



Perris Union High School District
Summary of Classified Anthem PPO MVP Plan
 Effective Date: July 1, 2019

RENEWAL **2019**

Effective Date	07/01/2019	
Renewal Date	07/01/2020	
Carrier Name	Anthem Blue Cross	
Plan Name	PPO MVP	
Eligible Class	Eligible Employees	
General Plan Information		
Annual Deductible/Individual	\$5,900	\$11,800
Annual Deductible/Family	\$11,800	\$23,600
Coinsurance	100% after the deductible has been satisfied	50%
Office Visit/Exam	\$35 copay; deductible waived first 3 visits/combined services	50%
Outpatient Specialist Visit	\$35 copay; deductible waived first 3 visits/combined services	50%
Annual Out-of-Pocket Limit/Individual	\$6,100 Rx not included	\$12,700 Rx not included
Annual Out-of-Pocket Limit/Family	\$12,200 Rx not included	\$25,400 Rx not included
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospital Services		
Inpatient Hospitalization	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
Semi-Private Room & Board; Including Services and Supplies	100% after the deductible has been satisfied	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
Emergency Services		
Emergency Room	100%	100%
Mental Health Benefits		
Inpatient Care	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
Outpatient Care	\$35 copay; deductible waived for the first 3 visits/combined services	50%
Alcohol Abuse		
Inpatient Care		
Inpatient Hospitalization	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency).
Inpatient Detoxification Services	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency).
Outpatient Care		
Outpatient Services	\$40 copay; deductible waived	50%
Substance Abuse		
Inpatient Care		
Inpatient Hospitalization	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
Inpatient Detoxification Services	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
Outpatient Care		
Outpatient Services	\$35 copay; deductible waived first 3 visits/combined services	50%
Prescription Drug Benefits		
Prescription Drug Deductible		
Generic	N/A	N/A
Brand (Formulary/Preferred)	\$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)
Brand (Formulary/Preferred)	\$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)

CONFIDENTIAL: The information in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. It is not intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the SPD, the contract provisions of the appropriate policy or plan document (available through your employer) will prevail.



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Brand (Non-Formulary/Non-preferred)	\$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
Mail Order		
Mail Order Mandatory		
Generic	\$38 copay provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	\$100 copay provided by Express Scripts	Not covered
Brand (Non-Formulary/Non-preferred)	\$150 copay provided by Express Scripts	Not covered
Number of Days Supply for Mail Order	90 days	N/A
Other Services and Supplies		
Chiropractic Services	\$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

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