

# 2026 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	<b>\$350/Individual \$1,400/Family</b>	<b>\$500/Individual \$2,000/Family</b>
<i>Calendar Year Out-of-Pocket Maximum</i> (including deductible)	\$2,000 Individual / \$4,000 Family	<b>\$1,600/Individual \$6,400/Family</b>	<b>\$5,600/Individual \$22,400/Family</b>
<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	<b>\$30 copay</b>	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	<b>\$150 copay</b> <b>\$200 copay</b>	10% after deductible	40% after deductible
<i>Emergency Room</i> (copay waived if admitted or under observation)	\$150 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 &amp; Acupuncture</i>	<b>\$30 copay</b>  (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>	<b>\$30 copay</b>  (Limited to a maximum of 52 visits per year combined with rehabilitation services, acupuncture & chiropractic care)	10% after deductible	No coverage
<i>Mental Health &amp; Substance Abuse</i> - Inpatient/treatment - Office visits	No charge <b>\$30 copay</b>	10% after deductible 10% after deductible	40% after deductible 40% after deductible
<i>Prescription Drugs</i> <i>Anthem/CarelonRx</i>	<b>Retail (34-day) Copay:</b> Generic \$10 / Brand Name Formulary \$30/ Non-Formulary Brand \$60 <b>Mail Order &amp; Retail 90 (90-day supply) Copay:</b> Generic \$20 / Brand Name Formulary \$60 / Non-Formulary Brand \$120 <b>Specialty Drugs:</b> (34-90-day) through BioPlus Specialty Pharmacy, a Carelon company Network provider - Subject to the applicable copay as generic, formulary, or non-formulary – there is no out-of-network coverage		