

2023 AUHSD Medical Plan 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	PPO	
	In-Network Only	In-Network	Non-Network
<i>Lifetime Maximum</i>	Unlimited	Unlimited	
<i>Calendar Year Deductible</i>	None	\$275 Individual / \$1,100 Family	
<i>Calendar Year Out-of-Pocket Maximum</i> (including deductible)	\$2,000 Individual / \$4,000 Family	\$1,475/Individual \$5,900/Family	\$5,075/Individual \$20,300/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	\$20 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 Inpatient/Outpatient Services</i>	No charge	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>	\$20 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>	\$20 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 \$20 copay	10% after deductible 10% after deductible	40% after deductible 40% after deductible
<i>Prescription Drugs Express Scripts</i>	Retail (34 day supply) Copay: Generic \$7 / Brand Name Formulary \$25/ Non-Formulary Brand \$50 Mail Order (90 day supply) Copay: Generic \$14 / Brand Name Formulary \$50 / Non-Formulary Brand \$100 Specialty Drugs: (34-90 day supply) through Accredo Pharmacy. Network provider - Subject to the applicable copay as generic, formulary, or non-formulary – there is no out-of-network coverage		