



REEP for Benefits JPA

Summary of HSA Plans

	Current
Effective Date	07/01/2015
Renewal Date	07/01/2016
Carrier Name	Anthem Blue Cross
Plan Name	HSA 1
Eligible Class	Eligible Employees

	In-Network Benefits	Out-of-Network Benefits
General Plan Information		
Annual Deductible/Individual	\$1,500 medical/prescription/MH-SA in/out of network combined	\$1,500 medical/prescription/MH-SA in/out of network combined
Annual Deductible/Family	\$3,000 medical/prescription/MH-SA in/out of network combined	\$3,000 medical/prescription/MH-SA in/out of network combined
Coinsurance	90%	70%
Office Visit/Exam	90%	70%
Outpatient Specialist Visit	90%	70%
Annual Out-of-Pocket Limit/Individual	\$3,000	\$9,000
Annual Out-of-Pocket Limit/Family	\$6,000	\$18,000
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospital Services		
Inpatient Hospitalization	90%	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
Semi-Private Room & Board; Including Services and Supplies	90%	70%
Emergency Services		
Emergency Room	90%	90%
Mental Health 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
Outpatient Care	90% prior MHN authorization required	70% prior MHN authorization required
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
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
Outpatient Care		
Outpatient Services	90% prior MHN authorization required	70% prior MHN authorization required
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
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

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
Outpatient Care		
Outpatient Services	90% prior MHN authorization required	70% prior MHN authorization required
Outpatient Detoxification Services		
Prescription Drug Benefits		
Prescription Drug Deductible	\$1,500 ind/\$3000 fam medical/prescription/MH-SA in/out of network combined	\$1,500 ind/\$3000 fam medical/prescription/MH-SA in/out of network combined
Generic	\$10 after deductible Tier 1 Pharmacy; \$10 copay after deductible + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% after deductible + 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 (Formulary/Preferred)	\$30 after deductible /Tier 1 Pharmacy \$30 copay after deductible + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% after deductible + 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
Mail Order		
Mail Order Mandatory		
Generic	\$20 copay after deductible; provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	\$60 copay after deductible; provided by Express Scripts	Not covered
Number of Days Supply for Mail Order	90 days	Not covered
Other Services and Supplies		
Chiropractic Services	90% after deductible has been satisfied; limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined	70% after deductible has been satisfied; limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined

NOTES:

1. Dependent children eligible to age 26.
2. Anthem Blue Cross website: 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.