

Pittsylvania County and Schools

Anthem Plans Comparison



October 1, 2024 -- September 30, 2025

Medical PPO Plans	KeyCare 30	HSA 3500
In-network benefits		
Deductible Individual (calendar year)	\$1,500	\$3,500
Deductible Family (calendar year)	\$3,000	\$7,000
Out-of-pocket maximum - individual	\$6,500	\$4,500
Out-of-pocket maximum - family	\$13,000	\$9,000
Coinsurance	20% after deductible	0% after deductible
Preventive Care	No charge	No charge
Office Visit (PCP)	\$30 copay	0% after deductible
Office Visit (Specialist)	\$30 copay	0% after deductible
Telemedicine Visit (LiveHealth Online)	No charge	\$55 charge
Chiropractic Services (Limited to 30 visits per CY)	\$25 copay	0% after deductible
Urgent Care	\$30 copay	0% after deductible
Emergency Room - facility	20% after deductible	0% after deductible
Inpatient - facility	20% after deductible	0% after deductible
Outpatient surgery - facility	20% after deductible	0% after deductible
Vision (1 routine eye exam per CY)	\$15 copay	\$15 copay
Out-of-network benefits		
Deductible (individual/family)	\$2,000/\$4,000	\$3,500/\$7,000
Out-of-pocket maximum (individual/family)	\$13,000/\$26,000	\$7,000/\$14,000
Coinsurance	40% after deductible	20% after deductible
Pharmacy benefits		
Deductible	N/A	Combined with Medical
Tier 1 - Generics Retail (30 days)	\$10	\$10
Tier 2 - Preferred Brand Retail (30 days)	\$40	\$40
Tier 3 - Non-Preferred Brand Retail (30 days)	\$60	\$60
Tier 4 - Specialty Retail (30 days)	20% coinsurance up to \$250	20% coinsurance up to \$250
Tier 1 - Generics Home Delivery (90 days)	\$25	\$25
Tier 2 - Preferred Brand Home Delivery (90 days)	\$100	\$100
Tier 3 - Non-Preferred Brand Home Delivery (90 days)	\$150	\$150
Tier 1 - Generics Retail (90 days)	\$30	\$30
Tier 2 - Preferred Brand Retail (90 days)	\$120	\$120
Tier 3 - Non-Preferred Brand Retail (90 days)	\$180	\$180
Preventive RX Plus Plan	N/A	Yes*
Special features and programs		
Condition Care	Included	Included
Employee Assistance Program (EAP)	Included	Included
Building Healthy Families	Included	Included
24/7 NurseLine	Included	Included

* PreventiveRX Plus is included with the HSA 3000 plan. Medications on the PreventiveRX Plus listing are covered prior to the deductible if purchased at a participating pharmacy.