Medical Rx Plan Comparison

Medical Benefits	2026 HVCU Medical/Rx Plans		
Carrier	**Anthem**		
Network	**Blue Card PPO Network**		
Plan Type	**PPO**	**EPO (with exception)**	**EPO HDHP (with exception)**
In-Network Coverage	**Premium Plan**	**Value Plan**	**HD3500 (HSA)**
Deductible (Individual / Family)	$1,000 / $2,000 *(Embedded)*	$2,000 / $4,000 *(Embedded)*	$3,500/$7,000 *(Embedded)*
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 *(waived if admitted)*	$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
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 *(Behavioral Health/ Substance Abuse, deductible waived)*	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
Prescription Drugs			
Tier 1 Deductible	$0	$0	Medical plan deductible
Tier 2 Deductible	$0	$0	
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 preventic drug list.*

**Please refer to information on Specialty Drug Co-pay Program. You must reach out to Accredo if you or a family member utilize a specialty drug.*