

Perris Union High School District

Summary of Anthem HMO 20, HMO 30, HMO 30 Select w/Chiro and HMO 40 Select Plans - Classified

Effective Date: July 1, 2018

Carrier Name Plan Name	Anthem Blue Cross HMO 20 - \$5/25/40 Rx	Anthem Blue Cross HMO 30 - \$10/30/60 Rx	Anthem Blue Cross HMO 30 Select w/Chiro - \$19/50/75 Rx	Anthem Blue Cross HMO 40 Select - \$10/30/60 Rx
General Plan Information				
Annual Deductible/Individual	\$0	\$0	\$0	\$500
Annual Deductible/Family	\$0	\$0	\$0	\$1,000
Coinsurance	100%	100%	100%	100%
Office Visit/Exam	\$20 copay	\$30 copay	\$30 copay	\$40 copay
Outpatient Specialist Visit	\$20 copay	\$30 copay	\$30 copay	\$40 copay
Annual Out-of-Pocket Limit/Individual	\$500 Rx not included	\$500 Rx not included	\$500 Rx not included	\$1,500 Rx not included
Annual Out-of-Pocket Limit/Family	\$1,500 Rx not included	\$1,500 Rx not included	\$1,500 Rx not included	\$4,500 Rx not included
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Inpatient Hospital Services				
Inpatient Hospitalization	100%	100%	100%	\$250 admit fee after deductible is met
Semi-Private Room & Board; Including Services and Supplies	100%	100%	100%	100%
Emergency Services				
Emergency Room	\$100 copay waived if admitted	\$100 copay waived if admitted	\$100 copay waived if admitted	\$100 copay waived if admitted
Mental Health Benefits				
Inpatient Care	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
Outpatient Care	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
Prescription Drug Benefits				
Prescription Drug Deductible				
Generic	\$5 copay/Tier 1 Pharmacy; \$5 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$10 copay/Tier 1 Pharmacy \$10 copay + \$15/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)	\$10 copay/Tier 1 Pharmacy 10 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Formulary/Preferred)	\$25 copay/Tier 1 Pharmacy \$25 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$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 copay/Tier 1 Pharmacy; \$50 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$30 copay/Tier 1 Pharmacy \$30 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)

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Brand (Non-Formulary/Non-preferred)	\$40 copay/Tier 1 Pharmacy \$40 copay +\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$60 copay/Tier 1 Pharmacy \$60 copay +\$15/Tier 2 Pharmacy provided by ESI (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)	\$60 copay/Tier 1 Pharmacy \$60 copay +\$15/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
Mail Order				
Mail Order Mandatory				
Generic	\$10 copay provided by Express Scripts	\$20 copay provided by Express Scripts	\$38 copay provided by Express Scripts	\$20 copay provided by Express Scripts
Brand (Formulary/Preferred)	\$50 copay provided by Express Scripts	\$60 copay provided by Express Scripts	\$100 copay provided by Express Scripts	\$60 copay provided by Express Scripts
Brand (Non-Formulary/Non-preferred)	\$80 copay provided by Express Scripts	\$120 copay provided by Express Scripts	\$150 copay provided by Express Scripts	\$120 copay provided by Express Scripts
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days
Other Services and Supplies				
Chiropractic Services	Not covered	Not covered	\$10 copay 30 visits/calendar year; provided through American Specialty Health	Not covered