

ALVORD UNIFIED SCHOOL DISTRICT MANAGEMENT MEDICAL PLAN COMPARISON						
PLAN	ANTHEM HMO	ANTHEM HSA*		ANTHEM PPO**		KAISER DHMO
NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK	OUT OF NETWORK	IN NETWORK
ANNUAL DEDUCTIBLE	NONE	\$1,500 PER PERSON, UP TO \$3,000 FOR A FAMILY	\$1,500 PER PERSON, UP TO \$3,000 FOR A FAMILY	\$500 PER PERSON, UP TO \$1,500 FOR A FAMILY	\$1,000 PER PERSON, UP TO \$3,000 FOR A FAMILY	NONE
ANNUAL OUT OF POCKET MAXIMUM	\$500 PER PERSON, UP TO \$1,500 FOR A FAMILY	\$3,000 PER PERSON, UP TO \$6,000 FOR A FAMILY	\$9,000 PER PERSON, UP TO \$18,000 FOR A FAMILY	\$3,000 PER PERSON, UP TO \$9,000 FOR A FAMILY	\$6,000 PER PERSON, UP TO \$18,000 FOR A FAMILY	\$1,500 PER PERSON, UP TO \$3,000 FOR A FAMILY
PRIMARY CARE OFFICE VISIT	\$20 CO-PAY	10% CO-INSURANCE	30% CO-INSURANCE	\$30 CO-PAY	30% CO-INSURANCE	\$20 CO-PAY
SPECIALIST OFFICE VISIT	\$20 CO-PAY	10% CO-INSURANCE	30% CO-INSURANCE	\$30 CO-PAY	30% CO-INSURANCE	\$20 CO-PAY
URGENT CARE	\$20 CO-PAY	10% CO-INSURANCE	30% CO-INSURANCE	\$30 CO-PAY	30% CO-INSURANCE	\$20 CO-PAY
AMBULANCE	NO CHARGE	20% CO-INSURANCE	20% CO-INSURANCE	10% CO-INSURANCE	10% CO-INSURANCE	NO CHARGE
EMERGENCY ROOM	\$100 CO-PAY, WAIVED IF ADMITTED	10% CO-INSURANCE	10% CO-INSURANCE	10% CO-INSURANCE	10% CO-INSURANCE	\$100 CO-PAY
HOSPITALIZATION	NO CHARGE	10% CO-INSURANCE	\$500 CO-PAY + 30% CO-INSURANCE	10% CO-INSURANCE	30% CO-INSURANCE	NO CHARGE
OUTPATIENT SURGERY	NO CHARGE	10% CO-INSURANCE	30% CO-INSURANCE	10% CO-INSURANCE	30% CO-INSURANCE	\$20 CO-PAY
X-RAY/LAB	NO CHARGE	10% CO-INSURANCE	30% CO-INSURANCE	10% CO-INSURANCE	30% CO-INSURANCE	NO CHARGE
MENTAL HEALTH SERVICES - OUTPATIENT	NO CHARGE	10% CO-INSURANCE	30% CO-INSURANCE	10% CO-INSURANCE	30% CO-INSURANCE	\$20 CO-PAY
MENTAL HEALTH SERVICES - INPATIENT	NO CHARGE	10% CO-INSURANCE	\$500 CO-PAY + 30% CO-INSURANCE	10% CO-INSURANCE	\$500 CO-PAY + 30% CO-INSURANCE	NO CHARGE
CHIROPRACTIC	\$10 CO-PAY, UP TO 30 VISITS	10% CO-INSURANCE, UP TO 24 VISITS	30% CO-INSURANCE, UP TO 24 VISITS	10% CO-INSURANCE, UP TO 24 VISITS	30% CO-INSURANCE, UP TO 24 VISITS	\$10 CO-PAY, UP TO 30 VISITS
ACUPUNCTURE	\$20 CO-PAY	10% CO-INSURANCE	30% CO-INSURANCE	10% CO-INSURANCE	30% CO-INSURANCE	NOT COVERED
PRESCRIPTION DRUG DEDUCTIBLE	NONE	NONE	NONE	NONE	NONE	NONE
PRESCRIPTION DRUG CO-PAY	\$15 GENERIC, \$40 FORMULARY BRAND, \$80 NON-FORMULARY BRAND. AN ADDITIONAL \$15 CHARGE FOR PRESCRIPTIONS FILLED AT TIER 2 PHARMACIES.	\$15 CO-PAY GENERIC, \$40 FORMULARY BRAND, \$80 NON-FORMULARY BRAND. AN ADDITIONAL \$15 CHARGE FOR PRESCRIPTIONS FILLED AT NON-NETWORK PHARMACIES	50% CO-INSURANCE	\$15 GENERIC, \$50 FORMULARY BRAND, \$15 + COST DIFFERENCE OF GENERIC OPTION FOR NON-FORMULARY BRAND. AN ADDITIONAL \$15 CHARGE FOR PRESCRIPTIONS FILLED AT TIER 2 PHARMACIES	50% CO-INSURANCE	\$10 GENERIC, \$20 BRAND

FOOTNOTES:

* ENROLLMENT IN THIS PLAN INCLUDES A \$3,000 ANNUAL DISTRICT CONTRIBUTION TOWARDS A HEALTH SAVINGS ACCOUNT

** ENROLLMENT IN THIS PLAN IS LIMITED TO MANAGEMENT EMPLOYEES HIRED PRIOR TO 7/1/2020

1. AMOUNTS LISTED REPRESENT THE MEMBER'S COST AND ASSUME PRIOR AUTHORIZATION, IF NEEDED, HAS BEEN OBTAINED.

2. ANY CHARGES LISTED AS "CO-INSURANCE" ALSO REQUIRE THE MEMBER TO HAVE MET THEIR ANNUAL DEDUCTIBLE.

3. THIS DOCUMENT IS INTENDED TO PROVIDE A HIGH LEVEL COMPARISON, AND DOES NOT ACCOUNT FOR EVERY POSSIBLE CHARGE. INSURANCE CARRIER MATERIALS GOVERN SHOULD ANY DISPARITY BETWEEN THIS SUMMARY AND THEIR DETAILED MATERIALS EXIST. FOR A COPY OF INSURANCE CARRIER MATERIALS, CONTACT THE BENEFITS DEPARTMENT.