



Perris Union High School District
Summary of Classified Kaiser HMO 20, DHMO 500 & HMO MVP Plans
 Effective Date: July 1, 2019

RENEWAL **2019**

Effective Date	07/01/2019	07/01/2019	07/01/2019
Renewal Date	07/01/2020	07/01/2020	07/01/2020
Carrier Name	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company	Kaiser Permanente Insurance Company
Plan Name	HMO 20	DHMO 500	HMO MVP
Eligible Class	Eligible Employees	Eligible Employees	Eligible Employees
General Plan Information			
Annual Deductible/Individual	\$0	\$500	\$4,500
Annual Deductible/Family	\$0	\$1,000	\$9,000
Coinsurance	100%	80%	60%
Office Visit/Exam	\$20 copay	\$20 copay	\$50 copay; after deductible
Outpatient Specialist Visit	\$20 copay	\$20 copay	\$50 copay; after deductible
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000	\$6,000
Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000	\$12,000
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited
Inpatient Hospital Services			
Inpatient Hospitalization	100%	80% after deductible	60% after deductible
Semi-Private Room & Board; Including Services and Supplies	100%	80% after deductible	60% after deductible
Emergency Services			
Emergency Room	\$100 copay waived if admitted	80% after deductible	\$250 copay; after deductible
Mental Health Benefits			
Inpatient Care	100%	80% after deductible	60% after deductible
Outpatient Care	\$20 copay	\$20 copay; deductible waived	\$50 copay; after deductible
Alcohol Abuse			
Inpatient Care			
Inpatient Hospitalization	100%	80% after deductible	80% after deductible
Inpatient Detoxification Services	100%	80% after deductible	80% after deductible
Outpatient Care			
Outpatient Services	\$20 copay	\$20 copay; deductible waived	\$20 copay; deductible waived
Outpatient Detoxification Services			
Substance Abuse			
Inpatient Care			
Inpatient Hospitalization	100%	80% after deductible	60% after deductible
Inpatient Detoxification Services	100%	80% after deductible	60% after deductible
Outpatient Care			
Outpatient Services	\$20 copay	\$20 copay; deductible waived	\$50 copay; after deductible
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.



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Prescription Drug Benefits			
Prescription Drug Deductible		\$100 per member/calendar year	\$250 per Member/calendar year
Generic	\$10 copay	\$10 copay; deductible waived	\$15 copay; deductible waived
Brand (Formulary/Preferred)	\$20 copay	\$30 copay; after \$100 prescription deductible	\$35 copay; after prescription deductible
Brand (Non-Formulary/Non-preferred)			
Number of Days Supply	30 days	30 days	30 days
Mail Order			
Mail Order Mandatory	No		
Generic	\$20 copay	\$20 copay; deductible waived	\$30 copay; deductible waived
Brand (Formulary/Preferred)	\$40 copay	\$60 copay; after \$100 prescription deductible	\$70 copay; after prescription deductible
Brand (Non-Formulary/Non-preferred)			
Number of Days Supply for Mail Order	100 days	100 days	100 days
Other Services and Supplies			
Chiropractic Services	Not covered	Not covered	Not covered

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