



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 HSA
Eligible Class	All Employees
General Plan Information	
Annual Deductible/Individual	\$1,500 medical/prescription combined
Annual Deductible/Family	\$3,000 medical/prescription combined
Coinsurance	90%
Office Visit/Exam	90% after deductible
Outpatient Specialist Visit	90% after deductible
Annual Out-of-Pocket Limit/Individual	\$3,000
Annual Out-of-Pocket Limit/Family	\$6,000
Lifetime Plan Maximum	Unlimited
Inpatient Hospital Services	
Inpatient Hospitalization	90% after deductible
Semi-Private Room & Board; Including Services and Supplies	90% after deductible
Emergency Services	
Emergency Room	90% after deductible
Mental Health Benefits	
Inpatient Care	90% after deductible
Outpatient Care	90% after deductible
Alcohol Abuse	
Inpatient Care	
Inpatient Hospitalization	100%
Inpatient Detoxification Services	100%
Outpatient Care	
Outpatient Services	100%
Outpatient Detoxification Services	100%
Substance Abuse	
Inpatient Care	
Inpatient Hospitalization	90% after deductible
Inpatient Detoxification Services	90% after deductible
Outpatient Care	
Outpatient Services	90% after deductible
Outpatient Detoxification Services	100%



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Prescription Drug Benefits	
Prescription Drug Deductible	\$1,500 ind/\$3,000 fam; medical/prescription combined
Generic	\$10 copay; after deductible
Brand (Formulary/Preferred)	\$30 copay; after deductible
Brand (Non-Formulary/Non-preferred)	
Number of Days Supply	30 days
Mail Order	
Mail Order Mandatory	N/A
Generic	\$20 copay; after deductible
Brand (Formulary/Preferred)	\$60 copay; after deductible
Brand (Non-Formulary/Non-preferred)	
Number of Days Supply for Mail Order	100 days
Other Services and Supplies	
Chiropractic Services	Not covered