

**FY27 Health Insurance Plans**

	Anthem BCBS			Kaiser
	KeyCare PPO Enhanced Nationwide Network	KeyCare PPO Core Nationwide Network	HealthKeepers POS Nationwide Network outside VA	Kaiser HMO DC, MD, VA Only Network
<b>Physician Visits</b>				
Primary Care Provider	\$20/visit	\$25/visit	\$20/visit	\$15/visit
Specialist	\$35/visit	\$50/visit	\$40/visit	\$25/visit
<b>Deductible</b>				
Per Calendar Year	\$0	\$0	\$0	\$0
Referral required to see Specialists?	No	No	Yes	Yes
<b>Out of Pocket Maximum</b>				
Per Calendar year; Medical & Rx combined	\$2,500 Individual	\$4,000 Individual	\$2,500 Individual	\$3,500 Individual
	\$5,000 Family	\$8,000 Family	\$5,000 Family	\$9,400 Family
<b>Preventive Care</b>				
Adult Wellness	No cost share	No cost share	No cost share	No cost share
Well-Child Care				
<b>Diagnostic Testing</b>				
X-ray and Lab Tests	No cost share	20% Labs and X-Rays	\$0-\$40 Labs \$40 X-Rays	No cost share
Complex Radiology (MRI, CT,PET scan)	\$200 copay	\$200 copay then 20%	\$200 copay	\$75 copay
<b>Emergency Services</b>				
Urgent Care Facility	\$35 copay	\$25 PCP/\$50 Urgent Care	\$40 copay	\$25 copay
Emergency Room Facility Charges	\$200 copay	\$200 copay then 20%	\$200 copay	\$100 copay
Emergency Medical Transportation	20%	20%	No cost share	\$50

This comparison highlights the benefits available under each medical plan. For additional information of any plan, see the Summary of Benefits and Plan documents located on PWConnects. Should there be any difference between this information and the formal plan documents, the formal plan documents shall govern.

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	KeyCare PPO Enhanced Nationwide Network	KeyCare PPO Core Nationwide Network	HealthKeepers POS Nationwide Network outside VA	Kaiser HMO DC, MD, VA Only Network
<b>Hospitalization</b>				
<b>Facility Fee</b>	\$350 per admission	\$400 per admission then 20%	\$200/per day (\$1,000 maximum)	\$250 per admission
<b>Physician Fee</b>	No cost share	20%	No cost share	No cost share
<b>Outpatient Surgery</b>				
<b>Physician Visit (Pre or Post Outpatient Surgical consults)</b>	\$20 PCP/\$35 Specialist	\$25 PCP/\$50 Specialist	No cost share	No cost share
<b>Outpatient Facility and Surgical Charges</b>	\$200 copay	\$200 copay then 20%	\$200 copay	\$50 copay
<b>Pregnancy</b>				
<b>Office Visits</b>	\$20 PCP/\$35 Specialist	\$25 PCP/\$50 Specialist	\$200/per pregnancy	No charge
<b>Childbirth Professional Services</b>	Included in Facility Fee	20%	Included in Facility Fee	Included in Facility Fee
<b>Childbirth Facility Services</b>	\$350/per admission	\$400/per admission then 20%	\$200/per day (\$1,000 maximum per admission)	\$250/per admission
<b>Prescriptions</b>				
<b>Tier 1 Generic (Retail/Mail Order)</b>	\$10/\$20	\$10/\$20	\$10/\$20	\$10/\$20
<b>Tier 2 Preferred Brand &amp; Non-Preferred Generic (Retail/Mail Order)</b>	\$35/\$70	\$35/\$70	\$35/\$70	\$20/\$40
<b>Non-Preferred Brand (Retail/Mail Order)</b>	\$70/\$140	\$70/\$140	\$70/\$140	\$35/\$70
<b>Vision</b>				
<b>Routine Eye Exam</b>	\$15/visit	\$15/visit	\$15/visit	\$15/visit

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