Antelope Valley Community College District
2023/2024 CMSA Plan Matrix

	Blue Shield 0P021000	Blue Shield 0P041000	Blue Shield 0P011000	Blue Shield 0P031000	Blue Shield 0P051001	Kaiser 234480-0027AMN	Kaiser 234480-0029AMN
	100-A $20	**100-C $20**	**90-C $20**	**80-G $30**	**Two-Tier HSA $5000**	**Trad HMO $10**	**Trad HMO $30**
MEDICAL - CALENDAR YEAR Deductibles & Maximums	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**	**Member Pays**
Individual/Family Deductibles	$0/$0	$200/$400	$200/$500	$500/$1,000	$5,000/$10,000*	0	0
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	$1,000/$3,000	$1,000/$3,000	$1,000/$3,000	$2,000/$4,000	$6,350/$12,700*	$1,500/$3,000	$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	$20	$20	$30	Deductible, then 30%	$10	$30
Urgent Care co-pay	$20	$20	$20	$30	30%	$10	$30
Specialists/Consultants co-pay	$20	$20	$20	$30	30%	$10	$30
Prenatal, postnatal office visit co-pay	$20	$20	$20	$30	30%	$0	$0
Scans: CT, CAT, MRI, PET etc.	0%	0%	10%	20%	30%	$0	$0
Diagnostic X-ray & Laboratory Procedures	0%	0%	10%	20%	30%	$0	$0
Infertility (diagnosis/treatment of causes of infertility subject to plan benefits)	Not covered	Not covered	Not covered	Not covered	Not covered	Co-pay applies	Co-pay applies
Preventive Care (includes physical exams & screenings)	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	0% Ded Waived	$0	$0
HOSPITAL & SKILLED NURSING FACILITY SERVICES							
Emergency Room visit (waived if admitted)	0% $100 co-pay	0% $100 co-pay	10% $100 co-pay	20% $100 co-pay	30% $100 co-pay	$100	$100
Inpatient Hospital (pre-auth required) - limits may apply	0%	0%	10%	20%	30%	$0	$0
Outpatient Hospital	0%	0%	10%	20%	30%	$10	$30
Surgery, Outpatient (performed in Surgery Center)	0%	0%	10%	20%	30%	$10	$30
Surgery, Outpatient (in a Hospital) - limits may apply	0%	0%	10%	20%	30%	$10	$30
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT							
INPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	30%	$0	$0
OUTPATIENT: Facility Based Care (preauth required)	0%	0%	10%	20%	30%	$10	$30
OTHER SERVICES							
Acupuncture - Limits apply	0%	0%	10%	20%	30%	$10/30 visits*	$10/30 visits*
Ambulance (Ground or Air)	0% $100 co-pay	0% $100 co-pay	10% $100 co-pay	20% $100 co-pay	30% $100 co-pay	$50	$50
Chiropractic - Limits apply	0%	0%	10%	20%	30%	$10/30 visits*	$10/30 visits*
Durable Medical Equipment (DME)	0%	0%	10%	20%	30%	no charge	no charge
Physical and Occupational Therapy - Limits apply	0%	0%	10%	20%	30%	$10	$30
Hearing Aids	Amount in excess of $700 allowance/24 months	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	Amount in excess of $500 allowance every 36 months
							*30 visits Chiro/Acu combined
PHARMACY BENEFITS							
Plan	**7-25**	**200/10-35**	**9-35**	**9-35**	**Anchor Bronze Rx**	**Trad HMO $10**	**Trad HMO $30**
Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Navitus	Kaiser	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	$200/$500	none	none	Included w/ Medical ded	none	none
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	$1,500/$2,500	$2,500/$3,500	$2,500/$3,500	$2,500/$3,500	Included w/ Med OOP Max	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 $10 at Other Network	$0 at Costco $9 at Other Network	$0 at Costco $9 at Other Network	Deductible, then $0 at Costco or $9 Elsewhere	$10 up to 100 day supply	$10 up to 100 day supply
Brand co-pay/30 days supply	25	35	35	35	Deductible, then $35	$10 up to 100 day supply	$30 up to 100 day supply
Specialty co-pay/up to 30 days supply	$25 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	$35 Must Use Navitus Mail	Deductible, then $35 (Must Use Navitus Mail)	$10 up to 30 day supply	$30 up to 30 day supply
Mail Order (Generic-Brand co-pay/90 days supply)	$0-$60	$0-$90	$0-$90	$0-$90	Deductible, then $18-$90	$10-$10/up to 100 day supply	$10-$30/up to 100 day supply
Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Costco Mail Order Pharmacy	Kaiser 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.