



**ECS Classified Members**  
**October 1, 2025 - September 30, 2026**

2025-2026	PLAN A	PLAN B	PLAN C	PLAN D	PLAN F	PLAN G	PLAN E	HSA \$5000
	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem	Anthem
	100-D \$20	90-G \$20	80-G \$20	80-K \$30	80-M \$40	Gold	HSA \$5,000	2-Tier HSA \$5,000
<b>MEDICAL - CALENDAR YEAR Deductibles &amp; Maximums</b>	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles (Ded)	\$300/\$600	\$500/\$1,000	\$500/\$1,000	\$1,000/\$2,000	\$3,000/\$6,000	\$0/\$0	\$5,000/\$10,000*	\$5,000/\$10,000*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$1,000/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000	\$4,000/\$8,000	\$3,000/\$6,000	\$6,350/\$12,700*	\$6,350/\$12,700*

\*Includes Rx                      \*Includes Rx

**PROFESSIONAL SERVICES**

Primary Care* visit co-pay (\$0 Copay for 1st 3 cal yr Primary Care Office Visit on Non-HSA PPO plans)	\$20	\$20	\$20	\$30	\$40	\$0	Deductible, then 30% after Ded	Deductible, then 30% after Ded
Urgent Care co-pay	\$20	\$20	\$20	\$30	\$40	\$0	30% after Ded	30% after Ded
Prenatal, postnatal office visit co-pay	\$20	\$20	\$20	\$30	\$40	\$0	30% after Ded	30% after Ded
Specialists/Consultants co-pay	\$20	\$20	\$20	\$30	\$40	\$100	30% after Ded	30% after Ded
						<b>Non-Hosp/OPH**</b>		
Scans: CT, CAT, MRI, PET etc.	0% after Ded	10% after Ded	20% after Ded	20% after Ded	20% after Ded	\$300/\$750	30% after Ded	30% after Ded
Laboratory Procedures	0% after Ded	10% after Ded	20% after Ded	20% after Ded	20% after Ded	\$0/\$150	30% after Ded	30% after Ded
Diagnostic X-rays	0% after Ded	10% after Ded	20% after Ded	20% after Ded	20% after Ded	\$75/\$225	30% after Ded	30% after Ded
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived	\$0	0% after Ded Ded Waived	0% after Ded Ded Waived

**HOSPITAL & SKILLED NURSING FACILITY SERVICES**

Emergency Room visit (copay waived if admitted)	0% after Ded \$100 co-pay	10% after Ded \$100 co-pay	20% 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
Inpatient Hospital (preauthorization required)	0% after Ded	10% after Ded	20% after Ded	20% after Ded	20% after Ded	\$600/day	30% after Ded	30% after Ded
Surgery, Outpatient (performed in Surgery Center)	0% after Ded	10% after Ded	20% after Ded	20% after Ded	20% after Ded	\$600	30% after Ded	30% after Ded
Surgery, Outpatient (performed in a Hospital) - limits may apply	0% after Ded	10% after Ded	20% after Ded	20% after Ded	20% after Ded	\$1,800	30% after Ded	30% after Ded

**MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT**

<b>INPATIENT:</b> Facility Based Care (preauth required)	0% after Ded	10% after Ded	20% after Ded	20% after Ded	20% after Ded	\$600/day	30% after Ded	30% after Ded
<b>OUTPATIENT:</b> Facility Based Care (preauth required)	0% after Ded	10% after Ded	20% after Ded	20% after Ded	20% after Ded	\$0	30% after Ded	30% after Ded



## ECS Classified Members October 1, 2025 - September 30, 2026

<b>2025-2026</b>	<b>PLAN A</b>	<b>PLAN B</b>	<b>PLAN C</b>	<b>PLAN D</b>	<b>PLAN F</b>	<b>PLAN G</b>	<b>PLAN E</b>	<b>HSA \$5000</b>
	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>	<b>Anthem</b>
	<b>100-D \$20</b>	<b>90-G \$20</b>	<b>80-G \$20</b>	<b>80-K \$30</b>	<b>80-M \$40</b>	<b>Gold</b>	<b>HSA \$5,000</b>	<b>2-Tier HSA \$5,000</b>

### OTHER SERVICES

Ambulance (Ground or Air)	0% after Ded \$100 co-pay	10% after Ded \$100 co-pay	20% 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	10% after Ded Subject to PA	20% 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	10% after Ded Subject to PA	20% 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	10% after Ded	20% after Ded	20% after Ded	20% after Ded	\$0	30% after Ded	30% after Ded
Durable Medical Equipment (DME)	0% after Ded	10% after Ded	20% 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	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	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 9-35	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	none	\$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‡ \$9 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.