2026-2027 Medical Plan Comparison

Santa Clara County Office of Education

Plan Name	Anthem PPO	Anthem DPPO	Anthem HDHP H.S.A	Anthem HMO	Kaiser HMO	Kaiser DHMO	Kaiser HDHP H.S.A
MEDICAL - CALENDAR YEAR Deductibles & Maximums	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays	Member Pays
Individual/Family Deductibles (Ded)	$0/$0	$500/$1,000	$3,400/$6,800*	$0/$0	0	$500/$1,000	$1,700*/$3,400*
Individual/Family Out-of-Pocket (OOP) Max (includes medical deductibles, co-insurance and co-pays)	$1,000/$3,000	$2,000/$4,000	$6,000/$12,000*	$1,500/$3,000	$1,500/$3,000	$3,000/$6,000	$3,500*/$7,000*
			*Includes Rx				*Includes Rx
PROFESSIONAL SERVICES							
Primary Care* visit co-pay ($0 Copay for 1st 3 cal yr Primary Care OV on Non-HSA PPO plans)	$20	$20	Deductible, then 10% after Ded	$20	$20	$20	Deductible, then 10% after Ded
Urgent Care co-pay	$20	$20	10% after Ded	$20	$20	$20	10% after Ded
Prenatal, postnatal office visit co-pay	$20	$20	10% after Ded	$20	$0	$0	$0
Specialists/Consultants co-pay	$20	$20	10% after Ded	$20	$20	$20	10% after Ded
Scans: CT, CAT, MRI, PET etc.	0% after Ded	20% after Ded	10% after Ded	$100/test	$0	10% after Ded Copay up to $50	10% after Ded
Laboratory Procedures	0% after Ded	20% after Ded	10% after Ded	$0	$0	$10	10% after Ded
Diagnostic X-rays	0% after Ded	20% after Ded	10% after Ded	$0	$0	$10	10% after Ded
Infertility (Refer to Plan Document)	Not covered	Not covered	Not covered	50%	Co-pay applies	Co-pay applies	Co-pay applies
Preventive Care (includes physical exams & screenings)	0% after Ded Ded Waived	0% after Ded Ded Waived	0% after Ded Ded Waived	$0	$0	0% after Ded Ded Waived	0% after Ded Ded Waived
HOSPITAL & SKILLED NURSING FACILITY SERVICES							
Emergency Room visit (copay waived if admitted) - Avg Cost: $2,847 | $100+10%: $375 | $100+20%: $649	0% after Ded $100 co-pay	20% after Ded $100 co-pay	10% after Ded $100 co-pay	$100	$100	10% after Ded	10% after Ded
Inpatient Hospital (preauthorization required) - Avg Cost for one day: $6,067 | 10%: $607 | 20%: $1,213	0% after Ded	20% after Ded	10% after Ded	$200/admit	$0	10% after Ded	10% after Ded
Surgery, Outpatient (performed in Surgery Center)	0% after Ded	20% after Ded	10% after Ded	$100	$20	10% after Ded	10% after Ded
Surgery, Outpatient (performed in a Hospital) - limits may apply	0% after Ded	20% after Ded	10% after Ded	$100	$20	10% after Ded	10% after Ded
MENTAL HEALTH & SUBSTANCE ABUSE TREATMENT							
INPATIENT: Facility Based Care (preauth required)	0% after Ded	20% after Ded	10% after Ded	$200	$0	10% after Ded	10% after Ded
OUTPATIENT: Facility Based Care (preauth required)	0% after Ded	20% after Ded	10% after Ded	$0	$20	10% after Ded	10% after Ded
OTHER SERVICES							
Ambulance (Ground or Air)	0% after Ded $100 co-pay	20% after Ded $100 co-pay	10% after Ded $100 co-pay	$100	$50	$150	10% after Ded
Acupuncture - Limits apply	0% after Ded Subject to PA	20% after Ded Subject to PA	10% after Ded Subject to PA	$10/30 visits combined w/chiro	$10/30 visits (through ASH) combined w/chiro	$10/30 visits (through ASH) combined w/chiro	Requires Prior Authorization
Chiropractic - Limits apply	0% after Ded Subject to PA	20% after Ded Subject to PA	10% after Ded Subject to PA	$10/30 visits combined w/acu	$10/30 visits (through ASH) combined w/acu	$10/30 visits (through ASH) combined w/acu	no coverage
Physical and Occupational Therapy - Limits apply	0% after Ded	20% after Ded	10% after Ded	$20	$20	$20	10% after Ded
Durable Medical Equipment (DME)	0% after Ded	20% after Ded	10% after Ded	20%	no charge	20% after Ded	10% after Ded
Hearing Aids	Amount in excess of $700 allowance/24 months	20% after Ded and Amount in excess of $700 allowance/24 months	10% after Ded and Amount in excess of $700 allowance/24 months	50% Coinsurance 1 device per ear/36 months	Amount in excess of $500 allowance every 36 months	Amount in excess of $500 allowance every 36 months	no coverage

*Primary Care Providers (PCPs) are those without specialty certifications, practicing general pediatrics, internal medicine, family or general practice, or obstetrics and gynecology.

PHARMACY BENEFITS Pharmacy Benefit Manager	Navitus	Navitus	Navitus	Navitus	Kaiser	Kaiser	Kaiser
Individual/Family Brand & Specialty Rx Deductibles	none	none	Included w/ Medical ded	none	none	none	Included w/ Medical ded
Individual/Family Rx Out-of-Pocket (OOP) Max (includes Rx deductibles and co-pays)	$1,500/$2,500	$1,500/$2,500	Included w/ Med OOP Max	$1,500/$2,500	Included w/ Med OOP Max	Included w/ Med OOP Max	Included w/ Med OOP Max
Generic co-pay/30 days supply	$0 at Costco‡ $5 at Other Network	$0 at Costco‡ $7 at Other Network	Deductible, then $0 at Costco or $9 at Other Network	$0 at Costco‡ $5 at Other Network	$10 up to 100 day supply	$10 up to 30 day supply	deductible, then $10
Brand co-pay/30 days supply	$20	$25	Deductible, then $35	$20	$20 up to 100 day supply	$30 up to 30 day supply	deductible, then $30
Specialty co-pay/up to 30 days supply	$20 Must Use Navitus Mail	$25 Must Use Navitus Mail	Deductible, then $35 (Must Use Navitus Mail)	$20 Must Use Navitus Mail	$20 up to 30 day supply	$30 up to 30 day supply	deductible, then $30
Mail Order (Generic-Brand co-pay/90 days supply)	$0-$50‡	$0-$60‡	Deductible, then $0-$90	$0-$50‡	$10-$20/up to 100 day supply	$20-$60 up to 100 day supply	$20-$60/up to 100 day supply
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	Kaiser Mail Order Pharmacy

This comparison displays member cost-share for In-Network services. Out-of-Network services may not be covered. Please refer to the plan documents available through your district for applicable details, limitations, and exclusions. Employee cost/payroll deduction, if applicable, can be requested from the district.

‡Some narcotic pain and cough medications are not included in the Costco Free Generic or 90-day supply programs.