



Perris Union High School District
Summary of Certificated Anthem HMO 20 & 30 and DHMO 40 Select Plans

Effective Date: July 1, 2019

RENEWAL **2019**

	07/01/2019	07/01/2019	07/01/2019
	07/01/2020	07/01/2020	07/01/2020
Carrier Name	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
Plan Name	HMO 20 - \$5/25/40 Rx	HMO 30 - \$10/30/60 Rx	DHMO 40 Select - \$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
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 Certificated Anthem HMO 20 & 30 and DHMO 40 Select Plans

Effective Date: July 1, 2019

RENEWAL **2019**

	07/01/2019	07/01/2019	07/01/2019
	07/01/2020	07/01/2020	07/01/2020
Carrier Name	Anthem Blue Cross	Anthem Blue Cross	Anthem Blue Cross
Plan Name	HMO 20 - \$5/25/40 Rx	HMO 30 - \$10/30/60 Rx	DHMO 40 Select - \$10/30/60 Rx
Eligible Class	Eligible Employees	Eligible Employees	Eligible Employees
Prescription Drug Benefits			
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 Pharmacy \$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