2025-2026 Blue Shield
Anthem PCP
Plan Comparison

Roseland
All Bargaining Units
2025-2026

	Blue Shield	Blue Shield	Blue Shield	Blue Shield	Blue Shield
	100-B $20	**90-E $20 (Non-Marketed)**	**80-G $30 (Non-Marketed)**	**HSA $3,400**	**2-Tier HSA $5,000**
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles (Ded)	$100/$300	$300/$600	$500/$1,000	$3,400/$6,800*	$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	$6,000/$12,000* *Includes Rx	$6,350/$12,700* *Includes Rx
PROFESSIONAL SERVICES					
Primary Care* Visit Co-Pay ($0 Copay for 1st 3 cal year visits on non-HSA PPO plans)	$20	$20	$30	Deductible, then 10% after Ded	Deductible, then 30% after Ded
Urgent Care co-pay	$20	$20	$30	10% after Ded	30% after Ded
Prenatal, postnatal office visit co-pay	$20	$20	$30	10% after Ded	30% after Ded
Specialists/Consultants co-pay	$20	$20	$30	10% after Ded	30% after Ded
Scans: CT, CAT, MRI, PET etc.	0% after Ded	10% after Ded	20% after Ded	10% after Ded	30% after Ded
Laboratory Procedures	0% after Ded	10% after Ded	20% after Ded	10% after Ded	30% after Ded
Diagnostic X-rays	0% after Ded	10% after Ded	20% after Ded	10% after Ded	30% after Ded
Infertility (Refer to Plan Document)	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
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	10% after Ded $100 co-pay	30% after Ded $100 co-pay
Inpatient Hospital (preauthorization required)	0% after Ded	10% after Ded	20% after Ded	10% after Ded	30% after Ded
Surgery, Outpatient (performed in Surgery Center)	0% after Ded	10% after Ded	20% after Ded	10% after Ded	30% after Ded
Surgery, Outpatient (performed in a Hospital) - limits may apply	0% after Ded	10% after Ded	20% after Ded	10% after Ded	30% after Ded
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT					
INPATIENT: Facility Based Care (preauth required)	0% after Ded	10% after Ded	20% after Ded	10% after Ded	30% after Ded
OUTPATIENT: Facility Based Care (preauth required)	0% after Ded	10% after Ded	20% after Ded	10% after Ded	30% after Ded
OTHER SERVICES					
Ambulance (Ground or Air)	0% after Ded $100 co-pay	10% after Ded $100 co-pay	20% after Ded $100 co-pay	10% after Ded $100 co-pay	30% after Ded $100 co-pay
Acupuncture - Limits apply	0% after Ded	10% after Ded	20% after Ded	10% after Ded	30% after Ded
Chiropractic - Limits apply	0% after Ded	10% after Ded	20% after Ded	10% after Ded	30% after Ded
Physical and Occupational Therapy - Limits apply	0% after Ded	10% after Ded	20% after Ded	10% after Ded	30% after Ded
Durable Medical Equipment (DME)	0% after Ded	10% after Ded	20% after Ded	10% 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	10% after Ded and Amount in excess of $700 allowance/24 months	30% 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.

PHARMACY BENEFITS

	Rx 7-25	**Rx 7-25**	**Rx 9-35**	**Rx HSA**	**Rx HSA**
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	none	none	Included w/ Medical ded	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	$1,500/$2,500	$1,500/$2,500	$2,500/$3,500	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	$0 at Costco‡ $7 at Other Network	$0 at Costco‡ $7 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	$25	$25	$35	Deductible, then $35	Deductible, then $35
Specialty co-pay/up to 30 days supply	$25 Must Use Navitus Mail	$25 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-$60‡	$0-$60‡	$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

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.