



2023 SCAN Medical Benefit Comparison by Plan

	HMO Option #1		HMO Option #2		HMO Option #3	
	Anthem Vivity HMO	Aetna Whole Health SoCal HMO	Anthem Select HMO	Aetna Value Network HMO	Anthem Traditional HMO	Aetna HMO
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Calendar Year Deductible	None	None	None	None	None	None
Annual Maximum Out-of-Pocket	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family	\$3,500 individual \$7,000 family	\$3,500 individual \$7,000 family
At the Doctor's Office						
Preventive Care Visit	You pay 0% Plan pays 100%	You pay 0% Plan pays 100%	You pay 0% Plan pays 100%	You pay 0% Plan pays 100%	You pay 0% Plan pays 100%	You pay 0% Plan pays 100%
Primary Care Physician	\$10 copay	\$10 copay	\$20 copay	\$20 copay	\$10 copay	\$10 copay
Specialist Office Visit	\$30 copay	\$30 copay	\$40 copay	\$40 copay	\$30 copay	\$30 copay
Urgent Care	\$10 copay	\$10 copay	\$20 copay	\$20 copay	\$10 copay	\$10 copay
Emergency Room	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)
Inpatient Hospital	\$250 copay per admit	\$250 copay	\$250 copay per admit	\$250 copay	You pay 20% Plan pays 80%	You pay 20% Plan pays 80%
Other Medical Benefits						
X-rays/Labs	You pay 0% Plan pays 100%	You pay 0% Plan pays 100%	You pay 0% Plan pays 100%	You pay 0% Plan pays 100%	You pay 0% Plan pays 100%	You pay 0% Plan pays 100%
Outpatient Surgery	\$125 copay	\$125 copay	\$125 copay	\$125 copay	You pay 20% Plan pays 80%	You pay 20% Plan pays 80%

This comparison chart contains highlights of benefit options available to you. These are not complete descriptions of the benefits. If there is any conflict between this comparison chart and the official plan documents, the official plan documents will govern.



2022 vs. 2023 SCAN Medical Benefit Comparison by Plan

	HMO Option #1		HMO Option #2		HMO Option #3	
	Anthem Vivity HMO	Aetna Whole Health SoCal HMO	Anthem Select HMO	Aetna Value Network HMO	Anthem Traditional HMO	Aetna HMO
	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Prescription Drugs						
Prescription Retail						
Generic	\$5 or \$15 copay	\$15 copay	\$5 or \$15 copay	\$15 copay	\$15 copay	\$15 copay
Brand Formulary	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay	\$30 copay
Brand Non-formulary	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Specialty	30% up to \$250	30% up to \$250	30% up to \$250	30% up to \$250	30% up to \$250	30% up to \$250
Mail Order						
Generic	\$12.50 or \$37.50 copay	\$37.50 copay	\$12.50 or \$37.50 copay	\$37.50 copay	\$37.50 copay	\$37.50 copay
Brand Formulary	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay	\$90 copay
Brand Non-formulary	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay

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2022 vs. 2023 SCAN Medical Benefit Comparison by Plan

	PPO Option			
	Anthem PPO HSA		Aetna Open Access Managed Choice POS HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$1,500 individual \$2,800 individual in a family \$3,000 family	\$4,500 individual \$4,500 individual in a family \$9,000 family	\$1,500 individual \$3,000 individual in a family \$3,000 family	\$4,500 individual \$4,500 individual in a family \$9,000 family
Annual Maximum Out-of-Pocket	\$3,000 individual \$3,000 individual in a family \$6,000 family	\$9,000 individual \$9,000 individual in a family \$18,000 family	\$3,000 individual \$3,000 individual in a family \$6,000 family	\$9,000 individual \$9,000 individual in a family \$18,000 family
At the Doctor's Office				
Preventive Care Visit	You pay 0% Plan pays 100% (deductible waived)	You pay 40% Plan pays 60%	You pay 0% Plan pays 100% (deductible waived)	You pay 40% Plan pays 60%
Primary Care Physician	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%
Specialist Office Visit	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%
Urgent Care	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%
Emergency Room	You pay 20% Plan pays 80%	You pay 20% Plan pays 80%	You pay 20% Plan pays 80%	You pay 20% Plan pays 80%
Inpatient Hospital	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%

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2022 vs. 2023 SCAN Medical Benefit Comparison by Plan

	PPO Option			
	Anthem PPO HSA		Aetna Open Access Managed Choice POS HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Other Medical Benefits				
X-rays/Labs	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%
Outpatient Surgery	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%	You pay 20% Plan pays 80%	You pay 40% Plan pays 60%
Prescription Drugs				
Prescription Retail				
Generic	\$10 copay	40% up to \$250	\$15 copay	40% up to \$250
Brand Formulary	\$30 copay	40% up to \$250	\$30 copay	40% up to \$250
Brand Non-formulary	\$50 copay	40% up to \$250	\$50 copay	40% up to \$250
Specialty	30% up to \$250	40% of submitted cost	30% up to \$250	40% of submitted cost
Mail Order				
Generic	\$25 copay	Not covered	\$25 copay	Not covered
Brand Formulary	\$90 copay	Not covered	\$90 copay	Not covered
Brand Non-formulary	\$100 copay	Not covered	\$100 copay	Not covered

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