

Menifee Union Elementary - *Admin/Mgmt/Conf*

2025-2026 Plan Comparison & Summary

	6	7
	Anthem RX: \$200/\$10-35 Classic 20/40/250 Admit	Anthem Value Deductible \$2000 30/45/20%/ 3 day
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays
Individual/Family Deductibles	\$0/\$0	\$2,000/member
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	\$2,000/\$4,000	\$3,500/\$7,000

PROFESSIONAL SERVICES

Office Visit (OV) co-pay	\$20	\$30
Urgent Care co-pay	\$20	\$30
Specialists/Consultants co-pay	\$40	\$45
Prenatal, postnatal office visit co-pay	\$20	\$30
Scans: CT, CAT, MRI, PET etc.	\$100/test	\$100/test
Diagnostic X-ray & Laboratory Procedures	\$0	\$0
Infertility (Refer to Plan Document)	50%	50%
Preventive Care (includes physical exams & screenings)	\$0	\$0

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (copay waived if admitted)	\$100	\$200 Copay / 25% after Ded.
Inpatient Hospital (preauthorization required) - limits may apply	\$250/admit	20% after Ded.
Outpatient Hospital	\$125/admit	20% after Ded.
Surgery, Outpatient (performed in Surgery Center)	\$125/admit	20% after Ded.
Surgery, Outpatient (performed in a Hospital) - limits may apply	\$125/admit	20% after Ded.

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	\$250/admit	\$250/admit
OUTPATIENT: Facility Based Care (preauth required)	\$0	\$0

OTHER SERVICES

Ambulance (Ground or Air)	\$100	\$100
Acupuncture - Limits apply	\$10/30 visits combined w/chiro	\$10/30 visits combined w/chiro
Chiropractic - Limits apply	\$10/30 visits combined w/acu	\$10/30 visits combined w/acu
Durable Medical Equipment (DME)	20%	20%
Physical and Occupational Therapy - Limits apply	\$40	\$40
Hearing Aids	50% Coinsurance 1 device per ear/36 months	50% Coinsurance 1 device per ear/36 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.