

ECS Certificated Members October 1, 2025 - September 30, 2026

2025-2026	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN G	PLAN F	HSA \$5000
	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem
	100-D \$20	100-G \$20	90-G \$20	80-G \$20	80-J \$30	Gold	HSA \$5,000	2-Tier HSA \$5,000

OTHER SERVICES

Ambulance (Ground or Air)	0% after Ded \$100 co-pay	0% after Ded \$100 co-pay	10% after Ded \$100 co-pay	20% after Ded \$100 co-pay	20% after Ded \$100 co-pay	\$700	30% after Ded \$100 co-pay	30% after Ded \$100 co-pay
Acupuncture - Limits apply	0% after Ded Subject to PA	0% after Ded Subject to PA	10% after Ded Subject to PA	20% after Ded Subject to PA	20% after Ded Subject to PA	\$0	30% after Ded Subject to PA	30% after Ded Subject to PA
Chiropractic - Limits apply	0% after Ded Subject to PA	0% after Ded Subject to PA	10% after Ded Subject to PA	20% after Ded Subject to PA	20% after Ded Subject to PA	\$0	30% after Ded Subject to PA	30% after Ded Subject to PA
Physical and Occupational Therapy - Limits apply	0% after Ded	0% after Ded	10% after Ded	20% after Ded	20% after Ded	\$0	30% after Ded	30% after Ded
Durable Medical Equipment (DME)	0% after Ded	0% after Ded	10% after Ded	20% after Ded	20% after Ded	\$0	30% after Ded	30% after Ded
Hearing Aids	Amount in excess of \$700 allowance/24 months	Amount in excess of \$700 allowance/24 months	10% after Ded and Amount in excess of \$700 allowance/24 months	20% after Ded and Amount in excess of \$700 allowance/24 months	20% after Ded and Amount in excess of \$700 allowance/24 months	\$0 plus the amount in excess of \$700 allowance/24 months	10% after Ded and Amount in excess of \$700 allowance/24 months	10% after Ded and Amount in excess of \$700 allowance/24 months

*Primary Care Providers (PCPs) are those without specialty certifications, practicing general pediatrics, internal medicine, family or general practice, or obstetrics and gynecology.

**"non-Hosp" means Labs and Radiology Centers not associated with a hospital system. "OPH" means an outpatient hospital setting

PHARMACY BENEFITS

Plan	Rx 200/10-35	Rx 200/10-35	Rx 200/10-35	Rx 200/10-35	Rx 200/10-35	Rx 9-35 PC	Rx HSA	Rx HSA
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	\$200/\$500	none	Included w/ Medical ded	Included w/ Medical ded
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	\$2,500/\$3,500	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	\$0 at Costco‡ \$10 at Other Network	\$0 at Costco‡ \$10 at Other Network	\$0 at Costco‡ \$10 at Other Network	\$0 at Costco‡ \$10 at Other Network	\$0 at Costco‡ \$10 at Other Network	\$0 at Costco‡ \$9 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network
Brand co-pay/30 days supply	\$35	\$35	\$35	\$35	\$35	\$35	Deductible, then \$35	Deductible, then \$35
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	\$35 Must Use Navitus Mail	Deductible, then \$35 (Must Use Navitus Mail)	Deductible, then \$35 (Must Use Navitus Mail)
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90‡	\$0-\$90‡	\$0-\$90‡	\$0-\$90‡	\$0-\$90‡	\$0-\$90‡	Deductible, then \$0- \$90	Deductible, then \$0- \$90
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	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy

This comparison displays member cost-share for In-Network services. Out-of-Network services may not be covered. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Employee cost/payroll deduction, if applicable, can be requested from the district.

‡Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs.