



Perris Union High School District
Summary of Management, Confidential, Board Kaiser HMO 20, DHMO 500, MVP & HSA Plans
 Effective Date: July 1, 2019

RENEWAL **2019**

| Effective Date | 07/01/2019 | 07/01/2019 | 07/01/2019 | 07/01/2019 |
|--|--|--|--|---|
| Renewal Date | 07/01/2020 | 07/01/2020 | 07/01/2020 | 07/01/2020 |
| Carrier Name | Kaiser Permanente Insurance Company | Kaiser Permanente Insurance Company | Kaiser Permanente Insurance Company | Kaiser Permanente Insurance Company |
| Plan Name | HMO 20 | DHMO 500 | HMO MVP | HMO HSA |
| Eligible Class | Eligible Employees | Eligible Employees | Eligible Employees | All Employees |
| General Plan Information | | | | |
| Annual Deductible/Individual | \$0 | \$500 | \$4,500 | \$1,500 medical/prescription combined |
| Annual Deductible/Family | \$0 | \$1,000 | \$9,000 | \$2,700 (per member of a family of two or more members), \$3,000 (entire family or two or more members) medical/prescription combined |
| Coinsurance | 100% | 80% | 60% | 90% |
| Office Visit/Exam | \$20 copay | \$20 copay | \$50 copay; after deductible | 90% after deductible |
| Outpatient Specialist Visit | \$20 copay | \$20 copay | \$50 copay; after deductible | 90% after deductible |
| Annual Out-of-Pocket Limit/Individual | \$1,500 | \$3,000 | \$6,000 | \$3,000 |
| Annual Out-of-Pocket Limit/Family | \$3,000 | \$6,000 | \$12,000 | \$6,000 |
| Lifetime Plan Maximum | Unlimited | Unlimited | Unlimited | Unlimited |
| Inpatient Hospital Services | | | | |
| Inpatient Hospitalization | 100% | 80% after deductible | 60% after deductible | 90% after deductible |
| Semi-Private Room & Board; Including Services and Supplies | 100% | 80% after deductible | 60% after deductible | 90% after deductible |
| Emergency Services | | | | |
| Emergency Room | \$100 copay waived if admitted | 80% after deductible | \$250 copay; after deductible | 90% after deductible |
| Mental Health Benefits | | | | |
| Inpatient Care | 100% | 80% after deductible | 60% after deductible | 90% after deductible |
| Outpatient Care | \$20 copay | \$20 copay; deductible waived | \$50 copay; after deductible | 90% after deductible |
| Alcohol Abuse | | | | |
| Inpatient Care | | | | |
| Inpatient Hospitalization | 100% | 80% after deductible | 80% after deductible | 100% |
| Inpatient Detoxification Services | 100% | 80% after deductible | 80% after deductible | 100% |
| Outpatient Care | | | | |
| Outpatient Services | \$20 copay | \$20 copay; deductible waived | \$20 copay; deductible waived | 100% |
| Substance Abuse | | | | |
| Inpatient Care | | | | |
| Inpatient Hospitalization | 100% | 80% after deductible | 60% after deductible | 90% after deductible |
| Inpatient Detoxification Services | 100% | 80% after deductible | 60% after deductible | 90% after deductible |
| Outpatient Care | | | | |
| Outpatient Services | \$20 copay | \$20 copay; deductible waived | \$50 copay; after deductible | 90% after deductible |

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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| Carrier Name | Kaiser Permanente Insurance Company | Kaiser Permanente Insurance Company | Kaiser Permanente Insurance Company | Kaiser Permanente Insurance Company |
| Plan Name | HMO 20 | DHMO 500 | HMO MVP | HMO HSA |
| Eligible Class | Eligible Employees | Eligible Employees | Eligible Employees | All Employees |
| Prescription Drug Benefits | | | | |
| Prescription Drug Deductible | | \$100 per member/calendar year | \$250 per Member/calendar year | \$1,500 ind/\$3,000 fam; medical/prescription combined |
| Generic | \$10 copay | \$10 copay; deductible waived | \$15 copay; deductible waived | \$10 copay; after deductible |
| Brand (Formulary/Preferred) | \$20 copay | \$30 copay; after \$100 prescription deductible | \$35 copay; after prescription deductible | \$30 copay; after deductible |
| Brand (Non-Formulary/Non-preferred) | | | | |
| Number of Days Supply | 30 days | 30 days | 30 days | 30 days |
| Mail Order | | | | |
| Mail Order Mandatory | No | | | N/A |
| Generic | \$20 copay | \$20 copay; deductible waived | \$30 copay; deductible waived | \$20 copay; after deductible |
| Brand (Formulary/Preferred) | \$40 copay | \$60 copay; after \$100 prescription deductible | \$70 copay; after prescription deductible | \$60 copay; after deductible |
| Brand (Non-Formulary/Non-preferred) | | | | |
| Number of Days Supply for Mail Order | 100 days | 100 days | 100 days | 100 days |
| Other Services and Supplies | | | | |
| Chiropractic Services | Not covered | Not covered | Not covered | Not covered |