



Understanding Your Medical Health Options: Exclusive Provider Organization (EPO) vs. Preferred Provider Organization (PPO)

When selecting a medical health insurance plan through the Anaheim Union High School District, employees can choose between two primary plan types: an **Exclusive Provider Organization (EPO)** and a **Preferred Provider Organization (PPO)**. Both options offer comprehensive care through the Anthem Blue Cross Prudent Buyer EPO/PPO network, but they differ in flexibility, out-of-network coverage, and cost structure.

Plan Comparison Overview

Key Feature	EPO Plan	PPO Plan
Network	Anthem Blue Cross Prudent Buyer EPO/PPO	Anthem Blue Cross Prudent Buyer EPO/PPO
Primary Care Physician (PCP) Required	No	No
Specialist Referrals Required	No	No
Out-of-Network Coverage	None (100% member cost)	Covered (at higher out-of-pocket cost)
Coordination of Benefits	No	Yes
Deductibles & Costs	No deductible; potential lower out-of-pocket costs (copays)	Deductible applies; potential higher out-of-pocket costs (coinsurance)

EPO Plan Details

The EPO plan provides access to physicians and healthcare facilities within the network. In exchange for lower fixed costs, coverage is restricted strictly to network providers.

- **Direct Specialist Access:** You may see any specialist or physician without a referral or designated Primary Care Physician (PCP).
- **Network Exclusive:** Non-emergency services received outside the network are not covered, requiring you to pay the full cost of care.
- **Standalone Coverage:** The AUHSD EPO Plan does not coordinate benefits with secondary medical plans.

PPO Plan Details

The PPO plan provides enhanced flexibility regarding provider selection, offering partial coverage for out-of-network services and accommodating secondary insurance policies.

- **Direct Specialist Access:** You do not need a PCP referral to visit specialists or receive specialized testing.
- **Out-of-Network Coverage:** You may receive care from providers outside the Anthem network; however, in-network care yields significantly higher benefit levels and lower personal expenses.
- **Coordination of Benefits:** The AUHSD PPO Plan coordinates with other insurance plans to maximize coverage.
- **Deductible Requirement:** Covered services are subject to an annual deductible before insurance benefits apply.

Decision Guide

- **Consider the EPO Plan if:** You prefer predictable, no deductible and potential lower out-of-pocket costs (copays), and are comfortable receiving all non-emergency care exclusively from in-network providers.
- **Consider the PPO Plan if:** You require the flexibility to visit out-of-network physicians, wish to coordinate benefits with a spouse's policy, or are willing to manage higher out-of-pocket costs (coinsurance) in exchange for broader provider choice.

2027 AUHSD Medical Plans Comparison

Both the EPO and PPO utilize the Anthem Blue Cross Prudent Buyer EPO/PPO network

Note: The EPO plan does not coordinate coverage with other medical plans

Benefit	EPO In-Network Only	PPO	
		In-Network	Non-Network
<i>Lifetime Maximum</i>	Unlimited	Unlimited	
<i>Calendar Year Deductible</i>	None	\$350/Individual \$1,400/Family	\$500/Individual \$2,000/Family
<i>Calendar Year Out-of-Pocket Maximum</i> (including deductible)	\$2,000 Individual / \$4,000 Family	\$1,600/Individual \$6,400/Family	\$5,600/Individual \$22,400/Family
<i>Prescription Drug Out-of-Pocket Maximum</i>	Included in Calendar Year Out-of-Pocket Maximum	\$5,125 Individual / \$7,300 Family	
<i>Office Visit</i> - Physicians and Specialists	\$30 copay	10% after deductible	40% after deductible
<i>Preventive Care</i> - Adult-annual physical, mammogram, Children-immunizations, well-baby	No charge	No charge	40% after deductible
<i>Hospitalization</i> - Inpatient - Outpatient surgery	\$150 copay \$250 copay	10% after deductible	40% after deductible
<i>Emergency Room</i> (copay waived if admitted or under observation)	\$200 copay	\$100 copay + 10% after deductible	
<i>Diagnostic Test</i> - X-ray, blood work - Imaging (CT/PET scans, MRI's)	No Charge \$100 copay/test	10% after deductible 10% after deductible	40% after deductible 40% after deductible
<i>Chiropractic Care & Acupuncture</i>	\$30 copay (Limited to a maximum of 52 visits per year combined with rehabilitation services & physical therapy)	10% after deductible Maximum 52 visits per calendar year	No coverage
<i>Physical Therapy</i>	\$30 copay (Limited to a maximum of 52 visits per year combined with rehabilitation services, acupuncture & chiropractic care)	10% after deductible	No coverage
<i>Mental Health & Substance Abuse</i> - Inpatient/treatment - Office visits	No charge \$30 copay	10% after deductible 10% after deductible	40% after deductible 40% after deductible
<i>Prescription Drugs</i> <i>EmpiRx Health</i>	Retail (34-day) Copay: Generic \$10 / Brand Name Formulary \$30/ Non-Formulary Brand \$60 Mail Order & Retail 90 (90-day supply) Copay: Generic \$20 / Brand Name Formulary \$60 / Non-Formulary Brand \$120 Specialty Drugs: (34-day) through Luna Health Network provider - Subject to the applicable copay as generic, formulary, or non-formulary – there is no out-of-network coverage		