

Prince William County Government

Medical Plans Comparison – Effective July 1, 2024

	Anthem			Kaiser
	KeyCare PPO Enhanced	KeyCare PPO Core	HealthKeepers POS	
Benefit	In-Network	In-Network	In-Network	In-Network
Network	Nationwide	Nationwide	Virginia	DC, Maryland, Virginia
Primary Care Physician (PCP) Visits	\$20/visit	\$25/visit	\$20/visit	\$15/visit; \$0 for child <age 6
Specialist Physician Visits	\$35/visit	\$50/visit	\$40/visit	\$25/visit
Deductible (per calendar year)	None	None	None	None
Referral Required to see a Specialist?	No	No	Yes	Yes
Out of Pocket Maximum – Per calendar year; Medical & Rx combined	\$2,500 Individual \$5,000 Family	\$4,000 Individual \$8,000 Family	\$2,500 Individual \$5,000 Family	\$3,500 Individual \$9,400 Family
Preventive Care • Annual Physicals/immunizations • Well Baby Check Ups • Well Woman Exam & Pap • Mammography/Colonoscopy	No cost share	No cost share	No cost share	No cost share
Diagnostic Testing • Laboratory • X-rays • Imaging (MRI, CT/PET-Scan, etc.)	No cost share No cost share \$200/visit	20% 20% \$200/visit plus 20%	In-office=no cost; Outpatient=\$40 \$40/visit \$200/visit	No cost share No cost share \$75/Test
Outpatient Surgery • PCP • Specialist • Facility	\$20/visit \$35/visit \$200/visit	\$25/visit \$50/visit \$200/visit plus 20%	No cost share No cost share \$200/visit	Included in facility fee Included in facility fee \$50/visit
Hospital Inpatient (per Admission) • Facility Fee • Physician/Surgeon Fees	\$350/admission No charge	\$400/admission plus 20% 20%	\$200/day (\$1,000 max/admission) No cost share	Included in facility fee \$250/visit
Emergency Services • Emergency Room • Emergency medical transportation • Urgent Care	\$200/visit 20% \$35/visit	\$200/visit plus 20% 20% \$25 PCP; \$50 Specialist/visit	\$200/visit No cost share \$40/visit	\$100/visit \$50/encounter \$25/visit
Pregnancy • Office Visits • Childbirth Professional Services • Childbirth Facility Services	\$20 PCP; \$35 Specialist/visit Included in facility fee \$350/admission	\$25 PCP; \$50 Specialist/visit 20% coinsurance \$400/admission plus 20%	\$200/pregnancy No cost share \$200/day (\$1,000 max/admission)	No charge Included in facility fee \$250/admission
Prescriptions - 30-day supply, retail / 90-day supply, mail order • Tier 1 - Generic • Tier 2 - Pref. Brand & Non-pref. Generic • Tier 3 - Non-pref. Brand	\$10 / \$20 \$35 / \$70 \$70 / \$140	\$10 / \$20 \$35 / \$70 \$70 / \$140	\$10 / \$20 \$35 / \$70 \$70 / \$140	\$10 / \$20 \$20 / \$40 \$35 / \$70
Vision – Routine Eye Exam	\$15/visit	\$15/visit	\$15/visit	\$15/Optometrlist visit

This comparison highlights the benefits available under each medical plan. For additional information of any plan, see the Summary of Benefits and Plan Documents located on PWConnects. Should there be any difference between this information and the formal plan documents or contract, the formal plan documents and/or contract shall govern.