



Perris Union High School District
Summary of PPO Plans

Effective Date	07/01/2016		07/01/2016		07/01/2016	
Renewal Date	07/01/2017		07/01/2017		07/01/2017	
Carrier Name	Anthem Blue Cross		Anthem Blue Cross		Anthem Blue Cross	
Plan Name	PPO 500 - \$10/30/10 Rx + Cost		PPO 750 - \$15/50/15 Rx + Cost		PPO Essentials - \$15/50/15 Rx + Cost	
Eligible Class	Eligible Employees		Eligible Employees		Eligible Employees	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
General Plan Information						
Annual Deductible/Individual	\$500	\$1,000	\$750	\$1,500	\$1,250	\$1,250
Annual Deductible/Family	\$1,500	\$3,000	\$2,250	\$4,500	\$3,750	\$3,750
Coinsurance	90%	70%	80%	60%	70%	50%
Office Visit/Exam	\$30/Visit; Deductible waived	70%	\$40/Visit; Deductible waived	60%	\$40 copay; deductible waived	50%
Outpatient Specialist Visit	\$30/Visit; Deductible waived	70%	\$40/Visit; Deductible waived	60%	\$40 copay; deductible waived	50%
Annual Out-of-Pocket Limit/Individual	\$3,000 Rx not included	\$6,000 Rx not included	\$3,000 Rx not included	\$6,000 Rx not included	\$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	\$9,000 Rx not included	\$18,000 Rx not included	\$9,000 Rx not included	\$18,000 Rx not included
Lifetime Plan Maximum	Unlimited	Unlmted	Unlimited	Unlimited	Unlimited	Unlimited
Inpatient Hospital Services						
Inpatient Hospitalization	90%	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	80%	60% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
Semi-Private Room & Board; Including Services and Supplies	90%	70%	80%	60%	70%	50%
Emergency Services						
Emergency Room	90%	90%	80%	80%	70%	70%
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	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	70%	50% plus \$500 admit fee after deductible is met (waived for emergency) prior MHN authorization required
Outpatient Care	90% prior MHN authorization required	70% prior MHN authorization required	90% prior MHN authorization required	70% prior MHN authorization required (waived for emergency)	\$40 copay; deductible waived	50%
Alcohol Abuse						
Inpatient Care						
Inpatient Hospitalization	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency).



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Eligible Class	Eligible Employees		Eligible Employees		Eligible Employees	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Inpatient Detoxification Services	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency).
Outpatient Care						
Outpatient Services	90% prior MHN authorization required	70% prior MHN authorization required	90% prior MHN authorization required	70% prior MHN authorization required	\$40 copay; deductible waived	50%
Outpatient Detoxification Services						
Substance Abuse						
Inpatient Care						
Inpatient Hospitalization	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	70%	50% plus \$500 admit fee after deductible is met (waived for emergency) prior MHN authorization required
Inpatient Detoxification Services	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	70%	50% plus \$500 admit fee after deductible is met (waived for emergency) prior MHN authorization required
Outpatient Care						
Outpatient Services	90% prior MHN authorization required	70% prior MHN authorization required	90% prior MHN authorization required	70% prior MHN authorization required	70%	50%
Outpatient Detoxification Services						
Prescription Drug Benefits						
Prescription Drug Deductible			N/A	N/A	N/A	N/A
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)	\$15 copay/Tier 1 Pharmacy; \$15 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)	\$15 copay/Tier Pharmacy; \$15 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)



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Eligible Class	Eligible Employees		Eligible Employees		Eligible Employees	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
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)	\$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)	\$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)
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)	\$15 copay/Tier 1 Pharmacy; \$15 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)	\$15 copay/Tier 1 Pharmacy; \$15 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	30 days	30 days	30 days	30 days
Mail Order						
Mail Order Mandatory						
Generic	\$20 copay provided by Express Scripts	Not covered	\$30 copay provided by Express Scripts	Not covered	\$30 copay provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	\$60 copay provided by Express Scripts	Not covered	\$100 copay provided by Express Scripts	Not covered	\$100 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	\$30 copay plus cost difference between generic and brand when generic equivalent is available; provided by Express Scripts	Not covered	\$30 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	90 days	N/A	90 days	N/A
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	80% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined	60% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined	70% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; 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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