

## 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			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	Unlimted	Unlimited	Unlimited	Unlimited	Unlimited	
Inpatient Hospital Services		2 72 7					
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	90%	70%	80%	60%	70%	50%	
Services and Supplies	3070	7070	0070	0070	1070	0070	
Emergency Services							
Emergency Room	90%	90%	80%	80%	70%	70%	
Mental Helath Benefits	0070	5576	3373	3070	1070	1.070	
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).	

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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	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	
3	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits Out-of-Network Bene	
Brand (Formulary/Preferred)	\$30 copay/Tier 1 Pharmacy \$30	50% + an additional \$15 fee	\$50 copay/Tier 1 Pharmcy; \$50	50% + an additional \$15 fee	\$50 copay/Tier 1 Pharmacy;	50% + an additional \$15 fee
	copay +\$15/Tier 2 Pharmacy	applies per prescription for a	copay + \$15/Tier 2 Pharmacy	applies per prescription for a	\$50 copay + \$15/Tier 2	applies per prescription for a
	provided by ESI (see	Tier 2 Pharmacy; provided by	provided by ESI (see	Tier 2 Pharmacy; provided by	Pharmacy provided by ESI (see	Tier 2 Pharmacy; provided by
	www.express-scripts.com for a	ESI (see www.express-	www.express-scripts.com for a	ESI (see www.express-	www.express-scripts.com for a	ESI (see www.express-
	list of pharmacies)	scripts.com for a list of	list of pharmacies)	scripts.com for a list of	list of pharmacies)	scripts.com for a list of
		pharmacies)		pharmacies)		pharmacies)
Brand (Non-Formulary/Non-preferred)	\$10 copay/Tier 1 Pharmacy \$10	50% + an additional \$15 fee	\$15 copay/Tier 1 Pharmacy;	50% + an additional \$15 fee	\$15 copay/Tier 1 Pharmacy;	50% + an additional \$15 fee
	copay +\$15/Tier 2 Pharmacy +	applies per prescription for a	\$15 copay + \$15/Tier 2	applies per prescription for a	\$15 copay + \$15/Tier 2	applies per prescription for a
	cost difference between generic	Tier 2 Pharmacy + cost	Pharmacy + cost difference	Tier 2 Pharmacy + cost	Pharmacy + cost difference	Tier 2 Pharmacy + cost
	and brand when generic	difference between generic and	between generic and brand	difference between generic and	between generic and brand	difference between generic and
	equivalent is available; (see	brand when generic equivalent	when generic equivalent is	brand when generic equivalent	when generic equivalent is	brand when generic equivalent
	www.express-scripts.com for a	is available; (see www.express-	available; (see www.express-	is available; (see www.express-	available; (see www.express-	is available; (see www.express-
	list of pharmacies)	scripts.com for a list of	scripts.com for a list of	scripts.com for a list of	scripts.com for a list of	scripts.com for a list of
		pharmacies)	pharmacies)	pharmacies)	pharmacies)	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	Not covered	\$30 copay provided by Express	Not covered	\$30 copay provided by Express	Not covered
	Scripts		Scripts		Scripts	
Brand (Formulary/Preferred)	\$60 copay provided by Express	Not covered	\$100 copay provided by	Not covered	\$100 copay provided by	Not covered
	Scripts		Express Scripts		Express Scripts	
Brand (Non-Formulary/Non-preferred)	\$20 copay plus cost difference	Not covered	\$30 copay plus cost difference	Not covered	\$30 copay plus cost difference	Not covered
	between generic and brand		between generic and brand		between generic and brand	
	when generic equivalent is		when generic equivalent is		when generic equivalent is	
	available; provided by Express		available; provided by Express		available; provided by Express	
N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Scripts		Scripts	21/2	Scripts	21/2
Number of Days Supply for Mail Order	90 days	Not covered	90 days	N/A	90 days	N/A
Other Services and Supplies	90% limited to 24	700/ phira/phy/2/222 the result	80% limited to 24	60% limited to 24	70% limited to 24	50% limited to 24
Chiropractic Services		70% chiro/phys/occ therapy combined: in/out of network				
	visits/calendar year;	combined; in/out of network combined	visits/calendar year;	visits/calendar year;	visits/calendar year;	visits/calendar year;
	chiro/phys/occ therapy combined; in/out of network	combined	chiro/phys/occ therapy combined; in/out of network	chiro/phys/occ therapy combined; in/out of network	chiro/phys/occ therapy combined: in/out of network	chiro/phys/occ therapy combined; in/out of network
	combined; in/out of network combined		combined; in/out of network	combined; in/out or network combined	combined; in/out or network	combined; in/out of network
	- combined		combined	combined	Combined	Combined