



# RENEWAL 2018

## Perris Union High School District

### Summary of Kaiser High Option 1, Low Option 2 & HMO MVP Plans - All Employees

Effective Date: July 1, 2018

Effective Date	07/01/2018	07/01/2018
Renewal Date	07/01/2019	07/01/2019
Carrier Name	<b>Kaiser Permanente Insurance Company</b>	<b>Kaiser Permanente Insurance Company</b>
Plan Name	HMO High Option 1	HMO Low Option 2
Eligible Class	Eligible Employees	Eligible Employees
<b>General Plan Information</b>		
Annual Deductible/Individual	\$0	\$500
Annual Deductible/Family	\$0	\$1,000
Coinsurance	100%	80%
Office Visit/Exam	\$20 copay	\$20 copay
Outpatient Specialist Visit	\$20 copay	\$20 copay
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000
Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000
Lifetime Plan Maximum	Unlimited	Unlimited
<b>Inpatient Hospital Services</b>		
Inpatient Hospitalization	100%	80% after deductible
Semi-Private Room & Board; Including Services and Supplies	100%	80% after deductible
<b>Emergency Services</b>		
Emergency Room	\$100 copay waived if admitted	80% after deductible
<b>Mental Health Benefits</b>		
Inpatient Care	100%	80% after deductible
Outpatient Care	\$20 copay	\$20 copay; deductible waived
<b>Prescription Drug Benefits</b>		
Prescription Drug Deductible		\$100 per member/calendar year
Generic	\$10 copay	\$10 copay; deductible waived
Brand (Formulary/Preferred)	\$20 copay	\$30 copay; after \$100 prescription deductible
Brand (Non-Formulary/Non-preferred)		
Number of Days Supply	30 days	30 days
<b>Mail Order</b>		
Mail Order Mandatory	No	
Generic	\$20 copay	\$20 copay; deductible waived
Brand (Formulary/Preferred)	\$40 copay	\$60 copay; after \$100 prescription deductible
Brand (Non-Formulary/Non-preferred)		
Number of Days Supply for Mail Order	100 days	100 days
<b>Other Services and Supplies</b>		
Chiropractic Services	Not covered	Not covered