



Perris Union High School District
Summary of HMO Plans
Effective Date

Effective Date	07/01/2016	07/01/2016	07/01/2016
Renewal Date	07/01/2017	07/01/2017	07/01/2017
Carrier Name	United HealthCare Insurance Company	United HealthCare Insurance Company	United HealthCare Insurance Company
Plan Name	HMO 20 - \$5/25/40 Rx	HMO 30 - \$10/30/60 Rx	HMO 40 - \$10/30/60 Rx
Eligible Class	Eligible Employees	Eligible Employees	Eligible Employees
General Plan Information			
Annual Deductible/Individual	\$0	\$0	\$500
Annual Deductible/Family	\$0	\$0	\$1,000
Coinsurance	100%	100%	100%
Office Visit/Exam	\$20 copay	\$30 copay	\$40 copay
Outpatient Specialist Visit	\$20 copay	\$30 copay	\$40 copay
Annual Out-of-Pocket Limit/Individual	\$500 Rx not included	\$500 Rx not included	\$1,500 Rx not included
Annual Out-of-Pocket Limit/Family	\$1,500 Rx not included	\$1,500 Rx not included	\$4,500 Rx not included
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited
Inpatient Hospital Services			
Inpatient Hospitalization	100%	100%	\$250 admit fee after deductible is met
Semi-Private Room & Board; Including Services and Supplies	100%	100%	100%
Emergency Services			
Emergency Room	\$100 copay waived if admitted	\$100 copay waived if admitted	\$100 copay waived if admitted
Mental Health Benefits			
Inpatient Care	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
Outpatient Care	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
Alcohol Abuse			
Inpatient Care			
Inpatient Hospitalization	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
Inpatient Detoxification Services	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
Outpatient Care			
Outpatient Services	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
Outpatient Detoxification Services			
Substance Abuse			
Inpatient Care			
Inpatient Hospitalization	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
Inpatient Detoxification Services	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required
Outpatient Care			
Outpatient Services	100% prior MHN authorization required	100% prior MHN authorization required	100% prior MHN authorization required



Perris Union High School District
Summary of HMO Plans
Effective Date

Effective Date	07/01/2016	07/01/2016	07/01/2016
Renewal Date	07/01/2017	07/01/2017	07/01/2017
Carrier Name	United HealthCare Insurance Company	United HealthCare Insurance Company	United HealthCare Insurance Company
Plan Name	HMO 20 - \$5/25/40 Rx	HMO 30 - \$10/30/60 Rx	HMO 40 - \$10/30/60 Rx
Eligible Class	Eligible Employees	Eligible Employees	Eligible Employees
Outpatient Detoxification Services			

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.



Perris Union High School District
Summary of HMO Plans
Effective Date

Effective Date	07/01/2016	07/01/2016	07/01/2016
Renewal Date	07/01/2017	07/01/2017	07/01/2017
Carrier Name	United HealthCare Insurance Company	United HealthCare Insurance Company	United HealthCare Insurance Company
Plan Name	HMO 20 - \$5/25/40 Rx	HMO 30 - \$10/30/60 Rx	HMO 40 - \$10/30/60 Rx
Eligible Class	Eligible Employees	Eligible Employees	Eligible Employees
Prescription Drug Benefits			
Prescription Drug Deductible			
Generic	\$5 copay/Tier 1 Pharmacy; \$5 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$10 copay/Tier 1 \$10 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$10 copay/Tier 1 Pharmacy 10 copay +\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Formulary/Preferred)	\$25 copay/Tier 1 Pharmacy \$25 copay +\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$30 copay/Tier 1 Pharmacy \$30 copay +\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$30 copay/Tier 1 Pharmacy \$30 copay +\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Non-Formulary/Non-preferred)	\$40 copay/Tier 1 Pharmacy \$40 copay +\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$60 copay/Tier 1 Pharmacy \$60 copay +\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$60 copay/Tier 1 Pharmacy \$60 copay +\$15/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
Mail Order			
Mail Order Mandatory			
Generic	\$10 copay provided by Express Scripts	\$20 copay provided by Express Scripts	\$20 copay provided by Express Scripts
Brand (Formulary/Preferred)	\$50 copay provided by Express Scripts	\$60 copay provided by Express Scripts	\$60 copay provided by Express Scripts
Brand (Non-Formulary/Non-preferred)	\$80 copay provided by Express Scripts	\$120 copay provided by Express Scripts	\$120 copay provided by Express Scripts
Number of Days Supply for Mail Order	90 days	90 days	90 days
Other Services and Supplies			
Chiropractic Services	Not covered	Not covered	Not covered

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.