

Albemarle County and Schools
January 1, 2026 through December 31, 2026


Two networks available: KeyCare PPO/National Bluecard PPO network and HealthKeepers network.		Albemarle Select Traditional Plan Anthem KeyCare 30 PPO	Albemarle Advantage Plan (Traditional Plan) Anthem HealthKeepers OA 30	Albemarle Choice Plan (High Deductible /HSA) Anthem KeyCare 3500/10%
Annual Plan Year Deductible		Separate in-network and out-of network deductibles	Separate in-network and out-of network deductibles	Combined in-network and out-of network deductibles
In-Network		\$800 per member; \$1,600 per family	\$1,500 per member; \$3,000 per family	\$3,500 per member; \$7,000 per family
Annual Plan Year Combined Medical and Prescription Drug Out-of-Pocket Maximum				
In-Network		\$4,000 per member; \$8,000 per family	\$4,500 per member; \$9,000 per family	\$4,300 per member; \$8,600 per family
Can be coupled with Flexible Spending Account or Health Savings Account?		FSA Only	FSA Only	HSA (Albemarle makes an HSA contribution) (also offers limited FSA for dental and vision expenses)
Preventive Care Benefits				
During the course of a routine screening procedure, abnormalities or problems may be identified that require immediate intervention or additional diagnosis. If this occurs, and your provider performs additional necessary procedures, the service will be considered diagnostic and/or surgical, rather than screening, depending on the claim for the services submitted by your provider, which will result in a member cost share.				
		Covered in full	Covered in full	Covered in full
Office visit copayment/coinsurance				
Physician Office Visit		\$30 PCP/visit \$45 Specialist/visit	\$30 PCP/visit and \$45 Specialist/visit	Subject to deductible + 10% coinsurance
Physical therapy, occupational therapy, and speech therapy*		\$30 copay/visit	\$30 copay / visit	Subject to deductible + 10% coinsurance
* Physical and occupational therapies have an in- and out-of-network combined limit of 90 visits. Speech therapy has an in- and out-of-network combined limit of 90 visits.				
Outpatient mental health/substance abuse visits				
		\$30 copay/visit	\$30 copay/visit	Subject to deductible + 10% coinsurance
Spinal manipulation (chiropractic care services) – 30 visit combined in- and out-of-network plan year limit				
		\$30 copay/visit	\$30 copay/visit	Subject to deductible + 10% coinsurance
Emergency Room care				
		Subject to in-network deductible + 20% coinsurance (Associated Professional Providers covered at no cost share)	Subject to in-network deductible +20% coinsurance (Associated Professional providers covered at no cost share)	Subject to deductible + 10% coinsurance
Outpatient surgery (Facility or Freestanding Ambulatory Surgery Center)				
		Facility: Subject to in-network deductible + 20% coinsurance (Associated Professional Providers: \$30 PCP/\$45 Specialist Copay per provider.)	Facility: Subject to in-network deductible + 20% coinsurance (Associated Professional Providers: \$30 PCP/\$45 specialist Copay per provider)	Subject to deductible + 10% coinsurance
Inpatient hospitalization				
		Subject to in-network deductible + 20% coinsurance	Subject to deductible + 20% coinsurance	Subject to deductible + 10% coinsurance
Maternity care				
OB Dr. Global Billed services		\$50 copay per pregnancy	\$50 copay per pregnancy	Subject to deductible + 10% coinsurance
Maternal/Fetal Ultrasounds		No cost share	No cost share	
Diagnostic Testing in an Office Setting		\$30 PCP/\$45 Specialist copay/visit	\$30 PCP/\$45 Specialist copay/visit	
Facility Services (Inpatient and Outpatient: (except Maternal/Fetal ultrasounds as noted above):		Subject to in-network deductible + 20% coinsurance	Subject to in-network deductible + 20% coinsurance	

