

Blue Oak Charter School
Blue Shield vs. Anthem Benefit Comparison
(Illustrative)

Network Benefits	Blue Shield-2019		Network Benefits	Anthem 2020 - Prudent Buyer	
	September 2019			January 2019	
	Bronze Full PPO 4500/70 OffEx			Bronze PPO 60/6350/40%	
CY Deductible			CY Deductible		
Individual	\$4,500		Individual	\$6,350	
Family	\$9,000		Family	\$12,700	
CY Out-of-Pocket Max	(Includes Deductible)		CY Out-of-Pocket Max	(Includes Deductible)	
Individual	\$7,350		Individual	\$8,150	
Family	\$14,700		Family	\$16,300	
Primary Office Visit Copay	\$70 After Deductible		Primary Office Visit Copay	\$60 - Limit 3/year	
Specialist Office Visit Copay	\$90 After Deductible		Specialist Office Visit Copay	\$80 - Limit 3/year	
Urgent Care Office Visit Copay	\$70 After Deductible		Urgent Care Office Visit Copay	40% After Deductible	
Teladoc Consultation	\$5		Livehealth Online	\$0-1st 3 Visits then \$5	
Coinsurance	30% After Deductible		Coinsurance	40% After Deductible	
Lab: Lab Center/Hospital	30% After Deductible		Diagnostic Lab	40% After Deductible	
X-Ray: Radiology Center/Hospital	30% After Deductible		Diagnostic X-Ray	40% After Deductible	
Preventive Services	No Charge		Preventive Services	No Charge	
Outpatient Surgery			Outpatient Surgery		
Surgery Center	30% After Deductible		Surgery Center	40% After Deductible	
Hospital	\$200 + 30% After Deductible		Hospital	40% After Deductible	
Inpatient Hospitalization	30% After Deductible		Inpatient Hospitalization	40% After Deductible	
Emergency Room Visit Copay	50% After Deductible		Emergency Room Visit Copay	\$350 + 40% After Deductible	
Prescription Drug Formulary			Prescription Drug Formulary		
Prescription Drugs	Retail	Mail Order	Prescription Drugs	Retail	Mail Order
Tier 1	\$20	\$40	Tier 1	\$20	\$50
Tier 2	\$55	\$110	Tier 2	\$60	\$180
Tier 3	\$80	\$160	Tier 3	\$100	\$300
Tier 4	30% up to \$500	30% up to \$1,000	Tier 4	30% up to \$500	N/A
Drug Deductible (Tiers 2,3 & 4)	Subject to Medical Deductible		Drug Deductible (Tiers 2,3 & 4)	\$625/\$1,250	

In Network Benefits : Deductible is waived for services in red

Benefit Reduction
Benefit Improvement
No Change

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Network Benefits	Blue Shield		Network Benefits	Anthem 2020 - Prudent Buyer	
	Silver Full PPO 2000/45 OffEx			Silver PPO 50/2000/40%	
September 2019			January 2019		
CY Deductible			CY Deductible		
Individual	\$2,000		Individual	\$2,000	
Family	\$4,000		Family	\$4,000	
CY Out-of-Pocket Max	(Includes Deductible)		CY Out-of-Pocket Max	(Includes Deductible)	
Individual	\$7,550		Individual	\$7,900	
Family	\$15,100		Family	\$15,800	
Primary Office Visit Copay	\$45		Primary Office Visit Copay	\$50	
Specialist Office Visit Copay	\$70		Specialist Office Visit Copay	\$85	
Urgent Care Office Visit Copay	\$45		Urgent Care Office Visit Copay	\$85	
Teladoc Consultation	\$5		Livehealth Online	\$0-1st 3 Visits then \$5	
Coinsurance	40% After Deductible		Coinsurance	40% After Deductible	
Lab: Lab Center/Hospital	\$45 / 40% After Deductible		Diagnostic Lab	\$50	
X-Ray: Radiology Center/Hospital	\$70 / \$120		Diagnostic X-Ray	\$85	
Preventive Services	No Charge		Preventive Services	No Charge	
Outpatient Surgery			Outpatient Surgery		
Surgery Center	40% After Deductible		Surgery Center	40% After Deductible	
Hospital	\$150 + 40% After Deductible		Hospital	40% After Deductible	
Inpatient Hospitalization	40% After Deductible		Inpatient Hospitalization	40% After Deductible	
Emergency Room Visit Copay	\$250 + 40% After Deductible		Emergency Room Visit Copay	\$350 + 40% After Deductible	
Prescription Drug Formulary			Prescription Drug Formulary		
Prescription Drugs	Retail	Mail Order	Prescription Drugs	Retail	Mail Order
Tier 1	\$20	\$40	Tier 1	\$20	\$50
Tier 2	\$55	\$110	Tier 2	\$55	\$165
Tier 3	\$80	\$160	Tier 3	\$95	\$285
Tier 4	40% up to \$250	40% up to \$500	Tier 4	30% up to \$250	N/A
Drug Deductible (Tiers 2,3 & 4)	\$200 ind. / \$400 fam.		Drug Deductible (Tiers 2,3 & 4)	\$150 / \$300	

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