Prince William County Government

Anthem BlueCross and BlueShield Medical Plans Comparison – Effective July 1, 2025

Benefit	KeyCare Enhanced PPO		KeyCare Core PPO		Healthkeepers POS	
	In-Network	Out-of-Network** Coinsurance Amount After Deductible	In-Network	Out-of-Network** Coinsurance Amount After Deductible	In-Network PCP Required. Referrals re Facility services, ir (Female members can s	n most instances.
Primary Care Physician (PCP) Visits LiveHealth Online Visits	\$20/visit No cost share	30% N/A	\$25/visit No cost share	30% N/A	\$20/visit No cost share	30% N/A
Specialist Physician Visits	\$35/visit	30%	\$50/visit	30%	\$40/visit	30%
Deductible (per calendar year)	None	\$400 Individual \$800 Family	None	\$500 Individual \$1,000 Family	None	\$750 Individual \$1,500 Family
Out of Pocket Maximum - Per calendar year; Medical & Rx combined	\$2,500 Individual \$5,000 Family	\$3,500 Individual \$7,000 Family	\$4,000 Individual \$8,000 Family	\$5,500 Individual \$11,000 Family	\$2,500 Individual \$5,000 Family	\$5,000 Individual \$10,000 Family
Preventive Care Annual Physicals/immunizations Well Baby Check Ups (up to age 7) Well Woman Exam & Pap Mammography Screening Colonoscopy Screening PSA Test	No cost share	30%	No cost share	30%	No cost share	30%
Diagnostic Testing Laboratory X-ray Imaging (MRI, CT, PET-Scan, etc)	No cost share No cost share \$200/visit	30%	20% 20% \$200/visit plus 20%	30%	Labs: In-office = No cost share; Outpatient = \$40 X-ray: \$40/visit \$200/visit	30%
Outpatient Surgery Primary Care Provider Specialist Facility	\$20/visit \$35/visit \$200/visit	30%	\$25/visit \$50/visit \$200/visit plus 20%	30%	No cost share No cost share \$200/visit	30%
Hospital Inpatient (per Admission) Facility Fee Physician/Surgeon Fees	\$350/admission No cost share	30%	\$400/admission plus 20% 20%	30%	\$200/day (\$1,000 max/admission) No cost share	30%
Emergency Services	\$200/visit 20% \$35 per visit	Covered as in-network Covered as in-network 30%	\$200/visit plus 20% 20% \$25 PCP/\$50 Specialist	Covered as in-network Covered as in-network 30%	\$200/visit No cost share \$40/visit	Covered as in-network Covered as in-network 30%
Mental Health Outpatient Inpatient	\$20/visit \$350/Admission	30%	\$25/visit \$400/Admission plus 20%	30%	\$20/visit \$200/day (\$1000 max/admission)	30%
Therapy Services Physical, Occupational & Speech	\$20 PCP/\$35 Specialist	30%	\$50/visit	30%	\$25/visit (90 visits max per CY)	30%
Skilled Nursing Facility Care (100-day limit/admit)	20%	30%	20%	30%	No cost share	30%
Home Health Care	No cost share (90 visits max per CY)	30%	No cost share (90 visits max per CY)	30%	\$40/month (90 visits max per CY)	30%
Durable Medical Equipment/Medical Supplies	20%	30%	20%	30%	0%	30%
Chiropractic Services	\$20 PCP/\$35 Specialist (50 visits max per CY)	30%	\$25 PCP/\$50 Specialist (50 visits max per CY)	30%	\$20/visit (20 visits max per CY)	30%

Prescriptions – All Plans Offered through Anthem Carelon Rx	Retail (30-day supply)	Retail (90-day supply) Maintenance Drugs Only	Mail Order (90-day supply)
Tier 1 – Generic	\$10.00	\$30.00	\$20.00
Tier 2 - Pref. Brand & Non-pref. Generic	\$35.00	\$105.00	\$70.00
Tier 3 – Non-preferred Brand	\$70.00	\$210.00	\$140.00

Blue View Vision - All Plans	In-network	
Basic Eye Exam	\$15.00	
Frames/Contacts	Discounts Vary	

Percentages listed above are of the Anthem Blue Cross and Blue Shield allowable charges. This information only highlights the major health insurance benefits offered to employees through PWC Schools, Government, and Service Authority. Should there be any difference between this information and the Anthem Blue Cross and Blue Shield allowable charges. This information only highlights the major health insurance benefits offered to employees through PWC Schools, Government, and Service Authority. Should there be any difference between this information and the Anthem Blue Cross and Blue Shield allowable charges. This information only highlights the major health insurance benefits offered to employees through PWC Schools, Government, and Service Authority. Should there be any difference between this information and the Anthem Blue Cross and Blue Shield allowable charges.

^{**}Out of Network providers can bill you the difference between what they charge and what Anthem allows for non-emergency services. Amounts over Anthem's allowances do not count towards the Out of Network Out of Pocket maximum