Keenan

Murrieta Valley Unified School District



Number of SDD Classes	Summary of PPO Plans								
sin		Cur	rrant	Current		Current		Current	
Prime Prime <	F	-							
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MarketMark	Carrier								
	Plan Name								
Name decision 13.000000000000000000000000000000000000		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Benefits	Out-of-Network Benefits
IntroductionIntroductionIntroductionIntroductionIntroductionIntroductionIntroductionIntroductionIntroductionIntroductionIntroduction90.0070.00<			1						
And DecadeDervirEd. Soft Social Sociel Social	Annual Deductible/Individual					\$1,250	\$1,250	\$5,900	\$11,800
Include of an index of angles of angle of angles of angle of angles o									
showModeM	Annual Deductible/Family					\$3,750	\$3,750	\$11,800	\$23,600
Monte SourceMonte Source </td <td>Coinsurance</td> <td>Involt of network combined</td> <td>Involution network combined</td> <td></td> <td>Involut of filetwork combined</td> <td></td> <td></td> <td></td> <td></td>	Coinsurance	Involt of network combined	Involution network combined		Involut of filetwork combined				
MarketOut of based to construct of the second of the sec		90%	70%	90%	70%	70%	50%		50%
Month Month <th< td=""><td>Office Visit/Exam</td><td>90%</td><td>70%</td><td>90%</td><td>70%</td><td>\$40 copay; deductible waived</td><td>50%</td><td></td><td>50%</td></th<>	Office Visit/Exam	90%	70%	90%	70%	\$40 copay; deductible waived	50%		50%
Bit Add Processing Section Sect	Outpatient Specialist Visit	90%	70%	90%	70%	\$40 copay; deductible waived	50%		50%
Bit Add Processing Section Sect	Annual Out-of-Pocket Limit/Individual	\$3.000	\$9.000	\$4.000	\$9.000	\$3,000 Rx not included	\$6,000 Rx not included	\$6,100 Rx not included	\$12,700 Rx not included
Inter Non-Window Hand Non-WindowUnderUnderUnderUnderUnderUnderUnderspace 1 for Statution statution70% after is decide base town soling (single statution is decide b	Annual Out-of-Pocket Limit/Family					\$9,000 Rx not included			
upper langerNo. No. and a control to any object of the second control to any	Lifetime Plan Maximum								
of the start back back back back back back back back	InPatient Hospital Services								
memory start memory start (min Hand Bealt (min Hand Bealt Bealt (min Hand	Inpatient Hospitalization		deductible has been satisfied (waived		deductible has been satisfied (waived	70%	50%		50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
Name Name <th< td=""><td>Emergency Services</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Emergency Services								
puputer Can uputer Can usafiedDNs that E 800 attemptor patients usafied or manyon yater usafied or manyon yater usafied or manyon yater usafied or manyon yater 	Emergency Room	90%	90%	90%	90%	70%	70%	100%	100%
Model Model <th< td=""><td>Mental Health Benefits</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Mental Health Benefits								
citestatisfield1.0%9.0%1.0%9.0%9.0%9.0%9.0%9.0%1.0%9.0%1.0%9.0%mpoterint Hospitalization90% share the doctable has been statisfield (wite tor emargency)90% share the doctable has been statisfield (wite tor emargency)70% plus 500 admission fee after his statisfield70% plus 500 admission fee after his statisfield	Inpatient Care		deductible has been satisfied (waived		deductible has been satisfied (waived		(waived for emergency); additional \$250 copay if utilization review is not		50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency)
inplated20% plat \$500 denisation fee after the deductible has been statief deni deductible has been statief deni be been statief deni be been statief deni be been statief deni be been statief deni 	Outpatient Services		70%	90%	70%	\$40 copay; deductible waived	50%		50%
0^{M_p} plus \$300 demission fer alter frag 0^{M_p} plus	Substance Abuse/Alcohol Abuse								
9% after the deductible has been satisfied valued of emergency)9% after the deductible has been satisfied valued of emergency.7% (updget to utilization review; valued of emergency.9%10% (updget to utilization review; valued of emergency.9%00% </td <td>Inpatient Hospitalization</td> <td></td> <td>deductible has been satisfied (waived</td> <td></td> <td>deductible has been satisfied (waived</td> <td></td> <td>(waived for emergency); additional \$250 copay if utilization review is not</td> <td></td> <td>50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency).</td>	Inpatient Hospitalization		deductible has been satisfied (waived		deductible has been satisfied (waived		(waived for emergency); additional \$250 copay if utilization review is not		50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency).
r_{1} r_{0} <	Inpatient Detoxification Services		deductible has been satisfied (waived		deductible has been satisfied (waived		50%		50% plus \$500 admission fee after the deductible has been satisfied (waived for emergency).
A stalled10%90%10%90%10%90%10%90%10%10%Prescription Drug Beduttible\$1,500/\$3,000 medical/prescription/MH\$1,500/\$3,000 medical/prescription/MH\$3,000/\$6,000 medical/prescription/MH\$3,000	Outpatient Services		70%	90%	70%	\$40 copay; deductible waived	50%		50%
Prescription Drug Deductible\$1,500(\$3,000 medical/prescription/M* SA in/out of network combined\$1,500(\$3,000 medical/prescription/M* SA in/out of network combinedN/AN/AN/AN/ABenericPharmacy, 515 copay after deductible/Tier 1 Pharmacy, 515 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)\$3,000(\$6,000 medical/prescription/M* SA in/out of network combined\$15 copay after deductible/Tier 1 Pharmacy, 515 copay + \$15/Tier 2 Pharmacy, 515 copay +	Outpatient Detoxification Services		70%	90%	70%	\$40 copay; deductible waived	50%		50%
