



Antelope Valley Community College District

CMSA Plan Matrix for 2024/2025

	Blue Shield						Kaiser	
	100-A \$20 OP021000	100-C \$20 Op041000	90-C \$20 OP011000	80-G \$30 OP031000	HSA \$1700 Single OP061000	HSA \$1700 - Family OP071000	Two-Tier HSA \$5000 OP051001	Trad HMO \$10 234480-0027/AMN
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays						Member Pays	
Individual/Family Deductibles	\$0/\$0	\$200/\$400	\$200/\$500	\$500/\$1,000	\$1,700	\$3,400/\$3,400	\$5,000/\$10,000	\$0
Individual/Family Out-of-Pocket (OOP) Max	\$1,000/\$3,000			\$2,000/\$4,000	\$3,400	\$3,400/\$6,800	\$6,350/\$12,700	\$1,500/\$3,000
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 10%		Deductible, then 30%	\$10	\$30
Urgent Care co-pay	\$20		\$30	10%		30%	\$10	\$30
Specialists/Consultants co-pay	\$20		\$30	10%		30%	\$10	\$30
Prenatal, postnatal office visit co-pay	\$20		\$30	10%		30%	\$0	
Scans: CT, CAT, MRI, PET etc.	0%		10%	20%		10%	30%	
Diagnostic X-ray & Laboratory Procedures	0%		10%	20%		10%	30%	
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		10% \$100 co-pay	20% \$100 co-pay	10% \$100 co-pay	30% \$100 co-pay	\$100	
Inpatient Hospital (preauthorization required)	0%		10%	20%	10%	30%	\$0	
Outpatient Hospital	0%		10%	20%	10%	30%	\$10	\$30
Surgery, Outpatient (performed in Surgery Center)	0%		10%	20%	10%	30%	\$10	\$30
Surgery, Outpatient (performed in a Hospital)	0%		10%	20%	10%	30%	\$10	\$30
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT								
INPATIENT: Facility Based Care (preauth required)	0%		10%	20%	10%	30%	\$0	
OUTPATIENT: Facility Based Care (preauth req'd)	0%		10%	20%	10%	30%	\$10	\$30
OTHER SERVICES								
Ambulance (Ground or Air)	0%, \$100 co-pay		10%, \$100 co-pay	20%, \$100 co-pay	10%, \$100 co-pay	30%, \$100 co-pay	\$50	
Acupuncture - Limits apply	0%		10%	20%	10%	30%, ASH	\$10/30 visits ASH	
Chiropractic - Limits apply	0%		10%	20%	10%	30%, ASH	\$10/30 visits ASH	
Durable Medical Equipment (DME)	0%		10%	20%	10%	30%	no charge	
Physical and Occupational Therapy - Limits	0%		10%	20%	10%	30%	\$10	\$30
Hearing Aids Every 24 months on PPO, 36 months HMO)	Amount in excess of \$700		10% + Amount in excess of \$700	20% + Amount in excess of \$700	10% + Amount in excess of \$700	10% + Amount in excess of \$700	Amount in excess of \$500	
PHARMACY BENEFITS								
Plan	7-25	200/10-35	9-35	9-35	HSA Rx	HSA \$5000	Trad HMO \$10	Trad HMO \$10-30
Pharmacy Benefit Manager	Navitus						Kaiser	
Indiv./Family Brand & Specialty Rx Deductibles	\$0	\$200/\$500	\$0		Included w/ Medical ded		\$0	
Individual/Family Rx Out-of-Pocket (OOP) Max	\$1,500/\$2,500	\$2,500/\$3,500	\$2,500/\$3,500		Included w/ Med OOP Max		Included w/ Med OOP Max	
Generic co-pay/30 days supply	\$0 at Costco \$7 Elsewhere	\$0 at Costco \$10 Elsewhere	\$0 at Costco \$9 at Other Network		Deductible, then \$0 at Costco \$9 Elsewhere		\$10	
Brand co-pay/30 days supply	\$25	\$35.00	\$35.00		Deductible, then \$35		\$10	\$30
Specialty co-pay/up to 30 days supply	\$25 Must Use Navitus Mail	\$35 Must Use Navitus Mail	\$35 Must Use Navitus Mail		Deductible, then \$35 (Must Use Navitus Mail)		\$10	\$30
Mail Order (Generic-Brand co-pay/90 days)	\$0-\$60	\$0-\$90	\$0-\$90		Deductible, then \$18-\$90		\$10 (100 days)	\$20-\$60 (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.