



Antelope Valley Community College District

Classified Plan Matrix for 2024/2025

	Anthem					Kaiser	
	100-A \$20 40011A	100-B \$20 40011B	90-A \$20 40011C	80-G \$30 40011E	Two-Tier HSA \$5000 70111B	Trad HMO \$10 234480-0027/ALN	Trad HMO \$20 234480-0028/ALN
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays					Member Pays	
Individual/Family Deductibles	\$0/\$0	\$100/\$300		\$500/\$1,000	\$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			\$2,000/\$4,000	\$6,350/\$12,700*	\$1,500/\$3,000	

*Includes Rx

PROFESSIONAL SERVICES

Office Visit (OV) co-pay <i>(\$0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)</i>	\$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%	10%	20%	30%	\$0
Diagnostic X-ray & Laboratory Procedures	0%	10%	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	10% \$100 co-pay	20% \$100 co-pay	30% \$100 co-pay	\$100	
Inpatient Hospital (preauthorization required) - limits may apply	0%	10%	20%	30%	\$0	
Outpatient Hospital	0%	10%	20%	30%	\$10	\$20
Surgery, Outpatient (performed in Surgery Center)	0%	10%	20%	30%	\$10	\$20
Surgery, Outpatient (performed in a Hospital) - limits may apply	0%	10%	20%	30%	\$10	\$20

MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT

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

OTHER SERVICES

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

PHARMACY BENEFITS

Plan	7-25	9-35	9-35	9-35	Two-Tier HSA \$5000	Trad HMO \$10	Trad HMO \$20
Pharmacy Benefit Manager	Navitus					Kaiser	
Individual/Family Brand & Specialty Rx Deductibles	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			Included w/ Med OOP Max	Included w/ Med OOP Max	
Generic co-pay/30 days supply	\$0 at Costco \$7 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	\$25	\$35.00			Deductible, then \$35	\$10	\$20
Specialty co-pay/up to 30 days supply	\$25 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-\$60	\$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.