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Outpatient prescription drugs (ACA Preventive Care Medications are covered with no cost share)				
Retail pharmacy (Up to a 30-day supply at a participating pharmacy)	\$10/\$40/\$70/20% (\$300 maximum per script on Tier 4 medications.) RX Deductible for Tiers 2-4 (\$150 individual/ \$300 family)	\$10/\$40/\$70/20% (\$300 maximum per script on Tier 4 medications.) RX Deductible for Tiers 2-4 (\$150 individual/ \$300 family)	Subject to deductible, then copay of \$15/\$50/\$85/20% (\$300 maximum per script for Tier 4 medications)	
Home Delivery Program (Up to a 90-day supply delivered to your home)	\$20/\$80/\$140/n/a RX Deductible for Tiers 2-4 (\$150 individual/ \$300 family)	\$20/\$80/\$140/n/a RX Deductible for Tiers 2-4 (\$150 individual/ \$300 family)	Subject to deductible, then copay of \$30/\$100/\$170/20%* (\$300 maximum per script for Tier 4 medications)	
Retail Maintenance (Up to a 90-day supply purchased at participating retail pharmacy)	\$30/\$120/\$210/20%* RX Deductible for Tiers 2-4 (\$150/\$300)	\$30/\$120/\$210/20%* RX Deductible for Tiers 2-4 (\$150/\$300)	Subject to deductible, then copay of \$45/\$150/\$255/n/a	
National Direct Plus PreventiveRx Enhanced drug list program Medications on the PreventiveRx Drug list are covered with no member cost share when in-network pharmacies are used.				
CarelonRx is the Pharmacy Benefits Manager for Anthem. Specialty medications must be purchased through CarelonRX specialty pharmacy. Most specialty medications are limited up to a 30-day supply with the exception of medications used to treat HIV/AIDS and transplant medications, which can be filled up to a 90-day supply				
Routine vision care (and valuable discounts off of frames and hardware when using Blue View Vision providers)				
Blue View Vision	\$15/visit for annual routine eye exam	\$15/visit for annual routine eye exam	\$15/visit for annual routine eye exam	
Out-of-network	\$30 allowance	\$30 allowance	\$30 allowance	
Special features and programs				
Building Healthy Families (Maternity Care Program)	Included	Included	Included	
Condition Care (asthma, chronic obstructive pulmonary disease (COPD), diabetes (Type I and II), heart failure (HF), and coronary artery disease (CAD). Anthem nurses and other medical & pharmacy providers support members in managing these prevalent chronic medical conditions.	Included	Included	Included	
24/7 NurseLine - speak to a R.N. anytime day or night to determine the right place and right type of care you need for an urgent/emergent issue. Great resource when traveling out of town.	Included	Included	Included	
LiveHealth Online (Virtual office visit) Primary Care, Medical Care and Behavioral Health	\$0 visit	\$0 visit	10% coinsurance deductible does not apply (based on \$49/visit allowable charge)	
Specialist You must first register for the Sydney App	\$45 visit	\$45 visit	Subject to deductible + 10% coinsurance (based on allowable charge of \$80/visit LCSW & \$95/visit - PhD Psychologist)	
Out-of-Network Medical Benefits	\$1,300 Mbr./\$2,600 Family Deductible	\$2,500 Mbr./\$5,000 Family Deductible (combined with In-ntwk deductible)	\$3,500 Mbr./\$7,000 Family Deductible (combined with In-ntwk deductible)	
	\$4,500 Mbr./\$9,000 Family OOP	\$6,000 Mbr./\$12,000 Family OOP	\$6,400 Mbr./\$12,900 Family OOP	
	30% coinsurance based on In-ntwk Allowable	30% coinsurance based on In-ntwk Allowable	20% coinsurance based on In-ntwk Allowable	
Percentages listed above are based on the Anthem Blue Cross and Blue Shield allowable charges. ----- This information only highlights the major health insurance benefits offered to employees through Albemarle County & Schools. Should there be any difference between this information and the Anthem Blue Cross and Blue Shield Member Benefit Booklets, formal plan documents or contract, the formal plan document and/or contract shall govern. Out of Network providers can bill you the difference between what they charge and what Anthem allows. Amounts over Anthem's allowable charge do not count towards the Out of Network Out of Pocket maximum.				