benefits		
Prescription Drug Deductible	\$250/500 Brand name only	\$250/500 Brand name only
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$1,000	\$1,000
Prescription Drug Annual Out-of-Pocket Limit/Family	\$3,000	\$3,000
Generic	\$15 copay (see www.express-scripts.com for a list of pharmacies)	\$15 copay (see www.express-scripts.com for a list of pharmacies)
Brand (Formulary/Preferred)		
Brand (Non-Formulary/Non-preferred)	\$250 Individual/\$500 Family deductible, then \$40 copay (see www.express-scripts.com for a list of pharmacies)	\$250 Individual/\$500 Family deductible, then \$40 copay (see www.express-scripts.com for a list of pharmacies)
Number of Days Supply	\$250 Individual/\$500 Family deductible, then \$80 copay (see www.express-scripts.com for a list of pharmacies)	\$250 Individual/\$500 Family deductible, then \$80 copay (see www.express-scripts.com for a list of pharmacies)
Mail Order		
Mail Order Mandatory		
Generic		
Brand (Formulary/Preferred)	\$30 copay	\$30 copay
Brand (Non-Formulary/Non-preferred)		
Number of Days Supply for Mail Order	\$250 Individual/\$500 Family deductible, then \$80 copay	\$250 Individual/\$500 Family deductible, then \$80 copay
Other Services and Supplies		
Durable Medical Equipment & Prosthetic Devices		
Home Health Care		

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Benefit Summary	Eligible Employees	Eligible Employees
Skilled Nursing or Extended Care Facility	100%	100%
Hospice Care	100% limited to 100 visits/calendar year; one visit equals four hours or less	100% limited to 100 visits/calendar year; one visit equals four hours or less
Chiropractic Services	100% limited to 100 days/calendar year	100% limited to 100 days/calendar year
Acupuncture	100%	100%