



## REEP for Benefits JPA

### Summary of PPO Plans

	Current		Current	
Effective Date	07/01/2015		07/01/2015	
Renewal Date	07/01/2016		07/01/2016	
Carrier Name	Anthem Blue Cross		Anthem Blue Cross	
Plan Name	PPO Essentials		PPO MVP	
Eligible Class	Eligible Employees		Eligible Employees	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>General Plan Information</b>				
Annual Deductible/Individual	\$1,250	\$1,250	\$5,900	\$11,800
Annual Deductible/Family	\$3,750	\$3,750	\$11,800	\$23,600
Coinsurance	70%	50%	100% after the deductible has been satisfied	50%
Office Visit/Exam	\$40 copay; deductible waived	50%	\$35 copay; deductible waived first 3 visits/combined services	50%
Outpatient Specialist Visit	\$40 copay; deductible waived	50%	\$35 copay; deductible waived first 3 visits/combined services	50%
Annual Out-of-Pocket Limit/Individual	\$3,000 Rx not included	\$6,000 Rx not included	\$6,100 Rx not included	\$12,700 Rx not included
Annual Out-of-Pocket Limit/Family	\$9,000 Rx not included	\$18,000 Rx not included	\$12,200 Rx not included	\$25,400 Rx not included
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited
<b>Inpatient Hospital Services</b>				
Inpatient Hospitalization	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	100% after the deductible has been satisfied	50%
Semi-Private Room & Board; Including Services and Supplies	70%	50%	100% after the deductible has been satisfied	50%
<b>Emergency Services</b>				
Emergency Room	70%	70%	100%	100%
<b>Mental Health Benefits</b>				
Inpatient Care	70%	50% plus \$500 admit fee after deductible is met (waived for emergency) prior MHN authorization required	100% after the deductible has been satisfied; subject to utilization review; waived for emergency	50% subject to utilization review; waived for emergency
Outpatient Care	\$40 copay; deductible waived	50%	\$35 copay; deductible waived for the first 3 visits/combined services	50%
<b>Alcohol Abuse</b>				
<b>Inpatient Care</b>				
Inpatient Hospitalization	70%	50% 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).
Inpatient Detoxification Services	70%	50% 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).
<b>Outpatient Care</b>				
Outpatient Services	\$40 copay; deductible waived	50%	\$40 copay; deductible waived	50%
Outpatient Detoxification Services				
<b>Substance Abuse</b>				
<b>Inpatient Care</b>				
Inpatient Hospitalization	70%	50% plus \$500 admit fee after deductible is met (waived for emergency) prior MHN authorization required	100% after the deductible has been satisfied; subject to utilization review; waived for emergency	50% subject to utilization review; waived for emergency

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Eligible Class	Eligible Employees	Eligible Employees

	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Inpatient Detoxification Services	70%	50% plus \$500 admit fee after deductible is met (waived for emergency) prior MHN authorization required	100% after deductible has been satisfied; subject to utilization review; waived for emergency	50% subject to utilization review; waived for emergency
<b>Outpatient Care</b>				
Outpatient Services	70%	50%	\$35 copay; deductible waived first 3 visits/combined services	50%
Outpatient Detoxification Services				
<b>Prescription Drug Benefits</b>				
Prescription Drug Deductible	N/A	N/A	N/A	N/A
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$1,500	\$1,500	\$500	\$500
Prescription Drug Annual Out-of-Pocket Limit/Family Generic	\$4,500	\$4,500	\$1,000	\$1,000
Brand (Formulary/Preferred)	\$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)	\$19 copay/Tier 1 Pharmacy; \$19 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)	\$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)	\$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)	\$75 copay/Tier 1 Pharmacy; \$75 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)
Number of Days Supply	30 days	30 days	30 days	30 days
<b>Mail Order</b>				
Mail Order Mandatory				
Generic	\$30 copay provided by Express Scripts	Not covered	\$38 copay provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	\$100 copay provided by Express Scripts	Not covered	\$100 copay provided by Express Scripts	Not covered
Brand (Non-Formulary/Non-preferred)	\$30 copay plus cost difference between generic and brand when generic equivalent is available; provided by Express Scripts	Not covered	\$150 copay provided by Express Scripts	Not covered
Number of Days Supply for Mail Order	90 days	N/A	90 days	N/A
<b>Other Services and Supplies</b>				
Chiropractic Services	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	\$35 copay; limited to 24 visits/calendar year; chiro/phys/occ therapy combined; deductible waived first 3 visits/combined services; in/out of network combined	50% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined

#### NOTES:

1. Dependent children eligible to age 26.
2. Anthem Blue Cross website: [www.Anthem.com/ca](http://www.Anthem.com/ca)
3. Obtain services through MHN call 1-888-327-0020
4. Member may have additional out-of-pocket expenses above the reimbursement on out-of-network services.

**Keenan**  
Associates

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