

Medical Rx Plan Comparison

Medical Benefits		2025 HVCU Medical/Rx Plans	
Carrier		Anthem	
Network		Blue Card PPO Network	
In-Network Coverage	Premium Plan	Value Plan	HD3500 (HSA)
Deductible (Individual / Family)	\$1,000 / \$2,000 <i>(Embedded)</i>	\$2,000 / \$4,000 <i>(Embedded)</i>	\$3,500/\$7,000 <i>(Embedded)</i>
Out-of-Pocket Maximum (Individual / Family)	\$3,500 / \$7,000	\$5,000 / \$10,000	\$5,000 / \$10,000
Coinsurance	80%	80%	80%
Preventive Care	No Charge	No Charge	No Charge
Primary Care Physician Office Visit	\$35 Copay	\$35 Copay	Ded. & Coins.
Specialist Office Visit	\$50 Copay	\$50 Copay	Ded. & Coins.
Medical Live Health Online	\$10 Copay	\$10 Copay	Up to \$59
Emergency Room <i>(waived if admitted)</i>	\$350	\$350	Ded. & Coins.
Urgent Care	\$50 Copay	\$50 Copay	Ded. & Coins.
Inpatient Hospital	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Diagnostic Bloodwork	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Outpatient Surgery	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
X-Ray	Ded. & Coins.	Ded. & Coins.	Ded. & Coins.
Advanced Diagnostic Imaging	\$250 Copay	\$250 Copay	Ded. & Coins.
Hospital Indemnity Coverage	N/A	N/A	Included
Employer HSA Contribution	N/A	N/A	\$1,000/\$2,000
Prescription Drugs			
Tier 1 Deductible	\$0	\$0	Before plan deductible is satisfied: All prescriptions are subject to the plan deductible with the exception of drugs on the preventive generic list.
Tier 2 Deductible	\$100	\$100	
Tier 3 Deductible	\$100	\$100	
Tier 4 Deductible	\$150	\$150	
Prescription Drug Retail (Tier 1/2/3/4)	\$10/\$35/\$75/20% or \$100 copay*	\$10/\$35/\$75/20% or \$100 copay*	After plan deductible is satisfied: \$10/\$35/\$75/20% or \$100 copay*
Mail Order	\$30/\$105/\$225	\$30/\$105/\$225	\$30/\$105/\$225

*Except for generic drugs on the preventive drug list.

*Please refer to info on Specialty Drug Copay Program. You must reach out to Accredo if you or a family member utilize a specialty drug.

Out-of-Network Coverage			
Covered OON	All OON	Office-Based Behavioral Health / Substance Abuse ONLY	Office-Based Behavioral Health / Substance Abuse ONLY
Deductible (Individual / Family)	\$2,000 / \$4,000 <i>(Behavioral Health/ Substance Abuse, deductible waived)</i>	No Deductible	Integrated with medical plan deductible
Coinsurance	70%	80%	80%
Out-of-Pocket Maximum	\$7,000 / \$14,000	N/A	N/A
Reimbursement Level	80th UCR	80th UCR	80th UCR