



Redlands Unified School District

Summary of MVP Plans

	07/01/2016	07/01/2016	
Effective Date	07/01/2016	07/01/2016	
Renewal Date	07/01/2017	07/01/2017	
Carrier Name	Kaiser Permanente	Anthem Blue Cross	
Plan Name	HMO MVP w/Chiro	PPO MVP	
Eligible Class	Eligible Employees	Eligible Employees	
	In-Network Benefits	In-Network Benefits	Out-of-Network Benefits
General Plan Information			
Annual Deductible/Individual	\$4,500	\$5,900	\$11,800
Annual Deductible/Family	\$9,000	\$11,800	\$23,600
Coinsurance	60%	100% after the deductible has been satisfied	50%
Office Visit/Exam	\$50 copay; after deductible	\$35 copay; deductible waived first 3 visits/combined services	50%
Outpatient Specialist Visit	\$50 copay; after deductible	\$35 copay; deductible waived first 3 visits/combined services	50%
Annual Out-of-Pocket Limit/Individual	\$6,000	\$6,100 Rx not included	\$12,700 Rx not included
Annual Out-of-Pocket Limit/Family	\$12,000	\$12,200 Rx not included	\$25,400 Rx not included
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited
Inpatient Hospital Services			
Inpatient Hospitalization	60% after deductible	100% after the deductible has been satisfied	50%
Semi-Private Room & Board; Including Services & Supplies	60% after deductible	100% after the deductible has been satisfied	50%
Emergency Services			
Emergency Room	\$250 copay; after deductible	100%	100%
Mental Health Benefits			
Inpatient Care	60% after deductible	100% after the deductible has been satisfied; subject to utilization review; waived for emergency	50% subject to utilization review; waived for emergency
Outpatient Care	\$50 copay; after deductible	\$35 copay; deductible waived for the first 3 visits/combined services	50%
Alcohol Abuse			
Inpatient Care			
Inpatient Hospitalization	80% after deductible	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency).
Inpatient Detoxification Services	80% after deductible	70%	50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency).
Outpatient Care			
Outpatient Services	\$20 copay; deductible waived	\$40 copay; deductible waived	50%
Substance Abuse			
Inpatient Care			
Inpatient Hospitalization	60% after deductible	100% after the deductible has been satisfied; subject to utilization review; waived for emergency	50% subject to utilization review; waived for emergency
Inpatient Detoxification Services	60% after deductible	100% after deductible has been satisfied; subject to utilization review; waived for emergency	50% subject to utilization review; waived for emergency
Outpatient Care			
Outpatient Services	\$50 copay; after deductible	\$35 copay; deductible waived first 3 visits/combined services	50%

CONFIDENTIAL: The information contained 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 describe or 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 Summary Plan Description (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	\$250 per Member/calendar year	N/A	N/A
Generic	\$15 copay; deductible waived	\$19 copay/Tier 1 Pharmacy; \$19 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% + 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)	\$35 copay; after prescription deductible	\$50 copay/Tier 1 Pharmacy; \$50 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% + 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 (Non-Formulary/Non-preferred)		\$75 copay/Tier 1 Pharmacy; \$75 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	50% + 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	30 days
Mail Order			
Mail Order Mandatory			
Generic	\$30 copay; deductible waived	\$38 copay provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	\$70 copay; after prescription deductible	\$100 copay provided by Express Scripts	Not covered
Brand (Non-Formulary/Non-preferred)		\$150 copay provided by Express Scripts	Not covered
Number of Days Supply for Mail Order	100 days	90 days	N/A
Other Services and Supplies			
Chiropractic Services	\$10 copay; 30 visits/calendar year; provided through American Specialty Health	\$35 copay; limited to 24 visits/calendar year; chiro/phys/occ therapy combined; deductible waived first 3 visits/combined services; in/out of network combined	50% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined