Keenan & Associates

RENEWAL 2018

Perris Union High School District

Summary of Anthem HSA 1 Plan - Certificated/Mgmt/Confidential/Board/Cherter Schools

Effective Date: July 1, 2018

Effective Date	07/01/2018	
Renewal Date	07/01/2019	
Carrier Name	**Anthem Blue Cross**	
Plan Name	HSA 1 - $10/30 Rx	
Eligible Class	Eligible Employees	
	In-Network Benefits	**Out-of-Network Benefits**
General Plan Information		
Annual Deductible/Individual	$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	$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%
Office Visit/Exam	90%	70%
Outpatient Specialist Visit	90%	70%
Annual Out-of-Pocket Limit/Individual	$3,000	$9,000
Annual Out-of-Pocket Limit/Family	$6,000	$18,000
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospital Services		
Inpatient Hospitalization	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%
Emergency Services		
Emergency Room	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
Outpatient Care	90% prior MHN authorization required	70% prior MHN authorization required
Prescription Drug Benefits		
Prescription Drug Deductible	$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 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 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)		
Number of Days Supply	30 days	30 days
Mail Order		
Mail Order Mandatory		
Generic	$20 copay after deductible; provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	$60 copay after deductible; provided by Express Scripts	Not covered

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Brand (Non-Formulary/Non-preferred)		
Number of Days Supply for Mail Order	90 days	Not covered
Other Services and Supplies		
Chiropractic Services	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