11200/35.000medical prescription/M+30.0035.000medical prescription/M+N/AN/AN/AN/AN/ABenericS1 indu of network combinedSA indu of network com	Prescription Drug Benefits								
All big by all dig dedicibility50% + an additional \$15 fee applies pharmacy; \$15 copay + \$15/Tire 2 Pharmacy provided by ESI (see www.express-cripts.com for a list of pharmacies)\$10 copay fiel Pharmacy; \$15 copay + \$15/Tire 2 Pharmacy provided by ESI (see www.express-cripts.com for a list of pharmacies)\$10 copay fiel Pharmacy; \$15 copay + \$15/Tire 2 Pharmacy provided by ESI (see www.express- scripts.com for a list of pharmacies)\$10 copay fiel Pharmacy; \$15 copay + \$15/Tire 2 Pharmacy provided by ESI (see www.express- scripts.com for a list of pharmacies)\$10 copay fiel Pharmacy; \$15 copay + \$15/Tire 2 Pharmacy provided by ESI (see www.express- scripts.com for a list of pharmacies)\$10 copay fiel Pharmacy; \$10 copay + \$15/Tire 2 Pharmacy provided by ESI (see www.express- scripts.com for a list of pharmacies)\$10 copay fiel Pharmacy; \$10 copay + \$15/Tire 2 Pharmacy provided by ESI (see www.express- scripts.com for a list of pharmacies)\$10 copay fiel Pharmacy; \$10 copay + \$15/Tire 2 Pharmacy provided by ESI (see www.express- scripts.com for a list of pharmacies)\$10 copay fiel Pharmacy; \$10 copay + \$15/Tire 2 Pharmacy provided by ESI (see www.express- scripts.com for a list of pharmacies)\$10 copay fiel Pharmacy; \$10 copay + \$15/Tire 2 Pharmacy provided by ESI (see www.express- scripts.com for a list of pharmacies)\$10 copay fiel Pharmacy; \$10 copay + \$15/Tire 2 Pharmacy provided by ESI (see www.express- scripts.com for a list of pharmacies)\$10 copay fiel Pharmacy; \$10 copay + \$15/Tire 2 Pharmacy provided by ESI (see www.express- scripts.com for a list of pharmacies)\$10 copay fiel Pharmacy; \$10 copay fiel Pharmacy; \$10 copay + \$10/Tire 2 Pharmacy provided by ESI (see www.express- scripts.com for a list of pharmacies)\$10 copay fiel Pharmacy; \$10 copay fiel Pharmacy; \$10 copay	Prescription Drug Deductible					N/A	N/A	N/A	N/A
Sade copay after deductible/riler 1 Pharmacy: \$10 copay after deductible/riler 1 Pharmacy: \$20 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; \$50 copay \$15/Tier 250% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; \$50 copay \$15/Tier 250% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; \$50 copay \$15/Tier 250% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; \$50 copay \$15/Tier 250% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; \$50 copay \$15/Tier 250% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; \$50 copay \$15/Tier 250% + an additional \$15 fee applies per prescription for a Tier 2 Pharmacy; \$50 copay Tier 1 Pharmacy; \$50 copay \$50 copay Tier 1 Pharma	Generic	Pharmacy; \$15 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of	per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-	Pharmacy; \$15 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of	per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-	\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list	per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-	+ \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list	per prescription for a Tier 2 Pharmacy;
\$80 copay after deductible/Tier 1 Pharmacy; \$80 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies) pharmacies)	Brand (Formulary/Preferred)	Pharmacy; \$40 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of	per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-	Pharmacy; \$40 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of	per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-	+ \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list	per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express-	+ \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list	per prescription for a Tier 2 Pharmacy;
Number of Days Supply 30 days 30 days </td <td>Brand (Non-Formulary/Non-preferred)</td> <td>Pharmacy; \$80 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)</td> <td>per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express- scripts.com for a list of pharmacies)</td> <td>Pharmacy; \$80 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)</td> <td>per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express- scripts.com for a list of pharmacies)</td> <td>+ \$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)</td> <td>per prescription for a Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available; (see www.express- scripts.com for a list of pharmacies)</td> <td>+ \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)</td> <td>per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express- scripts.com for a list of pharmacies)</td>	Brand (Non-Formulary/Non-preferred)	Pharmacy; \$80 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express- scripts.com for a list of pharmacies)	Pharmacy; \$80 copay + \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	per prescription for a Tier 2 Pharmacy; provided by ESI (see www.express- scripts.com for a list of pharmacies)	+ \$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)	per prescription for a Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available; (see www.express- scripts.com for a list of pharmacies)	+ \$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	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	30 days	30 days	30 days	30 days	30 days

