Keenan & Associates

Perris Union High School District

Summary of Charter Certificated & Charter Classified Anthem PPO 500, MVP & HSA 1 Plans

Effective Date: July 1, 2019

RENEWAL 2019

Effective Date	07/01/2018		07/01/2019		07/01/2019	
Renewal Date	07/01/2019		07/01/2020		07/01/2020	
Carrier Name	**Anthem Blue Cross**		**Anthem Blue Cross**		**Anthem Blue Cross**	
Plan Name	PPO 500 - $10/30/10 Rx + Cost		PPO MVP		HSA 1 - $10/30 Rx	
Eligible Class	Eligible Employees		Eligible Employees		Eligible Employees	
	In-Network Benefits	**Out-of-Network Benefits**	**In-Network Benefits**	**Out-of-Network Benefits**	**In-Network Benefits**	**Out-of-Network Benefits**
General Plan Information						
Annual Deductible/Individual	$500	$1,000	$5,900	$11,800	$1,500 medical/prescription/MH-SA in/out of network combined	$1,500 medical/prescription/MH-SA in/out of network combined
Annual Deductible/Family	$1,500	$3,000	$11,800	$23,600	$3,000 medical/prescription/MH-SA in/out of network combined	$3,000 medical/prescription/MH-SA in/out of network combined
Coinsurance	90%	70%	100% after the deductible has been satisfied	50%	90%	70%
Office Visit/Exam	$30/Visit; deductible waived	70%	$35 copay; deductible waived first 3 visits/combined services	50%	90%	70%
Outpatient Specialist Visit	$30/Visit; deductible waived	70%	$35 copay; deductible waived first 3 visits/combined services	50%	90%	70%
Annual Out-of-Pocket Limit/Individual	$3,000 Rx not included	$6,000 Rx not included	$6,100 Rx not included	$12,700 Rx not included	$3,000	$9,000
Annual Out-of-Pocket Limit/Family	$9,000 Rx not included	$18,000 Rx not included	$12,200 Rx not included	$25,400 Rx not included	$6,000	$18,000
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Inpatient Hospital Services						
Inpatient Hospitalization	90%	70% plus $500 admission fee after the deductible has been satisfied (waived for emergency)	100% after the deductible has been satisfied	50% plus $500 admission fee after the deductible has been satisfied (waived for emergency)	90%	70% plus $500 admission fee after the deductible has been satisfied (waived for emergency)
Semi-Private Room & Board; Including Services and Supplies	90%	70%	100% after the deductible has been satisfied	50% plus $500 admission fee after the deductible has been satisfied (waived for emergency)	90%	70%
Emergency Services						
Emergency Room	90%	90%	100%	100%	90%	90%
Mental Helath Benefits						
Inpatient Care	90% prior MHN authorization required	70% plus $500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	100% after the deductible has been satisfied; subject to utilization review; waived for emergency	50% plus $500 admission fee after the deductible has been satisfied (waived for emergency); subject to utilization review	90% prior MHN authorization required	70% plus $500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required
Outpatient Care	90% prior MHN authorization required	70% prior MHN authorization required	$35 copay; deductible waived for the first 3 visits/combined services	50%	90% prior MHN authorization required	70% prior MHN authorization required
Alcohol Abuse						
Inpatient Care						
Inpatient Hospitalization	90% prior MHN authorization required	70% plus $500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	70%	50% plus $500 admission fee after the deductible has been satisfied (waived for emergency).	90% prior MHN authorization required	70% plus $500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required
Inpatient Detoxification Services	90% prior MHN authorization required	70% plus $500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	70%	50% plus $500 admission fee after the deductible has been satisfied (waived for emergency).	90% prior MHN authorization required	70% plus $500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required
Outpatient Care						
Outpatient Services	90% prior MHN authorization required	70% prior MHN authorization required	$40 copay; deductible waived	50%	90% prior MHN authorization required	70% prior MHN authorization required
Substance Abuse						
Inpatient Care						
Inpatient Hospitalization	90% prior MHN authorization required	70% plus $500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	100% after the deductible has been satisfied; subject to utilization review; waived for emergency	50% plus $500 admission fee after the deductible has been satisfied (waived for emergency); subject to utilization review	90% prior MHN authorization required	70% plus $500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required
Inpatient Detoxification Services	90% prior MHN authorization required	70% plus $500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	100% after deductible has been satisfied; subject to utilization review; waived for emergency	50% plus $500 admission fee after the deductible has been satisfied (waived for emergency); subject to utilization review	90% prior MHN authorization required	70% plus $500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required
Outpatient Care						
Outpatient Services	90% prior MHN authorization required	70% prior MHN authorization required	$35 copay; deductible waived first 3 visits/combined services	50%	90% prior MHN authorization required	70% prior MHN authorization required
Prescription Drug Benefits						

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Plan Name	PPO 500 - $10/30/10 Rx + Cost		PPO MVP		HSA 1 - $10/30 Rx	
Eligible Class	Eligible Employees		Eligible Employees		Eligible Employees	
	In-Network Benefits	**Out-of-Network Benefits**	**In-Network Benefits**	**Out-of-Network Benefits**	**In-Network Benefits**	**Out-of-Network Benefits**
Prescription Drug Deductible			N/A	N/A	$1,500 ind/$3000 fam medical/prescription/MH-SA in/out of network combined	$1,500 ind/$3000 fam medical/prescription/MH-SA in/out of network combined
Generic	$10 copay/Tier 1 Pharmacy $10 copay +$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% + an additional $15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)	$19 copay/Tier 1 Pharmacy; $19 copay + $15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% + an additional $15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)	$10 after deductible Tier 1 Pharmacy $10 copay after deductible + $15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% after deductible + an additional $15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Formulary/Preferred)	$30 copay/Tier 1 Pharmacy $30 copay +$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% + an additional $15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)	$50 copay/Tier 1 Pharmacy; $50 copay + $15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% + an additional $15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)	$30 after deductible /Tier 1 Pharmacy $30 copay after deductible + $15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% after deductible + an additional $15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Non-Formulary/Non-preferred)	$10 copay/Tier 1 Pharmacy $10 copay +$15/Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available; (see www.express-scripts.com for a list of pharmacies)	50% + an additional $15 fee applies per prescription for a Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available; (see www.express-scripts.com for a list of pharmacies)	$75 copay/Tier 1 Pharmacy; $75 copay + $15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% + an additional $15 fee applies per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-scripts.com for a list of pharmacies)		
Number of Days Supply	30 days	30 days	30 days	30 days	30 days	30 days
Mail Order						
Mail Order Mandatory						
Generic	$20 copay provided by Express Scripts	Not covered	$38 copay provided by Express Scripts	Not covered	$20 copay after deductible; provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	$60 copay provided by Express Scripts	Not covered	$100 copay provided by Express Scripts	Not covered	$60 copay after deductible; provided by Express Scripts	Not covered
Brand (Non-Formulary/Non-preferred)	$20 copay plus cost difference between generic and brand when generic equivalent is available; provided by Express Scripts	Not covered	$150 copay provided by Express Scripts	Not covered		
Number of Days Supply for Mail Order	90 days	Not covered	90 days	N/A	90 days	Not covered
Other Services and Supplies						
Chiropractic Services	90% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined	70% chiro/phys/occ therapy combined; in/out of network combined	$35 copay; limited to 24 visits/calendar year; chiro/phys/occ therapy combined; deductible waived first 3 visits/combined services; in/out of network combined	50% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined	90% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined	70% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined