## **Alvord Unified School District**

RENEWAL 2022

REEP Anthem PPO 500 & Anthem HSA \$1500 Plan Comparison - Management

Effective Date: July 1, 2022	07/	01/2022	07/0	1/2022	
Renewal Date	07/01/2023		07/01/2023		
Carrier		Blue Cross	Anthem	Blue Cross	
Plan Name	PPO 500 90/70 · \$15/50/15 Rx + Cost		HSA 1500 · \$15/40/80 Rx		
Benefit Summary	Eligible	Employees	Eligible Employees		
	In-Network	Out-of-Network	In-Network	Out-of-Network	
General Plan Information					
Annual Deductible/Individual	\$500	\$1,000	\$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	\$1,500	\$3,000	\$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%	90%	70%	
Office Visit/Exam	\$30/Visit; deductible waived	70%	90%	70%	
Outpatient Specialist Visit	\$30/Visit; deductible waived	70%	90%	70%	
Annual Out-of-Pocket Limit/Individual	\$3,000 Rx not included	\$6,000 Rx not included	\$3,000	\$9,000	
Annual Out-of-Pocket Limit/Family	\$9,000 Rx not included	\$18,000 Rx not included	\$6,000	\$18,000	
Lifetime Plan Maximum	Unlimited	Unlimted	Unlimited	Unlimited	
ıpatient Hospital Services					
Inpatient Hospitalization	90%	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	90%	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)	
Semi-Private Room & Board; Including Services and applies	90%	70%	90%	70%	
mergency Services					
Emergency Room	90%	90%	90%	90%	
Mental Health Benefits					
Inpatient Care	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.	
Outpatient Care	90%	70% facility care. Physician visits behavioral health treatment for autism or pervasive development disorders requires pre-service review.	90%	70% facility care. Physician visits behavioral health treatment for autisn or pervasive development disorders requires pre-service review.	
Substance Abuse					
Inpatient Care					
Inpatient Hospitalization	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.	

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.

## **Alvord Unified School District**

RENEWAL 2022

REEP Anthem PPO 500 & Anthem HSA \$1500 Plan Comparison - Management

Effective Date: July 1, 2022	07/01		07/01/2022 07/01/2023		
Renewal Date	07/01				
Carrier		Anthem Blue Cross		Anthem Blue Cross	
Plan Name	PPO 500 90/70 - \$:	PPO 500 90/70 · \$15/50/15 Rx + Cost		HSA 1500 · \$15/40/80 Rx	
Benefit Summary	Eligible E	Eligible Employees		Eligible Employees	
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Inpatient Detoxification Services	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.	90% (subject to utilization review; waived for emergency admissions)	70% plus \$500 copay per admission (waived for emergency); there is an additional \$250 copay if a utilization review is not obtained.	
Outpatient Care					
Outpatient Services	90%	70%	90%	70%	
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 o network combined	
Generic	\$15 copay/Tier 1 Pharmacy \$15 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)	\$15 after deductible/ Tier 1 Pharmacy \$15 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 (se www.express-scripts.com for a list of pharmacies)	
Brand (Formulary/Preferred)	\$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)	\$40 after deductible/ Tier 1 Pharmacy \$40 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 (se www.express-scripts.com for a list of pharmacies)	
Brand (Non-Formulary/Non-preferred)	\$15 copay/Tier 1 Pharmacy \$15 copay +\$15/Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available; (see www.express-scripts.com for a list of pharmacies)		\$80 copay after deductible + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of	50% after deductible + an additiona \$15 fee applies per presecritpion for Tier 2 Pharmacy; provided by ESI (se www.express-scripts.com for a list of pharmacies)	
Number of Days Supply	30 days	30 days	30 days	30 days	
Mail Order					
Generic	\$30 copay provided by Express Scripts	Not covered	\$30 copay after deductible; provided by Express Scripts	Not covered	
Brand (Formulary/Preferred)	\$100 copay provided by Express Scripts	Not covered	\$80 copay after deductible; provided by Express Scripts	Not covered	

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Effective Date: July 1, 2022	07/01/2	07/01/2022		07/01/2022	
Renewal Date	07/01/2	07/01/2023		07/01/2023	
Carrier	Anthem Blu	Anthem Blue Cross		Anthem Blue Cross	
Plan Name	PPO 500 90/70 - \$15	PPO 500 90/70 · \$15/50/15 Rx + Cost		HSA 1500 · \$15/40/80 Rx	
Benefit Summary	Eligible Em	Eligible Employees		Eligible Employees	
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Brand (Non-Formulary/Non-preferred)	\$30 copay plus cost difference between generic and brand when generic equivalent is available; provided by Express Scripts	Not covered	\$160 copay after deductible; provided by Express Scripts	Not covered	
Number of Days Supply for Mail Order	90 days	Not covered	90 days	Not covered	
Other Services and Supplies					
Chiropractic Services	90% limited to 24 visits/calendar year; 7 chiro/phys/occ therapy combined; in/out of network combined	70% chiro/phys/occ therapy combined; in/out of network combined	90% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined	70% limited to 24 visits/calendar year; phys/occ/chiro combined; in/out of network combined	