

Meniffee Union Elementary - *Classified*

2025-2026 Plan Comparison & Summary

	2	3	4
	Anthem 2-Tier HSA 5000 Single	Anthem 2-Tier HSA 5000 Single & Children	Anthem HSA \$5000 Family
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles	\$5,000*	\$5,000/\$10,000*	\$5,000/\$10,000*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$6,350*	\$6,350/\$12,700*	\$6,350/\$12,700*
	*Includes Rx	*Includes Rx	*Includes Rx
PROFESSIONAL SERVICES			
Office Visit (OV) co-pay	Deductible, then 30%	Deductible, then 30%	Deductible, then 30%
Urgent Care co-pay	30%	30%	30%
Specialists/Consultants co-pay	30%	30%	30%
Prenatal, postnatal office visit co-pay	30%	30%	30%
Scans: CT, CAT, MRI, PET etc.	30%	30%	30%
Diagnostic X-ray & Laboratory Procedures	30%	30%	30%
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered
	0%	0%	0%
Preventive Care (includes physical exams & screenings)	Ded Waived	Ded Waived	Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES			
Emergency Room visit (copay waived if admitted)	30% \$100 co-pay	30% \$100 co-pay	30% \$100 co-pay
Inpatient Hospital (preauthorization required) - limits may apply	30%	30%	30%
Outpatient Hospital	30%	30%	30%
Surgery, Outpatient (performed in Surgery Center)	30%	30%	30%
Surgery, Outpatient (performed in a Hospital) - limits may apply	30%	30%	30%
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT			
INPATIENT: Facility Based Care (preauth required)	30%	30%	30%
OUTPATIENT: Facility Based Care (preauth required)	30%	30%	30%
OTHER SERVICES			
Ambulance (Ground or Air)	30% \$100 co-pay	30% \$100 co-pay	30% \$100 co-pay
Acupuncture - Limits apply	30% Uses ASH Network	30% Uses ASH Network	30% Uses ASH Network
Chiropractic - Limits apply	30% Uses ASH Network	30% Uses ASH Network	30% Uses ASH Network
Durable Medical Equipment (DME)	30%	30%	30%
Physical and Occupational Therapy - Limits apply	30%	30%	30%
Hearing Aids	10% and Amount in excess of \$700 allowance/24 months	10% and Amount in excess of \$700 allowance/24 months	10% and Amount in excess of \$700 allowance/24 months
PHARMACY BENEFITS			
Plan	HSA Rx	HSA Rx	HSA Rx
Pharmacy Benefit Manager	Navitus	Navitus	Navitus
Individual/Family Brand & Specialty Rx Deductibles	Included w/ Medical ded	Included w/ Medical ded	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	Deductible, then \$0 at Costco or \$9 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network
Brand co-pay/30 days supply	Deductible, then \$35	Deductible, then \$35	Deductible, then \$35
Specialty co-pay/up to 30 days supply	Deductible, then \$35 (Must Use Navitus Mail)	Deductible, then \$35 (Must Use Navitus Mail)	Deductible, then \$35 (Must Use Navitus Mail)
Mail Order (Generic-Brand co-pay/90 days supply)	Deductible, then \$0-\$90	Deductible, then \$0-\$90	Deductible, then \$0-\$90
Mail Order Pharmacy	Costco 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.