

Coachella Valley Unified - Certificated Anthem PPO Plan Comparison & Summary

2021-2022	Anthem PPO 90-G \$20	Anthem PPO 80-G \$20
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays
Individual/Family Deductibles	\$500/\$1,000	\$500/\$1,000
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$2,000/\$4,000
PROFESSIONAL SERVICES		
Office Visit (OV) co-pay	\$0 co-pay 1st 3 visits then \$20	\$0 co-pay 1st 3 visits then \$20
Urgent Care co-pay	\$20	\$20
Specialists/Consultants co-pay	\$20	\$20
Prenatal, postnatal office visit co-pay	\$20	\$20
Scans: CT, CAT, MRI, PET etc.	10%	20%
Diagnostic X-ray & Laboratory Procedures	10%	20%
Infertility (refer to plan document)	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES		
Emergency Room visit (co-pay waived if admitted)	10% \$100 co-pay	20% \$100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	10%	20%
Outpatient Hospital	10%	20%
Surgery, Outpatient (performed in Surgery Center)	10%	20%
Surgery, Outpatient (performed in a Hospital) - limits may apply	10%	20%
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT		
INPATIENT: Facility Based Care (preauth required)	10%	20%
OUTPATIENT: Facility Based Care (preauth required)	10%	20%
OTHER SERVICES		
Ambulance (Ground or Air)	10% \$100 co-pay	20% \$100 co-pay
Acupuncture - Limits apply	10%	20%
Chiropractic - Limits apply	10%	20%
Durable Medical Equipment (DME)	10%	20%
Physical and Occupational Therapy - Limits apply	10%	20%
Hearing Aids	10% and Amount in excess of \$700 allowance/24 months	20% and Amount in excess of \$700 allowance/24 months
PHARMACY BENEFITS		
Pharmacy Benefit Manager	5-20 Navitus	200/10-35 Navitus
Individual/Family Brand & Specialty Rx Deductibles	none	\$200/\$500
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$1,500/\$2,500	\$2,500/\$3,500
Generic co-pay/30 days supply	\$0 at Costco \$5 at Other Network	\$0 at Costco \$10 at Other Network
Brand co-pay/30 days supply	\$20	\$35
Specialty co-pay/up to 30 days supply	\$20 Must Use Navitus Mail	\$35 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$50	\$0-\$90
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.