

**CHESAPEAKE PUBLIC SCHOOLS**  
**HEALTH PLAN COMPARISON**  
 January 1, 2020 - December 31, 2020

HEALTHKEEPERS POS OPEN ACCESS/KEYCARE PPO/KEYCARE HDHP w_HSA			
	HEALTHKEEPERS POS OPEN ACCESS	KEYCARE PPO <b>THIS PLAN CLOSED TO ANY NEW ENROLLMENT</b>	KEYCARE High Deductible Health Plan w/ Health Savings Account (HSA)
<i>NO REFERRAL REQUIRED ON ANY PLANS</i>			
<b>IN-NETWORK: WHEN SERVICES ARE RECEIVED BY PROVIDERS WHO ARE PART OF ANTHEM'S NETWORKS</b>			
	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Deductible</b>			
	\$200 individual \$400 family	\$200 individual \$400 family	\$1,500 individual \$3,000 family
Embedded Deductible	Yes	Yes	<b>No</b> - if two or more people covered, together you will pay \$3,000 of the cost of care in one calendar year
<b>Out-of-Pocket Maximum (Calendar Year)</b>			
Includes Medical and Prescription Drug copays/coinsurance amounts you pay	\$3,500 individual \$7,000 family	\$3,500 individual \$7,000 family	\$5,000 individual \$10,000 family
<b>Provider Visits</b>			
Preventive Care	\$0	\$0	\$0
Office Visit/Urgent Care/Home Visits/In-office Surgery	\$25 PCP (Primary Care Physician) \$50 Specialist	\$25 PCP (Primary Care Physician) \$50 Specialist	20% AD
Online medical visits (LiveHealth Online.com)	\$15	\$15	\$49
Spinal Manipulations and other manual medical intervention visits (30 visit limit)	\$25	\$25 PCP \$50 Specialist	20% AD
<b>Labs, Diagnostic X-rays, Other Outpatient Diagnostic Tests</b>			
Diagnostic X-rays*	\$25/PCP* \$50/Specialist*	20% AD	20% AD
Lab Work*	\$25/PCP* \$50/Specialist*	20% AD	20% AD
Advanced diagnostic imaging services (ex: MRI, MRA, CT Scan, PET Scan)	20% AD	20% AD	20% AD
<b>Other Outpatient Services</b>			
Dialysis	20%	20% AD	20% AD
Infusion	\$50 at provider 20% home services	20% AD	20% AD
Shots & Therapeutic injections	\$25/\$50** + 20%	20% AD	20% AD
Chemotherapy (not oral), radiation, cardiac and respiratory therapy	\$50	20% AD	20% AD
<b>Care at Home</b>			
Home Health Care (100 visits)	20% AD	20% AD	20% AD
<b>Maternity</b>			
Routine pre- and postnatal care (excludes inpatient stay)	\$200	\$200	20% AD
Diagnostic Test/Non-stress test and other fetal monitoring/Ultrasounds	\$50 per visit	20% AD	20% AD
<b>Other</b>			
Physical/Occupational Therapy in office or outpatient facility (30 visits combined)	\$10	\$10 In Office \$10 + 20% O/P Facility	20% AD
Speech Therapy in office or outpatient facility (30 visit limit)	\$10	\$10 In Office \$10 + 20% O/P Facility	20% AD
Durable Medical Equipment	20% AD	20% AD	20% AD
Ambulance	\$150	\$150	20% AD

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<b>IN-NETWORK: WHEN SERVICES ARE RECEIVED BY PROVIDERS WHO ARE PART OF ANTHEM'S NETWORKS</b>			
<b>Outpatient Visits: Hospital or Facility</b>			
Surgery: Facility and Physician charges	\$250/visit	\$200 + 20%	20% AD
<b>Inpatient Stays: Hospital or Facility</b>			
Semi-private room, intensive care or similar unit	\$300/day up to \$1500	\$400 + 20%	20% AD
Physician, nursing, other medical professional services including anesthesia, surgical and delivery services	No charge	20% AD	20% AD
Skilled nursing facility (100 days per admission)	20% AD	20% AD	20% AD
<b>Emergency Care</b>			
Emergency Room and Physician Charges	\$200	\$200 + 20%	20% AD
<b>Mental Health/Substance Abuse</b>			
Office Visit	\$25	\$25	20% AD
Outpatient Facility based treatment (includes Partial Day programs)	\$0	20% AD	20% AD
<b>OUT-OF-NETWORK: WHEN SERVICES ARE RECEIVED BY PROVIDERS WHO ARE NOT PART OF ANTHEM'S NETWORKS</b>			
	<b>YOU PAY</b>	<b>YOU PAY</b>	<b>YOU PAY</b>
Deductible-Calendar Year	\$750 individual \$1,500 family	\$500 individual \$1,000 family	\$6,000 individual \$12,000 family
Out-of-pocket maximum-Calendar Year	\$5,000 individual \$10,000 family	\$5,500 individual \$11,000 family	\$10,000 individual \$20,000 family
Coinsurance - applies to all covered services (balance billing will occur)	30%	30%	40%
*A copay does not apply when these services are provided by the same provider on the same day as the office visit.			
**You will pay an additional \$25 or \$50 office visit copayment depending on the type of provider who treats you.			
<b>AD = After Deductible</b>			