

Prince William County Government

Medical Plans Comparison – Effective July 1, 2025

	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

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Preventive Care <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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) <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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
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