

Menifee Union Elementary - *Admin/Mgmt/Conf*

2025-2026 Plan Comparison & Summary

| | 1 | 2 |
|---|--|--|
| | 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.