



New Anthem Proactive Care Plan Overview



Anthem Proactive Care Plan



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Traditional PPO plans featuring deductibles and percentage coinsurance are poorly understood by the vast majority of members.



In an effort to address this problem, a new plan is being offered that **eliminates deductibles and percentage coinsurance in favor of copays**. This plan is called the **Proactive Care Plan**.



VCCCD is pleased to offer our employees the Proactive Care Plan through Anthem Blue Cross for the 2026-2027 benefit plan year.



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The Goal of Proactive Care PPO Plans

Proactive Care PPO Plans:

- Maintain broad PPO access
- Encourage primary and preventive care
- Reduce barriers to first-line services
- Lower member costs for routine care
- Higher cost-sharing for more complex and hospital-based care

Designed to Encourage Earlier Care – Not reduce Care



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Features of the Proactive Care Plan have predictable costs and encourages preventive and routine care

- A key feature of this plan is **\$0 copays for essential services** like:
 - Primary care visits
 - Urgent care
 - Outpatient mental health
 - Most lab work, and
 - Certain covered prescription drugs
- **You will also still have access to the full Anthem Blue Cross PPO network-** no need to change current providers
- 4th Quarter **Out-of-Pocket Maximum Carryover**



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Many **commonly used prescriptions** are available at a **\$0 copay** when prescribed by a primary care physician, such as the covered medicines for the following conditions:

- **Asthma Inhalers:** Qvar, Arnuity Ellipta, Albuterol
- **Diabetic medications:** Ozempic, Jardiance, Mounjaro, Rybelsus, Trulicity
- **Insulins:** insulin lispro, Humalog, Semglee
- **Anticoagulants:** Xarelto, Eliquis
- **Specialty Medicines:** Dupixent, Xolair
- **Biosimilars:** Adalimumab-adaz, Hadlima



Anthem Proactive Care Plan- ASCC

	SISC/Anthem Blue Cross Platinum Proactive Care PPO	SISC/Anthem Blue Cross 90-C \$20 PPO	SISC/Anthem Blue Cross 80-G \$20 PPO
	In-Network	In-Network	In-Network
Benefit Highlights			
Calendar Year Deductible	\$0	\$200 Individual / \$500 Family	\$500 Individual / \$1,000 Family
Out-of-Pocket Maximum ¹			
– Individual	\$2,000	\$1,000	\$2,000
– Family	\$4,000	\$3,000	\$4,000
Health Services	You Pay	You Pay	You Pay
Office Visit Copay			
– Preventive Care ²	No charge	No charge	No charge
– Primary Care Physician ²	No charge	\$20 copay	\$20 copay
– Specialist ²	\$70 copay	\$20 copay	\$20 copay
– Urgent Care	No charge	\$20 copay	\$20 copay
– Mental Health & Substance Abuse ²	No charge	10%, after deductible	20%, after deductible
Inpatient Hospitalization	\$400 copay/day	10%, after deductible	20%, after deductible
Outpatient Surgery			
– Hospital	\$1,200 copay	10%, after ded	20%, after ded
– Freestanding Facility	\$400 copay		
Lab	\$0 - \$100 copay ³	10%, after ded	20%, after ded
X-Ray	\$0 - \$150 copay ³	10%, after ded	20%, after ded
Complex Imaging	\$200 - \$500 copay ³	10%, after ded	20%, after ded
Emergency	\$600 copay (waived if admitted)	\$100 copay, then 10% after deductible (waived if admitted)	\$100 copay, then 20% after deductible (waived if admitted)
Chiropractic ² (Auth required after 5th visit)	No charge (preauth required after 5th visit)	10%, after deductible	20%, after deductible
Prescription Drugs	You Pay	You Pay	You Pay
Retail (30-day supply)	\$9 / \$35 (Navitus)	\$5 / \$20 (Navitus)	\$5 / \$20 (Navitus)
Mail-Order (90-day supply)	\$0 / \$90 (Costco)	\$0 / \$50 (Costco)	\$0 / \$50 (Costco)

¹ The annual out-of-pocket maximum applies to copays and does not include out-of-network balance billing charges. Refer to plan documents for more detailed information.

² Includes virtual and office visits

³ Refer to the benefits summary for more details on copay amounts.

Anthem Proactive Care Plan- AFT

Benefit Highlights

Calendar Year Deductible

Out-of-Pocket Maximum¹

- Individual
- Family

Health Services

Office Visit Copay

- Preventive Care²
- Primary Care Physician²
- Specialist²
- Urgent Care
- Mental Health & Substance Abuse²

Inpatient Hospitalization

Outpatient Surgery

- Hospital
- Freestanding Facility

Lab

X-Ray

Complex Imaging

Emergency

Chiropractic² (Auth required after 5th visit)

Prescription Drugs

Retail (30-day supply)

Mail-Order (90-day supply)

SISC/Anthem Blue Cross Diamond Proactive Care PPO

In-Network

\$0

\$1,000
\$3,000

You Pay

No charge
No charge
\$40 copay
No charge
No charge

\$200 copay/day

\$600 copay
\$200 copay

\$0 - \$50 copay³

\$0 - \$75 copay³

\$100 - \$250 copay³

\$300 copay (waived if admitted)

No charge

You Pay

\$9 / \$35 (Navitus)

\$0 / \$90 (Costco)

SISC/Anthem Blue Cross 90-C \$20 PPO

In-Network

\$200 Individual / \$500 Family

\$1,000
\$3,000

You Pay

No charge
\$20 copay
\$20 copay
\$20 copay
10%, after deductible
10%, after deductible

10%, after ded

10%, after ded

10%, after ded

10%, after ded

\$100 copay, then 10% after deductible
(waived if admitted)

10%, after deductible

You Pay

\$5 / \$20 (Navitus)

\$0 / \$50 (Costco)

SISC/Anthem Blue Cross 80-G \$20 PPO

In-Network

\$500 Individual / \$1,000 Family

\$2,000
\$4,000

You Pay

No charge
\$20 copay
\$20 copay
\$20 copay
20%, after deductible
20%, after deductible

20%, after ded

20%, after ded

20%, after ded

20%, after ded

\$100 copay, then 20% after deductible
(waived if admitted)

20%, after deductible

You Pay

\$5 / \$20 (Navitus)

\$0 / \$50 (Costco)

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Anthem Proactive Care Plan



You will have a **digital ID Card**

- There will be no physical ID card
- **Easily Accessible.** Prior to the plan effective date, your ID card will be available in your member portal

Register for your **Member Portal**

- Manage your health plan on your My Health Hub member portal. You can access plan documents, track claims, view ID cards, and more
- **Registering is easy**
 1. Download the My Health Hub mobile app by scanning the QR code.
 2. Click Create an Account Here.
 3. Fill in the required information to create your account.



Anthem Proactive Care Plan Resources



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To help you better understand the Proactive Care Plan and how it compare to the current plan offerings, there are a few other resources available:

- View the detailed benefits summary posted on the district website
- Review the 2026-2027 Employee Benefit Guide for all plan options



Questions?





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Learn more at www.baldwin.com

This is for informational purposes only. It is not intended to be an agreement for continued employment. Neither is it a legal plan document. If there is a disagreement between the information shown here and the plan documents, the plan documents will govern.

In addition, the benefits described in this guide are subject to change without notice. Continuation of any benefit plan or coverage is at the company's discretion and in accordance with federal and state laws. If you need additional information or have any questions about the benefit program, please contact the Human Resources Department.

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