

CITY OF MODESTO 2026 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	\$150 copay per visit after deductible	\$20 copay (deductible waived)	\$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	\$150 copay per visit after deductible	Plan pays 50% after deductible (Max \$600 per day)	Plan pays 50% after deductible (Max \$350 per day)
Anthem 2000 PPO Select Network – CHANGES									
In-Network Benefits	\$2,000 per individual \$4,000 per family	\$4,000 per individual \$8,000 per family	\$30 copay (deductible waived) \$40 copay (deductible waived) for specialist	\$30 copay (deductible waived)	\$30 copay after deductible	\$30 copay after deductible	\$200 copay per visit after deductible	\$250 copay after deductible	\$250 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	\$200 copay per visit 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 \$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 ded (copay waived if admitted)	\$150 per day + Plan pays 80% after ded (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 ded (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 – CHANGES!									
Schedule of Benefits	\$1,000 per individual \$1,000 per individual in family \$2,000 per family	\$3,000 per individual \$3,000 per individual in family \$6,000 per family	\$30 copay per visit (deductible waived) \$40 copay per visit for specialist (deductible waived)	\$10 copay; up to 30 visits per year	\$15 copay per visit (deductible waived)	\$30 copay per visit (deductible waived)	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Kaiser HDHP HMO									
Schedule of Benefits	\$3,400 per individual \$3,400 per individual in family \$6,800 per family	\$3,400 per individual \$3,400 per individual in family \$6,800 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).

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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)
ALL ANTHEM PLANS WILL CHANGE TO A NEW PRESCRIPTION MANAGEMENT COMPANY- NAVITUS EFFECTIVE JANUARY 1, 2026								
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 2000 PPO Select Network – CHANGES								
In-Network Benefits	None	\$1,500 per individual \$3,000 per family	\$20 copay	\$40 copay	\$70 copay	\$40 copay	\$80 copay	\$140 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 – NEW!								
Schedule of Benefits	Combined with Medical	Combined with Medical	\$15 copay (deductible waived)	\$35 copay (deductible waived)	Specialty: 20% not to exceed \$250 (deductible waived)	\$30 copay (deductible waived)	\$70 copay (deductible waived)	N/A
Kaiser HDHP HMO (MPOA ONLY)								
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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