



EPO & PPO Medical Health Plan Differences

When it comes to medical health insurance provided by Anaheim Union High School District, you have the choice of two plan types. The two plan types offered are an Exclusive Provider Organization (EPO) and a Preferred Provider Organization (PPO). Here is a brief look at each and their advantages.

Understanding EPO Plans – Network: Anthem Blue Cross PPO Prudent Buyer large group

An EPO gives you access to certain doctors and hospitals within its network. A network is made up of providers that have agreed to lower their rates for plan members and also meet quality standards. But unlike other insurance plan types, service is covered only if you see a provider within that EPO’s selected network.

Some key points to consider when selecting an EPO plan:

- You can see the doctor or specialist you’d like without having to see a primary care physician (PCP) first.
- Referrals are not required to be covered when you see a specialist or have a special test done.
- If you opt to see a doctor outside of the EPO selected network, there is no coverage, meaning you will have to pay the entire cost of medical services.

Understanding PPO Plans – Network: Anthem Blue Cross PPO Prudent Buyer large group

PPO plans provide more flexibility when picking a doctor or hospital. They also feature a network of providers, and there are fewer restrictions on seeing non-network providers. In addition, your PPO insurance will pay if you see a non-network provider, although it may be at a higher cost to you.

Some key points to consider when selecting a PPO plan:

- You can visit a doctor or specialist you’d like without having to see a PCP first.
- You can visit a doctor or go to a hospital outside the network and you may be covered; however, your benefits will be greater if you stay in the PPO network.
- PPO plans have a deductible that must be met before insurance pays on certain services.

Comparing an EPO and a PPO Plan

EPOs tend to be more affordable, but you’ll usually get less coverage and more restrictions. PPOs are more flexible and provide greater coverage, but come with a higher out-of-pocket cost.

Key Comparison Points	EPO	PPO
<i>Access to a network of doctors, hospitals and other healthcare providers</i>	✓	✓
<i>Ability to see the doctor you want without a PCP to authorize treatment</i>	✓	✓
<i>Ability to see a specialist without referral from a PCP</i>	✓	✓
<i>Low or no deductible and generally lower premiums</i>	✓	
<i>Coverage for some medical expenses outside the plan’s network*</i>		✓
<i>Coordination of coverage with other plans</i>		✓

***Out-of-network services generally available with higher out-of-pocket costs.**

Deciding Between an EPO and a PPO

When making a choice between these two types of plans you should consider you or your family’s medical needs, access and availability of your preferred medical provider, and your income. If you’re looking at an EPO, take a close look at the network to determine if the choice of doctors and medical facilities are enough to meet your needs. A PPO can give you more flexibility and control of your medical services, including the potential to be covered for medical bills outside the network, but your personal medical costs could be higher.



2020 Medical Plan Comparison

Both the EPO and PPO utilize the Anthem Blue Cross PPO (Prudent buyer) – Large Group Network

Benefit	EPO*	PPO	
	In-Network Only	In-Network	Non-Network
Lifetime Maximum	Unlimited	Unlimited	
Calendar Year Deductible	None	\$275 Individual / \$1,100 Family	
Calendar Year Out-of-Pocket Maximum (including deductible)	\$2,000 Individual / \$4,000 Family	\$1,475/Individual	\$5,075/Individual
<u>Office Visit</u> Physicians and Specialists	\$20 copay	10% after deductible	40% after deductible
<u>Preventive Care</u> Adult-annual physical, mammogram, Children-immunizations, well-baby	No charge	No charge	40% after deductible
- Hospitalization	No charge	10% after deductible	40% after deductible
- Outpatient Services	No charge	10% after deductible	40% after deductible
Emergency Room (copay waived if admitted)	\$150 copay	\$100 copay + 10% after deductible	
Chiropractic Care & Acupuncture	\$20 copay (Limited to a maximum of 52 visits per year combined with rehabilitation services & physical therapy)	10% after deductible Maximum 52 visits per calendar year	No coverage
Physical Therapy	\$20 copay (Limited to a maximum of 52 visits per year combined with rehabilitation services, acupuncture & chiropractic care)	10% after deductible	No coverage
Mental Health & Substance Use - Inpatient - Outpatient	No charge \$20 copay	10% after deductible 10% after deductible	40% after deductible 40% after deductible
Prescription Drugs Express Scripts	Retail (34 day supply) Copay: Generic \$7 / Brand Name Formulary \$25/ Non-Formulary Brand \$50 Mail Order (90 day supply) Copay: Generic \$14 / Brand Name Formulary \$50 / Non-Formulary Brand \$100 Specialty Drugs: (34-90 day supply) through Accredo Pharmacy. Network provider - Subject to the applicable copay as generic, formulary, or non-formulary – there is no out-of-network coverage		

* Please note that the EPO plan does not coordinate coverage