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 gualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. It 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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Keenan

Murrieta Valley Unified School District



Summary of PPO Plans								
-	Current		Current		Current		Current	
ffective Date	7/1/2022 Anthem Blue Cross		7/1/2022 Anthem Blue Cross		7/1/2022 Anthem Blue Cross		7/1/2022 Anthem Blue Cross	
Carrier								
Plan Name	PPO HSA1500 - \$15/40/80 Rx		PPO HSA3000 - \$15/40/80 Rx		Essentials Plan		PPO MVP - \$19/50/75 Rx	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Benefits	Out-of-Network Benefits
Mail Order								
Generic	\$30 copay after deductible; provided by Express Scripts	Not covered	\$30 copay after deductible; provided by Express Scripts	Not covered	\$30 copay provided by Express Scripts	Not covered	\$38 copay provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	\$80 copay after dedible; provided by Express Scripts	Not covered	\$80 copay after deductible; provided by Express Scripts	Not covered	\$100 copay provided by Express Scripts	Not covered	\$100 copay provided by Express Scripts	Not covered
Brand (Non-Formulary/Non-preferred)	\$160 copay after deductible provided by Express Scripts	Not covered	\$160 copay after deductible; provided by Express Scripts	Not covered	\$30 copay plus cost difference between generic and brand when generic equivalent is available; provided by Express Scripts	Not covered	\$150 copay provided by Express Scripts	Not covered
Number of Days Supply for Mail Order	90 days	Not covered	90 days	Not covered	90 days	Not covered	90 days	Not covered
Other Services and Supplies								
Chiropractic Services	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	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	70% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined	50% limited to 24 visits/calendar year; chiro/phys/occ therapy combined; in/out of network combined	\$35 copay/visit with deductible waived for the first 3 visits; limited to 24 visits per calendar year	50% limited to 24 visits/calendar year
			*Premiums below are based on	an 8 hour / 100% Contract employe	e and Delta Dental PPO			
							Single	Employee & Spouse
Nedical Premium*	\$1,864.73		\$1,696.74		\$2,243.87		\$400.36	\$840.76
elta Dental PPO	\$111.79		\$111.79		\$111.79		\$111.79	\$111.79
lision	\$16.69		\$16.69		\$16.69		\$16.69	\$16.69
iroup Life	\$7.00		\$7.00		\$7.00		\$7.00	\$7.00
District Cap	-\$904.17		-\$904.17		-\$904.17		-\$904.17	-\$904.17
Employee Cost	\$1,096.04		\$928.05		\$1,475.18		\$0.00	\$72.07
	- tion in internal of an a boundit community						Employee & Child(ren)	Family

The above information is intended as a benefit summary only. It does not include all of the benefit provisions, limitations and qualifications. If this information conflicts in any way with the contract, the contract will prevail.

\$7.00	\$7.00	
-\$904.17	-\$904.17	
\$0.00	\$72.07	
Employee & Child(ren)	Family	
\$720.65	\$1,181.06	
\$111.79	\$111.79	
\$16.69	\$16.69	
\$7.00	\$7.00	
-\$904.17	-\$904.17	
\$0.00	\$412.37	