



RENEWAL 2018

Perris Union High School District
Summary of Anthem PPO 500 - Certificated, Mamt/Confidential/Board/Charter Schools
 Effective Date: July 1, 2018

Effective Date	07/01/2018	
Renewal Date	07/01/2019	
Carrier Name	Anthem Blue Cross	
Plan Name	PPO 500 - \$10/30/10 Rx + Cost	
Eligible Class	Eligible Employees	
	In-Network Benefits	Out-of-Network Benefits
General Plan Information		
Annual Deductible/Individual	\$500	\$1,000
Annual Deductible/Family	\$1,500	\$3,000
Coinsurance	90%	70%
Office Visit/Exam	\$30/Visit; deductible waived	70%
Outpatient Specialist Visit	\$30/Visit; deductible waived	70%
Annual Out-of-Pocket Limit/Individual	\$3,000 Rx not included	\$6,000 Rx not included
Annual Out-of-Pocket Limit/Family	\$9,000 Rx not included	\$18,000 Rx not included
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%
Prescription Drug Benefits		
Prescription Drug Deductible		
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)
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)
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)
Number of Days Supply	30 days	30 days
Mail Order		
Mail Order Mandatory		
Generic	\$20 copay provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	\$60 copay 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
Number of Days Supply for Mail Order	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