

Menifee Union Elementary - *Certificated*

2025-2026 Plan Comparison & Summary

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	Anthem 90-C \$20	Anthem 80-M \$40
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays
Individual/Family Deductibles	\$200/\$500	\$3,000/\$6,000
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$1,000/\$3,000	\$4,000/\$8,000

PROFESSIONAL SERVICES		
Office Visit (OV) co-pay (Primary Care OV)	\$0 copay 1st 3 visits then \$20	\$0 copay 1st 3 visits then \$40
Urgent Care co-pay	\$20	\$40
Specialists/Consultants co-pay	\$20	\$40
Prenatal, postnatal office visit co-pay	\$20	\$40
Scans: CT, CAT, MRI, PET etc.	10%	20%
Diagnostic X-ray & Laboratory Procedures	10%	20%
Infertility (Refer to Plan Document)	Not covered	Not covered
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived

HOSPITAL & SKILLED NURSING FACILITY SERVICES		
Emergency Room visit (copay waived if admitted)	10% / \$100 Co-pay	20% / \$100 Co-pay
Inpatient Hospital (preauthorization required) - limits may apply	10%	20%
Outpatient Hospital	10%	20%
Surgery, Outpatient (performed in Surgery Center)	10%	20%
Surgery, Outpatient (performed in a Hospital) - limits may apply	10%	20%

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT		
INPATIENT: Facility Based Care (preauth required)	10%	20%
OUTPATIENT: Facility Based Care (preauth required)	10%	20%

OTHER SERVICES		
Ambulance (Ground or Air)	10% / \$100 Co-pay	20% / \$100 Co-pay
Acupuncture - Limits apply	10% Uses ASH Network	20% Uses ASH Network
Chiropractic - Limits apply	10% Uses ASH Network	20% Uses ASH Network
Durable Medical Equipment (DME)	10%	20%
Physical and Occupational Therapy - Limits apply	10%	20%
Hearing Aids	10% and Amount in excess of \$700 allowance/24 months	20% and Amount in excess of \$700 allowance/24 months

PHARMACY BENEFITS		
Plan	200/10-35	200/10-35
Pharmacy Benefit Manager	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	\$200/\$500	\$200/\$500
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	\$2,500/\$3,500	\$2,500/\$3,500
Generic co-pay/30 days supply	\$0 at Costco \$10 at Other Network	\$0 at Costco \$10 at Other Network
Brand co-pay/30 days supply	\$35.00	\$35.00
Specialty co-pay/up to 30 days supply	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$90	\$0-\$90
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy

This sheet is only a brief summary of In-Network patient costs. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Out-of-Network services may not be covered. Employee cost/payroll deduction, if applicable, can be requested from the district.