## **Prince William County Government, Schools and Service Authority**

Anthem Blue Cross and Blue Shield Medical Plan Comparison – Effective July 1, 2018

Benefit	KeyCare Enhanced PPO		KeyCare Core PPO		Healthkeepers HMO-POS	
	In-Network	Out-of-Network*** Coinsurance Amount after	In-Network	Out-of-Network*** Coinsurance Amount after	In-Network PCP Required & referrals re	Out-of-Network***
		Deductible		Deductible	Facility services, in most instances.  (Female members can self-refer to Ob-Gyn Drs.)	
Primary Care Physician Visits LiveHealth Online Visits (New lower copay)	\$20/Visit \$10/Visit	70/30% N/A	\$25/Visit \$15/Visit	70/30% N/A	\$20/Visit \$10/Visit	70/30% N/A
Specialist Physician Visits	\$35/Visit	70/30%	\$50/Visit	70/30%	\$40/Visit	70/30%
Deductibles (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)	\$1,500 Individual \$3,000 Family	\$2,500 Individual \$5,000 Family	\$3,000 Individual \$6,000 Family	\$4,500 Individual \$9,000 Family	\$1,500 Individual \$3,000 Family	\$4,000 Individual \$8,000 Family
Preventive Care	No cost share for services rendered by an in-network provider.	70/30%	No cost share for services rendered by an in-network provider.	70/30%	No cost share for services rendered by an in-network provider.	70/30%
Diagnostic Testing Laboratory X-rays Advanced Diagnostic tests (MRI, CT-Scan, PET Scan, etc)	No cost share No cost share \$200/Visit	70/30%	20% 20% \$200/Visit plus 20%	70/30%	\$20 PCP/\$40 Specialist \$20 PCP/\$40 Specialist \$200/Visit	70/30%
Outpatient Surgery  PCP Specialist Facility	\$20/Visit \$35/Visit \$200/Visit	70/30%	\$25/Visit \$50/Visit \$200/Visit plus 20%	70/30%	\$20/Visit \$40/Visit \$200/Visit	70/30%
Hospital Inpatient (per Admission)  Semi-Private Room  Physician Services  Surgery	\$350/Admission	70/30%	\$400/Admission plus 20% 20%	70/30%	\$200 per day/Limit \$1,000 per Admission	70/30%
Emergency Services  Emergency Room  Urgent Care	\$200/Visit \$35 Specialist	70/30%	\$200/Visit plus 20% \$50 Specialist	70/30%	\$200/Visit \$20 PCP/\$40 Specialist	70/30%
Mental Health  Outpatient  Inpatient	\$20/Visit \$350/Admission	70/30%	\$25/Visit \$400/Admission plus 20%	70/30%	\$20/Visit \$200 per day/Limit \$1,000 per Admission	70/30%
Therapy Services Physical, Occupational & Speech	\$20 PCP/\$35 Specialist per Visit No Limits	70/30%	\$25 PCP/\$50 Specialist per Visit No Limits	70/30%	\$25/Visit (90 day maximum)	70/30%
Skilled Nursing Facility Care (100 day limit/admit)	20%	70/30%	20%	70/30%	No cost share	70/30%
Home Health Care	No cost share (90 visits max per CY)	70/30%	No cost share (90 visits max per CY)	70/30%	No cost share (90 visits max per CY)	70/30%
Durable Medical Equipment/Medical Supplies	20%	70/30%	20%	70/30%	0%	70/30%
Chiropractic Services	\$20 PCP/\$35 Specialist (50 visits max per CY)	70/30%	\$25 PCP/\$50 Specialist (50 visits max per CY)	70/30%	\$20/Visit (20 visits max per CY)	70/30%

Prescriptions - Same for all plans Offered through WellDyneRX	Retail (30 day supply)	Retail (90-day supply) Maintenance Drugs Only	Mail Order (90 day supply)
Tier 1	\$10.00	\$30.00	\$20.00
Tier 2	\$35.00	\$105.00	\$70.00
Tier 3	\$70.00	\$210.00	\$140.00

Blue View Vision - Same for 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 and Healthkeepers summary plan descriptions, formal plan documents or contract, formal plan document and/or contract shall govern. ------- \*\*\*Out of Network providers can bill you the difference between what they charge and what Anthem allows. Amounts over Anthem's allowances do not count towards the Out of Network Out of Pocket maximum