



Perris Union High School District Summary of HMO Plans

Effective Date	07/01/2016
Renewal Date	07/01/2017
Carrier Name	Kaiser Permanente Insurance Company
Plan Name	HMO MVP
Eligible Class	Eligible Employees
General Plan Information	
Annual Deductible/Individual	\$4,500
Annual Deductible/Family	\$9,000
Coinsurance	60%
Office Visit/Exam	\$50 copay; after deductible
Outpatient Specialist Visit	\$50 copay; after deductible
Annual Out-of-Pocket Limit/Individual	\$6,000
Annual Out-of-Pocket Limit/Family	\$12,000
Lifetime Plan Maximum	Unlimited
Inpatient Hospital Services	
Inpatient Hospitalization	60% after deductible
Semi-Private Room & Board; Including Services and Supplies	60% after deductible
Emergency Services	
Emergency Room	\$250 copay; after deductible
Mental Health Benefits	
Inpatient Care	60% after deductible
Outpatient Care	\$50 copay; after deductible
Alcohol Abuse	
Inpatient Care	
Inpatient Hospitalization	80% after deductible
Inpatient Detoxification Services	80% after deductible
Outpatient Care	
Outpatient Services	\$20 copay; deductible waived
Outpatient Detoxification Services	
Substance Abuse	
Inpatient Care	
Inpatient Hospitalization	60% after deductible
Inpatient Detoxification Services	60% after deductible
Outpatient Care	
Outpatient Services	\$50 copay; after deductible
Outpatient Detoxification Services	



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Prescription Drug Benefits	
Prescription Drug Deductible	\$250 per Member/calendar year
Generic	\$15 copay; deductible waived
Brand (Formulary/Preferred)	\$35 copay; after prescription deductible
Brand (Non-Formulary/Non-preferred)	
Number of Days Supply	30 days
Mail Order	
Mail Order Mandatory	
Generic	\$30 copay; deductible waived
Brand (Formulary/Preferred)	\$70 copay; after prescription deductible
Brand (Non-Formulary/Non-preferred)	
Number of Days Supply for Mail Order	100 days
Other Services and Supplies	
Chiropractic Services	Not covered