CITY OF MODESTO 2025 MEDICAL PLAN COMPARISON CHART

Compare each plan feature by reading down the columns. Plans with out-of-network benefits will display a row for each level of coverage. ***See Next Page for Prescription Drug Coverage.***

PLAN BENEFITS	Annual Deductible	Annual Out-of-Pocket Maximum	Office Visit	Chiropractic	Lab and X-ray	Urgent Care	Emergency Room	Hospitalization	Outpatient Surgery
Anthem 1000 Plan									
In-Network Benefits	$1,000 per individual $2,000 per family	$2,500 per individual $5,000 per family	$20 copay (deductible waived) $20 copay (deductible waived) for specialist	$20 copay (deductible waived)	$20 copay after deductible	$20 copay after deductible	$20 copay after deductible	$20 copay after deductible	$20 copay after deductible
Out-of-Network Benefits			Plan pays 50% after deductible Plan pays 50% after deductible for specialist	Plan pays 50% after deductible	Plan pays 50% after deductible (Max $800 per test)	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 50% after deductible (Max $600 per day)	Plan pays 50% after deductible (Max $350 per day)
Anthem 1000 PPO Select Network									
In-Network Benefits	$1,000 per individual $2,000 per family	$2,500 per individual $5,000 per family	$20 copay (deductible waived) $20 copay (deductible waived) for specialist	$20 copay (deductible waived)	$20 copay after deductible	$20 copay after deductible	$20 copay after deductible	$20 copay after deductible	$20 copay after deductible
Out-of-Network Benefits			Plan pays 50% after deductible Plan pays 50% after deductible for specialist	Plan pays 50% after deductible	Plan pays 50% after deductible (Max $800 per test)	Plan pays 50% after deductible	Plan pays 50% after deductible	Plan pays 50% after deductible (Max $600 per day)	Plan pays 50% after deductible (Max $350 per day)
Anthem HDHP 5000 PPO									
In-Network Benefits	$5,000 per individual $10,000 per family	$6,750 per individual $13,500 per family	$30 copay after deductible for specialist	$30 copay after deductible	Plan pays 100% for most services, except in Hospitals, Plan pays 80% after deductible	$40 copay after deductible	$200 copay + Plan pays 80% after deductible (copay waived if admitted)	$150 per day + Plan pays 80% after deductible (max 3 days)	$200 copay + Plan pays 80% after deductible
Out-of-Network Benefits			Plan pays 50% after deductible Plan pays 50% after deductible for specialist	Plan pays 50% after deductible	Plan pays 50% after deductible (Max $800 per test)	Plan pays 50% after deductible	$200 copay + Plan pays 80% after deductible (copay waived if admitted)	Plan pays 50% after deductible (Max $600 per day)	Plan pays 50% after deductible (Max $350 per day)
Anthem Safety Plan (MPOA ONLY)									
In-Network Benefits	$300 per individual $900 per family	$2,000 per individual $4,000 per family	$10 copay (deductible waived) $35 copay (deductible waived) for specialist	$15 copay (deductible waived)	Plan pays 80% after deductible	$35 copay (deductible waived)	Plan pays 80% after deductible (copay waived if admitted)	Plan pays 80% after deductible	Plan pays 80% after deductible
Out-of-Network Benefits	$600 per individual $1,800 per family	$2,000 per individual $4,000 per family	Plan pays 80% after deductible Plan pays 80% after deductible for specialist	Plan pays 80% after deductible	Plan pays 80% after deductible (Max $800 per test)	Plan pays 80% after deductible	Plan pays 80% after deductible (copay waived if admitted)	Plan pays 80% after deductible (Max $600 per day)	Plan pays 80% after deductible (Max $350 per day)
Kaiser HMO									
Schedule of Benefits	$0 per individual $0 per individual in family $0 per family	$1,500 per individual $1,500 per individual in family $3,000 per family	$25 copay per visit $25 copay per visit for specialist	$10 copay; up to 30 visits per year	Plan pays 100%	$25 copay per visit	$100 copay (copay waived if admitted)	$100 copay per admission	$25 copay per procedure
Kaiser HDHP HMO									
Schedule of Benefits	$3,200 per individual $3,200 per individual in family $6,400 per family	$3,200 per individual $3,200 per individual in family $6,400 per family	Plan pays 100% after deductible Plan pays 100% after deductible for specialist	Not Covered	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible

This chart is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs).

CITY OF MODESTO 2025 MEDICAL PLAN COMPARISON CHART

Prescription Drug Coverage below.

	Prescription Deductible	Prescription Out-of-Pocket Maximum	Generic	Preferred Brand	Non-Preferred Brand	Generic (Mail)	Preferred Brand (Mail)	Non-Preferred Brand (Mail)
Anthem 1000 PPO								
In-Network Benefits	None	$1,500 per individual $3,000 per family	$10 copay	$20 copay	$35 copay	$20 copay	$40 copay	$70 copay
Out-of-Network Benefits	None	Out of network claims do not apply to out of pocket limit	Not Covered	Not Covered	Not Covered	N/A	N/A	N/A
Anthem 1000 PPO Select Network								
In-Network Benefits	None	$1,500 per individual $3,000 per family	$10 copay	$20 copay	$35 copay	$20 copay	$40 copay	$70 copay
Out-of-Network Benefits	None	Out of network claims do not apply to out of pocket limit	Not Covered	Not Covered	Not Covered	N/A	N/A	N/A
Anthem HDHP 5000 PPO								
In-Network Benefits	Prescriptions subject to medical deductible	Prescriptions subject to medical out-of-pocket	$25 copay after deductible	$45 copay after deductible	$55 copay after deductible	$50 copay after deductible	$80 copay after deductible	$110 copay after deductible
Out-of-Network Benefits	N/A	Out of network claims do not apply to out of pocket limit	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Anthem Safety Plan (MPOA ONLY)								
In-Network Benefits	None	$2,000 per individual $4,000 per family	$10 copay	$25 copay	$45 copay	$20 copay	$40 copay	$75 copay
Out-of-Network Benefits	None	Out of network claims do not apply to out of pocket limit	$10 copay	$25 copay	$45 copay	N/A	N/A	N/A
Kaiser HMO								
Schedule of Benefits	N/A	Combined with Medical	$15 copay	$30 copay	$30 copay	$30 copay	$60 copay	$60 copay
Kaiser HDHP HMO								
Schedule of Benefits	Combined with Medical	Combined with Medical	Plan Pays 100% after deductible	Plan Pays 100% after deductible	Plan Pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible	Plan pays 100% after deductible

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