



Antelope Valley Community College District
Faculty Plan Matrix for 2024/2025

	Anthem					Kaiser	
	100-A \$20 40463A	100-B \$20 40463B	80-C \$20 40463C	80-K \$30 40463D	Two-Tier HSA \$5000 70112B	Trad HMO \$10 234480-0027/ACN	Trad HMO \$20 234480-0028/ACN
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays					Member Pays	
Individual/Family Deductibles	\$0/\$0	\$100/\$300	\$200/\$500	\$1,000/\$2,000	\$5,000/\$10,000*	\$0	
Individual/Family Out-of-Pocket (OOP) Max <i>(includes medical deductibles, co-insurance and co-pays)</i>	\$1,000/\$3,000			\$3,000/\$6,000	\$6,350/\$12,700*	\$1,500/\$3,000	

*Includes Rx

PROFESSIONAL SERVICES

Office Visit (OV) co-pay (\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	\$20	\$30	Deductible, then 30%	\$10	\$20
Urgent Care co-pay	\$20	\$30	30%	\$10	\$20
Specialists/Consultants co-pay	\$20	\$30	30%	\$10	\$20
Prenatal, postnatal office visit co-pay	\$20	\$30	30%	\$0	
Scans: CT, CAT, MRI, PET etc.	0%	20%	30%	\$0	
Diagnostic X-ray & Laboratory Procedures	0%	20%	30%	\$0	
Infertility (Refer to Plan Document)	Not covered			Co-pay applies	
Preventive Care (includes physical exams & screenings)	0% Ded Waived			\$0	

HOSPITAL & SKILLED NURSING FACILITY SERVICES

Emergency Room visit (copay waived if admitted)	0% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay	\$100	
Inpatient Hospital (preauthorization required) - limits may apply	0%	20%	30%	\$0	
Outpatient Hospital	0%	20%	30%	\$10	\$20
Surgery, Outpatient (performed in Surgery Center)	0%	20%	30%	\$10	\$20
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	20%	30%	\$10	\$20

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

INPATIENT: Facility Based Care (preauth required)	0%	20%	30%	\$0	
OUTPATIENT: Facility Based Care (preauth required)	0%	20%	30%	\$10	\$20

OTHER SERVICES

Ambulance (Ground or Air)	0% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay	\$50	
Acupuncture - Limits apply	0% Uses ASH Network	20% Uses ASH Network	30% Uses ASH Network	\$10/30 visits (through ASH) combined w/chiro	
Chiropractic - Limits apply	0% Uses ASH Network	20% Uses ASH Network	30% Uses ASH Network	\$10/30 visits (through ASH) combined w/acu	
Durable Medical Equipment (DME)	0%	20%	30%	no charge	
Physical and Occupational Therapy - Limits apply	0%	20%	30%	\$10	\$20
Hearing Aids	Amount in excess of \$700 allowance/24 months	20% and Amount in excess of \$700 allowance/24 months	10% and Amount in excess of \$700 allowance/24 months	amount in excess of \$500 allowance every 36 months	

PHARMACY BENEFITS

Plan	5-20	200/10-35	5-20	9-35	Two-Tier HSA \$5000	Trad HMO \$10	Trad HMO \$20
Pharmacy Benefit Manager	Navitus					Kaiser	
Individual/Family Brand & Specialty Rx Deductibles	none	\$200/\$500	none		Included w/ Medical ded	none	
Individual/Family Rx Out-of-Pocket (OOP) Max <i>(includes Rx deductibles and co-pays)</i>	\$1,500/\$2,500	\$2,500/\$3,500	\$1,500/\$2,500	\$2,500/\$3,500	Included w/ Med OOP Max	Included w/ Med OOP Max	
Generic co-pay/30 days supply	\$0 at Costco \$5 at Other Network	\$0 at Costco \$10 at Other Network	\$0 at Costco \$5 at Other Network	\$0 at Costco \$9 at Other Network	Deductible, then \$0 at Costco or \$9 at Other Network	\$10	
Brand co-pay/30 days supply	\$20	\$35.00	\$20.00	\$35.00	Deductible, then \$35	\$10	\$20
Specialty co-pay/up to 30 days supply	\$20 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$20 Must Use Navitus Mail	\$35 Must Use Navitus Mail	Deductible, then \$35 (Must Use Navitus Mail)	\$10	\$20
Mail Order (Generic-Brand co-pay/90 days supply)	\$0-\$50	\$0-\$90	\$0-\$50	\$0-\$90	Deductible, then \$0 \$90	\$10 (100 days)	\$10-\$20 (100 days)
Mail Order Pharmacy	Costco Mail Order Pharmacy					Kaiser 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.