



EPO & PPO Medical Health Plan Differences

When it comes to medical health insurance provided by the Anaheim Union High School District, you have the choice of two plan types, an Exclusive Provider Organization (EPO) and a Preferred Provider Organization (PPO).

Below is a brief look at each and their advantages.

Deciding Between an EPO and a PPO

When making a choice between these two types of plans, you should consider you or your family's medical needs, access and availability of your preferred medical provider, and your income.

- If you're looking at an EPO, take a close look at the network to determine if the choice of providers and medical facilities are enough to meet your needs.
- A PPO can give you more flexibility and control of your medical services, including the potential to be covered for medical bills outside the network, but your personal medical costs could be higher.

EPO Plan

Network: Anthem Blue Cross Prudent Buyer EPO/PPO

An EPO gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to lower their rates for plan members and also meet quality standards. **But unlike the PPO, service is covered only if you see a provider within the EPO's selected network.**

Some key points to consider when selecting an EPO plan:

- You can see the doctor or specialist you'd like without having to see a primary care physician (PCP) first.
- Referrals are not required when you see a specialist or have a special test done.
- If you choose to see a doctor outside of the EPO selected network, there is no coverage, meaning you will have to pay the entire cost of medical services.
- **The AUHSD EPO Plan does not coordinate benefits with other medical plans.**

PPO Plan

Network: Anthem Blue Cross Prudent Buyer EPO/PPO

PPO plans provide more flexibility when picking a doctor or hospital. They also feature a network of providers, and there are fewer restrictions on seeing non-network providers. In addition, your PPO insurance will pay if you see a non-network provider for a covered service, although it may be at a higher cost to you.

Some key points to consider when selecting a PPO plan:

- You can visit a doctor or specialist you'd like without having to see a PCP first.
- You can visit a doctor or go to a hospital outside the network and you may be covered; however, your benefits will be greater if you stay in the PPO network.
- PPO plans have a deductible that must be met before insurance pays on certain services.
- The AUHSD PPO Plan coordinates benefits.

Comparing an EPO and a PPO Plan

EPOs tend to be more affordable, but you may get less coverage and more restrictions.

PPOs are more flexible and provide greater coverage, but come with a higher out-of-pocket cost.

Key Comparison Points	EPO	PPO
<i>Access to a network of doctors, hospitals and other healthcare providers</i>	✓	✓
<i>Ability to see the doctor you want without a PCP to authorize treatment</i>	✓	✓
<i>Ability to see a specialist without referral from a PCP</i>	✓	✓
<i>Low or no deductible and generally lower premiums</i>	✓	
<i>Coverage for some medical expenses outside the plan's network*</i>		✓
<i>Coordination of coverage with other plans</i>		✓

***Out-of-network services generally available with higher out-of-pocket costs.**

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	\$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 \$200 copay	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 & 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>Anthem/CarelonRx</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: (34-90-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		