City of San José

Comparison of 2024 Medical Plan Options

Effective January 1, 2024

	Kaiser $25 Copay	Kaiser $1500 Deductible	Kaiser DHMO w/HSA	Anthem $20 Copay Select HMO	Anthem $20 Copay Traditional HMO	Anthem $1500 Deductible Select HMO	Anthem $100 Deductible Select PPO		Anthem $100 Deductible Classic PPO		Anthem $2500 Deductible Classic PPO w/HSA	
SERVICES	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Annual Deductible												
For one person	None	$1,500	$3,200	None	None	$1,500	$100[a]	$100[a]	$100[a]	$100[a]	$2,500[a]	$2,500[a]
Any one member in a family	None	$1,500	$3,200			$1,500					$3,200[a]	$3,200[a]
For your family	None	$3,000	$6,400	None	None	$3,000	$200[a]	$200[a]	$200[a]	$200[a]	$5,000[a]	$5,000[a]
Out-of-Pocket Maximum												
For one person	$1,500	$4,000	$5,950	$1,500	$1,500	$4,000	$2,100[a]	$2,100[a]	$2,100[a]	$2,100[a]	$4,000	$9,000
Any one member in a family	$1,500	$4,000	$5,950	$1,500	$1,500	$4,000					$4,000	$9,000
For your family	$3,000	$8,000	$11,900	$3,000	$3,000	$8,000	$4,200[a]	$4,200[a]	$4,200[a]	$4,200[a]	$8,000	$18,000
Doctor's Office Visits												
Primary Care (PCP)	$25 copay	$40 copay	30%*	$20 copay	$20 copay	$20 copay	$25 copay	30%*	$25 copay	30%*	20%*	40%*
Specialists	$25 copay	$40 copay	30%*	$20 copay	$20 copay	$20 copay	$25 copay	30%*	$25 copay	30%*	20%*	40%*
X-rays, lab work, etc.												
During an office visit	No Charge	$10 per encounter	30%*	No charge	No charge	$10 per procedure	10%*	30%*	10%*	30%*	20%*	40%*
At an outside facility				No charge	No charge	$10 per procedure	10%*	30%* up to $350/test	10%*	30%* up to $350/test	20%*	40%* up to $350/test
CT, MRI, Pet Scans		30%* up to a max of $50 per procedure		No charge	No charge	$50 per test	10%*	30%* up to $800/test	10%*	30%* up to $800/test	20%*	40%* up to $800/test
Preventive Care	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	30%*	No Charge	30%*	No Charge	40%*
Hospital Care Services												
Inpatient	$100 per admit	30%*	30%*	$100 per admission	$100 per admission	30%*	10%*	30%*[b]	10%*	30%*[b]	20%*	40%*[b]
Outpatient	$100 per procedure	30%*	30%*	$100 per visit	$100 per visit	30%*	10%*+$100 copay	30%*[b]	10%*+$100 copay	30%*[b]	20%*	40%*[b]
Emergency Care												
Urgent Care	$25 copay	$40 copay	30%*	$20 copay	$20 copay	$20 copay	$25 copay	30%*	$25 copay	30%*	20%*	40%*
Emergency Room	$100 per visit	30%*	30%*	$100 per visit	$100 per visit	30%*	$100 copay*	$100 copay*	$100 copay*	$100 copay*	20%*	20%*
Ambulance	No Charge	$150 copay*	30%*	$50 per trip	$50 per trip	No Charge	10%*	10%*	10%*	10%*	No charge*	No charge*
Prescription Drugs												
Retail	***(30 day supply)***	***(30 day supply)***	***(30 day supply)***	***(30 day supply)*** [c]	***(30 day supply)*** [c]	***(30 day supply)*** [c]	***(30 day supply)*** [c]	***(30 day supply)***	***(30 day supply)*** [c]	***(30 day supply)***	***(30 day supply)*** [c]	***(30 day supply)***
Generic	$10 generic	$10 generic	$10 generic*	$10	$10	$10	$10	25% up to $250/rx	$10	25% up to $250/rx	$10	40% up to $250/rx
Brand/Typically Preferred	$25 brand	$30 brand	$30 brand*	$30	$30	$30	$25	25% up to $250/rx	$25	25% up to $250/rx	$30	40% up to $250/rx
Typically Non Preferred	N/A	N/A	N/A	$60	$60	$60	$40	25% up to $250/rx	$40	25% up to $250/rx	$60	40% up to $250/rx
Specialty	Covered as brand	Covered as brand	Covered as brand	Covered as non-preferred	Covered as non-preferred	Covered as non-preferred	Covered as non-preferred	Covered as non-preferred	Covered as non-preferred	Covered as non-preferred	20% up to $100 per prescription	40% up to $250 per prescription
Mail Order	***(100 day supply)***	***(100 day supply)***	***(100 day supply)***	**(100 day Supply)**	**(100 day Supply)**	**(100 day Supply)**	***(100 day Supply)***	**N/A**	***(100 day Supply)***	**N/A**	***(90 day Supply)***	**N/A**
Generic	$20 generic	$20 generic	$20 generic*	$20	$20	$20	$20	Not Covered	$20	Not Covered	$20	Not Covered
Brand/Typically Preferred	$50 brand	$60 brand	$60 brand*	$60	$60	$60	$50	Not Covered	$50	Not Covered	$60	Not Covered
Typically Non Preferred	N/A	N/A	N/A	$120	$120	$120	$80	Not Covered	$80	Not Covered	$120	Not Covered
Specialty (not all specialty available through mail order)	Covered as brand $25 up to 30 days supply	Covered as brand $30 up to 30 days supply	Covered as brand $30 up to 30 days supply	Covered as non-preferred	Covered as non-preferred	Covered as non-preferred	Covered as non-preferred	Not Covered	Covered as non-preferred	Not Covered	20% up to $100 per prescription	Not Covered
Mental Health Services												
Inpatient Hospital	$100 per admission copay	30%*	30%*	$100 per admission	$100 per admission	30%*	10%*	30%*[b]	10%*	30%*[b]	20%*	40%*[b]
Outpatient OV individual	$25 per visit	$40 per visit	30%*	$20 per visit	$20 per visit	$20 per visit	$25 per visit	30%*	$25 per visit	30%*	20%*	40%*
Outpatient OV Group	$12 per visit	$20 per visit	30%*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

*After deductible is paid.
(a) Combined for all providers.
(b) Maximum allowable per day benefit for services performed by non-participating providers/facilities are **$350 for outpatient services and $1,000 for inpatient services**. Members are responsible for amounts over the allowable amount.
(c) Anthem members can also get up to 90 days supply of Rx at participating Retail 90 pharmacies. Copay will be 3x the retail copay.

The information in this Comparison presents an overview of certain medical benefit plan services and is intended for informational purposes only. If there is a difference between the overview and the official Plan Document, the Plan Document (which may include underlying contracts) will govern. Please consult the Plan Document for additional information which is located on the City's Human Resources website: http://www.sjcity.net/index.aspx?NID+238. Benefit Plans contained in this Comparison may not be available to all employees; employees are eligible for benefits according to their classification and their Bargaining Unit Memorandum of Agreement.