

Perris Union High School District

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



Effective Date: July 1, 2019						
Effective Date	07/01/2018		07/01/2019		07/01/2019	
Renewal Date	07/01/2019 07/01/2019 Anthem Blue Cross PPO 500 - \$10/30/10 Rx + Cost Eligible Employees			/2020	07/01/2019	
Carrier Name			Anthem Blue Cross		Anthem Blue Cross	
Plan Name					HSA 1 - \$10/30 Rx	
Eligible Class			PPO MVP 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	Unlimted	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 Mental Helath Benefits	90%	90%	100%	100%	90%	90%
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 fo 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 fo 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	70% plus \$500 admission fee after	100% after the deductible has been	50% plus \$500 admission fee after	90% prior MHN authorization required	70% plus \$500 admission fee after the
	required	the deductible has been satisfied (waived for emergency) prior MHN authorization required	satisfied; subject to utilization review; waived for emergency	the deductible has been satisfied (waived for emergency); subject to utilization review		deductible has been satisfied (waived for emergency) prior MHN authorization required
Inpatient Detoxification Services	90% prior MHN authorization	70% plus \$500 admission fee after	100% after deductible has been	50% plus \$500 admission fee after the deductible has been satisfied	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for
	required	the deductible has been satisfied (waived for emergency) prior MHN authorization required	satisfied; subject to utilization review; waived for emergency	(waived for emergency); subject to utilization review		emergency) prior MHN authorization required
Outpatient Care Outpatient Services		(waived for emergency) prior MHN		(waived for emergency); subject to	90% prior MHN authorization required	emergency) prior MHN authorization

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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
Prescription Drug Deductible			N/A	N/A	\$1,500 ind/\$3000 fam	\$1,500 ind/\$3000 fam
					medical/prescription/MH-SA in/out of	medical/prescription/MH-SA in/out of
					network combined	network combined
Generic	\$10 copay/Tier 1 Pharmacy \$10	50% + an additional \$15 fee applies		50% + an additional \$15 fee applies		50% after deductible + an additional \$15
	copay +\$15/Tier 2 Pharmacy	per prescription for a Tier 2	copay + \$15/Tier 2 Pharmacy	per prescription for a Tier 2	\$10 copay after deductible + \$15/Tier 2	fee applies per prescription for a Tier 2
	provided by ESI (see www.express- scripts.com for a list of pharmacies)	Pharmacy; provided by ESI (see www.express-scripts.com for a list of	provided by ESI (see www.express- scripts.com for a list of pharmacies)	Pharmacy; provided by ESI (see www.express-scripts.com for a list of	Pharmacy provided by ESI (see www.express-scripts.com for a list of	Pharmacy; provided by ESI (see www.express-scripts.com for a list of
	scripts.com for a list of pharmacles)	pharmacies)	scripts.com for a list of pharmacles)	pharmacies)	pharmacies)	pharmacies)
Brand (Formulary/Preferred)	\$30 copay/Tier 1 Pharmacy \$30	50% + an additional \$15 fee applies	\$50 copay/Tier 1 Pharmacy; \$50	50% + an additional \$15 fee applies		50% after deductible + an additional \$15
Brana (Formalary) Frontinoa)	copay +\$15/Tier 2 Pharmacy	per prescription for a Tier 2	copay + \$15/Tier 2 Pharmacy	per prescription for a Tier 2	\$30 copay after deductible + \$15/Tier 2	fee applies per prescription for a Tier 2
	provided by ESI (see www.express-	Pharmacy; provided by ESI (see	provided by ESI (see www.express-	Pharmacy; provided by ESI (see	Pharmacy provided by ESI (see	Pharmacy; provided by ESI (see
	scripts.com for a list of pharmacies)	www.express-scripts.com for a list of	scripts.com for a list of pharmacies)	www.express-scripts.com for a list of	www.express-scripts.com for a list of	www.express-scripts.com for a list of
		pharmacies)		pharmacies)	pharmacies)	pharmacies)
Brand (Non-Formulary/Non-preferred)	\$10 copay/Tier 1 Pharmacy \$10	50% + an additional \$15 fee applies		50% + an additional \$15 fee applies		
	copay +\$15/Tier 2 Pharmacy + cost	per prescription for a Tier 2	copay + \$15/Tier 2 Pharmacy	per prescription for a Tier 2		
	difference between generic and	Pharmacy + cost difference between		Pharmacy; provided by ESI (see		
	brand when generic equivalent is	generic and brand when generic	scripts.com for a list of pharmacies)			
	available; (see www.express-	equivalent is available; (see		pharmacies)		
	scripts.com for a list of pharmacies)					
Number of Days Supply	30 davs	pharmacies) 30 davs	30 davs	30 days	30 davs	30 davs
Mail Order		00 00/0	00 days	00 days	00 4435	00 44/3
Mail Order Mandatory						
Generic	\$20 copay provided by Express	Not covered	\$38 copay provided by Express	Not covered	\$20 copay after deductible; provided by	Not covered
	Scripts		Scripts		Express Scripts	
Brand (Formulary/Preferred)	\$60 copay provided by Express	Not covered	\$100 copay provided by Express	Not covered	\$60 copay after deductible; provided by	Not covered
	Scripts		Scripts		Express Scripts	
Brand (Non-Formulary/Non-preferred)	\$20 copay plus cost difference	Not covered	\$150 copay provided by Express	Not covered		
	between generic and brand when		Scripts			
	generic equivalent is available;					
Number of Days Supply for Mail Order	provided by Express Scripts 90 days	Not covered	90 days	N/A	90 days	Not covered
Other Services and Supplies			30 uays	IN/A	30 uays	
Chiropractic Services	90% limited to 24 visits/calendar	70% chiro/phys/occ therapy	\$35 copay; limited to 24	50% limited to 24 visits/calendar	90% limited to 24 visits/calendar year;	70% limited to 24 visits/calendar year;
	year; chiro/phys/occ therapy	combined; in/out of network	visits/calendar year; chiro/phys/occ	year; chiro/phys/occ therapy	phys/occ/chiro combined; in/out of	phys/occ/chiro combined; in/out of
	combined; in/out of network	combined	therapy combined; deductible	combined; in/out of network	network combined	network combined
	combined		waived first 3 visits/combined	combined		
			services; in/out of network combined			
						1

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