

# Pittsylvania County and Schools

## Anthem Plans Comparison

October 1, 2019 -- September 30, 2020



Medical PPO Plans	KeyCare 500	KeyCare 30	HSA 3000
<b>In-network benefits</b>			
Deductible Individual (calendar year)	\$500	\$1,000	\$3,000
Deductible Family (calendar year)	\$1,000	\$2,000	\$6,000
Out-of-pocket maximum - individual	\$5,500	\$6,000	\$4,000
Out-of-pocket maximum - family	\$11,000	\$12,000	\$8,000
Coinsurance	20% after deductible	20% after deductible	0% after deductible
Preventive Care	No charge	No charge	No charge
Office Visit (PCP)	20% after deductible	\$30 copay	0% after deductible
Office Visit (Specialist)	20% after deductible	\$30 copay	0% after deductible
Telemedicine Visit (LiveHealth Online)	20% after deductible	\$20 copay	\$49
Chiropractic Services (Limited to 30 visits per CY)	20% after deductible	\$25 copay	0% after deductible
Urgent Care	20% after deductible	\$30 copay	0% after deductible
Emergency Room - facility	20% after deductible	20% after deductible	0% after deductible
Inpatient - facility	20% after deductible	20% after deductible	0% after deductible
Outpatient surgery - facility	20% after deductible	20% after deductible	0% after deductible
Vision (1 routine eye exam per CY)	\$15 copay	\$15 copay	\$15 copay
<b>Out-of-network benefits</b>			
Deductible (individual/family)	\$750/\$1,500	\$1,500/\$3,000	\$3,000/\$6,000
Out-of-pocket maximum (individual/family)	\$10,000/\$20,000	\$11,000/\$22,000	\$6,000/\$12,000
Coinsurance	40% after deductible	40% after deductible	20% after deductible
<b>Pharmacy benefits</b>			
Deductible	N/A	N/A	Combined with Medical
Tier 1 - Generics Retail (30 days)	\$10	\$10	\$10
Tier 2 - Preferred Brand Retail (30 days)	\$40	\$40	\$40
Tier 3 - Non-Preferred Brand Retail (30 days)	\$60	\$60	\$60
Tier 4 - Specialty Retail (30 days)	20% coinsurance up to \$250	20% coinsurance up to \$250	20% coinsurance up to \$250
Tier 1 - Generics Home Delivery (90 days)	\$25	\$25	\$25
Tier 2 - Preferred Brand Home Delivery (90 days)	\$100	\$100	\$100
Tier 3 - Non-Preferred Brand Home Delivery (90 days)	\$150	\$150	\$150
Tier 1 - Generics Retail (90 days)	\$30	\$30	\$30
Tier 2 - Preferred Brand Retail (90 days)	\$120	\$120	\$120
Tier 3 - Non-Preferred Brand Retail (90 days)	\$180	\$180	\$180
Preventive RX Plus Plan	N/A	N/A	Yes*
<b>Special features and programs</b>			
Condition Care	Included	Included	Included
Employee Assistance Program (EAP)	Included	Included	Included
Future Moms	Included	Included	Included
24/7 NurseLine	Included	Included	Included

\* PreventiveRX Plus is included with the HSA 3000 plan. Medications on the PreventiveRX Plus listing are covered at 100% when purchased at a participating pharmacy.